



## Equality Impact Assessment Template

**Date: 1 March 2021**

**Version: 4**

### Step 1 – Scoping the EIA

<b>Title of policy or activity</b>
Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training
<b>Is a new or existing policy/activity?</b>
Existing and new
<b>What is the main purpose and what are the intended outcomes of the policy/activity?</b>
<p>There are two elements to the policy – firstly, to review and update the outcomes expected of students in order that they may demonstrate the <i>Osteopathic Practice Standards</i> upon their graduation from a 'Recognised Qualification'. The Guidance for Osteopathic Pre-registration Education is intended for the benefit of:</p> <ul style="list-style-type: none"> <li>• Students and prospective students to assist in their understanding of the professional expectations on graduates.</li> <li>• Osteopathic Educational Institutions</li> <li>• Those involved in the quality assurance of osteopathic education.</li> <li>• Patients, to inform them of the content of osteopathic education.</li> <li>• Other health and care professionals</li> </ul> <p>Secondly, Standards for Education and Training are also being developed. These set the standards that need to be met by osteopathic educational institutions in order to provide an environment where students can demonstrate that they meet standards. These were developed drawing on a mapping exercise using the standards in place in other regulators.</p> <p>An equality impact assessment was undertaken in relation to the updating of the <a href="#">Osteopathic Practice Standards</a>, and this EIA draws on the findings of that one where appropriate. This is available here: <a href="https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2018-item-4e-annex-e-osteopathic-practice-standards/">https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2018-item-4e-annex-e-osteopathic-practice-standards/</a>. This is because the Guidance for Osteopathic Pre-registration Education sits underneath the Osteopathic Practice Standards and so any implications in relation to equality and diversity in relation to the Osteopathic Practice Standards may well be relevant to the Guidance for Osteopathic Pre-registration Education.</p>

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<b>Who is most likely to benefit or be affected by the policy/activity</b>	
Students, Patients, practitioners, tutors and other health professionals.	
<b>Who is doing the assessment?</b>	
The process will be led by the Policy Manager, Professional Standards team and overseen by the Director of Education, Standards and Development	
<b>Dates of the EIA</b>	
• When did it start?	September 2020
• When was it completed?	The EIA will be updated through the review process
• Review 1(version 2) – EIA updated with new template requirements and updates also inserted with regards to data and gaps.	October 2020
• Review 2 (version 3) – EIA updated with information about focus groups planned re equality and diversity	January 2021
• Review 3 – (version 4) Advice sought from two consultants and updates made. Updated include: <ul style="list-style-type: none"> <li>- Clarity around review timing</li> <li>- Clarity around senior lead, accountable for the equality impact assessment</li> <li>- Link to the published OPS (2019) Equality Impact Assessment to be inserted</li> <li>- Link to GOsC Health and Disability Guidance inserted. And link to GMC Welcomed and Valued Guidance inserted</li> <li>- Additional feedback and learning from equality and diversity focus groups inserted.</li> <li>- Further details about a register equality and diversity survey inserted.</li> <li>- Further detail about data analysis intentions for enrolment and progression data inserted and comparison of data with Registrant data survey and census data results.</li> <li>- Information about the gaps in the data about the diversity of the Stakeholder Reference Group added in.</li> </ul>	February 2021
• Review 5: (version 5) Minor edits and review prior to Council being asked to approve the documents for formal consultation.	April 2021
• Review 6: Post consultation: • Reflected outcomes of consultation responses and suggested amendments to documentation including: Reduction of examples cited in draft outcomes to avoid undue repetition	March 2022

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<p>Proposal to develop supplementary resource to support effective communication and EDI implementation, and signpost further resources.</p> <p>Addition of findings from 2021/22 Annual Report pilot against the Standards for Education and Training.</p> <p>Exploration of appropriate mechanism to further explore and embed standards related to culture/</p>	
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### Useful information

#### **What information would be useful to assess the impact of the policy/activity on equality?**

A wide variety of documentation about pre-registration education from both within osteopathy and more broadly has been considered in the development of this Guidance. This includes the [Health and Disability Guidance](#) and relevant guidance from other regulators, for example, GMC [Welcomed and Valued Guidance](#).

