



Policy and Education Committee

10 June 2020

The impact of Coronavirus on osteopathic education

Classification	Public
Purpose	For noting
Issue	An update on the impact of the coronavirus on osteopathic education
Recommendation	To note the general approaches taken so far within the osteopathic education sector in response to the Coronavirus situation.
Financial and resourcing implications	None
Equality and diversity implications	None specifically arising as a result of this paper.
Communications implications	There may be implications in terms of communications regarding broad approaches taken to ensure 2020 graduates meet all outcomes
Annex	None
Author	Steven Bettles and Fiona Browne

Background

1. The General Osteopathic Council regulates the provision of osteopathic education in the UK and accredits programmes as having achieved 'Recognised Qualification' (RQ) status. The Coronavirus situation has impacted on the delivery of higher education within the UK, and this includes osteopathic education, which has a significant clinical aspect. Providers of osteopathic education are shown our the [GOsC website](#)¹.
2. This paper provides a broad overview of the types of changes that Osteopathic Education Institutions have introduced, in order to mitigate the impact of Coronavirus, particularly in relation to final year students for the 2019-20 cohort.
3. The majority of RQ programmes take place over four years full-time, or five-six years part time. Shorter RQ programmes include a postgraduate but pre-registration MSc aimed at those with a prior professional qualification in a musculoskeletal subject area, or a course specifically aimed at students with a prior medical qualification.
4. We publish [Guidance for Osteopathic Pre-registration Education](#)². This sets out a set of outcomes which graduates of RQ programmes are required to meet, in order to provide assurance that they are able to practise in accordance with the [Osteopathic Practice Standards](#)³. This Guidance (GOPRE) provides that, in relation to clinical education:

26 Graduates must see a sufficient depth and breadth of patients to enable them to deliver the outcomes in this Guidance for Osteopathic Pre-registration Education and to demonstrate that they practise in accordance with the Osteopathic Practice Standards (available at: www.osteopathy.org.uk/standards/osteopathic-practice).

27 Graduates must have the opportunity to consolidate their clinical skills before graduation. In order to support this, graduates should undertake a minimum of 1,000 hours of clinical practice. Graduates should aim to see around 50 new patients in order to include the presentations set out below. Graduates should also ensure that they have seen patients on repeated occasions to enable them to explore these presentations fully.

5. It is worth pointing out that the reference to 1,000 clinical hours is not an absolute requirement, and nor is the fifty new-patient target. It would be possible for students to meet the desired outcomes having spent fewer hours in the teaching clinic, and potentially, seeing fewer than fifty patients. It is about

¹ <https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/training-courses/>

² <https://www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education/>

³ <https://standards.osteopathy.org.uk/>

the quality, rather than necessarily the quantity of education. The award of Recognised Qualification status gives the education provider a degree of autonomy in being able to assure themselves that graduates meet the requisite outcomes and are fit to practise in accordance with the Osteopathic Practice Standards.

6. The general RQ conditions attached to all RQs with an expiry date, or the requirements attached to Action Plans for RQs without an expiry date, provide that the educational institutions 'must inform the Education Committee as soon as practical, of any change or proposed change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:
 - substantial changes in finance
 - substantial changes in management.
 - changes to the length of the course and its mode of delivery • substantial changes in clinical provision
 - changes in teaching personnel
 - changes in assessment.
 - changes in student numbers (an increase or decline of 20 percent or more.)
 - changes in patient numbers passing through the student clinic
 - changes in teaching accommodation
 - changes in IT, library or other learning resource provision.'
7. This allows flexibility for the educational institutions to adapt quickly to challenges such as that provided by the Coronavirus, provided they report on these changes to the GOsC's Policy and Education Committee. Prior permission or approval from the Committee is not required in order to implement such changes.

Discussion

8. A [statement](#)⁴ outlining our approach to educational provision in the light of the Coronavirus issue was sent to the educational institutions, following the agreement of the Chair of the Committee, on 17 March 2020.
9. Specific changes to provision from the nine Osteopathic Educational Institutions will be reported to the Committee on its private agenda. This paper reports on

⁴ <https://www.osteopathy.org.uk/news-and-resources/document-library/training/covid-19-statement-to-osteopathic-educational-institutions-from/>

broad themes and approaches undertaken across the osteopathic education sector in general, to provide assurance that outcomes can be effectively met and students might graduate in 2020 as planned.

