Transition into Practice: Research Report

Background

1. There is limited information about how best to support newly qualified health professionals training and working in the independent health sector.

2. The purpose of this research is to better articulate the features that need to be in place for a successful transition into practice and to stimulate discussion in the osteopathic sector about how best to implement those features in the sectors where osteopaths work to enhance the experience of newly qualified osteopaths and to ensure patient safety.

Aims

3. The aims of our research were to explore:
   a. What are the barriers and enablers to a successful transition into practice into different settings including: independent practice, practice with other osteopaths, practice in the NHS, practice in group settings and practice in other environments?
   b. What are the features of a successful structured period of transition for a newly registered osteopath 'to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning'?
   c. What mechanisms are necessary in the osteopathic sector to implement features of a successful structured period of transition for a newly registered osteopath 'to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning'?

Method

4. We used qualitative methods of research to better understand people's real lived experience of moving from being a student to a graduate osteopath and perceptions of what made that a positive or less positive experience. We used the views of providers in the sector working with or in contact with the students and graduate osteopaths to explore their thoughts about the enablers and barriers, to understand the current provision and to seek views from all about what could enable more graduates to have a positive or successful transition.

5. This research was divided into three distinct phases:
   1) Phase 1 was undertaken during 2023 and involved qualitative focus group work to ascertain newly qualified osteopaths' views on starting out in practice.
   2) Phase 2 was undertaken during 2023 and involved qualitative interviewing owners of large osteopathic clinics to explore different models of practice that new graduates enter when first starting out in practice.

3) Phase 3 was undertaken in 2024 and involved qualitative interview work to explore education providers and special interest groups views on the provisions made for osteopaths starting out in practice.

Phase 1: Recent graduates' perspective on starting out in practice.

Step 1: Recruitment of recent graduates

6. 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

7. 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)

8. 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.

9. 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%).

10. The full results of this survey, including equality and diversity monitoring can be found in **Appendix 1**.

Phase 2: Owners of large osteopathic perspective

11. 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 Institute of Osteopathy (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.

Phase 3: Education providers and special interest group perspective

12. A series of semi-structured interviews were conducted during December 2023 to February 2024 with education providers which wished to contribute and a selection of special interest groups (see Table 1).

Interview	**Date**
BCNO	4 December 2023
iO	11 December 2023
KESO	12 December 2023
OA	8 January 2024
LSO	15 January 2024
UCO	15 January 2024
COO	15 January 2024
Marjon	2 February 2024
NESCOT	5 February 2024
Newly qualified osteopath (with mentee experience)	26 February 2024

13. These semi structured interviews examined the following topics:
    - What you do to prepare students for practice (beyond the knowledge and clinical skills required to become an osteopath)?
    - What steps do you take to prepare students for the practicalities of practice Life after graduation?
    - How do you support alumni?
    - What works well, and what could be enhanced in terms of newly qualified osteopaths' preparedness to practice?
    - What networks of support do you signpost newly qualified osteopaths to?
    - What might be done in the future to further support new graduates starting out in practice?

Results

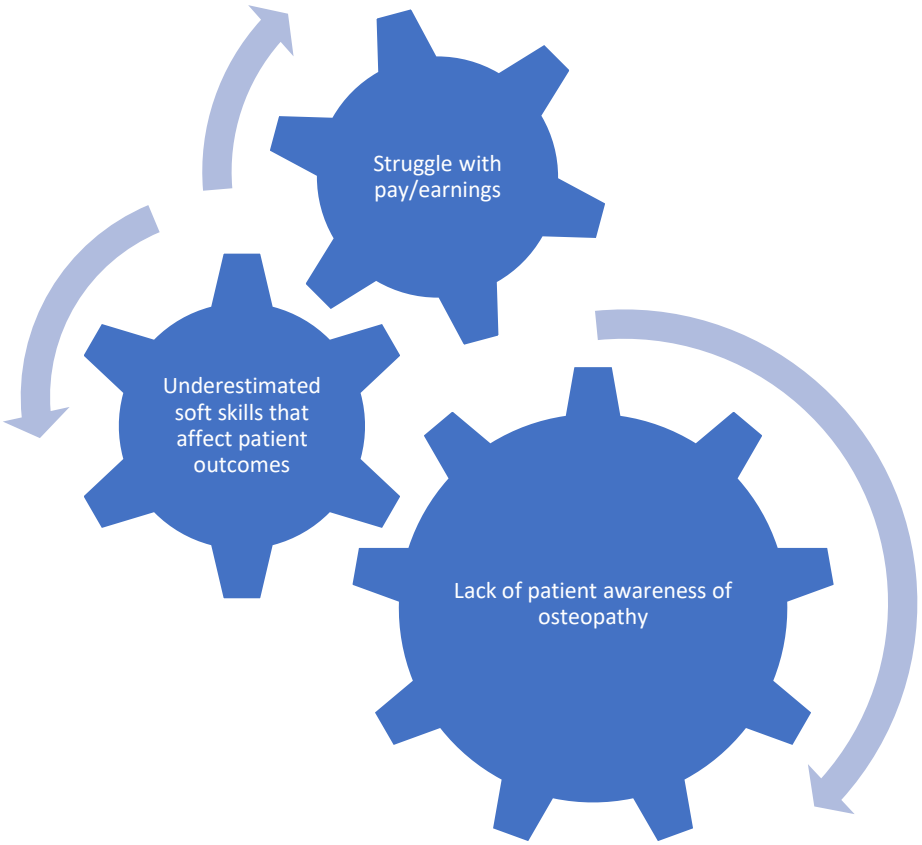
Phase 1: Newly qualified osteopaths' perspective

14. The focus groups with newly qualified osteopaths (Phase 1) identified the following key findings:

Expectations about practice

15. 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**

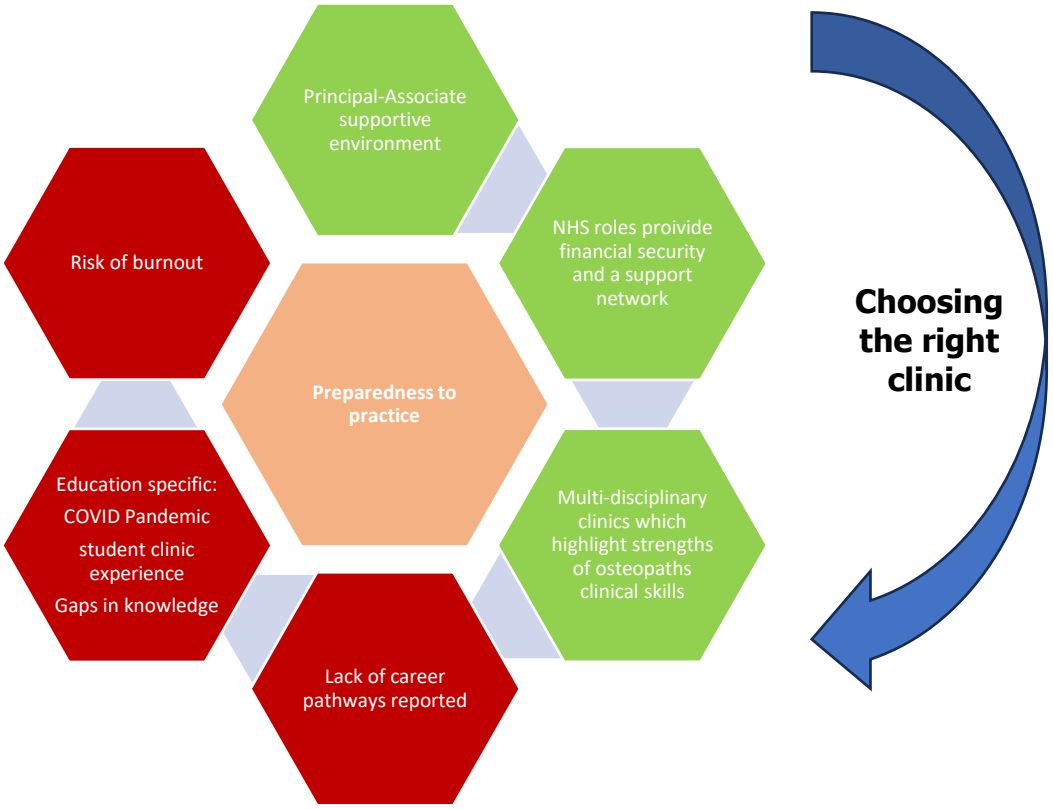
Many felt ideas about earnings could be clearer, so that graduates don't turn down good opportunities, thinking they could do better elsewhere.

