Annex C to 8

GOPRE with initial review comments

Current content	Comments
Acknowledgments This text is drawn from and informed by guidance provided in the General Medical Council's Tomorrow's Doctors (2009), the Foundation Programme Office's Foundation Programme Curriculum (2012), the Health and Care Professions Council's Standards of Proficiency(2012), the Quality Assurance Agency for Higher Education's Subject Benchmark Statement for Osteopathy (2007), the GOsC's guidelines on Further Evidence of Practice Questionnaire (2012) and Assessment of Clinical Practice (2012), and the World Health Organization's Benchmarks for Training in Osteopathy (2010). We are grateful to the members of the Guidance for Osteopathic Pre-registration Education Working Group (osteopaths, educators, patients, students and lay members) for their assistance with the development of this guidance.	To be updated.

About this guidance 1. This Guidance for Osteopathic Pre-registration Education is issued by the General Osteopathic Council (GOsC). The GOsC is the body established under the Osteopaths Act 1993 to regulate osteopathy in the UK. It does this by: • setting standards • assuring the quality of pre-registration education • maintaining the Register of osteopaths legally permitted to practise in the UK • removing or restricting the registration of osteopaths who do not meet standards.	
2. The Osteopathic Practice Standards (available at: www.osteopathy.org.uk/ standards/osteopathic-practice)	

are the core standards, set by the GOsC, that UK graduates must demonstrate before they can be awarded a Recognised Qualification'. A Recognised Qualification enables a graduate to register and practice as an osteopath.	
3. This Guidance for Osteopathic Pre-registration Education supports the Osteopathic Practice Standards and provides a reference point for students, educational institutions, patients and others. It describes the professional aspects of osteopathic pre-registration education, and the outcomes that graduates are expected to demonstrate before graduation in order to show that they practise in accordance with the Osteopathic Practice Standards.	
4. The guidance should be read alongside other supplementary guidance issued by the General Osteopathic Council, which includes: • guidance about student fitness to practise • guidance about the management of health and disability • guidance about tutor and student boundaries.	We don't have guidance on tutor/student boundaries available on our website.
5. Other reference points that inform the development of osteopathic pre-registration education within the academic community include: • the Quality Assurance Agency for Higher Education UK Quality Code for Higher Education (comprising standards and guidance related to academic standards, the learning environment, teaching, learning, assessment and quality management), available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code • the Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy, available at: www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf	Links in documents are liable to change.

6. This guidance should be read by: • students and prospective students, to assist in their understanding of the professional expectations on graduates in order to meet the core regulatory requirements set out in the Osteopathic Practice Standards • osteopathic educational institutions, to set out the professional expectations on students in order to meet the Osteopathic Practice Standards, leading to the award of a Recognised Qualification and registration with the GOsC • those involved in quality assurance of qualifications, to help them understand the professional expectations that must be met in order to deliver the Osteopathic Practice Standards and allow the award of a Recognised Qualification.	
7. This guidance may be of interest to: • other healthcare professionals, to enable an understanding of osteopathic education, and to support better integration and interprofessional education and collaboration within the wider academic and healthcare professional community • patients, to inform them about the content of osteopathic education and training.	

