# Annex A to Item 7

**Patient engagement in osteopathic education report**

**May 2023**

## Introduction

1. This report shares the findings of our thematic review into patient engagement in osteopathic education 2019-2023. The aim of this work was to:

    a. Collaborate with Osteopathic Education Institutions (OEIs) to:
        i. identify good practice in the sector
        ii. identify barriers and enablers to involving patients in osteopathic education
        iii. share the learning with institutions.
    b. Promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity.

2. As this work has spanned 2019 to 2023 it has helped to support our business plan objectives over several years. For example, it was linked to the:

    a. 2018-2019 Business Plan objective 'to promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity'.
        i. As part of this objective, we committed to 'working with OEIs, to support the further development of patient involvement in education and training, for example, curriculum, assessment and governance as well as patient feedback.
    b. 2023-24 Business Plan objective to 'develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise'.
        i. As part of this objective, we committed to 'work with patients, educational providers and others to understand and develop good practice for the involvement of patients in osteopathic education and training.'

3. The research methods used for this study included: a literature review of patient engagement in healthcare education curricula (2019), a survey of all Osteopathic Education Institutions (2019), a review of annual reports (2020-2021 and 2021-2022), multi-stakeholder workshops (2021 and 2023) and qualitative interviews with eight OEIs (2022).

## Research methods

*Literature review: patient involvement in healthcare curricula*

4. 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.

5. 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.[1]

6. 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.*

7. 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.

*Survey: May-September 2019*

8. We conducted a survey which was open from 14 May 2019 to 2 September 2019 to ascertain the:

    - Extent of patient involvement in education
    - Methods of patient involvement for example:
        - Patients involved as patients in clinic setting
        - Patients involved in creating learning materials used by faculty
        - Patients share experiences with students within faculty directed curriculum
        - Patients involved in contributing to curriculum and collaborating in education decision making (eg developments, objectives or evaluation)
        - Patients involved at institutional level decision making (eg hold a formal position within governance structure)
        - Patients involved as Patient Educators (eg Expert patients)

[1] Role of active patient involvement in undergraduate medical education: a systematic review, Willemijn Dijk, Edwin Johan Duijzer, Matthias Wienold (2020)

9. The survey was completed by a representative from each of the nine educational institutions, with programme managers of recognised qualification (RQ) courses the most common respondents. (Please note, in 2019 there were nine OEIs, now there are seven following London College of Osteopathic Medicine suspending its RQ and BCNO Group merging the British College of Osteopathic Medicine and European School of Osteopathy).

10. As part of a joint project, the General Chiropractic Council (GCC) hosted the survey with chiropractic educational institutions (three out of four institutions completed the survey). These comparative results helped to enrich our learning about the benefits and challenges that patient involvement can present in healthcare education.

*GOsC-General Chiropractic Workshop*

11. In March 2021, we co-hosted a workshop with the GCC to share the survey findings. The aim of the workshop was to promote good practice and encourage discussion between osteopathic and chiropractic stakeholders about enhancing the role of patients in education.

*Annual reports (2020-21)*

12. In 2022, we undertook a secondary source analysis of OEIs 2020-21 annual report submissions related to patient engagement to identify whether OEIs had identified opportunities to implement the best practice discussed at the 2021 workshop.

*Interviews with OEI staff*

13. In spring/summer 2022 we conducted semi-structured interviews with staff from eight OEIs exploring in more detail the various roles patients play in contributing to the pre-registration osteopathic education and in particular:

    a. Identifying areas of innovation and good practice
    b. Identifying barriers and enablers to involving patients
    c. Exploring areas for development

14. Interviewees included clinic leads, marketing personnel, and administrative staff from teaching clinics.

*Annual reports (2021-22)*

15. In February 2023 we reviewed patient involvement activities discussed by education providers in their 2021-22 annual report submissions. We used the

findings to help shape the content and format of a quality assurance workshop scheduled for April 2023.

