



## Policy and Education Committee

15 June 2023

### Transition into Practice

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	<p>This deals with Business Plan Activity: Continue to support new graduates (UK and Internationally qualified) making the transition into practice through better understanding of the barriers and enablers to building communities, including the development of appropriate resources.</p> <p>This is a progress report on the project</p>
<b>Recommendation</b>	To discuss the progress made so far with the transition into practice project and agree next steps.
<b>Financial and resourcing implications</b>	All data sources are collected and analysed in house and so there is no budget cost internally beyond staff time.
<b>Equality and diversity implications</b>	Matters related to equality and diversity are being considered as part of this work, participants of the focus groups completed a survey which included equality and diversity monitoring information.
<b>Communications implications</b>	A review of the key touchpoints and engagement activities between GOSC and new graduates has been undertaken as part of this work and the research findings will inform a detailed communications and engagement plan in due course.
<b>Annexes</b>	<p>A. Focus Group participants survey results</p> <p>B. Different business models of osteopathic practice that new graduates could enter when first starting out in practice (from qualitative interviews).</p>
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## Key Messages

- We have undertaken research work to better inform how we can best support new graduates making the transition into practice, with the overarching aim and purpose of this work being to build communities of practice for new graduates.
- We identified a total of 430 osteopaths that had been on the GOsC Register for less than two years and we heard from 27 of those osteopaths across four focus groups that were conducted between January and February 2023.
- Participants of the focus groups completed a short survey before joining the group with some of the key themes emerging including: the majority working as an associate practitioner (67%), in a multidisciplinary practice with other healthcare providers (48%) or group practice with other osteopaths (26%).
- The findings from the focus groups identified:
  - Three interrelated factors concerning expectations about practice. These were lack of patient awareness of osteopathy, underestimated soft skills that affect patient outcomes and struggling with pay/earnings.
  - There are a series of enablers and barriers to preparedness to practice, with enablers related to the type of practice a newly qualified osteopath began working at (e.g., principal-associate, multidisciplinary practice or NHS) and barriers involved lack of career pathways, education specific elements and risks of burnout.
  - Key support networks drawn upon by newly qualified osteopath, (if they had any), were fellow alumni or former clinic groups, mentorship opportunities and CPD or research groups.
  - Future support that newly qualified osteopaths would like to see across the sector going forward consisted of clinical placements, graduate pre-registration programmes, mentorship opportunities, networking and group opportunities, as well as GOsC registration and resources.
- The qualitative interviews conducted with owners of large osteopathic clinics identified:
  - Models of support were needed for the transition into practice for newly qualified osteopaths to be successful (see **Annex B**).
  - The enablers to be prepared for practice included support, structure, and a key contact for the newly qualified osteopath to go to. Barriers included isolation, lack of confidence in patient interactions and communication and fear of treating or adverse event anxiety.

- Future support was needed in encouraging responsible practice owners, webinars for the whole profession on business areas, regulation on principal and associate relationship, introduction of a clinical year, better education about key areas of practice, good PR of osteopathy, gaps in data about osteopathy as a profession and advertising job opportunities.
- The review of key touch points between the GOsC and new graduates revealed three transactional touch points (how to register, acceptance to the register confirmation and welcome to the register emails) and one engagement touch point (final year student presentations).
- This review identified some possible avenues to improve these existing touch points, led by the communications and engagement strategy and the research findings outlined in this paper. These include focusing support on peer support, and regional groups, mentorship and support to develop patient communication skills, as well as making changes to the GOsC website to make it easier to find information relevant to those transitioning into practice.
- Our next steps involve a profession wide online dissemination event to share these findings with our partners and stakeholders and work together to reach some solutions.

## Background

*What we have been asked to do?*

1. The current business plan 2022-23 asks us to do the following:

*'Support new graduates (UK and Internationally qualified) making the transition into practice through better understanding of the barriers and enablers to building communities, including the development of appropriate resources.'*

2. We reported to the Policy and Education Committee in October 2022 that there were a series of secondary sources of information which would help us get so far with this task. These sources include:
  - iO Census report 2021 – The first time a specific section on new graduates was included in the Census.
  - Boundaries report 2022 by Julie Stone
  - Registration data on leavers after certain period on the GOsC Register<sup>1</sup>
  - GOPRE outcomes
  - Initial GOsC focus groups undertaken with a group of new graduates in January/February 2020, which identified the following issues for new

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<sup>1</sup> Leavers data from the GOsC Register suggests that moving overseas cases feature more significantly among those that left the Register after spending less than four years on the Register (a total of 51 registrants) and, even more precisely, in those with more than two years and less than three years on the GOsC Register (22 of the 51 registrants).

graduates: (1) Technical knowledge versus experience; (2) Building a business and setting up a client base and (3) Professional support networks.

3. Given the information we obtained from these sources we approached this activity by the following key steps, with an indicative timeframe included:

**Table 1: Transition into practice steps and timeline**

<b>Steps</b>	<b>Timeframe</b>
<u>Step 1:</u> Recruited new graduates_(those that have been on the Register for less than 2 years with key demographics) for a series of focus groups	November to December 2022
<u>Step 2:</u> Ran a series of focus groups with new graduates (those that have been on the Register for less than two years with key demographics) to explore the current enablers and barriers they face with building communities of practice e.g., identify things we don't know	January to February 2023
<u>Step 3:</u> Online interviews with special interest groups and discussions with iO: involving large osteopathic clinics involved in Evolving Careers Framework and other organisations in the sector.  <ul style="list-style-type: none"> <li>• To establish what works well.</li> <li>• What works less well?</li> <li>• What could be done differently?</li> <li>• What more could be done, and which of these would be most helpful?</li> </ul>	April to May 2023
<u>Step 4:</u> Alongside the research-based stages of this project, we simultaneously have begun to undertake the following activities.  a) Review touch points we currently have with new graduates/joiners of the GOsC Register	April to May 2023

4. This paper will aim to take the Policy and Education Committee through each of these four steps and their subsequent findings.

