



General
Osteopathic
Council

**Students with a disability or health
impairment: *Draft* Guidance for Osteopathic
Education Institutions**

Consultation: 1 April-30 June 2016

Many people with a disability or long-term health condition are able to undertake osteopathic education and training, achieve a qualification allowing them to seek registration as an osteopath, and practise osteopathy with or without adjustments to support their practice.

We are committed to equality and diversity to ensure that the osteopathic profession reflects the society that it serves. We encourage disabled people who have the potential to become independent osteopathic practitioners to consider a career in osteopathy.

Osteopathic educational institutions should regularly review and revise their policies and practices, in order to encourage the widest possible participation in osteopathic education and practice.

Section 1: Introduction

1. The General Osteopathic Council (GOsC) is committed to promoting equality in all its functions. We want to ensure that the osteopathic educational institutions offering courses that we regulate not only meet their legal obligations regarding disability equality, but also actively encourage and support disabled people who have the potential to become independent osteopathic practitioners.
2. This guidance has been prepared to help osteopathic educational institutions meet the needs of prospective and current students who have a disability or health impairment, or who develop a disability or health impairment during their training. It should be read in conjunction with our [guidance about student fitness to practise](#)¹ and the companion document to this guidance: [Guidance for applicants and students with a disability or health impairment](#).²
3. This guidance covers our expectations and the duties that arise from the *Equality Act 2010* – in particular the legal obligations of osteopathic educational institutions towards disabled applicants and students. The guidance does not address other equality issues such as gender or religious belief (which now come under the same legal umbrella as disability), nor does it cover the duties an educational institution may have (under the Act) as an employer or the standards or requirements imposed by a validating university.
4. Section 2 of this guidance provides an overview of the regulatory context by restating our purpose and responsibilities. Section 3 identifies the disability aspects of the equality legislation as they apply to osteopathic educational institutions. Section 4 covers issues that should be considered at various points during the student journey. This will help institutions to ensure that the osteopathic education and training they provide meets the needs of students with a disability or health impairment and satisfies their legal obligations.
5. Sources of further information and advice are listed in Section 5.

¹ Available at: www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance

² Available at: <http://www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance/>

Section 2: Our role and responsibilities

6. As with all healthcare regulators, the overarching objective of the General Osteopathic Council is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession³.
7. In the United Kingdom the title 'osteopath' is protected by law. It is a criminal offence, liable to prosecution, for anyone to claim to be an osteopath unless they are on the public Register maintained by the General Osteopathic Council.
8. We work with the public and the osteopathic profession to promote patient safety by setting and monitoring standards of osteopathic practice and conduct, by assuring the quality of osteopathic education, and by ensuring that registered osteopaths undertake continuing professional development.
9. We also help patients who have concerns or complaints about an osteopath. The GOsC has the power to restrict registration or remove from the Register any osteopath who we judge to be unfit to practise.
10. The GOsC recognises osteopathic education and training courses in institutions that meet our standards. Students who successfully complete such programmes are awarded a recognised qualification. Determining who should receive a recognised qualification is an important responsibility for all osteopathic educational institutions, a duty which is considered further in Section 4 of this guidance. A recognised qualification is confirmation that the holder is capable of practising, without supervision, to the standards published in our [Osteopathic Practice Standards](#)⁴.
11. A recognised qualification confers eligibility to register as an osteopath, subject to satisfying character and health requirements, paying the prescribed fee, and having in place professional indemnity insurance before beginning in practice. The GOsC will not normally look behind the qualification – we rely on osteopathic educational institutions to ensure that recognised qualifications are awarded only to students who have satisfied all our standards.

³ S3(1) *Osteopaths Act 1993*, as amended by the *Health and Social Care (Safety & Quality) Act 2015*.

⁴ Available at: www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf

12. When applying to join the Register, an applicant must submit a health reference from a doctor who has known them for four years or has access to their health records of the past four years. The 'good health'⁵ requirement means that

*... a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.*⁶

13. The GOsC monitors standards of education and training in osteopathic educational institutions through a process of annual reporting and we also conduct full reviews on a regular basis, usually every three to five years. These are undertaken on our behalf by the Quality Assurance Agency for Higher Education. Reviews are conducted with reference to our published standards, including [Guidance on Osteopathic Pre-Registration Education \(2015\)](#) and the Quality Assurance Agency's [Subject Benchmark Statement for Osteopathy \(2015\)](#).⁷

Section 3: Equality Legislation - The *Equality Act 2010*

14. This section provides information about disability equality legislation that applies to the education and training of osteopaths. It is essential that osteopathic educational institutions understand their responsibilities under the legislation and regularly review and amend their policies and practices accordingly.

15. The *Equality Act 2010* (The Act) applies to England, Scotland and Wales; separate anti-discrimination legislation is in place in Northern Ireland

16. The Act prohibits education institutions from harassing, victimising or discriminating against:

- prospective students in respect of admission arrangements
- students of the institution, including those absent or temporarily excluded
- former students (if there is a continuing relationship based on them having been a student at the institution)
- disabled people who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

17. If a person believes they have been discriminated against, harassed or victimised by an education institution, they can make a claim under the *Equality Act 2010*.

⁵ See s3(2)(c) of the *Osteopaths Act 1993*: www.legislation.gov.uk/ukpga/1993/21/contents

⁶ .From Guidance about professional behaviours and fitness to practise for osteopathic students: available at <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/student-fitness-to-practise>

⁷ Quality Assurance Agency for Higher Education, 2015, *Subject Benchmark Statement for Osteopathy*, Gloucester, QAA, available at: www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf

How does the Equality Act affect osteopathic educational institutions?

18. Osteopathic educational institutions which are universities will be subject to the Equality Act provisions that apply to further and higher education institutions. Educational institutions that are not universities or further or higher education institutions will be subject to the provisions of the Act governing the activities of service providers. In addition, institutions that are not universities but who provide university validated degree courses, may be regarded as the agent of the university under the Act and as such be indirectly subject to the provisions governing further and higher education institutions. Despite these differences of status the duties of all osteopathic educational institutions under the Equality Act will be very similar, and for the most part no distinction is made in this guidance as to the duties owed by different types of institution. There is, however, one important distinction – the public sector equality duty.
19. Osteopathic educational institutions that are universities, or further or higher education institutions within the meaning of the Equality Act will be subject to the public sector equality duty. This is a general duty that requires public bodies to take steps not only to eliminate unlawful discrimination but also to actively promote equality, and to foster good relations between people who share a particular protected characteristic and people who do not. The public sector equality duty also applies to private and voluntary bodies in respect of any public functions they carry out.
20. The GOsC is committed to promoting equality and best anti-discriminatory practice in the osteopathic educational institutions offering courses that we regulate. We cannot, through this guidance, alter educational institutions' liabilities under the Equality Act, for which they alone are responsible, but we do consider it appropriate to apply our expectations of best practice uniformly to all osteopathic educational institutions, irrespective of their constitution or corporate status.

