General Osteopathic Council

Policy and Education Committee
10 March 2021
Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training

Classification	Public
Purpose	For decision
Issue	The review of Guidance for Pre-registration Osteopathic Education (GOPRE) and Standards for Education: feedback on the draft guidance and agreement to the timetable for development and implementation
Recommendations	1. To consider and provide feedback on the draft Guidance for Osteopathic Pre-Registration Education and emerging consultation issues. 2. To consider and provide feedback on the Equality Impact Assessment. 3. To agree to recommend that Council publish the Guidance for Osteopathic Pre-Registration Education including Standards for Education and Training for consultation.
Financial and resourcing implications	The review is being managed in-house. We have commissioned experts to review our Equality Impact Assessment and the Guidance for Osteopathic Pre-registration Education and Training and to review and advise on specific consultation questions in relation to equality, diversity and inclusion costing £2500. In addition, we have made small payments to participants with particular protected characteristics as these views were under-represented in our pre-development feedback. Costs are less than £600.
Equality and diversity implications	Equality and diversity implications will be taken into account, and an Equality Impact Assessment has been commenced in relation to the project and has identified a range of associated actions during the development, consultation and decision making phases to be actioned. This will include how the Guidance supports those who speak Welsh. As indicated by the equality impact

	assessment, we have received specific advice on our guidance and on the equality impact assessment and we have held two focus groups and also interviews and correspondence with individuals in order to inform the development of the guidance and the consultation questions.
Communications implications	We have been undertaking ongoing engagement with stakeholders throughout the development period. Our consultation strategy for formal consultation will also take into account a variety of methods of engagement and will involve key stakeholders.
Annex	Annex A – Guidance for Osteopathic Pre-registration Education and Standards for Education and Training (v4) Annex B – Current Equality Impact Assessment (as at 26 February 2021)
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Key messages

- The GOPRE guidance has been updated following further engagement and work on equality and diversity and engagement with osteopathic educational institutions.
- Consultation issues are outlined in this paper.
- The Committee is asked to provide feedback and to agree that the Guidance should be considered by Council in May 2021 for formal consultation.

Background

1. At its October 2020 meeting, the Committee received an update on the review of the Guidance for Osteopathic Pre-registration Education[1] (GOPRE) and the development of specific Standards for Education and Training. Feedback from the Committee included:

    - the overall support for the composition of the stakeholder reference group and the resulting themes;
    - the importance of the recognition of the divergence of approach across the four-nations in healthcare and NHS and considering how this should be captured, specifically the thinking about the frameworks which the NHS and HEE have been working on;
    - the need to triangulate information sources to aid strategic thinking;
    - the need to consider further: business management and standards; risk management and governance, and equality, diversity and inclusion; the role of osteopaths in prescribing; evidence-base; the maintenance of and ensuring consistency and the accessing personal information and information governance and strengthened equality, diversity and inclusion issues.

2. This paper outlines work undertaken since October, featuring further engagement with the osteopathic educational institutions, work undertaken on our equality impact assessment and specific focus groups focussing on minority ethnic groups, lived experience of disability and health conditions in osteopathic education and pregnancy and maternity and also discussion with the Institute of Osteopathy.

3. It also explores consultation areas (specific questions about equality, diversity and inclusion have been provided by our consultants) and the updated Guidance for Osteopathic Pre-registration Education and Standards for Education and Training (GOPRE) informed by feedback. Finally it presents our current equality impact assessment for consideration.

[1] https://www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education/

4. The Committee is invited to provide feedback on the current draft of the GOPRE, the issues for consultation and the draft consultation questions, and the equality impact assessment. The Committee is also invited to recommend that the Guidance for Osteopathic Pre-registration Education and Standards for Education and Training are presented to Council for agreement for formal consultation.

Discussion

5. As discussed in the October 2020 paper, our developing equality impact assessment demonstrated that we had further engagement to do with regards to specific groups of people with particular characteristics with a view to ensuring that the ensure that our GOPRE are fit for purpose, inclusive and reflect our commitment to equality, diversity and inclusion.

