



**Education and Registration Standards Committee**  
**19 September 2013**  
**Guidance for Osteopathic Pre-registration Education**

<b>Classification</b>	Public.
<b>Purpose</b>	For decision.
<b>Issue</b>	The development of the Guidance for Osteopathic Pre-registration Education and the consultation strategy.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To consider the development of the Guidance for Osteopathic Pre-registration Education.</li><li>2. To consider the issues for consultation on the Guidance for Osteopathic Pre-registration Education.</li><li>3. To consider and agree the consultation strategy and timetable.</li></ol>
<b>Financial and resourcing implications</b>	Costs for the development of the Guidance comprise £6000 and are part of the budget for 2013-14. This includes all associated costs for developing and consulting on the guidance including hosting the working group meetings, design of the consultation document and travel to groups as part of the consultation strategy.
<b>Equality and diversity implications</b>	Equality and diversity is a key part of the development of the Guidance and therefore questions about equality and diversity form a key part of the consultation to inform the resultant equality impact assessment.
<b>Communications implications</b>	The Communications Strategy is outlined in this paper at Annex C.
<b>Annexes</b>	<p>Annex A – The Note of the Guidance for Osteopathic Pre-registration Working Group meeting on 7 May 2013.</p> <p>Annex B – Draft Guidance for Osteopathic Pre-registration Education</p> <p>Annex C – Draft consultation strategy and consultation timetable</p>
<b>Author</b>	Fiona Browne.

## Background

1. The Corporate Plan 2013-2016 states that we will 'ensure that initial education and training is of high-quality and is fit for purpose in an evolving healthcare and higher education environment.' As part of this objective it states that we will 'produce guidance for osteopathic pre-registration education, developed with a wide variety of stakeholder input, publishing proposals, consulting and implementing changes in partnership with osteopathic educational institutions (OEIs), the osteopathic profession, patients and others.'
2. The Business Plan for 2013-2014 states that we will
  - 'Develop draft guidance through Guidance for Osteopathic Pre-registration Education Working Group comprising patients, students, osteopaths and lay people.'
  - 'Identify key issues for discussion in group and inclusion in draft guidance (drawing on a variety of resources both within osteopathy and the wider healthcare environment) ensuring that osteopathic education continues to meet contemporary expectations of multi-professional healthcare.'
  - 'Devise a communication and consultation strategy to encourage a breadth and depth of responses.'
  - 'Approve and publish draft Guidance for Osteopathic Pre-registration Education and consultation questions.' This is to take place by March 2014.
3. The Guidance for Osteopathic Pre-registration Education was last considered by the Education and Registration Standards Committee in May 2013. The Committee noted the development of the guidance and approved revised terms of reference. The note of the Meeting of the Guidance for Osteopathic Pre-registration Education Working Group is attached at Annex A for information.
4. This paper asks the Committee to consider the draft guidance and issues for consultation and to agree the proposed timetable for publication of the guidance and the consultation strategy subject to feedback from the Meeting of the Guidance for Pre-registration Education Working Group which takes place on 11 September 2013.

## Discussion

5. The third meeting of the Guidance for Osteopathic Pre-registration Education Working Group takes place on 11 September 2013. The purpose of that meeting is to consider the draft guidance, issues for consultation and the consultation strategy and the timetable for consultation.

### *The Development of the Guidance*

6. The current draft of the guidance is attached at Annex B. This guidance will be considered by the Working Group at their meeting on 11 September 2013.
7. In relation to the outcomes expected of students to demonstrate the *Osteopathic Practice Standards*; key changes since the last meeting of the Working Group included the incorporation of the feedback from the Working Group at their last meeting including simplifying and streamlining the guidance and some minor changes to the key outcomes for example, 'mentoring' changed to 'participating in peer learning and support activities'.
8. The draft guidance also now takes into account the findings from the Preparedness to Practise research and the Osteopathic Patient Expectations study. Key changes made include:
  - A more explicit emphasis on critical appraisal of research, awareness of journals relevant to practice and where to find them.
  - Further advice about integration into the local health community. Including the osteopathic community.
  - Highlighting the importance of peer support and learning activities.
  - Highlighting the need for support during transition into a different working environment.
  - More explicit requirements to support longitudinal learning and managing patient expectations.
  - Making clear the importance of third party feedback and reflection.
  - Strengthening outcomes in relation to communication skills and particularly in more challenging situations.
  - Strengthening outcomes in relation to preparation for entrepreneurial and business aspects of osteopathic practice.
  - Strengthening outcomes in relation to appropriate clinical governance including complaints procedures.
  - The inclusion of mechanisms of referral explicitly referred to in the outcomes.
  - The requirement to include reflection on a case where expectations at initial prognosis were not met, the actions taken to communicate this to patients and the methods of seeking further advice and referral.
  - More explicit outcomes relating to the gaining of consent.

- More explicit outcomes in relation to a case history to include response to previous treatment.
  - More explicit outcomes in relation to the provision of patient information.
  - Inclusion of outcomes in relation to knowledge of and ability to implement equality legislation in practice.
9. The Working Group will also be asked to consider the relationship between the Quality Code and the Guidance for Pre-registration Osteopathic Education in relation to the standards for delivery of education (in accordance with feedback from the Education and Registration Standards Committee at its last meeting on 14 May 2013.) These are the standards expected of curriculum delivery, teaching and learning, assessment, admissions, etc. rather than the explicit outcomes that it is expected that students will demonstrate.
  10. Key feedback from the Working Group on the guidance will be reported to the Committee verbally on 19 September 2013.
  11. The Committee is invited to consider the draft guidance.

