



General
Osteopathic
Council

Students with a Disability or Health Condition: Guidance for Osteopathic Educational Institutions

ABOUT THE

General Osteopathic Council

Many people with disabilities and long-term health conditions are able to undertake osteopathic education and training, achieve a qualification allowing them to seek registration as an osteopath, and practise osteopathy with or without adjustments to support their practice.

The General Osteopathic Council is committed to equality, diversity and inclusion, to ensure that the osteopathic profession reflects the society that it serves. We encourage anyone who has the potential to become independent osteopathic practitioners to consider a career in osteopathy, and this includes people with disabilities and long-term health conditions.

Osteopathic educational institutions should regularly review and revise their policies and practices in order to encourage the widest possible participation in osteopathic education and practice.

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SECTION 1:

Introduction

1. The General Osteopathic Council (GOsC) is committed to promoting equality in all its functions. We want to ensure that the osteopathic educational institutions offering courses that we regulate not only meet their legal obligations regarding disability equality, but also actively encourage and support people with disabilities and health conditions who have the potential to become independent osteopathic practitioners.

2. This guidance has been prepared to support osteopathic educational institutions in meeting the needs of prospective and current students who have disabilities and/or health conditions, or who develop them during their training. It should be read in conjunction with our guidance on student fitness to practise¹ and the companion document to this guidance: *Guidance for Applicants and Students with a Disability or Health Condition*.²

3. This guidance covers our expectations and the duties that arise from the *Equality Act 2010* – in particular the legal obligations of osteopathic educational institutions towards applicants and students who meet the definition of being ‘disabled’ for the purposes of the Act. The guidance does not address other equality issues such as gender or religious belief (which now come under the same legal umbrella as disability), nor does it cover the duties an educational institution may have (under the Act) as an employer or the standards or requirements imposed by a validating university.

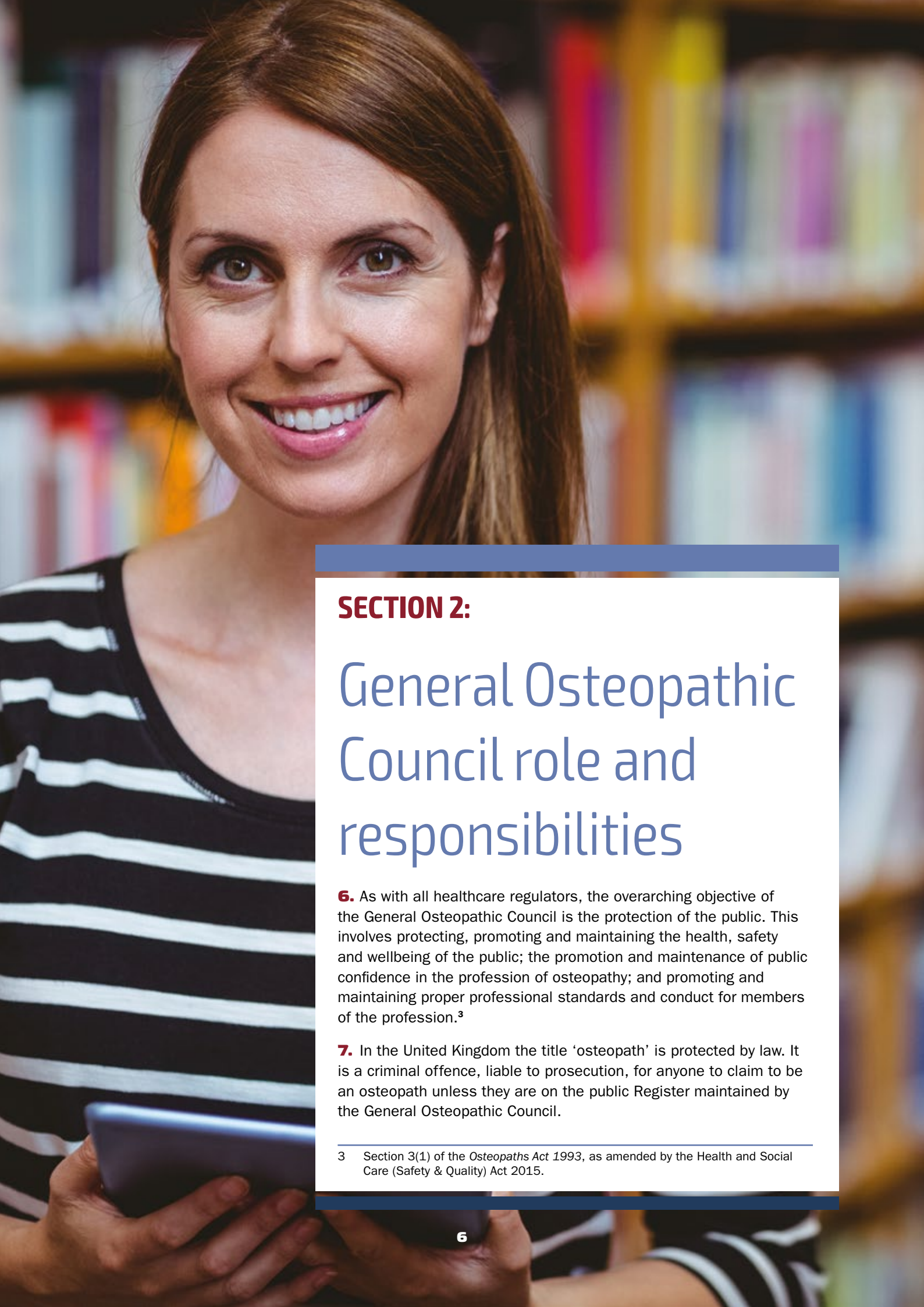
4. Section 2 of this guidance provides an overview of the regulatory context by restating our purpose and responsibilities. Section 3 identifies the disability aspects of the equality legislation as they apply to osteopathic educational institutions. Section 4 covers issues that should be considered at various points during the student journey. This will help institutions to ensure that the osteopathic education and training they provide meets the needs of students with disabilities and health conditions, and satisfies their legal obligations.

5. Sources of further information and advice are listed in Section 5.

“This guidance has been prepared to support osteopathic educational institutions in meeting the needs of prospective and current students who have disabilities”

1 Available at: bit.ly/gosc-student-ftp

2 Available at: bit.ly/gosc-student-health-guidance



SECTION 2:

General Osteopathic Council role and responsibilities

6. As with all healthcare regulators, the overarching objective of the General Osteopathic Council is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession.³

7. In the United Kingdom the title ‘osteopath’ is protected by law. It is a criminal offence, liable to prosecution, for anyone to claim to be an osteopath unless they are on the public Register maintained by the General Osteopathic Council.

³ Section 3(1) of the *Osteopaths Act 1993*, as amended by the Health and Social Care (Safety & Quality) Act 2015.

8. We work with the public and the osteopathic profession to promote patient safety by setting and monitoring standards of osteopathic practice and conduct, assuring the quality of osteopathic education, and ensuring that registered osteopaths undertake continuing professional development.

9. We also help patients who have concerns or complaints about an osteopath. The General Osteopathic Council has the power to restrict registration or remove from the Register any osteopath who we judge to be unfit to practise.

10. The General Osteopathic Council recognises osteopathic education and training courses in institutions that meet our standards. Students who successfully complete such programmes are awarded a recognised qualification. Determining who should receive a recognised qualification is an important responsibility for all osteopathic educational institutions – a duty which is considered further in Section 4 of this guidance. A recognised qualification is confirmation that the holder is capable of practising, without supervision, to the standards published in our *Osteopathic Practice Standards*.⁴

11. A recognised qualification confers eligibility to register as an osteopath, subject to satisfying character and health requirements, paying the prescribed fee, and having in place professional indemnity insurance before beginning in practice. The General Osteopathic Council will not normally look behind the qualification; we rely on osteopathic educational institutions to ensure that recognised qualifications are awarded only to students who have satisfied all our standards.

