

General Osteopathic Council

DEVELOPMENT OF GUIDANCE ON THE MANAGEMENT OF HEALTH IMPAIRMENTS AND DISABILITY IN OSTEOPATHIC EDUCATION, TRAINING AND PRACTICE

Final report from Prime R&D Ltd, September 2011 – Amended November 2011

Introduction

We were contracted by the GOsC to develop detailed guidance for OEIs, and for students, about the management of impaired health and disability in both osteopathic education and independent practice. The main purposes of the guidance were identified as to:

- ensure that students (and prospective students) are made aware of their rights and of the scope to undertake osteopathic education and to pursue a career in osteopathic practice
- ensure that OEIs are aware of their legal obligations and the GOsC's requirements and expectations
- encourage OEIs to widen participation by being more innovative in identifying and implementing ways to assist and support students whose health or abilities are impaired.

The development of the guidance took place in the wider context of a piece of work being undertaken by the Council on Student Fitness to Practise.

Deliverables

We were tasked with delivering:

- a. a scoping report outlining the methods to be used to undertake the research – this was produced in May 2011 and accepted by the GOsC. Set out below is an account of the methods used and the engagement of participants in the process
- b. guidance for publication on the new Equality Act 2010 setting health and disability issues within the wider equality and diversity legislative framework – this is included within both the draft guidance for OEIs and the draft guidance for students which are attached to this report
- c. guidance for publication about managing impairments and health conditions in osteopathic education and clinical placements, including illustrative case examples, plus clarification of the GOsC's position regarding people with disabilities and health conditions in the profession in respect of its statutory duties, and consideration of the issues posed by students who are able to reach the required outcomes with considerable reasonable adjustments in the clinic but who may experience difficulties in practising independently

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where the same support is not available – this aspect is included within both the guidance for OEs and for students

- d. guidance for publication on formal processes for assessing compliance with competence and conduct standards – this is referred to specifically within the OE guidance in the sections relating to OE responsibilities and awarding an RQ
- e. guidance for publication on sources of further information and advice – this is included within both the guidance for OEs and for students
- f. proposals for effective implementation, which should include a training session for one nominated member of each of the ten OEs about the completed guidance and advice about further implementation mechanisms – this is discussed further in this paper.

Methodology and approach

We agreed with the GOsC that the work would be conducted in three phases as follows:

1. preliminary scoping exercise March – May 2011
2. data collection and analysis
3. drafting guidance and a final report.

The research approach involved working from the bottom up, exploring with the OEs the issues they had identified in applying equality legislation in a pre-registration healthcare programme. This approach was selected as an effective means of engaging with the OEs - a key deliverable of the project - and is in contrast to a top-down approach where the legislation is interpreted as guidance for the OEs.

During these phases we used the following methodology:

1. desk research to identify and evaluate how OEs are currently managing health impairments and disability
2. desk research to identify and evaluate existing sources of information about the management of health impairments and disability undertaken by others including: other health professions regulators, higher education funding bodies, the Equalities Challenge Unit, the Quality Assurance Agency for Higher Education, National Union of Students, Skill - National Bureau for Students with Disabilities, Equality and Human Rights Commission, the Department for Employment and Learning, and disability charities
3. a workshop with OEs – attended by nine of the 10 OEs with the 10th being followed up by telephone interview
4. production of a scoping report on the first three areas of research for consideration by the GOsC and to inform plans for the rest of the project's work

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5. telephone interviews with 10 individuals representing eight of the ten OEIs who responded to the invitation to discuss this on an individual basis
6. collation, analysis and interpretation of the findings
7. synthesis of the data and drafting of the guidance
8. checking the guidance with the GOsC
9. consulting all 10 of the OEIs on the draft guidance of whom five responded with overall favourable comments
10. redrafting and finalising in the light of the comments received
11. liaison and discussion with GOsC officers throughout.

The workshop and interviews with the OEIs were semi-structured in order to explore the potentially complex issues which could arise in relation to managing health conditions and impairments in osteopathic education and clinical placements. During the telephone interviews, elements of the interview structure varied depending on the role and experience of the interviewee. Information from the workshop and from interviews was either recorded and/or noted, and key themes and issues identified.

Analysis of the data revealed a number of areas of interest which were used to form the structure of the two documents – one focused on OEIs and one focused on applicants and potential applicants for osteopathic pre-registration education and training.