*Quality Assurance in osteopathic education workshop*

16. In April 2023, as part of the quality assurance in osteopathic education workshop series, we delivered a session on patient engagement highlighting the topline findings from the 2022 interviews. The workshop involved a facilitated discussion to enable attendees to reflect on the work they had done so far and to consider how to enhance the patient voice in osteopathic education further. Attendees included OEI principals, clinic leads as well as marketing and administrative personnel.

**Results of the thematic review**

***Phase 1: Overview of survey results***

17. The main findings from the survey were: (For the full report see: Annex B)

- A range of mechanisms were used to seek patient feedback about the care received with the most common methods:
  - comment cards
  - compliments and complaints
  - paper-based surveys
- Several institutions have a functioning patient panel
- There was limited involvement of patients in:
  - curriculum development,
  - governance structures
  - recruitment of prospective students
- Largely, patients did not contribute to the development of resources used in clinical education
- A common reason for limited involvement of patients in the mechanisms highlighted above were that these mechanisms had not previously been considered by OEIs. The survey itself provided a useful learning opportunity for respondents to reflect on how they might further incorporate the patient voice in osteopathic education.

*Methods of patient involvement in OEIs*

| Extent of Patient Involvement - Criteria | Method of patient involvement/Example |
|---|---|
| Patients involved as patients in clinic setting | • Clinical experience<br>• Provide feedback on clinical experience (eg feedback survey) |
| Patients involved in creating learning materials used by faculty | • Real patient problems for problem solving learning<br>• Virtual patient cases<br>• Patient narratives |
| Patients share experiences with students within faculty directed curriculum | • Invited into classroom setting to share experiences eg chronic pain or disability<br>• Patient panel or forum |
| Patient involved in contributing to curriculum and collaborating in education decision making (eg developments, objectives or evaluation) | • Patient contributes to committee |
| Patients involved at institutional level decision making (eg hold a formal position within governance structure) | • Representative on governing body<br>• On Board of Trustees |
| Patients involved as Patient Educators (eg Expert patients) | • Participating in lectures and assessments mechanisms in teaching setting |

*Barriers to involving patients*

18. The most frequently cited barriers to involving patients were lack of resources both staffing and budget as well as time constraints. These challenges tended to result in activities attracting what OEIs referred to as the 'usual suspects' which resulted in unbalanced views.

19. Osteopathic institutions cited challenges, such as consent and confidentiality issues, patients having to revisit negative experiences and concern about how to manage the potential blurring of professional boundaries as a direct result of patient involvement.

*Enhancement rather than diversification*

20. Osteopathic providers were more likely to have plans to enhance current patient involvement practices as opposed to diversifying engagement mechanisms. Plans centred around the recruitment of patients, encouraging and requesting feedback more routinely and strengthening current provision.

21. The Council of Osteopathic Educational Institutions (COEI) and the GOsC met in December 2019 to review these survey findings and it was agreed that it would be useful to set up a workshop to enable the osteopathic and chiropractic education providers to share their experiences and to learn from each other. The

intention was that the workshop would take place in 2020, however with the advent of the COVID-19 pandemic, plans were put on hold until 2021.

*Patient and Public Involvement in osteopathic and chiropractic education workshop*

22. In March 2021, GOsC co-hosted an online workshop with the General Chiropractic Council which was attended by educators, patient involvement experts in health education as well as osteopathic and chiropractic patients. Workshop attendees heard examples of good practice of patient involvement in other health education settings, with speakers from the University of Hertfordshire and the University of Leeds Medical School.

23. The workshop also encouraged education providers to reflect on the impact that COVID-19 had had on patient and public involvement in their work. Educators welcomed the opportunity to interact with their peers from across the sector as well as patients and patient engagement experts and to consider actions they could take to apply best practice in their respective institutions.