12. When applying to join the Register, an applicant must submit a health reference from a doctor who has known them for four years or has access to their health records of the past four years. The ‘good health’ requirement⁵ means that

“a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.”⁶

13. The General Osteopathic Council monitors standards of education and training in osteopathic educational institutions through a process of annual reporting. We also conduct full reviews on a regular basis, usually every three to five years; these are undertaken on our behalf by the Quality Assurance Agency for Higher Education (QAA). Reviews are conducted with reference to our published standards, including *Guidance on Osteopathic Pre-Registration Education*,⁷ and the Quality Assurance Agency’s *Subject Benchmark Statement for Osteopathy*.⁸

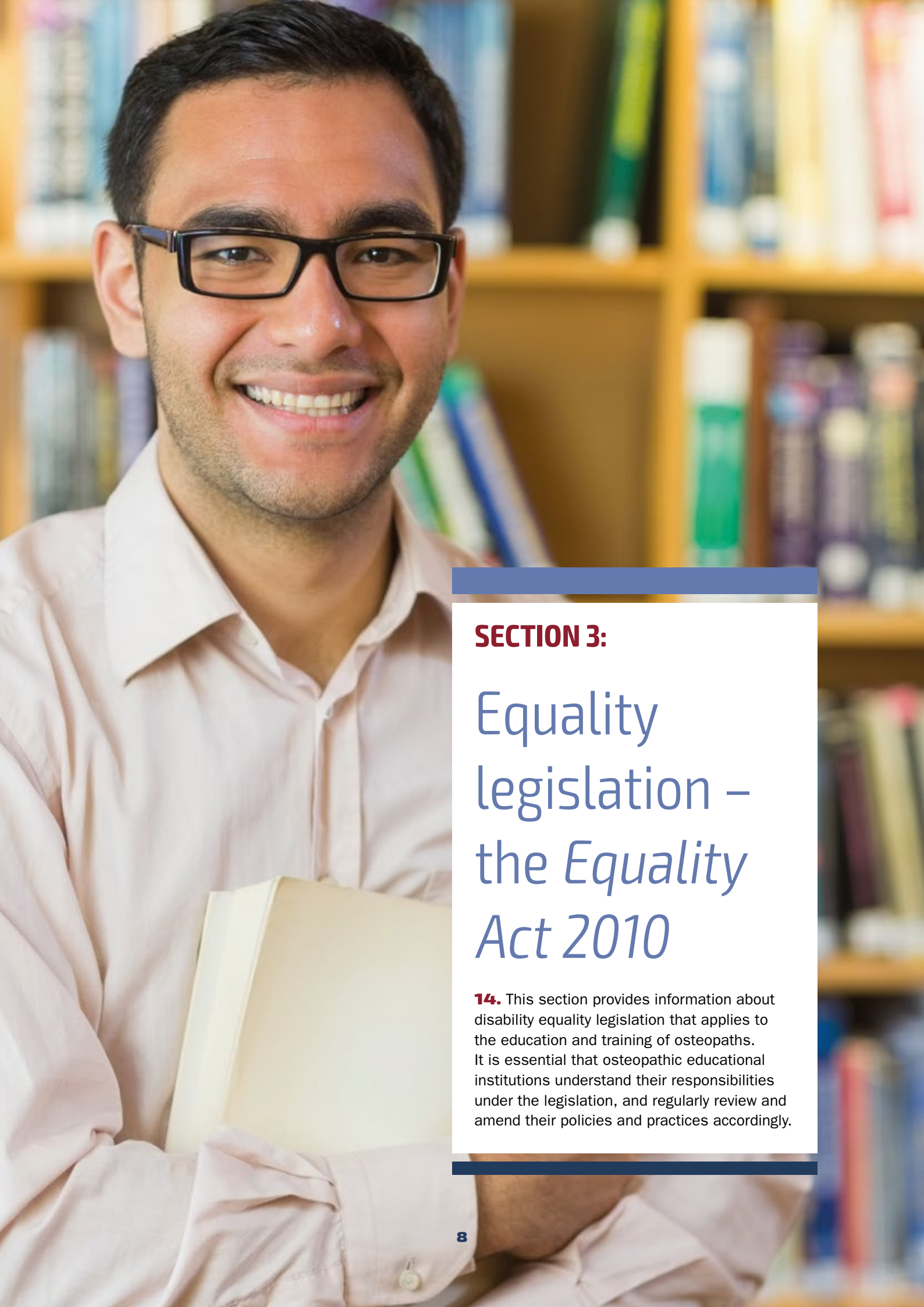
4 Available at: bit.ly/gosc-ops

5 See Section 3(2)(c) of the *Osteopaths Act 1993*: www.legislation.gov.uk/ukpga/1993/21

6 From *Student Fitness to Practise: Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*, available at: bit.ly/gosc-student-ftp

7 Available at: bit.ly/gosc-gopre

8 Quality Assurance Agency for Higher Education, 2015. *Subject Benchmark Statement for Osteopathy*. Available at: bit.ly/qaa-benchmark-osteopathy



SECTION 3:

Equality legislation – the *Equality Act 2010*

14. This section provides information about disability equality legislation that applies to the education and training of osteopaths. It is essential that osteopathic educational institutions understand their responsibilities under the legislation, and regularly review and amend their policies and practices accordingly.

15. The *Equality Act 2010*⁹ applies to England, Scotland and Wales; separate anti-discrimination legislation is in place in Northern Ireland

16. The Act prohibits education institutions from harassing, victimising or discriminating against:

- prospective students in respect of admission arrangements
- students of the institution, including those absent or temporarily excluded
- former students (if there is a continuing relationship based on them having been a student at the institution)
- people considered ‘disabled’ for the purposes of the Act who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

17. If a person believes they have been discriminated against, harassed or victimised by an education institution on grounds of one of the Act’s nine protected characteristics, they can make a claim under the *Equality Act*.

How does the *Equality Act* affect osteopathic educational institutions?

18. Osteopathic educational institutions which are universities are subject to the *Equality Act* provisions that apply to further and higher education institutions. Educational institutions that are not universities or further or higher education institutions are subject to the provisions of the Act governing the activities of service providers. In addition, institutions that are not universities but which provide university-validated degree courses may be regarded as the agent of the university under the Act, and as such may be indirectly subject to the provisions governing further and higher education institutions. Despite

these differences of status, the duties of all osteopathic educational institutions under the Act will be very similar, and for the most part no distinction is made in this guidance as to the duties owed by different types of institution. There is, however, one important distinction: the public sector equality duty.

19. Osteopathic educational institutions that are universities or further or higher education institutions within the meaning of the *Equality Act* are subject to the public sector equality duty. This is a general duty requiring public bodies not only to take steps to eliminate unlawful discrimination but also to actively promote equality, and to foster good relations between people who share a particular protected characteristic and people who do not. The public sector equality duty also applies to private and voluntary bodies in respect of any public functions they carry out for a particular student.

20. The General Osteopathic Council is committed to promoting equality and best anti-discriminatory practice in the osteopathic educational institutions offering courses that we regulate. We cannot, through this guidance, alter educational institutions’ liabilities under the *Equality Act*, for which they alone are responsible, but we do consider it appropriate to apply our expectations of best practice uniformly to all osteopathic educational institutions, irrespective of their constitution or corporate status.

What duties apply to osteopathic educational institutions?

21. The *Equality Act 2010* protects students from discrimination or harassment on the basis of a ‘protected characteristic’, and also from victimisation. Disability is a protected characteristic.¹⁰

9 Available at: www.legislation.gov.uk/ukpga/2010/15

10 The protected characteristics for further and higher education institutions specified in the *Equality Act 2010* are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief (including lack of belief); sex; and sexual orientation. Being married or in a civil partnership is not a protected characteristic in the further and higher education institution provisions of the Act.

22. Unlawful discrimination includes:

- direct discrimination (including discrimination based on perception or association)
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

What counts as a disability?

23. A person has a disability for the purposes of the *Equality Act* if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There is no need for a person to have a medically diagnosed cause for their impairment; what matters is the effect of the impairment.