What duties apply to osteopathic education institutions?

21. *The Equality Act 2010* protects students from discrimination or harassment on the basis of a 'protected characteristic'⁸, and also from victimisation. Disability is a protected characteristic.
22. Unlawful discrimination includes:
 - direct discrimination
 - indirect discrimination
 - discrimination arising from disability
 - failure to make reasonable adjustments for disabled people.

⁸ The protected characteristics for further and higher education institutions specified in the *Equality Act 2010* are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief (including lack of belief); sex; and sexual orientation. Being married or in a civil partnership is not a protected characteristic in the further and higher education institution provisions of the Act.

What counts as a disability?

23. A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There is no need for a person to have a medically diagnosed cause for their impairment – what matters is the effect of the impairment.
24. Tests that may be applied to determine whether someone has the protected characteristic of disability include:
- the length of time that the effect of the condition has lasted or will continue – it must be long-term: that is, it has lasted for at least 12 months, it is likely to last for at least 12 months, or is likely to last for the rest of the person's life
 - whether the effect of the impairment is to make it more difficult and/or time-consuming for a person to carry out an activity, compared to someone who does not have the impairment, and this causes more than minor or trivial inconvenience
 - if the activities that are made more difficult are 'normal day-to-day activities' at work or at home
 - whether the condition has this impact without taking into account the effect of any medication the person is taking, or any aids or assistance or adaptations they have, like a wheelchair or special software on their computer (with the exception of wearing of glasses or contact lenses where it is the effect while the person is wearing the glasses or contact lenses which is taken into account).⁹
25. Certain medical conditions – cancer, HIV and multiple sclerosis – are specifically identified in the Act as a disability, as is having a severe disfigurement. Progressive conditions and those with fluctuating or recurring effects, such as depression, are also included provided they meet (or will in the future meet) the test of having a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. In determining whether someone is disabled, the effects of treatment or medication are to be ignored, save in relation to impairments of sight that are correctable by spectacles or contact lenses. The Act also protects people who have had a disability in the past.
26. Long-term mental health conditions are considered to be disabilities under the *Equality Act 2010*. Osteopathic educational institutions, therefore, have a duty to make reasonable adjustments for students with long-term mental health conditions. Even in cases where a student's mental health is not covered by the Act, it would still be considered best practice to make reasonable adjustments to

⁹ Further details about the determination of impairment appear in *Schedule 1 Disability: Supplementary Provision - Part 1 Determination of Disability*, of the *Equality Act 2010*, and in the following guidance: Office for Disability Issues, May 2011, *Equality Act 2010 Guidance: Guidance on matters to be taken into account in determining questions relating to the definition of disability*, available at: <http://odi.dwp.gov.uk/docs/law/ea/ea-guide-2.pdf>

support students to successfully obtain a qualification and practise osteopathy safely.

What is direct discrimination?

27. Direct discrimination occurs if a student is treated less favourably than another student because of a disability¹⁰. For a student to show that they had been directly discriminated against they would have to compare what happened to them with what happened, or would happen, to a student without their disability.

28. The Act contains provisions that enable educational institutions to take 'positive action' to address a particular disadvantage, meet different needs or tackle low participation of a particular student group, provided certain conditions are met. Such positive action is not the same as positive discrimination, which is illegal, with two exceptions:

- It is never unlawful to treat disabled students or applicants more favourably than non-disabled students or applicants, because of or in connection with their disability.
- It is also not unlawful to treat a female student more favourably because she is pregnant, or has given birth in the last twenty-six weeks, or is breastfeeding a baby who is less than twenty-six weeks old.

29. Other types of direct discrimination include:

Discrimination based on association: This occurs when a student is treated less favourably because of their association with another person who has a protected characteristic (other than pregnancy and maternity). This might occur where a student is treated less favourably *because* a parent, sibling or friend has a protected characteristic.

Discrimination based on perception: This occurs when a student is treated less favourably because of a mistaken perception that they have a protected characteristic (other than pregnancy and maternity).

Discrimination because of pregnancy and maternity: It is discrimination to treat a woman (including a female student of any age) less favourably because she is or has been pregnant, has given birth in the last 26 weeks or is breastfeeding a baby who is 26 weeks or younger. It is direct sex discrimination to treat a woman (including a female student of any age) less favourably because she is breastfeeding a child who is more than 26 weeks old.

¹⁰ The Equality and Human Rights Commission website provides a useful overview of the different types of discrimination, with case examples: www.equalityhumanrights.com/private-and-public-sector-guidance/education-providers/higher-education-providers-guidance/key-concepts/what-discrimination

Case example¹¹

A second year student becomes pregnant, with the baby due in April. She informs the student welfare officer and says that she is keen to complete the academic year, despite the baby being due just before exam time. The osteopathic educational institution allows the student time away from lectures to attend medical appointments during her pregnancy, and allows her to take breaks when needed during the day, though generally, the student is able to carry on largely as normal. As the pregnancy progresses, she needs to refrain from certain practical classes, although is able to observe. The educational institution suggests that she delay her exams, and take these as a first sit in August, when the baby is four months old. This enables her to successfully progress to Year 3.

What is indirect discrimination?

30. Indirect discrimination occurs if, in applying a 'provision, criterion or practice' (see below) in the same way for all students, it has the effect of putting disabled students at a particular disadvantage, regardless of whether or not this was the intention. What constitutes 'disadvantage' is not defined in the Act, but a general guide is that a reasonable person would consider that disadvantage had occurred. It can take many different forms, such as denial of an opportunity or choice, deterrence, rejection or exclusion.
31. Some policies and practices may be justified if they are a proportionate means of achieving a legitimate aim, providing the aim is legal and non-discriminatory. An example might be provisions, criteria or practices concerned with maintaining academic and practitioner competence standards, though this would not avoid an osteopathic educational institution's duty to make reasonable adjustments in the case of students with a disability.

What is discrimination arising from disability?

32. Discrimination arising from disability would occur if a disabled student was treated unfavourably because of something associated with their disability, and the osteopathic educational institution could not justify that treatment. This differs from direct discrimination (which arises in respect of the protected characteristic of disability), and from indirect discrimination (because there is no need to show that other people have been affected along with the disabled student, or for the disabled student to compare themselves with anyone else).
33. Discrimination arising from disability would occur if the following three circumstances arise:
- a disabled student is treated unfavourably, putting them at a disadvantage, even if this was not the intention
 - the treatment was because of something associated with the disabled student's disability

¹¹ Case examples are used in this document to help illustrate the guidance. These are fictional, and are not based on any particular case, individual or osteopathic educational institution.