6. In order to ensure an inclusive approach, we commissioned two experts in equality, diversity and inclusion to review the GOPRE and the equality impact assessment to ensure that they were fit for purpose and to provide feedback about our consultation questions. These reports were received in February 2021. They findings are summarised in this paper but the full reports are available from Steven Bettles at sbettles@osteopathy.org.uk.

7. We also advertised a number of focus groups to students and osteopaths with lived experience of health conditions and disability or who had experienced disadvantage as a result of particular protected characteristics through the educational institutions and we also promoted these through our own social medial channels and our ebulletin.

8. We held focus groups and interviews with nine individuals who have specific protected characteristics and specific lived experiences to inform us and to help to inform our guidance.

9. We also undertook meetings with the osteopathic educational institutions in January 2021 and consequently received three written responses from individual institutions. These responses are summarised below.

10. Finally, we have been meeting regularly with the Institute of Osteopathy in relation to one of the issues outlined by the Committee. Prescribing does not appear in the GOPRE. This is because a change to the Medicines Act 1968 and associated regulations is required first. This is a matter for government dependant on service need rather than GOsC. Consequently, the guidance does not refer to prescribing at the present time. As and when the indications are that osteopaths may be involved in prescribing, it would be appropriate to review the guidance in force at that time.

Feedback about the GOPRE guidance

Equality, diversity and inclusion

11. Feedback on equality, diversity and inclusion issues included the following:

- Overall, the guidance 'pays "due regard" to the promotion of equality of opportunity for different groups, as required by the Equality Act but could perhaps introduce some additional specificity' particularly in relation to ethnicity and disability, for example including aspects of 'inclusive or adaptive approaches to teaching and assessment, and an emphasis in guidance on the centrality of communication that emphasise the requirement to be responsive to patients who, for example have hearing or visual impairments, are neurodiverse and/or have learning disabilities or difficulties'. We have taken this feedback into account and specific examples of diversity have been threaded throughout the updated GOPRE at Annex A.

- In relation to pregnancy and maternity – recognising that caring responsibilities can impact on ability to meet the same standards in the 'usual ways'. This point is outlined further below in relation to the 1000 clinical hours issue and further feedback from the Committee is welcomed.

- Specific arrangements that need to be in place to ensure that students needs due to particular protected characteristics are met. For example, support as standard in relation place to and time to express/pump breast milk and place to store, modifications to timing of sessions to allow for flexibility, adjusted technique requirements, particular clothing such as shoes or adaptive tunics, space and time for prayer. Being involved in discussion, options and decision making was also important to empower individuals and institutions to mutually agree options.

- The need to be more anticipatory and matter of course in terms of resources so that disability is seen as normal. For example, inexpensive reasonable adjustments can be made to support people with disabilities to meet the required standards, for example, longer consultations, electronic notes, extra time in assessments, text to speech software, electronic plinths not requiring a foot pedal, being able to wear extra clothes under the tunic to keep warm.

- We noted that buildings were often not accessible and this needed to be changed for patients, students and osteopaths.

- **Educational culture:** it was striking and shocking from feedback that all of our participants reported experiences where they and / or colleagues had suffered a disadvantage as a result of their protected characteristic and were made to feel shamed, different and not included. Further, it was felt that some patients were not getting high quality care because knowledge and understanding of diversity was sometimes not evident. We do not know how widespread this kind of behaviour is, but regardless, we do know that this

kind of behaviour and lack of knowledge is not acceptable. Students and osteopaths need to be safe to call out unacceptable behaviour and to educate others and to be able to report such instances as appropriate without fear. Institutional commitment to equality, diversity and inclusion needs to be integral at every level in every staff member and every student across the institution and this needs to be modelled and implemented appropriately.

- Equally, however, it was recognised that people who did not have experience of people who were different to them needed to be able to seek support and guidance in a safe and supportive environment without being shamed. Participants emphasised the importance of treating people as individuals, being curious and not making assumptions about people because of their ethnicity, religion or other protected characteristics. Dialogue was key. The culture was not about shaming but about educating.

- The groups explored how to implement this across the board so that consistent messages about inclusivity were in place. Views and attitudes that would help to demonstrate this included 'what can I do to help', 'how can we as an institution help you as student', 'how can we make it easier for you to access support, for example the Disabled Students Allowance'.

