



## Policy and Education Committee

15 June 2023

### Patient involvement in osteopathic education

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	<p>This thematic review is a project exploring the role of patients in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.</p> <p>We are currently in the process of turning the thematic review into a user-friendly report for osteopathic stakeholders to engage further with these findings and highlight some of our next steps going forward. This user-friendly report will be advertised in the ebulletin and on the GOSc website.</p>
<b>Recommendation</b>	<ol style="list-style-type: none"><li>1. To agree to recommend to publish the report and consider next steps that this report has highlighted.</li></ol>
<b>Financial and resourcing implications</b>	All work has been conducted in-house.
<b>Equality and diversity implications</b>	Equality, diversity and inclusion (EDI) issues were explored during interviews with OEI staff. Discussions focused on how to adapt engagement strategies to meet the needs of the patients they work with and ensure as many patients who want to get involved in osteopathic education can do so. For example, improving the accessibility of patient feedback resources (easy read documents) and trialling hybrid patient panel meetings.
<b>Communications implications</b>	Our intention is to publish the report in due course. This will require dissemination by the communications team
<b>Annex</b>	<ol style="list-style-type: none"><li>A. Main report</li><li>B. Survey report (2019)</li></ol>
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## Key messages

- Since 2019 we have been working with osteopathic educational institutions (OEs) to undertake a thematic review into the role of patients in osteopathic education.
- The purpose of the review has been to collaborate with OEs to identify good practice in the sector, identifying barriers and enablers to involving patients in osteopathic education and share the learning with institutions.
- The project began in 2019 with a second source literature review of patient involvement in healthcare education curricula which informed a survey of all OEs exploring levels and methods of patient involvement in osteopathic education.
- In 2021 we hosted a workshop to share the survey findings with educators and patients and to explore to what extent patients may further contribute to the education process.
- In 2022, we conducted interviews with staff from eight osteopathic education providers (clinic tutors, principals, administrative staff from teaching clinics) to discuss how patient involvement had evolved following the workshop.
- We also drew on the patient involvement activities discussed by education providers' in their 2020-21 and 2021-22 annual report submissions which have provided a helpful barometer to identify the progress which institutions have made.
- In 2023, we hosted a workshop with OEs to share findings from the thematic review and provide a chance to reflect on how they've further involved patients in their work and what activities they are most interested in trying to implement in the future.

## Background

1. One of the key objectives of our 2018-2019 Business Plan was 'to promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity'. As part of this objective, we committed to 'working with OEs, to support the further development of patient involvement in education and training, for example, curriculum, assessment and governance as well as patient feedback.
2. In 2019 a review into patient involvement in osteopathic education was undertaken by institutions in the context of the Guidance for Osteopathic Pre-Registration Education (GOPRE) (2015), which also mentioned students seeing patients for repeat sessions. GOPRE (2015) set out a range of presentations which students should be exposed to and have experience in managing.

3. As the project evolved so too did the context in which patient involvement was undertaken by OEIs. Osteopathic education is specifically referenced in the updated [Graduate Outcomes and Standards for Education and Training \(2022\)](#).

*Education providers must ensure and be able to demonstrate that: they involve the participation of students, patients and, where possible, the wider public in the design and development of programmes and ensure that feedback from these groups is regularly taken into account and acted upon (Theme 1).*

4. The paper provides an overview of the project, explores findings from both the survey and interviews, and draws on the patient involvement activities discussed by education providers in their 2021 and 2022 annual report submissions.

### **Literature review: patient involvement in healthcare education curricula**

5. In 2019, to inform the thematic review we examined a series of secondary source literature so that we could compare osteopathic education with other examples of patient involvement in healthcare education curricula.
6. The literature predominantly but not exclusively looked at patient involvement in undergraduate medical education because it had the greatest range of sources, as patient involvement 'has become common practice' in this field.<sup>1</sup>
7. While conducting this desk-based research we used search terms (on their own and in combination) which included: *patient\**, *communit\**, *involvement*, *group*, *engagement*, *collaboration*, *representative*, *health education*, *curricul\**, *medical education*.
8. The most common type of engagement referenced in the literature was patients as teachers. For example, patients involved in clinical skills practicals focused on communication between student and patient, history taking, management of care and physical examination sessions. Other methods of engagement included formative and summative assessments, curriculum development and selection of prospective students.