- the treatment cannot be justified by showing that it is a proportionate means of achieving a legitimate aim.

34. If the osteopathic educational institution can show that it did not know and could not reasonably be expected to know that the disabled student had the disability, the unfavourable treatment may not amount to unlawful discrimination arising from disability. However, every effort should be made to ensure that students feel able to disclose information about disability and the institution should be alert to any indications that a student may be encountering difficulties resulting from a health impairment or disability.

What is the 'reasonable adjustments' duty?

35. *The Equality Act 2010* imposes a duty to make reasonable adjustments – that is, to take positive steps to ensure that disabled students can fully participate in the education and other benefits, facilities and services you provide for osteopathic students.

36. Osteopathic educational institutions should take reasonable steps to ensure that any provision, criterion or practice (see below), or any physical feature, does not put disabled students (including applicants and in some limited circumstances disabled former students) at a substantial disadvantage (i.e. it is more than minor or trivial). Educational institutions should also provide auxiliary aids or services – such as special equipment, computer software, or extra assistance from staff – where, without them, disabled students would be put at a substantial disadvantage.

37. The duty is owed to disabled people generally. It is anticipatory and continuing in the sense that osteopathic educational institutions are expected to take measures to avoid causing substantial disadvantage, regardless of whether or not they know a particular student is disabled, or whether they currently have disabled students.

38. Osteopathic educational institutions should plan for adjustments that might be needed, anticipating the requirements of disabled students and those with health impairments, removing potential barriers. There is no justification for failing to make a reasonable adjustment where the duty applies, but this extends only to what is reasonable. The Act does not define what is 'reasonable' – which would ultimately be for the courts to determine – but when assessing reasonableness, the following might be considered:

- how effective it will be in overcoming the identified difficulty
- whether it is practicable to make the adjustment
- the financial and other costs involved, and the money that has already been spent on making adjustments
- the amount of disruption it will cause

- the availability of financial or other assistance (for example, students may be eligible for funding from the Disabled Students Allowance¹² which is a grant to help students meet the extra costs of studying, which are a direct result of a disability or learning difficulty

39. It is good practice to work with students to determine what reasonable adjustments can be made, but osteopathic educational institutions should not expect disabled students to be aware of all the adjustments that might be available. Where a disabled student does make specific suggestions, educational institutions should consider whether or not the adjustments would help to overcome the disadvantage and whether or not they are reasonable.

40. In summary, where disabled students are placed at a substantial disadvantage by policies or practices, the absence of an auxiliary aid, or a physical feature, osteopathic educational institutions must consider whether any reasonable adjustment can be made to overcome the disadvantage.

What is meant by provision, criterion and practice?

41. These terms are not defined by the Equality Act but refer to the provision of education, facilities and services to students. The terms are intended to cover all an osteopathic educational institution's arrangements, policies, procedures and activities, including one-off decisions and proposals or directions to change practice in some way.¹³

42. Where disabled students are placed at a substantial disadvantage in accessing or benefiting from an educational institution's provision, facilities or services, all reasonable measures must be taken to ensure the provision, criterion or practice no longer has that effect.

43. In osteopathic education, the theory and practice of osteopathy are inseparable. It is essential that students satisfy both academic and professional practice standards. A student must demonstrate achievement of these standards for the award of a recognised qualification, which confers eligibility to register as an osteopath. In the terms of the Equality Act, these requirements are construed as a competence standard.

44. There is no duty to make reasonable adjustments to a competence standard, provided application of the standard is justified. However, the duty does apply to the procedures used by educational institutions to establish whether a student can meet the competence standard.

45. All reasonable steps must be taken to ensure that a disabled student is not substantially disadvantaged in any test, examination or practical assessment used to establish that they have met the required standard – but osteopathic

¹² Further information about the Disabled Student Allowance is available at: www.gov.uk/disabled-students-allowances-dsas/overview

¹³ See the guidance issued by the Equality and Human Rights Commission: [www.equalityhumanrights.com/sites/default/files/publication_pdf/What%20equality%20law%20means%20for%20you%20as%20an%20education%20provide%20further%20and%20higher%20education.pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/What%20equality%20law%20means%20for%20you%20as%20an%20education%20provider%20and%20higher%20education.pdf)

educational institutions are not required to vary the competence standard itself in favour of a disabled student.

46. The GOsC has an obligation to ensure that the [*Osteopathic Practice Standards*](#)¹⁴ specify only relevant and genuine competences that are strictly necessary for safe, effective and unsupervised osteopathic practice. In turn, osteopathic educational institutions have an obligation to ensure that curriculum content, examinations and assessments are referenced to the *Osteopathic Practice Standards and Guidance for Osteopathic Pre-registration Education*¹⁵, and that they do not impose additional obstacles which could put disabled students at a substantial disadvantage.

Specific duties under the Equality Act 2010

47. Under the Equality Act, public bodies are required to publish information annually about their employees (if they have more than 150) and other persons affected by their policies and practices (including students) in relation to equality issues. They are also required to set and publish at intervals not greater than four years, one or more specific and measurable objectives that they think are necessary to achieve any of the things required by the general equality duty^{16 17}.

Helping staff meet their responsibilities

48. Staff must be informed of their legal duties and be aware of their responsibilities to applicants and students with a disability or health impairment. This is especially important for staff involved in admissions, student support and occupational health, as well as teaching and support staff.
49. It is important that training extends beyond a narrow interpretation of the osteopathic educational institution's legal responsibilities by addressing wider aspects of equality and disability discrimination, for example by tackling issues such as stereotyping. Investment in individual, team and organisational development may be required to ensure practices within your organisation match the culture of equality and diversity you aspire to.
50. Staff should be supported in recognising the early signs of mental health issues, in order to ensure that appropriate support can be offered at the earliest opportunity.
51. As with all aspects of equality practice, involving disabled students and those with health issues in planning and delivering equality training can be extremely

¹⁴ Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/>

¹⁵ Available at: www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education

¹⁶ Specific guidance from the Government Equalities Office: www.gov.uk/government/uploads/system/uploads/attachment_data/file/85049/specific-duties.pdf

¹⁷ The Equality & Human Rights Commission provide some helpful resources on this: www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty

helpful. The [Equality and Human Rights Commission website](#)¹⁸, referred to above, provides a useful range of resources.

52. University-based osteopathic educational institutions, and those which offer university validated degrees, may have access to institution-wide disability training, either in-house or via the validating university, and also to inter-professional learning with other health professions, providing opportunities to share experiences of supporting students with disabilities.