24. Osteopathic education providers did envisage a number of challenges when enhancing patient involvement that mirrored the 2019 survey findings which included:

- Concerns about resourcing the additional work required and providing enough time and training to embed this work properly.
- High levels of nervousness about involving patients due to the potential for boundaries issues and what this could mean for the Osteopathic Practice Standards.
- The lack of mechanisms to involve patients at a governance level and not sure how to create them.

25. It was hoped that this workshop would begin conversations about how to fully realise the benefits of patient involvement in osteopathic education.

***Phase 2: Review OEIs annual report submissions***

26. In January 2022 we began liaising with Osteopathic Educational Institutions to understand the progress they had made in embedding patient engagement since the workshop. As a first step, we reviewed OEIs annual report submissions which used the draft Standards for Education and Training as a template for reporting.

27. Examining the 2020-21 annual reports yielded the following findings:

a. COVID-19 had a detrimental impact on involving patients in osteopathic education:
    i. Clinics which had regularly used paper-based feedback surveys and iPads in reception to capture immediate feedback had to put these activities on hold due to ongoing infection control risks
        1. As an alternative OEIs trialled online surveys but response rates were low.
    ii. Face-to-face patient group meetings were also put on hold but in attempt to maintain engagement with patient members OEIs trialled online meetings, but uptake was very poor and the meetings could not go ahead.
b. Patient feedback was gathered predominantly via verbal feedback to clinic leads.
c. There were a small number of instances in which patients were involved in curriculum development for example:
    i. In one OEI patients completed an NCOR-style questionnaire which explored expectations and outcomes of treatment and provided valuable insights patient/practitioner communication and issues of consent, which were fed then into the curriculum.

***Phase 3: Semi-structured interviews with OEIs***

*Key themes*

28. The interviews highlighted the following key themes:

- A lack of budget and time remained the biggest barrier to successful patient involvement.
- There was no-one size fits all approach for OEIs due to differences in patient profiles, budget sources, OEI operational models (embed in a university versus single institution settings).
- Progress had been made since 2019 with OEIs focused on both enhancement and diversification of patient engagement activities.
- Responsibility for patient engagement differed in each institution and it was often not defined but rather an add-on to time-poor staff's roles.

*Overview*

29. The interviews highlighted that embedding patient engagement in the osteopathic education sector was an ongoing challenge for all institutions. It tended to be sporadic, under-resourced, and dependent on the capacity and of individual staff. Often this work was driven by individual champions of patient engagement and an institution's contemporaneous projects and resources.

30. The context in which institutions operate also had an impact on their ability to involve patients. For example, institutions based in a university setting may have been able to leverage existing mechanisms and funding streams that were not available to single-subject institutions. As a result, educational providers were at very different stages of involving patients in their work and there was no one size fits all framework.

31. During the interviews it was clear that the pandemic had an adverse effect on OEIs ability to maintain their patient involvement activities and as a result these activities were superseded by other priorities and health and safety concerns.

32. There was a strong desire from OEIs to diversity the profile of patients who engage with them but there was uncertainty regards how to develop their recruitment strategy.

33. Despite the challenges, we found a welcome trend among OEIs. Staff reported a strong desire to enhance current activities and diversify engagement mechanisms and demonstrated interest in adapting examples of best practice for the needs of their institution. This desire and ambition to 'do more' differed greatly from the 2019 survey finding in which OEIs were focused on enhancement but not diversification.

*Responsibility for patient engagement*

34. We discovered that responsibility for patient engagement activity differed in each institution and was often an informal add-on to a busy individual's role, meaning that time constraints were a common theme across the sector. The type of role that the patient engagement lead holds in an institution often determines an institution's approach.

35. Institutions where patient involvement is led by marketing personnel, the focus tends to be patients' experience in the teaching clinic, seeking feedback on topics such as how long a patient had to wait for an appointment and their interaction with the OEI's website.

    a. Feedback in these instances was historically sought via paper surveys which were disseminated at the time of treatment usually by clinic reception staff but as a result of COVID-19 there was a move to online surveys.
    b. Additionally, patient feedback was sought via requests for testimonials which were then used in marketing for the teaching clinic.

c. To better understand why some patients don't return to the clinic a small number of OEIs emailed non-returners a feedback survey to seek insights into how to improve the patient experience.

