



General  
Osteopathic  
Council

Osteopathic  
Pre-Registration  
Education

# **A thematic review of patient engagement in osteopathic education**

**December 2023**

## Contents

Executive summary .....	3
Key findings .....	4
Introduction .....	6
Research methods .....	7
Benefits, barriers and enablers .....	7
GOsC patient engagement in osteopathic education research timeline .....	9
Results of the thematic review .....	11
• Phase 1: Overview of 2019 survey results .....	11
• Phase 2: Patient and Public Involvement in osteopathic and chiropractic education workshop (2021) .....	12
• Phase 3: Review of annual report submissions (2020-21).....	13
• Phase 4: Interviews with osteopathic education providers.....	14
• Phase 5: Review of annual report submissions (2021-22).....	19
• Phase 6: Quality Assurance in osteopathic education workshop 2023 .....	19
Conclusions and next steps .....	21

## **Executive summary**

Patient involvement in the undergraduate education of healthcare professionals has steadily evolved over the past decade, from paper-based feedback surveys on the care received in teaching clinics, to patients being involved in decision making at governance level.

Evidence has demonstrated that there are many benefits for the student, the patient and the education provider when meaningful patient involvement happens. These can include high levels of satisfaction and enhanced communication skills for students, as well as specific therapeutic benefits for patients, such as raised self-esteem and empowerment.

Recognising the importance of patient involvement, in 2018 the General Osteopathic Council (GOsC) committed to working with osteopathic education providers to support the further development of patient involvement in education and training. Areas of focus included curriculum development, assessment and governance as well as patient feedback.

In 2019, GOsC began a thematic review to explore the roles patients play in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.

The thematic review, which spanned 2019-2023, included a sector-wide survey; a second source literature review of patient involvement in wider healthcare education curricula; interactive workshops with patients and educators; a review of each provider's annual report and semi-structured interviews with representatives from all the providers.

The review had the following broad aims. To:

- collaborate with education providers to identify good practice in the sector
- identify barriers and enablers to involving patients in osteopathic education
- share the learning with providers to enable them to enhance patient involvement

## Key findings

- In 2019, initial findings from the sector-wide survey highlighted that osteopathic education providers used a range of methods to seek patient feedback about the care received, the most common being recording compliments and complaints from patients, and paper-based surveys. There was limited involvement of patients in: curriculum development, teaching, governance structures and recruitment of prospective students. Education providers' plans centred on enhancing current patient involvement practices as opposed to diversifying methods for engagement.
- By 2023 there had been a shift in thinking, with providers diversifying their activities which resulted in the establishment of patient panels, greater involvement of patients as 'teachers', the development of policies to underpin patient engagement, and a successful pilot involving a patient joining a research and ethics committee.
- The method that resulted in the most benefits for students was patients acting as 'teachers'. Education providers reported that this approach enabled students to gain valuable patient interaction skills, increased their confidence in talking to patients and ultimately resulted in enhanced learning outcomes.
- The review showed that universal enablers to engaging successfully included direct recruitment of patients by staff, having a patient involvement champion, cross-team working, and dedicated resources (time and money).
- Education providers clearly value patients and recognise the importance of incorporating the patient voice in osteopathic education, but are keen to avoid tokenism. Their continued desire to do more is underpinned by nervousness because they 'want to get it right' but concerns regarding resourcing – particularly around having sufficient time – that were identified in 2019 still exist.
- The thematic review has shown there is no 'one size fits all' framework for patient involvement. What works in one education provider may not work in another, due to the differing patient profiles, geographical locations, whether the providers are single providers or based in a university setting, and how important and impactful patient involvement is deemed by the education provider.
- Recommendations include:
  - From a sector-wide perspective, there is a need to learn from the pockets of good practice and build on experience to avoid reinventing the wheel, and to connect those working in the field.
  - Further reflection is required on how to provide training and support for both patients and staff in these new ways of working. Taking a formalised approach may help to mitigate some of the nervousness staff have expressed in diversifying patient engagement. More formalised infrastructure is necessary to ensure psychologically informed environments exist, providing a safe, comfortable and welcoming setting for patients.

- Policies and processes are required to address issues such as recruitment, payment and expenses, and ethical issues (eg confidentiality and data privacy). Underpinning this formal framework is the need to provide a safe, comfortable and welcoming environment for patients.
- There is a need for a co-ordinator who can be the link between the educational provider and the patients.
- Education providers who identified an underrepresentation of patients from ethnic minorities as well as patients aged 54 and under in their patient engagement activities, could broaden their recruitment channels by reaching out to patient organisations, local community groups and condition-specific support groups.
- If education providers are to further embed patient involvement, and provide support and funding, especially during a cost of living crisis, evidence of the value added to the educational programmes will be needed.