¹⁸ The Equality and Human Rights Commission website provides information on the public sector equality duty at: www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty

Section 4: The student journey

53. This section covers the issues which osteopathic educational institutions should consider at various points during the student journey. It will help to ensure that the osteopathic education and training provided meets the needs of students with a disability or health impairment, satisfies GOsC expectations and requirements, and is consistent with osteopathic educational institutions' legal obligations.
54. Only 'reasonable' adjustments have to be made. Factors that may be taken into account in making a decision about what is reasonable are outlined in the previous section, but it is important to remember that there is no justification for failing to make reasonable adjustments where the duty applies.

Anticipating the needs of disabled people

55. Each osteopathic educational institution should keep under review its facilities, services and practices to identify where improvements and adjustments are required to better meet the needs of people with disabilities and health impairments. This should not be confined to the physical estate but should include every aspect of provision.
56. It is neither possible nor desirable to provide an exhaustive list of reasonable adjustments because each osteopathic educational institution is unique. Only by conducting a rigorous audit of all aspects of an institution's provision will it be possible to identify reasonable adjustments that should be made.
57. The examples below are included to illustrate the range of adjustments encompassed by the anticipatory duty:
- providing information about the course in alternative formats to ensure that it is accessible to as wide a range of prospective students as possible.
 - ensuring that marketing materials make it clear that applications from disabled students are welcomed.
 - undertaking an access audit and making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility.
 - ensuring that core facilities – such as toilets, common rooms, libraries and catering facilities – are well lit, properly signposted and easily accessed by disabled students.
 - reviewing and adjusting learning and assessment policies and practices to ensure they do not inherently discriminate against disabled students.
 - ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with specific learning difficulties who use assistive computer software.

- improving the acoustics of lecture theatres and installing loop systems to assist students with hearing impairments.
- ensuring that furniture, fixtures, fittings and learning resources – such as library and computer services, practical rooms and equipment – do not pose an obstacle to, and are accessible by, disabled students.
- ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination.
- ensuring that staff know how to access the specialist services and resources available to help assess the needs of students who have a disability or health impairment. This would include training staff to recognise the early signs of mental health conditions, in order to ensure that issues can be identified and appropriate support offered.

58. These examples illustrate some of the facilities, services, and practices that can be improved to avoid disadvantaging disabled people – but it is important to stress that while a duty is owed to disabled people generally, osteopathic educational institutions also have a duty to establish and respond to the particular needs of disabled applicants and students as individuals.

Case example

An osteopathic educational institution developed plans to upgrade and refurbish a teaching room, to provide a lecture theatre with considerably enhanced and up-to-date facilities. They were aware that the acoustics in the room were poor, having had comments from two students with hearing impairments that they struggled to hear the lecturer in the room. As part of the refurbishment, an induction loop was installed to aid students with a hearing impairment who used hearing aids. An audio system was also installed, which enabled the lecturers to use a microphone. This assisted students whose hearing was mildly impaired, but who did not use a hearing aid.

Recruitment and selection

59. It is the osteopathic educational institution's duty not to discriminate against a disabled person in the arrangements made for determining who should be offered admission to courses they offer, either in the terms of any offer made, or by not accepting an application for admission. It is also the institution's duty not to harass a disabled person.

60. The guidance below concerns the processes involved in recruiting and selecting students, and in particular, the actions that can be taken to ensure that an inclusive approach is adopted, and to avoid discriminating against applicants or students who have a disability.

Marketing

61. Publicity material and course information should make it clear that applications from disabled people and those with health conditions are welcomed¹⁹. The inclusion of positive stories and images of disabled people in osteopathy, and the availability of the information in alternative formats, will help to reinforce this message from the very earliest contacts with prospective applicants. In terms of mental health conditions, osteopathic educational institutions should acknowledge that these are common, expected to occur and can be accommodated.

Case example

An osteopathic educational institution reviews its prospectus. Mindful of the fact that ten per cent of its students have dyslexia, they actively promote this fact, together with examples of the support mechanisms available to help these students manage their studies. Case examples from current and former students with dyslexia illustrate the fact that this condition is not seen as a barrier to academic success.

62. It is vital that applicants are made aware of the intellectual, physical, emotional and professional demands of undertaking an osteopathic education programme. This can be done by contrasting osteopathy with degrees that do not involve practical training and do not culminate in professional registration and independent healthcare practice. Publicity material should include a named contact able to advise prospective applicants about the nature and demands of osteopathy as a profession and career, the challenges of the course, and the support available to disabled students and those with health conditions.
63. Most osteopathic educational institutions hold open days, providing prospective students with the opportunity to gain an insight into osteopathy and osteopathic education. The chance to talk to students on the course and to observe or participate in practical sessions helps potential applicants better understand the nature and physical demands of osteopathy, but also the help and support that can be made available to them if they have a disability. It may be helpful for prospective students with a disability or health condition to have an opportunity to observe clinic sessions. Although many can readily envisage the adjustments and aids required to support classroom and theory learning, fewer are likely to have an understanding of what adjustments might enable them to learn and to demonstrate clinical competences, or what impact this might have on patients. Enabling prospective students to better understand the breadth and extent of osteopathic practice means that they will be in a better position to make an informed choice as to whether osteopathy is the right career choice for them.

¹⁹ See the Equality and Human Rights Commission website: www.equalityhumanrights.com/private-and-public-sector-guidance/education-providers/higher-education-providers-guidance/admissions/you-must-not-discriminate-when-deciding-who-is-offered-admission-to-your-institution/how-do-i-avoid-discriminating-in-my-admission-arrangements

64. It is important that assumptions are not made about whether an applicant will ultimately be able to demonstrate achievement of the standard required for award of a recognised qualification. However, early reference to the [*Osteopathic Practice Standards*](#), and to the general nature of osteopathic practice, can help a prospective applicant assess themselves against what is required to register and pursue a career in osteopathy.

Application

65. Osteopathic educational institutions should emphasise the importance of students being open and honest regarding their health and any disabilities, and make clear that support is available in the information provided to prospective students. However, there is an important balance to be struck between encouraging applicants to disclose information about a disability or health impairment at the earliest opportunity, and an applicant's right not to make a disclosure. Course information can highlight the benefits of doing so while reassuring applicants that disclosure will not prejudice their application, which will be considered separately from any consideration of the reasonable adjustments that might be required if they are offered a place.