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. Age demographic or maturity might therefore have a causal link to preparedness to practice. 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

16. 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

17. 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

18. 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

19. 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.

20. 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. It was also reported that younger graduates in particular struggle with self-employment, tax position, how to set off expenses and how to set that up was not sufficiently covered.

21. 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. Others reported gaps in course content around rehabilitation, which to recent graduates was seen as part of shared decision making with their patients, and referral pathways in terms of when to refer and the different routes of how to refer a patient.

b) *Lack of career pathways in osteopathy*

22. 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*

23. 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**

24. 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.

25. 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.

26. 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***

27. 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***

28. 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***

29. 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**

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

d) Choosing the right clinic

31. It was reported that new graduates once in practice, constantly consider whether they have made the right choice about a clinic they have started working at. This is largely because clinics often promise, but don't deliver, with a respondent commenting: 'S*ome clinics feel exploitative with associates, which creates unrealistic expectations and ultimately disappointment* '(in terms of overall experience, level of personal development and unrealistic or uncertainty of earnings for recent graduates).

32. Knowing how busy recent graduates are going to be in clinic was important to them. For example, if a recent graduate is led to believe by a clinic that they will be busy and they aren't, it leads to self-doubt or long-term list assumptions are made based on volume of new patients seen by the clinic principal, when many patients don't come back regularly for treatment.

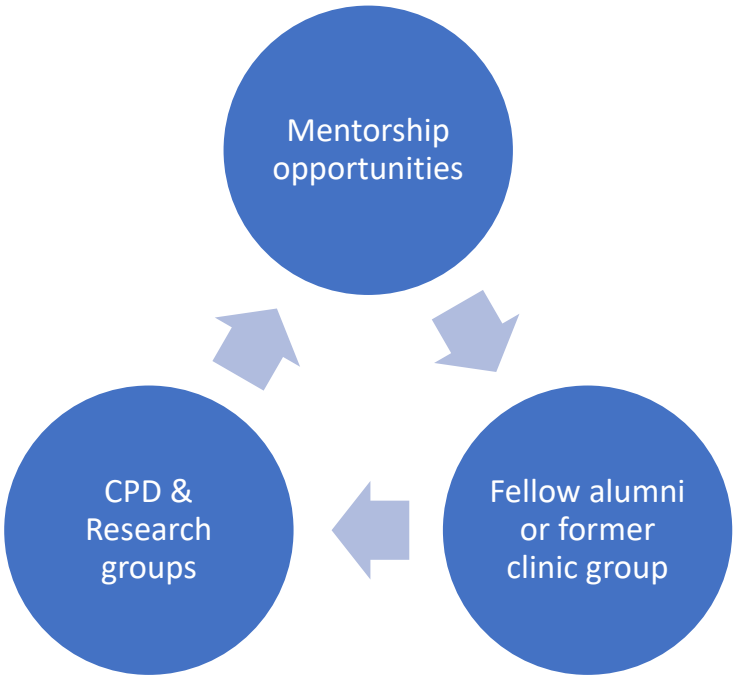
33. Being careful about practices chose to work at was important for graduates in creating a smooth transition into practice. It was also considered by recently qualified osteopaths that transitioning away from being an associate and starting up own business requires a different level of support than when in an associate role, here support is needed from people who have also made that journey from a business point of view rather than clinical perspective.

Support Networks

34. Osteopaths reported often feeling isolated, and that this isn't talked about enough and having support networks to call on was so important, its invaluable for recent graduates to know they have someone they can ask anything to when starting out in practice.

35. 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*

36. 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**

37. Former clinic groups worked well as a network of support for two groups. The former students discuss cases, book in meetings, share exercise plans, and if they are struggling, they offload in the group chat. Staying in touch with study groups was thought beneficial, to talk about cases, ideas for treatment, ideas if patient not responding, doing practice sessions, and completing CPD together (but for the majority of participants they had lost contact with this group after graduation).

38. 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**

39. 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*

40. 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
- Previous life experiences of mentors and support networks can be an important factor in accessing mentoring again.

c) *CPD and research groups*

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

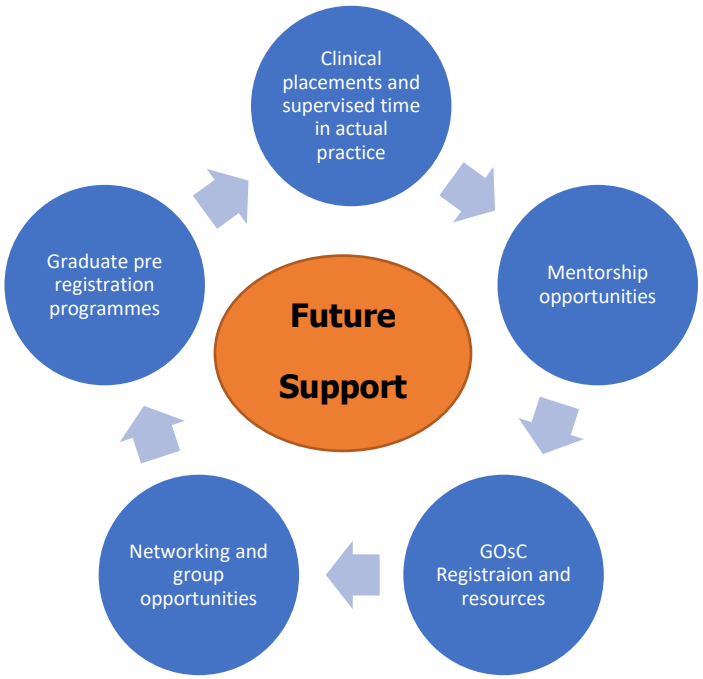
- Fortnightly CPD sessions within group or multi-disciplinary practice settings, where all involved were able to collaborate and share ideas.
- Attending NCOR meetings every few months was considered valuable to the newly qualified.

Future support: What support newly qualified osteopaths would like.

42. 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.

Figure 4: Future support newly qualified osteopaths would like to see across the sector.



d) *Graduate pre-registration programmes.*

43. 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.

44. 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.

45. 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

46. But it was stressed this package of support should not exploit the graduates financially, as funds are limited for this group.

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

47. 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.

f) *Mentoring opportunities*

48. 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.

49. 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.

50. 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.

g) *Networking and group opportunities*

51. 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.

52. 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.

h) *GOsC Registration and resources*

53. 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. It was also felt that other resources could be better signposted on the GOsC website e.g., the iO four-part lecture series specifically aimed at new graduates. 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.

54. 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. It was also commented that the CPD scheme resources should be covered prior to graduation, given that the scheme impacts the new graduate as soon as they register with the GOsC.

Phase 2: Large Osteopathic clinic owners' perspective

55. Across these four 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**

56. **Appendix 2** 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.

57. 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.

58. 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

59. 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.

60. 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**

61. 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.

62. 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

63. 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.

64. 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.

65. 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

66. Given that the four business models illustrated in **Appendix 2**, 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.

Phase 3: Education providers and special interest groups perspectives

67. A summary table of these findings is provided in Appendix 3.

Provisions made for transition.

68. It was reported by education providers that the provisions for those transitioning into practice beyond clinical knowledge and skills were wide ranging. All OEIs have some form of module or study unit in the curriculum dedicated to addressing professional practice, which covers such areas as business planning, Continual Professional Development, and the physical and mental load of becoming an osteopath.

69. All OEIs report graduates being disinterested and not receptive to these non-clinical areas of practice. Most report students not buying into this part of the curriculum, and purely wanting to concentrate on their clinical technique skills and professional identity. Some respondents mentioned that students may not be able to concentrate on developing both clinical and non-clinical skills at the same time and that developing these non-clinical skills might sit better after graduation, whilst in practice.

70. All OEIs student clinic work starts to gradually prepare students for the move into independent practice, by reducing both appointment times with patients and clinical tutors support, so that students begin to start making their own decisions.