## Introduction

This report shares the findings of the GOsC's thematic review into patient engagement in osteopathic education from 2019 to 2023.

The aim of this work was to:

- Collaborate with osteopathic education providers to:
  - identify good practice in the sector
  - identify barriers and enablers to involving patients in osteopathic education
  - share the learning with the institutions
- Promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity.

As this work has spanned 2019 to 2023 it has helped to support our business plan objectives over several years. For example, it was linked to the:

- 2018-2019 Business Plan objective 'to promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity'.
  - As part of this objective, we committed to working with osteopathic education providers 'to support the further development of patient involvement in education and training, for example, curriculum, assessment and governance as well as patient feedback'.
- 2023-24 Business Plan objective to 'develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise'.
  - As part of this objective, we committed to 'work with patients, educational providers and others to understand and develop good practice for the involvement of patients in osteopathic education and training.'

The research methods used for this study included: a literature review of patient engagement in healthcare education curricula (2019), a survey of all osteopathic education providers (2019), a review of each provider's annual report (2020-2021 and 2021-2022), multi-stakeholder workshops (2021 and 2023) and qualitative interviews with eight osteopathic education providers (2022).

## Research methods

In 2019, to inform the thematic review we examined a series of secondary source literature so that we could compare patient involvement in osteopathic education with examples of patient involvement in wider healthcare education curricula.

The literature predominantly but not exclusively looked at [patient involvement in undergraduate medical education](#) because it had the greatest range of sources, as patient involvement 'has become common practice' in this field.<sup>1</sup>

While conducting this desk-based research we used search terms (on their own and in combination) which included: patient\*, community, involvement, group, engagement, collaboration, representative, health education, curriculum\*,<sup>2</sup> medical education.

The most common type of engagement referenced in the literature was 'patients as teachers'. For example, patients involved in practical clinical skills activities focused on communication between student and patient, history taking, management of care and physical examination sessions. Other methods of engagement included formative and summative assessments, curriculum development and selection of prospective students.

## Benefits, barriers and enablers

### Benefits for students

The literature review showed that involving patients in healthcare education provides many benefits to both the student and the patient. Evidence from the [Can Patients be Teachers Report by the Health Foundation \(2011\)](#)<sup>3</sup> demonstrated that there is high learner satisfaction when patient involvement occurs.

Through engagement, students gain valuable patient interaction skills, increase their confidence in talking to patients and gain greater exposure to important patient issues. It also enhances their understanding of patient perspectives and in turn helps to develop their communication skills.

### Benefits for patients

For patients, it is seen as crucial that their experiential knowledge of illness and the healthcare system is included in training for health professionals. Patients often express a desire to 'give something back' and believe their experiences can benefit future health professionals and patients.

Patients also report specific therapeutic benefits, such as raised self-esteem and empowerment, as well as providing them with new insights into their problems or condition and a deeper understanding of the practitioner–patient relationship.

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<sup>1</sup> Role of active patient involvement in undergraduate medical education: a systematic review, Willemijn Dijk, Edwin Johan Duijzer, Matthias Wienold (2020)

<sup>2</sup> Please note we used the wildcard asterisk character (\*) to maximise search results.

<sup>3</sup> The Health Foundation. Can Patients be Teachers Report. 2011 (Page 22)

## Benefits for educational providers

[Involving patients in education](#)<sup>4</sup> can lead to improved quality of care in teaching clinics leading to increased 'patient-centredness' and the creation of 'a multicultural learning environment'. Providers involved in 'patient as teacher' programmes feel that students have valuable learning experiences, are exposed to important patient issues, are better able to see the patient's perspective, and gain valuable patient interaction skills.' Ultimately, this can '[make education more engaging, powerful and transformative](#)'.<sup>5</sup>

When patients are involved at governance level, they can often provide assistance in shaping strategic and operational directions and enable education providers to become more responsive to issues as they occur.

## Barriers to involvement in health education

Despite the increasingly collaborative role patients play in health education, there is much to be learnt about how to embed it, and how to develop systematic, institution-wide approaches to [planning patient involvement in all levels of medical \(or medically related\) education](#)<sup>6</sup>.

Patient involvement in medical (or medically related) education can also be challenging to manage, which may be why it is not always widely practiced. For example, evidence suggests that patients report concerns about having to revisit negative experiences, being 'judged' by students, being worried about consent and confidentiality and how accurately their evidence will be represented when treated by students in clinic and/or when they are involved in classroom settings.

