Education Committee
14 March 2012
Preparedness to Practise Research Report

Classification	Public
Purpose	For decision
Issue	Publication of the preparedness to practise research report.
Recommendation	A. To agree to publish the report subject to final approval of the Chair of the Committee. B. To agree that the Executive should consider fully the implications of the report in relation to current and planned Policy Work and to bring a further discussion back to the Committee about this in due course.
Financial and resourcing implications	The total cost of the preparedness to practise research report is £30 000. The outstanding funds will be paid on receipt of the final report.
Equality and diversity implications	None arising from this report.
Communications implications	None arising from this report. It is envisaged that the authors will publish academic articles from this work in reputable journals in due course.
Annex	Annex A –Précis of findings in chapters 5 to 9 namely: Clinical skills, knowledge and competence, Interpersonal and communication skills, Entrepreneurial and Business Skills, Professionalism
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Background

1. Corporate Plan Aim 1.3 provides for a review of students' transition into practice as newly qualified osteopaths and determination of whether any further regulatory interventions are necessary to protect patients.

2. Council delegated formal oversight of this project to the Research Strategy Working Group (RSWG) which approved the appointment of Professor Della Freeth and colleagues from Queen Mary University of London to undertake the research. It is planned that the Education Committee will now have oversight of the research and recommendations subject to the formal agreement of the RSWG and the Council.

3. On 12 September 2011, as part of the project Professor Freeth and colleagues provided an update to the Research Strategy Working Group. The meeting was also attended by representatives of the OEIs, and newly qualified osteopaths and those working with newly qualified osteopaths. This meeting gave an opportunity for the researchers to obtain feedback on their emerging findings and to seek guidance on the type of data analysis which should be incorporated into the final report. The general feedback on the meeting was that no surprises had been identified in the findings so far.

4. The draft final report (Report) was emailed out to Education Committee members on 5 March 2012.

Discussion

5. The Report will be presented to the Education Committee. The Committee will be asked to agree to publish the report subject to the final approval of the Chair of the Committee and to ask the Executive to consider fully the implications of the report in relation to current and planned Policy Work and to bring a further discussion back to the Committee about this in due course.

Aims

6. The aims of the preparedness to practise research were to explore the extent to which final year students and newly qualified osteopaths are prepared for independent practice to help us to understand how better to target our regulatory work.

Methods

7. The methods used for the research included the collection of data from the following groups:
    a. Osteopaths who first registered with the GOsC in 2009 or 2010, termed 'New Registrants';

b. More experienced osteopaths (first registered before 2008) working in the same practices as the New Registrants, termed 'Colleagues and Employers';

c. Final year osteopathy students (UK OEIs); and

d. Selected staff at Osteopathic Education Institutions (UK OEIs).

e. Views from experienced osteopaths who had not worked with students graduating during 2009 and 2012 were also incorporated into the study.

8. Information about patient expectations from the Osteopathic Patient Expectations study was also used to inform the findings in the study – although no further data was collected from patients in this study.

9. Data was collected to inform perceptions about five themes as follows:
   a. clinical skills and knowledge,
   b. interpersonal and communication skills,
   c. entrepreneurial and business skills,
   d. professionalism and, finally,
   e. supporting osteopathy graduates' transitions into practice.

10. "Health professions' literature on the topic of preparedness for practice (spanning research, opinion, guidance and regulation), indicated that new entrants' clinical skills and knowledge, interpersonal skills and professionalism are seen as fundamental (and sometimes troubling) aspects of preparedness to practise in every healthcare profession we examined. Consequently, these topics required examination in this study." The study notes that there was little literature around healthcare professionals about the development of entrepreneurial and business skills. However, as this is an important area for osteopaths, it was included. (See page 20 of the Report dated 6 February 2012).

11. Methods to collect data included:
   a. Online surveys
   b. Anonymous data from the register
   c. Focus groups with OEI faculty members, osteopathy students and a stakeholder panel.
   d. Small numbers of additional face to face and telephone interviews in some categories.

Findings and emergent cross cutting themes

12. The précis of the following chapters is set out at Annex A.
   - Clinical skills, knowledge and competence – Chapter 4
   - Interpersonal and communication skills – Chapter 5
   - Entrepreneurial and business skills – Chapter 6
   - Professionalism – Chapter 7

- Supporting osteopathy graduates' transitions into practice – Chapter 8.