71. In most cases, (with a few exceptions), alumni provision is either underdeveloped or informal, with most conceding that the alumni support

structure could be improved, which if done so, might help manage student expectations better.

72. All special interest groups interviewed are providing some form of support to newly qualified osteopaths to enable them to develop their osteopathic skills, build their confidence in what they are doing in osteopathic practice, support them with areas of practice they are struggling with or fill gaps in their knowledge. Special interest groups respondents also reported that the needs of younger graduates (including their preferred communication pathways) seem to appear different compared to mature students with previous healthcare experience.

Preparedness to practice

73. All OEIs thought that students graduate as competent practitioners and were adequately prepared for practice, which included being GOPRE and OPS ready. The majority reported keeping track of their graduates by two main mechanisms: Office for Students (OfS) graduate survey and institutions doing their own checks to see whether their graduates are registered with the GOsC.

74. All OEIs reported that graduated cohorts all had jobs lined up after graduation, most going into associate roles, which were mostly self-employed and some in business start-up. Most reporting graduates were happy in practice and satisfied with their earnings. Some reported the struggles of self-employment and that graduates not fully appreciating those struggles until they were in practice, and it is at that point that some reach out for help and support, because they are not seeing enough patients.

75. Most education providers reported that it takes time and confidence to develop skills on the job such as dealing with patients, communicating with them and explaining clearly what going to do, analysing, and evaluating treatment interventions. The majority reported that mature students with prior healthcare experience (e.g., massage, Pilates, physio), had more realistic expectations about what they could offer patients and had a better idea as to how their business was going to grow.

76. A range of other potential barriers to preparedness were cited by education providers which included:
    a) graduates struggle with shorter time frames for patients in private practice compared to longer time frames to see patients they have become used to in student clinic.
    b) patient types and presentations can be different in student clinic to private practice.
    c) graduates can take on multiple roles which prove to be unsustainable for them, which can lead to burnout.
    d) graduates not wanting to leave London for job opportunities.
    e) COVID having an impact on some students getting up to speed.

f) Promotion of job opportunities to newly qualified that lack structure or development.
g) graduates not having a strong identity being part of the preparedness problem.

77. There were differing views on the preparedness of graduates for practice among special interest respondents, some felt they were, while other respondents did not see that with the newly qualified osteopaths they had supported and worked with. Graduates not being focused on life after graduation until they are in the moment comes through, as it did with the education providers.

Signposting graduates to networks of support

78. Most OEIs and special interest group respondents reported signposting graduates to regional groups, special interest groups, CPD groups, NCOR, iO, AHP's, Academy of Physical Medicine, osteo business, mentoring opportunities, and alumni offerings (if applicable). Most OEIs encouraged graduates to keep in contact with each other, but variable results of success were reported.

79. Contrasting views were expressed among the education providers around whether graduates faced specific barriers in building professional networks, some thought that they wouldn't face any specific barriers because they would be seeing less patients when they first started out in practice, so had more time to develop these networks. Others thought graduates lacked confidence and often feared they haven't learnt enough, so gravitated towards other modalities of treatment (such as complimentary therapies, acupuncture, and exercise prescription) rather than running with the osteopathy they have learnt. Others thought that entering a large practice was rare for a graduate, so professional isolation was a real barrier for graduates.

80. The confidence to seek these networks of support out by newly qualified osteopaths was also highlighted by the special interest respondents as a possible barrier.

Future support

81. Future support or gaps that needed addressing to support graduates starting out in practice better from the perspective of education providers included:

- Development of alumni structure
- Principal-Associate resources to help manage expectations and support both parties in these roles.
- Greater awareness or opportunities on how to run a business at the time when seems more relevant to the individual (i.e., when in practice)
- Whether the transition into practice could be made less abrupt with postgraduate or preceptorship training opportunities more common place where supervised support and mentoring would continue.

- Some expressed the need for greater exposure outside of the student clinic, to give graduates a better feel for the different types of practice that they could enter and therefore make more informed decisions about the type of practice they enter after graduation.
- Lack of career pathways within the profession was seen as a problem.

82. In terms of future support or gaps that needed addressing going forward to support graduates starting out in practice better that were broadly like the education providers included:
    - Some mentioning the need for resources on principal-associate relationships.
    - Greater exposure to osteopathy, where some mentioned this might be achieved via specialist graduate clinics, clinical placements, and observations in practice while others felt this would be achieved by greater osteopathic teaching in the curriculum, rather than it being diluted.
    - Some mentioned preregistration programmes which would have a loose curriculum containing units of enhancement and also mentoring provision support.
    - Some mentioned greater postgraduate training was needed.

83. In terms of future support or gaps that needed addressing going forward to support graduates starting out in practice better that were different to the education providers included:
    - More mentors and better promotion of mentoring within the profession
    - Regional groups promotion and perhaps the need for a regional lead coordinator that works directly with the OEIs.
    - Students wanting more osteopathy taught, which would assist with a more developed professional identity once they graduate.

Conclusions

Phase 1: Newly qualified osteopaths' perspectives

84. The findings from the focus groups with newly qualified osteopaths 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 were 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 wanted 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.

Phase 2: Large osteopathic clinic owners' perspectives

85. 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.

- 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.

Phase 3: Education providers and special interest groups perspectives

86. The qualitative interviews conducted with education providers and special interest groups identified:

- There is an array of provisions for students starting out in practice, both within the curriculum (professional practice modules and student clinic time is adapted to prepare students for private practice accordingly) and outside the curriculum through special interest group support and mentoring. Signposting graduates to further areas of support also takes place by both education providers and special interest groups.

- Alumni provision tends to be underdeveloped and informal.

- Typically, graduates are often not receptive to non-clinical areas of practice at the time they are introduced in the curriculum.

- Education providers keep track of their graduates via OfS graduate survey and their own check as to students go on to register with the GOsC.

- It has identified the following areas where more support is needed for newly qualified osteopaths included:

- Time and confidence to deal with patients in shorter period of time and also greater diversity of patients.
- Business skills and being self-employed.
- Support and networks, including the confidence to seek these out.
- Having a good practice with mentoring and support

Next steps

87. From the qualitative research conducted we can see that a great deal is already provided for osteopaths starting out in practice by both education providers and a range of special interest groups. There is a common understanding of the predictors of success and barriers/challenges for those starting out in practice and many key sector organisations are doing something in this area to assist.

88. All providers are doing something in this area to assist, but this is still not meeting the needs of newly qualified osteopaths. Consequently, the key now is how best we respond to these challenges together for the betterment of the osteopathic sector, particularly given the recruitment and retention issues within the sector.

89. However, newly qualified osteopaths are either not accessing the provision or are finding gaps in terms of the support that they need. Consequently, the key now is how best we respond to these challenges together.

90. We have been reflecting on how stakeholder organisations and osteopaths might better support the transition into practice for new graduates. For example:
    - What does 'good' look like for graduates in a new practice?
    - What support, guidance and opportunities could settings aim to offer their new graduates?
    - What skills could those working alongside new graduates (and existing colleagues) enhance to support mutual professional development? (For example, enhancing skills of educational development, giving and receiving constructive feedback and leadership. (The similar sorts of skills to be developed for the peer discussion review aspects of the CPD scheme).
    - How could we better signpost new graduates to understand enablers and barriers to a successful transition and to take actions to give them as individuals) the best chance of success? For example, we might be able to suggest the kinds of CPD that might be helpful to focus on in the first CPD cycle based on our research.

91. How can we, as a regulator support the osteopathic sector including the CPD 'market' to support osteopaths as they transit into practice?