Faculty members are more inclined to be concerned that their own expertise may be devalued, or that a blurring of professional boundaries may arise as a direct result of patient involvement. The few studies in which students reported a negative experience were mostly following sessions with people with mental health problems, and were associated with perceived antagonistic attitudes, unbalanced views, lack of representativeness and mixed views on the usefulness of feedback received ([Morgan & Jones, 2009](#)).

Ultimately, while there is good evidence of the short-term benefits to students and the patients/users involved, especially satisfaction levels ([Kirkpatrick, 1996](#)) there is very little evidence of the impact of patient/user involvement in health professional education in terms of long-term outcomes, specifically changes in behaviour and in the practice of the health professional.

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<sup>4</sup> Stagg P, Rosenthal DR. Why community members want to participate in the selection of students into medical school. Rural Remote Health. 2012

<sup>5</sup> Cheng PTM, Towle A. Patient educators help students to learn: an exploratory study. 2017

<sup>6</sup> General medical Council. Patient and public involvement in undergraduate medical education. Advice supplementary to tomorrow's doctors. 2009



## **GOsC patient engagement in osteopathic education research timeline**

### **Survey: May-September 2019**

We conducted a survey with osteopathic education providers from 14 May 2019 to 2 September 2019 to ascertain the:

- Extent of patient involvement in osteopathic education
- Methods of patient involvement, for example:
  - Patients involved in creating learning materials used by faculty
  - Patients sharing experiences with students within faculty directed curriculum
  - Patients involved in contributing to curriculum and collaborating in education decision making (eg developments, objectives or evaluation)
  - Patients involved at institutional level decision making (eg holding a formal position within governance structure)
  - Patients as educators (eg expert patients)

The survey was completed by a representative from each of the nine<sup>7</sup> osteopathic educational providers, with programme managers of Recognised Qualification (RQ) courses the most common respondents.

As part of a joint project, the General Chiropractic Council also hosted the survey with chiropractic educational providers (three out of four providers completed the survey). These comparative results helped to enrich our learning about the benefits and challenges that patient involvement can present in healthcare education.

### **General Osteopathic Council and General Chiropractic Council Workshop (March 2021)**

We co-hosted a workshop with the General Chiropractic Council to share the survey findings. The aim of the workshop was to promote good practice and encourage discussion between osteopathic and chiropractic stakeholders about enhancing the role of patients in education.

### **Annual reports<sup>8</sup> (2020-21)**

In 2022, we undertook a secondary source analysis of osteopathic education providers. The 2020-21 annual report submissions related to patient engagement to identify whether they had identified opportunities to implement the best practice discussed at the 2021 workshop.

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<sup>7</sup> In 2019 there were nine education providers, in 2023 there are seven following London College of Osteopathic Medicine suspending its Recognised Qualification (RQ) and the merger of British College of Osteopathic Medicine and the European School of Osteopathy to create the BCNO Group.

<sup>8</sup> Osteopathic education providers are required to submit an annual report to the General Osteopathic Council as part of the ongoing quality assurance of osteopathic education process. Providers are asked to demonstrate in the annual report how they meet the [Standards for Education and Training](#).

### **Interviews with osteopathic education provider staff (Spring/Summer 2022)**

We conducted semi-structured interviews with staff from eight osteopathic education providers exploring in more detail the various roles patients play in contributing to pre-registration osteopathic education and in particular:

- identifying areas of innovation and good practice
- identifying barriers and enablers to involving patients
- exploring areas for development

Interviewees included clinic leads, marketing personnel, and administrative staff from teaching clinics.

### **Annual reports (2021-22)**

In February 2023 we reviewed patient involvement activities discussed by education providers in their 2021-22 annual report submissions. We used the findings to help shape the content and format of a patient engagement-themed workshop (see below).

### **Quality assurance in osteopathic education workshop (April 2023)**

As part of the quality assurance in osteopathic education workshop series, we delivered a session that highlighted the topline findings from the 2022 interviews. The workshop involved a facilitated discussion to enable attendees to reflect on the work they had done so far and to consider how to enhance the patient voice in osteopathic education further. Attendees included osteopathic education provider principals, clinic leads as well as marketing and administrative personnel.

## Results of the thematic review

In this section we detail the findings from each of the six phases of the thematic review which include: an overview of the 2019 survey results; a review of 2020-2021 and 2021-22 annual report submissions, key themes from semi-structured interviews with osteopathic education providers and workshops that took place in 2021 and 2023.

### Phase 1: Overview of 2019 survey results

The main findings from the survey were:<sup>9</sup>

- A range of mechanisms were used to seek feedback about the care patients received with the most common methods comment cards, compliments and complaints and paper-based surveys.
- Several education providers have a functioning patient panel.
- There was limited involvement of patients in:
  - curriculum development
  - governance structures
  - recruitment of prospective students
- Largely, patients did not contribute to the development of resources used in clinical education.
- A common reason for limited involvement of patients in the mechanisms highlighted above were that these mechanisms had not previously been considered by osteopathic education providers. The survey itself provided a useful learning opportunity for respondents to reflect on how they might further incorporate the patient voice in osteopathic education.