Introduction	
Introduction 8. Osteopaths must be capable of taking full clinical responsibility for their patients. This includes being able to take a full case history and to undertake an appropriate osteopathic examination, which may include: using appropriate clinical tests where indicated, forming a differential diagnosis, referring to another practitioner where appropriate and/or providing appropriate treatment and a care plan. It also includes recognising the limits of their own competence as a practitioner and, crucially, putting the patient's interests before their own.	In the updated OPS we talk in C1 about takeing and recording the case history, selecting and undertaking appropriate clinical assessment , formulating an appropriate working diagnosis or rationale for care and explaining this clearly to the patient. Also, then to develop and apply an appropriate plan of treatment and care. B2 still references recognizing and working within the limits of their own training and competence.
9. Putting patients first involves working with them as partners in their own care and making their safety paramount. It requires dedication to continuing improvement, both in individual practice and also in the wider healthcare environment with which the patient interacts. Osteopaths are often part of a wider team of healthcare professionals looking after the patient. With the patient's consent, all attempts should be made to coordinate care so that the patient is the centre of the healthcare team's focus.	The reference to 'team' here may be misleading. This may be ideal, but 'team' implies a degree of integration and cooperation that is often missing. D9 of the OPS references the contributions of other health and care professionals, and the osteopath working collaboratively to optimize patient care where such approaches are appropriate and available.
10. Osteopathic educational institutions equip osteopathic students for the demands of independent practice. This includes scientific and clinical knowledge, and clinical and professional skills (including reflection), underpinned by a critical appreciation of osteopathic principles and application of the technical skills needed for practice. The demands of independent practice also require effective communication, critical evaluation and the marketing skills necessary to run a thriving practice. Such skills help to ensure that the osteopath is able to provide high-quality patient care. Most importantly, independent practice must embody the personal and professional values needed to deliver high-quality healthcare, ensuring that the osteopath makes the care of the patient their first concern.	
11. Graduation is a time of significant transition for students, as they change immediately from treating patients under supervision, to assuming the role of a qualified osteopath – a registered healthcare professional – and taking on independent clinical responsibility. This time of transition	

is a critically intensive learning period for newly registered osteopaths, and it may take time for them to orientate themselves into a new practice environment. Students should be aware of the dangers of professional isolation and be encouraged to develop peer networks, which can develop into professional networks after graduation and throughout their career.	
12. As healthcare practitioners, osteopaths are also responsible for developing and nurturing their skills to ensure that they continue to deliver high standards of care to patients, both by themselves and in conjunction with the local healthcare network.	
13. Osteopathic practice is often delivered within the independent sector. The outcomes in this guidance focus on safe, effective and ethical clinical care and the skills necessary to set up a business to deliver such care. Osteopaths must be fully conversant with the demands faced by an independent practitioner and ensure they are fully acquainted with the challenges of setting up practice before graduation. Failure to do so could distract from patient care during the first years of practice.	
14. The outcomes in this document set out what the General Osteopathic Council expects osteopathic educational institutions to deliver and students to demonstrate before graduation. 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	
15. In order to be granted a Recognised Qualification, all graduates must demonstrate that they practise in accordance with the Osteopathic Practice Standards (available at: www.osteopathy.org.uk/standards/osteopathic-practice).	
16. This guidance is designed to provide outcomes that will help graduates to demonstrate that they meet the Osteopathic Practice Standards. Osteopathic educational institutions may also require students to demonstrate a range of additional outcomes.	
Communication and patient partnership	
17. 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.	In the updated OPS, we say This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent. Patients must be at the centre of healthcare and must be given the information that they need in order to make informed choices about the care they receive. These standards support therapeutic relationships built on good communication, trust and confidence.
18. The graduate will be able to do the following:	
a. Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others.	Not sure quite what this means in a demonstrable way. The following one looks more like an obvious opener in this theme.
b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective/views on their own treatment and treat patients as individuals.	Perhaps in here we could feature '….understand their expectations and preferences, and what is important to them'.