13. The following extract is a précis of Chapter 9 at page 132 of the draft Report dated 6 February 2012. This should be read in the context of the full report.

14. "Three major cross-cutting themes emerged in the preceding chapters: 'Safe, if not always effective', 'Diversity, Variability and Uncertainty' and 'Autonomy and Isolation'.

    While it is essential for novice practitioners to be safe practitioners, it was thought that the heavy emphasis on safety during osteopathic education produced over-cautious and insufficiently discriminating practice. The heavy emphasis on safety may also be to the detriment of other aspects of osteopathic practice, such as developing osteopathic reasoning, interpersonal skills and business acumen. These things limit New Registrants' effectiveness and leave them under pressure to learn a great deal during the initial months of practice, during which they may be relatively unsupported due to the high incidence of self-employment and patchy mentorship – precisely the reasons for great emphasis on safety during initial education.

    There was marked diversity, variability and uncertainty at all stages of osteopaths' development from students to competent practitioners. Student cohorts can be very mixed, with a large proportion of mature students with diverse past careers and life experiences. Faculty sometimes struggled to match the curriculum to everyone's needs. Clinic and placement education varied between OEIs and, even within each OEI, clinical assessments were regarded as somewhat variable. Following graduation, experiences of employment conditions, mentorship and other support for development during the early months of practice were extremely variable. It is impossible to identify a 'typical' trajectory for a new Registrant, perhaps apart from reality shock in relation to the long and arduous process of building a patient base.

    Autonomy was very important to the study participants and had several interwoven, sometimes slightly contradictory strands. Autonomy was prized in its own right, but also a commercial necessity. Independent, possibly isolated, practice was the only option for many, which placed a premium within osteopathy degrees on learning for safe, self-directed practice. The high value placed on autonomy could make it difficult for practitioners to ask for help or advice. Many New Registrants, including those working within group practices felt a profound sense of isolation during their early months of practice."

Summary of osteopathy graduates preparedness to practise

15. The below summary sets out a high level overview of the findings in the Report at pages 164 and 165. Again this should be read in the context of the full report.

    "11.1 Introduction

Having provided considerable detail about facets of osteopathy graduates' transitions to practice in Chapters 4-9, and discussion in relation to other professions and the wider literatures about learning and workplaces in Chapter 10, we wish to provide a very succinct summary here. A simple traffic light system will be used to summarise levels of preparedness for different facets of practice: green for a consensus of sound preparedness; amber for facets of preparedness where this study found ambivalence, mixed messages, considerable diversity or a consensus of moderate levels of preparedness; finally red for facets of preparedness where there was a consensus of poor preparedness. This is necessarily an over-simplification of osteopathy graduates' preparedness to practice and should not be taken out of the context of chapters 4-10.

11.2 Green

Osteopathy graduates' up to date clinical and scientific knowledge was recognised and commended by experienced osteopaths. Adequate underpinning knowledge is a pre-requisite for correct clinical reasoning and action, so this is a vital aspect of preparedness to practice.

Osteopathy graduates were considered safe to commence autonomous osteopathic practice.

Graduates were considered to be competent in a limited range of clinical processes and techniques, which could collectively form the basis of initial clinical practice.

Graduates were conversant with Standards for Practice.

Graduates understood and broadly supported evidence-based practice, and could play an active part in continuing debates about the contested nature of evidence in the context of osteopathic practice.

11.3 Amber

Colleagues and Employers felt that New Registrants often exhibited insufficiently incisive clinical reasoning and excessive caution, linked to over-investigation or over-treatment, but they varied in the extent to which they viewed this as indicative of lack of preparedness to practise or an expected and transient part of beginning practice.

Osteopathy graduates interpersonal and communication skills were regarded as less well developed than their clinical knowledge and clinical skills, particularly in relation to communication with other healthcare professionals (as opposed to direct colleagues). Writing letters to GPs was better-developed than other aspects of inter-professional collaboration. Experienced osteopaths doubted osteopathy graduates preparedness for responding well in challenging situations.