92. Our research has given us important insights which we could share with the profession to enhance the transition.

93. Potential options for GOsC could focus on collaborative components with the stakeholders involved:

1) For graduates: developing specific CPD guidance for the first three-year cycle to support them to include CPD which will support a successful transition into practice. This could include:

- CPD that might be helpful for osteopaths within their 1-2 years of practice. A strong example from our research was business planning (including marketing, accounting etc), given research shows that graduates feel underprepared for this and engage with this area of practice, once in practice (rather than before). Other areas included: exercise prescription or rehab advice, good communication in terms of communicating services offered and costs of treatment.
- the importance of building different types of networks of people around them as part of their professional development and obligation to keep up to date and to help them to consider the different types of support that they will need (e.g.: who are they seeking peer support from to discuss difficult cases and to learn from these, where are they seeking support or coaching to develop specific relational skills, where is their 'safe space' to discuss issues and concerns with people who are in a similar situation to them, who is mentoring them to consider their career or practice development?) The importance of having a key experienced practitioner to talk things through with (including both contact time and ongoing mentoring)
- Guidance on 'features of a supportive practice environment' which could include what good looks like to support learning and development in associate and principal roles. This could support students and new graduates to consider potential job opportunities with this guidance to assist them to explore expectations about how they will be supported, criteria to look for and what they might consider acceptable, good and bad examples and whether job adverts reflect the position.
- Further work on our communications to final year students and new graduates to ensure that they have the information that they need, at the points they need it to access relevant and necessary information.

2) *For osteopaths working alongside new registrants*:

- Good practice in structured mentoring and supervision (non-mandatory) This could provide hints, tips and signposting about how to: gain skills to support and develop others, foster a supportive environment; foster an environment including structured Continued Personal Development and training.
- CPD guidance (specifically related to 'range of practice' (see p7)) could be updated to include examples of principals describing their practice as including a role to support the development of their colleagues and this could highlight the value of CPD in mentoring, supervision, or leadership to better support their associate of their role to support new registrant's development.

3) *For consideration by all stakeholders*: Share research findings concerning predictors of success and barriers through collaborative workshopping with key stakeholders, so as to reflect together on how as individuals and organisations we can act to support osteopaths to start out and remain in practice with the aim of discussing what more we can do as a sector to promote change and support. This could help to explore how best to work as a sector to deliver some of the suggestions in the report which may not be a part of our role as a regulator, for example: marketing osteopathy as a brand, profession wide support webinars in the area of business.

94. We now need to explore with the key stakeholders the appetite for these potential guidance enhancement activities and workshop activity highlighted in (1)- (3) and any others we can work collaboratively on together.

Starting out in practice survey results

Which osteopathic education provider did you graduate from?	**Total**	**Percentage**
BCOM	1	4%
COO	3	11%
ESO	2	7%
LCOM	0	0
LSO	2	7%
Marjon	1	4%
NESCOT	4	15%
Swansea University	2	7%
UCO	12	44%
Other	0	0
Do not wish to answer	0	0

Was osteopathy your first or second career?	**Total**	**Percentage**
First	5	18.5%
Second	21	78%
Other	1	4%
Do not wish to answer	0	0

Where do you practice in terms of main geographical location?	**Total**	**Percentage**

Greater London or Middlesex	7	26%
South-East England	11	41%
South-West England	4	15%
Eastern Home Counties	0	0
Central England	1	4%
Northern England-East	0	0
Northern England-West	1	4%
Wales	1	4%
Scotland	0	0
Northern Ireland	0	0
Europe	1	4%
Elsewhere in the world	1	4%
Do not wish to answer	0	0

Is your practice or clinic in the same geographical location or area as the osteopathic education provider that you graduated from?	**Total**	**Percentage**
Yes	9	33%
No	18	67%
Do not wish to answer	0	0

Are you working as:	**Total**	**Percentage**
Principal	0	0
Associate	18	67%

Sole practitioner	3	11%
Other	6	22%
Do not wish to answer	0	0

How many clinics or clinic sites, the work?	**Total**	**Percentage**
One	11	41%
Two	11	41%
Three+	4	15%
Other	1	4%
Do not wish to answer	0	0

What type of practice do you spend the majority of your working week?	**Total**	**Percentage**
Sole practice	6	22%
Group practice (with other osteopaths)	7	26%
Multidisciplinary practice (with other osteopaths and other healthcare providers)	13	48%
Other	1	4%
Do not wish to answer	0	0

How many hours do you practice as an osteopath per week on average?	**Total**	**Percentage**
0-4 hours	1	4%
5-14 hours	5	18.5%
15-24 hours	5	18.5%
25-34 hours	8	30%
35-44 hours	8	30%
45-54 hours	0	0
55+ hours	0	0
Other	0	0
Do not wish to answer	0	0

How many osteopathic patients do you see per week on average?	**Total**	**Percentage**
1-10 patients	6	22%
11-20 patients	8	30%
21-30 patients	5	18.5%
31-40 patients	5	18.5%
41+ patients	2	7%
Other	1	4%
Do not wish to answer	0	0

Which of the following approaches do you use most often?	**Total**	**Percentage**
Articulation	23	85%

Soft tissue	24	89%
Exercise	26	96%
Muscle energy techniques	23	85%
Functional/fascial release	12	44%
Thrusting (HVT, HVLAT)	16	59%
General public health advice and education	13	48%
Balanced ligamentous tension	4	15%
Craniosacral approach	5	18.5%
Strain/counter strain	5	18.5%
Nutrition	3	11%
Visceral techniques	6	22%
Mindfulness	6	22%
Telehealth services	0	0
Other	3	11%
Do not wish to answer	0	0

Which of the following therapies to use most often?	**Total**	**Percentage**
Massage	21	78%
Western acupuncture/dry needling	5	18.5%
Pilates	4	15%
Electrotherapies	2	7%
Naturopathy	1	4%
Classical acupuncture	0	0

Applied Kinesiology	4	15%
Reflexology	0	0
Other	3	11%
Do not wish to answer	0	0

EDI Monitoring Information

EDI Information	Total	Percentage
Gender identity		
Female	17	63%
Male	10	37%
Non-binary	0	0
Prefer to self- describe	0	0
Prefer not to say	0	0
Is your gender identity the same as the sex you were assigned at birth		
Yes	26	96%
No	0	0
Prefer not to say	1	4%
Age		
20-24	2	7%
25-29	4	15%
30-34	8	30%
35-39	5	18.5%
40-44	2	7%
45-49	3	11%
50-54	1	4%
55-59	1	4%
60-64	1	4%
65+	0	0

Prefer not to say	0	0
Disability		
Yes	1	4%
No	26	96%
Prefer not to say	0	0
I do not have a disability, long-term condition, or impairment	20	83%
Dyslexia, dyscalculia, dyspraxia	1	4%
Neurodiverse (e.g., autism, ADHD, Asperger's etc)	1	4%
Long term/chronic physical health condition	2	8%
Mobility impairment or musculoskeletal condition	0	0
Hearing impairment	0	0
Visual impairment	0	0
Speech impairment	0	0
Mental health condition	0	0
I have an impairment, health condition or learning difficulty that is not listed above (Please specify if you wish)	0	0
Ethnic Origin[1]		
Asian and Asian British	2	7%
Black and Black British	0	0
Mixed Ethnic Background	2	7%
White or White British	22	81%

[1] Ethnicity and race categories did consist of sub-categories within each of the first 5 bands but have not been drilled down any greater than this, due to small numbers, so as to preserve anonymity.

Other Ethnic Background	0	0
Prefer not to say	0	0
Did not answer	1	4%
Religion		
Atheist	5	18.5%
Buddhist	0	0
Christian	11	41%
Hindu	0	0
Humanism/Humanist	0	0
Jewish	0	0
Muslim	0	0
No religion or belief	1	4%
Pagan	1	4%
Sikh	0	0
Spiritual	6	22%
Any other religion or belief	0	0
Prefer not to say	2	7%
Did not answer	1	4%
Sexual Orientation		
Asexual	0	0
Bi/Bisexual	2	7%
Gay/Lesbian	2	7%
Heterosexual/straight	23	85%
Pansexual	0	0
Queer	0	0

Prefer to self- describe	0	0
Prefer not to say	0	0
Marital Status		
Married	8	30%
Civil partnership	1	4%
Cohabiting	8	30%
Single	10	37%
Divorced	0	0
Widowed	0	0
Other	0	0
Prefer not to say	0	0
Pregnancy and maternity		
Do you consider to yourself to fall under the protected characteristic of pregnancy and maternity[2]?		
Yes	0	0
No	27	100%
Prefer not to say	0	0

[2] Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period of 26 weeks after birth or miscarriage.

Different business models of osteopathic practice that new graduates could enter when first starting out in practice.