c. Work with patients and colleagues to develop sustainable individual care plans, in order to manage patients' health effectively.	
d. Communicate information effectively. This should be demonstrated by, for example: i. providing space for the patient to talk and the graduate to listen ii. demonstrating high-quality interpersonal skills with patients and colleagues iii. demonstrating written and verbal communication skills to foster collaborative care iv. communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate v. recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients' expectations are not being met vi. disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact vii. encouraging and assisting patients to make decisions about their care.	Should be, or could be? i. Not sure referring to the graduate here is quite right – they'll need to meet these outcomes before they graduate, for example. ii. What does high-quality mean? Maybe effective interpersonal skills, being alert to verbal and non-verbal communication…. iii. Again – what sort of skills – clear and effective? iv. And being sensitive to the specific needs of patients v. This and the next one …… vi. relate to the duty of candour and the managing of complaints, which are standard D3 and D4 in Professionalism. Should they be referenced there, or can they remain here? vii. Relates to A3.
e. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions).	Relates to D5 – do we need now to make reference to understanding requirements to respect patients' privacy and confidentiality, and to maintain and protect patient information
f. Deal independently with queries from patients and relatives, ensuring that patient information is treated confidentially in accordance with the Osteopathic Practice Standards.	I'm not sure we need this one specifically if we make better reference above to the management of data and confidentiality. They shouldn't be dealing with queries from relatives, on the whole.
g. Recognise where a patient's capacity is impaired, and take appropriate action.	This seems to be repeated in h.iv below.

h. Obtain consent as appropriate in accordance with GOsC guidance. This includes: i. being able to explain the nature and implications of treatment ii. ensuring that the patient is providing consent voluntarily – that the patient is able to accept or refuse the proposed examination or treatment iii. ensuring that the patient is appropriately informed – that the patient has understood the nature, purpose and risks of the proposed examination, treatment or other action iv. ensuring that the patient has the capacity to consent to the proposed examination, treatment or other action – this is particularly important in the case of children and vulnerable adults who lack mental capacity. Further guidance on capacity and consent is available on the GOsC website at: www.osteopathy.org.uk	A4 now says '….consent for all aspects of examination and treatment'. i. Would probably expand to say 'explain the anticipated benefits and material or significant risks of any proposed treatment.' Or leave this out here and just maintain reference in the current iii below, which repeats this a bit. ii. Are these two elements related? iii. Expand this to include benefits and material or significant risks….
j. Work with the wider healthcare team to plan care for patients with complex or long-term illnesses receiving care from a variety of different healthcare professionals.	In reality, I'm not sure what this would look like in practice. We touch on it in para 9 above about the wider team. We could modify this to refrence current D9 here, but do we actually need it in communication and patient partnership?
k. Discuss and evaluate the patient's capacity to self-care, and encourage them to do so.	In A5 we now talk about supporting patients in caring for themselves to improve and maintain their own health and wellbeing, which might involve: provide information to patients to support them in caring for themselves, and in decision making about lifestyle changes. This paragraph could be enhanced along these lines.
l. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns.	This isn't referenced specifically in the OPS, but it's not unhelpful, perhaps in the context of boundaries (D2).

Knowledge, skills and performance	
19. Osteopaths must possess the relevant knowledge and skills required to function effectively as primary-contact healthcare professionals.	We now say in the OPS that osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these through their careers, always working within the limits of their knowledge, skills and experience.
20. The graduate will be able to do the following: a. Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines. These key concepts include: i. normal and disordered human structure and function ii. principles of a healthy lifestyle (for example, nutrition) iii. knowledge of basic pharmacology iv. osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives v. critical appraisal of research and professional knowledge vi. the context of osteopathy within the wider healthcare environment.	For (a) we now say in the OPS guidance to B1 that this knowledge should include an understanding of osteopathic 'philosophy, principles and concepts of health, illness and disease and the ability to apply this knowledge critically in the care of patients. The elements in the list broadly reflect the guidance to B1, though the latter goes further. The OPS guidance doesn't mention basic pharmacology or nutrition, for example.
b. Know how osteopathic philosophy and principles are expressed and translated into action through a number of different approaches to practice.	This type of outcome makes it quite osteopathic (understandably) – how does it relate to broader AHP outcomes?
c. Know 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 and other adjunct approaches.	Largely reflects C1.1.5 – adapt an osteopathic technique or treatment approach, etc.
d. Take an accurate and appropriate patient history, utilising all relevant sources of	C1.1.1 says now 'take and record the patient's case history, adapting

