



General
Osteopathic
Council

Student Fitness to Practise **Consultation**

Summary

The General Osteopathic Council (GOSC) is responsible for placing students who obtain 'Recognised Qualifications' onto the Statutory Register in order that they may practise as osteopaths. Registration requires osteopaths to practise in accordance with the GOSC's standards of professional and ethical conduct (currently the *Code of Practice* and *Standard of Proficiency*).

Osteopathic Educational Institutions (OEs) are responsible for ensuring that only students who are capable of practising, without supervision, to these standards are awarded a Recognised Qualification (RQ).

In order to support the teaching and learning of professional behaviours, and the appropriate and consistent management of behaviour which indicates that students may not be fit to practise, the GOSC has developed the following draft guidance for consultation:

- > *Student Fitness to Practise Guidance for Osteopathic Educational Institutions.*
- > *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*

Development of the proposals

The development of the proposals was overseen by a Student Fitness to Practise Working Group comprising:

- > Professor Ian Hughes, lay member of Council and Chair of Group.
- > Adrian Barnes, osteopath, Principal of European School of Osteopathy.
- > Jerome Boisard, former student and newly qualified osteopath, London School of Osteopathy.
- > Carolyn Felton, osteopath, Assistant Head of Department, Surrey Institute of Osteopathic Medicine.
- > Netta Lloyd-Jones, Head of Practice Education, Oxford Brookes University.

- > Sharon Potter, Vice Principal, Education, British School of Osteopathy.
- > Tracy Stokley, osteopath, Clinic Director, College of Osteopaths.
- > Heather Warwick, student, Leeds Metropolitan University.

Consultation issues

There are seven key areas on which we would appreciate your views. These are:

- > The balance between learning professional behaviors and the importance of the individual taking responsibility for their fitness to practise.
- > Guidance about admissions.
- > The student fitness to practise investigation process.
- > Sanctions that can be given by a student fitness to practise panel.
- > The *Student Fitness to Practise Guidance for Osteopathic Educational Institutions.*
- > The student booklet, *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*
- > Implementation.

The consultation process

The consultation is published on our public website and on our registrants' website, the **o** zone. It has also been sent to a number of individuals and organisations, including:

- > Consumer bodies and patient organisations
- > Osteopathic patients.
- > UK and international Osteopathic Educational Institutions.
- > Students within Osteopathic Educational Institutions.
- > British Osteopathic Association.
- > Specialist osteopathic societies.

- > Osteopathic Regional Communications Network.
- > Other UK and international health regulators.

You are invited to submit comments on any of the issues covered in this document. A consultation response form is available on our public website and on the **o** zone. Your comments are requested by **1 September 2011**. They should be sent:

By email to Joy Winyard at:
jwinyard@osteopathy.org.uk

By post to:
 Joy Winyard
 Professional Standards Officer
 General Osteopathic Council
 Osteopathy House
 176 Tower Bridge Road
 London
 SE1 3LU

Tel: 020 7537 6655 ext 238

Background

This section introduces osteopathy and osteopathic education to provide a context for the guidance and for responses to the consultation.

About osteopathy

Osteopaths are primary healthcare practitioners. This means that they are able to undertake an initial consultation with any patient. This includes taking a case history, performing an examination of the patient, formulating a differential diagnosis and undertaking treatment where appropriate. Osteopaths are trained to refer patients to other healthcare professionals when they are not the most appropriate professional to manage an underlying condition (although they may still provide treatment to the individual referred).

Osteopaths are able to treat patients exhibiting a significant number of symptoms with a range of osteopathic approaches.

Most osteopaths work in private practice. However, up to 15% provide services within an NHS setting.

Background to osteopathic regulation

The General Osteopathic Council (GOsC) is the statutory regulator (by virtue of the Osteopaths Act 1993) tasked with developing and regulating the profession. By law osteopaths must be registered with the GOsC in order to practise in the UK.

- > The GOsC keeps the [Register](#) of all those permitted to practise osteopathy in the UK.
- > We work with the public and osteopathic profession to promote patient safety, and we set and monitor the maintenance and development of [standards](#) of osteopathic training, practice and conduct.
- > We also assure the quality of osteopathic education and ensure that osteopaths undertake [continuing professional development](#).
- > We help patients with any [concerns or complaints](#) about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.