Linked to the previous two areas of limited preparedness, osteopathy graduates were considered to be only partially prepared for developing effective, patient centred treatment plans and promoting self-help.

11.4 Red

The data from this study suggested that osteopathy degrees placed such emphasis on safe clinical practice that it displaced attention from other aspects of professional practice. Whilst safety is of paramount importance, it is also important that adequate attention is paid to developing interpersonal skills that are essential for osteopathic practice.

There was widespread concern that osteopathy graduates did not properly appreciate the skills and effort required to build and maintain a successful osteopathy practice. In particular, they lacked appreciation of how small businesses build by word of mouth and the factors that affect this.

Recommendations

16. Recommendations are set out in chapter 12 of the Report. They have been summarised by the Executive as follows:

General

In general terms the findings prompted the following observations and conclusions:

- The 'safe but not necessarily effective' discourse for new graduates encouraged by OEIs and others - felt to be limiting because it doesn't meet patients expectations – i.e. safety but not quality.
- Encouragement of third party feedback by osteopaths to supplement reflection.
- Improved communication and interpersonal skills.
- More resources to support business development.

Recommendations for GOsC

- CPD Waiver should be an extended period of CPD to avoid the 'wrong message' going out.
- GOsC should support access to wider journals - not just osteopathic ones - to support CPD.
- GOsC should review transitions of practice in NHS professions (almost all require some form of supported practice) and private professions (supported practice is variable).
- GOsC should consider needs and vulnerabilities of new registrants working as lone practitioners.

Recommendations for Practising Osteopaths

- All need to recognise the need to support colleagues during moves to new environments and to recognise that performance will be impaired by the need to acquire context specific knowledge and understanding.

Recommendations for OEIs - all described as strengths in some OEIs and weaknesses in others:

- Reviewing clinic and placement learning to consider the following
    - Variety and sequencing of learning environments
    - Ways in which development of incrementally improved clinical reasoning is supported.
    - How to consolidate key clinical techniques
    - Scope for longitudinal practice - evaluating how treatment on a patient has worked and to reassess patients
    - Faculty development for clinic tutors
    - Knowledge of triage and referral
    - Development and assessment of interpersonal and communication skills
    - Simulation to complement clinic learning
    - Borderline pass and fail students both given additional clinic learning - not just borderline fail.

Next steps

17. The report is still to be finalised following comment from the GOsC. However, the report that the Committee has seen contains the relevant findings and recommendations.

18. We suggest that we publish the report when it is completed to ensure that all are able to benefit from the findings and discussions at the earliest opportunity and particularly to allow the report to feed into our own thinking: already, for example, the report may feed into our own CPD Review and the continuing fitness to practise debate.

19. Moving forward, we will need to consider the findings carefully and consider whether there is more that we can do as a regulator to support the transition into practise for osteopathy graduates. These findings may also have relevance for the forthcoming development debate. The profession's willingness to support the transition into practice for the benefit of the profession may benefit from further exploration through the 'Development' debates taking place in a variety of forums this year with a variety of parties.

20. We have already undertaken some work which may impact on the issues identified in the report around the preparedness of graduates for study.

21. For example, we had already identified the over emphasis on the Standard of Proficiency and have taken steps to bring the Standard and the Code together in the Osteopathic Practice Standards. The themes of 'Communication and patient partnership' and 'professionalism', may, if implemented appropriately start to address some of the aspects of unpreparedness such as communication skills in contexts.

22. We have also taken steps in the last couple of years to provide a range of electronic journals available to all registrants through the o zone.

23. However, there is still much in the report to reflect on and to feed into our own thinking.

24. We will undertake further development of this thinking and will report back to the Committee with further information during the course of the next year.

Recommendations:

A. To agree to publish the report subject to final approval of the Chair of the Committee.
B. To agree that the Executive should consider fully the implications of the report in relation to current and planned Policy Work and to bring a further discussion back to the Committee about this in due course.

Item 9 Annex A

Précis of findings related to the following:

- **Clinical skills, knowledge and competence – Chapter 4**
- **Interpersonal and communication skills – Chapter 5**
- **Entrepreneurial and business skills – Chapter 6**
- **Professionalism – Chapter 7**
- **Supporting osteopathy graduates transitions into practice**

Clinical skills, knowledge and competence

1. This extract is a précis of chapter 4 about clinical skills, knowledge and competence at pages 37 to 39 of the Report.