information (including, for example, diet and exercise).	your communication style to take account of the patient's individual needs and sensitivities.
e. Perform an accurate and appropriate examination, including relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs.	C1.1.2 now says 'select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history.'
f. Record the patient's history and findings succinctly and accurately in accordance with GOsC guidance (recognising that a patient's notes can be requested by the patient).	This is now in C2.
g. Critically evaluate information collected from different investigations and sources, to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation.	C1.1.3 says 'formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient.'
h. Undertake an osteopathic evaluation that is adequate to form the basis of a treatment and management plan in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.	As above, this is in C1.1.2. Is this an unnecessary repetition? Could these outcomes be combined?
i. Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.	Probably reflected in C1.1.4 - develop and apply an appropriate plan of care based on the working diagnosis, the best available evidence and your skills, experience and competence.
j. Implement the treatment plan skilfully and appropriately.	Now reflected in the 'apply' bit of C1.1.4 above.
k. Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient.	C1.1-8 – monitor the effects of your care and keep this under review.

l. Recognise when referral is necessary.	C1.1.10 – where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.
m. Participate in the process of referral from primary to secondary and/or tertiary care and vice versa, and demonstrate an ability to make referrals across boundaries and through different care pathways, as appropriate.	Referenced under C1.1.10 above. How realistic is this in practice? Maybe more so with expanded role of osteopaths in the future?
n. Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.	Relates to C3 – respond effectively and appropriately to requests for the production of written material and data. – includes produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.
o. Discharge a patient from care appropriately.	Not specifically referenced in the OPS, but it's a relevant enough outcome.
p. Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.	This relates to C6 – be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients, and A5 – you must support patients in caring for themselves to improve and maintain their own health and wellbeing. This may include providing information on the effects of their life choices and lifestyle.
q. Meet standards for hygiene and control of infection.	Now C5 – ensure your practice is safe, clean and hygienic, and complies with health and safety legislation. This and the following outcome are likely to need further detail in a post Coronavirus world. The thought of osteopaths using PPE would never have occurred in the past, but may be a feature of practice in the future.

r. Take reasonable steps to avoid the transmission of communicable disease.	This relates to C5 under Safety and quality, so is in a different theme. In the updated standards, the guidance says 'you should take all necessary steps to control the spread of communicable diseases'. This is also referenced in D11 about suspending practice if exposed to a communicable disease. As above, the post Corona landscape may need further reference here.
s. Demonstrate a critical and reflective approach to practice. This should include: i. a commitment to gaining feedback from others ii. reflection based on literature, guidelines and experience in the development of clinical skills iii. lifelong learning iv. the enhancement of the quality of care throughout their practice life.	Largely covered by B3 now.
t. Guide and support the learning of others.	Not specifically mentioned in the OPS but D9 deals with supporting colleagues and cooperating with them to enhance patient care.
u. Maintain and improve skills in key areas.	B3 – you must keep your professional knowledge and skills up to date.
v. Seek to extend the range of procedures, techniques and treatments that can be performed.	This doesn't feature in the OPS. It demonstrates a very process driven technique-centric view of osteopathy. Does it mean develop skills as an undergrad or once qualified?
w. Deliver and justify high-quality, reliable and informed care.	This falls more within Safety and quality – see C1.
x. Recognise and work within their limits of competence, requesting appropriate guidance	Now B2 – recognize and work within the limits of your training and competence.