- The groups felt that it was important too that OEIs are clear in a variety of ways that they are committed to equality, diversity and inclusion as a matter of course in prospectuses and throughout their course, their communications to staff, students, posters, websites etc. They should show more clearly that inclusive support and adjustments are made for people at any point throughout their programmes not just at the beginning of the course.

Clinical hours and description of the necessary clinical experience to meet the Osteopathic Practice Standards

12. The GOPRE paragraphs set 1000 hours and 50 new patients as a guideline not a requirement. The requirement is related to the depth and breadth of experience to meet the Osteopathic Practice Standards. However, this is not well understood. There is also some confusion that the CEN statement requires 'at least 1000 hours' of clinical experience' when it does not.

13. Feedback suggested that the '1000 hours' was both arbitrary and yet also suggested to be sufficient, regardless of the quality or definition. It was also suggested that the idea that each of the 1000 hours needed to be with a patient in a room whether hands on or observing did not take account of the educational value of alternative experiences such as remote or virtual clinics and it was not an inclusive approach to osteopathic education. Also, it did not take account of the fact that many aspects of clinical communication could be better provided in alternative ways, for example: developing skills in communication, differential diagnosis, rehabilitation programmes. Yet on the other hand, it is recognised that 'hands on' is a core component of osteopathy and many people

feel that palpation and manual treatments are the centre of everything.

14. Could a 'clinical hour' definition be developed to ensure that the requirement is inclusive and educationally valid whilst also ensuring that the hands-on experience is sufficient? Another respondent suggested that clinical hours should be better expressed as a percentage of the total course hours, say a minimum 25% of the student's attendance on the course should take place whilst being involved in direct patient care. A minimum of 25% of this should be seeing patients for the first time. This should include a range of clinical presentations ……'. It was suggested that 'when people start to consider the percentage of the course that is dedicated to direct clinical contact that it will start to increase and more learning will begin to take place in that environment rather than in a classroom where it bears little meaning to students.' The 1000 hours issue and the definition of clinical hours is part of the consultation document. Clearly, there is further exploration of the 1000 hours issues to balance educational value and hands on experience necessary to consolidate skills but in a way that does not unfairly discriminate.

15. For the time being, we have included the 25% guideline alongside the 1000 hours guideline in the document, we have made it clear that other forms of clinical education, other than being in clinic are possible, but we have not defined 'clinical hour' further. (See paragraphs 62 and 63) but this issue will be further explored as part of the consultation document. The feedback from Committee exploring the arguments further is welcomed.

16. Feedback also suggested that there was a need for clarity required over 'depth' of patients. We have included depth (numbers) and breadth (diversity) to take account of this point at paragraph 61.

17. There was support for the '50 new patients' being a guide and the focus on the educational value of clinical experience.

Maintaining links with others.

18. The importance of maintaining networks post graduation (and specific issues for those who may not have had the opportunity to develop networks through their institution) was stressed. We have strengthened paragraph 11 to give effect to this statement.

Patient partnership and values

19. Feedback has suggested that we need to ensure that commitment to patient partnership, values and listening is threaded integrally throughout the document and particularly in the Common range of approaches to treatments section. We have adapted the 'common range of approaches to treatments section to include a point about 'Working in partnership with the patient including listening to and understanding what matters to the patient.' But this area may require further

work and will also the subject of the consultation document.

20. Feedback suggested that rewording of aspects of consent in the outcomes would better reflect the complex negotiation where meaning and understanding are co constructed with the patient and practitioner to reach a mutual accord rather than a tick list of things that need to be ticked off. We have reworded paragraph 67 to better express this nuance.

21. Feedback suggested that clear statements around active listening or responding to feedback need to be included in the communication and patient partnership section. These have been added into paragraph 17d.

22. A suggestion in relation to paragraph 35 that 'advise' is contrary to the whole patient partnership approach. Perhaps 'work in partnership with patients to enable them to incorporate this within their daily lives' would be more in keeping.' We have amended paragraph 35 to include this suggestion.