"Clinical competence requires the integration of many separate competencies. While this chapter largely focuses on clinical skills and knowledge, links are made to other facets of professional practice which will be discussed in subsequent chapters: interpersonal and communication skills (Chapter 5), entrepreneurial and business skills (Chapter 6) and professionalism (Chapter 7). We will see that the summary perceptions of the stakeholders consulted during this study, regarding New Registrants' preparedness to practise, could be synthesised as:

- Good underpinning knowledge
- Competence in a restricted range of clinical techniques.
- Sufficiently well prepared to commence clinical practice, in the expectation that they will continue to learn and broaden their experience.
- A substantial need for support in the early months.
- Safe, but not necessarily effective.
- Poorly developed business skills and unrealistic expectations.

Many experienced osteopaths enjoyed working with New Registrants, who were regarded as possessing important knowledge, skills and enthusiasms; whilst also needing support and mentorship. Some respondents described 'expansive' learning environments in which the whole practice learnt as a result of the presence of a New Registrant. However, some stressed that New Registrants' needed to be self-sufficient because colleagues lack the capacity to provide support.

Exploration of a 61% to 39% division between Colleagues and Employers who considered that New Registrants were sufficiently (51%) or well-prepared (10%) to practise, and those who doubted their preparedness, found:

- Among doubters, the main clinical strengths of New Registrants were perceived to be: safety and caution, taking thorough case histories, 'basics' of diagnosis and treatment, record-keeping, understanding of consent and ethical compliance. Their underpinning clinical knowledge was also noted.
- On the other hand, those who thought that New Registrants were sufficiently or well prepared for clinical practice were complimentary about New Registrants' theoretical and practical knowledge. As before, perceived clinical

strengths included: safety, thorough case histories, record keeping, understanding of consent and ethical compliance; moving beyond these to include praise for diagnostic skills

- Among those who doubted New Registrants' Preparedness to practice, many areas of clinical practice were thought to need improvement, most often: discerning and communicating a prognosis; applying clinical knowledge; greater breadth of clinical knowledge and expertise; use of osteopathic principles and reasoning; critical thinking; being adequately selective in investigations and treatments; patient management; case histories; diagnosis; record-keeping; communication skills and maintaining patient dignity; building up speed; and business sills, particularly building and maintaining a patient base in private practice. Over-confidence and unrealistic expectations were also mentioned.
- Similarly, those who were satisfied with New Registrants' preparedness for practice listed: understanding prognoses; refining techniques and diagnosis skills; gaining experience of a wider range of conditions and patient groups, and particularly, more challenging cases; clinical reasoning and adopting a sufficiently selective approach; patient management; interpersonal skills; building up speed; business development. They also suggested refinements such as better appreciation of: the recovery process; complexity in patients' conditions and circumstances; when to seek advice; intra- and inter-professional communication. Consolidation, building confidence, patience and being realistic were also mentioned.

The overlap between the views of those who felt the preparedness of New Registrants was at least sufficient, and those who doubted this, indicated that they were underpinning their judgements by grading on broadly similar spectra of clinical and personal characteristics: the difference lies in calibration (which is likely to be influenced by respondents' dispositions and variation in the quality of New Registrants).

Final Year Students were looking forward to commencing professional practice, feeling they had sufficient knowledge and basic clinical skills to do this safely. They expected to 'learn from experience' and engage with CPD; thereby increasing their expertise and effectiveness. They seemed to have accepted a prevailing discourse that, initially, their practice would be 'safe, but not necessarily effective'.

OEI faculty reported that osteopathy degrees' emphasis on clinical education was intended to support *safe, autonomous* practice. In relation to statements about ways in which their degrees had prepared them for practice, New Registrants were generally positive. Combining agree and strongly agree responses, levels of support for statements about 'My degree ...' were:

- 74% '... provided me with the knowledge needed for Osteopathic practice'
- 65% '... provided exposure to diverse clinical conditions'
- 65% '... provided sufficient supervised clinical practice'
- 64% '... taught me to evaluate my own competence'
- 61% '... taught me how to update my skills and knowledge'

- 60% '... provided exposure to a variety of client groups (e.g. babies, older people, ethnic diversity, disability)'

However, only 48% supported the statement 'The assessments undertaken during my degree prepared me as well as possible for osteopathic practice.'