## **Research components of project**

### **Step One: Recruitment**

5. During November to December 2022, we ran a data query to ascertain the number of osteopaths that had been on the GOsC Register for less than two years, this identified a total of 430 osteopaths who were new graduates. We

wrote directly to these osteopaths and advertised in the ebulletin inviting these osteopaths to join one of our online focus groups. The aim of these focus groups was to:

- find out about osteopaths' experiences of moving from study to practice.
- help us to better understand the support they needed and challenges they faced when entering practice.
- help us to better understand how they go about building a professional network and the barriers and enablers they have experienced in doing so.

## **Step 2: Focus Groups**

6. The focus groups were held on the following dates:

- Tuesday 17 January 2023 (6-7pm)
- Thursday 26 January 2023 (1-2pm)
- Monday 6 February 2023 (6-7pm)
- Thursday 16 February 2023 (12-1pm)

7. These focus groups examined the following four topic areas:

- Expectations of practice
- Preparedness for practice
- Support networks: the professional groups new graduates look to for support.
- what might future support look like and what would be most helpful to those starting out in practice in terms of resources.

8. Across the four focus groups we managed to hear from a total of 27 osteopaths that started out in practice less than 2 years ago. Each participant completed a short survey before joining the focus group, some of the key themes emerging from the participant survey included the following:

- Most participants had been practising for a year or less (89%)
- There was a good mix of place of graduation, with a participant graduating from each of 7 education providers. The highest being UCO (44%), Nescot (15%) and College of Osteopaths (11%)
- Osteopathy was a second career for most participants (78%)
- The main geographical locations participants were practising in were Greater London or Middlesex (26%), South-East England (41%) and South-West England (15%)
- Most worked in a clinic or practice that was in a different location or area to their education provider that they graduated from (67%)
- The majority were working as an associate (67%)
- A limited number of participants were sole practitioners (11%)

- It was equally split in terms of whether participants worked at either one or two clinics or clinic sites (41% in each case)
  - Most worked in a multi-disciplinary practice with osteopaths and other healthcare providers (48%), while a further 26% worked in a group practice with other osteopaths.
  - Most on average practised between 25-34 hours (30%) or 34-40 hours (30%) per week.
  - Most saw on average between 11-20 patients (30%) or 1-10 patients a week.
  - Approaches that were used most often with patients included: exercise (96%), soft tissue (89%), articulation (85%), muscle energy techniques, thrusting - HVT, HVLAT (59%) and general public health advice and education (48%).
  - Most frequently used therapies included: massage (78%), Western acupuncture/dry needling (18.5%), Pilates (15%) and applied kinesiology (15%).
9. The full results of this survey, including equality and diversity monitoring can be found in **Annex A**.

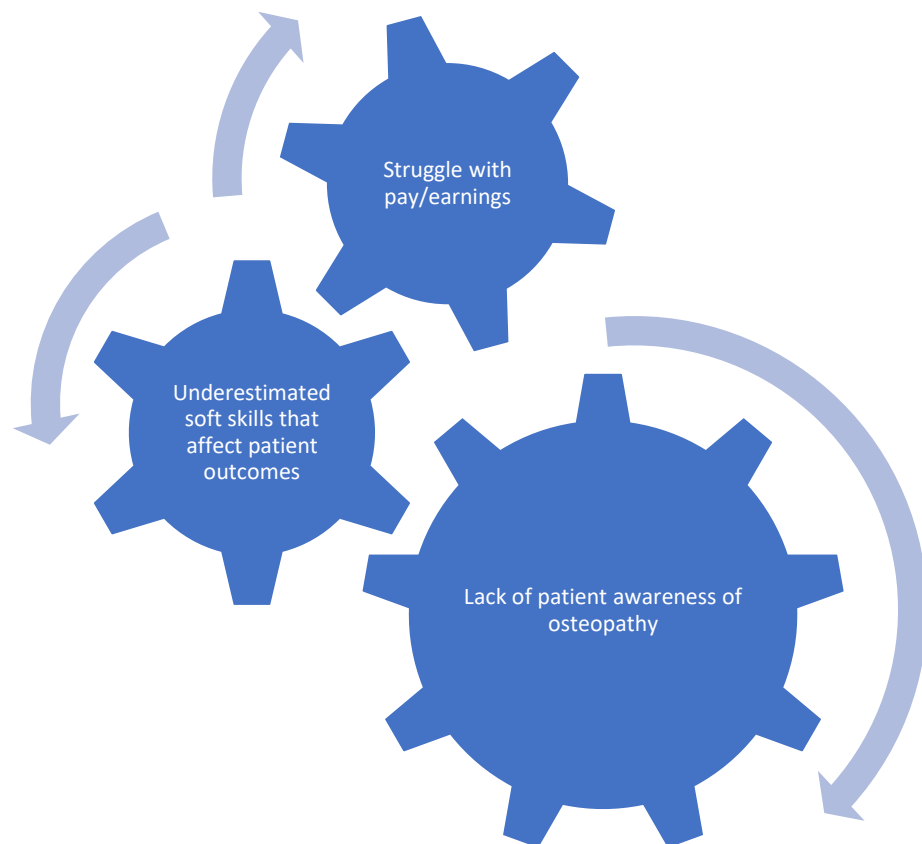
### **Findings from the focus groups**

10. The focus groups identified the following key findings:

- **Expectations about practice**

11. Expectations about practice focussed on three interrelated factors (see Figure 1)

**Figure 1: The wheels of expectation about practice**



- a) *Lack of public and patient awareness of osteopathy:* Some had expected that the public and patients would be more familiar with osteopathy but have since discovered that osteopathy isn't well known and that often they are referred to as chiropractors and physiotherapists instead of osteopaths.
- b) *Underestimated soft skills that affect patient outcomes:* Some had not expected how important communication skills would be and how it would impact on patient outcomes. Participants reported that the language or words adopted had an impact on patients' recovery e.g., 'out of place,' verses 'it has popped out' etc. Equally, some hadn't expected how much rehab would factor in the treatment of patients and the need for knowledge about strength/resistance training.

Some had not expected how much energy would be required on patient retention. Another communication challenge for newly qualified osteopaths is their concern about the financial impact treatment has on patients, if they were to suggest a patient might need 4-6 treatments to treat a condition, and because few are inclined to say this to their patients because they worry that this is too much money for the patient, it affects the quality of the treatment

plan that the osteopath is able to execute with the patient and subsequently retention of the patient. They report needing to be much more direct in their communication about action plans and number of treatment sessions which might be required.