or referring where appropriate to ensure patient safety and effective care.	
Safety and quality in practice	
21. In partnership with the patient, osteopaths must deliver high-quality, safe, ethical and effective healthcare. Osteopaths must be committed to maintaining and enhancing their practice in order to deliver high-quality patient care continuously.	The blurb from the OPS now says 'Osteopaths must deliver high quality and safe healthcare to patients. This theme sets out the standards in relation to deliverey of care, including evaluation and management approaches, record keeping, safeguarding of patients, and public health.
22. The graduate will be able to do the following:	
a. Recognise when patient safety is at risk, and institute changes to reduce risk.	To some extent, covered in C1, and also the 'keep patients from harm' aspects of C4.
b. Undertake risk assessment and risk management (including the management of adverse events).	This isn't stated like this in the OPS. If this relates to evaluation of patients in terms of risk assessment, then it relates to C1. In terms of the management of adverse events, then C1.17 references this.
c. Recognise and take appropriate action when adverse events have taken place.	Adverse events mentioned again here – seems some repetition. Touches, now, also on the duty of candour (D3)
d. Understand the obligation and need to maintain their own fitness to practise.	Could relate to D11 and D12 and also B3. Not so much expressly in Safety and quality.
e. Recognise that fatigue and health problems in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.	This seems as if it applies more to D11 ensuring that any problems with your health do not affect your patients.

f. Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect, and take action to safeguard their welfare, including seeking advice and informing other agencies where required.	C4 – you must take action to keep patients from harm.
g. Ensure good outcomes for patients, meeting their objectives, in accordance with the Osteopathic Practice Standards and relevant guidelines.	Not quite sure what this means – are we talking about patient's objectives or the student's objectives? What is meant by 'good outcomes'?
h. Gather and analyse data accurately and appropriately.	Probably more relevant now to B4, regarding analyzing and reflecting on information related to practice to enhance patient care.
i. Demonstrate knowledge and use of appropriate methods of clinical governance to enhance practice, including: ii. complaints mechanisms iii. patient and colleague feedback iv. clinical audit v. structured reflection vi. structured case-based discussion vii. structured case presentation.	This spans a number of standards, and not all of these are specifically mentioned with the OPS.
j. Demonstrate ways of establishing a viable, safe and effective practice, including: i. knowledge of and ability to comply with relevant legislation (in their intended country of practice), including health and safety, data protection and equality legislation[1], and financial and accounting requirements ii. ability to employ appropriate and legal methods of marketing and advertising, and ability to research and use up-to-date information and comply with good practice	This covers a range of current standards: j.i would be C5, D5, D6, D8. J.ii – D1 re advertising. Not sure why research skills are covered here, - they could relate more to C1

[1] This would include anticipating the needs of those with protected characteristics including gender, ethnicity, disability, culture, religion or belief, sexual orientation, age, social status or language.

iii. ability to use social media appropriately and legally iv. knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission, Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales v. ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.	in terms of evidence for particular treatment approaches. j.iii – D7.2.5, but social media not specifically referenced. j.iv – We don'ty specify in the OPS j.v – Not specified in the OPS in this way, but could relate to A3, about providing patients with information in a way they can understand.
Professionalism	
23. Osteopaths must behave in a professional manner appropriate to the situation, context and time, taking into account the views of the patient, society, the osteopathic profession, healthcare professionals and the regulator. This should take account of the obligation to maintain public confidence in the profession.	As an intro to Professionalism in the OPS we now say: Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust in the profession……..' D7 states that you must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.
24. Osteopaths must deliver safe, effective and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner.	D10 – In so far as colleagues are concerned, this says that you must consider the contributions of other health and care professionals, to optimise patient care.
25. The graduate will be able to do the following:	
a. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time.	This is a useful catch-all outcome.

b. Take personal responsibility for, and be able to justify, decisions and actions.	This would probably relate more to safety and quality as a theme.
c. Demonstrate professional integrity, including awareness of and ability to take action to meet their responsibilities related to the duty of candour and whistleblowing.	Integrity features in D1, candour is D3 and whistleblowing, though not referred to as this, is more akin to C4 (keeping patients from harm).
d. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and the wider healthcare environment.	Maybe to some extent, relates to D10.1.2 – understand the contribution of osteopathy within the context of healthcare as a whole.
e. Demonstrate an understanding of their duty as a healthcare professional to take appropriate action to ensure patient safety (including if they have concerns about a colleague). This may include seeking advice, dealing with the matter directly or reporting concerns to an appropriate authority.	Covered in C4, so no longer in Professionalism.
f. Reflect on feedback from patients, colleagues and others to improve skills.	More featured in B4.
g. Participate in peer learning and support activities, and provide feedback to others.	This isn't specifically referenced in the OPS.
h. Act with professionalism in the workplace, when using other communication media (including online), and in interactions with patients and colleagues.	Relates most closely to D7 – upholding the reputation of the profession.
i. Recognise personal learning needs and address these.	Probably relates most closely to B2 and particularly, B3.