24. Tests that may be applied to determine whether someone has the protected characteristic of disability include:

- the length of time that the effect of the condition has lasted or will continue – it must be long-term (that is, it has lasted for at least 12 months, it is likely to last for at least 12 months, or is likely to last for the rest of the person’s life)
- whether the effect of the impairment is to make it more difficult and/or time-consuming for the person to carry out an activity, compared to someone who does not have the impairment, and whether this causes more than minor or trivial inconvenience
- whether the activities that are made more difficult are ‘normal day-to-day activities’ at work or at home
- whether the condition has this impact without taking into account the effect of any medication the person is taking, or any aids or assistance or adaptations they have, such as a wheelchair or specific software on their computer (with the

exception of wearing of glasses or contact lenses, where it is the effect while the person *is wearing* the glasses or contact lenses that is taken into account).¹¹

25. The term ‘impairment’ can cover, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis. It includes mental health conditions (such as bipolar disorder, depression or eating disorders), learning difficulties (such as dyslexia), and learning disabilities (such as some autistic spectrum conditions). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as ‘disabled people’ by the Act. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-to-day activities. Progressive conditions and those with fluctuating or recurring effects, including mental health conditions such as depression, are also included provided they meet the test of having a substantial and long-term negative effect on a person’s ability to carry out normal day-to-day activities. The Act also protects people who have met the definition in the past.

26. Long-term mental health conditions are considered to be disabilities under the *Equality Act*. Osteopathic educational institutions therefore have a duty to make reasonable adjustments for students with long-term mental health conditions. Even in cases where a student’s mental health is not covered by the Act, it would still be considered best practice to make reasonable adjustments to support them to successfully obtain a qualification and practise osteopathy safely.

27. There are a number of exclusions from the definition. For example, drug and alcohol dependency are not considered to be mental or physical impairments for the purposes of the Act.

11 Further details of the determination of impairment appear in *Schedule 1 (Disability: Supplementary Provision), Part 1: Determination of Disability of the Equality Act 2010*. See also: Office for Disability Issues, 2011. *Equality Act 2010: Guidance on Matters to be Taken into Account in Determining Questions Relating to the Definition of Disability*. Available at: www.gov.uk/government/publications/equality-act-guidance

What is direct discrimination?

28. Direct discrimination occurs if a student is treated less favourably than another student because of a disability.¹² For a student to show that they had been directly discriminated against, they would have to compare what happened to them with what happened, or would happen, to a student without their disability.

29. The Act contains provisions that enable educational institutions to take ‘positive action’ to address a particular disadvantage, meet different needs or tackle low participation of a particular student group, provided certain conditions are met. Such positive action is not the same as positive discrimination, which is illegal, with two exceptions:

- It is never unlawful to treat disabled students or applicants more favourably than non-disabled students or applicants, because of or in connection with their disability.
- It is also not unlawful to treat a female student more favourably because she is pregnant, or has given birth in the last 26 weeks, or is breastfeeding a baby who is less than 26 weeks old.

30. Other types of direct discrimination include:

Discrimination based on association:

This occurs when a student is treated less favourably because of their association with another person who has a protected characteristic (other than pregnancy and maternity). This might occur where a student is treated less favourably *because a parent, sibling or friend has a protected characteristic.*

Discrimination based on perception:

This occurs when a student is treated less favourably because of a mistaken

perception that they have a protected characteristic (other than pregnancy and maternity).

Discrimination because of pregnancy and maternity:

It is discrimination to treat a woman (including a female student of any age) less favourably because she is or has been pregnant, has given birth in the last 26 weeks or is breastfeeding a baby who is 26 weeks or younger. It is direct sex discrimination to treat a woman (including a female student of any age) less favourably because she is breastfeeding a child who is more than 26 weeks old.

What is indirect discrimination?

31. Indirect discrimination occurs if the application of a ‘provision, criterion or practice’ (see below) in the same way for all students has the effect of putting students with disabilities and/or health conditions at a particular disadvantage, regardless of whether this was the intention. What constitutes ‘disadvantage’ is not defined in the Act, but a general guide is that a reasonable person would consider that disadvantage had occurred. It can take many different forms, such as denial of an opportunity or choice, deterrence, rejection or exclusion.

32. Some policies and practices may be justified if they are a proportionate means of achieving a legitimate aim, providing the aim is legal and non-discriminatory. An example might be provisions, criteria or practices concerned with maintaining academic and practitioner competence standards, though this would not avoid an osteopathic educational institution’s duty to make reasonable adjustments in the case of students with disabilities and/or health conditions.

¹² The Equality and Human Rights Commission provides a useful overview of the different types of discrimination, with case examples, at: bit.ly/ehrc-what-is-discrimination

What is discrimination arising from disability?

33. Discrimination arising from disability would occur if a disabled student was treated unfavourably because of something associated with their disability, and the osteopathic educational institution could not justify that treatment. This differs from direct discrimination (which arises in respect of the protected characteristic of disability itself), and from indirect discrimination (because there is no need to show that other people have been affected along with the disabled student, or for the disabled student to compare themselves with anyone else).

34. Discrimination arising from disability would occur if the following three circumstances arise:

- a student who meets the definition of disability in the Act is treated unfavourably, putting them at a disadvantage, even if this was not the intention
- the treatment was because of something associated with the student’s disability or health condition
- the treatment cannot be justified by showing that it is a proportionate means of achieving a legitimate aim.

35. If the osteopathic educational institution can show that it did not know and could not reasonably be expected to know that the disabled student had the disability, the unfavourable treatment may not amount to unlawful discrimination arising from disability. However, every effort should be made to ensure that students feel able to discuss relevant information about their health or disability, and the institution should be alert to any indications that a student may be encountering difficulties resulting from a health condition or disability.

What is harassment?

36. Section 26 of the Act defines harassment as ‘unwanted conduct related to a relevant protected characteristic ... [which] has the purpose or effect of violating [an individual’s] dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment’ for that individual. Disability is one of the protected characteristics under the Act.

What is victimisation?

37. The Equality and Human rights Commission describes victimisation, as defined in Section 27 of the Act, as ‘treating someone badly because they have done a “protected act” (or because you believe that a person has done or is going to do a protected act)’.¹³

38. A ‘protected act’ is:

- making a claim or complaint of discrimination (under the *Equality Act*)
- helping someone else to make a claim by giving evidence or information
- making an allegation that someone else has breached the Act
- doing anything else in connection with the Act.

39. If a student is treated less favourably because they have taken such action, this will be unlawful victimisation. There must be a link between what the student did and their treatment. Anyone can make a claim of victimisation; they do not have to do so in relation to one of the protected characteristics.

¹³ See: bit.ly/ehrc-what-is-victimisation

What is the ‘reasonable adjustments’ duty?

40. The *Equality Act 2010* imposes a duty to make reasonable adjustments – that is, to take positive steps to ensure that students with disabilities and health conditions can fully participate in the education and other benefits, facilities and services that an osteopathic educational institution provides for its students.

41. Osteopathic educational institutions should take reasonable steps to ensure that any provision, criterion or practice (see paragraphs 46-51), or any physical feature, does not put students – including applicants and, in some limited circumstances, former students – with disabilities and/or health conditions at a substantial (i.e. more than minor or trivial) disadvantage. Educational institutions should also provide auxiliary aids or services – such as equipment, computer software, or extra assistance from staff – where, without them, students meeting the Act’s definition of being ‘disabled’ would be put at a substantial disadvantage.

42. The duty is owed to disabled people generally. It is anticipatory and continuing in the sense that osteopathic educational institutions are expected to take measures to avoid causing substantial disadvantage, regardless of whether they know a particular student meets the definition, or whether they currently have disabled students.

43. Osteopathic educational institutions should plan for adjustments that may be needed, anticipating the requirements of students with disabilities and/or health conditions, and removing potential barriers. There is no justification for failing to make a reasonable adjustment where the duty applies, but this extends only to adjustments that are reasonable. The Act does not define what is ‘reasonable’ – this would ultimately be for the courts to determine – but statutory guidance makes clear that, when assessing reasonableness, the following may be considered:

- how effective an adjustment will be in overcoming the identified difficulty
- whether it is practicable to make the adjustment
- the financial and other costs involved, and the money that has already been spent on making adjustments
- the amount of disruption it will cause
- the availability of financial or other assistance – for example, students may be eligible for funding from the Disabled Students’ Allowance,¹⁴ which helps them meet the extra costs of studying that result directly from a disability or health condition.