- c) *Struggle with reality of pay/earnings:* There were unrealistic ideas about earnings, with reports that education providers didn't mention it could take a year before making any money and that it was hard to break even. Many reported being surprised at the earnings, thinking £40k pa was realistic at the outset, but it is more like £25-30k. Common comments here included:

*'It is quite demoralising hearing that many of my colleagues after 5 years of studying and sacrifices are expected to work for very little money.'*

**Respondent 8**

*'The practice abuses newly qualified osteopaths and takes advantage of us; in terms of the money we receive per treatment and the amount of patients we have to see.'* **Respondent 20**

Many felt ideas about earnings could be clearer, so that graduates don't turn down good opportunities, thinking they could do better elsewhere.

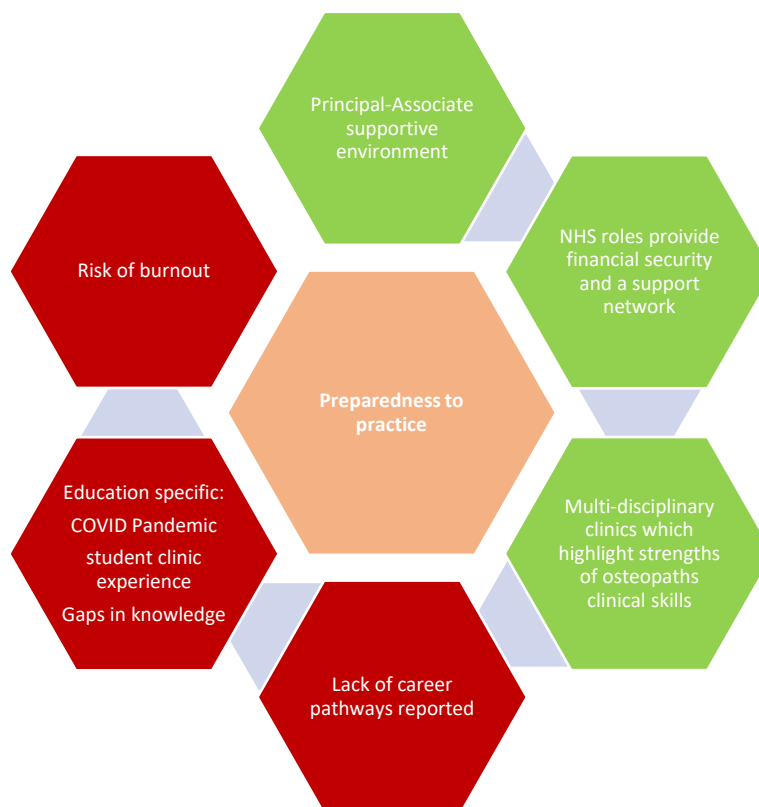
- d) Other areas reported included those that have previous experience of work in a healthcare setting had a better idea of what practice as an osteopath would be like (e.g., previous healthcare roles included Radiographer, Kinesiologist, personal trainer, sports massage/ massage therapist, animal, or human physiotherapist). Those that entered osteopathy practice from a different non healthcare background often reported their expectations of practice were not met. In addition, the physical impact of the job on an osteopath's body was reported by several participants to be greater than the impression given when training and these participants felt they had been miss-sold.

- **Preparedness for practice**

12. Preparedness to practice varied, often the enablers related to the type of practice the newly qualified osteopath began working at, but also involved some barriers as well which were related to education and workforce support issues (i.e., student clinic experience, gaps in knowledge, career progression and being overworked). This is illustrated in Figure 2.



**Figure 2: Enablers and barriers to preparedness to practice**



***Barriers to preparedness (Red or left side of Figure 2):***

***a) Education specific aspects:***

*COVID Pandemic*

13. Those that graduated through the pandemic reported their hands-on experience suffered and that they felt less confident and less prepared to practise as a result. Clinical practice for these graduates felt rushed and packed into the last 8 months of their course.

*Student clinic experience*

14. The amount of time spent on treating patients in education provider clinics (1.5hr for an initial consultation/45mins-1hr treatment) was reported as not being possible in practice and this had presented issues for graduates. Some were surprised that there were no placements with qualified osteopaths and that all clinical work was in-house at the education provider. It was reported that placement experience would have been of huge benefit, to have a block of time out with other osteopaths.

### *Gaps in knowledge*

15. Gaps in education were reported for those wanting to be prepared for work in the NHS, as first contact practitioners, along with gaps in rehab advice and exercise prescription. Many participants reported that their education provider focused on stretching but this was not sufficient training. Once they were in practice, they felt underequipped in this area, and many had to do a lot of CPD and research during the first 6 months in clinic to make progress in this area.

Osteopathic training was also reported to not cover enough about what was needed to set up a business, marketing and building a website. These lack of business skills meant more expense for newly qualified osteopaths who either outsourced these activities or paid for CPD in this area through OsteoBiz or OsteoHustle. Lack of business acumen also led newly qualified osteopaths to struggle building up patient lists. Several participants also mentioned gaps in knowledge around treating patients with chronic pain as this requires different treatment and advice to patients who have an acute pain injury. Reporting they lacked a deeper understanding about pain neurology.

#### **b) *Lack of career pathways in osteopathy***

16. Participants reported as osteopathy students began to progress through their degree their career expectations changed due to the lack of career pathways available. Frequently comparisons were made in the focus groups to physiotherapy training which has specific pathways (e.g., sport), in osteopathy, participants felt there was no structure, they were not supported in their career path and that progression was reliant on personal contacts and seeking out osteopaths working in a specific field of interest. With comments such as:

*'As Allied Health Professionals there is not much support for us osteopaths like there are for Physios.'* **Respondent 8**

#### **c) *Risk of burnout***

17. Burnout was also reported, among those that had recently qualified. With comments such as:

*'I am totally exhausted, and I have been told by my principal to work harder to get more patients into the practice. There is no protection for me.'* **Respondent 4**

*'I had an extremely busy first year working in three different clinics which involved a long commute which led to burnout.'* **Respondent 21**

18. Several participants when talking about burnout reported having too many patients on their clinic list, often struggling with the admin skills needed to manage 30-40 patient a week, coupled with their income being poor and the

clinic/principal that they worked for had not invested in their professional development.