#### *Benefits, barriers and enablers*

9. The literature review highlighted the benefits for students, patients and educational providers as well as the common barriers and enablers to involving patients.

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<sup>1</sup> [Dijk W, Duijzer E, Wienold M. Role of active patient involvement in undergraduate medical education: a systematic review, en. 2020](#)

### *Benefits for students*

10. The literature showed that involving patients in healthcare education provides many benefits to both the student and the patient. Evidence from the [Can Patients be Teachers Report by the Health Foundation \(2011\)](#)<sup>2</sup> demonstrated that there is high learner satisfaction when patient involvement occurs.
11. Through engagement students gain valuable patient interaction skills, increase their confidence in talking to patients and gain greater exposure to important patient issues. It also enhances their understanding of patient perspectives and developing their communication skills.

### *Benefits for patients*

12. For patients it is seen as crucial that their experiential knowledge of illness and the healthcare system is included in training health professionals. Patients often express a desire to 'give something back' and believe their experiences can benefit future health professionals and patients.
13. Patients also report specific therapeutic benefits, such as raised self-esteem and empowerment, as well as providing them with new insights into their problems or condition and a deeper understanding of the practitioner-patient relationship.

### *Benefits for educational institutions*

14. Involving patients in education can lead to improved quality of care in teaching clinics leading to increased 'patient-centredness' and the creation of 'a multicultural learning environment'<sup>3</sup>. Institutions involved in 'patient as teacher' programmes...feel that students have valuable learning experiences, are exposed to important patient issues, are enabled to see the patient's perspective, and gain valuable patient interaction skills.<sup>4</sup> Ultimately this can 'make education more engaging, powerful and transformative.'<sup>5</sup>
15. When patients are involved at governance level they can often provide assistance in shaping strategic and operational directions and enable institutions to become more responsive to issues as they occur.

### *Barriers to involvement in health education*

16. Despite an increasingly the collaborative role patients play in health education, there is much to be learnt about how to embed it, and how to develop

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<sup>2</sup> [The Health Foundation. Can Patients be Teachers Report. 2011](#)

<sup>3</sup> [Stagg P, Rosenthal D. Why community members want to participate in the selection of students into medical school \(2012\)](#)

<sup>4</sup> [The Health Foundation. Can Patients be Teachers Report. 2011 \(Page 22\)](#)

<sup>5</sup> [Cheng PTM, Towle A. Patient educators help students to learn: an exploratory study. 2017](#)

systematic, institution-wide approaches to planning patient involvement in all levels of medical (or medically related) education.<sup>6</sup>

17. Patient involvement in medical (or medically related) education can also be challenging to manage, which may be why it is not always done as widely as it could be in practice. For example, evidence suggests that patients report concerns about having to revisit negative experiences, being judged by students, being worried about consent and confidentiality and how truthful their evidence will be represented by students when treated by students in clinic and/or are involved in classroom settings.<sup>7</sup>
18. Faculty members are more inclined to be concerned that their own expertise may be devalued, or the blurring of professional boundaries may arise as a direct result of patient involvement. The few studies in which students reported a negative experience were mostly following sessions with people with mental health problems, and were associated with perceived antagonistic attitudes, unbalanced views, lack of representativeness and mixed views on the usefulness of feedback received (Morgan & Jones, 2009).<sup>8</sup>
19. Ultimately, while there is good evidence of the short-term benefits to students and the patients/users involved, especially satisfaction levels (Kirkpatrick, 1996) there is very little evidence of the impact of patient/user involvement in health professional education in terms of long-term outcomes, specifically changes in behaviour and in the health professional practice.