#### **What further data or information is needed to carry out a full assessment?**

We need informed views about whether the outcomes that we have specified unfairly disadvantage particular students or other stakeholders with disabilities, ethnicity or any other protected characteristics. We also need to know that the outcomes for graduates set are appropriate for the diverse society that we serve.

Once finalised, the impact of the guidance will be monitored over time. We sought views about implementation as part of the consultation. Our work with focus groups has told us that implementation is key. However, we may need to consider alternative mechanisms to those that exist at present to ensure that we effectively triangulate the data (for example, direct data from students and staff).

We have undertaken an equality, diversity and inclusion audit in 2020 which is considered, among other issues, how we collect and analyse our data to explore unintended impacts any groups with particular protected characteristics. Data specification, classification and beginning analysis is incorporated into our Business Plan for 2021. We will have more comprehensive population data about osteopaths rather than a sample that we have at the moment. We are currently piloting an EDI survey with registrants .

This data will show is how far the osteopathic population currently, and osteopathic students represent the diversity of the population in society and will be able to be compared to the national census surveys planned for 2021 and 2022 in Scotland.

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This may have an impact in terms of the outcomes that we set and standards for training over time.

We will also collect progression data for students to ensure that there are no impacts for students with particular protected characteristics over time as a result of our Guidance or for any other reason.

### **Is there data relating to people with any/each of the protected characteristics?<sup>1</sup>**

We have data about ethnicity, sex and disability for students enrolled at osteopathic educational institutions.

We currently collect data about some protected characteristics of students at enrolment and progression from the osteopathic educational institutions – the last set of data collected and analysed is from December 2021. The analysis of this is reported below.

We have some data about certain protected characteristics for a sample of osteopaths on the register. (KPMG data). We are currently piloting an EDI survey with registrants to prepare for a registrant survey about protected characteristics later in 2022.

We have data about ethnicity, sex and disability in relation to the population in the UK from Census data in England and Wales, Scotland and Northern Ireland. This will be updated in 2021 and 2022.

This data should help us to understand:

Are there any notable differences that may need more action should be taken to

- a) engage with a particular group,
- b) put more information in the standards?

For example is the student population completely different to the osteopath population and to the population – if so will this have implications on what the student outcomes may be e.g. if the population is aging would the outcomes need to include provision for the students to understand the needs of older populations. Or more generally state that education providers should ensure that students learn about population needs.

This work may inform additional actions following the collection of this data. (See actions below).

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<sup>1</sup> The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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### **Where can we get this information and who can help?**

Data about students is available from the OEIs as part of our annual reports.

Data about osteopaths is available on the KPMG report and also there is some data available on the register. More data collection is planned – see above.

Data about the UK population is available as follows:

Census data in England and Wales – <https://www.ons.gov.uk/census>

Census data in Scotland - <https://www.scotlandscensus.gov.uk/census-results>

Census data in Northern Ireland - <https://www.nisra.gov.uk/statistics/census>

### **Step 2 – Involvement and consultation**

#### **If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.**

The original Guidance was initially edited using a working group comprising osteopaths, students, graduates, lay members, educationalists, specialist osteopathic groups and other health professions and patients and the public. This came into effect in 2015.

In relation to the current updating of the guidance and development of standards for education, we are also using a Stakeholder Reference Group with representation from the professional membership body, osteopathic educators, the National Council for Osteopathic Research, patients, new graduates and special interest groups. Some members of the group have told us about particular protected characteristics, however, we have not asked the group as a whole to tell us about their particular protected characteristics.

October 2020

However, we have not taken steps yet to formally engage with groups with particular protected characteristics: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity to identify relevant issues in relation to our outcomes and draft standards.