19. Consequently, burnout appears to be being described in dual terms, both in terms of disillusionment of what newly graduates are not getting from the experience of starting out in practice and burnout in terms of being overworked.
20. In addition, burnout was also talked about in the context of tutors and not just newly qualified osteopaths, with one participant commenting that:

*'Tutors are burnt out and feel undervalued by their osteopathic education institution, so feel unable to offer mentorship to us newly qualified.'*

**Respondent 16**

### ***Enablers to preparedness (Green or right side of Figure 2):***

#### **a) *Supportive Principal-Associate relationships***

21. Many reported joining a clinic where the principal was supportive and happy to discuss how to build up a client base and clinic was crucial. Joining a group practice as an associate gave new graduates a team, they could draw support from.

#### **b) *NHS Roles***

22. Several were in NHS roles which they were intending to use as a 'springboard' into private practice eventually, but when starting out NHS roles gave structure, financial security, and a support network. Although these graduates did question the efficacy of osteopathic treatment via the NHS because patients are assigned only one or two appointments, so manual treatment is limited. But NHS osteopathy gave them the opportunity to develop triage skills, see complex patient presentations, and work alongside other health professionals and have access to patients' medical records, all of which was considered beneficial, and these participants felt more manual therapy would follow when they become faster at treatments and as their career progresses.

#### **c) *Multidisciplinary practices***

23. Some that worked in multidisciplinary practices felt osteopaths had better clinical skills than sports therapists or physiotherapists with comments made such as:

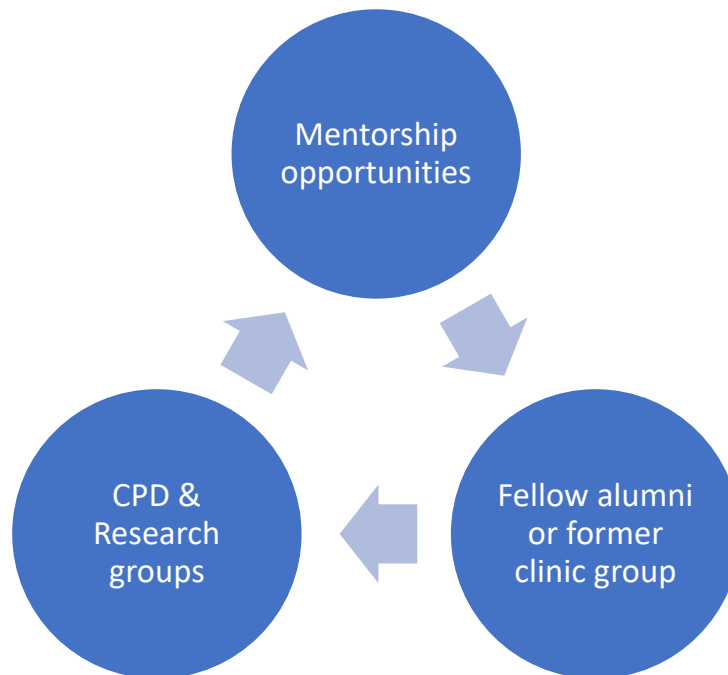
*'I have experienced a stronger education than these practitioners and, in some ways, I have taken on a mentoring role for them in this regard.'* **Respondent 1**

24. But it was reported by participants that physiotherapists were better at rehabilitation and prescription of exercises.

- **Support Networks**

25. Graduates who joined clinics as associates felt that principals should provide mentoring, but this didn't always happen. Consequently, support networks or professional groups new graduates looked to for support varied greatly from participant to participant. The key support networks drawn upon by newly qualified osteopaths are summarised in Figure 3.

**Figure 3: Support networks drawn upon by newly qualified osteopaths.**



**a) Fellow Alumni and Principals**

26. Some reported maintaining excellent support contact with the students and colleges that they graduated from, with comments such as:

*'I have 2-3 colleagues that are in their first two years of practice that I catch up with regularly over Zoom and I can message them anytime if I have any problems. I also have an ex-tutor that I have reached out to that has provided me with some shadowing experience. Respondent 5*

27. A Former clinic group worked well as a network of support for one group. The former students discuss cases, book in meetings, share exercise plans, and if they are struggling, they offload in the group chat (but for the majority of participants they had lost contact with this group after graduation).
28. Whereas others had no support network at all and reported feeling 'Out there and alone, not knowing who to turn to'. With comments shared such as:

*'I've had no contact from the College since I graduated – no ongoing back up. No encouragement from tutors'* **Respondent 2**

*'I'm isolated in my practice and do not have regular catchups with the health professionals I work alongside.'* **Respondent 9**

*'I thought I would have a lot of discussions with other health professionals, but I don't have any support network.'* **Respondent 10**

*'I've had little support on how to approach the new profession, coming from college and losing the support of the colleges' team was particularly daunting. I've left my course feeling like I don't know much and am suffering from imposter's syndrome.'* **Respondent 14**

29. These participants felt that a few key contacts from their school, so as to be able to run things past them when they first started out, would have been greatly beneficial. Most participants were also unaware of their nearest regional group. Lack of formal clinical mentorship when in practice had resulted in several participants obtaining positions within the NHS as this has enabled them to meet their core desire to talk through challenging cases and be reassured.