The osteopathic educational environment

In order to practise as osteopaths, students must achieve a Recognised Qualification (RQ) awarded by an Osteopathic Educational Institution (OEI). The award of an RQ, in law, means that the holder is capable of practising, without supervision, to the standards expected in the GOSc *Code of Practice* and the *Standard of Proficiency*. These standards are available on our website:

<http://www.osteopathy.org.uk/practice/standards-of-practice/>.

Most UK osteopathic RQs are either Bachelor of Science (BSc), Bachelor of Osteopathy (BOst) or Master of Osteopathy (MOst) degrees. A Diploma of Osteopathy (DO) is also available. Training generally takes place over four years whole time equivalent.

One OEI awards a 'Membership of the London College of Osteopathic Medicine' qualification. All entrants to this course must be medical practitioners with a medical degree recognised by the General Medical Council. The course has a duration of between 12 and 18 months. It provides a 'strong foundation in basic structural osteopathy'¹.

Recognised Qualifications in osteopathy are awarded by 10 UK OEIs. These are:

- > British College of Osteopathic Medicine.
- > British School of Osteopathy.
- > College of Osteopaths (Keele).
- > College of Osteopaths (Borehamwood).
- > European School of Osteopathy.
- > Leeds Metropolitan University.
- > London College of Osteopathic Medicine.
- > London School of Osteopathy.
- > Oxford Brookes University.
- > Surrey Institute of Osteopathic Medicine.

¹ See QAA Report, General Osteopathic Council Review of Osteopathic Courses and Course providers: London College of Osteopathic Medicine, January 2009, p10 available at: http://www.osteopathy.org.uk/uploads/lcom_course_review_report.pdf and accessed on 14 April 2011.

Consultation

This consultation asks for views on the following documents:

- > *Student Fitness to Practise Guidance for Osteopathic Educational Institutions.*
- > *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*

The aims of publishing these two documents are:

- > To make explicit the frameworks in place for teaching and learning professional behaviours to support patient safety and the continual enhancement of patient care.
- > To explicitly outline the purpose of student fitness to practise procedures – patient safety.
- > To enable a consistent framework to be applied to student fitness to practise matters.
- > To reinforce the importance of student support and remediation before, during and after fitness to practise procedures.

The consultation guidelines are divided into seven areas. Comments on the text of the guidance are welcomed.

Section 1: The balance between learning professional behaviours and taking responsibility for fitness to practise

The Student Fitness to Practise Working Group recognised that there was a fine balance to be struck between the teaching and learning of professional behaviours and the importance of the individual taking increasing responsibility for their fitness to practise throughout the course.

Those teaching in OEIs should be clear about how professional behaviours are taught throughout the course. Students also need to be aware of the importance of professionalism and the relationship of professionalism to the bond of trust between

patients and healthcare professionals more generally. However, developing this behavior and understanding takes time for all healthcare profession students and will continue throughout the duration of the course.

The relevant sections of the guidance are paragraphs 20 to 22 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions* and the entirety of the *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*.

QUESTION 1: IS THE EMPHASIS RIGHT ON THE IMPORTANCE OF TEACHING AND LEARNING PROFESSIONAL BEHAVIOURS AND THE RESPONSIBILITY OF THE INDIVIDUAL FOR THEIR OWN FITNESS TO PRACTISE?

Section 2: Guidance about admissions

The conduct of an individual before they are admitted to a course and how this might affect the award of an RQ can be a difficult area. It involves making fine judgements about the future to ensure the safety of patients and the trust that the public places in the profession, yet also allowing for the remediation of the behaviour of individuals as they mature.

The guidance in relation to conduct prior to admission of the student emphasises the importance of public protection and is set out at paragraphs 25 to 32 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*.

Separately, a broad overview of the management of health impairments and disability in relation to fitness to practise is provided in paragraphs 27 and 35 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*. However, this is a complex area. Further separate guidance is being developed by the GOsC about the specific management of health impairments and disability during education, training and practice, including examples of how reasonable adjustments might be made to help students meet the requirements of the GOsC standards. This guidance will assist the OEs and students to make appropriate and informed decisions about how to practise in relation to the management of health and disability.