Business Model	**1**	**2**	**3**	**4**
Key features of model	Employed[3] model with annual appraisal conducted	Employed model,[4] created because of own experience as a newly qualified osteopath of feeling unsupported and exhausted, so wanted to create an environment centred around supportive development of practitioners and a good space for patients.	Self-employed model with clear scale of progression for associates	Franchise group, which provides principals with a template for best practice in business start-up.[5]
Ongoing support and mentoring provided to newly qualified osteopaths	6-week programme consisting of: Shadowing experienced osteopaths for first two week Not seeing patients for 1-2 weeks	12-week induction Training provided in non-clinical skills and building confidence, including skills to judge how many appointments a patient might need.	New graduates make first point of contact with practice while still an undergraduate student. This then involves several casual catch ups between staff and student and includes an informal technique session with	Programme consists of the following key areas[6]: Expectations of practice Patient interactions How to effectively connect with patients

[3] Moved from self-employed to employed model of practice.
[4] Moved from self-employed to employed model of practice.
[5] Support is given in legal, financial, IT skills, business development, selecting premises, and choosing equipment. Practice management system includes templates on such things as practice procedures, associate contracts, how to reconcile accounts or deal with complaints.
[6] Based on research findings of burnout in the osteopathic profession

Business Model	**1**	**2**	**3**	**4**
	Undergoing video training in communication and consent and patient safety Collaborative approach where newly qualified can refer patients to others inhouse if they think patient is not within their scope of practice yet	Newly qualified osteopaths spend a year observing other colleagues in the practice, sharing ways to practice, and depending on performance then start to build up the numbers of patients they see. Newly qualified osteopaths are supported to be as busy as they possibly can be. Set based salary in mid-upper range for employed role (based on retention data and knowledge that newly qualified osteopaths suffer from 'Diary Fright' i.e., how am I going to pay the rent seeing this few patients). This pay structure includes scales of progression-based on utilisation (i.e., how busy they are and number of patients they see)	colleagues within the practice. Based on this an associate position may be offered to the student for when they have finished their studies. Associates are given the opportunity to make decisions for themselves and make mistakes, as long as not too high. Encouraged to call in second opinion if associate thinks patient presentation is out of their scope of practice. The business model has strong relationships with healthcare and fitness professionals, which provides associates with confident referrals.	How to manage clinic time effectively How to grow and run a patient list effectively. How to gather patient feedback Awareness of protective envelope (iO/insurance) and how to support the patient should anything bad happen. Osteopathy's place in the whole medical system i.e., where the skill set of an osteopath sits with other medical professions, such as GP or spinal surgeon.

Business Model	**1**	**2**	**3**	**4**
Contact time provided to newly qualified osteopaths (in addition to mentoring support)	2 hours[7] a week to reflect, and discuss issues concerning patient journey	Four-week rotation of team meetings, events, and speakers for practitioners.	Newly qualified osteopaths are never alone in the practice building for their first six months and are encouraged to call on senior members for support/ second opinions, if and when needed. The practice runs on an open forum where associates are encouraged to discuss areas of improvement, such as clinics, equipment, services, and processes. They are also encouraged to contribute to an online blog.	Periods of reflection, built into practice for newly qualified, with the OPS framework the DNA of how clinic works
CPD provided for newly qualified osteopaths	1 hour a week of CPD	1 hour a week of CPD, to speed up a newly qualified osteopaths learning. The model aims to get newly qualified osteopaths in 1-2 years, where most	The practice has strong links with patient groups and areas of interest which aids promotion of some of the associates.	Career structure of junior to senior posts, with Postgraduate training opportunities to work towards senior posts.

[7] This might be reduced after 12 months in practice.

Business Model	**1**	**2**	**3**	**4**
		osteopaths would be in 3-5 years. Newly qualified osteopaths also get £1,000 for external CPD, which includes pregnancy massage/paediatrics, clinical Pilates (to assist with building rehabilitation skills), medical acupuncture, shock wave therapy. Three-year rotation of training in first aid, communication and consent and mental health first aid.	The practice has an extensive reference library of resources, which associates are encouraged to use and request materials.	Able to provide CPD opportunities for free.
Specific work	Communication and interaction with patients because newly qualified osteopaths have stepped out of a college clinic environment which is centred around the experience for the practitioner rather than	Mentoring programme for new graduates to address gaps left after colleges have produced competent osteopaths. Focus on developing patient centred care skills.	Practice is centred around the ideological shift of exercise prescription, so there is a training studio with the aim of coupling treatment with active exercise and empowering the patient.	Mentoring programme for new graduates to address gaps left after colleges have produced competent osteopaths. Focus on developing patient centred care skills.

Business Model	**1**	**2**	**3**	**4**
	the patient and they need support in becoming more patient focussed. Developing tools for initial consultation process – letting patient tell their story, identifying patient goals and what they want to get out of treatment and treatment planning			
What has worked well?	Clarity on associate-principal roles. Time for associates to reflect and develop. Space to learn from mistakes. Removes pressure of earnings	Allows a team to be built, where everyone is working together, not against each other (fostering collaboration and community within the profession) The support and development provided to practitioners, allows newly qualified osteopaths to grow as practitioners. This also has a positive effect on staff retention.	Built in scale of progression where all practitioners are paid the same, earnings are based on the number of patients an osteopath sees in a calendar week. Under this model associates know that their work is valued. Retention of practitioners at practice is high.	Created environment where newly qualified can thrive. Model has supported clinic ownership. Allowed practitioners to nurture their own teams. Franchise model allows for greater leverage in terms of buying power to secure reductions[8]

[8] For things such as treatment equipment, training courses, or add-on therapies

Business Model	**1**	**2**	**3**	**4**
		Allows for expenditure to be mapped out, as well as buy in power. Newly qualified osteopaths get to see where the money is going, which usually doesn't happen under self-employed route. Allows non-clinical staff to be employed. Ability to bring in progress scales of pay with opportunities to take on leadership roles. Strengthened clinic preparations e.g., know how will run clinic with set annual leave etc.		Practice software is unique to osteopathy
What has worked less well?	Need reasonable size practice for business model. Difficult to manage performance and quality	Struggle with newly qualified osteopaths' perceptions of being self-employed verses employed. New graduates leave education thinking they will earn more under	Not always easy connecting associates with clinics e.g., want the right match/appropriate graduate.	Made a couple of mistakes with clinic locations. Business model is not transferable everywhere.

Business Model	**1**	**2**	**3**	**4**
	control when striving for clinical autonomy.	the self-employed model, when most do not, and the learning environment is poor.	Osteo Jobs doesn't really work for local community opportunities	
Concerns for wider profession	Recruitment crisis Concerns over moving towards evidence-based education model, similar to physiotherapy	Cost of living crisis Competition from big businesses NHS provision taking away external osteopathy workforce.	Government changes relating to either healthcare or employment law	Recruitment crisis Concerns over moving towards evidence-based education model, similar to physiotherapy. Osteopathy being seen just as a collection of techniques.

Table 1: Osteopathic Education Institutions' (OEI) approach to new graduates starting out in practice.

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
BCNO	Provisions within the curriculum made for graduates transitioning into practice include: Undertaking a business development module, which looks at: • Marketing • Tax • Health & Safety • Accountancy • Practice management • CV writing, including mapping transferable skills and experience (so that students wishing to apply	Graduates are adequately prepared for practice life, but perhaps as an education provider were not particularly good at explaining why do certain things with them, and for students to see the relevance. The challenges/barriers that graduates typically experience when moving into practice include: • Patient types and presentations can be different in student clinic compared to private practice (spoken languages/ chronic conditions, financial implications).	Students are specifically signposted to: • KESO for CPD and mentoring • Alumni Facebook page (for both sites) • Guest lectures • Encourage keeping in contact with fellow clinic group, but not all graduates want to keep in touch.	The intention is to plan more activities for alumni to go over areas and address needs they have identified. Lack of career pathways considered a problem. Year 1 March to June most likely time for students to drop out. By Year 4 students need a suite of different approaches to practice. Principal-Associate resources would be helpful.