#### **b) Mentoring opportunities**

30. Mentorship opportunities as sources of support were mentioned frequently.

These included:

- Mentoring or support sessions or informal discussions weekly to discuss cases with their principal or other experienced osteopaths.
- Reaching out to clinical tutors for mentorship was also common and many tutors were happy to provide support.
- A beneficial experience for two graduates was volunteering at a social enterprise treating chronic pain patients, in turn they got structured mentorship and developed their confidence due to the variety of patients they saw and having team support.
- Mentoring and support via the iO.
- Shadowing local osteopaths during studying for degree

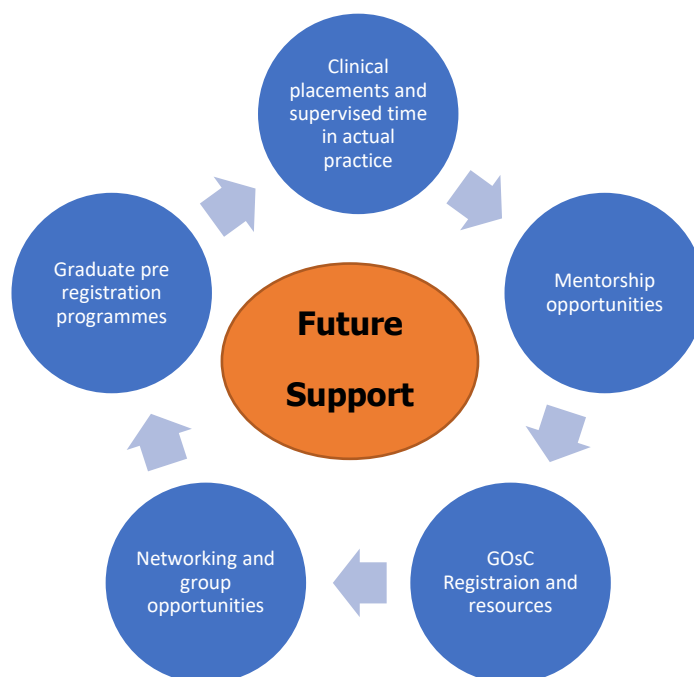
#### **c) CPD and research groups**

31. CPD opportunities and research groups were mentioned as other avenues of support, this included:

- Fortnightly CPD sessions within group or multi-disciplinary practice settings, where all involved were able to collaborate and share ideas.
- Attending NCOR meetings every few months was considered valuable to the newly qualified.

***Future support: What support newly qualified osteopaths would like.***

32. When participants were asked what they would like to see in terms of future support for newly qualified osteopaths. The popular solutions are illustrated in Figure 4 and described in further detail below.
33. **Figure 4: Future support newly qualified osteopaths would like to see across the sector.**



**a) Graduate pre-registration programmes.**

34. The idea here is that a package of support would be helpful to newly qualified osteopaths to advance their knowledge and confidence in the form of short courses available shortly after graduation, given that the current curriculum is jam packed, so CPD during this transitional period was reported would be helpful.
35. It was suggested these programmes could be run in partnership between the OEIs, iO and GOsC and could run modular content for newly qualified osteopaths on a range of topics that participants felt were not covered sufficiently enough during their training. These topics included:
- Business development and business start-up
  - How to gather money from an osteopathic practice
  - How to buy a practice or rent
  - Social media marketing
  - Developing a marketing strategy
  - Strategies on how to get patients through the door.

- Admin skills to manage large numbers of patients per week that new graduates were not used to managing.
  - How to develop treatment plans, setting out the roadmap to recovery, including specific goals for patients
  - Development of career pathways, as currently these are unclear.
36. In addition, it was thought that these graduate pre-registration programmes could also provide modular content on some of the gaps participants identified in curriculum such as:
- Rehabilitation and the prescription of exercises. Participants felt the lack or absence of this in the curriculum meant that they were getting left behind in the health sector when compared to other types of Allied Health Practitioners
  - Cardio and stroke training.
  - Biopsychosocial training, as newly qualified osteopaths reported seeing more patients with mental health issues, as a direct result of the pandemic and did not have the tools necessary to deal with effectively or the referral pathways for patients to seek further counselling and support.
  - Pain management training including neurology of pain, as this was reported as very different to treating acute injuries.
  - Telehealth training
37. But it was stressed this package of support should not exploit the graduates financially, as funds are limited for this group.

**b) *Clinical placements and supervised time in actual practice***

38. There was a strong desire from graduates to experience clinical placements during their osteopathic education to help prepare them for practice, but also build a supportive network for once they start practicing. A period of three months clinical placement(s) built into their training was suggested, with some participants believing that the student clinic is not realistic enough of actual practice, with some even saying that the student clinic provides a 'fake' experience of clinical practice and does not prepare students sufficiently enough for practice.

**c) *Mentoring opportunities***

39. The importance of mentorship for new graduates came through very strongly in the focus groups, with suggestions that ongoing clinical mentorship should be standard practice and that there should be more promotion of the mentorship scheme that the iO offer, perhaps in collaboration with GOsC, as well as mentoring opportunities that education providers could offer, so as to level the playing field for the newly qualified. Mentoring opportunities that were local and in-person rather than online were also a key priority.

40. It was also mentioned that resources could be developed to assist new graduates to carefully consider where they are going to work and select a clinic where mentorship is offered.
41. Those working in the NHS referenced the preceptorship scheme available to Allied Health Professionals and the peer-to-peer support/mentorship it offers. They reported feeling frustrated that physiotherapists have access to the scheme, but that osteopaths don't.

**d) *Networking and group opportunities***

42. Many participants were unaware of their nearest regional group, and it suggested that this information could be made far more accessible for newly qualified osteopaths, along with top tips of how to connect with others.
43. There was also a desire for more networking opportunities between students and recent graduates and for groups to be set up that focussed on common patient groups that new graduates are seeing in practice, for example, older or aging adults, male manual workers, visceral, cranial. So, groups more specific to the needs of new graduates right now in practice, rather than more specialist groups such as sports or animal.

**e) *GOsC Registration and resources***

44. Many participants were also unaware of the resources available on the GOsC website to support their practice as an osteopath, such as IJOM journals and it was felt more needed to be done to promote this, as new graduates reported they rarely visit the GOsC website. One participant also reported that obtaining a Tier 2 visa was challenging and information on the GOsC website on the process, forms that needed to be completed, pay structure, and supported guidance would have been helpful on the website.
45. It was also felt that the GOsC should consider what information is sent to students when they register with us. For example, it was considered that there should be more clarity in terms of the GOsC registration process, in particular, it was mentioned that the non-practising option needs explaining to new graduates, especially for those that have been unable to find a job straight after graduation, as it results in some starting to pay a fee without being in work.

NB: Non-practising status in year one of registration does not result in a lower fee to be paid, so this would not address the issue of paying a fee without being in work.