*Issues for consultation*

12. At their meeting on 11 September 2013, the Working Group will be asked to consider the following issues for consultation:
  - a. Outcomes – Do the four themes of the Osteopathic Practice Standards work well as themes to contain the outcomes for graduation? Are there any other structures that would work better?
  - b. Leadership – Is the emphasis on leadership appropriate and sufficiently broad?
  - c. Mentoring and teaching – What are the benefits of including skills about teaching and mentoring in the draft Guidance? Does the current guidance strike the right balance?
  - d. Business skills including marketing – Is the emphasis on business skills as core outcomes appropriate?
  - e. Core presentations and techniques – Is the approach outlined supported? If not, why not? What other options are there? Are these components describing a sufficient depth and breadth of experience? Is the range of core presentations and techniques right? How could it be improved?
  - f. Standards of education and training – Do you support the cross-referencing of the Quality Code within the Guidance for Pre-registration Education? If not, please explain why?

- g. Equality and diversity implications – 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? If so, please make suggestions about how the impact could be eliminated or reduced.
- h. Other matters – Please let us have any other comments on this paper?

- 13. Key feedback will be reported to the Committee verbally on 19 September 2013.
- 14. The Committee is invited to feedback on these issues for consultation and the emerging questions.

*Draft consultation strategy and timetable*

- 15. The Working Group will also be asked to consider the consultation strategy and timings attached at Annex C. Feedback about the consultation strategy and timings will be reported verbally to the Education and Registration Standards Committee at its meeting on 19 September 2013.
- 16. In order to meet the Council's requirement in the Business Plan to publish Guidance for consultation in March 2013, the Council will sign off the draft guidance, issues for consultation and consultation strategy at its meeting on 29 January 2013.
- 17. It is therefore proposed that the Education and Registration Standards Committee should have the opportunity to feedback on the draft guidance at its meeting today and that the Committee should discuss and agree, subject to amendments and feedback from the Guidance for Osteopathic Pre-registration Education meeting on 11 September 2013, the consultation strategy to ensure that the widest range of feedback is received as part of the consultation. The Committee itself could also be a part of this consultation at its next meeting on 27 February 2013. Any key issues for consideration from the Committee would be taken into account at the next Guidance for Osteopathic Pre-registration Education Working Group meeting to take place during November/December 2013.
- 18. The Guidance would then be approved for consultation in January on the recommendation of the Working Group.
- 19. It is proposed that the Education and Registration Standards Committee will consider the consultation analysis and revised guidance at its meeting in September 2014 which allow sufficient time for the analysis to take place and to be considered by the Guidance for Pre-registration Education Working Group in summer 2014.
- 20. The Committee is invited to consider and agree, subject to any amendments, the consultation strategy and timetable.

**Recommendations:**

1. To consider the development of the Guidance for Osteopathic Pre-registration Education.
2. To consider the issues for consultation on the Guidance for Osteopathic Pre-registration Education.
3. To consider and agree the consultation strategy and timetable.

**Minutes of the Guidance for Osteopathic Pre-registration Education  
Working Group held on Tuesday 7 May 2013, at Osteopathy House, 176  
Tower Bridge Road, London SE1 3LU**

Unconfirmed

Chair: Colin Coulson-Thomas, Chair Education Committee

Present: Steven Bettles, osteopath – European School of Osteopathy

Tracey Stokley, osteopath – College of Osteopathy

Ian Drysdale, former osteopath – British College of  
Osteopathic Medicine

Fiona Hamilton, osteopath – London School of Osteopathy

Bex Morrison, osteopath – British School of Osteopathy

Nicky Pender, osteopathic patient – lay member (via  
telephone)

Bella Vivat, osteopathic patient – lay member

Marcus Walia, osteopath – Surrey Institute of Osteopathic  
Medicine

In Attendance: Ms Fiona Browne, Head of Professional Standards

Ms Monika Obara, Professional Standards Administrator

**Item 1: Welcome and Apologies**

1. The Chair welcomed everyone to the second meeting of this working group. He then introduced himself.
2. Apologies were received from Judith Neaves, Sharon Potter and Chris Mapp.

**Item 2: Terms of Reference**

3. The Head of Professional Standards began by reminding the group of the Terms of Reference as amended at the previous meeting.
4. Noted: the terms of reference of the 'Guidance about osteopathic pre-registration education' as amended.

### Item 3: Draft Guidance and potential issues for consideration

5. At its meeting on 8 November 2012, the Guidance for Osteopathic Pre-registration Education Working Group concluded that some draft educational guidance and learning outcomes should be mapped against the Osteopathic Practice Standards so that the Working Group could consider the guidance.
6. The first draft of the Guidance was presented and the Working Group was asked for feedback. The guidance has been mapped against the four domains of the Osteopathic Practice Standards namely:
  - Communication and patient partnership
  - Knowledge, skills and performance
  - Safety and quality in practice
  - Professionalism
7. The group was invited to provide general feedback about the first draft of the Guidance. Comments included the following:
  - The document was a first draft and had brought together the documents referred to well.
  - Could the document be made more streamlined with less repetition? Some aspects fitted equally into more than one domain of the Osteopathic Practice Standards. However, it was felt that a more streamlined document would help make messages clearer.

#### *Core presentations*

8. The group discussed the notion of core presentations. Discussions included the following:
  - It was noted that they were very general in aspects and then detailed and specific. One member of the group had not expected such specific guidance and wondered if more generic descriptors could be incorporated.
  - Another member discussed the measurability and implementation challenges of requiring core presentations. How would this be measured? How could patient lists be manipulated?
  - It could be possible to look at the presentations through case studies? But it was less clear how real-life patients might be used. The '50 patient' requirement had been more straightforward to measure, but it was less clear about how the level of detail of presentations would be measured. Others felt that such requirements could allow for more innovative methods of perhaps OSCEs or hypothetical cases and role play could be explored.