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	for NHS roles can use this to sell their skills) • The assessments for this module involve developing a business plan and undertaking a clinical audit. • Guest speakers at Careers Fair with examples of different types of practice: multidisciplinary, sole practice and NHS roles. This included alumni that had not had a good experience starting out in practice and what to look out for, including principal-associate	• Graduates cannot afford longer time frames for patients experienced in student clinic in private practice. • Explaining what going to do clearly with patients and why comes with life skills and takes time to develop. • Seeking mentoring – not all graduates consider continuing with this. • Graduates not wanting to leave London for job opportunities. • Graduates tend to take on a lot of jobs and don't anticipate the impact of working 6 days a week, until they find it doesn't work for them and they need to step back.		

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	relationships and what to expect. In student clinic: • Appointment times and tutor support to treat patients are altered throughout study to reflect private clinic times [nearer student gets towards graduation, gearing them up for practice life slowly, get osteopath to take payment etc] • Stress and time management are also covered. • Part of the curriculum is to	<u>What know about graduates once leave:</u> • Last cohort all had jobs lined up before GOsC registration sign off period. Many had multiple jobs. Majority happy and satisfied earning enough		

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	mentor other year groups. • My Exercise rehab package also used in clinic to support prescription of exercises to patients. • Encourage students to go and observe in true clinic in private practice. After graduation elements that are encouraged (but optional): • Tutor mentoring via hub KESO • Graduate clinic for students to build confidence, for those that don't get a job straight			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	away or struggled after pandemic. • During Summer over 4 weeks, graduates work 8-hour clinic shift for 3-4 days a week <u>Alumni</u> • Informal Facebook page in operation			
COO	Training within the curriculum includes: • Dedicated sessions delivered by	It is thought that graduates are adequately prepared for practice life. The students are told the first 5 years in practice will be the hardest, patients' numbers and	Students are specifically signposted to: • iO • Regional groups	Alumni under development and in its early stages Associate-Principal resources needed as

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	specialists in the field on: • business marketing • future practice legalities • What it means to be a practitioner • GOsC conditions of practice, language and terminology • Where osteopathy lies in contemporary healthcare • Professional Development Day for final year students (iO, GOsC, Alumni input sharing a range of experiences and career pathways from NHS to private practice,	earnings will be low at this point and a work-life balance is required. Majority of graduates are doing well and tend to be self-employed and start in general clinic unless have previous sports practice experience. Those that are mature students are better prepared as it's not their first rodeo and have life experiences, a better perception of what is out there and for those with previous healthcare experience already have a career path mapped out. COO employ a small number of graduates as classroom assistants, to support practical sessions	• AHP Staffordshire • Online CPD groups The barriers to building professional networks of support for newly qualified osteopaths include: • graduates lack of confidence and fear that they haven't learnt enough to be an osteopath. This causes graduates to look at other modalities of treatment such as acupuncture, complimentary therapies or prescription of exercises rather than running with the osteopathy they have learnt and embedding it into their new	currently no standard contract exists and common challenges ex-students experience are: • Relationship is not going well. • No teaching/ mentoring provided by Principal. • Issues as to who owns patient records if want to leave.

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	and working in teams • Graduate clinic work start to prepare students for move into independent clinic (reducing tutor support to assist in students making their own decisions) <u>Alumni</u> • Alumni is in its early stages as a pathway of provision. So far CPD sessions on manual lymphatic drainage and women's health have been offered at a reduced rate		practice and then to develop other modalities of treatment. This then results in the graduate not keeping up with their skills in osteopathy and it turns into a spiral. Graduates keeping in contact with clinic group dependent on student group, as cohorts to cohorts can be very different, but younger cohorts away from home tend to bond more.	

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	to Alumni. A recent survey has gone out to Alumni about further CPD they would like to see in the future to assist with the development of this. It was reported motivation has to come from student and often if it is not attached to an assignment there can be reluctance in non-clinical areas of practice			
LSO	A key vehicle for preparing students for practice is through the Portfolio Module (Level 6 BSO and Level 7 MSc). There are three main	Students are more prepared than those that choose non vocational courses. Students need time to develop their skills on the job (e.g.,	Students are specifically signposted to: • Regional groups • Osteopathy Business • Osteopathy Works	How best to set expectations so that students don't need to feel they have to know everything when first step into practice.

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	components to this module: 1. As part of this module students are required to complete a Business Plan. The intention here is to get students to think about: • barriers to setting up a practice by themselves. • To consider costs, legalities and what makes a profitable business. • identify premises, specify they are fit for purpose including planning signage. • Consider presence in local	analyse and evaluate) and that takes time and confidence. More could be done on business and marketing, but this has to be balanced against other needs of the curriculum. In a student's final year staff start to remove some of the 'scaffolding' support, so that students start to make decisions for themselves in clinic to prepare them for practice life. Times to treat patients start to be reduced so a retuning patient is reduced from 45 to 30 minutes and a new patient is reduced from 90 minutes to an hour, in order that they get used to viable clinic times in practice.	• Academy of Physical Medicine • Active CPD offerings (a lot out there) It was thought newly qualified shouldn't face barriers to building professional networks, as should be seeing less patients when first start out so should have more time on hands to develop this.	Awareness on how to run a business at a time when it seems more relevant to the individual (i.e., when they are in practice) Students out in practice (Year 3) expressed as part of the curriculum review that there was an appetite for some sort of 'safe space' (e.g., What's app, Google Classroom) that was LSO centric and didn't involve other OEIs as they felt they wouldn't be judged if they did something different to students studying elsewhere. Possibly looking at a closed forum set up. Difficult balancing newly qualified commitments and travel barriers for running

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	communities and footfall/direction of travel. • Consider opening times. • Consider marketing and social media. • Strengths and weaknesses of competitors • the need to work with other people including virtual receptionist challenges and sharing the load being a viable option. • Type of business- limited companies' sole trader, NHS, Associates roles, LOCOM roles etc.	COVID was reported to have had an impact on some students struggling to get up to speed. <u>What know about graduates once leave:</u> • Most working in full time osteopathy and many have developed part-time practice as having other roles has benefits of acting as a safety net. • Majority report through Graduate Survey a positive experience and are enjoying practice life. Often those already in healthcare environment (massage/Pilates) have more realistic idea of how their business is going to grow)		face-to-face networks or CPD events that suit all.

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	• Practising in different parts of the country 2. This module also involves a Learning Plan for CPD which aims to prepare students for independent practice and the requirement of CPD. This involves planning, doing an activity and reflecting on it and building confidence to join up with others. • Importance of continuing professional journey • Here students are asked to complete	Annually monitor graduates and whether they are on the GOsC Register (usually know why those that are not e.g., moved abroad		

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	a self-audit alongside some GOPRE scenarios. • Peer review is built into summative assessment (including how to give and receive feedback and its importance in practice) 3. This module also focuses on the <u>physical and mental load</u> of being an osteopath. This includes: • mentoring and how to take that forward and find someone to share with (e.g., peers,			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	business coaching etc) • considering healthcare is down to you as an osteopath and it can be daunting and that it's not realistic to think challenges or mistakes will never happen. <u>Alumni</u> Alumni is not active, but students are encouraged to make connections and come back to tutors as a point of contact, once in practice with any queries.			
Marjon	There are four main components that prepare students for practice and	It was thought that students were adequately prepared to deliver the things they should do	Graduated students are specifically signposted to:	Concerns expressed if the expectation from GOsC was that OEIs needed to do

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	the practicalities of practice life after graduation. 1. In Year 3 students undertake a business module, which encompasses: • research proposals on their business vision and future practice • planning and implementing practice life • Entrepreneurship and the unique selling point the practice they set up. • 5-year plan of where want to be	as a practising osteopath. Graduates are GOPRE and OPS ready. The majority of graduated students go into an osteopathic job as an associate, many stay in the south-west. Those that take up job opportunities in the East (e.g., Exeter) get more days work. Marjon offers an intern opportunity on an annual basis, which is dependent on funding which is a route for those newly qualified wishing to enter into academia. Barriers/challenges that graduates typically experience when moving into practice include:	• Exeter regional group • NCOR • Alumni offering The barriers to building professional networks support for newly qualified osteopaths include: • an isolated profession • entering a big practice is rare.	more to prepare students for practice. Majority of students pass as competent practitioners, only one might not pass in a cohort.