36. In institutions where clinic leads are responsible for patient engagement, exploration of patient outcomes tended to be the priority. For example, questions focused on how does the treatment students deliver contribute to patients' improved health outcomes? Feedback of this nature tended to be captured via informal conversations between patients and tutors after the student has delivered treatment.

*Enablers and barriers to patient involvement*

The following enablers and barriers to patient involvement were cited by the interviewees, see Table 1 below.

| | **Institutions** | **Patients** |
|---|---|---|
| **Enablers** | • Institutional buy-in, clear public commitment to staff and patients<br>• Patient engagement appropriately resourced: budget and staff time<br>• Culture in which patient involvement is valued and prioritised<br>• Responsibility for patient engagement clearly assigned<br>• Institutional patient engagement champion<br>• Time and training to do patient involvement successfully<br>• Longitudinal institutional incorporation - dedicated and realistic programme of activity to sustain engagement | • Dedicated point of contact for queries and support<br>• Culture in which patient voices are valued<br>• Remuneration eg travel expenses<br>• Positive feedback eg closing the feedback loop<br>• Direct recruitment by a trusted member of OEI staff |
| **Barriers** | • Lack of established mechanisms and not sure where to start<br>• Absence of policies and processes to address issues such as recruitment, remuneration, ethical issues, training and on-going support<br>• Lack of training<br>• Nervousness from staff regards potential boundaries issues | • Lack of remuneration<br>• Lack of training<br>• Lack of clarity around purpose of involving patients and what will be done with the feedback<br>• Lack of knowledge or experience of the educational process leading to lack of confidence<br>• Little feedback on patient involvement |

| | | |
|---|---|---|
| | • Lack of support at institutional level<br><br>The following concerns tend to stifle plans:<br><br>• A lack of diversity in patient panels would lead to unbalanced and limited views<br>• Paying patients would lead to biased viewpoints<br>• A culture in which patient involvement is an add-on rather than intrinsic to graduate outcomes<br>• Some faculty perceive that their own expertise may be devalued<br>• Possible harmful effects on patients' emotional wellbeing | • Inability to able to make a continuous time commitment – health issues/job/personal life compounded by lack of remuneration<br>• Potential feelings of vulnerability to negative and non-appreciative reactions from students |

*Types of engagement*

**Patient feedback and formative assessment**

37. Almost all institutions reported using surveys as a means of seeking patient feedback. Some interviewees had previously invested significant resources – both time and staff - in conducting annual paper-based surveys. While the surveys at first glance yielded a high number of responses, when the data was analysed, many surveys were incomplete and feedback tended to range from extremely positive to extremely negative. Staff reported that patients ticked the answers to questions but very rarely supplied any comments with further detail about their experience.

38. Surveys that were useful involved a PROMs-style method with questionnaires conducted at regular intervals focusing on patient outcomes. For example, the initial consultation focused on a patient's current health/quality of life while the final consultation was an in-depth paper questionnaire conducted face-to-face with the patient and reflected on information that had been collected at every visit.

39. Ad hoc and informal verbal feedback to both teaching clinic reception staff and clinic leads tended to be much more valuable and led to speedy resolutions to issues reported as well as any positive feedback about treatment which could be shared immediately with students and then added to their portfolios.

40. Interviewees who were based in teaching clinics expressed an interest in the idea of working with their marketing teams to explore different methods for seeking feedback and brainstorm how the results could be used more widely/effectively.

41. A unique approach that has been put in place by one OEI has been to require final year students to undertake an objective feedback module that mirrors the objective feedback requirement of the CPD scheme. In the same way that registrants can, students have the option to undertake a patient feedback activity. GOsC delivered presentations to final year students in 2022 and in 2023 on this topic focusing heavily on methods students can use to get objective feedback from their patients.