- Others felt that the 50 patient requirement was not immutable. An indicative guideline for patients might be helpful.
- It was agreed that a softer guideline about numbers of patients supplemented by examples of cases to be treated could be helpful.
- The group discussed whether the requirements for registration for international applicants who had experience of practice and new graduates registering for the first time was the same. It was felt that the standards for registration should be the same and thus the model for both was possible but that perhaps the level of detail should be reduced for graduates.
- The group agreed that real clinical experience was very important learning how to treat patients with hands on experience. Seeing a range of patients within undergraduate clinical practice was challenging but all graduates should have the tools to deal with all patients. OSPEs were better tools to look at range of patients.

### *Content and presentation of the guidance*

9. The group turned to discussion of the content of the guidance and made the following points:
  - It was felt that clinical audit was a very important skill that should be incorporated into the guidance. The individual should be seen to be passing milestones.
  - Diet/nutrition was flagged twice and this was not needed. Exercise was not flagged at all and should be incorporated.
  - The 'spiritual' aspect should be removed.
  - Continuity of care from initial examination to discharge was felt to be important and should be incorporated into the guidance. This should include active review and reassessment, consent to the revision of the plan should be outlined clearly. Some patients felt much worse after treatment and it was important to experience that in the supervised environment before experiencing as an independent practitioner. Some patients did not respond to treatment as expected and it was important to manage a case like this and demonstrate when it was important to seek advice and/or to refer. Should numbers be attached to continuity of care patients as well as new patients?
  - Cases could be condensed and made more generic.
  - Should specific provision for support for cases that did not respond also be in place?
  - Perhaps further guidance should be in place about the level of supervision. A developmental portfolio could be used to record encountering difficult situations under different degrees of supervision. This could be both an assessment tool

but also a resource to refer to in the future. Some people would encounter these challenges at different times to others. The key was to describe a sufficient range of breadth and depth of experience so that when people encounter a problem, they know what to do next.

- The group discussed the requirement for 1000 clinical hours. It was agreed that the quality of the 1000 hours was critical. The numbers and range of patients should inform the 1000 clinical hours and descriptors developed. (It was also important, for example that the 1000 hours should not include reception work, library work etc.)
- It was felt that the list on page four was long and that perhaps it could be condensed. Consider breaking up into sub-headings. A diagram or a flow chart would also be helpful. The diagram on the front of the Knowledge and Skills Framework could be helpful?
- It was felt that the clinical setting was important to allow students to make mistakes in a supervised environment but also in a structured environment, mistakes were less likely. Graduates would make mistakes in clinical practice and it was important to set that expectation and to ensure that graduates know what to do when such mistakes were made (both in terms of disclosure to the patient, where and how to seek advice, informing insurers if appropriate and agreement of next steps). Graduates should be able to know where to access psychological support if things went wrong.
- The group discussed the forum for critical incidents that was being developed by NCOR and how it would be important to ensure that graduates were aware of that support network.
- Further support in the form of mentors would be helpful as graduates moved into practice. This was a finding from the preparedness to practice research undertaken by Professor Della Freeth. The group moved on to discuss CPD for new graduates and support for alumni from OEIs. One of the OEIs discussed how a full time member of faculty is available for new graduates at the end of the phone and on email but this is not used very much. It was estimated that around 15% of students came back to the OEI after graduation. Others ran newsletters, CPD courses (with discounts for alumni) and email support. Although this started at 7% take up was now at 30%.

### *Leadership*

10. The group moved on to discuss leadership:

- It was agreed that the meaning of leadership should be clear. It was about responsibility, taking ownership of situations and putting problems right, delivering high standards of care and working with others to do so— even if they were not in the direct sphere of responsibility of the individual. Some members of the group felt that the term 'leadership' still connoted 'strategic leadership' rather than 'clinical responsibility.'

- It was noted that in osteopathy, there was no one to 'pass the buck' to. Along with the pressure to speak up is the notion of supporting the community. It was about responsible concern. People needed to be aware of deficiencies, but if the public alarmed, they are not treated – so raising concerns has to be done responsibly. It was suggested that case studies could be used to explore student dilemmas.
- Good role modelling was also a crucial aspect of leadership.

### *Mentoring*

11. The group moved on to discuss mentoring.

- It was agreed that mentoring was mentioned. Teaching and mentoring deepens the mentor's learning and so this was an appropriate skill for undergraduates to learn.

### *Teaching challenges*

12. Students teaching others was felt to be more problematic. Questions were raised – what if something went wrong, what would be the insurance position? Would such a requirement require additional teaching modules and context.

### *Business skills*

13. It was felt that the economic context was an important aspect of osteopathic practice. Business and marketing skills should be included. If business aspects are struggling then this will affect patient care. Business management should include: finance, accounting, insurance and how to set up a practice. Information about the role of the Local Authority. Clarity about the benefits and risks of using social media for advertising was also important.
14. In summary the group felt that there should be a minimum number of patients (perhaps even 20 would be sufficient if they were the right cases), a range of problem cases, a minimum number and description of range and depth and should include managing maintenance for chronic patients. There should be an electronic audit including a review of demographics and action plans.

### *Next steps*

15. It was agreed that the feedback from the group would be incorporated into a revised version of the Guidance along with further consideration of other key documents and research for consideration at the next meeting. It was also agreed that a document fleshing out some of the consultation issues would be considered at the next meeting.

### **Item 5: Date of Next Meeting**

16. The next meeting will be held in September 2013.

### Guidance for Osteopathic Pre-registration Education Draft v2

#### Introduction

Osteopaths must be capable of taking full clinical responsibility for patients who attend them. This includes being able to take a full history, perform an appropriate examination using appropriate clinical tests where indicated, forming a differential diagnosis, referring to another practitioner where appropriate and/or providing appropriate treatment and care. It also includes being aware of the limits of their competence and crucially, putting the patient's interests before their own.