QUESTION 2: IS THE GUIDANCE ABOUT ADMISSIONS APPROPRIATE?

QUESTION 3: IS FURTHER, MORE DETAILED ADVICE ABOUT ADMISSIONS REQUIRED FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS, STUDENTS, OR PATIENTS AND THE PUBLIC?

Section 3: The student fitness to practise investigation process

The *Student Fitness to Practise Guidance for Osteopathic Educational Institutions* provides guidance about whether a one-off incident or a pattern of conduct should be considered as part of the fitness to practise procedures. This guidance is set out at paragraph 41.

If the investigation process is invoked it should be fair, transparent and published. Independent support should be signposted to the student.

The types of factors that the investigator may consider are set out in paragraph 48 of the guidance and are focused on patient safety.

QUESTION 4: IN CONSIDERING WHETHER TO INVESTIGATE, WE HAVE SUGGESTED A NUMBER OF QUESTIONS AT PARAGRAPH 48 OF THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*. ARE THESE THE RIGHT QUESTIONS?

Section 4: Sanctions that can be given by a student fitness to practise panel

The outcomes of a student fitness to practise hearing are solely about patient safety, the wellbeing of the public and the trust that the public places in the profession. The outcomes should not be about punishing students.

Outcomes in student fitness to practise procedures include:

- Fitness to practise not impaired.
- Evidence of misconduct, but fitness to practise is not impaired. A warning is appropriate.
- Fitness to practise may be impaired and an undertaking is agreed.
- Fitness to practise is impaired and a formal sanction of conditions, suspension or expulsion from the course is appropriate.

Guidance about the factors that decision-makers might consider in making a decision about whether fitness to practise is impaired and what type of sanction might be appropriate is set out in paragraphs 57 to 80 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*.

QUESTION 5: HOW APPROPRIATE IS THE GUIDANCE ABOUT WHEN TO ISSUE A WARNING CONTAINED IN PARAGRAPH 59 OF THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*?

QUESTION 6: HOW APPROPRIATE IS THE GUIDANCE ABOUT WHEN TO ISSUE AN UNDERTAKING CONTAINED IN PARAGRAPHS 63 AND 64 OF THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*?

QUESTION 7: HOW APPROPRIATE IS THE GUIDANCE ABOUT CONDITIONS CONTAINED IN PARAGRAPHS 72 TO 74 OF THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*?

QUESTION 8: IS A PERIOD OF SUSPENSION AN APPROPRIATE OUTCOME FOR A FITNESS TO PRACTISE PANEL TO IMPOSE? WHAT DOES THIS ACHIEVE FOR THE STUDENT? WHAT SORT OF EVIDENCE WOULD HELP TO DEMONSTRATE THAT THE STUDENT WAS SAFE TO RETURN TO THE COURSE? SEE PARAGRAPHS 75 TO 78 OF THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*.

QUESTION 9: HOW APPROPRIATE IS THE GUIDANCE ABOUT EXPULSION CONTAINED IN PARAGRAPH 80 IN THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*?

Section 5: Student Fitness to Practise Guidance for Osteopathic Educational Institutions

We have considered the individual sections of this guidance. This guidance is designed primarily for the OEIs. However, it will also be used by students who are or may be subject to fitness to practise proceedings.

Are there any further general points that would help to make this guidance clearer or more appropriate? Are there any gaps or areas that require further detail?

QUESTION 10: HOW APPROPRIATE IS THE *STUDENT FITNESS TO PRACTISE GUIDANCE FOR OSTEOPATHIC EDUCATIONAL INSTITUTIONS*?

QUESTION 11: CAN YOU OFFER ANY SUGGESTIONS FOR IMPROVEMENT?