### Methods of patient involvement in osteopathic education providers

Extent of Patient Involvement	Method of patient involvement
Patients involved as patients in clinic setting	<ul style="list-style-type: none"><li>• Clinical experience</li><li>• Provide feedback on clinical experience (eg feedback survey)</li></ul>
Patients involved in creating learning materials used by faculty	<ul style="list-style-type: none"><li>• Real patient problems for problem solving learning</li><li>• Virtual patient cases</li><li>• Patient narratives</li></ul>
Patients share experiences with students within faculty directed curriculum	<ul style="list-style-type: none"><li>• Invited into classroom setting to share experiences (eg chronic pain or disability</li><li>• Patient panel or forum)</li></ul>

<sup>9</sup> For more detailed information on the survey results you can read the [March/April 2020 edition of The Osteopath magazine pp17-19](#)

Extent of Patient Involvement	Method of patient involvement
Patient involved in contributing to curriculum and collaborating in education decision making (eg developments, objectives or evaluation)	<ul style="list-style-type: none"> <li>• Patient contributes to committee</li> </ul>
Patients involved at institutional level decision making (eg hold a formal position within governance structure)	<ul style="list-style-type: none"> <li>• Representative on governing body</li> <li>• On Board of Trustees</li> </ul>
Patients involved as educators (eg expert patients)	<ul style="list-style-type: none"> <li>• Participating in lectures and assessments in teaching setting</li> </ul>

### **Barriers to involving patients**

The most frequently cited barriers to involving patients were lack of resources both staff and budget as well as time constraints. These challenges tended to result in activities attracting what osteopathic education providers referred to as the 'usual suspects' which resulted in unbalanced views.

Osteopathic education providers cited challenges, such as consent and confidentiality issues, patients having to revisit negative experiences and concern about how to manage the potential blurring of professional boundaries as a direct result of patient involvement.

### **Enhancement rather than diversification**

Osteopathic education providers were more likely to have plans to enhance current patient involvement practices as opposed to diversifying engagement mechanisms. Plans centred around the recruitment of patients, encouraging and requesting feedback more routinely and strengthening current provision.

The Council of Osteopathic Educational Institutions (COEI) and the GOsC met in December 2019 to review these survey findings and it was agreed that it would be useful to set up a workshop to enable the osteopathic and chiropractic education providers to share their experiences and to learn from each other. The intention was that the workshop would take place in 2020, however with the advent of the COVID-19 pandemic, plans were put on hold until 2021.

### **Phase 2: Patient and Public Involvement in osteopathic and chiropractic education workshop (2021)**

In March 2021, GOsC co-hosted an online workshop with the General Chiropractic Council which was attended by educators, patient involvement experts in health education as well as osteopathic and chiropractic patients. The survey results were shared with attendees as well as examples of good practice of patient involvement in other health education settings, with speakers from the University of Hertfordshire and the University of Leeds Medical School.

The workshop also encouraged education providers to reflect on the impact that COVID-19 had had on patient and public involvement in their work. Educators welcomed the opportunity to interact with their peers from across the sector as well as patients and patient engagement experts enabling them to consider actions they could take to apply best practice in their respective institutions.

Osteopathic education providers did envisage a number of challenges when enhancing patient involvement that mirrored the 2019 survey findings which included:

- Concerns about resourcing the additional work required and providing enough time and training to embed this work properly.
- High levels of nervousness about involving patients due to the potential for boundaries issues, the risk of a potential complaint or concern and what this could mean for meeting the requirements of the Osteopathic Practice Standards.
- The lack of mechanisms to involve patients at a governance level and not being sure how to create them.

It was hoped that this workshop would begin conversations about how to fully realise the benefits of patient involvement in osteopathic education.

### **Phase 3: Review of annual report submissions (2020-21)**

In January 2022 we began liaising with osteopathic education providers to understand the progress they had made in embedding patient engagement since the workshop. As a first step, we reviewed education providers' annual report submissions which used the draft [Standards for Education and Training](#) as a template for reporting.<sup>10</sup>

Examining the 2020-21 annual reports yielded the following findings:

- COVID-19 had a detrimental impact on involving patients in osteopathic education:
  - Clinics which had regularly used paper-based feedback surveys and iPads in reception to capture immediate feedback had to put these activities on hold due to ongoing infection control risks. As an alternative OEIs trialled online surveys but response rates were low possibly due to the loss of immediate capture.
  - Face-to-face patient group meetings were also put on hold. In an attempt to maintain engagement with patient members, OEIs trialled online meetings, but uptake was insufficient and the meetings did not go ahead.
- Patient feedback was gathered predominantly via verbal feedback to tutors and clinic leads.
- There were a small number of instances in which patients were involved in curriculum development. For example:
  - In one education provider, patients completed a questionnaire which explored expectations and outcomes of treatment and provided valuable insights into patient/practitioner communication and issues of consent, which were then fed into the curriculum.