Research

23. Research being described at the right level for all osteopathic students is important. There is a tension between the desire to enhance the research output of the profession and the expectations of an undergraduate. It was suggested that 'to undertake consent and participant recruitment in an ethical manner consistent with a research protocol' should be replaced with 'Demonstrate an understanding of consent and participant recruitment in an ethical manner consistent with a research protocol'. We have made this change as an alternative option at paragraph 26 of the Guidance. But this will need to be explored further in consultation and alongside expectations of other allied health professionals and health professionals across the UK.

Education, management and leadership and the need for the outcomes to support graduates to practice in a range of settings post graduation

24. One respondent suggested that there was a whole section for research, but not for leadership and management or education. In this respect they provided some adapted text from the Advanced Clinical Practice pillars (in England).

25. In relation to core statements about leadership and management and education adapted from the MSK frameworks in England. On the face of it, these seem important and appropriate additions to the draft GOPRE and not simply England related: they are outward looking and provide skills that will be important for osteopaths wishing to work within multi-disciplinary teams' roles. We have therefore included these as drafted in new sections on leadership and management and education for consideration at paragraphs 27 and 28 of the guidance. It would be appropriate also to consult on these areas.

Standards for Education and Training (other than points already dealt with above)

26. The stem for each section should be amended to say 'educational providers must take *all reasonable steps to*…'. We have left the stem as 'must ensure and be able to demonstrate'. We feel that the standards are essential ones that must be in place in institutions and that this is the desired outcome – particularly for example in relation to meeting the OPS and equality, diversity and inclusion. To this end, focussing on whether or not the institution is taking reasonable steps, rather than the desired essential standard does not achieve this. We will make this point explicit as part of the consultation.

27. Should consideration be given to 'virtual teaching clinics' – no mention in the document? We have updated standard 7 of the Standards for Education and Training to envisage more diverse forms of clinical training. It now includes the following: Clinical experience is provided through a variety of mechanisms including face to face, through simulation (for example using actors), through virtual and remote clinics and ensuring different patient groups. A range of settings should also be offered, if available. References to teaching clinics have also been expanded throughout the document.

GOPRE outcomes: miscellaneous points

28. Why a focus on the psychosocial model only? Instead text was suggested as follows: 'Students should have knowledge of a range of healthcare models and be able to apply these in different situations and with different patients based on the patients' health beliefs, preferences etc.'. We have amended paragraph 34 to give effect to this feedback.

29. Feedback suggested that 'clinical examination' in paragraph 64d needs to be specified in more detail, for example: There is a need to differentiate between MSK examination e.g. active & passive and clinical examination that usually refers to systemic e.g. cardiovascular examination. We have added in more detail to the GOPRE here.

30. Principles of remote consultations needed to be inserted into the knowledge, skills and performance section as well as communication and patient partnership too. This has been added into paragraph 19 of the GOPRE.

31. A suggestion that in paragraph 19, the word osteopathic is not necessary in relation to 'osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives'. On the other hand, others have felt that there is insufficient 'osteopathy' in the document. For the time being we have not amended this, but will seek the further advice of the Committee and the stakeholder reference group on this point.

32. A suggestion in relation to paragraph 49 'ability to use social media appropriately and legally in relation to professional practice. Does this actually mean we have a duty to teach students how to use social media? Or should it read 'ensure

students who use social media do so safely and ethically'. We have included 'safely and ethically' but have left the remaining paragraph as it is for the time being, as it seems that social media teaching should be a core requirement of contemporary practice whether or not students choose to use it professionally but further guidance on this could be sought as part of the consultation.

33. Language: Feedback was received that we should try to use the same type of language as that in use in the First Contact Practitioner, MSK framework and examples were provided. We need to ensure that our document speaks equally and uses language which is appropriate across the four countries of the UK and with other regulators and professions. So, we will review these suggestions in that context ahead of Council in May.

Consultation issues

34. The Committee will see from the areas outlined in paragraphs 11 to 33, the emerging issues for consultation. In addition, mechanisms for implementation will be a key consultation issue for further discussion. For example, we may explore direct student surveys and staff surveys for further data to inform implementation of GOPRE, particularly, for example, in relation to equality and diversity issues.