66. Students applying through the Universities and Colleges Admissions Service (UCAS) are invited to indicate whether or not they have a disability, special need, or medical condition, or to indicate that they do not wish to provide this information. Applicants are required to select from a list of options:

- no disability
- a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- blindness or serious visual impairment uncorrected by glasses
- deafness or serious hearing impairment
- a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- a mental health condition, such as anxiety disorder, depression, or schizophrenia
- a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- a physical impairment or mobility issue, such as difficulty using arms, or using a wheelchair or crutches
- a disability, impairment or medical condition that is not listed above
- two or more impairments and/or disabling medical conditions

67. In the first instance, this information will help osteopathic educational institutions to establish whether any special arrangements might be needed to facilitate the selection process, and subsequently to open a dialogue with the applicant about needs and adjustments. The UCAS categories also provide a helpful illustration of the broad range of disabilities, special needs and medical conditions osteopathic educational institutions can encounter and for which reasonable adjustments may be required – but there is not and cannot be a list of disabilities, special needs, medical conditions or health impairments deemed incompatible with osteopathy. Each and every applicant must be assessed as an individual. It is for each educational institution to determine whether or not to admit someone to their course based on an assessment of whether, with reasonable adjustments, they will ultimately be able to meet the *Osteopathic Practice Standards*.
68. Osteopathy involves independent assessment, diagnosis, treatment planning, and manual interventions. Patient safety is paramount. These demanding requirements are encapsulated in the *Osteopathic Practice Standards*²⁰, and in the *Guidance for Osteopathic Pre-registration Education*²¹. There will be instances where there can be no other conclusion but that the provision of reasonable support, aids and adjustments are insufficient to enable an applicant to demonstrate achievement of the competence standard for entry to the profession. Osteopathic educational institutions will not be in breach of their legal obligations or GOsC expectations and requirements if this conclusion is reached, having given due consideration to all possible reasonable adjustments.
69. Setting entry criteria and conducting a selection process are justified because it is not in anybody's interest to admit a student – whether disabled or non-disabled – who does not have a good chance of completing the course. Admissions staff must therefore be realistic when determining what adjustments are reasonable and in assessing whether they genuinely hold out the prospect of enabling a student to meet the competence standard and to enter unsupervised independent practice.
70. Osteopathic educational institutions have accepted many students with disabilities or health impairments onto their courses, and have provided a wide range of adjustments that have supported students through to successful course completion. These include students with learning difficulties (such as dyslexia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer) and a variety of long-term conditions (including diabetes and epilepsy) and a range of mental health conditions. In each case, students were assessed as individuals and reasonable adjustments were put in place to meet their needs.

²⁰ Available at: www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards

²¹ Available at: www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education

71. Applications that had resulted in a decision that adjustments were not feasible are less common, but some of the benchmark statements²² likely to be crucial in such decisions are set out in the table below:

Examples from Benchmark Statement	Area for consideration
Select and move between different forms of communication with patients and colleagues (osteopaths, health professionals and others) while maintaining a commitment to ethical values and considerations	leading to consideration of an applicant's communication skills
Skill in relating, integrating and responding to information and data acquired by verbal and non-verbal means	
Use palpation selectively as part of the evaluation process	leading to consideration of an applicant's ability to assess risk derived from observations that require sensory acuity
Demonstrate a high level of palpatory skill	
Conduct effective static, active and passive biomechanical assessment of the patient	
Demonstrate an awareness of, and ability to select from, the wide range of indirect and direct osteopathic technical approaches	leading to consideration of an applicant's physical abilities to develop and apply this range
Adapt an osteopathic technique and justify its use in relation to the palpatory feedback received from the patient's tissues	
Care for their own health and well-being and follow the appropriate procedures to manage communicable diseases	leading to consideration of an applicant's self-awareness
Critically evaluate research and other findings concerning the efficacy and application of osteopathic interventions to specific patient problems, and the therapeutic claims of other healthcare disciplines	leading to consideration of an applicant's information handling skills
Skill in the use of information technology consistent with the effective and efficient management of a modern osteopathic practice, including the ability to manipulate quantitative and qualitative data for audit and related purposes	

²² QAA Subject Benchmark Statement for Osteopathy, 2015, available at: www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf

Selection

72. All applications should be assessed against the same entry criteria. Osteopathic educational institutions should ensure that the criteria – and the way in which their staff apply them – do not discriminate against disabled applicants. However, while educational institutions may need to consider offering alternative formats to enable a disabled person to make an application to their course, they do not have to vary the level of prior attainment required. This is because entry criteria count as competence standards which are exempt from the duty to make reasonable adjustments.
73. Interviews are commonly used to assess applicants for entry to osteopathy education and training. As with any selection test, if interviews are used as part of the selection process, this must apply to all applicants.
74. Osteopathic educational institutions should establish well in advance of the interview whether or not any reasonable adjustments are required to enable a disabled applicant to access and participate fully in the process. As at other stages of the selection process, it is important to ask about the applicant's requirements rather than to concentrate on a disability, impairment or limitation.
75. The conduct of the interview should not differentiate between disabled and non-disabled candidates. Interview questions should be based on objective criteria and be applied uniformly to all candidates. An applicant's disability or health impairment should be irrelevant to this assessment and, as far as possible, should not be a subject of discussion during the interview. However, the Equality Act does not prohibit questions about an applicant's impairment provided they concern the applicant's requirement for reasonable adjustments or their ability to meet the competence standards for the course, but the interview criteria used to establish an applicant's suitability should be applied as if reasonable adjustments had been made. The practicalities or reasonableness of such adjustments should not be a matter for the interview panel and should be considered only after a decision has been made to offer an applicant a place.
76. Records should be kept at every stage of the process to justify and account for decisions. These should include unbiased interview notes with written assessments against each interview criterion.
77. Osteopathic educational institutions should have a clear process for dealing with complaints. Details of the process should be made available in accessible formats.

Case example

Having disclosed that he has a visual impairment, an applicant is invited to an interview at an osteopathic educational institution. He is interviewed in the same way as all other applicants, applying the same criteria. His disability is discussed at the end of the interview, but only in the context of what reasonable adjustments he feels may be necessary to enable him to cope with his studies, and how he will be able to demonstrate the Osteopathic Practice Standards.

On the basis of his academic qualifications and performance at interview, the applicant is offered a place, subject to consideration of the practicalities and reasonableness of the required adjustments.

