



Student Consultation
1st Floor, Green Park House
UK Border Agency
29 Wellesley Road
Croydon
CR0 2AJ

OSTEOPATHY HOUSE
176 TOWER BRIDGE ROAD
LONDON SE1 3LU

TEL: +44 (0) 20 7357 6655
FAX: +44 (0) 20 7357 0011
DX 80729 Bermondsey
www.osteopathy.org.uk

31 January 2011

Dear Sir/Madam

Re: The Student Immigration System Consultation - The GOsC Response

Thank you for the opportunity to respond to *The Student Immigration System: A consultation*. I have set out some background about the General Osteopathic Council (GOsC), osteopathy and osteopathic education as an annex to provide you with a context for our response.

Our response to the Student Immigration consultation questions is set out below.

Response to consultation

We agree that the government should take all steps to minimise abuse of the immigration system. However, in doing so, the government must ensure that there are no unintended consequences, particularly in the delivery of healthcare.

UK standards of education and training in osteopathy are respected around the world. The UK model of osteopathic regulation has been instrumental in developing standards internationally, particularly within Europe.

Question 1 – Do you think raising the minimum level of study sponsors with a standard sponsor licence can offer under Tier 4 (General) to degree-level and above is an effective way of reducing abuse of Tier 4 (General) route, increasing selectivity and simplifying current rules.

No view on this question. Osteopathic qualifications are delivered either at undergraduate degree-level or postgraduate qualification level. The definition of degree level study should include postgraduate qualifications. We suggest that

the wording 'degree or postgraduate level' would be helpful to describe this concept.

Question 2 – Do you think that only Highly Trusted Sponsors should be permitted to offer study below degree level at NQF levels 3, 4 and 5 / SCQF levels 6, 7 and 8 in the Tier 4 (General) Category.

Yes – seems to be appropriate. It is important that the system does not inadvertently impact against good quality education providers like the osteopathic educational institutions.

Question 3 – Do you think that the changes discussed in this section should be phased in?

Yes – given the short length of time in this consultation and also the number of times that the Tier 4 Guidelines for Sponsors changed during 2010, certainty and time allowed for effective implementation would be most helpful and would help to demonstrate a fairer and more consistent system. Until that point, measures should be put in place to ensure that access to existing good quality educational arrangements is not compromised.

Question 4 – Do you think that, in the light of the low risk of abuse amongst users of the Tier 4 (Child) route, there should be no changes to the route?

No view on this question. The proposal seems consistent with the evidence set out in the consultation paper.

Question 5 – Do you think that all students using Tier 4 (General) category should have passed a secure English language test to demonstrate proficiency in English language to level B2 of the CEFR, in order to improve selectivity and to simplify the current system?

In the context of osteopathy, all international students need to have a good standard of English in order to participate in the course and to meet the outcomes required for registration with us and entitlement to practise as an osteopath in the UK. This is tested as part of the admissions processes of the osteopathic educational institutions.

Question 6 – Do you think that students from majority English – speaking countries, those who have been awarded a qualification equivalent to UK degree-level or above that was taught in English in a majority of English-speaking country, and those who have recently

studied in the UK as children should be exempt from any language testing requirement.

This would seem logical. Although it may be more helpful to say that the standard of English expected is the same from all candidates. Those who have demonstrated it through undertaking a degree level qualification in English could be regarded as having already demonstrated the standards. This would help to demonstrate a fair and consistent approach.

Question 7 – Do you think that students wishing to study a new course of study should be required to show evidence of progression to study at a higher level?

No – many students in osteopathy have decided to train in osteopathy having had a different previous career. This pattern appears to fit for both in international and domestic students. We therefore do not consider that 'progression' is helpful given the general move away from a 'career for life'.

Question 8 – Do you think that students wanting to study a new course should return home to apply from overseas?

No view on this question. If the General Osteopathic Council were to be accepted as an accrediting authority for Tier 4 sponsorship in osteopathy, we would be required to ensure that all defined UKBA criteria were met.

Question 9 – What changes to do you think we should make to the Tier 1 Post Study Work route?

Other – Osteopathy is a shortage specialty in many countries (for example Australia and New Zealand) and may well be a shortage specialty in the UK in due course when the reforms in the current Health and Social Care Bill are put in place. Steps should be taken to ensure that shortages identified in the UK are not amplified as a result of this policy.

Question 10 – Do you think that we should restrict further the amount of work students should be allowed to undertake while studying?

No view on this question.

Question 11 – Do you think we should make it simpler for employers to understand the rules around student work, by limiting it to set times, except where they are working on campus?

Don't know – It is an employer's responsibility to comply with the immigration rules. Perhaps the additional information required should be set out on each visa so that this can be shown to employers.

Question 12 – Do you think that the minimum ratio of study to work placement permitted should be increased from the current 50:50 to 66:33, except where there is a statutory requirement that the placement should exceed one-third of the total course length?

The General Osteopathic Council has adopted the QAA Benchmark Statement for Osteopathy that requires at least 1000 clinical hours as part of the course as part of our statutory framework of quality assurance pursuant to s12 of the Osteopaths Act 1993.

We regard this as unpaid 'clinical tuition' and not 'work placements'. We would wish to ensure that the definition of 'work placements' and the restrictions on work placements did not affect the minimum clinical expectations for safe and competent practitioners required for registration.

Question 13 – Do you think that only those studying for longer than 12 months should be permitted to bring their family members with them to the UK?

