



**Education and Registration Standards Committee**  
**25 June 2014**  
**Guidance for Osteopathic Pre-registration Education**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The further development of the <i>Guidance for Osteopathic Pre-registration Education</i> consultation and next steps.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To note the emerging themes arising from the consultation on the <i>Guidance for Osteopathic Pre-registration Education</i>.</li><li>2. To agree to re-establish the Guidance for Osteopathic Pre-registration Education Working Group with additional representation from the Osteopathic Alliance and the Institute of Osteopathy.</li></ol>
<b>Financial and resourcing implications</b>	The <i>Guidance for Osteopathic Pre-registration Education</i> consultation was undertaken in-house and so costs primarily comprised staff time and a small amount of travel along with expert advice on equality and diversity matters. The total costs are less than £1000.
<b>Equality and diversity implications</b>	Equality and diversity issues have been explicitly explored in the consultation as well as seeking specific advice from groups of osteopaths declaring a disability and from an equality and diversity consultant, Agnes Fletcher, to assess the impact of the proposals.
<b>Communications implications</b>	None at this stage.
<b>Annex</b>	None
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## Background

1. The Corporate plan 2013 to 2016 states that we will ‘... promote public and patient safety through proportionate, targeted and effective regulatory activity.’ As part of this, we have committed to ‘ensure that initial education and training is of high-quality and fit for purpose in an evolving healthcare and higher education environment.’ One of the ways in which we will contribute to this goal is to ‘produce guidance for osteopathic pre-registration education, developed with a wide variety of stakeholder input, publishing proposals, consulting and implementing changes in partnership with the osteopathic profession, patients and others.’
2. The 2014-15 Business Plan states that we will:
  - Complete a consultation on the *Guidance for Osteopathic Pre-registration Education*, analyse the results and consider it in the context of the current landscape (e.g. revised QAA Benchmark Statement: Osteopathy, work on values underpinning practice, joint regulatory work on candour), and publish new guidance (FR).
  - Identify any further steps that need to be taken in relation to *Guidance for Osteopathic Pre-registration education*
  - Develop and undertake an implementation and awareness strategy.
3. In January 2014, the Council agreed to publish the draft *Guidance for Osteopathic Pre-registration Education* for consultation
4. This paper provides an update on the progress of the consultation and proposes next steps for the agreement of the Committee.

## Discussion

5. The draft *Guidance for Osteopathic Pre-registration Education* was published for consultation from 16 February 2014 to 16 May 2014 on our website. During the consultation, the draft guidance was publicised on our website and as follows:
  - A presentation to the British Osteopathic Council on 22 January 2014.
  - A presentation to the Osteopathic Alliance on 28 April 2014.
  - A presentation to the Osteopathic Educational Institutions on 3 June 2014.
  - As part of the presentations to students in OEIs during the consultation period.
  - Articles in the February/March and April/May editions of *the osteopath*.

- Items in the February, April and May 2014 e-bulletins. (Click through rates peaked at around 0.5%)
  - Specific invitations to respond to the consultation to:
    - Our patient and public reference group
    - British Osteopathic Association
    - Osteopathic Alliance
    - Osteopaths who had previously declared an interest in providing advice about the impact of policy on those with a disability
    - Osteopathic Educational Institution (with a request that they highlight the Guidance to students and staff)
    - Other health regulators, the PSA and the Centre for Advancement of Interprofessional Education (CAIPE)
    - The Quality Assurance Agency
    - The four UK health departments.
6. The consultation closed on 16 May 2014. We received 26 responses altogether. 21 were received into our dedicated online survey tool and 7 hard copy responses were received.
7. The responses were from a varied cross-section of respondents including:
- Osteopaths (12)
  - Patients (3)
  - Osteopathic educational institutions (3)
  - Students (3)
  - International regulator (1)
  - UK Osteopathic organisations (2)
  - UK inter professional organisations (1)
  - Experts in equality and diversity matters (1).
8. There appears to be a broad range of respondents in terms of gender, age and ethnic origin and a range of respondents declaring a disability or a religion.
9. Thus it appears that we can be reasonable confident that the numbers of responses, although small, are representative of our registrants.

10. Some emerging points from the consultation analysis are set out below. A more detailed consultation analysis will follow in due course.

#### *Overarching Guidance*

11. The *Guidance for Osteopathic Pre-registration Education* was welcomed by almost all respondents and the four themes of the *Osteopathic Practice Standards* were felt by most to be the most appropriate structure for the *Guidance* making links to the *Osteopathic Practice Standards* and ongoing registration explicit. However, some respondents felt that the link between the *Guidance*, the *Student Fitness to Practise Guidance* and the soon to be revised *QAA Benchmark Statement: Osteopathy* needed to be made more explicit in the text. A small number of respondents felt that the drafting would benefit from streamlining and editing.