The most striking feature of New Registrants' reports of the strengths and weaknesses in their clinical knowledge was its diversity: over sixty areas of confidence were named and over 100 areas of limited confidence were identified. Almost every area of confidence named by a New Registrant was also named by another as an area of limited confidence. The pattern for clinical skills was similar. This diversity was linked to variability and uncertainty experienced by Colleagues and Employers working alongside New Registrants. Diversity, variability and uncertainty also emerged in focus group discussions of clinical education and assessment." (See pp38 to 40 of the draft Report dated 6 February 2012).

Interpersonal and communication skills

2. The following extract is a précis of Chapter 5 at pages 57 to 59 of the draft Report dated 6 February 2012.

"Interpersonal and communication skills underpin many of the clinical skills that were discussed in Chapter 4, for example:
- strengths in record-keeping and taking thorough case histories
- development needs for communicating a realistic prognosis; providing tailored, patient-centred advice; appreciating the role of interpersonal and communication skills in building and maintaining a patient base.

Colleagues' and Employers' evaluations of New Registrants' interpersonal and communication skills can be summarised as follows:
- Generally middle ranking: less well developed than clinical knowledge and skills but better developed than business skills.
- New Registrants were most skilled when working with patients and least skilled when working with other professionals (as opposed to their direct colleagues).
- Most (56%) felt New Registrants could explain treatments to patients in ways which were accessible and understandable
- Most (57%) were ambivalent about New Registrants' responses to patients' anxieties, frustrations and pain
- More (66%) were ambivalent about New Registrants' management of challenging situations and 20% suggested New Registrants cannot use interpersonal skills effectively in challenging situations.
- Poor interpersonal and communication skills could substantially reduce the chance of continued employment in group practices.

New Registrants' felt their osteopathy degrees had prepared them well for teamwork (81%), making appropriate referrals or relaying advice on future

treatment (78%) and managing conflict (72%, substantially more positive than Colleagues' and Employers' reports of preparedness to manage challenging situations). While the majority (55%) also felt well-prepared for consulting other professionals, 39% felt they were not very well prepared for this aspect of practice.

Recurrent themes in New Registrants' examples of situations whilst working with patients or colleagues, when their interpersonal and communications skills had served them well included:

- Convincing, without over-alarming, patients who need to see a GP.
- Explaining what osteopathy is and how it can help.
- Reassuring patients who are nervous of osteopathic treatments.
- Not shying away from strong emotions (but identified by some as an area for development).
- Remaining resolute when under pressure from patients (but identified by some as an area for development).
- Consulting more experienced osteopaths or other professionals when they felt close to the limits of their expertise.

New Registrants also indicated that, having initially been prone to over-optimism, they were developing ways of communicating more realistic assessments of what osteopathy might achieve, and how long and difficult the process might be.

In addition to the areas for development noted above, themes in New Registrants examples of situations in which they needed better interpersonal and communication skills included:

- Making suggestions to more experienced colleagues and resisting pressure from them.
- Persuading patients who are reluctant to see their GP again before treatment continues.
- Feeling "*upset and frazzled*" by complaints from patients (some of which were felt to be justified and some unjustified.
- Communicating with the parents of very young babies.
- Working with patients with communication difficulties.

Several New Registrants cited returning patients and patients referring friends as evidence to support self-evaluation of good interpersonal and communications skills. Equally, they interpreted non-returning patients as indicative of failures in interpersonal skills or communication. Some had previously pursued careers that helped develop strong interpersonal and communication skills.

Osteopathy degrees placed more emphasis on developing communication skills to aid diagnosis and other clinical procedures, rather than the development of interpersonal skills to support patient management. Most attention focused on pragmatic clinical matters, such as how best to elicit information whilst taking case histories, and formal communication between professionals, including legal processes. Humanism and the communication aspects of patient safety were more lightly touched upon. Curriculum elements included lectures and some

more interactive classes delivered by OEI faculty and visiting speakers, such as psychologists and counsellors; but it was also expected that students would learn a great deal from the role modelling of clinic tutors. Overall, interpersonal and communication skills appeared to be a bolt-on addition to the clinical curriculum. Faculty identified this area of learning and teaching as under-developed, but struggled to envision improvements.