## Discussion

20. Examining the second source literature enabled us to deliver a multi-pronged approach for undertaking a thematic review: (For full report see Annex A)
  - a. Survey (2019) and a multi-stakeholder workshop (2021)
  - b. Review of annual reports (2021 and 2022)
  - c. Semi-structured interviews (2022) and a quality assurance workshop (2023)

### *Thematic review findings*

21. Key findings from this report are: (To read the findings in full see Annex A)
  - Despite the significant challenges posed by COVID-19, which led to a halt on almost all patient involvement activities as well as a lack of resources and

<sup>6</sup> [General medical Council. Patient and public involvement in undergraduate medical education. advice supplementary to tomorrow's doctors. 2009](#)

<sup>7</sup> [The Health Foundation. Can Patients be Teachers Report. 2011 \(Page 22\)](#)

<sup>8</sup> [Morgan A, Jones D. Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: a literature review. 2009](#)

time-poor staff, progress has been made since 2019 with OEIs both embedding and diversifying patient engagement in osteopathic education.

- In 2019 OEIs' plans centred on enhancing current patient involvement practices as opposed to diversifying engagement mechanisms. By 2023 there had been a shift in thinking which resulted in the establishment of several patient panels, the development of policies to underpin patient engagement, and a successful pilot involving a patient joining a research and ethics committee and there were several instances of involving 'patients as teachers'.
- OEIs clearly value patients and recognise the importance of incorporating the patient voice in osteopathic education but are keen to avoid tokenism. Their continued desire to do 'more' is underpinned by nervousness because they 'want to get it right' but concerns regards resourcing – particularly time – that were identified in 2019 still exist.
- The thematic review has shown there is no one size fits all framework for patient involvement. What works in one OEI may not work in another, due to the differing patient profiles, geographical locations, whether OEIs are single institutions or based in a university setting, and how important and impactful patient involvement is deemed by the education provider.
- Since 2019 OEIs have trialled a variety of methods of involvement, recruitment, and remuneration with mixed success. As a result, flexibility and reflection have been needed when adopting and adapting particular models.
- The method of involvement that tended to yield the most benefits for students was 'patients as teachers'. OEIs reported it enabled students to gain valuable patient interaction skills, increased their confidence in talking to patients and ultimately resulted in enhanced learning outcomes. However, the process could be unwieldy and required careful management.
- Universal enablers to engaging successfully did emerge through the review which include direct recruitment of patients by staff, having an institutional patient involvement champion, cross-team working, and dedicated resources (time and money).

### *Next steps*

22. Some of the recommendations and next steps that OEIs might wish to work towards going forward or are currently pursuing as a result of this work include:

- From a sector-wide perspective, there is a need to learn from and build on experience, to avoid reinventing the wheel, and to connect those working in the field.
- Several OEIs are exploring how to create infrastructure and appropriate policies that will help to support patient/user involvement in education. Policies and processes are required to address issues such as recruitment, payments, and ethical issues, as well as providing a safe, comfortable and welcoming environment for patients/users.
- Further reflection is required on how to provide training and support for both patients and staff in these new ways of working. Evidence indicates that when patients and staff are skilled and confident and have a shared understanding of the desired outcomes of an activity this fosters opportunities for anticipating benefits and challenges such as conflicts, emotions, unmet expectations. Taking this approach may help to mitigate some of the nervousness staff have expressed in diversifying their engagement.
- The models of engagement that OEIs might trial are likely to be different, but best practice has highlighted the need for a coordinator within the OEI who can be the link between the institution and the patients.
- An option for diversifying recruitment that OEIs may wish to consider is reaching out to patient organisations and their networks, local community groups as well as members of condition-specific support groups.
- A repository of examples of good practice, including a database of initiatives and materials is likely to be helpful to OEIs.
- OEIs' annual report submissions have underlined their intention to continue to consider, monitor and take steps to mitigate any potential harms to patients, students and staff.
- If OEIs are to further embed patient involvement, and provide support and funding, especially during a cost of living crisis, evidence of the value added to the educational programmes will be needed.

23. Our intention is to publish report in a user friendly format in summer 2023.

**Recommendation:** To agree to recommend to publish the report and consider next steps that this report has highlighted.