Putting patients first involves working with them as partners in their own care and making their safety paramount. It involves dedication to continuing improvement, both in the individual practice and also in the wider healthcare environment with which the patient interacts. Osteopaths are often part of the wider team of health professionals looking after the patient and all attempts to co-ordinate care, with the patient's consent, should be made to ensure that the patient is at the centre of the healthcare team.

Osteopathic educational institutions (OEs) equip osteopathic students for the demands of independent practice. This includes the scientific background, osteopathic principles and technical skills they need for practice. It also includes the marketing skills necessary for a thriving practice which will help to ensure that the osteopath is able to provide a high quality of patient care. However, most importantly, it also includes high personal and professional values, ensuring that the osteopath makes the care of the patient their first concern.

Graduation is a time of great transition for osteopaths. One day, they are students treating patients under supervision and upon graduation they become osteopaths – registered health professionals – taking on independent clinical responsibility. This time of transition is a critically intensive learning period for newly registered osteopaths. This means that it will take time for osteopaths to orientate themselves into a new practice environment. Professional isolation can limit the ability of the autonomous practitioner to seek advice from colleagues and this can impact on patient safety and the quality of care. It is therefore important for osteopaths to seek support both at the beginning of and throughout their career.

As health care practitioners, osteopaths are also responsible for developing and nurturing skills to ensure that they continue to deliver high standards of care to patients both themselves and in conjunction with the local healthcare network.

It is important that newly registered osteopaths take steps to integrate fully into the professional community and to build support networks during this time whilst continuing to learn. Ways of doing this might include:

- Introducing themselves to fellow experienced osteopaths in the area in which they intend to practise.

- Introducing themselves to other health care professionals in the area, including general practitioners and others.
- Joining their local regional group.
- Joining special interest societies and professional associations.
- Keeping in touch with their fellow students.
- Keeping in touch with their osteopathic educational institution.
- Seeking out mentors.
- Knowing where to access help if things go wrong.

The outcomes in this document set out what the General Osteopathic Council expects OEIs to deliver and students to demonstrate before graduation. The outcomes focus on safe and effective clinical care. The outcomes also focus on the ability to set up a business safely and effectively. In order to provide safe and effective care, osteopaths must be fully conversant with the needs of an independent practitioner and should ensure that they are fully acquainted with the demands of setting up practice before graduation. Failure to do so could distract from patient care during the first years of practice.

These outcomes mark the end of the first stage of a continuum of osteopathic learning that runs from the first day in osteopathic education until retirement. Upon graduation, graduates will continue to maintain, develop and expand their knowledge and skills through continuing professional development (CPD).

### **Outcomes for graduates**

In order to be granted a 'Recognised Qualification' all graduates must demonstrate that they practise in accordance with the Osteopathic Practice Standards.

This guidance is designed to provide suggested outcomes that will help graduates to demonstrate that they meet the Osteopathic Practice Standards. OEIs may also require students to demonstrate a range of additional outcomes.

#### *Communication and patient partnership*

The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.

The graduate will be able to:

- Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others.

- Work in partnership with patients in an open and transparent manner, treat patient as individuals and elicit and respect their perspective/views on their own treatment.
- Work with patients and colleagues to develop sustainable individual care plans to manage patients' conditions effectively.
- Communicate effectively and with understanding and empathy in straightforward consultations.
- Demonstrate ability and effectiveness in communicating more complicated information in challenging circumstances, for example, where patients' expectations are not being met.
- Reassure patients that all information will be kept confidential.
- Deal independently with queries from patients and relatives, ensuring that patient information is treated confidentially in accordance with the Osteopathic Practice Standards.
- Communicate sensitive information to patients or carers/relatives effectively and compassionately, and provide support, where appropriate.
- Recognise where patients' capacity is impaired and take appropriate action.
- Recognise situations which might lead to complaint or dissatisfaction.
- Disclose and apologise for things that have gone wrong and take steps to prevent or minimise impact.
- Obtain consent as appropriate in accordance with GOsC guidance. This includes:
  - o Ensuring the patient is providing consent voluntarily – that the patient is able to accept or refuse the proposed examination or treatment.
  - o Ensuring that the patient is appropriately informed – that they patient has understood the nature, purpose and risks of the examination or treatments proposed.
  - o Ensuring that the patient has the capacity to consent to the proposed treatment or other action – this is particularly important in the case of children and adults who lack mental capacity. Further guidance about this is available on the GOsC website at [www.osteopathy.org.uk](http://www.osteopathy.org.uk)
- Increase the breadth of procedures and treatments for which consent is taken.
- Encourage and assist patients to make decisions about their care.
- Work with the wider health team to plan care for those with complex or long-term illnesses receiving care from a variety of different health professionals.

- Encourage and ensure evaluation of patients' capacity to self-care.
- Set expectations about how patients can get in touch with you if they have any concerns, e.g. by telephone.

### *Knowledge, skills and performance*

An osteopath must possess the relevant knowledge and skills required to function as a first contact health care professional.

The graduate will be able to:

- Know and understand the key concepts and bodies of knowledge to be able to practise osteopathy including osteopathic principles and appropriate guidelines. These include:
  - o Normal human structure and function
  - o Knowledge of basic pharmacology
  - o Knowledge of principles of nutrition
  - o Psychological aspects of behaviour
  - o Sociological concepts of health, illness and disease
  - o Critical appraisal of research.
  - o Awareness of journals relevant to osteopathic practice and how to access them.
- Know how professional 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.
- Take and record an accurate and appropriate patient history utilising all relevant sources of information including diet and exercise.
- Perform an accurate and appropriate examination, including relevant clinical testing, observation, palpation and motion analysis to elicit all relevant physical, mental, and emotional signs.
- Present patient history and findings succinctly and accurately.
- Critically evaluate information collected to make an appropriate differential diagnosis and formulate an appropriate management and treatment plan in partnership with the patient, using the most effective combination of care tailored to the needs of the individual patient.