The analysis also revealed that the guidance notes needed to cover the following areas:

- the duty of care that OEIs have to help individual students to achieve the programme outcomes with reasonable adjustments, yet at the same time produce students who are fit to practise
- identifying examples of the range of health conditions and impairments of individuals who are currently, or have been, on osteopathic courses and the reasonable adjustments that have been made
- how OEIs can consider students' needs currently and also take into account the stability of the condition and the likelihood of deterioration
- making sure candidates are prepared and understand the demands of being an osteopath (eg visiting student clinic, having treatment, understanding the nature of the practice environment when qualified)
- the benefits of candidates and students disclosing so the right package of support and reasonable adjustments can be put in place and the OEI can work with the student to manage the issues / develop self-management strategies
- the influence of organisational culture in OEIs and how this communicates messages about how welcoming an institution is of disability

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- the link between lack of disclosure of a health condition / disability and Student Fitness to Practise
- the links between insight, level of disability and the support required
- the benefits of OEIs working closely with their partner organisations for support and expertise
- the areas of legislation that would need particular consideration within the guidance (eg because some respondents were unsure of these aspects or were seeking support on them)
- areas of concern on which OEIs were seeking more guidance from the GOsC (eg whether a Recognised Qualification could be withheld because of concerns about an individual's future practice as an independent practitioner)
- areas of good practice in OEIs to be shared with others (eg keeping the same tutor throughout the programme, screening all students on entry).

All 10 of the OEIs were engaged in the process in some form with a few contributing at each opportunity for engagement. The information on student experiences has come through our OEI contacts rather than directly from students.

We had hoped to be able to find out about osteopathic practitioners who work with a disability and engage them in the work but in the event there was no clear source of information from which to draw to do this.

We had also hoped to check the guidance with the Equality Challenge Unit but during the course of this work they advised that, due to changes in their funding, they do not now interact directly with organisations that are not Higher Education Institutions.

Implementing the guidance

The methods used in undertaking this project and producing the guidance have led to significant sharing of information between OEIs. Feedback from five of the OEIs on the drafts produced was very favourable as to the contents of the guidance and the help that it would provide in managing disabilities and health conditions as illustrated in the following quotes:

"(We have) discussed the documents and we are agreed that your proposals look very useful, and we have no suggested amendments at this stage."

"I have read both documents and they appear to be helpful and inclusive of all scenarios that potential applicants and OEIs need to consider. I think that (as) a small institution with limited resources (we) can work with the recommendations without too much difficulty. In addition the language of the drafts was reasonably straightforward and jargon free!!!"

"As an institution we are very pleased that the General Osteopathic Council are developing guidance for potential osteopathic students and for OEI's in this particular area. It has been a challenge for a number of years giving

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advice to potential students without proper guidance. (The OEI guide) provides clear information regarding equality legislation, including disability law. This is an excellent resource for OEI faculty and support staff and could be included in staff induction packs. We think the information contained (in the student guide) is most helpful and like the fact that it advises prospective students to consider whether their condition may affect their business; a concern we have had for some students. We are pleased that it also provides examples of competence standards which those with certain impairments may not be able to obtain. This hopefully will enable the students to make informed decisions before applying to an OEI."

We are not clear why the other OEIs did not respond, despite a repeat invitation to do so, but given the overall positive comments received from those who did, we do not have great concerns about this.

Given the feedback, and the group and individual discussions held with representatives of all the OEIs, we are not convinced that the initial proposal to hold "a training session for one nominated member of each of the ten OEIs about the completed guidance and advice about further implementation mechanisms" is the most appropriate method to pursue. Rather we would recommend that the GOsC uses the following implementation methods:

- a. discusses the guidance with the OEIs at one of the regular OEI forum meetings and gains their views on whether any additional support beyond the guidance is felt to be needed and if so, the format it should take
- b. evaluates the use of the guidance by the OEIs after one - two years of use to identify areas for improvement
- c. engages with representatives of students on the use that prospective and actual students have made of the guidance (once it is available) to identify areas for improvement.

Next steps

We believe that there would also be value in the GOsC seeking to gain:

- a legal check of the guidance to give additional confidence in its veracity
- a Plain English kite-mark for the guidance¹.

Finally, we would like to thank the GOsC for the opportunity to be engaged with this work and hence make a contribution to the work of the Council in promoting equality and diversity in the osteopathic profession.

Lindsay Mitchell and David Moore, Prime R&D Ltd

¹ For example, we understand that as long as the Word Centre, who the GMC and the GCC use for this kind of work, is provided with a clearly worded document, the cost for this work would be about £1000 including VAT.

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9 September 2011

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