44. It is good practice to work with students to determine what adjustments can be made, but osteopathic educational institutions should not expect students to be aware of all the adjustments that might be available. Where a student makes specific suggestions, institutions should consider whether or not the adjustments would help to overcome the disadvantage and whether or not they are reasonable.

45. In summary, where students with disabilities and/or health conditions are placed at a substantial disadvantage by policies or practices, the absence of an auxiliary aid, or a physical feature, osteopathic educational institutions must consider whether any reasonable adjustment can be made to overcome the disadvantage.

“Institutions must consider whether any reasonable adjustment can be made to overcome the disadvantage”

¹⁴ Information about the Disabled Students’ Allowance is available at: www.gov.uk/disabled-students-allowances-dsas

What is meant by ‘provision, criterion and practice’?

46. These terms are not defined by the *Equality Act* but refer to the provision of education, facilities and services to students. The terms are intended to cover all an osteopathic educational institution’s arrangements, policies, procedures and activities, including one-off decisions and proposals or directions to change practice in some way.¹⁵

47. Where students who are ‘disabled’ in the terms of the *Equality Act* are placed at a substantial disadvantage in accessing or benefiting from an educational institution’s provision, facilities or services, all reasonable measures must be taken to ensure that the provision, criterion or practice no longer has that effect.

“In osteopathic education, the theory and practice of osteopathy are inseparable.”

48. In osteopathic education, the theory and practice of osteopathy are inseparable. It is essential that students satisfy both academic and professional practice standards. A student must demonstrate achievement of these standards for the award of a recognised qualification, which confers eligibility to register as an osteopath. In the terms of the *Equality Act*, these requirements are construed as a competence standard.

49. There is no duty to make adjustments to a competence standard, provided application of the standard is justified. However, the duty does apply to the procedures used by educational institutions to establish whether a student can meet the competence standard.

50. All reasonable steps must be taken to ensure that a student who has a disability or health condition is not substantially disadvantaged in any test, examination or practical assessment used to establish whether they have met the required standard – but osteopathic educational institutions are not required to vary the competence standard itself in favour of such a student.

51. The General Osteopathic Council has an obligation to ensure that the *Osteopathic Practice Standards*¹⁶ specify only relevant and genuine competences that are strictly necessary for safe, effective and unsupervised osteopathic practice. In turn, osteopathic educational institutions have an obligation to ensure that curriculum content, examinations and assessments are referenced to the *Osteopathic Practice Standards* and the *Guidance for Osteopathic Pre-registration Education*,¹⁷ and that they do not impose additional obstacles which could put students with disabilities and/or health conditions at a substantial disadvantage.

Specific duties under the *Equality Act 2010*

52. Under the *Equality Act*, public bodies are required to publish information annually about their employees (if they have more than 150) and others (including students) affected by their policies and practices in relation to equality issues. They are also required to set and publish, at intervals not greater than four years, one or more specific and measurable objectives that they think are necessary to achieve any of the things required by the general equality duty.

15 See the Equality and Human Rights Commission website at, for example: bit.ly/ehrc-eq-act-fehe-guidance

16 Available at: bit.ly/gosc-ops

17 Available at: bit.ly/gosc-gopre

Supporting staff in meeting their responsibilities

53. Staff must be informed of their legal duties and be aware of their responsibilities to applicants and students with disabilities and/or health conditions. This is especially important for staff involved in admissions, student support and occupational health, as well as teaching and support staff.

54. It is important that training extends beyond a narrow interpretation of the osteopathic educational institution's legal responsibilities by addressing wider aspects of equality and disability discrimination – for example, by tackling issues such as stereotyping and unconscious bias. Investment in individual, team and organisational development may be required to ensure that practices within the institution match the culture of equality and diversity it aspires to.

55. Staff should be supported in recognising the early signs of mental health conditions, in order to ensure that appropriate support can be offered at the earliest opportunity.

“Involving students with disabilities and/or health conditions in planning and delivering equality training can be extremely helpful.”

56. As with all aspects of equality practice, involving students with disabilities and/or health conditions in planning and delivering equality training can be extremely helpful. The Equality and Human Rights Commission provides a useful range of resources.¹⁸

57. University-based osteopathic educational institutions, and those offering university-validated degrees, may have access to institution-wide disability training, either in-house or via the validating university, and to inter-professional learning with other health professions. These provide opportunities to share experiences of supporting students with disabilities.

18 See the Equality and Human Rights Commission guidance on the public sector equality duty, available at: bit.ly/ehrc-guidance-pseud



SECTION 4:

The student journey

58. This section covers the issues which osteopathic educational institutions should consider at various points during the student journey. It will help to ensure that the osteopathic education and training provided meets the needs of students with disabilities and/or health conditions, satisfies General Osteopathic Council expectations and requirements, and is consistent with osteopathic educational institutions' legal obligations.

Anticipating the needs of people with disabilities and health conditions

59. Each osteopathic educational institution should keep under review its facilities, services and practices to identify where improvements and adjustments are required to better meet the needs of people with disabilities and/or health conditions. This should not be confined to the physical estate; it should include every aspect of provision.

60. It is neither possible nor desirable to provide an exhaustive list of reasonable adjustments because each osteopathic educational institution is unique. Only by conducting a rigorous audit of all aspects of an institution's provision will it be possible to identify adjustments that should be made.

61. The examples below are included to illustrate the range of adjustments encompassed by the anticipatory duty:

- providing information about the course in alternative formats to ensure that it is accessible to as wide a range of prospective students as possible
- ensuring that marketing materials make it clear that applications from students with disabilities and/or health conditions are welcomed
- undertaking an access audit and making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility
- ensuring that core facilities (such as toilets, common rooms, libraries and catering facilities) are well lit, properly signposted and easily accessed by disabled students
- reviewing and adjusting learning and assessment policies and practices to ensure they do not inherently discriminate against disabled students

- ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with specific learning difficulties who use assistive computer software
- improving the acoustics of lecture theatres and installing loop systems to assist students with hearing impairments
- ensuring that furniture, fixtures, fittings and learning resources (such as library and computer services, practical rooms and equipment) do not pose an obstacle to, and are accessible by, students with disabilities and/or health conditions
- ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination
- ensuring that staff know how to access the specialist services and resources available to help assess the needs of students who have a disability or health impairment. This would include training staff to recognise the early signs of mental health conditions, in order to ensure that issues can be identified and appropriate support offered.

“Institutions also have a duty to establish and respond to the particular needs of applicants and students as individuals.”

62. These examples illustrate some of the facilities, services, and practices that can be improved to avoid disadvantaging students with disabilities and/or health conditions – but it is important to stress that, while a duty is owed to ‘disabled people’ generally, osteopathic educational institutions also have a duty to establish and respond to the particular needs of applicants and students as individuals.

Case example¹⁹

An osteopathic educational institution develops plans to upgrade and refurbish a teaching room, in order to provide a lecture theatre with considerably enhanced and up-to-date facilities. It is aware that the acoustics in the room are poor, having received comments from two students with hearing impairments that they struggled to hear the lecturer in the room.

As part of the refurbishment, an induction loop is installed to aid students with a hearing impairment who use hearing aids. An audio system is also installed, which enables the lecturers to use a microphone; this assists students whose hearing is mildly impaired, but who do not use a hearing aid.

Recruitment and selection

63. It is the osteopathic educational institution's duty not to discriminate against someone who meets the definition of being 'disabled' for the purposes of the *Equality Act* in the arrangements made for determining who should be offered admission to courses they offer, either in the terms of any offer made, or by not accepting an application for admission. It is also the institution's duty not to harass someone in relation to their health or disability.

64. The guidance below concerns the processes involved in recruiting and selecting students, and in particular, the actions that can be taken to ensure that an inclusive approach is adopted, and to avoid discriminating against applicants or students with disabilities and/or health conditions.

Marketing

65. Publicity material and course information should make it clear that applications from people with disabilities and/or health conditions are welcomed.²⁰ The inclusion of positive stories and images of disabled people in osteopathy, and the availability of the information in alternative formats, will help to reinforce this message from the very earliest contacts with prospective applicants. In terms of mental health conditions, osteopathic educational institutions should acknowledge that these are common, expected to occur and can be accommodated.