**Patient Panels/Forums**

42. The second most common method for involving patients in osteopathic education was via patient panels or forums. Some OEI forums were much more established than others. For example, a small number have developed Terms of Reference and have a standardised approach to remuneration and adopted a task-based method of engagement.

43. The focus of many of the panels was to understand the patient's experience of treatment in the clinic and this feedback was used to inform improvements to marketing for the clinic eg patient literature, website. However, more established forums had fostered more active participants who helped to shape meeting agendas, suggested ideas for diversifying engagement, and for improving patient outcomes.

44. The frequency of meetings ranged from quarterly to biannual and group size ranged from 4 to 15 patients. Members were often the 'usual suspects' and were almost exclusively enthusiastic about the institution. Their motivation for joining the panel was to 'give back' to the OEI. The most effective method of recruitment tended to be a direct invitation from staff to join the forum.

45. Incentives for participation were mostly limited to refreshments but a small number of institutions did offer reimbursement for travel expenses and/or discounted treatment.

46. A small number of OEIs saw their patient panels as potential incubators for deeper involvement at a strategic level. For example, one institution had begun exploring whether members would be interested in getting involved in committees at governance level while another was keen to appoint a patient as a member of interview panel for prospective students. Interestingly the initial discussions OEIs had with their panel members indicated that the barrier to

progressing with either of these activities was a lack of confidence among patients.

47. Institutions that did not have patient panels felt limited by their patient profiles and were concerned that only a specific demographic would get involved and therefore feedback would be positively biased. An alternative option that these institutions expressed interest in was involving a patient(s) in their student/staff committee.

*Patients involved in creating learning materials/sharing experiences within faculty directed curriculum*

48. In several institutions virtual patient cases and real patient narratives were regularly used in the classroom setting. Interesting cases such as rare conditions or challenging communication encounters were used and tested among current students and then embedded in the curriculum.

49. Clinic leads who invited patients into the classroom to discuss their specific conditions found it a very useful teaching opportunity that helped students improve their patient interaction skills as well as learn about new conditions.

50. In one OEI an educator invited members of a local amateur dramatics society to act out case studies and offered participants discounted treatment as an incentive. The activity mainly involved students taking a case history and reviewing their approach to communication and consent. The 'patients' were then asked for their feedback on the experience.

51. During the pandemic an educator invited patients to participate in a telehealth exercise in which students took case histories over the phone. It looked at the professionalism students demonstrated, their communication skills and their note taking. Patients were then given a feedback form and students were given a reflection form to document their experience. The interviewee reported that first year and second year students found the exercise helpful. Management of this activity became unwieldy and it could not be maintained.

*Governance*

52. Instances of patient involvement at governance level were limited. This was not due to a lack of desire by OEIs to involve patients, rather there was an uncertainty regards how to do so effectively at strategic level and how to best support patients to participate.

53. One interviewee who had spoken to their patient panel about potential opportunities to get involved in committees and at board level were met with

nervousness and a lack of confidence. However, the panel members suggested an interim option to test the process, which involved having a standing item at panel meetings in which members would discuss minutes from committee meetings and share their feedback with the patient engagement lead.

54. When patients were involved in boards and committees it was generally in a voluntary capacity and on an annual basis. Patients who self-selected generally had experience on health boards or in senior administrative roles in the education and health sectors.

55. In the instances where the process is well managed, service users and carers were instrumental in curriculum development as well as the recruitment, teaching and learning and assessment processes of the RQ programme.

**Phase 4: Annual reports 2021-22**

56. When considering the concerns and challenges OEIs had previously highlighted we didn't expect to see significant progress in enhancing patient engagement in osteopathic education. However, when we reviewed the 2021-22 annual reports it was clear that progress had been made in embedding and diversifying patient engagement activities across all of the institutions.