Closure of clinics

10. All Osteopathic Educational Institutions operate a teaching clinic as an integral part of their educational provision. All of these were closed on or before the onset of lockdown by the Government on 23 March, to ensure the safety of patients, students and staff.
11. Due to the timing of the lockdown within the academic year, final year students are likely to have completed the substantial part of their clinical training. Many institutions have continued providing clinical education opportunities with online tutorials and case-based discussions with groups of students. Some are providing remote consultations for patients.

Changes to delivery of curriculum

12. Priority has been given to final year students in many cases, though not exclusively. Institutions have made the transition to online teaching, utilising their existing virtual learning platform, as well as new conferencing software to conduct lectures and tutorials in real time.
13. Feedback, when sought, has been generally supportive of the educational delivery and resources online, and students appreciate the efforts that institutions have gone to continue to deliver their programmes in such unprecedented circumstances.

Changes to assessment

14. Educational institutions have approached assessment in a number of ways, including:
 - mapping outcomes to ensure that the appropriate Osteopathic Practice Standards continue to be met and delivered;
 - rationalising standard assessment plans – removing some assessments where outcomes are assessed elsewhere;
 - undertaking assessments remotely in a viva format;
 - taking into account (formative) assessments already undertaken;
 - Using a range of information to reach a decision as to a student's overall performance against the standards.

Quality assurance within institutions of teaching and assessment

15. All educational institutions are required to have effective methods of internal quality review and assurance, and these will have been employed in the current circumstances to gauge responses to the crisis. The context of institutions varies and includes university providers, specialist institutions with an external

validator, and in one case, a non-validated programme. Quality assurance methods would include:

- consultation with staff, students and patients;
- discussion with and input from external examiners;
- liaison with validating university (where there is one);
- implementation of the institution's own approval processes – Academic Boards, Programme Committee's, Boards of Trustees (or other governance processes) etc;

Student, staff, patient well being

16. All institutions are required to have effective policies in place to support the wellbeing of students, patients and staff. The current circumstances are unprecedented, but such policies are generally adaptable and can be delivered in a variety of ways. Technology enables staff to work remotely, effectively, and to maintain regular contact with students and colleagues. Some institutions are used to this way of working in any event, whilst others have had to adapt quickly.
17. The emotional impact of the situation on students and staff has not been underestimated, and institutions are providing a range of support opportunities as an extension of their usual provision.

Governance and engagement

18. Although educational institutions, as holders of an RQ award, have the flexibility to adapt their delivery of teaching and assessment, this will be within the quality assurance processes applying to each institution. This will include consultation with stakeholders – staff and students, input from programme committees , academic boards/councils, validators and governing boards.

Support post-graduation

19. It is recognised that the 2020 cohort, graduating into the midst of a global health crisis, are likely to need particular help and support to aid their transition to practice. Institutions are considering a range of approaches, including CPD support, and events to meet this need. This might include provision of advice and support around alternative roles for osteopaths, such as those available within the NHS, and how best to apply for these. Equally, osteopathic students at this time will also have an advantage in that they are experiencing and learning about telehealth in a supported and supervised environment which will prepare them well for practice as we move forward to life alongside the coronavirus.

Looking forward

20. Education providers are considering the ongoing impact of the Coronavirus pandemic on their programme design and delivery for all students. Issues for consideration include:
- further emphasis on infection control measures within osteopathic practice;
 - changes to practical classes to recognise the changed circumstances;
 - delivery of more content online, and how this might be best achieved in a meaningful and engaging way for students;
 - changes to clinical provision with teaching clinics to reflect government, regulatory and professional guidance over triaging of patients, remote consultations and infection control measures;
 - the broader role of osteopaths as Allied Health Professionals, and the potential roles that may open up to osteopaths as a result of this situation – how might they be better prepared to apply for NHS roles that bear little resemblance to standard osteopathic practice, such as contact tracing, for example?

Summary

21. This paper aims to provide some general assurance that the osteopathic educational institutions have instituted measures, where appropriate, to respond effectively to the Coronavirus pandemic, and are able to provide confirmation that their 2020 graduates have been taught and assessed appropriately. The final weeks of their programmes may have changed rapidly, but the outcomes have been demonstrated, and they have acted flexibly and in an agile way to meet the challenges of the current situation.

Recommendation: To note the general approaches taken so far within the osteopathic education sector in response to the Coronavirus situation.