General Osteopathic Council

12

Council
20 May 2021
Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training

Classification	Public
Purpose	For decision
Issue	The review of Guidance for Pre-registration Osteopathic Education (GOPRE) and Standards for Education: consultation draft, consultation strategy and consultation document.
Recommendations	1. To note the process by which we have undertaken the updating of the Guidance for Osteopathic Pre-Registration Education and development of Standards for Education and Training. 2. To note the consultation strategy, consultation document, and Equality Impact Assessment. 3. To agree to publish the Guidance for Osteopathic Pre-Registration Education including Standards for Education and Training for consultation.
Financial and resourcing implications	The review is being managed in-house. We have commissioned experts to review our Equality Impact Assessment and the Guidance for Osteopathic Pre-registration Education and Training and to review and advise on specific consultation questions in relation to equality, diversity and inclusion costing £2,500. In addition, we have made small payments to participants with particular protected characteristics as these views were under-represented in our pre-development feedback. Costs are less than £600.
Equality and diversity implications	Equality and diversity implications are being taken into account. An Equality Impact Assessment has been developed and is being updated. This identifies a range of associated actions during the development, consultation and decision making phases. As indicated by the equality impact assessment, we have received specific advice on the draft guidance and on the

	equality impact assessment and we have held two focus groups and also interviews and correspondence with individuals in order to inform the development of the guidance and the consultation questions.
Communications implications	We have been undertaking ongoing engagement with stakeholders throughout the development period. Our consultation strategy is outlined in this paper.
Annex	Annex A – Guidance for Osteopathic Pre-registration Education and Standards for Education and Training Annex B – Consultation strategy Annex C - Consultation document Annex D – Current Equality Impact Assessment
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Key messages

- The Guidance for Osteopathic Pre-registration Education (GOPRE) has been updated following a collaborative process involving a Stakeholder Reference Group, further engagement and work on equality and diversity, and engagement with osteopathic educational institutions.

- We have also developed, as part of this process, a specific set of draft Standards for osteopathic Education and Training.

- The proposed strategy for consulting on the updated GOPRE document including new standards for education and training, is set out in this paper.

- Council is asked to agree that the updated GOPRE and Standards for Education and Training may be published for formal consultation as proposed in this paper.

Background

1. The GOsC published its current Guidance for Osteopathic Pre-registration Education (GOPRE) in March 2015, following an extensive and collaborative development process. The guidance is intended to support the Osteopathic Practice Standards (OPS). It sets out the outcomes that osteopathic students must demonstrate before graduation in order to show that they are able to practise in accordance with the OPS.

2. Other reference points that inform the development of osteopathic pre-registration include:

    - Guidance on Student Fitness to Practise
    - Guidance about the management of Health and Disability
    - The Quality Assurance Agency Benchmark Statement for Osteopathy
    - The Quality Assurance Agency UK Quality Code for Higher Education

3. The current GOPRE references standards for osteopathic education and training, but largely in the context that osteopathic educational providers must deliver a curriculum that ensures the outcomes set out in the guidance and the Osteopathic Practice Standards are met. The guidance also states that OEIs must comply with the Quality Assurance Agency UK Quality Code for Higher Education[1], on the appropriate delivery and assessment of a curriculum.

4. The Policy Advisory Committee (now the Policy and Education Committee) at its meeting on 9 October 2019, agreed a proposed strategy for the review of the GOPRE and the development of specific standards for osteopathic education and training. At its meeting in March 2021, the Committee considered the developed

[1] https://www.qaa.ac.uk/quality-code#

draft and agreed to recommend that Council publish the Guidance for Osteopathic Pre-registration Education including Standards for Education and Training for consultation.

5. This paper outlines the process undertaken in the development of the updated GOPRE and standards, discusses key issues raised, sets out the strategy for the consultation and the consultation document. We also present the Equality Impact Assessment (EIA) relating to the project.