Preparing for entry

78. The process of agreeing reasonable adjustments should start as soon as an applicant is offered a place. It should involve the student directly and be undertaken by appropriately trained staff. Expert advice and guidance may also be required, for example from a university disability officer, occupational health professional, educational psychologist or specialist disability organisation.
79. Osteopathic educational institutions should discuss with the applicant the nature and extent of the reasonable adjustments likely to be needed to enable them to undertake all aspects of the course, to be able to demonstrate achievement of the standard for award of a recognised qualification, and ultimately to practise as an independent osteopath. Students should be given an opportunity to talk to student support staff or a university disability officer about the personal financial support that may be available, for example from the Disabled Student Allowance²³.
80. Prospective students with a long-standing disability are likely to have a keen sense of their capabilities and many will have developed a variety of strategies for managing and compensating for functional limitations. As such, students are often well placed to offer advice about the types of support and adjustments that will be required. However it is the osteopathic educational institution's duty to establish what adjustments need to be made, so staff should be in a position to be able to assess and to arrange for appropriate aids and support. In some instances, expert assessment may be required to establish precisely what type and level of assistance will be required or, for example, to provide formal confirmation of a specific learning difficulty as may be required if a student decides to apply for the Disabled Student Allowance.
81. It is common practice for applicants who have been offered a place to be required to complete a health assessment questionnaire. This does not discriminate against disabled students because the requirement applies to all applicants and is a justifiable measure in the interests of public and patient protection. Its primary purpose is not to seek disclosure of health impairments or disabilities but to identify health conditions that might expose patients, students themselves, or others to unnecessary risk, and as such it is normally completed in confidence for assessment by admissions staff and, if appropriate, occupational health professionals. However it does provide another opportunity for students to disclose a disability or health impairment
82. All reasonable steps should be taken to identify and put in place the adjustments required but in some instances it may be concluded that this cannot reasonably be achieved, or that even with adjustments the applicant would not be able to demonstrate achievement of the standard for award of a recognised qualification. Clearly this conclusion needs to be communicated to the applicant in a sensitive manner, preferably together with advice about possible alternative courses the applicant might wish to consider.²⁴

²³ www.gov.uk/disabled-students-allowances-dsas/overview

²⁴ See also: *Quality Assurance Agency for Higher Education, Quality Code for Higher Education*, details available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code

Induction

83. Induction provides an opportunity to highlight the support that can be made available to students if they encounter health problems during the course, and to further invite students who have not done so to disclose fully any health impairments or learning difficulties they may have.
84. Osteopathic educational institutions should be mindful that some students are likely to underplay their difficulties, meaning that they might not receive appropriate support early on in the course. Students who have a mental illness often do not see themselves as disabled yet may well be protected under the Equality Act and should be afforded the same considerations as students with a more visible disability.

Confidentiality

85. For osteopathic students to feel comfortable asking for help if they have a medical condition, it is important that they understand the issue of confidentiality regarding the information they provide. Osteopathic educational institutions should have a confidentiality policy that states:
- who will receive the information provided by the student
 - how the student's information will be used
 - instances where confidentiality may be breached.

Students should, in certain circumstances, be able to decide not to share information about their health which they had previously agreed to share. The applicant's permission will be needed for reasonable adjustments that identify the disability or impairment. In circumstances where it is felt necessary to breach confidentiality, where practicable this should be discussed with the student before any action is taken.

As in all aspects of the dialogue with applicants and students about disability, sensitivity is required. This reinforces the importance of training for staff involved in recruitment and selection. A student's confidentiality should only be breached when this is necessary to protect the student or others from the risk of serious harm.

Case example

A first-year student reveals that from age 15-18 years she had an eating disorder and as a result, she now has reduced bone density. The osteopathic educational institution advises her that it would be inappropriate for her to experience certain techniques during practical classes which may compromise her safety, and risk a fracture. They ask her permission to make the practical teaching team aware of her condition, and reassure her that any staff made aware in this way are also bound by the School's confidentiality policy. The fact that the student is unable to have certain techniques carried out on her will, of course, highlight that there is an issue, but it will be up to her whether she divulges the reasons for this to her colleagues. The student is happy to give such permission, and the teaching team are informed.

Case example

One osteopathic educational institution offers screening to all students during induction to test for dyslexia. This has revealed a much higher rate of undiagnosed dyslexia than anticipated. The practice is considered to be non-discriminatory because it applies to all students and is intended to enable appropriate support to be put in place and suitable adjustments to be made – in other words, it is justified as a proportionate measure to achieve a legitimate end.

Making adjustments to teaching, learning and assessment

86. Osteopathic educational institutions have had considerable experience of making adjustments that enabled students with disabilities and health impairments to complete training, to graduate, register and to practise osteopathy. This section highlights considerations and indicative examples of the broad spectrum of adjustments that can benefit students with a disability and/or health impairment.²⁵
87. It is good practice to ask the student what they consider is needed, but it is not their responsibility to suggest what adjustments are required. Osteopathic educational institutions do not have to make every adjustment a student requests, but they cannot claim that an adjustment is unreasonable simply because it is inconvenient or expensive.
88. Deciding what is reasonable can be challenging. Section 3 highlighted some of the more significant considerations as:
- how effective the adjustment will be in overcoming the difficulty
 - whether it is practicable to make the adjustment
 - what financial and other costs are involved
 - the amount of disruption it will cause
 - the availability of financial or other assistance.
89. One consideration of reasonableness relates to risk. The Equality Act does not override health and safety legislation, so neither the disabled student nor anyone else should be exposed to risks to their health or safety as a result of an adjustment. On the other hand, disabled people sometimes protest that they are excluded from activities or prevented from taking risks that able-bodied people take for granted. A disabled student should therefore have a say in what is an acceptable level of risk for them in the everyday activities of osteopathic education and training. While it is important to ensure that disabled students are not exposed to greater risk during training because of their disability, it is neither

²⁵ See also: Equality Challenge Unit, 2010, *Managing reasonable adjustments in higher education*, London ECU: www.ecu.ac.uk/publications/managing-reasonable-adjustments-in-higher-education

desirable nor necessary to make adjustments in order to remove or minimise all risk.

90. It is right that attention should be focused on identifying the adjustments that can best meet the needs of a disabled student, or one with a health impairment, but this should not be to the exclusion of a degree of sensitivity to their impact on others. It is important for osteopathic educational institutions to acknowledge that their duty of care extends not only to students with disabilities, but also to the wider student body. It might be considered reasonable to expect other students to tolerate a level of inconvenience to accommodate adjustments for a disabled student, but it may not be reasonable to expect an osteopathic educational institution to make an adjustment that puts other students at a significant and persistent disadvantage. Nevertheless, experience has shown that in many cases it is other students who have willingly provided the support and assistance that has enabled a disabled student to successfully complete their training.
91. It is essential that the reasonable adjustments put in place are properly communicated to the student, and are communicated in an accessible format. In the terms of the Equality Act, failing to make a student aware of the adjustments that have been made, might be judged no better than not making any adjustments at all. If there has been a good dialogue with the student before entry to the course and during the early weeks of training, there should be 'no surprises' because reasonable adjustments will have been discussed, agreed and put in place. Adjustments should then be reviewed regularly to ensure that they continue to be effective.
92. While adjustments are intended to remove barriers or to compensate for disadvantages arising from disability as they relate to learning and the demonstration of professional competence, this should not result in a lowering of the expectation threshold for autonomous practice. Reasonable adjustments do not apply to the competence standard itself – this is especially important in a practice-based profession where patients put their trust in the ethical behaviour, technical competence and clinical expertise of the practitioner.
93. Adjustments to teaching, learning and assessment are many and various. Some of the more commonly applied adjustments include:
- to the *physical environment*, both internally and externally, to improve access to and the use of facilities, and includes also adjustments to features such as lighting and sound insulation
 - to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats, together with the associated assistive technologies to fully exploit them
 - *human assistance*, in the form of coaching and mentoring and additional tutorial support