- Conduct the treatment plan skilfully and appropriately.
- Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting as appropriate, in partnership with the patient.
- Maintain and improve their interpretive skills across an increasing range of investigations and clinical outcomes.
- Competently perform and, when sanctioned by a supervisor, demonstrate to and support the learning of other osteopathic students using appropriate approaches or techniques, under supervision, either in the clinic or on simulated patients.
- Maintain and improve skills in the key areas.
- Demonstrate an extension of the range of procedures, techniques and treatments that they can perform
- Explain to patients, when relevant, the possible effects of lifestyle, including the effects of diet, nutrition, smoking, alcohol and drugs (separately and in combination)
- Recognise and use opportunities to prevent diseases and promote health.
- Demonstrate continuously high standard of practice in infection control techniques.
- Take all steps to avoid the transmission of communicable disease
- Maintain accurate, contemporaneous patient notes in accordance with GOsC Guidance (recognising that notes belong to patients and can be seen by the patient upon request)
- Formulate accurate and succinct clinic letters and discharge summaries to other health professionals and to patients.
- Demonstrate high quality interpersonal skills with patients and colleagues.
- Participate in the process of referral from primary to secondary and/or tertiary care and vice versa with an ability to make referrals across boundaries and through networks of care, as appropriate.
- Find and interpret evidence relating to clinical questions.
- Demonstrate the use of literature, guidelines and experience in the development of clinical skills over the previous year.
- Deliver and justify high-quality reliable care.
- Recognise and work within limits of competence requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.



- Recognise when patient safety is at risk and institute changes to reduce risk.

### *Safety and quality in practice*

Osteopaths must deliver high quality, safe, ethical and effective healthcare through evaluation and considered treatment approaches, which are clearly explained to the patient and respect patient dignity. Osteopaths must be committed to maintaining and enhancing their practice to continuously deliver high-quality patient care.

The graduate will be able to:

- Understand the obligation to maintain their own fitness to practise.
- Recognise that fatigue and health problems in healthcare workers (including themselves) can compromise patient care and, where appropriate, and seek advice and take appropriate action including seeking guidance from others, where appropriate, to reduce this.
- Deliver high quality care in accordance with the Osteopathic Practice Standards and relevant guidelines.
- Gather and analyse data accurately and appropriately.
- Manage, analyse and present at least one quality improvement project and use the results to enhance patient care before graduation.
- Use appropriate methods of clinical governance to enhance practice including:
  - o Complaints mechanisms
  - o Patient and colleague feedback
  - o Clinical audit
  - o Structured reflection
  - o Structured case based discussion
  - o Structured case presentation.
- Demonstrate knowledge of and be able to implement appropriate ways of setting up a successful new practice including:
  - o Knowledge of and ability to comply with relevant legislation (in intended country of practice) including health and safety, data protection and equality legislation and financial and accounting requirements.
  - o Appropriate and legal methods of marketing and advertising.
  - o Knowledge and understanding of the regulatory requirements in the intended area of practice including the roles of the relevant Local Authority, Care Quality

Commission, Healthcare Improvement Scotland, Regulation and Quality Improvement Authority and Healthcare Inspectorate Wales.

- o Appropriate methods of clinical governance to ensure the quality of practice (including complaints mechanisms, patient and colleague feedback and clinical audit).
- o Appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.

### *Professionalism*

Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner.

The graduate will be able to:

- Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards (2012) and associated guidance published from time to time.
- Take personal responsibility for and be able to justify decisions and actions.
- Understand the role of organisations and bodies involved in osteopathic education and regulation and the wider healthcare environment.
- Understand their duty as a health professional to take appropriate action about the practice of colleagues to ensure patient safety. This may include seeking advice, speaking to the colleague in question and/or the reporting of those concerns to an appropriate authority if patient safety is at risk.
- Reflect on feedback from patients, colleagues and others to improve skills.
- Participate in providing feedback to others.
- Act with professionalism in the workplace and in interactions with patients and colleagues.
- Participate in peer learning and support activities.
- Maintain a personal development portfolio by recording learning needs and personal reflection including career development and planning.
- Recognise personal learning needs, address these proactively and set specific, measurable, achievable, realistic and timely (SMART) goals.
- Acts as a role model and where appropriate a leader, and assist and educate others where appropriate.
- Ensure punctuality and organisation in their practice.

### **Core presentations that all osteopaths should be familiar with upon graduation:**

Graduates must see a sufficient depth and breadth of patients to enable them to deliver these outcomes and to demonstrate that they practise in accordance with the Osteopathic Practice Standards. This section outlines a description of the approximate length of time, the depth and breadth of patients and techniques required to demonstrate the outcomes.

Graduates must also have the opportunity to consolidate their clinical skills before graduation. In order to support this, graduates should undertake a minimum of 1000 hours of clinical practice. Graduates should aim to see around 50 new patients to include the presentations set out below. Graduates should also ensure that they have seen patients on repeated occasions to enable them to explore the presentations set out below.

Some of the presentations below may also be demonstrated in other ways, for example, through role play and through the use of simulated patients.

#### *Core components of consultations*

The graduate must be able to demonstrate the following in a range of different patient presentations or scenarios:

- Take an appropriate case history including:
  - o patient profile
  - o presenting complaint
  - o relevant medical, family and social history
  - o response to previous treatment.
- Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.
- Assess and explain the contribution of any physiological, psychological and social factors that they thought were relevant to the presenting complaint and the feasibility of this.
- Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:
  - o Observation of gait and posture
  - o Osteopathic examination of static and dynamic active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.