As part of our further development work, we could

- Explore concerns that have been raised with us about matters of equality, diversity and inclusion in OEIs (for example, we have anecdotal guidance about students being subjected to unacceptable comments and behaviour as a result of their ethnicity).

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- Explore relevant published reports about health care and education including the report that we circulated to the OEIs in 2018 from the inter-regulatory EDI group.
- seek to specifically explore equality, diversity and inclusion issues that have arisen for other health professional regulators and in higher education generally along with their approach. For example, GMC: [https://www.gmc-uk.org/-/media/documents/promoting-excellence-equality-and-diversity-considerations-v1\\_pdf-72709944.pdf](https://www.gmc-uk.org/-/media/documents/promoting-excellence-equality-and-diversity-considerations-v1_pdf-72709944.pdf) and
- engage with osteopathic students and osteopaths with specific protected characteristics to ask for their feedback on the draft to inform our thinking prior to consultation to identify whether there might be a particular impact on any group identifiable from the current draft outcomes and standards for training.
- seek specialist advice from an equality and diversity consultant
- Identify the sort of data we might want to collect to understand whether there is an impact of our outcomes and standards over the longer term
- Review responses to our Annual Report 2019 in relation to equality and diversity data collection and our analysis and observations on this

February 2021 update

We have held focus groups and interviews with nine people who identified themselves as having the following protected characteristics – minority ethnic background, disability, pregnancy and maternity.

Findings are outlined in notes of the meetings. They are publicly recorded in Public Item 4 of the March 2021 PEC meeting. The guidance and consultation issues have been strengthened to take account of the findings.

A consultation strategy will seek to involve a variety of stakeholders, who represent the views of people who share a diversity of protected characteristics both within and outside osteopathy to seek advice on our outcomes. A copy of our initial draft consultation strategy is attached at annex A to this document but we will be subject to review as the project develops.

We plan to consult on our Guidance for Osteopathic Pre-registration Education (GOPRE) during 2021.

In relation to the consultation, we will consider in detail the types of diversity data that we need to collect, and will add specific questions arising from the development work above. The consultation will include:

- a specific question about whether any aspect of the Guidance for Osteopathic Pre-registration Education may adversely impact on anyone because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity or any other aspect of equality?

- a general question about whether there are any other comments that respondents would like to make.
- A question relating to equality and diversity characteristics of respondents to gauge whether our respondents represent the diversity in society.

We also have specific advice from our consultants about specific consultation questions for patients, students and osteopaths. These questions may also benefit from focus group discussion.

### **March 2022**

#### **The consultation took place between June and September 2021.**

We held focus groups or attended meetings with a range of stakeholders and groups. These were:

- The Council of Osteopathic Educational Institutions (COEI)
- The Osteopathic Alliance
- Patients
- Students
- Registration Assessors
- Educators
- Regional group leads
- Osteopaths who work in the NHS
- Health Education England

Five written responses were received in relation to the GOPRE consultation document (or aspects of this), plus feedback letters from two further Osteopathic Educational Institutions and from COEI.

The expansion of EDI throughout the GOPRE document is broadly welcomed. A few issues emerged in discussion – one was the citing in the document of specific examples of EDI issues, for example, the reference to British Sign Language (BSL) in paragraph 10 (and elsewhere in the document). These specific aspects were suggested to be included by our equality and diversity consultant because it was suggested that by their very nature, including particular examples raises awareness of mechanisms for communicating that people might otherwise be unaware of rather than relying on an assumption that people are aware of different examples. Some queried whether this meant that students were expected to learn BSL, or wondered whether the inclusion of some examples inevitably excluded others. One pointed out that reference to BSL might exclude those for whom their sign language was not 'British'. The repetition of examples was generally found to be unhelpful and confusing by respondents.

One participant suggested that it's more that graduates understand that patients have different needs, being aware and making reasonable adjustments (by asking the patients what they needed).