**Step 3: Online interviews**

46. During April 2023 four qualitative interviews were conducted with owners of large osteopathic clinics. The aim of these in-depth interviews was to explore different models of practice that new graduates enter into when first starting out



in practice. All four interviewees were recommended by the Chief Executive of the iO as ideal practitioners to talk to about this work and all had been involved in the iO's work on the Evolving careers framework. Across these interviews there was the common starting point of these business models that:

*'Transition is brutal and it's a big jump from college to real patient centred care. Newly qualified osteopaths need support and there needs to be a transition. It is not fair to the newly qualified osteopath or the patients if there is no model of support.'* **Respondent 1**

*'Providing a supportive environment is the key to a newly qualified osteopath's successful transition. Associates need to feel appreciated and valued.'*

**Respondent 3**

*'Without support the newly qualified can get put off the profession. They need support and commitment'* **Respondent 2**

47. **Annex B** summaries the key features of these four interviews with large clinic owners with their different and perhaps atypical osteopathic business models in terms of:
- Key features of the business model e.g., whether osteopaths are self-employed, employed by the practice or part of a larger franchise.
  - The ongoing support and mentoring provided to newly qualified osteopaths.
  - The contact time provided to newly qualified osteopaths (in addition to the mentoring provided).
  - CPD provided for newly qualified osteopaths.
  - Specific work undertaken by the practice to support either the newly qualified osteopaths transition into practice and/or the patient journey.
  - What has worked well under each of the business models?
  - What has worked less well under each of the business models?
  - Concerns held for the wider profession.
48. The section that follows looks in more detail at the interviewees' perceptions of newly qualified osteopaths' preparedness to practise and the future support considered necessary for newly qualified osteopaths. It would be fair to say that in terms of suggested future support for the newly qualified from those that work with them, every interviewee had a different idea. We provide a summary of these ideas, rather than a thematic analysis which has been undertaken for all other research topics explored in both the focus groups and qualitative interviews.
49. The views of the interviewees (principals or employers) do show many similarities with those shared by the newly qualified themselves, such as the ingredients needed to foster a supportive environment, but there are some significant distinctions also, particularly around confidence and fear.

*Interviewees' perceptions of preparedness of new graduates*

50. Figure 5 summaries the enablers that are needed to be prepared for practice (right/green side) and the barriers that can hinder preparedness to practice (left/red side) that were identified by the interviewees (i.e., the views of principals or employers of newly qualified osteopaths).

**Figure 5: Barriers and enablers to preparedness for practice seen by practice owners.**



51. All four interviewees thought that newly qualified osteopaths were clinically competent, safe practitioners, with up-to-date knowledge of technique skills, it was thought that the education providers are doing a good job here, but some reported newly qualified osteopaths not being adequately prepared for the 'softer skills' of practice (i.e., non-clinical skills), such as patient interaction, communication, and confidence. With comments such as:

*'Newly qualified osteopaths are safe competent practitioners with up-to-date knowledge of technique skills, but this doesn't inspire confident, compassionate practitioners. Newly qualified are practitioner centric, seeing patients as a commodity rather than a human being like them. Some of these skills come with experience, but under a support model, newly qualified osteopaths can learn this faster.'* **Respondent 4**

*'What we are looking for in a newly qualified associate is their manner with patients. Never underestimate the skill of being able to have smooth hands and keep a conversation going with a patient, you need to be able to multitask and the patient needs to be able to feel that the osteopath is present with them at that time. We are constantly looking for abstract qualities rather than whether a new graduate can do a particular technique or not.'* **Respondent 3**

52. The fear of experiencing an adverse event was considered a big source of anxiety for newly qualified osteopaths. In reality it was reported by the interviewees that when something bad does happen in practice, such as a patient is sorer after treatment than when they came in, it is often not as bad as the newly qualified osteopath perceives. Often, they will 'blow up' a small event into something much bigger, with time they get used to and better at dealing with these situations. But it is in these situations that imposter syndrome can start to creep in and according to one interviewee, some can leave the profession for those reasons such as a patient having an adverse reaction to treatment. In this situation, it is reported that a newly qualified osteopath can conclude that osteopathy is too dangerous a profession, despite them having been as safe as they can be.

53. It was also reported by several of the interviewees that newly qualified osteopaths feel awkward about asking patients for money and/or rebooking patients for further appointments. Often newly qualified osteopaths are reported as:

*'Being too quick to tell patients to see how it feels rather than book the patient in for further sessions and build a treatment plan with the patient.'*

**Respondent 2**

54. Consistently they think about the financial impact further treatments will have on the patient, which is thought to stem from the newly qualified themselves having to still live on a student budget. Newly qualified osteopaths are also reported to become disappointed quickly because a patient hasn't got fully better with them typically perceiving that 2-3 treatments should be sufficient for a patient to be better.

55. Both these factors of feeling awkward about asking patients for money and thinking that a patient will get better quicker than they actually will, result in difficulties for newly qualified osteopaths in successfully executing a treatment plan. This also feeds back to the patient e.g. 'I thought my sciatica would be better by now' and then the newly qualified osteopath has low self-esteem, because the patient isn't any better. It was also mentioned in the context of this scenario that new graduates often don't consider the long-term prognosis, e.g., what role osteopathy can have in a patient's life for a long-term condition and the ongoing benefits that osteopathy might have for that. For example, regular osteopathic treatment might give a patient 75% less pain for three days. Thus, newly qualified osteopaths have to be reminded of the benefits osteopathy can bring to people's lives, without achieving perfection and the value of

maintenance treatments and their role in long-term preventative measures or maintaining mobility for patients.