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	and how going to get there It was reported that students are generally not receptive to this component of the course, don't buy into it, question why they are doing this and purely want to concentrate on developing their professional identity. At the time the business module is delivered students don't have a professional identity and feel they need to be learning clinical techniques and can't develop business skills as well, at the same time. 2. The <u>student clinic</u> is set up in a way	• Obsessions concerning length of time a practitioner has been in practice. • Large organisations/ MSK practices promotion of job opportunities to newly qualified, that have no structure to post graduate education and development. • Incorporating rehabilitation and homework for patients and practice conversations such as breaking bad news is taught (Semester 2, Year 2), but this takes time for students to perfect.		

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	that students run it from start to finish (there is no receptionist) • This includes all students auditing patient numbers that they see, online note taking which tracks who is good at getting patients back and working in groups to see how work with new and returning patients can be improved. 3. Series of <u>dedicated sessions</u> once a week at lunchtime with key staff on topics such as • postgraduate journeys including			

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	examples of mistakes made. • day-to-day running of a practice, including HMRC tax, dealing with fees, expenses • what is an associate role might look like, including making sure they get a fair deal, thinking about what they will be earning, opportunities to invest in a practice. • Expectations – How to track patient numbers and the likely number of patients they will see when first starting out in			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	practice, workload planning. 4. Alumni access to career advisors 4-5 years post-graduation, reduced costs for future study. Students are also encouraged to approach staff on various things that they may be struggling with once in practice, which many do.			
NESCOT	Final year students undertake a professional practice module to prepare them for practice and the practicalities of	Students graduate as competent practitioners. Dealing with patients and communicating with them comes with time and practice and experience. Expanded scope practice students e.g., those doing physical therapy	The main networks of support promoted to new graduates include: • iO • CPD professional groups for future	In the future would like to a) get students beyond the NESCOT clinic walls (more outside and more in the community), as this will allow them to be more

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	practice life after graduation. This module involves the following: • Developing a business plan for the next two years which includes likely income they will earn once graduated, type of osteopath they want to become, working pattern, details of where they want to work e.g., NHS, Sports team, multidisciplinary practice, sole practitioner. • These business plans are	work etc have more realistic expectations about what they can offer. Dependent on an osteopath's identity. Students have learnt what they need to, but areas where new graduates are lacking and where these gaps form are specific to individuals and in part related to confidence. The osteopathic curriculum is really good at producing graduates that are very effective at what they do. Patients think osteopaths do a good job. But osteopaths think they are not very good at what they do. Graduates don't have a strong identity of who they are which is part of the problem. Preparedness of students for practice is assessed via two ways:	training with them for academic progression, technique support and networking opportunities • Hard to meet everyone's needs after graduation.	exposed to different types of practice, and as a result will know where to go afterwards b) Improve Alumni structure so as to be able to do more CPD (both face-to-face and online) at a reduced rate c) Question whether Year 4 could be delivered differently, so the transition into practice was not so abrupt and graduates could develop their scope of practice and what was right for their patients. This might include a postgraduate diploma which would include sign up for mutual support with a lecture a month plus mentoring

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	developed with students as a group using Princes Trust template. • Consider local clinics or network where potential job vacancies might be sought. • Visitors/ external stakeholders are also brought in to deliver workshops for CPD opportunities, such as the iO, local charity working, local councils with particular reference to manual workers, healthy back at work workshops and local schools	1. OfS graduate survey which asks where they are working after graduation. 2. NESCOT do their own check as to whether graduates have/or are still registered with the GOsC. Experience of graduates in practice are a mix of those taking associate roles and business start-ups (typically for a couple of days a week), majority seem satisfied, but understand why some might struggle. There are opportunities out there, but it is challenging to be self-employed, and graduates don't appreciate these struggles until it happens to them and need support, typically because they are not seeing enough patients and its at that point they need to talk.		

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	regarding staff and pain management. • Types of careers as an osteopath are also explored including NHS and physio work opportunities. It was reported that students are often disinterested in life after graduation and struggle to engage with components of the course that are not relevant to clinical practice and technical skills. There is a feeling that the types of things that are covered in the professional practice module should be delivered after qualification.	Student expectations could be better managed at the start and made clearer to them including a more structured Alumni offering. It was also thought that chiropractors were more business focused in their curriculum and that it would be good to compare with the osteopathic curriculum.		

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	<u>Alumni</u> • Small numbers of Alumni work in student clinic at NESCOT after graduation. • It was reported that the Alumni structure could be improved by offering CPD at NESCOT for local graduates as if they did this it could create some interest with courses going to run.			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
UCO	Open days use the following so prospective students know what to expect. • Findings of latest iO Census • Pay levels • Regions which have more vacancies Students undertake a professionalism unit to prepare them for practice and the practicalities of practice life after graduation, which was written through conversations with GOsC. Main features include: 1. Professionalism – Things patients	Graduates are prepared for practice if they have attended classes. It was reported GOPRE had made a big difference and crucial. Alumni expectations are met with a comprehensive programme which stimulates learning which replicates clinic pretty well. The course focus is on problem solving so as to navigate strategies for approaching things in different ways. Peer learning and decision making critical for autonomous practitioners. What know about graduates includes: • 99% in employment • TEF Gold graduate outcomes	The main networks of support promoted to 4th Year students include: • Regional groups • Special interest groups • NCOR • iO Roadshow • iO Census data – what to expect, regional differences, earnings, 2% in NHS (including how to apply) • Mentoring opportunities • iO suggested contract for principal associate relationships (as often contracts favour Principal)	Increase stakeholder events so fit for purpose for industry. Postgraduate programmes guide students better into practice in specialist area with extended clinical supervision mentoring. Preceptorships -Examples given of podiatrists go into practice with qualified practitioners. Difficulties around principal – associate resources. Dilemma as to whether Principals should be providing certain things for new graduates when majority are self-employed. But questionable whether all are legally sound with things like if an associate leaves

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	might bring to clinic, patient stories, patients' capacity, treating children, social media usage and its link to OPS. 2. Environment implications – Where going to work and different types of practice (NHS, associate, sole practice), Working abroad (New Zealand & Australia), Equal opportunities, Health & Safety legislation, stakeholders within osteopathy. Developing a career plan	• Graduates tend to work in London, where graduated		they cannot work within 5 miles of practice.

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	3. Capacity planning - Dealing with new patients, flow of patients, Digital booking systems, Allocating time for admin and CPD 4. CV, Personal Statement and Interview skills, STAR system 5. Business management skills and entrepreneurship 6. CPD cycle and students undertake peer review and observation and reflect on CPD activity. 7. Career pathway and opportunities			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	for postgraduate study 8. Career fair events are held with previous graduates sharing their experiences. It was reported that students don't see the value of these types of skills. Students don't know why they are learning t what is in keeping his and to some it seems not important until after graduation, then the first thing they say first year out in practice is 'I should have listened to lectures' or 'I want mentoring' Students make a conscious decision to look at these parts later. But its during			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	their studies that its easier to reach them. After graduation the following is made available to graduates • Associate clinic (but not every student attends or wants to) <u>Alumni</u> • Dedicated website for final year students https://www.uco.ac.uk/life-uco/uco-alumni/alumni-services • New graduates can raise issues, through online community.			

OEIs	Provisions made for those transitioning into practice (beyond knowledge & clinical skills)	Views on preparedness for practice	Networks of support new graduates are signposted to (including Alumni)	What might be done in the future to support new graduates further?
	• Mentoring & volunteering opportunities • Encourage networks are built into the fabric of practice will make particularly sole practitioners stronger.			