Discussion

6. Much has changed since the current GOPRE document was implemented in 2015, including:

   a. The updating of the OPS (implemented from 1 September 2019). The updated OPS feature some key changes, including:

      - the Standard of Proficiency and Code of Practice combined into one set of standards.
      - overall standards reduced from 37 to 29
      - reduced repetition and combined some standards where appropriate
      - some standards moved to guidance
      - some standards moved to another theme
      - reviewed language throughout
      - duty of candour featured explicitly in a standard (rather than being included as part of complaints)
      - includes enhanced guidance, particularly in relation to boundaries with patients.

   b. The classification of osteopaths as Allied Health Practitioners[2] (AHPs) in England. This recognition means that the profession is part of the debate as to the future role of AHPs in contributing to the workforce needs of the nation, particularly at a time when the NHS has a considerable shortfall in medical and nursing staff, and there is an increased need for primary contact practitioners. The Institute of Osteopathy (iO) contributed to a joint statement in 2019 by the Academy of Royal Medical Colleges[3] into interdisciplinary working and workforce planning, and to the Musculoskeletal core capabilities framework for first point of contact practitioners[4]. The iO commissioned a review of GOPRE and the OPS to this framework and HEE's development of an Advanced Practice Competencies Framework[5].

[2] https://www.england.nhs.uk/ahp/ahps-into-action/
[3] https://www.aomrc.org.uk/wp-content/uploads/2019/07/2019-07-31_Joint_professions_statement.pdf
[4] https://www.csp.org.uk/system/files/musculoskeletal_framework2.pdf
[5] https://www.hee.nhs.uk/our-work/advanced-clinical-practice

c. The changing needs and expectations of health professions across the UK in light of the coronavirus pandemic including increased guidance in infection control and the exercise of professional judgement.

d. Changes to the way that GOsC quality assures recognised qualifications – for example, the move towards a removal of RQ expiry dates and greater scrutiny as to the continued delivery of the OPS within pre-registration education.

7. There was therefore a need to review the guidance, to ensure that it:

- continues to provide a realistic and comprehensive set of outcomes to be met by graduates of recognised qualifications, demonstrating an ability to practise in accordance with the Osteopathic Practice Standards;

- takes into account developments within the profession, increased focus on multi-professional teams and different professions working more closely together across the UK, and ensures that graduates are well placed to meet the opportunities to care for patients in different contexts afforded by the inclusion of osteopaths as Allied Health Practitioners;

- remains consistent, as appropriate, with the outcomes set by other UK health professional regulators.

Standards for osteopathic education

8. We do not, currently, publish a single, definitive set of standards for education. The standards are a composite of the requirements of the Guidance for Osteopathic Pre-registration education, The Osteopathic Practice Standards, the QAA Benchmark Statement for Osteopathy[6], and the UK Quality Code for Higher Education[7]. The UK Quality Code articulates fundamental principles that should apply to higher education quality across the UK. It sets out expectations for standards and for quality, with common and core practices in each case.

9. It is proposed that having more explicit standards for osteopathic education would provide greater clarity for current and prospective osteopathic educational institutions, students and prospective students, patients, other healthcare professionals and others.

10. It is suggested, also, that being more explicit regarding education standards would provide clarity as the Policy and Education Committee (as statutory Education Committee) fulfils its function in relation to the approval and

[6] https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-osteopathy.pdf?sfvrsn=6835c881_4
[7] https://www.qaa.ac.uk/quality-code

monitoring of osteopathic education, and support the educational institutions to better understand and meet the requirements of the Committee.

The process

11. As part of the initial review process, we asked the Osteopathic Educational Institutions to provide some early feedback regarding GOPRE. We asked each of them four questions to prompt discussions:

    - How does your institution use the guidance currently? (Is it shared with staff, students etc, for example)?
    - Is the guidance helpful in programme planning?
    - Does the current content remain appropriate?
    - What could be enhanced?

12. In general the current GOPRE was still seen as a useful document by the educational institutions, though the extent to which it was used within each varied. There were various suggestions as to how it might be enhanced, including:

    - Better alignment with Health Education England frameworks (see below)
    - More reference to consent and shared decision making
    - A strengthening of the statements regarding the purpose and intended use of the guidance
    - A recognition of the role of osteopaths as Allied Health Professionals
    - Consider references to other issues such as leadership, safeguarding, Equality & Diversity, and infection control.

13. We undertook an analysis of the current GOPRE outcomes and Osteopathic Practice Standards against the HEE/NHS England Musculoskeletal (MSK) core capabilities framework. A copy of the mapping document is available on request from Steven Bettles (sbettles@osteopathy.org.uk).