j. Maintain a professional development portfolio to document reflection; this should also include career development and planning.	B3 – keeping knowledge and skills up to date, including complying with CPD requirements, but no specific reference
k. Act as a role model and (where appropriate) as a leader, and assist and educate others where appropriate.	Maybe closest to D9.
l. Ensure punctuality and organisation in their practice.	Not really referenced in this way in the OPS.
Common presentations all osteopaths should be familiar with at graduation	
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.	This is a guide – it's more about the outcomes, rather than an exact number of hours, as we've seen in the response to the Coronavirus crisis.
28. Some of the presentations below may also be demonstrated in other ways, for example, through role play and the use of simulated patients.	There is flexibility in how each educational provider delivers education and enables its students to meet the outcomes.

Common components of consultations	
29. The graduate must be able to demonstrate the following in a range of different patient presentations or scenarios:	
a. Take an appropriate case history, including: i. patient profile ii. presenting complaint iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history) iv. response to previous treatment.	These reflect some of the case history requirements set out in C2.
b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.	Guidance in C1.1.2 says to select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history.
c. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve: i. observation of gait and posture ii. osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.	This isn't specified in the OPS to this degree.
d. Make an appropriate examination of the relevant body system.	Again, this would be reflected under the clinical assessment requirement of C1.1.2 referred to above.
e. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological and social and other relevant factors).	This isn't reflected in C1, though B1 sets out the knowledge and skills requires to support osteopathic practice, including an understanding of the psychological and social influences on health sufficient to

	inform clinical decision making and patient care.
f. Explain clinical findings accurately and clearly.	C1.1.3 says to formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient.
g. Draw on well-developed and critical clinical reasoning and explain: i. the significance of presenting signs and symptoms, including any uncertainty ii. the differential diagnosis iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors iv. any uncertainty that may exist v. how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional.	These are not precisely reflected in the OPS but are not inconsistent with the OPS requirements either.
h. Formulate a treatment and management plan based on: i. the differential diagnosis ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors iii. an understanding of the patient which is based on listening to the patient and discussing their expectations iv. specific treatment aims v. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).	C1.1.4 says to develop and apply an appropriate plan of treatment and care, based on the working diagnosis, the best available evidence, and the patient's values and preferences.
i. Demonstrate how the patient was able to make an informed decision about their ongoing care, including: i. the patient's expectations ii. how material or significant risks associated with their proposed treatment or	This relates to A3, in particular.

management plan were explained to the patient iii. how the benefits of the various options offered were explained to the patient iv. responses to patient questions v. how the patient was able to make a decision.	
j. Confirm the initial prognosis of the effectiveness of treatment.	What does this mean, as an outcome?
k. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.	C1.1.6 says to evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate.
l. Reflect on a case where the expectations of the effectiveness of treatment were not met, and what actions were taken to communicate this to the patient and to seek further advice and/or refer.	C1 references evaluating treatment, taking action to monitor care, where appropriate, referring to another health care professional.
m. In the case of a referral, demonstrate: i. an understanding of their personal limits of competence and the ability to refer to a more experienced osteopath or other healthcare professional when necessary ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional iv. the mechanism of the referral undertaken (for example, the proposed referral letter) v. the outcome of the referral, including any ensuing modification of their treatment and management plan.	This reflects some of the aspects of several standards – B2, C1, D10, in particular.