- *making allowances*, for example by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations, for example to allow a student to carry, store on site and administer necessary medication
- by providing *equipment*, for example to support computer-assisted learning, voice recognition software and screen-readers, and in the form of laptops and handheld devices for note-taking
- by facilitating access to *resources*, for example for the purchase of textbooks to use at home to help combat the fatigue associated with frequent trips to the library, and for the use of taxis after specific healthcare treatments
- to *examinations*, for example in the design and presentation of exam papers, by providing extra time and allowing rest breaks, removing penalties for poor spelling of non-technical terms, grammar and punctuation, or allowing computers with spell-checkers, arranging for separate rooms and invigilation, and permitting the use of a reader or scribe
- to *practical assessments*, by allowing extra practice sessions, more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a recording device for subsequent transcription, by permitting adjustments to the physical arrangement and features of the examination and treatment area – such as additional space or special lighting – and allowing the use of aids to facilitate manipulations
- providing *additional support*, for example in the form of one-to-one tutorials or extra clinic instruction, or by teaching special study skills and learning techniques, identifying a student 'buddy', or offering ongoing mentorship or course-long support from a personal tutor, student counsellor or disability officer.

94. Some adjustments have become standard practice, capable of being initiated quickly for students with a well-understood disability, providing straightforward and immediate benefit, but the fact that an adjustment is readily available should not detract from the principle that all students have a right to have their needs considered on an individual basis.

95. It is often easier to make adjustments for students whose disability is discernible, enduring and relatively stable – such as a hearing impairment or restricted mobility. It can be more challenging to meet the needs of students with concealed or fluctuating conditions, which can be the case for those with mental health conditions or certain physical conditions. Special care is needed to recognise and respond appropriately to help and support students whose disability emerges mid-course, or whose health condition runs an unpredictable path or is episodic in nature, or who are more susceptible to the inevitable stress points inherent in any course.

A challenging scenario cited by a number of osteopathic educational institutions concerned students with previously stable long-term conditions, who were progressing satisfactorily with or without adjustments, but whose equilibrium was disrupted by a change in their condition, its management or treatment. Finding a new or better medication – during which different dosages or combinations are tested – can be extremely disruptive for the student and requires sensitive handling by tutors, not least to recognise and respond to fluctuations in behaviour, fatigue and capacity for learning. Tutors need to be prepared to make adjustments on a flexible basis until such time as the student's health condition is brought back under control.

96. A related challenge concerns those students who lack insight into the nature or impact of their disability, or whose insight is intermittently impaired and who, as a consequence, fail to take the prescribed medication that helps them function effectively. A similar situation can arise with students who have a long-term physical impairment and who, for any reason, forget or choose not to take medication as prescribed. Poor compliance with a treatment regime can result in a relapse or resurgence of symptoms which can compromise a student's functional capacity and ability to participate fully in the course.
97. Where adjustments can be made to assist students in these situations, for example by anticipating the potential impact of stress points such as examinations and assessments, and by arranging in advance for extra support, these should be put in place. Being alert to the early warning signs, such as a resurgence of symptoms or changed behaviour, will also help you to intervene early to pre-empt crises, provide support and guidance, and make adjustments, such as agreeing extensions to assignments or a different attendance pattern.
98. It is possible a student's health may gradually but inexorably deteriorate to the point where adjustments and accommodations are no longer enough to enable them to continue training. In some instances an interruption to training can be negotiated which is long enough for the student to regain a level of health that is judged sufficient for them to re-join the course and to continue their education. Decisions as to whether a student should take time away from the course should involve the student. Occupational health services may be utilised. The osteopathic educational institution should be clear in its explanation as to why the student should take time out, and what the student is expected to do during this time. Consideration should also be given at this stage as to how the student will later be reintegrated into the course.
99. There will be times when the osteopathic educational institution and the student disagree as to whether taking time off from studies is the right course of action. In such circumstances, and when discussions do not result in an agreed way forward, a fitness to practise process may be instigated in order to establish a fair and independent course of action – see paragraphs 108-110.
100. In rare cases, there may be no alternative but for the student to withdraw from the course.

Returning to a course

101. When students take time away from a course, it is important that their return is handled sensitively and effectively. They may find it challenging returning to a different cohort of students, or feel that they will be stigmatised if people find out why they had to take time off.
102. Osteopathic educational institutions should have an individualised reintegration plan for each student in these circumstances. This should be agreed well before the student is due to return, setting out clear expectations, so that the reintegration process is well managed.
103. Unlike students on many higher education courses where isolation in large groups is more commonplace, students in osteopathic education and training have the benefit of being part of a comparatively small student group, of having regular contact with tutorial staff. In this respect, those who do encounter difficulties can often be identified quickly and can usually be well supported. Conversely, it is important to recognise that the familiarity and intimacy characteristic of osteopathic education can represent a challenging environment for some students, not least some of those who have mental health conditions or disabilities.
104. A personal tutor system providing continuity of support throughout the course, regular supervision sessions and progress meetings with students, and having student peers who know, understand, accept and are alert to the signs of growing difficulty, are all potential ways of ameliorating the extremes and impact of fluctuating health conditions.

Fitness to study policies

105. Fitness to study processes are widely used in higher education institutions. They assist in the assessment of risk, and the taking of action in circumstances where a student's health, behaviour or other circumstances, give rise to concern. Such concerns may include the student's ability to take part in their studies, or that this might represent a risk to themselves or others.
106. Fitness to study procedures usually comprise several stages, with early intervention designed to identify the issue and offer appropriate support. If the issues giving rise to concern persist, the next stage is likely to involve a more proactive and formal process to assess the student's circumstances, and decide how this might best be managed.
107. In osteopathic educational institutions, there is likely to be a crossover between fitness to study and fitness to practise procedures: a failure of early intervention under a fitness to study process may lead to a fitness to practise investigation.

108. Guidance on Student Mental Wellbeing in higher education is provided in the Universities UK good practice guide²⁶

Student fitness to practise

109. Where a disabled student or one with a physical or mental health condition fails to properly manage their condition, despite adjustments and support, a question may arise as to their fitness to practise. Detailed guidance and advice regarding student fitness to practice is provided by the GOsC to both students and osteopathic educational institutions.²⁷

110. Osteopathic educational institutions should have fitness to practise policies in place, under which serious concerns regarding a student's fitness to practise may be investigated and managed. Matters to be considered under such procedures would be:

- those that affect patient safety
- those that may affect the trust that the public places in the osteopathic profession.