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<sup>10</sup> [General Osteopathic Council. Graduate Outcomes and Standards for Education and Training. 2022](#)

## **Phase 4: Interviews with osteopathic education providers**

- **Key themes**

The interviews highlighted the following key themes:

- A lack of budget and time remained the biggest barrier to enhancing patient involvement.
- There was no 'one size fits all' approach for osteopathic education providers due to differences in patient profiles, budget sources, education providers operational models (eg embedded in a university versus single-subject institution settings).
- Progress had been made since 2019 with education providers focused on both enhancement and diversification of patient engagement activities.
- Responsibility for patient engagement differed in each provider and it was often not defined but rather an add-on to already time-poor staff's roles.

- **Overview**

The interviews highlighted that embedding patient engagement in osteopathic pre-registration education was an ongoing challenge for all providers. It tended to be sporadic, under-resourced, and dependent on the capacity of individual staff. Often this work was driven by individual champions of patient engagement and a provider's contemporaneous projects and resources.

The context in which providers operate also had an impact on their ability to involve patients. For example, those based in a university setting may have been able to leverage existing mechanisms and funding streams that were not available to others that were single-subject. As a result, educational providers were at very different stages of involving patients in their work and there was no one size fits all framework.

During the interviews it was clear that the pandemic had an adverse effect on the ability to maintain patient involvement activities and as a result these activities were superseded by other priorities and health and safety concerns.

There was a strong desire from education providers to increase the diversity (eg age, race, disability) of the profile of patients who engaged with them but there was uncertainty regards how to develop their recruitment strategy to achieve this aim.

Despite the challenges, we found a welcome trend among osteopathic education providers. Staff reported a strong desire to enhance current activities and try out new ones such as creating a patient panel. They also demonstrated interest in adapting examples of best practice for the needs of their institution. This desire and ambition to 'do more' differed greatly from the 2019 survey findings in which osteopathic education providers were focused on enhancement but not diversification of engagement mechanisms.

- **Responsibility for patient engagement**

We discovered that responsibility for patient engagement activity differed within each provider and was often an informal add-on to a busy individual’s role, meaning that time constraints were a common theme across the sector. The type of role that the patient engagement lead held often determined a provider’s approach.

In education providers where patient involvement was led by marketing personnel, the focus tended to be patients’ experience in the teaching clinic, seeking feedback on topics such as how long a patient had to wait for an appointment and their interaction with the education provider’s website.

- Feedback in these instances was historically sought via paper surveys which were disseminated at the time of treatment usually by clinic reception staff but as a result of COVID-19 there was a move to online surveys.
- Additionally, patient feedback was sought via requests for testimonials which were then used in marketing materials for the teaching clinic.
- To better understand why some patients don’t return to the clinic, a small number of osteopathic education providers emailed non-returners a feedback survey to seek insights into how to improve the patient experience.

In education providers where clinic leads were responsible for patient engagement, exploration of treatment experience (eg interaction with students) and patient outcomes tended to be the priority. On the latter point, questions focused on how did the treatment students deliver contribute to patients’ improved health outcomes? Feedback of this nature tended to be captured via informal conversations between patients and tutors after the student had delivered treatment.

- **Enablers and barriers to patient involvement**

The following enablers and barriers to patient involvement were cited by the interviewees, see table below.

	<b>Education providers</b>	<b>Patients</b>
<b>Enablers</b>	<ul style="list-style-type: none"> <li>• Institutional buy-in, clear public commitment to staff and patients</li> <li>• Patient engagement appropriately resourced (eg budget and staff time)</li> <li>• Culture in which patient involvement is valued and prioritised</li> <li>• Responsibility for patient engagement clearly assigned to a team or department</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated point of contact for queries and support</li> <li>• Culture in which patient voices are valued</li> <li>• Remuneration (eg travel expenses and participation payments or vouchers)</li> <li>• Positive feedback (eg closing the feedback loop with verbal or written recognition, or demonstrable improvement and changes made that clearly link back to patient feedback)</li> </ul>