#### *Leadership*

12. Most respondents felt that the emphasis on leadership was appropriate for osteopathy – one emphasised the importance of the Francis Report. However, one response felt that the emphasis was excessive and one response felt that there was too much emphasis on the concept of leadership in the NHS which was different to the way that many osteopaths practised. There were some other helpful comments about increasing the emphasis on the trajectory of learning once qualified (i.e. graduation is the start of the journey – not the end).

#### *Mentoring/teaching*

13. Views were broadly supportive but more mixed in relation to the balance of teaching and learning skills in the draft. Interestingly, lay respondents felt that teaching skills were important for all health professionals. In many ways, the comments reflected a diverse culture, culture change, and a move towards building community which is something that we are considering further within our continuing fitness to practise work as well as our work in partnership with the OEIs in relation to education and with the Osteopathic Development Group in relation to a range of different projects.
14. Challenges discussed in the consultation included time, the need for graduates to ground themselves in practice first; resources to maintain and develop teaching skills once in practice; the delicate balance between provision of support and facilitation without prescribing or interfering; 'not everyone will see the need for these skills' and 'resistance to change'. That said, a number of benefits to incorporation of teaching and mentoring skills were suggested too, for example, demonstrating an open profession, willing to work together for the best of both patient and professional and 'emphasis on team work, seeking guidance and reassurance as an essential element of reflective practice and personal and professional development is timely and appropriate.'

### *Business skills*

15. Business skills for graduates and osteopaths were clearly important for the respondents. However, views were mixed about how much should be learned at undergraduate or pre-registration level and how much graduates should be prepared to put into learning immediately following graduation.

### *Common presentations and techniques*

16. The common presentations and basic techniques were almost unanimously supported by respondents. There was a high level of support from respondents for the notion of describing the experience necessary at the point of graduation. One response felt that more explicit linkages between the presentations and techniques described with the *Osteopathic Practice Standards*, osteopathic principles and reflective practice in order to structure critical reasoning and learning development would strengthen the document.
17. There were also high levels of support from respondents for the common presentations and basic techniques suggested in the draft guidance. Areas for particular comment, however, included the 'patient not suitable for osteopathic treatment'. Two responses felt that this presentation was not necessary. They suggested that whilst recognising it was clearly important to know when to refer a patient, referral of a patient and osteopathic treatment were not necessarily mutually exclusive. There were also suggestions about the inclusion of osteopathic evaluation as distinct from diagnosis and the importance of osteopathic principles.

### *Equality and diversity*

18. All but one of the respondents answered no to the question '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?'. The respondent answering 'no' was not clear about their reasoning.
19. The draft report from the equality and diversity consultant made some helpful observations and suggestions which will be considered further, including, for example:
- Suggesting cross referencing specific GOsC guidance on capacity for decision-making when talking about patient capacity.
  - Noting that the draft guidance puts a premium on 'understanding and empathy', which could be difficult to demonstrate for a practitioner who was on the autistic spectrum.
  - Referring to 'all steps to avoid the transmission of communicable disease' rather than reasonable steps, 'could be interpreted to mean that someone with a condition such as HIV or hepatitis B should not be practising. This

could constitute direct discrimination if this was a reasonable interpretation of this phrase.'

- Observing the link between equality and diversity and the aspects of mentoring and teaching in some of the responses, for example, in terms of the potential benefits of mentoring and teaching – 'It trains osteopaths with wider backgrounds which accommodate the multicultural society with better communication. It also increases the quality of teaching by learning from others' mistakes. Different osteopaths can provide osteopathy with different skills and background knowledge.' Several comments pick this up as demonstrating an "open profession" and as being particularly important to overcome the potential disadvantages of sole practitioners working in isolation.

#### *Next steps*

20. While there is broad support for the guidance, the emerging analysis as outlined above shows that the redrafting of the guidance would benefit from further expert input before being finalised. We are therefore proposing to reconstitute the *Guidance for Osteopathic Pre-registration Education* working group inviting additional representation from the Osteopathic Alliance and the Institute of Osteopathy (formally the British Osteopathic Association) to finalise a draft for further consideration by the Committee in autumn 2014.
21. The Committee is asked to agree this approach.

#### **Recommendations:**

1. To note the emerging themes arising from the consultation on the *Guidance for Osteopathic Pre-registration Education*.
2. To agree to re-establish the Guidance for Osteopathic Pre-registration Education Working Group with additional representation from the Osteopathic Alliance and the Institute of Osteopathy.