



Council
18 July 2024

Student Health and Disability Guidance – draft documents for consultation

Classification	Public
Purpose	For decision
Issue	<p>Publication of draft guidance for consultation:</p> <ul style="list-style-type: none">• Guidance for Applicants and Students with a Disability or Health Condition• Students with a Disability or Health Condition – Guidance for Osteopathic Educational Institutions• Easy read guidance
Recommendation	To agree to proceed with the consultation on these as set out in the consultation strategy and consultation document.
Financial and resourcing implications	The review of the guidance is undertaken in house. We have sought external expert equality diversity and inclusion advice which was costed at c.£150. We have also commissioned Easy Read versions of both guidance documents at a cost of £5,090 plus VAT
Equality and diversity implications	<p>The purpose of this guidance is to ensure that osteopathic educational institutions and students can have positive conversations about how to support students with a health condition or a disability to succeed as osteopathic graduates.</p> <p>We have sought expert advice from students and graduates with health conditions and disability with lived and learned experience and an equality expert.</p> <p>This has suggested that we develop the guidance in a different way to improve accessibility and we are acting on this. The consultation strategy will also focus on ensuring further expert input in due course.</p>
Communications implications	There are communications implications as set out in the consultation strategy.



Annex

- A. Studying osteopathy with a disability or health conditions: guidance for applicants and students (draft)
- B. Students with a disability or health condition: Guidance for Osteopathic Educational Providers (draft)
- C. Consultation strategy
- D. Consultation document

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Key messages

- We have existing Health and Disability Guidance which we have updated following feedback from students and educators and from an EDI consultant in 2023.
- A further focus group with osteopathic students was held in February 2024 and feedback incorporated into the Guidance.
- The updated Guidance has been considered at the Policy and Education Committee with Council asked to agree the publication of our Health and Disability Guidance for consultation in accordance with the Consultation Strategy.
- We have commissioned Easy Read versions of each draft guidance document and will consult on these as well.

Background

1. We publish guidance for students and education providers in relation to [health and disability issues](#).
2. The Health and Disability guidance relates to a number of current strategies – for example, it supports osteopathic educational institutions and students in the implementation of Standards for Education and Training (through which equality diversity and inclusion (EDI) issues are threaded); it contributes to the development of the GOsC strategy with its emphasis on inclusivity, and it impacts on wider issues such as the general downturn in student recruitment by emphasising the accessibility of osteopathy.
3. Updated guidance was reported to the Policy and Education Committee in [March 2024](#). As we reported to the Committee, we sought feedback from students and educators in an initial survey in 2023 to gather insights around the current guidance, and how this might be enhanced. Feedback was limited (16) but raised helpful points about the language used, and how further reference might be made to mental health and well-being.
4. We sought initial feedback, also, from an EDI consultant. Key points arising from this included:
 - Case examples. There is a case for using “they” for many of the case studies as the pronoun for these case studies. Not just from a gender inclusive perspective but because the sex of the student is irrelevant and the use of the third person neutral pronoun makes sense in that context.
 - Language could be considered – perhaps “applicants and students with a disability, long-term health condition or neurodivergence” emphasises the breadth of experiences covered?