	Education providers	Patients
	<ul style="list-style-type: none"> <li>• Institutional patient engagement champion</li> <li>• Time and training to do patient involvement 'successfully'</li> <li>• Longitudinal institutional incorporation – dedicated and realistic programme of activity to sustain engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Direct recruitment by a trusted member of education provider staff</li> </ul>
<b>Barriers</b>	<ul style="list-style-type: none"> <li>• Absence of policies and processes to address recruitment, remuneration, ethical issues, etc.</li> <li>• Lack of training</li> <li>• Nervousness from staff around potential boundaries issues</li> <li>• Minimal support at institutional level</li> <li>• Lack of diversity in patient panels leading to unbalanced and limited views</li> <li>• Belief that paying patients would lead to biased viewpoints</li> <li>• Culture in which patient involvement is an add-on rather than intrinsic to graduate outcomes</li> <li>• Concerns about possible harmful effects on patients' emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of remuneration</li> <li>• Lack of training</li> <li>• Lack of clarity around purpose of involving patients and what will be done with the feedback</li> <li>• Lack of knowledge or experience of the processes that underpin osteopathic pre-registration education leading to lack of confidence</li> <li>• Little feedback on patient involvement</li> <li>• Inability to make a continuous time commitment due to health issues/demanding jobs/childcare, compounded by lack of remuneration</li> <li>• Potential feelings of vulnerability to negative and non-appreciative reactions from students</li> </ul>

- **Types of engagement**

- **Patient feedback and formative assessment**

Almost all of the education providers reported using surveys as a means of seeking patient feedback. Some interviewees had previously invested significant resources – both time and staff – in conducting annual paper-based surveys. While the surveys at first glance yielded a high number of responses, when the data was analysed, many surveys were incomplete, and feedback tended to range from extremely positive to extremely negative. Staff reported that patients predominantly ticked the answers to questions but very rarely supplied any comments with further detail about their experience.



Surveys that were reported as useful were patient outcomes questionnaires conducted at regular intervals charting a patient's health over the course of their treatment. For example, the initial consultation focused on a patient's current health and quality of life while the final consultation was an in-depth paper questionnaire conducted face-to-face with the patient and reflected on information that had been collected at every visit.

Ad hoc and informal verbal feedback to both teaching clinic reception staff and clinic leads tended to be much more valuable and led to speedy resolutions to issues reported as well as any positive feedback about treatment which could be shared immediately with students and then added to their portfolios.

Interviewees based in teaching clinics expressed an interest in the idea of working with their marketing teams to explore different methods for seeking feedback and brainstorming how the results could be used more widely and effectively.

A unique approach that has been put in place by one education provider has been to require final year students to undertake an objective feedback module that mirrors the objective feedback requirement of the [GOsC's CPD scheme](#).<sup>11</sup> In the same way that registrants can, students had the option to undertake a patient feedback activity (eg hard copy survey, online survey, focus groups). GOsC delivered presentations to final year students in 2022 and in 2023 on this topic, focusing heavily on methods students can use to get objective feedback from their patients.

### **Patient Panels and Forums**

The second most common method for involving patients in osteopathic education was via patient panels or forums. Some osteopathic education provider forums were much more established than others. For example, a small number have developed Terms of Reference, have a standardised approach to remuneration and adopted a task-based method of engagement.

The focus of many of the panels was to seek feedback on the patient's overall experience of treatment in the clinic and these views then informed improvements to marketing for the clinic (eg patient literature, website). However, forums that had been running several years encouraged more in-depth participation, with patients helping to shape meeting agendas, suggesting ideas for diversifying engagement, and for improving patient outcomes.

The frequency of meetings ranged from quarterly to twice a year and group size ranged from four to 15 patients. Participants were often the 'usual suspects' and motivated to take part by a desire to 'give something back' to the osteopathic education provider about which they were almost exclusively enthusiastic.

Incentives for participation were mostly limited to refreshments but a small number of education providers did offer reimbursement for travel expenses and/or discounted treatment.

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<sup>11</sup> [General Osteopathic Council. Continuing Professional Development Scheme – Objective activity requirement. 2019](#)

A small number saw their patient panels as potential incubators for deeper involvement at a strategic level. For example, one education provider had begun exploring whether panel members would be interested in getting involved in committees at governance level while another was keen to involve patients in interview panels for prospective students. Interestingly, the initial discussions osteopathic education providers had with their panel members indicated that the barrier to progressing with either of these activities was a lack of confidence among patients due to a lack of experience in governance and compliance.

Education providers that did not have patient panels felt limited by their patient profiles and were concerned that only a specific demographic would get involved and therefore feedback would be biased. An alternative option that these providers expressed interest in, was involving a patient(s) in their student/staff committee.