No view on this question. All osteopathic 'recognised qualifications' under s14 of the Osteopaths Act 1993 are of a duration of 12 months or longer. Most are either Bachelor or Masters degree courses of 4 years in duration. A list of 'recognised qualifications' from osteopathic educational institutions is available on our website at: <http://www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses/>

Question 14 – Do you think that family members permitted to accompany the student should be prohibited from working?

No view on this question.

Question 15 – Do you agree that differential requirements for high and low risk students should be adopted?

Don't know. As you say in your document, the proposal would appear to be in breach of the old Race Relations Act 1976. We believe that this has been repealed and replaced with the Equality Act 2010 and so it would be important to ensure that there was no breach of existing legislation with this policy.

Question 16 – Do you believe that we should focus on the abuse of documentary evidence for maintenance and / or qualifications as the basis of differential treatment?

Don't know – see response to Question 15. An alternative approach might be to apply particular scrutiny to particular types of evidence for applications if particular evidence is subject to being forged.

Question 17 – Do you believe that we should also, or alternatively look at the sponsor's rating as a basis for differential treatment?

Don't know. We would like to explore an opportunity to become an accrediting organisation which may affect the risk profile for some of the private colleges offering osteopathy. We regulate both public and private institutions and thus under your proposal, we may find that different degrees of scrutiny are applied to organisations offering the same types of course. We believe that it is important that the same degree of scrutiny should be offered across the osteopathic sector.

Question 18 – Do you think that more should be done to raise accreditation and inspection standards to ensure the quality of education provision within private institutions of further and higher education for Tier 4 purposes?

Not for osteopathy. Private Osteopathic educational institutions are currently inspected both by their validating university for academic standards, the GOsC and the QAA for academic and professional standards and potentially by another body to accredit them for Tier 4 – unless it is determined that this role could be undertaken by the General Osteopathic Council. (Although Oxford Brookes University and Leeds Metropolitan University offer the courses directly rather than via a private osteopathic educational institution). We consider that any further inspection would be disproportionate and overly bureaucratic and not in accordance with the Government's Better Regulation Principles as overseen by the Department for Business, Innovation and Skills.

Question 19 – In the light of the proposals described in this document, what do you think will be the main advantages / disadvantages, including financial impacts, to you, your business or your sector.

This year we registered 257 new registrants of whom 201 were British and 56 were not British (including those with European nationalities). At a European level, UK standards are helping to develop formal European osteopathic standards through collaboration with the European Committee for Standardisation (www.cen.eu). This work is being led by the UK.

We are also seen as a leading country internationally in terms of the teaching and training of osteopathy and we collaborate closely with countries such as Australia and New Zealand in the development of osteopathic regulation. This reputation encourages students from across the world to study osteopathy in the UK, returning to their home country to practise, often in countries where osteopathy is not well established within the national healthcare system. Imposing barriers to migrant students would stymie this development of the profession and the dissemination and reputation of UK standards internationally.

Whilst not a regulatory requirement of ours, we are aware that many of the osteopathic educational institutions are charities and offer services to local communities at a much reduced rate as part of this charitable status.

Background Consultation Questions

Are you responding to this consultation as:

b. On behalf of an organisation – the General Osteopathic Council. The statutory regulator for osteopathic education and training under the Osteopaths Act 1993 (available at <http://www.legislation.gov.uk/ukpga/1993/21/contents>)

Please indicate whether you are:

c. Other.

Please select your organisation / institution type:

h. Other - Statutory regulator

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tim Walker', with a horizontal line underneath the name.

Tim Walker
Chief Executive and Registrar

Background to Osteopathy

The General Osteopathic Council (GOsC) is the statutory regulator (by virtue of the Osteopaths Act 1993) tasked with assuring the quality of osteopathic education in the UK.

This work is overseen, in law, by the Privy Council (upon advice from the Department of Health overseen by Gavin Lerner, Director, Professional Standards.)

Please find enclosed a copy of a letter written to Mr Damian Green outlining our wish for the General Osteopathic Council to be considered for inclusion in the list of UKBA-approved accrediting bodies in the Tier 4 sponsorship guidance and thus eliminating duplication of cost and bureaucracy.

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 the NHS.

The osteopathic educational environment

It may help to explain that there are 2 publicly funded Universities – Oxford Brookes University and Leeds Metropolitan University delivering Bachelors and Masters degrees in osteopathy.

There are also 6 'private colleges' (the British School of Osteopathy, the British College of Osteopathic Medicine, the College of Osteopaths (at Keele and Borehamwood), the European School of Osteopathy, and the London School of Osteopathy) awarding degrees from validating universities including the University of Greenwich, University of Bedfordshire, Keele University, Middlesex

University, University of Surrey and Anglia Ruskin University. Most of these colleges do receive public HEFCE funding allocated via their validating university. It is normally awarded at Band B.

There is one other 'private college' which awards a postgraduate qualification: Member of London College of Osteopathic Medicine. This postgraduate diploma is only awarded to medical practitioners who already have a primary medical degree allowing registration with the General Medical Council.

All these osteopathic educational institutions are required to deliver education that meets our standards in order to retain recognition. Our standards are available on our website at www.osteopathy.org.uk.

The award of a Recognised Qualification (RQ) 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 at: <http://www.osteopathy.org.uk/practice/standards-of-practice/>

Once an RQ has been awarded, an osteopath is able to be registered on the GOSc's Register, subject to satisfying statutory character and health requirement. There are currently around 4466 osteopaths on the GOSc Register practising throughout the UK.