Case example

An osteopathic educational institution reviews its prospectus. Mindful of the fact that 10 per cent of its students have dyslexia, they actively promote this fact, together with examples of the support mechanisms available to support these students in managing their studies. Examples featuring current and former students with dyslexia illustrate the fact that this condition is not seen as a barrier to academic success.

66. It is vital that applicants are made aware of the intellectual, physical, emotional and professional demands of undertaking an osteopathic education programme. This can be done by contrasting osteopathy with degrees that do not involve practical training and do not culminate in professional registration and independent healthcare practice. Publicity material should include a named contact who is able to advise prospective applicants about the nature and demands of osteopathy as a profession and

¹⁹ Case examples are used in this document to help illustrate the guidance. These are fictional, and are not based on any particular case, individual or osteopathic educational institution.

²⁰ See the Equality and Human Rights Commission website at: bit.ly/ehrc-he-guidance-admissions-discrimination

career, the challenges of the course, and the support available to students with disabilities and/or health conditions.

67. Most osteopathic educational institutions hold open days, providing prospective students with the opportunity to gain an insight into osteopathy and osteopathic education. The chance to talk to students on the course and to observe or participate in practical sessions helps potential applicants better understand the nature and physical demands of osteopathy, but also the support that can be made available to them if they have a disability or health condition. It may be helpful for prospective students to have an opportunity to observe clinic sessions; although many can readily envisage the adjustments and aids required to support classroom and theory learning, fewer are likely to have an understanding of what adjustments might enable them to learn and to demonstrate clinical competences, or what impact these might have on patients. Enabling prospective students to better understand the breadth and extent of osteopathic practice means that they will be in a better position to make an informed choice as to whether osteopathy is the right career choice for them.

68. It is important that assumptions are not made about whether an applicant will ultimately be able to demonstrate achievement of the standard required for award of a recognised qualification. However, early reference to the *Osteopathic Practice Standards*,²¹ and to the general nature of osteopathic practice, can help a prospective applicant assess themselves against what is required to register and pursue a career in osteopathy.

Application

69. Osteopathic educational institutions should emphasise the importance of students being open regarding any disability or health condition, and make clear that support is available in the information provided to

prospective students. However, there is an important balance to be struck between encouraging applicants to provide information about a disability or health condition at the earliest opportunity, and respecting an applicant's right not to do so. Course information can highlight the benefits of providing such information while reassuring applicants that this will not prejudice their application, which will be considered separately from any consideration of the reasonable adjustments that may be required if they are offered a place.

70. Students applying through the Universities and Colleges Admissions Service (UCAS) are invited to indicate whether or not they have a disability, learning need or medical condition, or to indicate that they do not wish to provide this information. Applicants are required to select from a list of options:

- no disability
- a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- blindness or serious visual impairment uncorrected by glasses
- deafness or serious hearing impairment
- a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- a mental health condition such as anxiety disorder, depression, or schizophrenia
- a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- a physical impairment or mobility issue, such as difficulty using arms, or using a wheelchair or crutches
- a disability, impairment or medical condition that is not listed above
- two or more impairments and/or disabling medical conditions.

21 Available at: bit.ly/gosc-ops

71. This information helps osteopathic educational institutions to establish whether any particular arrangements may be needed to facilitate the selection process, and subsequently to open a dialogue with the applicant about needs and adjustments. The UCAS categories also provide a helpful illustration of the broad range of disabilities, learning needs and health conditions that osteopathic educational institutions can encounter, and for which adjustments may be required – but there is not and cannot be a list of disabilities, learning needs or health conditions deemed incompatible with osteopathy. Each and every applicant must be assessed as an individual. It is for each educational institution to determine whether to admit someone to their course, based on an assessment of whether – with reasonable adjustments – they will ultimately be able to meet the *Osteopathic Practice Standards*.

72. Osteopathy involves independent assessment, diagnosis, treatment planning, and manual interventions. Patient safety is paramount. These demanding requirements are encapsulated in the *Osteopathic Practice Standards* and the *Guidance for Osteopathic Pre-registration Education*.²² There will be instances where there can be no other conclusion but that the provision of reasonable support, aids and adjustments are insufficient to enable an applicant to demonstrate achievement of the competence standard for entry to the profession. Osteopathic educational institutions will not be in breach of their legal obligations or General Osteopathic Council expectations and requirements if they reach this conclusion, having given due consideration to all possible reasonable adjustments.

73. Setting entry criteria and conducting a selection process are justified because it is not in anybody's interest to admit a student – disabled or non-disabled – who does not have a good chance of completing the course.

Admissions staff must therefore be realistic when determining what adjustments are reasonable and when assessing whether these adjustments genuinely hold out the prospect of enabling a student to meet the competence standard and to enter unsupervised independent practice.

“Institutions have accepted many students with disabilities and health conditions onto their courses, and provided adjustments that have supported students through to successful course completion.”

74. Osteopathic educational institutions have accepted many students with disabilities and health conditions onto their courses, and have provided a wide range of adjustments that have supported students through to successful course completion. These include students with learning difficulties (such as dyslexia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer), a variety of long-term conditions (including diabetes and epilepsy) and a range of mental health conditions. In each case, students were assessed as individuals and reasonable adjustments were put in place to meet their needs.

75. Applications that resulted in a decision that adjustments were not feasible are less common, but some of the benchmark statements²³ likely to be crucial in such decisions are set out in the table on page 21:

²² Available at: bit.ly/gosc-gopre

²³ Quality Assurance Agency for Higher Education, 2015. *Subject Benchmark Statement for Osteopathy*. Available at: bit.ly/qaa-benchmark-osteopathy

| Examples from Benchmark Statement | Area for consideration |
|--|---|
| Select and move between different forms of communication with patients and colleagues (osteopaths, health professionals and others) while maintaining a commitment to ethical values and considerations | leading to consideration of an applicant's communication skills |
| Skill in relating, integrating and responding to information and data acquired by verbal and non-verbal means | |
| Use palpation selectively as part of the evaluation process | leading to consideration of an applicant's ability to assess risk derived from observations that require sensory acuity |
| Demonstrate a high level of palpatory skill | |
| Conduct effective static, active and passive biomechanical assessment of the patient | |
| Demonstrate an awareness of, and ability to select from, the wide range of indirect and direct osteopathic technical approaches | leading to consideration of an applicant's physical abilities to develop and apply this range |
| Adapt an osteopathic technique and justify its use in relation to the palpatory feedback received from the patient's tissues | |
| Care for their own health and well-being and follow the appropriate procedures to manage communicable diseases | leading to consideration of an applicant's self-awareness |
| Critically evaluate research and other findings concerning the efficacy and application of osteopathic interventions to specific patient problems, and the therapeutic claims of other healthcare disciplines | leading to consideration of an applicant's information handling skills |
| Skill in the use of information technology consistent with the effective and efficient management of a modern osteopathic practice, including the ability to manipulate quantitative and qualitative data for audit and related purposes | |

Selection

76. All applications should be assessed against the same entry criteria. Osteopathic educational institutions should ensure that the criteria – and the way in which their staff apply them – do not discriminate against applicants likely to be ‘disabled’ for the purposes of the *Equality Act*. However, while educational institutions may need to consider offering alternative formats to enable someone to make an application, they do not have to vary the level of prior attainment required. This is because entry criteria count as competence standards, which are exempt from the duty to make reasonable adjustments.

77. Interviews are commonly used to assess applicants for entry to osteopathy education and training. As with any selection test, if interviews are used as part of the selection process, this must apply to all applicants.

78. Osteopathic educational institutions should establish well in advance of the interview whether any reasonable adjustments are required to enable an applicant to access and participate fully in the process. As at other stages of the selection process, it is important to ask about the applicant's requirements rather than to concentrate on a disability or health condition.