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An educator said that GOPRE is written with an assumption that the osteopath is the one without any additional needs, and questioned if this needs considering? *'How we as an institution deliver the curriculum to meet the needs of others - need emphasizing? Excellent section on recruitment, do we need ore connection between these 2 areas?'*

We would expect that all osteopaths would demonstrate the same outcomes, but with reasonable adjustments made in terms of how these were met and this would be expected as part of the Standards for Education and Training rather than amendments to the outcomes themselves?

One participant suggested that the term 'protected characteristics' varies in definition throughout the GOPRE Document – it needs more continuity and to specify the Equality Act definitions. However, we recognise that the definitions of protected characteristics and the Equality legislation is the same in England, Wales and Scotland and similar but different in Northern Ireland.

In the consultation document, we asked if respondents think that these aspects of equality, diversity and inclusion are sufficiently represented within the outcomes. All providing a response agreed that they were. Only one suggested further amendments, echoing some of the points raised in the focus groups:

Our suggestion is to retain the examples within the document, but in a more streamlined form - for example, mentioning some possible examples once, but publishing separate guidance/resources to support the effective implementation of these outcomes. This was discussed with and accepted by the Stakeholder Reference Group and is reflected in the updated draft.

We also began a pilot with the Osteopathic Educational Institutions which tested the draft Standards for Education and Training in practice.

### Step 3 – Data collection and evidence

#### **What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?**

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

In the original consultation on the Osteopathic Practice Standards 2012, a number of equality issues were raised in the document, principally in relation to disability (mainly in respect of osteopaths) and religion or belief (mainly in respect of patients).

Ahead of our further development and consultation, we reviewed the EIA analysis of responses to the updating of the Osteopathic Practice Standards (2019) and



reflected on the requirements of the draft GOPRE Guidance to ensure that outcomes are clear and ensure that there is sufficient flexibility and diversity in the potential methods of achievement without compromising the outcomes required to meet the Osteopathic Practice Standards.

Where prescription as to how an outcome is achieved is required (e.g. in relation to core techniques or presentations) we have specifically explored the necessity for this as part of the development of the Guidance and also in the equality and diversity implications in the consultation document. This was explored as part of the consultation.

**What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?**

We specifically need further input from students and osteopaths with particular protected characteristics – in particular ethnicity and disability to ensure that the outcomes are as appropriate as possible prior to full consultation.

Research shows an underawareness of osteopathy in particular communities, for example this piece of research which was highlighted to us by one of our equality consultants. <https://fmch.bmj.com/content/8/1/e000248>. Does this mean that particular osteopathy has particular barriers for some communities?

We are arranging specific focus groups on ethnicity and disability and also on equality, diversity and inclusion as a whole in order to specifically consider as many lenses as possible prior to formal consultation.

During the development phase, as well as engaging with key stakeholders from an EDI perspective, we will also seek advice from people with expertise in equality and diversity matters on this equality impact assessment and our current draft of the GOPRE. A final check and a final drafting of this EIA took place ahead of publication of the consultation.

As at 1 March 2021, we had undertaken focus groups and received advice from equality and diversity consultants. At our next review following the stakeholder group in April 2021, we considered whether further work was required on our outcomes and standards to ensure that they are inclusive and fit for purpose.

Further work is being undertaken needed on the main equality survey for our registrant population to compare data from society, the register, and our enrolment and progression data to see if there are any patterns demonstrating the possibility of barriers to certain groups joining the osteopathic profession which could be a result of our outcomes or standards.

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The enrolment and progression data from our 2020/21 Annual Returns analysed and reported in 2021/22 has shown an increase in the diversity of the student population and particularly: '5% increase in students from a minority ethnic background between 2019-2022, 2% increase in students declaring a SEND between 2019-21, which this year continued to remain stable to the 2021 level. (See Item 3 PEC 17 March 2022). However, we are not yet clear as to whether the student population is diverse compared to the characteristics of registrants and wider society.

The SET pilot undertaken 2021/22 independent analysis demonstrated that 'Mott reported that there was a good response across the sector on EDI issues in a range of contexts, and that many cited retaining innovations that had been introduced during the pandemic (remote tutorials and consultations, for example), as these were found to be generally beneficial and welcomed by students.