57. The reports yielded the following findings:

    a. OEIs have focused resources on re-convening their patient forums. To increase accessibility, one OEI is trialling hybrid meetings to ensure that patients with accessibility issues can participate, while another has trialled meetings on Saturdays to test whether that would garner a greater number of participants.
    b. Several OEIs that didn't previously have patient panels have now set up groups or are examining how to establish policies and frameworks to ensure longitudinal engagement.
    c. Staff are investing time in closing the feedback loop so patients can be assured their voice has been heard.
    d. An institution that previously did not have a structured process for engaging with patients, has implemented a 'people who use services' involvement policy during the reporting period. The focus of this policy is to ensure the institution can seek feedback and plan for patient and service users in all aspects of programme design, helping to co-design learning activities.
    e. How best to evaluate this work is a common theme in the reports. There appears to be a strong desire to evaluate impact of their activities, and two

OEIs have already produced annual reports, but the reports were not yet available at the time of submission.

58. While these findings are positive and it is clear patient engagement is on the radar of all institutions, OEIs reported that they continue to face challenges in accessing resources, and devoting the time needed to deliver effective patient involvement.

**Phase 5: Quality Assurance in osteopathic education workshop 2023**

59. On 19 April 2023, Principals and a wide variety of staff from OEIs took part in an online workshop to consider the findings from the thematic review and explore how they may want to enhance or diversify the patient voice in quality assurance of osteopathic education.

60. Ahead of the workshop attendees were asked to consider:

    a. What sort of patient engagement activities are you most interested in trying to implement in the future?
    b. What type of patient engagement activities have you tried in the last year that were successful?
    c. What would you need to support you to do more patient engagement activity?

61. We took the opportunity to share learning that we had gleaned from our own patient involvement work and advice from patient engagement experts. We also provided ideas around strategy, recruitment, funding streams, template resources, surveys and patient panels for OEIs to reflect on.

62. In turn, attendees shared information about activities they have already begun to implement, future options they are exploring as well as what's worked and what hasn't worked so far.

    a. From a governance perspective, an OEI has recruited a patient, drawn from their patient panel, to sit on a research and ethics committee. The patient was initially offered the opportunity to participate as an observer to get a feel for proceedings. Following that positive experience and with the support and guidance of the OEI they have now become a member of the committee receiving papers ahead of schedule and participating fully in meetings.
    b. Another OEI has invited patients to participate in 'patients as teachers' exercises in the classroom. The exercise has led to improved learning

outcomes and as a result the OEI is considering how to establish a bank of patients who are interested in becoming 'patients as teachers'.

c. Two institutions have had discussions with each other regards the feedback forms they use in clinics – one form focused on outcomes and the other focused on patient experience – and how they might create a hybrid questionnaire that covers communication and consent, marketing, quality assurance and the Osteopathic Practice Standards.
d. An idea that is being considered is how to leverage patients' positive feelings towards osteopathic treatment and invite them to participate in open days as advocates for the profession
e. Several institutions have had discussions with their panels regards what ideas and approaches panel members think should be implemented. Ideas that have emerged are the creation of specific lived experience patient group as well as piloting an exercise class. While the OEIs welcomed the ideas, when it came to implementation it proved difficult. For example, when a risk assessment was carried out for the exercise class a range of issues arose including resourcing and the class could not go ahead.
f. The universal message from attendees was that patient involvement in osteopathic education continues to be under-resourced and the cost of living crisis has heightened difficulties. In attempt to overcome the issue of lack of remuneration one OEI offered free appointments as an incentive but found that patients didn't turn up.

**Conclusions**

63. Reflecting on the findings from each phase of the thematic review we have come to the following conclusions:

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

d. 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.
e. 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.
f. 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 unwieldly and required careful management.
g. 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**

64. This section highlights recommendations and next steps that OEIs might wish to work towards going forward or are currently pursuing as a result of this work.

a. 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.

b. 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.

c. 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.

d. 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.

e. 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.

f. A repository of examples of good practice, including a database of initiatives and materials is likely to be helpful to OEIs.

g. 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.

h. 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.