56. One participant also mentioned that newly qualified osteopaths lack business skills that are required to run an osteopathic business. Commenting:

*'Not everyone can be a business owner and to be a good business owner you cannot be a 100% practitioner as well. You cannot be developing two sets of skills (business and osteopathy) at the same time, it's not practical'*

**Respondent 2**

*Future support*

57. Given that the four business models illustrated in **Annex B**, are all centred around support for newly qualified practitioners. The interviewees saw future support needed in the following key areas, with each individual mentioning something different:

- **Campaign to encourage responsible practice owners**, in terms of:
  - How to run, develop and train employees
  - What the practice environment needs to include for newly qualified osteopaths to thrive.
- **Webinars for the whole profession** (not just iO Members) on the following key business areas:
  - What to expect when starting out in practice as an osteopath i.e., perception of what osteopath is, allowing business owners to share with newly qualified osteopaths a) how a business is run and b) providing them with exposure to different business models or job opportunities within the sector (e.g., self-employed, employed, NHS, different types of practice).
  - How to go about setting up a practice and what this might look like.
  - Employed models of business and how to run a clinic under this model.
  - Awareness of alternative business models to the self-employed route
  - How to write contracts for self-employed and employed business models.
- **Regulation on Principal and associate relationships**– online resources/webinars which might include:
  - What these roles and relationship mean – so that it is clear what signed up for
  - What does it mean to be a principal?
  - What does it mean to be an associate?
  - What can an associate expect from a principal? (So that an associate understands their principal)
  - What does good and bad look like in both these roles?
  - Accepted behaviour criteria (both parties) – so as to avoid 'Them and us.'

- Agreement that is binding
- If an associate is not getting what signed up for a process in place for that to be investigated by external regulation, as currently it was felt that the principal-associate relationship was open to abuse in some parts of the profession.
- **Introduction of clinical year** – so that on graduation newly qualified osteopaths would be required to do a clinical year (something physiotherapists do already).
- **Better education about:**
  - *Patient-Practitioner relationship* – This relationship needs unpacking further for new graduates and needs further work or resources, so that patients are not just seen as a way to pass exams and are seen in their own right from the outset.
  - *How to handle adverse events* - Resources on the procedures and routes in place when something bad happens that will help with the fear/anxiety it brings so that practitioners are confident what could happen, what it means and how to be safe (i.e., safeguarding measures). Some of the profession's impression of the GOSC's was commented on here by one interviewee, that there is a need to promote more trust with osteopaths and for the GOSC to support osteopaths to understand and be aware of the procedures and routes that are in place for when things don't go to plan in practice, such as an adverse event or patient complaint.
  - *Osteopathy and wider healthcare* - Greater awareness of the context osteopathy is operating in, in the community with other health professionals.
- **Good PR for osteopathy** – Osteopathy needs to present itself to the next generation, illustrating what is exciting and attractive about the profession. Currently, it was thought the only people that can explain osteopathy are those that have experienced it themselves.
- **Gaps in data about osteopathy as a profession** - There is a lack of data on osteopaths' salaries, working hours and how a clinic is run, with the dominant model in operation being the self-employment model with a fee split basis, rather than some of the business models illustrated in **Annex B**. The lack of such data results in the job as an osteopath being unrealistic and oversold to new graduates, as something it is not. It appears that salary expectations are a missing part of the profession for new graduates – they need to know the base salary in terms of what they will be earning, so as to make informed decisions, but because there are no standard pathways for the profession, the experience for the newly qualified can vary so drastically. With one participant commenting:

*'The experience of a newly qualified osteopath can vary so much and is a hot topic on the Facebook groups. For example, a newly qualified osteopath could a) be taking 50% of a patient fee and the practitioner feels bamboozled b) be getting a base rate with a possibility of hitting a bonus c) be embarking on a long commute to numerous practices with variable hours or d) be working a straightforward 9-5pm.'* **Respondent 2**

- **Advertising job opportunities:** Official central platform held by a professional body, specifically for new graduates looking for job opportunities straight out of education, it was considered that something more professional was required than what currently exists, which could provide professional communication. It was considered that the GOsC and iO would be best placed to deliver on this by the interviewee. It was also considered by another interviewee that newly qualified osteopaths cannot make choices based on the current way that job opportunities are advertised, such as 'Seeking part time osteopath half day a week at clinic.' In a scenario like this the newly qualified osteopath must build up a collection of these type of jobs. It is thought that a job market like this is making the NHS appealing to newly qualified as they will know their pathway, hours and base salary.

### **Communications components of project:**

#### **Step 4: Review of key touchpoints and engagement activities between GOsC and new graduates**

58. During April - May 2023 the Communications team undertook a review of the current touchpoints and engagement activities between GOsC and new graduates, so as to explore some of the comments made by focus group participants in relation to GOsC.
59. We have used the term 'touch point' to refer to contact or engagement between GOsC and our audiences (which in this case are newly graduated or almost graduated students, and newly registered osteopaths). Our touch points can be defined as either transactional or engagement:
  - **Transactional touch points** serve a practical function or purpose, such as gathering data relevant to the registration application, or providing important and compulsory information to newly registered osteopaths. Although, these are mainly transactional, in line with our Communications and Engagement Strategy, we try to utilise these opportunities to set the appropriate tone, provide helpful information and demonstrate that we are an approachable and supportive organisation.
  - **Engagement touch points** offer us the opportunity to engage more directly with our audiences, where they can provide us with their feedback, ask questions and we can open up discussion. We also utilise these touch points to provide support to our audiences by highlighting information that

may be useful to them, such as information about regional osteopathic groups. These touch points also allow GOsC to demonstrate listening by creating an open, two-way dialogue.

60. Currently, we have the following transactional touch points:

- **How to Register email:** this email is sent to all final year students during early April each year. The email includes information to help students apply for registration with the GOsC and explains the process to follow when registering. This email is sent from the Registration team.
- **Acceptance to Register confirmation email:** this is the first email a newly registered osteopath will receive from us once they have become registered. This email provides the unique registration number, instruction on professional indemnity insurance and an overview of the CPD requirements. This email is sent from the Registration team.
- **Welcome to the Register email:** this email is sent to newly registered osteopaths. This is a less transactional email, offering useful information and guidance such as links to the OPS and CPD websites, information to share with patients including our shared decision-making resources, and guidance on promoting your health regulated status. This email is sent from the Communications team.

61. We also have the following engagement touch point:

- **Final year student presentations:** while these are not targeted at new graduates, this is a key touch point for students in their final year of study who may go on to become new graduates and newly qualified osteopaths. The content of these presentations is very much based on transactional topics (for example, how to register with GOsC including which forms to fill out and what information is needed), however, these online events do offer attendees the opportunity to ask us their questions, which help us to identify their concerns or challenges. We offer three presentations each year, inviting all final year students via direct targeted email. We also liaise with education providers to ask them to promote this opportunity to their students.