111. Osteopathic educational institutions should also have processes in place to detect behavioural issues which may lead to fitness to practice concerns. These issues might include:

- poor attendance at lectures
- late submission of coursework
- lack of engagement with the course
- aggressive behaviour
- poor communication with staff and/or patients.

Collectively, these might be fitness to practise concerns, but they may also be indicators that the student is struggling generally, or has a mental health condition. Monitoring processes can be a way of identifying potential mental health issues, so that appropriate action can be implemented as early as possible.

Promoting wellbeing

112. Osteopathic educational institutions should promote wellbeing amongst all of their students, not just those with physical or mental health conditions. Examples of how they may do this might include:

²⁶ Available at: www.universitiesuk.ac.uk/highereducation/Documents/2015/StudentMentalWellbeingInHE.pdf

²⁷ Available at: www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance

- delivering group exercises focused on stress management
- providing resources on maintaining healthy lifestyles
- learning support processes to help students develop their studying skills can help them work more effectively and thus reduce stress
- peer mentoring or buddying schemes to provide support.

Achieving a recognised qualification

113. Osteopathic educational institutions will have regulations concerning student assessment, progression and graduation, that incorporate demonstration of the competence standard specified by the *Osteopathic Practice Standards*²⁸. It is the institution's responsibility to determine whether a student satisfies this standard and is awarded a recognised qualification. This is a threshold standard that cannot be varied. A necessary part of the educational process is the assessment of a student's professional behaviour and attitudes.

114. If there is evidence that a student's fitness to practise may be compromised, fitness to practise proceedings should be initiated and the outcome reported to the General Osteopathic Council. If a student fails to demonstrate the standard required by the end of the programme, they should not be awarded a recognised qualification. In certain circumstances, such as when there are continuing concerns about aspects of professional behaviour, it may be appropriate to consider awarding an alternative qualification that does not have the status of a recognised qualification and cannot lead to registration with the General Osteopathic Council. However, an osteopathic educational institution cannot withhold a qualification from a student who has demonstrated achievement of the standard of competence, on the basis of speculation about how they might behave as a registered osteopath.

115. Registration confers unrestricted practice rights. The General Osteopathic Council does not annotate the Register to indicate that a practitioner is disabled, or has a particular physical or mental health condition; nor does it apply any other condition or restriction on the manner in which osteopathy should be practised by a new registrant. A decision to award a recognised qualification means that in the institution's judgment, a student is capable of practising in accordance with the standards set out in the *Osteopathic Practice Standards*. Once an individual is on the General Osteopathic Council Register, they are responsible for maintaining professional standards of practice.

116. If a registrant subsequently develops a health impairment or disability that prevents them from undertaking the full range of osteopathic activities and interventions, it is the duty of the registrant to modify their work accordingly to ensure they can practise safely and effectively and comply with the full range of the *Osteopathic Practice Standards*. This might, for example, require moving to

²⁸ Available at: www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards

work in a group practice where colleagues would be available to provide support or substitution, or by restricting practice to a more limited approach and by not carrying out certain techniques – provided this does not mislead the public about the scope of osteopathy provided. Osteopaths who are direct employees should look to their employer to make reasonable adjustments.

Section 5: Further information

Sources of further information and guidance are listed below.

Action on Hearing Loss

(Action on Hearing Loss is the trading name of the Royal National Institute for Deaf People, RNID).

19-23 Featherstone Street, London, EC1Y 8SL

Tel: 0808 808 0123

Text phone: 0808 808 0123

Email: informationline@hearingloss.org.uk

<https://www.actiononhearingloss.org.uk/>

British Dyslexia Association

Unit 8 Bracknell Beeches, Old Bracknell Lane, Bracknell, RG12 7BW

Tel: 0333 4054555

National Helpline: 0333 4054567

www.bdadyslexia.org.uk

Mind

15-19 Broadway, Stratford, London, E15 4BQ

Tel: 020 8519 2122

Email: contact@mind.org.uk

www.mind.org.uk

Mind Cymru

3rd Floor, Quebec House, Castlebridge,

5-19 Cowbridge Road East, Cardiff CF11 9AB

T: 029 2039 5123

Royal National Institute of Blind People

105 Judd Street, London WC1H 9NE

Helpline: 0303 123 9999.

www.rnib.org.uk

General Medical Council (GMC)

The GMC offers a range of resources aimed at supporting medical students with mental health conditions (see <http://www.gmc-uk.org/education/undergraduate/23289.asp>) and disabilities (http://www.gmc-uk.org/information_for_you/). These may be helpful also in an osteopathic context.

The GMC have a number of offices throughout the UK (www.gmc-uk.org/about/contacts.asp)

General Osteopathic Council

176 Tower Bridge Road, London, SE1 3LU

Tel: 020 7357 6655

Email: info@osteopathy.org.uk

www.osteopathy.org.uk

The Equality Advisory Support Service

The Helpline advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales.

Advice helpline: 0808 8000082

www.equalityadvisoryservice.com/app/home

The Equality Challenge Unit:

www.ecu.ac.uk

Equality and Human Rights Commission

The Equality and Human Rights Commission has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the protected characteristics. It can be accessed at: www.equalityhumanrights.com

Quality Assurance Agency for Higher Education

Southgate House, Southgate Street, Gloucester, GL1 1UB

Tel: 01452 557000

Email: comms@qaa.ac.uk

www.qaa.ac.uk/Pages/default.aspx

Universities UK

Have recently published The Student Wellbeing in Higher Education Good Practice Guide, available at:

www.universitiesuk.ac.uk/highereducation/Pages/StudentMentalHealthGuidance.aspx#.VhPncfIVhHw

The Office of the Independent Adjudicator (OIA)

The OIA is an independent body, set up to deal with student complaints. Free to students, the OIA deals with complaints against higher education providers in England and Wales.

OIA, Second Floor, Abbey Gate, 57-75 Kings Road, Reading, RG1 3AB

<http://oiahe.org.uk>

Directgov

For information about the Disabled Student Allowance.

www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898

Government Equalities Office

The Government Equalities Office (located in the Home Office) has responsibility across Government for equality strategy and legislation. It can be accessed at:

<http://homeoffice.gov.uk/equalities>

Legislation

The *Equality Act 2010* can be accessed at:

www.legislation.gov.uk/ukpga/2010/15/contents

Explanatory notes to the *Equality Act 2010* can be accessed at:

www.legislation.gov.uk/ukpga/2010/15/notes/contents

The *Osteopaths Act 1993* can be accessed at:

www.legislation.gov.uk/ukpga/1993/21/contents