The narrative relating to clinic learning was typified by levels of uncertainty and the identification of variation: another manifestation of the emergent theme of Diversity, Variation and Uncertainty (Chapter 9). The uncertainty for students centred on the development of interpersonal skills as being left to chance by observation of clinic tutors and more senior students. Another major issue was how to ensure consistent teaching in the context o: unpredictability surrounding the range of patients a student might meet in clinic, and variation in tutors' abilities to demonstrate and apply interpersonal and communication skills. Final year students felt academic and clinic teams assumed students would "*Learn by osmosis*" from observations and exposure to the clinic environment. The reality for students was of mixed experiences – from the very good to the awful.

Students expressed concerns about their preparedness to practice with respect to patients with support needs related to mental health or mental capacity. Some OEIs had begun to explore ways to meet these learning needs, but, provision was patchy."

Entrepreneurial and Business Skills

3. The following extract is a precis of Chapter 6 at pages 72 to 74 of the draft Report dated 6 February 2012.

"New Registrants must build successful small businesses, in difficult economic conditions, under pressure from debt accumulated whilst studying, whilst honing and extending their clinical and interpersonal skills. This is never going to be easy, but realistic expectations and awareness of important principles are likely to help. Study participants emphasised that increased preparedness for running a small business cannot be at the expense of developing clinical competences: safe and reasonably well-accomplished clinical practice is the 'bottom line'.

Although Colleagues and Employers made many criticisms of New Registrants' entrepreneurial and business skills, they appreciated New Registrants' enthusiasm and new ideas for building their businesses. Colleagues and Employers suggested that more could be done during osteopathy degrees to develop realistic expectations of the hard work involved in building and maintaining a patient base. In summary, they felt:

- Graduates needed
    - better understanding of how referral networks function and the importance of interpersonal skills in maintaining or fracturing relationships with patients;
    - better presentation skills

    - to be better at formulating treatment plans with short- and long-term goals and a regular tempo of improvement.
- New Registrants were reasonably good at promoting osteopathy in interactions with GPs but perhaps overlooked similar opportunities with non-medical practitioners.
- Variability in New Registrants' business acumen was based both in personality differences and in career histories.

New Registrants found the transition from student to engaging with the business of osteopathy challenging: 61% of respondents provided examples of the business-related challenges they had faced. Nevertheless 55% were able to give examples of things they had done well to enhance their osteopathic business. As we have seen in earlier chapters, there were diverse experiences and varied perceptions. Learning needs named by some respondents were likely to be named by others as things they had done well. Many New Registrants become osteopaths after working in other small businesses, finance or marketing, for example: these brought more realistic expectations of business and some relevant business skills. In addition, some New Registrants' reported that their earlier careers and hobbies had provided a focus for marketing their new osteopathy practice to people whose needs they could better understand. Their challenges focused on: developing more realistic expectations; financial matters; marketing; understanding how to set up a business and the time and effort required; the slow and effortful process of building a patient base; identifying a good place to begin to practise; legal matters; isolation and avoiding unfair business practices and 'scams'. It was noted that not everything can be taught in advance of experience and, while New Registrants might begin with *"rough skills"*, these are refined through the experience of joining or starting up an osteopathy business.

Examples from New Registrants who noted business development successes included:

- successful marketing and building relationships;
- appreciating the importance of word of mouth recommendations and developing the patient experience to promote these;
- broadening their clinical skills to be able to offer more treatments;
- in group practices, valuing opportunities for participation in practice management and practice development projects, also appreciating mentorship from colleagues;
- combining part-time work in a group practice with building an independent business;
- building clinical experience through locum work;
- maintaining links with one's OEI to keep abreast of developments and opportunities;
- undertaking business-focused CPD;
- for new businesses, identifying a good location and suitable premises.

Some New Registrants felt tensions between the necessity to earn money and: their feelings of self-worth; their preference for a service-orientation to healthcare; potential conflict between business practices and ethical practice.

