Guidance for Osteopathic Pre-registration Education Consultation Process and Consultation Analysis for consideration by the Working Group

27 November 2014

Background

1. In January 2014, the Council agreed to publish the draft *Guidance for Osteopathic Pre-registration Education* for consultation

2. This paper provides an update on the progress of the consultation and proposes next steps for the agreement of the Committee.

Discussion

The consultation process

3. The draft *Guidance for Osteopathic Pre-registration Education* was published for consultation from 16 February 2014 to 16 May 2014 on our website. During the consultation, the draft guidance was publicised on our website and as follows:

    - A presentation to the British Osteopathic
    - Council on 22 January 2014.
    - A presentation to the Osteopathic Alliance on 28 April 2014.
    - A presentation to the Osteopathic Educational Institutions on 3 June 2014.
    - As part of the presentations to students in OEIs during the consultation period.
    - Articles in the February/March and April/May editions of *the osteopath*.
    - Items in the February, April and May 2014 e-bulletins. (Click through rates peaked at around 0.5%)
    - Specific invitations to respond to the consultation to:
        - Our patient and public reference group
        - British Osteopathic Association
        - Osteopathic Alliance
        - Osteopaths who had previously declared an interest in providing advice about the impact of policy on those with a disability
        - Osteopathic Educational Institution (with a request that they highlight the Guidance to students and staff)

- Other health regulators, the PSA and the Centre for Advancement of Interprofessional Education (CAIPE)
- The Quality Assurance Agency
- The four UK health departments.

4. The consultation closed on 16 May 2014. We received 26 responses altogether. 21 were received into our dedicated online survey tool and 7 hard copy responses were received. (Two responses were entered into the online survey and also sent to us electronically).

5. The responses were from a varied cross-section of respondents including:

- Osteopaths (12)
- Patients (3)
- Osteopathic educational institutions (3)
- Students (3)
- International regulator (1)
- UK Osteopathic organisations (2)
- UK inter professional organisations (1)
- Experts in equality and diversity matters (1).

6. There appears to be a broad range of respondents in terms of gender, age and ethnic origin and a range of respondents declaring a disability or a religion.

7. Thus it appears that we can be reasonable confident that the numbers of responses, although small, are representative of our registrants.

8. The consultation analysis is outlined below. Discussion is outlined below and key considerations and decisions for the Working Group are highlighted in bold.

9. In due course, it is expected that we will publish the consultation analysis along with the summaries of our discussions and the final version of the Guidance for Osteopathic Pre-registration Education.

Overarching Guidance

Consultation findings

10. The *Guidance for Osteopathic Pre-registration Education* was welcomed by almost all respondents. Although, one respondent did question the clarity of purpose of the document. Comments included:

'The paper is well written and whilst there was a lot of information in it, when re-read, easily understandable.'

'The authors need to provide a more coherent rationale for its introduction, pay more attention to detail and to make clear expectations of the use of this document.'

11. The four themes of the *Osteopathic Practice Standards* were felt by most to be the most appropriate structure for the *Guidance* making links to the *Osteopathic Practice Standards* and ongoing registration explicit. One respondent wondered whether the theme 'communication and patient partnership' should be widened to include collaborative care. However, another respondent felt that

    'if a different structure was used, it would make the link to the Osteopathic Practice Standards less transparent'.

12. However, some respondents felt that the link between the *Guidance*, the *Student Fitness to Practise Guidance* and the soon to be revised *QAA Benchmark Statement: Osteopathy* needed to be made more explicit in the text. Some even felt that there should be cross-referencing.

    '*Overall, the guidance is a useful vehicle for directing osteopathic education… the document might be better referenced to integrate the OPS, Quality Codes and Benchmark Statement at the appropriate points'*.

13. A small number of respondents felt that the drafting would benefit from streamlining and editing.

Response for consideration

14. In light of the level of support for using the four themes of the *Osteopathic Practice Standards*, and the lack of alternative suggestions, we recommend that this structure is maintained. The point about collaborative care is well made and we will ensure that this is reflected throughout the document rather than in a create themes that are different to the *Osteopathic Practice Standards*.

15. The purpose and whether or not other documents should be referenced are linked points. We should make the purpose of the document more explicit, however, we should consider carefully, whether we should reference other 'reference points' for undergraduate education.

Question 1: Should the structure of the *Guidance for Osteopathic Pre-registration Education* continue to be aligned to the four themes of the *Osteopathic Practice Standards*.

Question 2: Should the purpose of the Guidance for Osteopathic Pre-Registration Education be made more explicit in the documentation.

Question 3: Should the 'fit' between the different reference points for osteopathic education (e.g. the *Subject Benchmark Statement:*

Osteopathy **and other guidance) be made more explicit – but without potential to 'date' the document.**

Osteopathic Principles

Consultation findings

16. Two perhaps contrasting responses, particularly focussed on the importance of incorporating osteopathic principles along with a challenge around measurability. For example:

    'Of particular concern is the lack of emphasis in the GOPRE on the skills required to safely and effectively apply the philosophy and principles of osteopathy in practice. There is no mention of osteopathic evaluation (as distinct from differential diagnosis or the assessment of predisposing and maintaining factors, which is essential to the formulation of an adequate osteopathic hypothesis.'