- Examination of the relevant body system and/or explanation of whether this was appropriate given the context of the presenting complaint. For example, where appropriate, make an appropriate assessment of the nervous system. This should be relevant to the case and is likely to include:
  - o Muscle power testing
  - o Deep tendon reflex testing
  - o Basic sensory testing.
- Explain clinical findings accurately and clearly.
- Explain appropriate and accurate clinical reasoning clearly including:
  - o The significance of presenting signs and symptoms and whether this is plausible
  - o The differential diagnosis hypothesis and the diagnostic conclusion that they reached to explain the patient's presenting symptoms (including, where relevant an explanation about how they considered that the symptoms were in fact visceral (non-musculoskeletal) in origin
  - o If and if so how they concluded that the case was suitable for osteopathic treatment, and/or required ongoing referral to a more appropriate health professional
  - o The treatment and management plan based on consideration of the differential diagnosis, the patient and the likely effect of osteopathic treatment (where relevant, this should include how they concluded that a particular technique was contra-indicated).
- Demonstrate how the patient was able to make an informed decision about their ongoing care including:
  - o How material or significant risks associated with their proposed treatment or management plan were explained to the patient
  - o How the benefits of the various options offered were explained to the patient
  - o How they responded to questions the patient had
  - o How they helped the patient to make a decision.
- Confirm the initial prognosis of the effectiveness of treatment.
- Undertake an evaluation of the effectiveness of treatment at the end of the course of treatment.

- Reflect on a case where the expectations of the effectiveness of treatment were not met and the actions taken to communicate this to the patient and to seek further advice and/or refer.
- In the case of a referral:
  - o How they involved the patient in concluding that the presenting complaint was not suitable for osteopathic treatment
  - o The course of action taken to support the patient in finding a more appropriate health care professional to manage the presenting complaint
  - o The mechanism of the referral undertaken, for example, the proposed referral letter.
- In the case of a referral, the outcome of the referral including any ensuing modification of their treatment and management plan.

### *Core range of clinical presentations*

The range of clinical presentations should include the following:

- Neuromusculoskeletal case presentation
- Visceral (non-neuromusculoskeletal) case presentation
- Case presentation presenting communication challenges
- Effective communication with the parents of a young child
- An elderly patient
- A range of patients displaying characteristics including: gender, ethnicity, disability, culture, religion or belief, sexual orientation, age, social status or language
- A patient receiving a full course of treatment. The student should continue to see the patient from initial case history taking to discharge from treatment and should also deal with follow up.
- Case presentation requiring referral to another healthcare professional
- Case presentation in which the patient was considered unsuitable for osteopathic treatment
- Case presentation in which use of certain techniques were concluded as unsuitable (contra-indicated).

### *Core range of techniques and treatments*

The graduate must be able to demonstrate appropriate understanding and application of a range of techniques to treat patients safely, appropriately and effectively. (This includes knowledge and application of contra-indications to use of such techniques in practice to particular patients, taking into account presenting complaints and history).

These techniques should include:

- Diagnostic palpation
- Articular techniques
- Osteopathic thrust techniques
- Soft tissue techniques
- Indirect techniques

### **Standards for Osteopathic Education and Training**

Osteopathic Educational Institutions are expected to comply with the Quality Assurance Agency's Quality Code to ensure appropriate delivery and assessment of these outcomes and the intended curriculum.

In particular part B which deals with the following:

- Programme design and approval
- Admissions
- Learning and teaching
- Student support, learning resources and careers education, information, advice and guidance
- Student engagement
- Assessment of students and accreditation of prior learning
- External examining
- Programme monitoring and review
- Complaints and appeals
- Management of collaborative arrangements
- Research degrees

### **Acknowledgements**

This text is drawn from Guidance provided by the General Medical Council (2012), the Foundation Office and the medical Foundation Curriculum (2012) and the Health and Care Professions Council Standards of Proficiency (2012), the QAA Benchmark for Osteopathy (2007) and the GOSc Further Evidence of Practice and Assessment of Clinical Performance Guidelines (2012).

**Draft consultation strategy and consultation timetable**

<b>Stakeholder category</b>	<b>Sub-groups</b>	<b>Organisations representing sub-groups</b>	<b>Known views</b>	<b>Key messages</b>	<b>Method of contacting</b>
Osteopaths	General osteopaths	The Register	<p>Our Preparedness to Practise Research demonstrates that although there is agreement that 'osteopathy graduates' knowledge and skills were sufficient to safely commence independent practice ... there was some concern about heavy concentration on knowledge and safety squeezing out other important areas of learning' demonstrating some interest in the content of the pre-registration education curriculum from current osteopaths.</p>	<p>Explanation of the purpose of this guidance.</p> <p>Explanation about how the guidance was developed (informed by preparedness to practise research plus analysis of similar guidance of other health professionals.)</p> <p>Explanation about timeline for development of guidance.</p> <p>Asking for views on the consultation</p>	<ul style="list-style-type: none"> <li>● zone information pages</li> <li>● zone discussion forum</li> </ul> <p>media work and articles in the e-bulletin and the Osteopath</p> <p>tag lines encouraging contributions.</p> <p>Tie into planned communications forum comprising osteopathic organisations (e.g. GOsC, BOA, OEIs, NCOR).</p>



## Annex C to 5

Stakeholder category	Sub-groups	Organisations representing sub-groups	Known views	Key messages	Method of contacting
				<p>questions.</p> <p>Asking for evidence underpinning those views.</p> <p>Asking for any other key comments.</p>	
Osteopaths	General osteopaths	British Osteopathic Association	As above	As above	<p>Method of contacting:</p> <p>Send introductory communication to the BOA in October explaining what the guidance is and how it may be relevant to members, and offer a presentation/discussion/meeting with key personnel to discuss at the beginning of the consultation period. Also seek assistance to highlight consultation through their channels.</p>
Osteopaths	Osteopaths using	Specialist Societies	As above	As above	Send electronic document to each of the special interest societies

Stakeholder category	Sub-groups	Organisations representing sub-groups	Known views	Key messages	Method of contacting
	particular approaches – e.g. musculo-skeletal, visceral, cranial or other special interests.	including: <ul style="list-style-type: none"> <li>• Foundation for Paediatric Osteopathy</li> <li>• Sutherland Cranial College</li> <li>• Osteopathic Pelvic and Respiratory Association</li> <li>• Institute of Classical Osteopathy</li> <li>• Sutherland Society</li> <li>• Society of Osteopaths in Animal Practice</li> <li>• Osteopathic Sports Care Association</li> <li>• Rollin E. Becker Institute</li> <li>• British Naturopathic</li> </ul>			and offer a meeting to discuss the document.