62. We currently do not have any regular two-way engagement touch points targeted specifically at newly registered osteopaths. However, these osteopaths do receive our regular communications such as our monthly ebulletin, which promotes broader engagement opportunities, such as webinars. Recent graduates will have received the ebulletin since their penultimate year of education.

## **Findings from the review of touch points and engagement activities between GOsC and new graduates**

63. The review outlined above has allowed us to identify where we might be able to make improvements to existing touch points, led by our Communications and Engagement Strategy. As part of our next steps, we will, where necessary and appropriate, make improvements to ensure each touch point is supportive and timely.
64. Our review has also allowed us to identify where there may be gaps in our engagement with those transitioning to practice, specifically for newly registered osteopaths. As we currently have no touch point with osteopaths within the first year of registration (apart from the Welcome email), we want to explore options for this, looking at feasibility and where possible, collaboration with other stakeholders.
65. We want to ensure newly registered osteopaths feel able to seek support from GOsC where needed and appropriate and are able to find the information they need via our communication channels. Below we explore some of the options we can consider based on the insight gathered during this research.

### **Issues identified and possible avenues for support.**

66. Prior to further engagement with key partners and stakeholders we are considering how the insight gathered during this research can help us to improve the support we provide to those transitioning into practice. We have identified three key areas of focus, based on feedback from osteopaths.
67. Alongside the options set out below, we are also aiming to make changes to our website to make it easier to find information relevant to those transitioning to practice. These website changes will mirror the following key topics which have been identified:

#### *Peer support and regional groups*

68. A common and significant issue highlighted by the new osteopaths who attended our focus groups was their need for peer support, and their lack of awareness of the opportunity to take up membership of regional osteopathic groups. Most of the osteopaths did not know that regional groups existed and were reassured to find out about them and the support they can offer.
69. We have recently made changes to the **o** zone website to make it easier for osteopaths to find information, especially contact details, for the regional groups. Aside from this, we regularly promote the regional groups in our ebulletin and feature information on joining or setting up a regional group on our CPD website. We are however considering what more we can do to make final year students and newly qualified osteopaths aware of these groups.



- **Short term support:** targeted emails to newly registered osteopaths with information about joining a regional group. This email can include links to information on our websites including contact details and blogs from regional leads.
- **Longer term support:** as part of our engagement with stakeholders, we want to consider whether education providers should be promoting regional groups to final year students, to ensure they are aware of this support when they graduate. We recognise however that it will be important to ensure this is done at an appropriate time when students are ready to absorb this information but not too close to when they are focused either on their final exams or on completing the registration process, and so we would be interested in exploring this option further with students and educators.
- As part of our stakeholder engagement on this topic, we might also consider how we can work with the Institute of Osteopathy to promote regional groups to their new members who are newly registered/graduated via channels such as their email bulletin, magazine and in-person events.

### *Mentorship*

70. Linked with the need for peer support, many of those involved in our focus groups said they would benefit from a mentor but did not know how to find one. This may be in part due to a lack of mentors within the profession, or difficulty finding the relevant information in order to reach out to a mentor.
71. The Institute of Osteopathy (iO) provides a lot of information to its members on the topic of mentorship, encouraging experienced osteopaths to consider becoming a mentor by promoting the benefits and how this can help fulfil CPD requirements. For example, on their Student Zone on their website (available to members who are either students or newly registered osteopaths) they include information on how to find a mentor.
72. We know that mentorship supports our interests as a regulator, offering osteopaths opportunities for professional development and community, and therefore supporting the aims of the CPD scheme. It is important for us to make it easier for newly registered osteopaths, including those who are not members of the iO, to be able to benefit from mentorship.
- **Short term support:** We can consider reaching out to the osteopaths we engage with regularly, who are already mentors, to seek possible blogs for our CPD website on the benefits of mentorship for the mentor as well as the mentee.
  - **Longer term support:** as part of our engagement with stakeholders on our findings, we can engage with regional group leads to understand whether they may be able to encourage their members to consider mentoring newly registered/graduated osteopaths. We are also keen to work with the iO to make use of their existing resources on this topic.

*Support to develop patient communication skills.*

73. Some of the feedback gathered during the focus groups highlighted a gap in newly registered osteopaths' ability and understanding of patient communication, especially to support elements such as clinical rehabilitation and patient retention. Our resources for shared decision making, designed to support communication, and listening between healthcare professionals and patients before and during consultations, may provide additional support and reassurance for newly registered osteopaths. We include links to information on these resources within our Welcome to Register email and often promote the resources in our ebulletin, however, we may want to consider more targeted and explicit communication directly to this audience in order to encourage their use of the resources.

- **Short term support:** we can consider sending a targeted email to newly registered osteopaths (within their first year of registration) promoting the resources and how they can support their practice and their patients.
- **Longer term support:** future engagement with education providers could possibly seek to encourage educators to reference and share these resources with penultimate or final year students.
- The shared decision making workstream is also currently considering how best to incorporate the shared decision-making thinking into teaching processes, so this will also be an important element in developing and supporting new graduates with their patient-practitioner communication skills.

### **Next Steps**

74. The findings from the qualitative research and review of key touchpoints and engagement activities between GOsC and new graduates clearly indicates that we need to engage the sector with these findings before we can offer solutions. Consequently, we are proposing to run a sector wide online dissemination event to share these findings with key stakeholders such as the educator providers and the iO and consider how we as a sector might respond and how the GOsC can support with these wider issues for the osteopathic sector and the transition into practice.

75. Based on this engagement with the wider sector on these findings we intend to:

- Offer some solutions which might include development of:
  - Guidance or Principles (e.g., we are aware of the NMC transition into practice principles<sup>2</sup>)
  - Resources
  - Advice

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<sup>2</sup> NMC Transition into Practice Principles <https://www.nmc.org.uk/standards/guidance/preceptorship/>

- Using the research findings, review of the communications touch points, and outcomes of the dissemination event, develop a proposal for changes to the GOsC public website (pulling all relevant information together in one place for new graduates/new registrants, including new resources and guidance developed as a result of the research findings).
- Develop a long-term communications and engagement plan targeting this audience with the aim of providing support and promoting the information available to them to support with the transition to practice.

**Recommendation:** To discuss the progress made with the transition into practice project and agree proposed next steps.