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Consultation strategy – Guidance for applicants, student and educational providers in relation to students with a disability or health condition

The consultation strategy in relation to Publication of draft guidance for consultation:

- 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

We will follow the [GOsC consultation principles](#). These five principles are set out below, with an explanation as to our approach in relation to this particular consultation.

Principle 1: Formative - Our consultations should be undertaken at an early stage to ensure the policy or guidance document can be influenced by the stakeholders we are consulting. We will ensure that we undertake initiatives and activities as part of pre-consultation engagement to inform the development of our policy and guidance documents.

1. This represents a review of existing guidance published in 2016
 - [Guidance for Applicants and Students with a Disability or Health Condition](#)
 - [Students with a Disability or Health Condition: Guidance for Osteopathic Education Providers](#)
2. We submitted a survey questionnaire to students and educators exploring their views of the current guidance in 2023. The responses provided useful feedback to inform the initial draft preparation. We also sought specific feedback on the current guidance documents from an EDI consultant, which again provided helpful feedback to inform appropriate updates of the guidance. We provided opportunities at meetings with osteopathic educational providers to consider aspects of the current guidance which worked well, and anything which might be enhanced. We also held a focus group with students from several education providers who had a particular interest in or experience of health conditions or disabilities.

Principle 2: Authentic Our consultations should be authentic and be truly seeking views and scrutiny, rather than either simply consulting for the sake of consulting, or to have been seen to have consulted. We will demonstrate there is a purpose to the consultation and ensure that we are asking questions on areas where final decisions have not already been reached.

3. We will explain clearly the rationale for developing the guidance within a consultation document, and explore views, including:
 - Whether the guidance is clear and accessible.

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- Whether the case scenarios included in the guidance are helpful and representative.
 - Whether it is felt that anything is missing from the guidance.
 - Whether the guidance might be enhanced in any way.
4. The consultation will be available on our website, and publicised via our ebulletins and social media. Invitations for responses will be sent specifically to key stakeholders, including:
- Council for Osteopathic Educational Institutions (including students and educators)
 - Institute of Osteopathy
 - The broader profession (via ebulletins)
 - Patients (via our patient group)
 - The Osteopathic Alliance
 - Other regulators
 - Professional Standards Authority

Principle 3: Accessible Our consultations should be open for any individual to respond. We will ensure that our consultations last for 12 weeks unless there are good reasons not to do so and, in those situations, we will provide a clear explanation as to why that is the case.

5. The consultation will be open for a twelve-week period.

Principle 4: Inclusive - We will ensure our consultations are accessible to all stakeholders and, where necessary, we will take steps to ensure we are able to receive responses in a variety of different formats where that is helpful to respondents.

In developing our consultation strategy, we will consider our consultation audiences, and use a targeted approach to reach those with a greater interest in the subject matter and those it may be most relevant to or who will be more directly affected.

We will ensure that we have considered equality, diversity and inclusion as part of our consultation strategy development. This will include ensuring our consultations use clear and concise language and are free of jargon. We will ensure that our consultations are not overly long and try to ensure that they are easy to understand.

6. We will ensure that responses are not limited to specific questions, and that any feedback is welcome. As mentioned above, those stakeholders with a greater interest will be targeted, but any osteopath might have an interest in this subject, and the consultation will be clear and accessible to all.

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7. We will offer a focus group approach to specific groups to provide another means of gathering feedback, including:

- Educators
- Students
- Patients

Principle 5: Transparent - We will publish an analysis of consultation responses and we will demonstrate where and how the consultation feedback has informed our thinking.

8. Responses to the consultation will be collated, analysed, considered in relation to the final draft and reported to the Policy and Education Committee.

Timetable for consultation and subsequent activities

9. The proposed timetable is as follows:

Month	Activity
July 2024	Council approval of draft guidance for consultation and consultation approach
August to October	Consultation
November / December 2024	Analyse feedback and finalise draft guidance
March 2025	Report to PEC
May 2025	Report to Council
Following Council approval	Publish and publicise guidance