Section 6: Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students

The *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students* is designed to be disseminated to all students at the beginning of their osteopathic RQ course. It is designed to reinforce the following messages, which will also be communicated by the OEIs:

- > The importance of public and patient trust in the profession.
- > The purpose of regulation of healthcare professionals.
- > The role of the General Osteopathic Council.
- > The support that students can expect to help them to learn professional behaviours.
- > The ways in which personal lives might impact on fitness to practise – for example, drug or alcohol abuse, inappropriate use of social media or inappropriate aggressive behavior.
- > The purpose of student fitness to practise procedures in osteopathic education.
- > The meaning of registration with the General Osteopathic Council.

QUESTION 12: HOW APPROPRIATE IS THE *STUDENT BOOKLET GUIDANCE ABOUT PROFESSIONAL BEHAVIOURS AND FITNESS TO PRACTISE FOR OSTEOPATHIC STUDENTS*?

QUESTION 13: CAN YOU OFFER ANY SUGGESTIONS FOR IMPROVEMENT?

Section 7: Implementation

What steps could the GOsC take alongside the OEIs and students to support the effective implementation of these guidelines? Examples of the types of activities that might be appropriate include:

- > Regular presentations to students about professionalism and our *Code of Practice* rolled out to all OEIs.
- > Development of interactive media to support the implementation of the Osteopathic Practice Standards (the soon to be merged *Code of Practice* and *Standard of Proficiency*).
- > Supporting inter-OEI panel membership to increase knowledge, learning and consistency of decisions.
- > GOsC 'Good Practice Seminars' which incorporate learning from student fitness to practise cases.
- > Effective dissemination of GOsC fitness to practise cases to highlight areas which are identified from registered practitioners.
- > Ways to support the sharing of knowledge about student fitness to practise cases between OEIs to enable learning.
- > Ways to support the sharing of information on serious cases with the GOsC.
- > Ways to support consistent decision-making.

QUESTION 14: WHAT SHOULD THE GOsC DO TO SUPPORT THE EFFECTIVE IMPLEMENTATION OF THIS GUIDANCE BOTH FOR THE OSTEOPATHIC EDUCATIONAL INSTITUTIONS AND FOR STUDENTS?

QUESTION 15: DO YOU CONSIDER THAT THE GUIDELINES OR THEIR IMPLEMENTATION WILL ADVERSELY IMPACT ANY STUDENTS OR OTHERS IN RELATION TO GENDER, RACE, DISABILITY, AGE, RELIGION OR BELIEF, SEXUAL ORIENTATION OR ANY OTHER ASPECT OF EQUALITY? IF SO, PLEASE MAKE SUGGESTIONS ABOUT HOW THE IMPACT COULD BE REDUCED.

QUESTION 16: ARE THERE ANY OTHER COMMENTS THAT YOU WOULD LIKE TO MAKE?

List of Consultation Questions

Question 1: Is the emphasis right on the importance of teaching and learning professional behaviours and the responsibility of the individual for their own fitness to practise?

Question 2: Is the guidance about admissions appropriate?

Question 3: Is further, more detailed advice about admissions required for Osteopathic Educational Institutions, students, or patients and the public?

Question 4: In considering whether to investigate, we have suggested a number of questions at paragraph 48 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*. Are these the right questions?

Question 5: How appropriate is the guidance about when to issue a warning contained in paragraph 59 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*?

Question 6: How appropriate is the guidance about when to issue an undertaking contained in paragraphs 63 and 64 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*?

Question 7: How appropriate is the guidance about conditions contained in paragraphs 72 to 74 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*?

Question 8: Is a period of suspension an appropriate outcome for a fitness to practise panel to impose? What does this achieve for the student? What sort of evidence would help to demonstrate that the student was safe to return to the course? See paragraphs 75 to 78 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*.

Question 9: How appropriate is the guidance about expulsion contained in paragraph 80 of the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*?

Question 10: How appropriate is the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions*?

Question 11: Can you offer any suggestions for improvement?

Question 12: How appropriate is the student booklet *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*?

Question 13: Can you offer any suggestions for improvement?

Question 14: What should the GOsC do to support the effective implementation of this guidance both for the Osteopathic Educational Institutions and students?

Question 15: Do you consider that the guidelines or their implementation will adversely impact any students or others in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality? If so, please make suggestions about how the impact could be reduced.

Question 16: Are there any other comments that you would like to make?



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