14. Many of the competencies from this framework correspond fairly clearly to current GOPRE outcomes, though some are less explicit. Some are largely covered but in different language, and some are not really referenced at all. The ones that are not referenced in the current GOPRE relate in particular to capabilities 8 (Pharmacology), 9 (Injection therapy) 10 (Surgical Interventions) and 11 (Rehabilitative interventions). These may be covered to a greater or lesser extent in more generic outcomes, but this is not clear.

15. As Allied Health Practitioners (AHPs), osteopaths may well be applying for and gaining such roles within an NHS setting, and there is therefore a strong case for ensuring that the capabilities within the MSK framework are clearly reflected in the outcomes set out within the GOPRE document.

16. Health Education England, in partnership with NHS Improvement and NHS England, has developed a multi-professional framework[8] for advanced clinical practice in England, which includes a national definition and standards to underpin the multi-professional advanced level of practice. This is stated within the framework as building upon the definition of advanced clinical practice in England. This was developed and agreed by all stakeholders and is designed to enable a consistent understanding of advanced clinical practice, building on work carried out previously across England, Scotland, Wales and Northern Ireland. The aim is to demonstrate consistency in advanced clinical roles within the NHS, so that the definition of what comprises an advanced role is clear and understood across all areas, and whatever the professional background of the practitioner.

17. The framework is based around four 'pillars' which underpin advanced practice:

    1. Clinical practice
    2. Leadership and management
    3. Education
    4. Research

18. Each pillar contains competences that health and care professionals working at the level of advanced clinical practice should be able to meet (see pages 8-10 of the framework). These four pillars are reflected in frameworks across the four UK nations. The ACP framework is not aimed at new graduates, but the inclusion of some aspects – for example, outcomes around leadership and management and education within GOPRE it is hoped will demonstrate how such skills may be developed at undergraduate level and enhanced through the early years of postgraduate practice.

19. In relation to the development of draft standards for education and training, we collated and compared the standards for education published by other UK health regulators – the comparison table is again available on request from Steven Bettles (sbettles@osteopathy.org.uk). This enabled the development of a draft with a set of themes and standards that was consistent with the expectations of the broader healthcare sector but was tailored to the osteopathic context. The detail will be discussed later in this paper.

Stakeholder Reference Group

20. We worked with a Stakeholder Reference Group, the first meeting of which took place on 20 July 2020, chaired by Professor Deborah Bowman as chair of the Committee, and with representatives from:

    - The Institute of Osteopathy
    - The Council of Osteopathic Educational Institutions

[8] https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework

- The Osteopathic Alliance
- The National Council for Osteopathic Research
- The Chartered Society of Physiotherapists
- Patients
- New graduates

21. The group considered the initial discussion draft of the updated GOPRE and new standards for education and the feedback received enabled us to develop the draft further, which was then discussed at a further Stakeholder Group meeting on 24 September 2020.

22. The outcomes of the Stakeholder Group Meetings and the developing draft was reported to the Policy and Education Committee in October 2020. The Committee considered the draft GOPRE and Standards for education and training and highlighted the need to consider:

    - Equality, diversity and inclusion issues within GOPRE and the Standards (these had been highlighted by our developing equality impact assessment).
    - Enhancing refence to risk management approaches within the draft governance standards.
    - Issues around osteopaths being able to prescribe medicines.
    - Consider reference to collection, relevance and processing of personal data, and how this is referenced.
    - Consider how business management is referenced within GOPRE outcomes.

23. As discussed in the October 2020 paper, our developing equality impact assessment demonstrated that we had further engagement to do with regard to specific groups of people with particular characteristics with a view to ensuring that the ensure that our GOPRE are fit for purpose, inclusive and reflect our commitment to equality, diversity and inclusion.

24. In order to ensure an inclusive approach, we commissioned two experts in equality, diversity and inclusion to review the GOPRE and the equality impact assessment to ensure that they were fit for purpose and to provide feedback about our consultation questions. These reports were received in February 2021, and are available from Steven Bettles at sbettles@osteopathy.org.uk.

25. We also held focus groups and interviews with nine individuals who have specific protected characteristics and specific lived experiences to inform us and to help to inform the developing draft GOPRE and Standards document. These took place in February and April 2021.