35. We are intending to develop a consultation document for consideration by the Stakeholder Reference Group prior to Council in May. However, the Committee are invited to provide feedback about any other issues that should be considered or other arguments that should be outlined in relation to these issues.

Guidance for Osteopathic Pre-registration Education and Standards for Education and Training

36. The Guidance for Osteopathic Pre-registration Education including Standards for Education and Training has been adapted to take account of the feedback outlined above and the current draft is attached at Annex A.

37. Key changes to the outcomes in GOPRE include:

- Updating references to the updated QAA Quality Code (paragraph 5)
- Inclusion of prognosis in relation to providing information to patients to enable them to consent informed by Professor Oliver Thomson's work on Cause Health (paragraphs 8, 17, 32, 64)
- Increasing references to examples of diversity and equality (for example, paragraphs 10, 17, 18, 29, 31, 33, 35, 45, 47,49, 59, 64, 71)
- Strengthening the importance of professional networks (paragraph 11)
- Strengthening references to business management (paragraph 13)
- Strengthening references to patient partnership (for example, paragraph 17, 21, 37, 49, 67, 73)
- Strengthening the diversity of ways in which clinical care can be provided (for example paragraphs 17b, 18, 62, 71)

- Research – offering an alternative expectation in relation to undertaking research (paragraph 26)
- Additional paragraphs in relation to leadership, management and education (paragraphs 27 and 28)
- Increasing models of care in addition to biopsychosocial (paragraph 34)
- Strengthening requirements on infection control (paragraph 46)
- Strengthening boundaries with colleagues as well as patients (informed by PSA research) (para 52)
- Strengthening awareness of the health sector outside of osteopathy (paragraph 53, 60)
- Clarifying information about experience to consolidate demonstrate of the outcomes including depth and breadth of OPS, 1000 hours guide explanations and 50 new patients guide (paragraphs 61 and 62)
- Additional paragraphs in relation to the common range of clinical presentations (paragraph 71)

38. Key changes to the Standards for Education and Training in GOPRE include:

- Changes to the stem of each standard which now states 'Education providers must ensure and be able to demonstrate that: (All standards)
- Increasing references to examples of diversity, equality and inclusion (Standard 1, Standard 2, Standard 3, Standard 5, Standard 6 Standard 9
- Strengthening the diversity of ways in which clinical care can be provided (Standard 1, Standard 7, Standard 8, Standard 9,)
- Strengthening requirements in relation to governance (Standard 2)
- Strengthening requirements in relation to speaking up and supportive, open and transparent cultures (Standard 2, Standard 3, Standard 8)

Equality Impact Assessment

39. The equality impact assessment has been updated following the advice of our equality consultants. Key changes have included specifying data and implementation and monitoring mechanisms, but overall, it is along the right lines to ensure a more inclusive approach to development.

40. The Committee are invited to provide feedback on the equality impact assessment.

Next steps

41. The next steps are that we will ask the Stakeholder Reference Group to consider the updated GOPRE and the consultation issues and arguments in a consultation document prior to Council being asked to approve the consultation in May 2021. The timetable is outlined below.

Month	Activity
April 2021	Further consideration of the Consultation document, consultation strategy, Guidance for Osteopathic Pre-registration Education and Standards for Education and Training and the Equality Impact Assessment by the Stakeholder Reference Group.
May 2021	Report to Council with consultation draft for sign off
May 2021 – August 2021	Consultation
August - September 2021	Analyse consultation outcomes and hold further Stakeholder Reference Group meeting to consider these and any changes
October 2021	Report to PEC with consultation analysis and post-consultation changes for consideration.
November 2021 or January 2022 Council	Report to Council with final documentation for approval
Jan – July 2022	Supporting OEIs with implementation plans
September 2022	Implementation of updated GOPRE

Recommendations:

1. To consider and provide feedback on the draft Guidance for Osteopathic Pre-Registration Education and emerging consultation issues.

2. To consider and provide feedback on the Equality Impact Assessment.

3. To agree to recommend that Council publish the Guidance for Osteopathic Pre-Registration Education including Standards for Education and Training for consultation.