Summary of feedback on the current version of the Guidance for Osteopathic Pre-registration Education from osteopathic educational institutions

This table summarises the key responses provided by osteopathic educational institutions (OEIs) in relation to the following questions regarding the current Guidance for Osteopathic Pre-registration Education. All OEIs were invited to comment, and we had conversations with seven out of nine.

Questions	Notes
1. How does your institution use the guidance currently? (Is it shared with staff, students etc, for example)?	There were a range of responses to this question. Some OEIs use GOPRE extensively, and some admit that their use of this document is less consistent, with a focus instead on the OPS. In one OEI they promote GOPRE quite extensively. The outcomes around common presentations are built in to their portfolio expectations for students, who have to reflect how they've met these outcomes in the portfolios. They also reflect on their transition to practice, and how they'll keep in touch with colleagues as set out in GOPRE. In another OEI: • GOPRE is publicised on the website and virtual learning environment • Students are encouraged to use GOPRE as a reference for portfolios. • Admissions team uses the document within a pack of information including student fitness to practise and health and disability documents. • They cover GOPRE during the student induction process. • Also used within fitness to practise training. • GOPRE also available in clinic for students and tutors (but not patients). In another OEI, when the curriculum changed, it was useful to have GOPRE to map to so that they were sure everything was covered. Also helpful in preparing for QAA visits. In reality, they're probably more focussed on the OPS on a day to day basis. Staff will probably be aware of the GOPRE but not intimately so, and probably don't refer to it regularly. It's available on their intranet for students, but not promoted to them as such. They often refer to it in relation to queries from students as to why certain things are in the curriculum. Another OEI - not aware that the document is widely referenced on an ongoing basis. Not available on their VLE – students probably don't know about it much, if at all. They reference the OPS much more explicitly in documentation and make these known to students. Having reviewed the GOPRE for this conversation, however, there was the thinking that that it would be helpful to make it more known

	to students. They liked the model of GOPRE as a bridge between the benchmark statement and the OPS – students would find it helpful to understand what meeting the OPS might look like in terms of defined outcomes. Another OEI had also not focussed much on GOPRE. Having then reviewed the document, they found it helpful, and have incorporated it into their thinking and programme design. It's incorporated in the Programme Spec, and also now in the new Year 4 portfolio, in which students will be required to reflect on clinical experience that reflects the common presentation requirements of GOPRE. The document is available to staff, and on the VLE for students. Another OEI feels that broadly, it's a sound document. The general feeling was that they're more aligned to the OPS and Benchmark Statement with GOPRE not always at the forefront of their thinking.
2. Is the guidance helpful in programme planning?	The responses were generally supportive, including: In terms of planning, this is largely more just mapping to ensure that GOPRE are met as well as OPS. No problems or particular challenges encountered with this process. Yes – it can make the OPS more accessible. Yes – definitely helpful as a framework to hang things on in terms of curriculum planning. They didn't really use GOPRE in planning their revised curriculum with a new validator, focussing more on the OPS, and Benchmark Statement. Having reviewed and reflected on this in the context of this exercise, they would like to utilise GOPRE more in programme planning, as it is quite helpful. Yes – much more now that they're familiar with GOPRE. They found it useful as a guide to what graduates will be able to do – and it links in well with the OPS. 'It's a slightly odd document'. Some use in planning as outlined above, but they tend to think more overtly about the OPS. It's good for a student audience, though. It's not particularly user friendly – hard to navigate – different structure to the Benchmark Statement – disparity between the two in terms of clinical patient requirements.

3. Does the current content remain appropriate?	A range of views expressed in response to this question: One OEI felt there were no specific areas that were inappropriate, other than obvious update needed in the light of revised OPS. The list of techniques para 32 – probably ok – if it wasn't there, what would it be replaced with? You need something to indicate what osteopathy is, even though there isn't a defined scope of practice. Another OEI responded: • Depends on the context of the question. Might help to have more alignment to MSK framework etc, but not sure. • References to treatment approaches/palpation etc are not really evidence based – critical application of research needs adding to it. • Be good to reflect employability. • It's very challenging to map to so many documents. • What is 'osteopathic' evaluation (as opposed to evaluation)? Could the language be more consistent and generic so that it could be better understood by other professions, and fit in with broader AHP roles? • The common presentations should refer to non-specific low back pain and NICE guidelines. • Better OPS alignment to reflect updated standards. Another felt that the current content remains very appropriate. The intro needs updating, and changes need to be made to bring the outcomes in line with updated OPS, but largely, feels that the document is still relevant and fit for purpose. Another said that they thought it was largely appropriate still. The clinic manager (not an osteopath) found it very useful, and liked particular aspects. Largely – he thinks they do, but need updating to reflect latest OPS. I asked about the common presentations and approaches sections at the back. They said that they don't teach Chapmans reflexes or Balanced Ligamentous Tension techniques, for example, so how helpful is it to be so specific as to what techniques might be included? Another - largely, yes. Clearly some updating required to bring it up to date, but broadly they all felt it was useful in its current form and not needing substantial rethinking. To a degree, but some suggestions for enhancement which overlap with the next question – for example, it would be helpful to make more of the distinctiveness and salience of the document, so that its purpose was clearer. Also