Table 2: Special interest group interview findings

Special Interest Groups	Provisions made for those transitioning into practice	Preparedness for practice	Networks of support	Future support
iO	Provisions are for the whole membership, so talk to osteopaths throughout their academic career. But it's often found that last year of study can be overwhelming for many, so do see many newly qualified osteopaths for mentoring support. Newly qualified osteopaths need to gain a network of support and the mentoring platform can provide that in terms of smoothing that transition into practice for an individual, so that graduates get the information they need when they really need it from a 'reflective ear' that is independent. Group sessions are also provided on a drop-in basis which allows up to 6 osteopaths at a time once a week to share similar things in practice that are happening to them, ask questions that they might feel they can't in a clinic setting and look at ways they might	Graduates are prepared and talented practitioners, but it has to be remembered that they are relative novices and they are going to need support. They are: • not going to know everything but will be sharper on pathologies and red flags. • Confidence will grow. Along with being confident to refer patients elsewhere (if necessary) • it's a big jump from graduation to practise, taking years to build client groups. • going to be dependent on patients came into contact within student clinics	Mentees are signposted to: • Start with Alumni contacts to begin with • Followed by getting graduates to consider that 'wrap around' the wider profession, including those that might work near them in their local community. • Special interest groups (pain, sports) • Regional groups • NCOR	Considerations about future support that might be useful included: Clinical placements would be good, but many don't have clinics with that capacity. UCO graduate clinic a good example of this working well. Graduate pre-registration programmes (e.g., preceptorship year) – where there is a loose curriculum with units of enhancement (hands-on, business and marketing, preventative measures for patients etc) and linked to mentoring and

Special Interest Groups	Provisions made for those transitioning into practice	Preparedness for practice	Networks of support	Future support
	change the narrative in certain scenarios that they are struggling with. A key feature of the mentoring support is to build newly qualified osteopaths' confidence in what they are doing. This might include such things as how to deal with patients that might not be getting any better, long term pain management skills, building action plans with patients or improving case histories and managing patient expectations. In these group settings, the group can act as an independent critical friend in terms of what individual osteopaths are feeling, experiencing, what they could do differently, or reasoning behind decisions (i.e., acting as a 'buddied system') It was mentioned that preferred communication channels were different for the newly qualified. Several groups mentored did not use email, or website communication, their preferred communication was through What's app. Younger newly qualified osteopaths also report not liking reading, reporting its	(everyone experience will be slightly different) • going to make decisions about type of work based on the support they feel in that space (e.g., relationship with principal, or post might not be osteopathic enough, or might work in another area to supplement income as an osteopath or decide to work and earn less for someone they get on with/like).		supervision groups for support. Build network up of principals that will support new graduates. Resources on the principal -associate relationship from both sides would be good (what to expect, how to support technique development or, patient management, providing coaching rather than creating mini versions of themselves)

Special Interest Groups	Provisions made for those transitioning into practice	Preparedness for practice	Networks of support	Future support
	boring and preferring video content that talks to them directly.			
Special Interest Groups	**Provisions made for those transitioning into practice**	**Preparedness for practice**	**Networks of support**	**Future support**
KESO	Support focusses on: • Support alumni by individual mentoring • Match students with new graduates through mentoring. It is important to get students on board while still at college, otherwise hard to reach, so encourage joining end of Year 4 • Run Facebook page for London and Kent sites cohorts. • Peer support drop-ins (for an hour)	The curriculum is very busy, and students are overloaded. Graduates are not focussed on life after graduation until they are living the experience. Its then they need to talk about business skills, marketing, patient booking etc. Preparedness is dependent on whether students are ready to hear it as the time (Students are told about these things during the curriculum but might not follow-up). Difficult for graduates to absorb regional groups at point introduced. Contacting registrants' post-graduation	Main features signposted: • BCNO practice bookkeeping (so graduates access it when need it. This is popular) • Free/ low cost CPD, as graduates still need to do CPD. • iO platform	Suggested the need for a regional group representative coordinator, that's role would focus on going round to all the OEIs, joining the dots and supporting regional engagement across the country. Thought OEIs needed to be more aware of regional groups and their benefits and for regional groups to be talked about in a balanced way. GOsC communications could be made more

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		about their local regional group is a really good idea. Needs of younger graduates are different to mature students. Younger graduates without previous healthcare background struggle more with their communication skills		accessible around joining and setting up regional groups, with infographics. Also better promotion of special interest groups, such as OsteoWorks There is a need for more mentors and for it to be promoted in the profession more in terms of the problems that can be fixed by mentoring. Promoting the benefits of being a mentor is more of a harder sell Questioned whether GOsC could provide regional leads with new graduates' information so as they could make direct contact with them, offering a more personal touch and that

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				there needs to be something in it for them to join like free or discounted membership. Observation in practice – How many osteopaths are willing to have a student in practice and see the value. Pre-Registration course would be excellent, where graduates receive 6 (1-hour sessions), and a practice booklet and follow up live Q&A sessions. Areas would focus on marketing, setting up a website, how to run a practice, CPD and building a network, burnout, and patient management. Graduates need to be made more aware of

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				associate-principal relationships and the pitfalls, such as income, number of patients will see. Practising principals are often micromanaging rather than mentoring/ coaching and new graduates can often felt dumped into roles expected to carry on without support. There are also some often-awful clauses in associates contracts (e.g., illness pay a fee) which just leads to burnout for the new graduate.
OA	OA was developed 10 years ago because it was felt that osteopathy wasn't taught enough at undergraduate level and wanted to ensure that osteopathy was maintained and did not die, committed to	Don't see graduates many that are prepared for practice or those that have an understanding of osteopathic thinking. The main areas have consistently been	Encourage graduates to: • Seek more encounters and exposure to	Students want more osteopathy and greater exposure to it, not study for four years and it not be optimised or for it to be diluted

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	teaching osteopathy at postgraduate level. What is being taught at some colleges with a strong Musculoskeletal stance are physiotherapy or orthopedic paradigms of diagnosis and treatment without osteopathic context). OA give up their time for free for the betterment of osteopathy and passion for the profession – 'We have our own profession, its proven, it works, patients want more of it. We give up our time for the OA out of necessity. Our PG courses focus on betterment of osteopathy, but the OA (as a collective) came together to address the dilution of osteopathy which hindered the 'betterment of osteopathy. OA give up their time out of necessity to ensure the identity and scope of osteopathy are maintained Work with osteopaths from different colleges often on one-to-one basis that want more training/ development, it	identified as a lack of application of basic sciences, osteopathic principles and philosophy in diagnosis and treatment which is unique to osteopathy. Root course is education and education standards dropping/ deficit of training specific to osteopathic thinking (or being dumbed down). It is not until graduates have these building blocks in place that students begin to flourish, things make sense to them, and they see progression, gain confidence and contribute further to their practices and profession (eg teaching/mentoring).	osteopathy in action. The importance of therapeutic touch and the osteopathic thinking process Barriers to developing networks for some graduates are the fear that they will look foolish with others as they feel that they don't know enough and those that haven't been taught well recognise it when in network settings with others. OA as a collective and as individual organisations has provided support for osteopaths (new or more experienced) for	and to then come out of a degree without a professional identity or sufficient scope of practice to contribute to patient care. Experienced clinical tutors. Greater postgraduate training – its at this level students recognise really doing osteopathy and what they wanted to learn in the first place. PG level should be the educational level to develop and deepen understanding of a subject which has already been studied. However, the PG courses associated with the OA organisations have

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	involves filling in the gaps in their education that shouldn't be there, it is more than guiding students it is retraining them. Able to compare osteopathic training from different OEIs and assess underlying issues in osteopaths' development. Often seeing students that • are having difficulty getting off the starting blocks and not feeling equipped. • having difficulty applying knowledge and skills • are having difficulty communicating with patients. • are having difficulty retaining patients. • Lacking in patient confidence • Lack diagnostic reasoning skills. • Struggling with asking the right questions for presented clinical picture and knowing why they should be asking those questions. • Previous clinical experiences have led students to feel judged.		many years and provided feedback as to how osteopaths can be supported (more osteopathic content) to stakeholders as needed.	needed to be revised and 'dumbed down' to provide basic level of subject understanding which should be taught at undergraduate level. Greater PG training has become necessary for graduates to learn the basic understanding of osteopathy. The solution would be to address the deficit at undergraduate level, rather than rely on PG education to fill in the gaps. These types of discussions happen throughout the profession, not only in the OA. Currently many graduates feel they are only being exposed to osteopathy once they

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				follow PG studies and that's what they wanted to learn in the first place. Further dilution of osteopathic training will only require more PG input to prepare osteopaths for practice, rather than development of the prepared osteopath. OA are aware of the AHP requirement for Preceptorships for NHS job roles. Happy to contribute to discussions on preceptorships, but on a different wider debate, as not something would support for the osteopathic profession