## Annex C to 5

<b>Stakeholder category</b>	<b>Sub-groups</b>	<b>Organisations representing sub-groups</b>	<b>Known views</b>	<b>Key messages</b>	<b>Method of contacting</b>
		Association			
Osteopaths	Involved in registration assessment	GOsC Registration Assessors	These assessors will have particular expertise in terms of assessing international applicants for registration as well as experience of assessing UK undergraduates and so we would wish to encourage them to contribute their unique perspectives.	As above	Send electronic document to each of the special interest societies and offer a collective telephone focus group to discuss the document.
Osteopaths	Osteopaths working in particular environments – sole practice, group practice, NHS practice, independent practice or	No specific representative groups for types of practice. However, it will be important to ensure that there are a variety of views in case any of these characteristics have differing views about what	Not known. It is expected that osteopaths working in different environments may have different views about how graduates should be prepared to work in those environments.  In terms of geographical areas – again there may be geographical	As above	Send electronic document link to all osteopaths in the e-bulletin and also ensure that the equality and diversity information collected from respondents captures all these characteristics to help us to understand whether the consultation has taken these diverse perspectives into account.  Present the guidance to the Regional Communications

<b>Stakeholder category</b>	<b>Sub-groups</b>	<b>Organisations representing sub-groups</b>	<b>Known views</b>	<b>Key messages</b>	<b>Method of contacting</b>
	<p>in particular geographical areas of the country.</p> <p>Osteopaths with particular equality and diversity characteristics and knowledge of issues, for example disability.</p>	<p>should be in the osteopathic pre-registration guidance because of their experience.</p> <p>The Regional Communications Network will be able to assist in terms of the geographical locations.</p> <p>There are no specific groups for osteopaths with particular equality and diversity characteristics, for example disability.</p>	<p>nuances (e.g. in terms of the way that the local health system works) that should be fed through in the Guidance.</p>		<p>Network Meeting in March 2014.</p> <p>Ensure that a specific question about equality and diversity implications is outlined in the consultation.</p> <p>Ensure that the equality impact assessment is also published as part of the consultation document.</p> <p>It may be helpful to get some specific equality and diversity expertise about the guidance before it is finalised.</p>
Osteopaths	Osteopaths involved in education or research	National Council for Osteopathic Research	Osteopaths involved in education and research will be closest to osteopathic education	As above.	Send electronic document to OEIs for specific distribution to all teaching faculty and for publication on internal intranets

<b>Stakeholder category</b>	<b>Sub-groups</b>	<b>Organisations representing sub-groups</b>	<b>Known views</b>	<b>Key messages</b>	<b>Method of contacting</b>
	<p>OEI Teaching Faculty (including external examiners) Involved in registration assessment</p>	<p>Osteopathic Educational Foundation</p> <p>Through OEIs:</p> <ul style="list-style-type: none"> <li>• British College of Osteopathic Medicine</li> <li>• British School of Osteopathy</li> <li>• College of Osteopaths</li> <li>• European School of Osteopathy</li> <li>• Leeds Metropolitan University</li> <li>• London College of Osteopathic Medicine</li> <li>• Oxford Brookes University</li> <li>• Surrey Institute of Osteopathic</li> </ul>	<p>and research and will have important views in terms of the balance and content. It will be particularly important to get a spread of views from all OEIs because the preparedness to practise research was characterised with diversity as a key theme between the Osteopathic Educational Institutions.</p>		<p>etc.</p> <p>Offer specific seminar sessions for teaching faculty taking place at GOsC and offer to visit teaching faculty to collect views on the guidance.</p>

<b>Stakeholder category</b>	<b>Sub-groups</b>	<b>Organisations representing sub-groups</b>	<b>Known views</b>	<b>Key messages</b>	<b>Method of contacting</b>
		Medicine			
Students	<p>Students of osteopathy and other disciplines</p> <p>Students with particular equality and diversity characteristics and knowledge of issues for example disability.</p>	<p>Osteopathic educational institutions have access to all students.</p> <p>GOsC hold information about osteopathic students from their entry into the fourth academic year.</p>	<p>The preparedness to practise research showed diverging views between fourth year students, and colleagues, employers. The research also demonstrated that there were differing views between students of different OEIs.</p> <p>Therefore it will be important to get a range of students from different OEIs.</p>	As above	<p>Send electronic consultation document for the Virtual Learning Environments.</p> <p>Highlight to OEIs and ask them to encourage students to respond to the consultation.</p> <p>Highlight in fourth year GOsC presentations to students which take place in January to April 2014 at all OEIs and seek feedback.</p> <p>Ensure that the consultation response records characteristics information including OEI attended, and equality and diversity characteristics and career intention to ensure that responses are as representative as possible.</p>