There was great uncertainty about the business curriculum and provision varied noticeably across the OEIs. The 'Holy Grail' for faculty was to find the best way to include entrepreneurial and business education, without undermining clinical learning, and such that students would attend activities and evaluate these positively. Discussions centred on timing, level and content. Faculty were struggling to make business education feel *"live"* at appropriate points in the curriculum. They appeared rather reliant on their own knowledge as practising osteopaths and entrepreneurs, or inviting guest speakers. This approach yielded mixed results. Mature students who had previously been self employed or worked in business environments, felt that they had something to offer as learning agents, often over and above the guest speakers; but faculty did not mention harnessing this expertise within student cohorts.
There was no clear strategy for using clinic experiences to prepare learners for business. Differences in in-house clinic operations could both help and hinder the ability to be more business aware. When students gained experience in specialist clinics, NHS services and social care, or with charities, these were framed as wider access to pathologies not necessarily seen in 'mainstream' clinics, overlooking the possibility that these clinic environments also prepared students for inter-professional and interagency engagement, which could support business development. This study did not encounter any faculty or student narratives around the interconnections between business and patient management. It seems that clinic education could be better-developed.

Students' evaluations of business learning varied from satisfied to very unsatisfied, both in terms of quality and the timing of business-related elements in the curriculum. They had mixed views about the relevance of business skills early in the programme, mainly feeling that this was an unnecessary component compared to osteopathy, but also recognising it was unrealistic to turn attention to entrepreneurship and business skills only in the final months of the course.

Final year students were anxious that business education in college was just an introduction, leaving much self-directed and experiential learning to be completed as New Registrants. Final year students also felt tensions between being an osteopath and being business savvy in order to make a living. Hopes of being a good practitioner tended to override being good at business, leading students to downgrade the importance they gave to business-related education. However they worried about whether they were at risk of being outmanoeuvred by other therapists with more business-focused education and better presence in the marketplace."

Professionalism

4. The following extract is a précis of Chapter 7 at pages 90 and 91 of the draft Report dated 6 February 2012.

“Professionalism is a complex and diffuse concept, which does not stand aside from other aspects of expertise, but rather infuses these with values, attitudes and actions that are patient-centred and empowering, collaborative, ethical, self-aware and aligned with osteopathic values and principles. Consequently we have already touched on aspects of professionalism in other chapters, particularly: the emphases on safety and communication with patients within clinical education; noting variable preparedness for inter-professional collaboration with other healthcare professionals; also recognition of the interplay between professional behaviours and building a successful osteopathic business. In this chapter we summarised data pertaining to additional aspects of professionalism, viz: osteopathic values, standards for practice, evidence-based practice, reflective practice, self-evaluation and engagement with continuing professional development.

There was no consensus about osteopathic values. This linked to two emergent cross-cutting themes which will be addressed in Chapter 9: ‘Diversity, Variability and Uncertainty’, and ‘Autonomy and Isolation’. Distinctive preparations for practice provided by different OEIs appeared to lead to some segmentation of employment opportunities. Despite the lack of consensus about the nature of osteopathic values 64% of respondents to the Colleagues’ and Employers’ Survey agreed or strongly agreed that New Registrants show strong evidence of osteopathic values.

In a context of different emphases within OEI programmes, Standards for Practice were important to ensure common thresholds for preparedness to practice. The Standards were embedded in osteopathy curricula, partly due to accreditation requirements, but also because faculty were preoccupied with preparing students for autonomous, independent practice; due to the high prevalence of self-employment and lone practitioners. All stakeholder groups expressed high levels of certainty that New Registrants were familiar with the GOsC Standards for Practice. Responses in relation to the use and usefulness of the standards in daily practice were more muted but still generally supported. Both students and New Registrants were most exercised about the Standards relating to communicating risks and benefits, and ensuring consent.

Consideration of evidence-based practice (EBP) prompted discussion of different understandings of the nature of evidence in relation to osteopathic practice and some concern about the role of EBP in enhancing or damaging the profile of osteopathy as a valid alternative to medicine and manual therapies such as physiotherapy and chiropractic. Students and New registrants were confident about their understanding of EBP, but highlighted a gap between understanding and the ability to enact EBP in daily practice. They and faculty highlighted the poor availability of evidence (however defined). This had two components: firstly, osteopathic evidence was felt to be in particularly short supply. Secondly, students and New Registrants were concerned about rather limited free or affordable access to bibliographic databases, journals, books and other resources

for practitioners outside of OEIs. Study participants identified the physiotherapy literature as a fruitful source of evidence to support osteopathic practice.