- **Creating materials and sharing experiences within faculty-directed curriculum**

In several providers virtual patient cases and real patient narratives were regularly used in the classroom setting. Interesting cases such as rare conditions or challenging communication encounters were used and tested among current students and then embedded in the curriculum.

Clinic leads who invited patients into the classroom to discuss their specific conditions found it a very useful teaching opportunity that helped students improve their patient interaction skills as well as learn about new conditions.

In one education provider, an educator invited members of a local amateur dramatics society to act out case studies and offered those participants discounted treatment as an incentive. The activity mainly involved students taking a case history and reviewing their approach to communication and consent. The 'patients' were then asked for their feedback on the experience.

During the pandemic, an educator invited patients to participate in a telehealth exercise in which students took case histories over the phone. It looked at the professionalism students demonstrated, their communication skills and their note taking. Patients were then given a feedback form and students were given a reflection form to document their respective experiences. The osteopathic education provider interviewee reported that first year and second year students found the exercise helpful. However, management of this activity became unwieldy and it could not be maintained.

- **Governance**

Instances of patient involvement at governance level were limited. This was not due to a lack of desire by education providers to involve patients, rather there was an uncertainty regards how to do so effectively and how best to support patients to participate.

One interviewee who had spoken to their patient panel about potential opportunities to get involved in committees and at board level were met with nervousness and a lack of confidence. However, the panel members suggested an interim option to test the process, which involved having a standing item at panel meetings in which members would discuss minutes from committee meetings and share their feedback with the patient engagement lead.

When patients were involved in boards and committees it was in a voluntary capacity and on an annual basis. Patients who participated generally had experience on health boards or in senior administrative roles in the education and health sectors.

In the instances where patient involvement at governance level was well managed, service users and carers were instrumental in curriculum development as well as the recruitment, teaching and learning, and assessment processes of the Recognised Qualification programme.

### **Phase 5: Review of annual report submissions (2021-22)**

When considering the concerns and challenges osteopathic education providers had previously highlighted we didn't expect to see significant progress in enhancing patient engagement in osteopathic education. However, when we reviewed the 2021-22 annual reports it was clear that progress had been made in embedding and diversifying patient engagement activities across all of the institutions.

The reports yielded the following findings:

- Osteopathic education providers have focused resources on re-convening their patient forums. To increase accessibility, one education provider is trialling hybrid meetings to ensure that patients with accessibility issues can participate, while another has trialled meetings on Saturdays to test whether that would garner a greater number of participants.
- Several education providers that didn't previously have patient panels have now set up groups or are examining how to establish policies and frameworks to ensure longitudinal engagement.
- Staff are investing time in closing the feedback loop so patients can be assured their voice has been heard and their feedback acted upon.
- An institution that previously did not have a structured process for engaging with patients, has implemented a 'people who use services' involvement policy during the reporting period. The focus of this policy is to ensure the institution can seek feedback and plan for patient and service users in all aspects of programme design, helping to co-design learning activities.
- How best to evaluate this work is a common theme in the reports. There appears to be a strong desire to evaluate impact of patient involvement activities, and two osteopathic education providers have already produced annual reports, but the reports were not available at the time of submission.

While these findings are positive and it is clear patient engagement is on the radar of all institutions. However, osteopathic education providers reported that they continue to face challenges in accessing budget, and devoting the time needed to deliver effective patient involvement.

### **Phase 6: Quality Assurance in osteopathic education workshop 2023**

On 19 April 2023, a wide variety of staff from osteopathic education providers including some Principals, took part in an online workshop to consider the findings from the thematic review and explore how they could enhance or diversify the patient voice in quality assurance of osteopathic pre-registration education.

Ahead of the workshop attendees were asked to consider:

- What sort of patient engagement activities are you most interested in trying to implement in the future?
- What type of patient engagement activities have you tried in the last year that were successful?
- What would you need to support you to do more patient engagement activity?

We took the opportunity to share learnings derived through GOsC's engagement work via the [Patient Involvement Forum](#) and advice from patient engagement experts. We also provided ideas around strategy, recruitment, funding streams, template resources, surveys and patient panels for education providers to reflect on.

In turn, attendees shared information about activities they had already begun to implement, future options they were exploring as well as what had worked and what hadn't worked so far.