Cultural issues (the learning culture theme for example), were sometimes harder to evidence, and were thus triangulated with student feedback so that there was something to substantiate the narrative.' An inclusive culture is a critical part of ensuring barriers are removed and further work is to be explored on this.

### Step 4 – assessing impact and strengthening the policy

#### **What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics?**

Through our focus groups with people from minority ethnic groups, people with a disability or health condition and people with experience of pregnancy and maternity, we have made some changes to the outcomes and standards which involve more inclusive language and more specific examples and detail related to protected characteristics so that these matters are explicit not implicit.

The use of repeated examples was seen as potentially unhelpful within the consultation, and we have therefore suggested retaining these in a more streamlined way, but developing a separate resource or signposting to other resources to support users to access resources and guidance to support implementation of the outcomes.

Further work will need to be taken with OEIs around culture and we will consider how best to explore this in partnership with stakeholders and the Committee. For example, a Thematic review in this area or further more detailed questions in an Annual Report.

#### **Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?**

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The guidance explicitly references and requires knowledge of equality and diversity legislation as a requirement of their provision of services to patients.

The policy (Graduate Outcomes for Osteopathic pre-registration education and Standards for Education) is designed to avoid negative effects on equality. However, we will evaluate the implementation of this policy in order to assess this further as we take steps to implement the final guidance and standards.

Aspects of requiring core presentations and core techniques to be undertaken could inadvertently discriminate against people with a disability and we will explore this further during the development phase and as part of our formal consultation.

**February 2021 update** – in relation to the point about requirements – it has been suggested that further work about the 'clinical hour' be undertaken to ensure that particular groups (eg those with a disability or pregnancy / maternity are do not suffer unfair discrimination.)

**March 2022 update** – The clinical hour issue was explored as part of the consultation – a range of ways of acquiring clinical experience was included within the outcomes, including remote consultations. The main focus will remain on the provision of face to face care, however, within the education providers' teaching clinics but alternative options for achieving clinical hours have also been inserted to take account of diverse needs but also diverse opportunities for obtaining clinical experience.

**What practical changes will help to reduce any adverse impact on particular groups?**

See above.

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### **What could be done to improve the promotion of equality within the policy?**

We will seek specific further advice on this before the Guidance is published – see above.

As at 1 March 2021, we have incorporated advice on this guidance from two equality consultants and focus groups with people identifying particular protected characteristics. We have also identified policy issues which will benefit from a more inclusive look, for example, the definition of a clinical hour. This has made the guidance more inclusive and identified questions for further exploration as part of our consultation. We have also received advice about dedicated and specific equality questions which should enable us to engage further on these issues.

March 2022

We explored EDI issues as part of the consultation process, within the consultation document and focus groups. This is reported in our analysis report and suggested changes were subsequently considered and agreed with our Stakeholder Reference Group, to be reported to our Policy and Education Committee.

### **Step 6 – making a decision**

#### **Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.**

EDI issues have been made much more explicit within the draft updated Graduate outcomes and reflected within the draft Standards for Education and Training. These were explored within the consultation process, both within the consultation document, and with stakeholder focus groups as indicated above. Outcomes are reflected in the consultation analysis, and suggested changes incorporated within the updated draft which was considered by the Stakeholder Reference Group in February 2022. Our suggestion is to reduce the number of times that we cite examples of particular communication approaches (for example, BSL, easy read formats etc) within the outcomes, but develop a supplemental resource to outline such options in more detail and signpost to these and in the documentation itself to ensure that we focus a wider awareness on asking the patient about how they like to communicate in a way that is accessible to them providing some examples, rather than the focus being on different methods.

#### **What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?**

As above, some of the examples were perceived as repetitive and unhelpful within the outcomes, and led to confusion amongst readers rather than enhancing this aspect. Our suggestion as outlined above, we think addresses this.