26. We also undertook meetings with the osteopathic educational institutions in January 2021 and consequently received three written responses from individual institutions.

27. Finally, we have been meeting regularly with the Institute of Osteopathy in relation to one of the issues outlined by the Committee. Prescribing does not

appear in the GOPRE. This is because a change to the Medicines Act 1968 and associated regulations is required first. This is a matter for government dependant on service need rather than GOsC. Consequently, the guidance does not refer to prescribing at the present time.

28. The feedback received from EDI consultants and focus groups was extremely helpful in informing further updates to GOPRE and the standards, to ensure that EDI was sufficiently woven throughout the drafts. Further feedback from educational institutions provided further insight and suggestions in relation to GOPRE outcomes in relation to leadership and management, and to education. Further issues regarding the definition of 'clinical hours' and clinical experience were also raised, and informed further development of the documents. The detailed feedback and final drafts were reported to the Policy and Education Committee at its March 2021 meeting.

29. The Committee raised various points in discussion, including in relation to:

- The need for a minimum number of clinical hours being specified.
- How clinical hours could or should be defined, and the ratio between face to face and remote interventions.
- How leadership is referenced in GOPRE and alternatives in this respect.
- How the 'osteopathic' nature of the GOPRE outcomes is referenced and the balance between maintaining a clear identity for the profession, whilst also setting a range outcomes and standards that are outward facing and set in the wider healthcare context.

30. The Committee further noted that the consultation document would explore views in relation to

- Business management
- Clinical hours definition
- Numbers of new patients
- Case presentations
- Management and Leadership
- Equality diversity and inclusion
- Mechanisms for implementation

31. The Committee agreed to recommend that Council publish the Guidance for Osteopathic Pre-registration Education including Standards for Education Training for consultation.

32. The final draft, including the consultation strategy, and the consultation document was shared with the Stakeholder Reference group, and discussed at a further meeting of the group on 27 April 2021. The purpose of this was to seek feedback from the group predominantly on the consultation strategy and consultation document.

The draft GOPRE and Standards for Education and Training

33. The draft GOPRE and Standards for Education and Training are included as Annex A to this paper. A table which sets out in detail what has changed from the current GOPRE is available on request from Steven Bettles (Sbettles@osteopathy.org.uk).

34. A broad overview of changes includes:

- A review of the language to ensure consistency with the updated Osteopathic Practice Standards.
- A review of the outcomes in each theme to ensure that they relate to that particular theme (this has resulted in a number of outcomes being moved to another theme).
- Increasing references to examples of diversity and equality (for example, paragraphs 10, 17, 18, 29, 31, 33, 35, 45, 47,49, 59, 64, 71)
- Updating references to the updated QAA Quality Code (paragraph 5)
- Inclusion of prognosis in relation to providing information to patients to enable them to consent informed by Professor Oliver Thomson's work on Cause Health (paragraphs 8, 17, 32, 64)
- Strengthening the importance of professional networks (paragraph 11)
- Strengthening references to business management (paragraph 13)
- Strengthening references to patient partnership (for example, paragraph 17, 21, 37, 49, 67, 73)
- Strengthening the diversity of ways in which clinical care can be provided (for example paragraphs 17b, 18, 62, 71)
- Research – offering an alternative expectation in relation to undertaking research (paragraph 26)
- Additional paragraphs in relation to leadership, management and education within the 'Knowledge, skills and performance' section. Two options are provided for each of these
- Increasing models of care in addition to biopsychosocial (paragraph 34)
- Strengthening requirements on infection control (paragraph 46)
- Strengthening requirements in relation to the exercise of professional judgement (paragraph 50)
- Strengthening boundaries with colleagues as well as patients (informed by PSA research as well as the strengthened OPS in this area) (para 52)
- Strengthening awareness of the health sector outside of osteopathy (paragraph 53, 60)
- Clarifying information about experience to consolidate demonstrate of the outcomes including depth and breadth of OPS, 1000 hours guide explanations and 50 new patients guide (paragraphs 61 and 62)
- Additional paragraphs in relation to the common range of clinical presentations (paragraph 71)

35. The draft Standards for Education and Training set out nine themes, each with a set of standards that education providers must ensure and be able to demonstrate. These themes are:

- Programme design, delivery and assessment
- Programme governance, leadership and management
- Learning culture
- Quality evaluation, review and assurance
- Resources
- Students
- Clinical experience
- Staff support and development
- Patients

36. In response to feedback on the initial draft Standards for Education, particularly from OEIs and the EDI focus groups, we developed the draft further, including:

- Changes to the stem of each standard which now states 'Education providers must ensure and be able to demonstrate that:' (All standards)
- Increasing references to examples of diversity, equality and inclusion (Standard 1, Standard 2, Standard 3, Standard 4, Standard 5, Standard 6 Standard 9
- Strengthening the diversity of ways in which clinical care can be provided (Standard 1, Standard 7, Standard 8, Standard 9,)
- Strengthening requirements in relation to governance including safeguarding (Standard 2)
- Strengthening requirements in relation to speaking up and supportive, open and transparent cultures (Standard 2, Standard 3, Standard 8)

Consultation strategy

37. The consultation strategy is set out in Annex B to this paper. This demonstrates how we will follow the GOsC Consultation Principles, and includes a table illustrating the approach to be taken with a wide range of stakeholders to maximise the feedback and insight gained during the consultation. This includes a number of planned online meetings with key groups.

38. Realistically, it is unlikely that we will receive a large number of written responses to a consultation such as this, but by targeting stakeholders in focus group discussions, we can ensure that significant consultation issues are explored and generate a meaningful response to inform the development of the final GOPRE and Standards for Education. The consultation strategy was shared with the Stakeholder Reference Group and discussed at the meeting on 27 April 2021. The planned approach was supported by the group.

Consultation document

39. The consultation document is included as Annex C to this paper. As will be seen, this follows the format of the draft GOPRE and Standards document, setting out a summary of changes in each section, and asking a range of questions in each case. These include general questions (is anything missing, for example), but

also specific questions to explore views on issues raised throughout the development process, including questions in relation to:

- Patient partnership and values.
- Knowledge and skills outcomes.
- Research outcomes.
- Leadership, management and education outcomes, and options in relation to each of these.
- Business skills.
- Models of healthcare.
- Clinical hours and experience, and how these might be met.
- Common ranges of clinical presentation.
- How common ranges of osteopathic approaches to treatment are referenced.
- Whether equality, diversity and inclusion issues are sufficiently woven through the outcomes.
- Mechanisms of implementation

40. In relation to the Standards for Education, we explore views on:

- Equality, diversity and inclusion, again, as referenced within the standards.
- Student, patient and public involvement in programme design.
- Standards around 'speaking up' in relation to learning culture.
- Whether the standards sufficiently address the meeting of students' diverse needs.
- The requirement to provide a varied and diverse clinical experience.
- Staff support, training and development standards.
- Patient safety and wellbeing at the centre of osteopathic education.

Equality impact assessment

41. The current Equality Impact Assessment is included as Annex D to this paper. This was updated following the advice of our equality consultants and our own reflections as the project developed. Key changes have included specifying data and implementation and monitoring mechanisms, but overall, it is along the right lines to ensure a more inclusive approach to development and implementation.

Timetable

42. The Timetable for the development and implementation of the updated GOPRE and Standards for Education is as follows:

Month	Activity
May 2021	Report to Council with consultation draft for sign off
May 2021 – August 2021	Consultation
August -September 2021	Analyse consultation outcomes and hold further Stakeholder Reference Group meeting to consider these and any changes
October 2021	Report to PEC with consultation analysis and post-consultation changes for consideration.
November 2021 or February 2022 Council	Report to Council with final documentation for approval
Jan – July 2022	Supporting OEIs with implementation plans
September 2022	Implementation of updated GOPRE

43. We have left it open whether this is reported back to Council in November 2021 or February 2022 to allow for flexibility of managing outcomes arising from the consultation and Committee input in response to this at the PEC's October meeting. In either case, there will be sufficient time to support OEIs in relation to implementation plans leading up to September 2022.

Recommendations:

1. To note the process by which we have undertaken the updating of the Guidance for Osteopathic Pre-Registration Education and development of Standards for Education and Training.

2. To note the consultation strategy, consultation document, and Equality Impact Assessment.

3. To agree to publish the Guidance for Osteopathic Pre-Registration Education including Standards for Education and Training for consultation.