    'Section 1.1 of the OPS clearly states that an Osteopath should be able to demonstrate 'a comprehensive understanding of the principles and concepts of osteopathy to inform and guide rational clinical decision making. However, it is difficult to see how osteopathic principles and philosophies would be a definitive and measurable component of osteopathic pre-registration training as set out within the current guidance document. Without this, there is a danger that the distinct nature of osteopathic medicine, within the broader context of healthcare delivery, will become diluted. In setting out the guidance, consideration needs to be given to the measurability of the outcomes and how outcomes measurement translates into consistency across OEIs.'

Response for consideration

17. A question for the working group to consider will be how the Guidance should be adapted to incorporate these points.

18. The Guidance currently describes the following in relation to osteopathic principles:

    - Introduction – p1 – 'Osteopathic educational institutions (OEIs) equip osteopathic students for the demands of independent practice. This includes scientific and clinical knowledge, clinical and professional skills (including reflection), underpinned by a critical application of osteopathic principles and technical skills they need for practice.'
    - Knowledge, skills and performance – p4 – 'The graduate will be able to: Know and understand the key concepts and bodies of knowledge to be able to practise osteopathy underpinned by osteopathic principles and appropriate guidelines.'
    - Knowledge, skills and performance – p5 - Know how professional osteopathic principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual. This includes knowledge of

the relative and absolute contra-indications of osteopathic treatment modalities and other adjunct approaches e.g. nutrition and research.

19. Should osteopathic principles be made more explicit in the consultation document?

20. We can include the point about osteopathic evaluation.

Question 4: How should we appropriately reflect osteopathic principles within the Guidance.

Leadership

Consultation findings

21. Most respondents felt that the emphasis on leadership was appropriate for osteopathy – one emphasised the importance of the Francis Report. However, one response felt that the emphasis was excessive and one response felt that there was too much emphasis on the concept of leadership in the NHS which was different to the way that many osteopaths practised. There were some other helpful comments about increasing the emphasis on the trajectory of learning once qualified (i.e. graduation is the start of the journey – not the end).

Response for consideration

22. We can highlight, more fully, in the guidance how graduation is the start of a journey in relation to leadership to deal with these points.

Question 5: Is the balance of leadership in the Guidance sufficient? Should we make more explicit that graduation is the start of a journey (so graduates may grow their skills in leadership as they develop their own professional pathway.)

Mentoring/teaching

23. Views were broadly supportive but more mixed in relation to the balance of teaching and learning skills in the draft. Interestingly, lay respondents felt that teaching skills were important for all health professionals. In many ways, the comments reflected a diverse culture, culture change, and a move towards building community which is something that we are considering further within our continuing fitness to practise work as well as our work in partnership with the OEIs in relation to education and with the Osteopathic Development Group in relation to a range of different projects.

24. Challenges discussed in the consultation included time, the need for graduates to ground themselves in practice first; resources to maintain and develop teaching skills once in practice; the delicate balance between provision of support and facilitation without prescribing or interfering; '*not everyone will see the need for these skills'* and '*resistance to change'*. That said, a number of

benefits to incorporation of teaching and mentoring skills were suggested too, for example, demonstrating an open profession, willing to work together for the best of both patient and professional and 'emphasis on team work, seeking guidance and reassurance as an essential element of reflective practice and personal and professional development is timely and appropriate.'

Respondent comments included:

'With peer review likely to be adopted as part of CFtP, developing an understanding of the skills required by getting involved in mentoring at undergraduate level.. may be seen as prudent.'

'I think there are clear benefits of including these skills in the draft guidance as they are skills graduates will need to hone over time'

'I agree with the view that it places young graduates at too much risk. They need to ground themselves in their new roles before telling anyone else how to do it'

'most schools now have buddy systems which perhaps can be tweaked to look more like mentoring… However, this might also be an area where you build a 'trajectory' so you listen to, evaluate and give feedback to other students for GOPRE, but develop mentorship (and more specific teaching skills) once qualified'.

Response for consideration

25. The consultation respondents has different interpretations of the words teaching and mentoring and so it is likely that we need to define these further and also to highlight the growth in these skills beyond graduation. Giving and receiving constructive feedback could be a way to better describe the 'trajectory' described above. This approach could also respond to the point made about the future CPD framework where the development of these skills will be an essential component if the scheme is to work and build an effective community.

Question 6: Should we include skills of giving and receiving feedback as the starting point to develop effective teaching and mentoring skills beyond graduation?

Business skills

26. Business skills for graduates and osteopaths were clearly important for the respondents. However, views were mixed about how much should be learned at undergraduate or pre-registration level and how much graduates should be prepared to put into learning immediately following graduation. There were also polar views about how prepared graduates were with business skills with examples of both very prepared an unprepared graduates provided. Finally, there was a lack of clarity about what we meant by 'business skills'. For

example, did these include PAYE, bankruptcy and how did this relate to ASA Guidance on advertising?