- From a governance perspective, an osteopathic education provider recruited a patient from their patient panel to sit on their Research and Ethics committee. The patient was initially offered the opportunity to participate as an observer to get a feel for proceedings. Following that positive experience and with the support and guidance of the osteopathic education provider, they have now become a member of the committee receiving papers ahead of schedule and participating fully in meetings.
- Another osteopathic education provider invited patients to participate in 'patients as teachers' exercises in the classroom. The exercise has led to improved learning outcomes and as a result the education provider is considering how to establish a bank of patients who are interested in becoming 'patients as teachers'.
- Two education providers have had discussions with each other with regards to the feedback forms they use in clinics – one form focused on outcomes and the other focused on patient experience – and how they might create a hybrid questionnaire that covers communication and consent, marketing, quality assurance and the [Osteopathic Practice Standards](#).
- An idea that is being considered is how to leverage patients' positive feelings towards osteopathic treatment and invite them to participate in open days as advocates for osteopathy.
- Several education providers have had discussions with their patient panels regards what ideas and approaches panel members think should be implemented. Ideas that have emerged are the creation of a condition-specific lived experience patient group as well as piloting an exercise class. While the osteopathic education providers welcomed the ideas, when it came to implementation it proved difficult to execute. For example, when a risk assessment was carried out for the exercise class a range of issues arose including resourcing and the class could not go ahead.
- The universal message from attendees was that patient involvement in osteopathic pre-registration education continues to be under-resourced and the cost of living crisis has heightened difficulties with lack of remuneration acting as a barrier to participation for some patients. In attempt to overcome the issue of lack of remuneration one osteopathic education provider offered free appointments as an incentive but found that patients didn't turn up.

## Conclusions and next steps

Reflecting on the findings from each phase of the thematic review we have come to the following conclusions:

- Despite the significant challenges posed by COVID-19, which led to a halt on almost all patient involvement activities as well as a lack of resources and time-poor staff, progress has been made since 2019. Osteopathic education providers have consolidated and diversified patient engagement in osteopathic education.
- In 2019, osteopathic education providers' plans centred on enhancing current patient involvement practices as opposed to diversifying engagement mechanisms. By 2023, there had been a shift in thinking which resulted in the establishment of several patient panels, the development of policies to underpin patient engagement, and a successful pilot involving a patient joining a Research and Ethics committee and there were several instances of involving patients as 'teachers'.
- Osteopathic education providers clearly value patients and recognise the importance of incorporating the patient voice in osteopathic education but are keen to avoid tokenism. Their continued desire to 'do more' is underpinned by nervousness because they 'want to get it right' but concerns regarding resourcing – particularly time – that were identified in 2019 still exist.
- The thematic review has shown there is no 'one size fits all' framework for patient involvement. What works in one education provider may not work in another, due to the differing patient profiles, geographical locations, whether education providers are single-subject institutions or based in a university setting, and how important and impactful patient involvement is deemed to be by the education provider.
- Since 2019 osteopathic education providers have trialled a variety of methods of involvement, recruitment, and remuneration with mixed success. As a result, flexibility and reflection have been needed when adopting and adapting particular models.
- The method of involvement that tended to yield the most benefits for students was 'patients as teachers'. Osteopathic education providers reported it enabled students to gain valuable patient interaction skills, increased their confidence in talking to patients and ultimately resulted in enhanced learning outcomes. However, the process could be unwieldy and required careful management.
- Universal enablers to engaging successfully did emerge through the review which include direct recruitment of patients by staff, having an institutional patient involvement champion, cross-team working, and dedicated resources (time and money).

## Next steps

This section highlights recommendations and next steps that education providers might wish to work towards or are currently pursuing as a result of this work.

- From a sector-wide perspective, there is a need to learn from and build on experience that's already been gathered, to avoid reinventing the wheel, and to connect those working in the field.
- Several osteopathic education providers are exploring how to create an infrastructure and appropriate policies that will help to support patient involvement in osteopathic pre-registration education. For example, what policies and processes are required to address issues such as recruitment, payments, and ethical issues (confidentiality and data privacy).
- Further reflection is required on how to provide training and support for both patients and staff in these new ways of working. Evidence indicates that when patients and staff are skilled and confident and have a shared understanding of the desired outcomes of an activity, this fosters opportunities for anticipating benefits and challenges such as conflicts, emotions and unmet expectations. Taking this approach may help to mitigate some of the nervousness staff have expressed in diversifying their engagement.
- The models of engagement that osteopathic education providers may trial are likely to be different, but best practice has highlighted the need for a co-ordinator within the education providers who can be the link between them and the patients.
- An option for increasing the diversity of their patient profile (eg age, disability, race) that osteopathic education providers may wish to consider, is reaching out to patient organisations and leveraging their networks, as well as local community groups and members of condition-specific support groups.
- Osteopathic education providers' annual report submissions have underlined their intention to continue to consider, monitor and take steps to mitigate any potential harms to patients, students and staff.
- If osteopathic education providers are to further embed patient involvement, and provide support and funding, especially during a cost of living crisis, evidence of the value added to the educational programmes will be needed.