- The framing of the document within the social model of disability is positive.
 - The reason for the variation in terms from disabled people to people with disabilities is not clear. The document has already recognises that people are entitled to use the language that they prefer to describe themselves and their experiences so maybe stick with one? If “disabled people”, then the formulation “impairments, long-term health conditions and neurodivergence” can be helpful to reflect the language of the Equality Act and to describe the breadth of relevant experiences.
 -neurodivergent traits, sometimes with diagnoses such as autism, dyslexia, dyspraxia, dyscalculia and ADHD, may require specific reference, linked to what constitutes safe and effective practice and the relevance/eligibility for reasonable adjustments.
 - Suggest that this statement could appear in all documents: “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.”
5. We also reviewed guidance published by other regulators in this area, and the way disabled students and those with health conditions are supported - for example, the GMC [Guidance on supporting students with mental health conditions](#). The Office for Students now also publishes a range of [resources](#), and further resources are available from the organisation [TASO](#), funded by the Office for Students, which provide a student mental health hub. We have provided links to these in the guidance.
 6. Since the publication of the current guidance in 2017, we have introduced specific Standards for Education and Training which include a range of standards across several themes relating to aspects of equality, diversity and inclusion.
 7. Updated guidance has been drafted adapted to include the above comments, and is attached as:
 - Annex A: Studying osteopathy with a disability or health conditions: guidance for applicants and students
 - Annex B: Students with a disability or health condition: Guidance for Osteopathic Educational Providers
 8. To gain further insight, we held a focus group in February 2024 with osteopathic students with a particular interest, insight or experience of health conditions and disabilities. We asked about their knowledge of the current guidance, how helpful and accessible they found it, and what could be enhanced. Interestingly, none of the seven students who took part in the focus group knew that the guidance

existed. All but one had a health condition or neurodiversity that needed specific support from their institution, and were surprised that they were not made aware of the guidance.

9. They were looking at the guidance for the first time. The consensus was that though the fact that it was available was positive, most found this quite hard to engage with, describing it as 'wordy' and 'overwhelming'. This was specifically from students who had been diagnosed with some form of neurodiversity, including ADHD and/or dyslexia, and who would therefore be very much the target audience.
10. Our reflection, then, is on how we balance the need for provision of sufficient information in each case (to students and to educators), with the need for it to be accessible, understandable and genuinely helpful.
11. We asked the Committee the following specific questions:
 - Have we picked up all the key issues relevant in our context and in the health context? Is anything missing? What might be enhanced? Anything else?
 - Has the development of the updated guidance been consistent with our values of being collaborative, influential, respectful and evidence informed?
 - Is level of engagement and the detail of the update sufficient to enable members to be confident that the guidance is proceeding in the right direction and that future plans are appropriate?.
 - Are there any improvements that can be suggested in line with our values and strategic aims of trust, innovation and inclusivity ahead of Council publishing the guidance?
12. Members welcomed and supported the work undertaken on the guidance to date. Key issues discussed included:
 - It was asked if there was any thinking on how to address a disability where a student might face a life-changing health situation? How can the student be supported in continuing the student journey and whether continuing that journey is viable. It was acknowledged that this was a scenario that had not been included but it was noted that more mature students may have prior and previously unknown additional needs which might need to be considered to ensure the right support is available.
 - It was commented that in some cases, students did not declare a health condition at enrolment, only doing so later during the academic year, therefore entry data cannot always be reliable. In response, it was explained that it was planned to incorporate EDI data across progression and non-progression data and this would be a source on which to draw information in the future.

- It had been acknowledged that the information provided in the guidance might be overwhelming, as highlighted by the focus group, who had suggested a summary for more easy reading and signposting to further details. This had been taken on board and the Executive would be exploring working with Easy Read versions.
- A question was raised concerning the implementation of the guidance, how that might work and the challenges around interpretation. It was added that the documents do not provide enough guidance on the real-lived experiences of students with the scenarios being 'neat.' It was considered that more detail was required on the management of risks and legal management of needs.

13. In summary the Chair noted:

- The overall endorsement for the co-production approach.
- The attentiveness to impact and implementation and whether reaching the relevant audience.
- Recognition that a target audience may not always be open to sharing information.

14. This paper asks Council to agree to publish the consultation.

Discussion

15. We have commissioned [Easy Read](#) versions of each draft guidance document and will consult on these as well as the full update guidance as set out in the consultation strategy (Annex C). This was in direct response focus group student feedback where we were told that the current guidance, though useful, is hard to engage with and quite dense, and those who may find it the hardest to engage with are likely to be very much the target audience.

16. The draft consultation document is included as Annex D. Further editing and formatting will be undertaken prior to the consultation.

Next steps

17. We will proceed to consultation over the summer and early autumn as set out in the strategy.

Recommendation: To agree to proceed with the consultation on these as set out in the consultation strategy and consultation document.