79. The conduct of the interview should not differentiate between disabled and non-disabled candidates. Interview questions should be based on objective criteria and be applied uniformly to all candidates. An applicant's disability or health condition should be irrelevant to this assessment and, as far as possible, should not be a subject of discussion during the interview. Although the *Equality Act* does not prohibit questions about an applicant's impairment (provided they concern the applicant's requirement for reasonable adjustments or their ability to meet the competence standard for the course), the interview criteria used to establish an applicant's suitability should be applied as if reasonable adjustments had been made. The practicalities or reasonableness of such adjustments should not be a matter for the interview panel and should be considered only after a decision has been made to offer an applicant a place.

80. Records should be kept at every stage of the process to justify and account for decisions. These should include unbiased interview notes, with written assessments against each interview criterion.

81. Osteopathic educational institutions should have a clear process for dealing with complaints. Details of the process should be made available in accessible formats.

Case example

Having disclosed that he has a visual impairment, an applicant is invited to an interview at an osteopathic educational institution. He is interviewed in the same way as all other applicants, applying the same criteria. His disability is discussed at the end of the interview, but only in the context of what reasonable adjustments he feels may be necessary to enable him to cope with his studies, and how he will be able to demonstrate compliance with the *Osteopathic Practice Standards*.

On the basis of his academic qualifications and performance at interview, the applicant is offered a place, subject to consideration of the practicalities and reasonableness of the required adjustments.

Preparing for entry

82. The process of agreeing adjustments should start as soon as an applicant is offered a place. It should involve the student directly and be undertaken by appropriately trained staff. Expert advice and guidance may also be required from, for example, a university disability officer, occupational health professional, educational psychologist or specialist disability organisation.

83. The osteopathic educational institution should discuss with the applicant the nature and extent of the reasonable adjustments likely to be needed to enable them to undertake all aspects of the course, to be able to demonstrate achievement of the standard for award of a recognised qualification, and ultimately to practise as an independent osteopath. Students should be given an opportunity to talk to student support staff or a university disability officer about the personal financial support that may be available (for example, from the Disabled Students' Allowance²⁴).

24 Information about this allowance is available at: www.gov.uk/disabled-students-allowances-dsas

84. Prospective students with a long-standing disability or health condition are likely to have a keen sense of their capabilities, and many will have developed a variety of strategies for managing and compensating for functional limitations. As such, students are often well placed to offer advice about the types of support and adjustments that will be required. However, it is the osteopathic educational institution's duty to establish what adjustments need to be made, so staff should be in a position to be able to assess and to arrange for appropriate aids and support. In some instances, expert assessment may be required to establish precisely what type and level of assistance will be required or, for example, to provide formal confirmation of a specific learning difficulty as may be required if a student decides to apply for the Disabled Students' Allowance.

85. It is common practice for applicants who have been offered a place to be required to complete a health assessment questionnaire. This does not discriminate against students with disabilities and/or health conditions, because the requirement applies to all applicants and is a justifiable measure in the interests of public and patient protection. Its primary purpose is not to seek information about health conditions or disabilities but to identify issues that might expose patients, the students themselves or others to unnecessary risk. As such it is normally completed in confidence for assessment by admissions staff and, if appropriate, occupational health professionals. However, it does provide another opportunity for students to provide information about a disability or health condition.

86. All reasonable steps should be taken to identify and put in place the adjustments required, but in some instances it may be concluded that this cannot reasonably be achieved – or that, even with adjustments, the applicant would not be able to demonstrate achievement of the standard for award of

a recognised qualification. This conclusion needs to be communicated to the applicant in a sensitive manner, preferably together with advice about possible alternative courses that they may wish to consider.²⁵

Induction

87. Induction provides an opportunity to highlight the support that can be made available to students if they encounter problems relating to their health or a disability during the course, and to further invite students who have not done so to provide information about the impact of any disabilities or health conditions that they may have.

“Induction provides an opportunity to highlight the support that can be made available to students”

88. Osteopathic educational institutions should be mindful that some students are likely to underplay their difficulties, perhaps because they are concerned about the way their disability or health condition may be perceived; this means that they may not receive appropriate support early on in the course. Students who have a mental illness often do not see themselves as disabled yet may well be protected under the *Equality Act*, and should be afforded the same considerations as students with a more visible disability.

²⁵ See also the Quality Assurance Agency for Higher Education's *UK Quality Code for Higher Education*, available at: bit.ly/qaa-quality-code

Confidentiality

89. For osteopathic students to feel comfortable asking for support if they have a health condition or disability, it is important that they understand the issue of confidentiality regarding the information they provide. Osteopathic educational institutions should have a confidentiality policy that states:

- who will receive the information provided by the student
- how the student's information will be used
- instances where confidentiality may be breached.

90. Students should, in certain circumstances, be able to decide not to share information about their health which they had previously agreed to share. The applicant's permission will be needed for reasonable adjustments that identify the disability or health condition. In circumstances where it is felt necessary to breach confidentiality, where practicable this should be discussed with the student before any action is taken.

91. As in all aspects of the dialogue with applicants and students about disability or health issues, sensitivity is required. This reinforces the importance of training for staff involved in recruitment and selection. A student's confidentiality should only be breached when this is necessary to protect the student or others from the risk of serious harm.

Case example

One osteopathic educational institution offers screening to all students during induction, to test for dyslexia. This has revealed a much higher rate of undiagnosed dyslexia than anticipated. The practice is considered to be non-discriminatory because it applies to all students and is intended to enable appropriate support to be put in place and suitable adjustments to be made – in other words, it is justified as a proportionate measure to achieve a legitimate end.

Making adjustments to teaching, learning and assessment

92. Osteopathic educational institutions have had considerable experience of making adjustments that have enabled students with disabilities and health conditions to complete training, graduate, register and practise osteopathy. This section highlights considerations and indicative examples of the broad spectrum of adjustments that can benefit students with disabilities and/or health conditions.²⁶

93. It is good practice to ask the student what they consider is needed, but it is not their responsibility to suggest what adjustments are required. Osteopathic educational institutions do not have to make every adjustment requested by a student, but they cannot claim that an adjustment is unreasonable simply because it is inconvenient or expensive.

²⁶ See also: Equality Challenge Unit, 2010. *Managing Reasonable Adjustments in Higher Education*. Available at: bit.ly/ecu-managing-adjustments-he

94. Deciding what is reasonable can be challenging. Section 3 highlighted some of the more significant considerations as:

- how effective the adjustment will be in overcoming the difficulty
- whether it is practicable to make the adjustment
- what financial and other costs are involved
- the amount of disruption it will cause
- the availability of financial or other assistance.

Case example

A first-year student, Hannah, reveals to the student welfare officer that she had an eating disorder when aged 15-18, and that she has reduced bone density as a result. The student welfare officer advises her that it would be inappropriate for her to experience certain osteopathic techniques during practical classes which may compromise her safety, and risk a fracture. They ask her permission to make the practical teaching team aware of her condition, and reassure her that any staff made aware in this way are also bound by the institution's confidentiality policy.

The fact that the student is unable to have certain techniques carried out on her will, of course, highlight that there is an issue, but it will be up to her whether she divulges the reasons for this to her colleagues. Hannah is happy to give such permission, and the teaching team is informed.

95. One consideration of reasonableness relates to risk. The *Equality Act* does not override health and safety legislation, so neither the student nor anyone else should be exposed to risks to their health or safety as a result of a disability-related adjustment. On

the other hand, disabled people sometimes protest that they are excluded from activities or prevented from taking risks that non-disabled people take for granted. A student with a disability or health condition should therefore have a say in what is an acceptable level of risk for them in the everyday activities of osteopathic education and training. While it is important to ensure that students are not exposed to greater risk during training because of their disability or health condition, it is neither desirable nor necessary to make adjustments to remove or minimise all risk.

96. It is right that attention should be focused on identifying the adjustments that can best meet the needs of a student with a disability or health condition, but this should not be to the exclusion of considering their impact on others. It is important for osteopathic educational institutions to acknowledge that their duty of care extends not only to students with disabilities, but also to the wider student body. It may be considered reasonable to expect other students to tolerate a level of inconvenience to accommodate adjustments for a student, but it may not be reasonable to expect an osteopathic educational institution to make an adjustment that puts other students at a significant and persistent disadvantage. Nevertheless, experience has shown that in many cases it is other students who have willingly provided the support and assistance that has enabled someone with a disability or health condition to successfully complete their training.