	suggested this was an opportunity to bring together a range of resources by linking to them from the document (though this would potentially require frequent updates to ensure that links stayed up to date). In relation to para 32 things felt not appropriate included the reference to Chapman's reflexes and Trigger points as these really lacked any particular evidence base. It was acknowledged that they are taught and assessed in other countries – the US, for example – but they also teach things like positional lesions which haven't been taught at the this OEI for many years. That said, students often clamour for some of the 'old style' osteopathic techniques.
4. What could be enhanced?	• Consider the language used so that it reflects better the broader expectations of things like the HEE MSK framework. • In terms of required presentations, What about presentations like under 18s? What's the expectations of graduates in treating infants, for example? Should new graduates be able to treat children? • More reference to consent, particularly recording of this. • Acknowledge that palpation findings are unreliable • Consider use of language around patient expectations. • Keep it straightforward and clear to understand. • With reference to the list of required presentations and common treatment approaches, Possibly a bit too detailed in terms of approaches that not all may cover. Maybe more reference to management and shared decision making needed. • Initially thought the common approaches helpful, but then reflected on the focus on techniques, and how this would be understood by patients and the public – reference to 'fluid techniques', 'direct/indirect' approaches for example. • In the 'About' section at the start, it says 'should be read by' OEIs and others. Probably needs stronger language than 'read by'. It needs to be implemented too, by those delivering education, so this could be reviewed in the updated version. • Lots has changed, also in the last five years – in terms of patient management rather than 'treatment' – a more shared decision-making approach rather than the old paternalistic approaches still reflected in some of the GOPRE language. Also, greater evidence now in terms of guidance, rehabilitation approaches etc. Also the use of

	social media, as well as the issues reflected in the updated standards, such as recording consent, candour, safeguarding, boundaries. It might also be enhanced by having more information on how the guidance could be used. • Regarding the techniques/approaches in para 32, generally, they felt this was ok, and they reflected some but not all of these to some extent within the programme. They appreciated the reason for including the list, and appreciated the flexibility that this gave to OEIs to have programmes that reflected their own flavour. • Some of the language could be reviewed – for example, what is 'sound understanding', as opposed to 'understanding'? It would be good to ensure that these types of things were clear, bearing in mind it's an educational document. • One aspect that could be enhanced is to enhance the patient partnership aspect, with an emphasis on values. Currently, the requirements are set out as quite biomedical. Also, the relationship between the expectations and care of the patient, and the needs of the osteopath. For example, the handling of cases where the osteopath doesn't want to treat someone – how is this squared with their duty of care ethically? Similarly, boundaries issue could be better articulated. • There was also some discussion as to the role of osteopaths as AHPs, and whether this should be reflected more within the guidance.
5. Anything else?	One said nothing specific. The general feeling was that though some updating is required, the current GOPRE is still fit for purpose, and useful as a framework. Helping to align better with other healthcare roles/expectations might be helpful for the update to focus on. Another said to think about references to other issues: • Leadership • FGM • Safeguarding • Equality & Diversity • Infection control Another suggested that maybe in professionalism, make reference to student's own health and wellbeing – taking responsibility for this, thinking in terms of standard D11.

	Overarching comment from this OEI was that the GOPRE was still in good shape and fit for purpose. It provides a useful framework for course design, and translates OPS delivery into a clear and transparent set of outcomes. It needs some updating as outlined, but is still in good shape. More detail in relation to student FtoP issues could be referenced. This could aid with decision making around students who may generate concerns amongst teaching staff, but are difficult to deal with without clear criteria – the ones who pass everything but are thought to be likely to be in trouble at some stage in their careers. The take away message was that GOPRE could be clearer, more grounded in evidence and mindful of a more patient centred values based approach.