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<b>What practical actions do you recommend to include or increase potential positive impact?</b>
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As outlined above – to develop a separate resource to expand on outcomes in relation to effective communication formats for those with a range of characteristics.
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### Step 6 – monitoring, evaluation and review

<b>How will you monitor the impact/effectiveness of the policy/activity?</b>
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This will be considered as part of the implementation and evaluation phase. Implementation is planned for September 2022 and we will also consider evaluation and may commence data collection in 2021 so that we have a baseline against which to measure the impact of our GOPRE when it comes into force from 2022. We monitor equality and diversity issues within osteopathic educational institutions in annual reporting and we will consider other additional mechanisms too.
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March 2022:
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Osteopathic Education Providers participated in a pilot process for their annual report submissions to the GOsC in December 2021. This involved them reporting in detail against the draft Standards for Education and Training, and thus we already have a good understanding as to how each provider currently meets the standards.
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<b>What is the impact of the policy/activity over time?</b>
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The effects of the updated guidance and introduction of Standards for Education and Training will be monitored over time through quality assurance processes.
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We will consider further mechanisms for implementation as these may require additional information sources to inform quality assurance (eg additional questions in the annual report, more specified information about protected characteristics through enrolment, progression and registration and potentially staff and student surveys.)
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Ongoing data analysis and enhanced EDI data will begin to reveal whether our SET and GOPRE promote a more diverse student and registrant population over time.
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<b>Where/how will this EIA be published and updated?</b>
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The EIA will be published alongside the updated guidance and Standards for Education and Training and will be available on our website.
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### Step 7 – action planning

## Annex C to 12

	<b>Actions</b>	<b>Target date</b>	<b>Responsible postholder and directorate</b>	<b>Monitoring postholder and directorate</b>
<b>Involvement and consultation</b>	Review other regulator guidance and advice on EIA and incorporate into draft GOPRE	June 2020	Policy Manager	Director of Education, Standards and Development
	Ensure stakeholder reference group comprises diverse range of stakeholders.	June 2020	Completed June 2020	
	Appoint consultants with expertise to review approach and guidance	December 2020	Completed June 2020	
	Focus groups with particular reference to disability, ethnicity and EDI.	January 2021	Completed February 2021	
<b>Data collection and evidence</b>	1. Informed views from consultation (including OEIs, students and patients) about whether the outcomes that we have specified unfairly disadvantage particular students or other stakeholders with disabilities,	September 2021	Policy Manager	Director of Education, Standards and Development

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	<b>Actions</b>	<b>Target date</b>	<b>Responsible postholder and directorate</b>	<b>Monitoring postholder and directorate</b>
	<p>ethnicity, pregnancy and maternity or any other protected characteristics . We also need to know that the outcomes for graduates set are appropriate for the diverse society that we serve.</p> <p>2. Engage with experts including Disability Rights UK which runs a student helpline on health and disability and works closely with education providers to support inclusive learning environments</p> <p>3. Review census data, registrant data and data on enrolment,</p>	<p>September 2021</p> <p>November 2021</p>		

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	<b>Actions</b>	<b>Target date</b>	<b>Responsible postholder and directorate</b>	<b>Monitoring postholder and directorate</b>
	<p>progression and registration to see if there are any patterns demonstrating the possibility that some groups are finding it more difficult to become osteopaths than others and potential reasons for this.</p> <p>4. Explore mechanisms for implementation and impact of guidance on people with particular protected characteristics</p>	September 2021		
<b>Assessment and analysis</b>	Analysis of consultation and emerging themes reported to and considered with Stakeholder Reference Group	January-February 2022		
<b>Procurement and partnerships</b>				



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	<b>Actions</b>	<b>Target date</b>	<b>Responsible postholder and directorate</b>	<b>Monitoring postholder and directorate</b>
<b>Monitoring, evaluating and reviewing</b>	Ongoing evaluation in relation to the delivery of standards in Quality Assurance processes in relation to osteopathic education, including annual reporting against standards.	Ongoing following implementation		