97. It is essential that the adjustments put in place are properly communicated to the student, and are communicated in an accessible format. In the terms of the *Equality Act*, failing to make a student aware of adjustments that have been made may be judged no better than not making any adjustments at all. If there has been a good dialogue with the student before entry to the course and during the early weeks of training, there should be 'no surprises' because adjustments will have been discussed, agreed

and put in place. Adjustments should then be reviewed regularly to ensure that they continue to be effective.

98. While adjustments are intended to remove barriers or to compensate for disadvantages arising from disability as they relate to learning and the demonstration of professional competence, this should not result in a lowering of the expectation threshold for autonomous practice. Reasonable adjustments do not apply to the competence standard itself – this is especially important in a practice-based profession where patients put their trust in the ethical behaviour, technical competence and clinical expertise of the practitioner.

99. Adjustments to teaching, learning and assessment are many and various. Some of the more commonly applied adjustments include:

- adjustments to the *physical environment*, both internally and externally, to improve access to and the use of facilities – this also includes adjustments to features such as lighting and sound insulation
- adjustments to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats, together with the associated assistive technologies to fully exploit them
- *human assistance*, in the form of coaching and mentoring and additional tutorial support
- *making allowances* – for example, by extending deadlines, permitting absences, providing breaks in teaching sessions, or relaxing regulations (for example, to allow a student to carry, store on site and administer necessary medication)
- providing *equipment* – for example, to support computer-assisted learning, voice recognition software and screen-readers, and laptops and handheld devices for note-taking

- facilitating access to *resources* – for example, the purchase of textbooks for use at home to help combat the fatigue associated with frequent trips to the library, and the use of taxis after specific healthcare treatments
- adjustments to *examinations* – for example, by changing the design and presentation of exam papers; providing extra time and allowing rest breaks; removing penalties for poor spelling of non-technical terms, grammar and punctuation, or allowing computers with spell-checkers; arranging for separate rooms and invigilation; and permitting the use of a reader or scribe
- adjustments to *practical assessments* – for example, by allowing extra practice sessions; more time for the student to familiarise themselves with the setting or to obtain, assess and record patient information; the use of a recording device for subsequent transcription; adjustments to the physical arrangement and features of the examination and treatment area (such as additional space or specific lighting); and the use of aids to facilitate manipulations
- providing *additional support* – for example, offering one-to-one tutorials or extra clinic instruction; teaching study skills and learning techniques; identifying a student ‘buddy’; and offering ongoing mentorship or course-long support from a personal tutor, student counsellor or disability officer.

100. Some adjustments have become standard practice, capable of being initiated quickly for students with a well-understood disability, and providing straightforward and immediate benefit. But the fact that an adjustment is readily available should not detract from the principle that all students have a right to have their needs considered on an individual basis.

101. It is often easier to make adjustments for students whose disability is discernible, enduring and relatively stable, such as a hearing impairment or restricted mobility. It can be more challenging to meet the needs of students with invisible or fluctuating conditions. Care is needed to recognise and respond appropriately, in order to support students whose disability or health condition emerges mid-course, runs an unpredictable path or is episodic in nature, and students who are more susceptible to the inevitable stress points inherent in any course.

A challenging scenario cited by a number of osteopathic educational institutions concerns students with previously stable long-term conditions, who are progressing satisfactorily with or without adjustments, but whose equilibrium is disrupted by a change in their condition, its management or treatment.

Finding a new or better medication – during which time different dosages or combinations are tested – can be extremely disruptive for the student and requires sensitive handling by tutors, not least to recognise and respond to fluctuations in behaviour, fatigue and capacity for learning. Tutors need to be prepared to make adjustments on a flexible basis until such time as the student’s health condition is brought back under control. Osteopathic educational institutions should consider the need to train staff in recognising such behaviours.

102. A related challenge concerns those students who lack insight into the nature or impact of their disability (or whose insight is intermittently impaired) and who, as a consequence, fail to take the prescribed medication that helps them function effectively. A similar situation can arise with students who have a long-term physical impairment and who, for any reason, forget or choose not to take medication as prescribed. Poor compliance with a treatment regime can result in a relapse or resurgence of symptoms, which can compromise a student’s functional capacity and ability to participate fully in the course.

103. Where adjustments can be made to assist students in these situations (for example, by anticipating the potential impact of stress points such as examinations and assessments, and arranging in advance for extra support), these should be put in place. Being alert to the early warning signs, such as a resurgence of symptoms or changed behaviour, will also help the osteopathic educational institution to intervene early in order to pre-empt crises, provide support and guidance, and make adjustments (such as agreeing extensions to assignments or a different attendance pattern).

104. It is possible that a student’s health may gradually but inexorably deteriorate to the point where adjustments are no longer enough to enable them to continue training. In some instances, an interruption to training can be negotiated which is long enough for the student to regain a level of health judged sufficient for them to rejoin the course and continue their education. Decisions as to whether a student should take time away from the course should involve the student. Occupational health services may be utilised. The osteopathic educational institution should be clear in its explanation as to why the student should take time out, and what the student is expected to do during this time. Consideration should also be given at this stage as to how the student will later be reintegrated into the course.

105. There will be times when the osteopathic educational institution and the student disagree as to whether taking time off from studies is the right course of action. In such circumstances, and when discussions do not result in an agreed way forward, a fitness to practise process may be instigated in order to establish a fair and independent course of action – see paragraphs 115-118.

106. In rare cases, there may be no alternative but for the student to withdraw from the course.

Case example

Three osteopathy students share a house together. In the middle of Year 2, two of the housemates gradually notice that the third student, Lucy, is displaying what seems like increasingly obsessive-compulsive behaviours – constantly cleaning and re-cleaning, insisting that the household contents are arranged in a particular way, checking and rechecking the house is locked. Lucy's behaviour is giving rise to friction between them, exacerbated by the general stresses of approaching exams.

One evening, things come to a head over a minor domestic issue: Lucy completely overreacts, it seems to the others, and becomes overwrought. As the incident simmers down, a tearful Lucy confides that in her teens and the run-up to her A-levels, she had health problems and was in the care of a consultant psychiatrist, who prescribed medication and courses of CBT; all this greatly helped her feel in control, and she got good results in her school finals. Since she relocated to undertake her osteopathy course, the CBT has come to an end and she is no longer on medication, having not seen her consultant for over two years. She can feel her old behaviour patterns returning and has been to see her new GP locally, but is still waiting for an appointment to see a counsellor.

Lucy tells her housemates that she is feeling very stressed and feels she is struggling to cope generally. Her housemates persuade her to speak to their student welfare officer at college about her current state of mind and past health issues, which she does. At college, it is suggested that she takes some time out to seek the support that she needs, and she returns to her parents for six weeks, during which time she receives treatment at the centre where she was treated previously.

After this time away, Lucy finds she is able to return in a much better frame of mind and she is working on strategies to reduce her anxiety and compulsive checking. She has also been studying to some extent while away but, with the support of her doctors, is given an extension by the college so that she can undertake her Year 2 assessments in August rather than June.

Returning to a course

107. When students take time away from a course, it is important that their return is handled sensitively and effectively. They may find it challenging returning to a different cohort of students, or feel that they will be stigmatised if people find out why they had to take time off.

108. Osteopathic educational institutions should have an individualised reintegration plan for each student in these circumstances. This should be agreed well before the student is due to return, setting out clear expectations, so that the reintegration process is well managed.

109. Unlike students on many higher education courses where isolation in large groups is more commonplace, students in osteopathic education and training have the benefit of being part of a comparatively small student group and having regular contact with tutorial staff. In this respect, those who do encounter difficulties can often be identified quickly and can usually be well supported. Conversely, it is important to recognise that the familiarity and intimacy characteristic of osteopathic education can represent a challenging environment for some students, not least some of those who have mental health conditions or disabilities.

110. A personal tutor system that provides continuity of support throughout the course, regular supervision sessions and progress meetings with students, and having student peers who know, understand, accept and are alert to the signs of growing difficulty, are all potential ways of ameliorating the extremes and impact of fluctuating health conditions.