'The vast majority of osteopaths will graduate into private practice and would clearly benefit from being equipped with the skills to set up and build a viable business'.

'To be fair, the business side of things is easy to pick up after graduating, whereas high quality osteopathic teaching is not so easy to find on the internet or from other sources… I think schools should concentrate on turning out osteopaths who can make people better as the main focus.

Response for consideration

27. The responses were mixed about whether the Business skills aspects were sufficient, but there were no responses which suggested how this could be enhanced. Perhaps there is further work to do in this area supporting the educational institutions to support the sharing of good practice in this area rather than specifying further guidance in this area where no obvious consensus exists at the present time.

Question 7 – Should the Business Skills development be taken forward through the sharing of good practice between other bodies, for example, the osteopathic educational institutions and the Institute of Osteopathy?

Common presentations and techniques

28. The common presentations and basic techniques were almost unanimously supported by respondents. Responses included *'in order to graduate well rounded osteopaths, it makes sense that students are exposed to a broad range of presentations and taught an appropriate range of techniques, consideration needs to be given to how this will be evidenced so that this requirement can be seen to be consistently delivered across all OEIs.'* However, a critical point made, was to suggest that the word 'core' was replaced with 'common' '*as the notion of core presentations is not consistent with the diversity of osteopathic practice'*. There was also a concern to ensure that there was not a 'tick box' approach to presentations.

29. There was a high level of support from respondents for the notion of describing the experience necessary at the point of graduation. One response felt that more explicit linkages between the presentations and techniques described with the *Osteopathic Practice Standards,* osteopathic principles and reflective practice in order to structure critical reasoning and learning development would strengthen the document. One respondent also made the point about the importance of assessment. Comments included:

'*A nominated quantity and diversity of experience may be sufficient for some students but not others. The assessment and feedback strategies and methodologies employed by the institutions will be a critical factor.'*

30. There were also high levels of support from respondents for the common presentations and basic techniques suggested in the draft guidance. For example *'It is fine as it is'* and '*seems about right'.*

31. Additional presentations were also suggested, including:

    - Ensuring the uncertainty of 'new' patients was retained to better emulate the experience in practice once graduated.
    - Getting the patient better.
    - The difficult patient and how to handle complaints.

32. One respondent rejected the core techniques saying '*core' invites compulsory, thrust techniques have never been core, they are part of the skills that may be used but not core.'*

33. Areas for particular comment, however, included the 'patient not suitable for osteopathic treatment'. Two responses felt that this presentation was not necessary. They suggested that whilst recognising it was clearly important to know when to refer a patient, referral of a patient and osteopathic treatment were not necessarily mutually exclusive. There were also suggestions about the inclusion of osteopathic evaluation as distinct from diagnosis and the importance of osteopathic principles.

Response for consideration

34. We should use the word 'common' rather than 'core'. There is no obvious objection to this and this is an important point for a considerable section of the osteopathic community. This may also deal with the objection to describing 'thrust' as 'core'.

35. Only one response raised a concern about the use of presentations to consolidate and describe the necessary experience. In light of the level of support, we suggest that with amendments as indicated above the approach – described as guidance and not prescriptive – should be sufficient.

Question 8: Should we amend 'core' for 'common' in the *Guidance for Osteopathic Pre-registration Education*?

Question 9 – Any other comments about the common presentations?

Equality and diversity

36. All but one of the respondents answered no to the question 'Do you consider that any aspect of the *Guidance for Osteopathic Pre-registration Education* may adversely impact on anyone because of their gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality?'. The respondent answering 'no' was not clear about their reasoning.

37. The draft report from the equality and diversity consultant made some helpful observations and suggestions which will be considered further, including, for example:

    - Suggesting cross referencing specific GOsC guidance on capacity for decision-making when talking about patient capacity.

    - Noting that the draft guidance puts a premium on 'understanding and empathy', which could be difficult to demonstrate for a practitioner who was on the autistic spectrum.

    - Referring to 'all steps to avoid the transmission of communicable disease' rather than reasonable steps, 'could be interpreted to mean that someone with a condition such as HIV or hepatitis B should not be practising. This could constitute direct discrimination if this was a reasonable interpretation of this phrase.'

    - Observing the link between equality and diversity and the aspects of mentoring and teaching in some of the responses, for example, in terms of the potential benefits of mentoring and teaching – 'It trains osteopaths with wider backgrounds which accommodate the multicultural society with better communication. It also increases the quality of teaching by learning from others' mistakes. Different osteopaths can provide osteopathy with different skills and background knowledge.' Several comments pick this up as demonstrating an "open profession" and as being particularly important to overcome the potential disadvantages of sole practitioners working in isolation.

Question 10: What changes should be made to the Guidance as a result of the equality and diversity report?

Other drafting points for consideration

38. One respondent felt that there needed to be more emphasis on health, probity and collaborative care as part of the overarching themes.

39. It was felt that a proof read and an edit to ensure 'the same voice' through the document were needed.