<p>Patients and the public</p>	<p>Osteopathic patients</p> <p>Patients in general</p>	<p>Patient and public forum</p> <p>Patient opinion - <a href="http://www.patienntopinion.org.uk/opinions/12968">http://www.patienntopinion.org.uk/opinions/12968</a></p> <p>Patient organisations including: College of Medicine Patient Council - <a href="http://www.collegeofmedicine.org.uk/background-patients-council-getting-heard">http://www.collegeofmedicine.org.uk/background-patients-council-getting-heard</a></p> <p>National Voices - represents around two hundred independent groups ranging from Action Against Medical Accidents and the British Cardiac Patients Association to</p>	<p>The content of undergraduate osteopathic education may not be a subject that it is easy to engage osteopathic patients in. However, seeking their comments on the wording of the guidance and whether, for example, it sufficiently emphasises communication skills may be helpful.</p>	<p>Understanding in general terms patient's expectations about how osteopaths keep up to date.</p>	<p>Develop shorter summary questions about the guidance document for patients to respond to.</p> <p>Send full document and summary to all members of the patient forum representative group.</p> <p>Send full document and summary to other patient groups.</p>
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		<p>Chrohn’s and Colitis UK etc.</p> <p>Picker Institute</p> <p>Patient’s Association</p> <p>Patient organisations of other regulators and medical Royal Colleges.</p>			
Other regulators/ inter-professional organisations		<p>General Chiropractic Council</p> <p>General Dental Council</p> <p>General Optical Council</p> <p>General Medical Council</p> <p>General Pharmaceutical Council</p> <p>Nursing and Midwifery Council</p> <p>Health Professions Council</p>	All other regulators have published guidance about the content of undergraduate education.	<p>Explanation of the purpose of this guidance.</p> <p>Explanation about how the guidance was developed (informed by preparedness to practise research plus analysis of similar guidance of other health professionals prepared by</p>	<p>To circulate full electronic document and encourage comment via the Education Inter-regulatory Group.</p> <p>Present document to the Education and Revalidation Inter-regulatory groups if a meeting falls within the consultation period.</p> <p>Send to CAIPE and the HEA.</p>



		<p>Pharmaceutical Society of Northern Ireland.</p> <p>Professional Standards Authority</p> <p>Centre for the Advancement of Interprofessional Education (CAIPE)</p> <p>Higher Education Academy (HEA)</p>		<p>regulators and acknowledged in guidance.)</p> <p>Explanation about timeline for development of guidance.</p> <p>Asking for views on the consultation questions.</p> <p>Asking for evidence underpinning those views.</p> <p>Asking for any other key comments.</p>	
Four UK Health Departments		<p>Department of Health, England</p> <p>Scottish Government Health Department</p>		<p>To inform of work being undertaken.</p> <p>To promote engagement if possible.</p>	To circulate electronic copy of the Guidance to the four UK Health Departments.

		Department for Health and Social Services, Wales			
		Department of Health, Social Services and Public Safety, Northern Ireland			

### Timetable of actions to support consultation strategy

Month	Activity
<b>September 2013</b>	<b>Consultation strategy agreed by Education and Registration Standards Committee</b>  <b>Key areas for discussion agreed by the Education and Registration Standards Committee.</b>  <b>Draft Guidance agreed by Committee.</b>
October 2013	Arrange date for discussion of Guidance with BOA for consultation period: February to April 2014.
October 2013	Alert all special interest societies about planned consultation about the GOPRE Guidance in Spring 2013, explaining what it is and asking them whether they would like to arrange a meeting during the Spring to discuss it.
October 2013	Alert registration assessors to about planned consultation about the GOPRE Guidance in Spring 2013, explaining what it is and asking them whether they would like to attend a teleconference during the Spring to discuss it.
October 2013	Alert all OEIs to planned consultation about GOPRE Guidance in Spring 2013, explaining what it is and asking them of they would like to host a meeting with teaching faculty to enable views about the guidance to be shared. Also to get in touch with GOsC, if interested in taking part in a central focus group.
<b>November 2013/ December 2013</b>	<b>Final meeting of GOPRE to sign off guidance ahead of asking Council to agree to publish the guidance for consultation in January 2014.</b>
<b>December 2013</b>	<b>Finalise Equality Impact Assessment. Ensure that the questions include one specifically about the impact of equality and diversity matters of the Guidance.</b>
December 2013	Draft article for publication in <i>The Osteopath</i> about the consultation.
December 2013	Agree slides for the Final year presentations to students which will take place from January to April 2014 in all OEIs.
<b>January 2014</b>	<b>Consultation strategy agreed by Council</b>  <b>Key areas for discussion agreed by Council.</b>

	<b>Draft Guidance agreed by Committee.</b>
January 2014	Finalise article for publication in <i>The Osteopath</i> about the consultation.
January 2014/ February 2014	Highlight guidance to OEIs. Follow up email to OEIs asking them to publish link to the guidance on their websites and to bring to the attention of their faculty.
<b>February 2014 to April 2014</b>	<p><b>CONSULTATION PERIOD</b></p> <p><b>Activities to include:</b></p> <ul style="list-style-type: none"> <li>• <b>Electronic dissemination of the guidance to: BOA, Osteopathic Alliance, osteopathic special interest groups, Regional Communications Network Group, Registration Assessors, OEIs (with further dissemination to students), other regulators, patient forum members, patient group members, CAIPE and the HEA and four UK Health Departments.</b></li> <li>• <b>Discussion with BOA Chief Executive, President and other members of the BOA.</b></li> <li>• <b>Possible discussions with the special interest groups – either collectively or individually.</b></li> <li>• <b>Teleconference focus group with Registration Assessors?</b></li> <li>• <b>Presentation/focus group with the Regional Communications Network.</b></li> <li>• <b>Focus groups with teaching faculty in GOsC.</b></li> <li>• <b>Invitations to groups of teaching faculty at OEIs.</b></li> <li>• <b>Presentations to final year students at all OEIs to include information about the consultation and room for questions and discussion.</b></li> <li>• <b>Send guidance and specific questions for patients to patients' forum.</b></li> </ul>
February 2014	Publish link to consultation document and guidance in e-bulletin.
March 2014	Publish link to consultation document and guidance in e-bulletin.
April/May 2014	Publish article in <i>The Osteopath</i> .