Professionalism involves self-monitoring of strengths a weaknesses and a career-long commitment to continuing learning. The great majority of respondents to the New Registrants' Survey (76%) were confident that they could recognise their strengths and weaknesses. Results reported in earlier chapters have shown that New Registrants readily identify strengths and areas for development in different aspects of their practice. They provided a large number and range of examples, which were summarised in the preceding chapters and linked to the cross-cutting theme of 'Diversity, Variability and Uncertainty' (Chapter 9). The accuracy of New Registrants' self-evaluations is difficult to gauge, although the data from Colleagues and Employers highlights variability: both individual variability in self-awareness and at aggregate levels across different areas of professional practice.

Professionalism requires that, working hand in hand with reflection leading to realistic self-evaluations, practitioners engage in career-long learning to update, refine and expand their expertise. This study found that the vast majority of respondents to the New Registrants' Survey (88% of the 2009 cohort and 84% of the 2010 cohort) had participated in CPD, even though the 2010 cohort were largely still exempt from GOsC CPD requirements. Respondents provided a very wide range of examples of CPD participation, mainly focused on additional clinical skills and related underpinning knowledge in order to expand their repertoire of diagnostic and treatment skills, most often cranial work or acupuncture; some focused on developing their expertise with respect to specific patient groups, most often children; while some had focused on business-related CPD. Self-study, attending practice-based CPD and local and regional CPD groups were all popular, reflecting New Registrants concerns about the cost of many CPD opportunities. Nevertheless many had attended short-courses or conferences, or undertaken more substantial programmes of study, sometimes leading to additional qualifications.

Within OEIs the main activity associated with self-evaluation and commitment to career-long learning was the promotion of reflective practice, although this had a relatively short history at some OEIs."

Supporting osteopathy graduates' transitions into practice

5. The following extract is a précis of Chapter 8 at page 108 of the draft Report dated 6 February 2012.

"This chapter explores accounts of transitions into practice and identifies mechanisms for supporting New Registrants. Firstly, good quality clinic and placement learning during osteopathy degrees is a vital mechanism for supporting graduates' transitions into practice. We described perceptions of current provision in Chapter 4 and highlighted the importance of role modelling by clinic tutors in Chapter 5. In this chapter we add a summary of Colleagues'

and Employers' priorities for strengthening clinical education in osteopathy degrees

Once in practice, mentorship was the most commonly practised form of support. Arrangements varied widely and were often ad hoc. The focus tended to lie with immediate support needs, rather than systematic development of New Registrants' practice, and with clinical matters much more than practice management or business development. New Registrants sought and received mentorship from many sources, most often practice principals, immediate colleagues and former OEI tutors. A lower proportion of New Registrants who practised alone received mentorship. In principle, nearly all study participants from all stakeholder groups supported more extensive and more formal mentorship for New Registrants, but resource requirements were thought to be insurmountable. Some opposition was related to safeguarding autonomy.

Discussion of mentorship led into consideration of a period of conditional registration or a structured foundation period. There was support and opposition to both ideas. Support focused on reducing isolation and providing help and mentorship, particularly to borderline New Registrants. Opposition focused on resource demands and concerns about loss of autonomy, excessive monitoring and the possibility of exploitation.

Early engagement with CPD also supported New Registrants' transitions into practice: firstly, plugging perceived gaps in skills or knowledge; secondly, expanding the New Registrants' knowledge and repertoire of techniques; thirdly, and linked to both plugging gaps and extending expertise, early engagement with CPD built New Registrants' confidence in their professional practice. Building confidence and expanding expertise were also thought to be outcomes of working in group practices and multidisciplinary settings, particularly busy ones. These environments were felt to be better than lone practice for New Registrants.

Ongoing support from New Registrants' former OEIs and faculty was noted. Many New Registrants were keen to see an expansion of this, including ongoing access to physical and electronic library resources."