Common range of clinical presentations	
30. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:	
a. neuromusculoskeletal case presentation	
b. non-neuromusculoskeletal case presentation	
c. case presentation presenting communication challenges	
d. patients displaying a range of characteristics which might include gender, ethnicity, disability, culture, religion or belief, age, social status or language	D6 refers to age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion of belief, sex or sexual orientation.
e. a patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up	
f. a patient requiring referral to another healthcare professional	
g. a patient who is under the care of another healthcare professional for an illness that cannot be cured by osteopathy, but where osteopathic treatment may help to alleviate symptoms	The phrase 'cured by osteopathy' is probably not ideal – Is this about a case where osteopathy may not be a suitable approach to the treating the underlying issue, but may help to alleviate associated symptoms?
h. a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated)	
i. a patient presenting requiring help which is outside the limits of competence of the	

graduate and who would benefit from osteopathic care that requires further postgraduate training	
j. cases where patients do not respond according to the expected prognosis cases where patients have chronic conditions that may require regular	
k. treatment to help the patient to live well within their environment.	
Common range of approaches to treatments	
31. The graduate must be able to demonstrate appropriate understanding (i.e. explain critical reasoning) and application of a range of approaches to treat patients safely, appropriately and effectively, within the context of the Osteopathic Practice Standards, osteopathic principles and reflective practice. This includes knowledge and application of contra-indications to the use of any techniques for particular patients, taking into account presenting complaints and history.	
32. The approaches to treatment may include[2] a. diagnostic palpation (a clinical examination) b. direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques c. indirect techniques, including functional techniques and counterstrain d. balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain	Is it helpful to outline these approaches? Some educational providers include them to greater or lesser degrees, but not every approach. Is this problematic? Diagnostic palpation isn't really an approach to treatment. Some have also pointed out the relative unreliability of palpation. Some have also queried approaches with little evidence to support them being referenced here, such as

[2] This list is taken from the World Health Organization's Benchmarks for Training in Osteopathy (2010), available at: www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf (accessed 17 December 2014).

e. combined techniques, including myofascial/fascial release, Still technique, osteopathy in the cranial field, involuntary mechanism and visceral techniques f. reflex-based techniques, such as Chapman's reflexes, trigger points and neuromuscular techniques g. fluid-based techniques, such as lymphatic pump techniques.	Chapman's reflexes and trigger points.
The transition into practice	
33. It is important that newly registered osteopaths take steps to integrate fully into the professional community and to build support networks while continuing to learn. Approaches to achieving this might include: a. introducing themselves to fellow osteopaths in the locality in which they intend to practise b. introducing themselves to other healthcare professionals in the area, including general practitioners, and putting in place mechanisms to maintain contact and explore opportunities for shared learning c. joining their local regional osteopathic group d. joining special interest societies and professional associations e. keeping in touch with their fellow students f. keeping in touch with their osteopathic educational institution g. undertaking relevant CPD h. making use of journals and other peer-reviewed resources and guidelines relevant to osteopathic practice (including those available through the GOsC website for registrants) i. seeking out mentors j. knowing where to access help when things go wrong k. obtaining further advice and guidance as appropriate from the GOsC at:	

standards@osteopathy.org.uk or 020 7357 6655 x235.	
Standards for osteopathic education and training	
34. Osteopathic educational institutions (OEIs) must deliver a curriculum that ensures all graduates with Recognised Qualifications meet the outcomes in this guidance and the Osteopathic Practice Standards (available at: www.osteopathy.org.uk/standards/osteopathic-practice).	This section will need amending to reflect the updated Standards for Osteopathic Education.
35. OEIs are also expected to comply with the Quality Assurance Agency for Higher Education UK Quality Code for Higher Education (available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code) on the appropriate delivery and assessment of a curriculum – in particular part B, which deals with: • 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.	