<b>Please detail any actions that need to be taken as a result of this EIA</b>		
<b>Action</b>	<b>Owner</b>	<b>Date</b>
To implement the approaches outlined above as the project develops		ongoing
To consider how best to enhance understanding of culture (e.g. Thematic review, or further targeted questions in Annual Report, seminar and qualitative work or other) in partnership with stakeholders and Committee.		October 2022
To develop or signpost supplementary resources about equality, diversity and inclusion in osteopathic education as outlined above		October 2022

## Annex A to Equality Impact Assessment

### Draft consultation strategy and consultation timetable

#### Stakeholder engagement

Stakeholder	Key issues	Method of contacting/seeking feedback
<p><b>Council of Osteopathic Educational Institutions (COEI)</b></p>	<p>COEI comprises all of the educational institutions and is a key stakeholder in terms of implementing the GOPRE outcomes</p>	<p>Membership of the Stakeholder Reference Group</p> <p>Initial scoping meetings to gain feedback</p> <p>Meetings between GOsC and COEI during the development process</p> <p>Direct feedback to be sought during consultation process</p>
<p><b>Institute of Osteopathy (iO)</b></p>	<p>The iO as professional membership body have a keen interest in the development of the profession, and the maximising of career opportunities for osteopaths, including roles within the NHS as well as the more typical private practice roles</p>	<p>Initial scoping meeting to discuss relationship between GOPRE and NHS/HEE frameworks</p> <p>Membership of Stakeholder Reference Group including</p> <p>Specific consultation invitation</p>

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Stakeholder	Key issues	Method of contacting/seeking feedback
<b>National Council for Osteopathic Research (NCOR)</b>	NCOR's mission is: To advance, facilitate and disseminate osteopathic and osteopathic relevant research, in order to promote practice that optimises patient care.	Membership of Stakeholder Reference Group
<b>The Osteopathic Alliance (OA)</b>	The OA represent a range of postgraduate training providers and special interest groups, and have an interest in undergraduate outcomes as a preparation for postgraduate development and practice	Membership of Stakeholder Reference Group Invitation to provide specific feedback during consultation
<b>Osteopathic students</b>	Key stakeholders engaged in osteopathic education currently	Invitation via COEI to Stakeholder Group membership but none available so far  Aim to run an online event for students from various OEIs during consultation process
<b>New graduates</b>	Insights of new graduates would be helpful having recently been through osteopathic education	Representation on Stakeholder Reference Group

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Stakeholder	Key issues	Method of contacting/seeking feedback
<b>Patients</b>	Patient involvement is essential to understand the concerns, priorities and opinions of those receiving osteopathic care	There are three patient representatives on the Stakeholder Reference Group  A broader online session with a wider patient group could be included as part of the formal consultation process
<b>Other healthcare professions</b>	It is helpful to gain insights from comparable healthcare professions to the issues and outcomes covered within GOPRE	Representation on Stakeholder Reference Group (CSP)
<b>Osteopathic Educators</b>	Important to gain insights from those working in osteopathic pre-registration education in direct teaching/clinical roles, rather than just those in SMT positions	We will aim to have a session with educators from various OEIs as part of the consultation process, in addition to the
<b>Osteopaths working in NHS settings</b>	Although representing a small percentage of those on the register, there are increasing numbers of osteopaths working in an NHS setting in various roles	Aim to gain insights from those in NHS roles during consultation process