Fitness to study policies

111. Fitness to study processes are widely used in higher education institutions. They assist in the assessment of risk and in taking action when a student's health, behaviour or other circumstances give rise to concern. Such concerns may involve the student's ability to take part in their studies, or whether such participation may present a risk to themselves or others.

“Fitness to study processes are widely used in higher education institutions.”

112. Fitness to study procedures usually comprise several stages, with early intervention designed to identify the issue and offer appropriate support. If the issues giving rise to concern persist, the next stage is likely to be a more proactive and formal process, to assess the student's circumstances and decide how the issues might best be managed.

113. In osteopathic educational institutions, there is likely to be a crossover between fitness to study and fitness to practise procedures: a failure of early intervention under a fitness to study process may lead to a fitness to practise investigation.

114. Universities UK provides guidance around student mental wellbeing in a good practice guide.²⁷

Student fitness to practise

115. Where a student with a disability or health condition fails to properly manage their condition, despite adjustments and support, a question may arise as to their fitness to practise. Detailed guidance and advice regarding student fitness to practice is provided by the General Osteopathic Council to both students and osteopathic educational institutions.²⁸

116. Osteopathic educational institutions should have fitness to practise policies in place, under which serious concerns regarding a student's fitness to practise may be investigated and managed. Matters to be considered under such procedures would be those that:

- affect patient safety
- may affect the trust that the public places in the osteopathic profession.

117. Osteopathic educational institutions should also have processes in place to detect behavioural issues which may lead to fitness to practice concerns. These issues may include:

- poor attendance at lectures
- late submission of coursework
- lack of engagement with the course
- aggressive behaviour
- poor communication with staff and/or patients.

118. Collectively, these may be fitness to practise concerns, but they may also be indicators that the student is struggling generally or has a mental health condition. Monitoring processes can be a way of identifying potential mental health issues, so that appropriate action can be implemented as early as possible.

27 Available at: bit.ly/universities-mental-wellbeing

28 Available at: bit.ly/gosc-student-ftp

Promoting wellbeing

119. Osteopathic educational institutions should promote wellbeing among all their students, not just those with disabilities or health conditions. Examples of how they may do this include:

- delivering group exercises focused on stress management
- providing resources on maintaining healthy lifestyles
- offering learning support to help students develop their studying skills and work more effectively, and thus reduce stress
- providing support through peer mentoring or buddying schemes.

Achieving a recognised qualification

120. Osteopathic educational institutions' regulations concerning student assessment, progression and graduation will incorporate demonstration of the competence standard specified by the *Osteopathic Practice Standards*.²⁹ It is the institution's responsibility to determine whether a student satisfies this standard and is awarded a recognised qualification. This is a threshold standard that cannot be varied. A necessary part of the educational process is the assessment of a student's professional behaviour and attitudes.

121. If there is evidence that a student's fitness to practise may be compromised, fitness to practise proceedings should be initiated and the outcome reported to the General Osteopathic Council. If a student fails to demonstrate the standard required by the end of the programme, they should not be awarded a recognised qualification. In certain circumstances, such as when there are continuing concerns about aspects of professional behaviour, it may be appropriate to consider awarding an alternative qualification that does not have the status

of a recognised qualification and cannot lead to registration with the General Osteopathic Council. However, an osteopathic educational institution cannot withhold a qualification from a student who has demonstrated achievement of the standard of competence, on the basis of speculation about how they might behave as a registered osteopath.

122. Registration confers unrestricted practice rights. The General Osteopathic Council does not annotate the Register to indicate that a practitioner has a disability or health condition; nor does it apply any other condition or restriction on the manner in which osteopathy should be practised by a new registrant. A decision to award a recognised qualification means that, in the institution's judgment, a student is capable of practising in accordance with the standards set out in the *Osteopathic Practice Standards*. Once an individual is on the General Osteopathic Council Register, they are responsible for maintaining professional standards of practice.

123. If a registrant subsequently develops a disability or health condition that prevents them from undertaking the full range of osteopathic activities and interventions in an autonomous, safe and effective way, it is the duty of the registrant to modify their work accordingly to ensure they can practise safely and effectively and comply with the full range of the *Osteopathic Practice Standards*. This may, for example, require moving to work in a group practice where colleagues will be available to provide support or substitution, or by restricting practice to a more limited approach and not carrying out certain techniques (provided this does not mislead the public about the scope of osteopathy provided). Osteopaths who are direct employees should look to their employer to make reasonable adjustments.

²⁹ Available at: bit.ly/gosc-ops



SECTION 5:

Further information

Sources of further information and guidance:

Action on Hearing Loss (formerly the Royal National Institute for Deaf People)
19-23 Featherstone Street, London EC1Y 8SL
Tel: 0808 808 0123
Textphone: 0808 808 9000
Email: informationline@hearingloss.org.uk
www.actiononhearingloss.org.uk

British Dyslexia Association
Unit 8 Bracknell Beeches, Old Bracknell Lane,
Bracknell RG12 7BW
National helpline: 0333 405 4567
www.bdadyslexia.org.uk

Disability Rights UK

Information about understanding the *Equality Act 2010* is available at:

bit.ly/disability-rights-factsheet-56

Disabled Students' Allowances

Information about these is available at: www.gov.uk/disabled-students-allowances-dsas

Equality Advisory Support Service

Advice and assistance for individuals on equality and human rights issues in England, Scotland and Wales.

Freepost, EASS Helpline, FPN6521

Advice helpline: 0808 800 0082

Textphone: 0808 800 0084

www.equalityadvisoryservice.com

Equality and Human Rights Commission

Great Britain's national equality body has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the protected characteristics.

www.equalityhumanrights.com

Equality Challenge Unit

The ECU provides expertise, research, advice and leadership to support universities and colleges in building an inclusive culture that values the benefits of diversity.

www.ecu.ac.uk

General Medical Council

The GMC publishes resources for medical schools to support students with mental health conditions (bit.ly/gmc-schools-mental-health) and disabilities (bit.ly/gmc-schools-disability); these may also be helpful in an osteopathic context.

General Osteopathic Council

176 Tower Bridge Road, London SE1 3LU

Tel: 020 7357 6655

Email: info@osteopathy.org.uk

www.osteopathy.org.uk

Government Equalities Office

Part of the Home Office, with responsibility across Government for equality strategy and legislation.

www.gov.uk/government/organisations/government-equalities-office

Inspire

(formerly the Northern Ireland Association for Mental Health)

Lombard House, 10-20 Lombard Street, Belfast BT1 1RD

Tel: 028 9032 8474

Email: hello@inspirewellbeing.org

www.inspirewellbeing.org

Mind

Information in England and Wales about mental health problems, where to get help and advocacy. (See also Inspire and the Scottish Association for Mental Health.)

Mind Infoline, Unit 9, Cefn Coed Parc, Nantgarw, Cardiff CF15 7QQ

Tel: 0300 123 3393

Text: 86463

Email: info@mind.org.uk

www.mind.org.uk

Office of the Independent Adjudicator

The independent body that deals with student complaints about higher education providers in England and Wales.

Second Floor, Abbey Gate, 57-75 Kings Road, Reading RG1 3AB

www.oiahe.org.uk

Quality Assurance Agency for Higher Education

Southgate House, Southgate Street,
Gloucester GL1 1UB
Tel: 01452 557000
Email: comms@qaa.ac.uk
www.qaa.ac.uk

Royal National Institute of Blind People

Helpline: 0303 123 9999
Email: helpline@rnib.org.uk
www.rnib.org.uk

Scottish Association for Mental Health

Brunswick House, 51 Wilson Street, Glasgow
G1 1UZ
Tel: 0141 530 1000
Email: enquire@samh.org.uk
www.samh.org.uk

Universities UK

Publishes *Student Mental Wellbeing in Higher Education: Good Practice Guide*, available at:
bit.ly/universities-mental-wellbeing

Legislation

The *Equality Act 2010* can be accessed at:
www.legislation.gov.uk/ukpga/2010/15
Explanatory notes to the *Equality Act 2010*
can be accessed at:
www.legislation.gov.uk/ukpga/2010/15/notes
The *Osteopaths Act 1993* can be accessed at:
www.legislation.gov.uk/ukpga/1993/21



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