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Stakeholder	Key issues	Method of contacting/seeking feedback
<p><b>Osteopaths with a particular interest in issues regarding equality, diversity and inclusion</b></p>	<p>There are osteopaths who, because of their particular experience in whatever roles/s they work in have a helpful insight into EDI issues, especially relating to education and the outcomes which students should meet in this respect</p>	<p>We will aim to seek feedback from osteopaths with an interest and experience in EDI issues during the consultation process</p>
<p><b>Regional and special interest osteopathic groups</b></p>	<p>There are a number of regional and special interest groups who provide both insights into particular aspects of clinical practice, and also a community of practice</p>	<p>Regional and special interest group leads will be specifically contacted to draw attention to the consultation process</p>
<p><b>Registration assessors, Assessors of Clinical Practice</b></p>	<p>Registration assessors consider applications to join the GOsC register from osteopaths who trained abroad. This may include an assessment of clinical practice. Such applications and assessments are considered against the Osteopathic Practice Standards</p>	<p>To be specifically invited to contribute to the consultation process on an individual basis</p> <p>Aim to seek feedback in a workshop as part of annual Assessor Training programme</p>

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Stakeholder	Key issues	Method of contacting/seeking feedback
<p><b>Other health and care regulators and professional bodies:</b></p> <p>General Chiropractic Council            General Dental Council            General Optical Council            General Medical Council            General Pharmaceutical Council            Nursing and Midwifery Council            Health Professions Council            Pharmaceutical Society of Northern Ireland.</p> <p>Professional Standards Authority</p> <p>QAA</p> <p>Centre for the Advancement of Interprofessional Education (CAIPE)</p> <p>Higher Education Academy (HEA)</p>	<p>Helpful to seek insights from other healthcare regulators on pre-registration outcomes and education standards to ensure that these are broadly consistent with the wider healthcare education sector</p>	<p>All will be informed of the consultation process and invited to respond. With other consultations, we have asked one regulator for more specific feedback to ensure that we have heard from at least one in some detail, and will aim to do this again</p>

## Annex C to 12

<b>Stakeholder</b>	<b>Key issues</b>	<b>Method of contacting/seeking feedback</b>
<p>Four UK Health Departments</p> <ul style="list-style-type: none"><li>• Department of Health and Social Care, England</li><li>• Scottish Government Health Department</li><li>• Department for Health and Social Services, Wales</li><li>• Department of Health, Social Services and Public Safety, Northern Ireland</li></ul>	<p>To inform of work undertaken</p>	<p>Inform of updating guidance and development of Standards of Education</p>

## Annex C to 12

### Timetable of actions to support consultation strategy

Month	Activity
October 2019	Initial consideration of project by Policy Advisory Committee
November 2019	Reporting of project plan to Council for approval
January to March 2020	Initial gathering of feedback from key stakeholders (OEs, iO) to inform early development
March - June	Collation of feedback and preparation of paperwork for initial Stakeholder Reference Group meeting
July 2020	Stakeholder Reference Group - initial meeting to consider proposals in relation to GOPRE and Standards for Education in the light of early feedback
July – September 2020	Development of initial draft updated GOPRE and Standards for Education discussion document
September 2020	Further input from Stakeholder Reference Group on developing drafts
October 2020 PEC	Report to PEC with initial draft for consideration in the light of stakeholder input
October 2020 to February 2021	Further development of draft in conjunction with Stakeholder input including advice from equality, diversity and inclusion consultants and input from focus groups.
March 2021	Report to PEC with final draft GOPRE and Standards for Education for consultation, along with consultation document and detailed consultation strategy
April 2021	Additional stakeholder reference group to reflect on changes made following EDI consultants' advice and focus groups
May 20 2021	Report to Council with consultation draft for sign off
April to July 2021	Exploration of pilot process to test and feedback on the use of the Standards for Education and Training in practice.
May 2021 – August 2021	Consultation (including stakeholder focus groups and interviews and written responses)
August -September 2021	Analyse consultation outcomes and hold further Stakeholder Reference Group meeting to consider these and any changes
September 2021 to March 2022	Undertake and analyse annual report pilot using the Standards for Education and Training and feed findings into final consultation analysis.



## Annex C to 12

<b>Month</b>	<b>Activity</b>
April 2022	Report to PEC with consultation analysis and post-consultation changes for consideration.
May 2022 Council	Report to Council with final documentation for approval
May 2022 onwards	Supporting OEIs with implementation plans
September 2022	Implementation of updated GOPRE