



General
Osteopathic
Council

**Studying osteopathy with a disability or
health conditions: guidance for applicants
and students**

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The General Osteopathic Council

1. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. As a regulatory body we are committed to ensuring equality of opportunity for all applicants and students of osteopathy.
2. We are one of nine health professional regulators established by law to ensure the safety and wellbeing of patients and the general public¹.
3. By law osteopaths must be registered with the General Osteopathic Council in order to practise in the UK.
4. As with all healthcare regulators, our primary purpose is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession². We do this by:
 - Keeping the [Register](#) of all those permitted to practise osteopathy in the UK.
 - Setting, monitoring and developing [standards](#) of osteopathic training, practice and conduct.
 - Assuring the quality of osteopathic education and ensuring that osteopaths undertake [continuing professional development](#)
 - Helping patients and others who have [concerns or complaints](#) about an osteopath. We have the power to remove from the Register any osteopath who is unfit to practise.
5. Patients expect that healthcare professionals will be competent and practice safely, that they will treat patients properly and will behave ethically. It is the responsibility of the General Osteopathic Council to ensure this happens and to take action if an osteopath's practice falls below our standards.

¹ Information about all of the nine health professional regulators can be found at: www.osteopathy.org.uk/news-and-resources/document-library/publications/who-regulates-health-and-social-care-professionals-leaflet

² S3(1) *Osteopaths Act 1993*, as amended by the *Health and Social Care (Safety & Quality) Act 2015*

Section 1: Introduction

Who is this guidance for?

1. Many disabled people and those with long-term health conditions enjoy rewarding careers in healthcare with or without adjustments to support their practice. If you are considering a career in osteopathy and are disabled or have a long-term health condition, this guidance booklet should help you decide whether osteopathic education and training is right for you. For osteopathy students who have or develop a health condition or disability, this guidance is intended to highlight issues to be aware of and support measures available to you throughout your studies. Separate guidance is provided for osteopathic educational providers: [*Students with a disability or health condition: Guidance for Osteopathic Educational Institutions*](#)³.

What is covered in this guidance?

2. This guidance explains the nature of the work that osteopaths do, the education and training you will need to become an osteopath, and the support you can expect as an osteopathy student. You may find it helpful to read this guidance in conjunction with our guidance about student fitness to practise and professional behaviours⁴.
3. Section 2 describes the process of applying to undertake an osteopathic course and the action that osteopathic educational providers will take when considering your application.
4. Section 3 describes the support you can expect during training and what happens after graduation.
5. Section 4 suggests other sources of relevant information.

Language

6. We understand that the choice of what language people use about their disability or health can be a personal one. In this guidance we refer to 'disabled people' and 'disabled students', terms informed by the social model of disability⁵. This recognises that barriers caused by attitudes in society can disable people, as well as environmental and organisational factors. We do, also, use the term 'people with disabilities' or 'students with disabilities' in some contexts. The definition of a disability as set out in the *Equality Act 2010* is described in paragraphs XX-XX.
7. Throughout this guidance, we refer to 'disabilities' and 'health conditions'. This acknowledges that not everyone who meets the definition in disability legislation considers or describes themselves as "disabled", and that some health conditions

³ Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance/>

⁴ Available at: <http://www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance/>

⁵ <https://www.disabilityrightsuk.org/social-model-disability-language>

are not classed as disabilities within the definition. Where we refer to the legal protection which disabled people have by law, we use the words 'disabled' or 'disability'.

What is osteopathy?

8. Osteopathy is a predominantly manual form of diagnosis and treatment, and is used in the treatment of a wide range of disorders related to the body's structure and function, and the impact of this on an individual's health and wellbeing. It acknowledges, and works with, the relationship between body, mind and social perspectives influencing a person's health.

What do osteopaths do?

9. Osteopaths consider each person as an individual. On a patient's first visit, the osteopath will spend time taking a detailed medical history, including information about their lifestyle and general health. The osteopath will carry out a physical examination. Patients are asked to carry out some basic movements in order for the osteopath to gauge their general mobility, as well as that of specific symptomatic areas. An examination of certain tissues and joints may be carried out to help inform diagnosis, as well as neurological and orthopaedic tests to assess joint mobility and nerve function.
10. By taking a detailed history and carrying out appropriate examination and assessment, the osteopath will develop a working diagnosis, and, in discussion with the patient, agree a plan of treatment. Osteopathic approaches to treatment and patient management include:
 - a. Applying a range of manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain.
 - b. Rehabilitation and lifestyle advice and guidance to facilitate self-management and enhance recovery.
 - c. Provision of health information, guidance and signposting to resources to support patients' choices and decisions regarding their health and wellbeing.
11. Patients seek treatment for a wide variety of conditions, including back pain, joint pain, muscle spasms, sciatica, neck related headaches, tension, , the pain of arthritis and minor sports injuries.
12. There are more than 5,400 osteopaths registered with the General Osteopathic Council. The profession attracts almost equal numbers of men and women. Some osteopaths have already qualified in another health practice, such as medicine, nursing or physiotherapy.
13. Most osteopaths are self-employed and work in the private sector. An increasing number work in multi-disciplinary environments within the NHS, or in occupational healthcare in public bodies and private companies. All osteopaths practising in the UK, wherever they work, must be registered with the General

Osteopathic Council.

How can I become an osteopath?

14. In order to be registered to practise as an osteopath you will need to achieve a recognised qualification (RQ). That is a qualification that the General Osteopathic Council has approved and is awarded by an osteopathic educational provider.
15. Both full-time and part-time osteopathic degree programmes are available in the UK⁶. These will all comprise a combination of academic study, practical osteopathic training and supervised clinical experience. Typical assessment methods within osteopathic education include: written exams, essays, research-based dissertations, practical osteopathic technique assessment, case-based practical assessments, and clinical assessments with real patients.
16. The General Osteopathic Council monitors the standards of education and training provided by the osteopathic educational providers courses, through a process of annual reporting, and we also conduct full reviews on a regular basis. Course reviews are conducted with reference to our published standards, including the GOsC's [Graduate Outcomes and Standards for Education and Training](#)^{7, 8}.
17. Achieving a recognised qualification means that you are capable of practising, without supervision, to the standard expected in our [Osteopathic Practice Standards](#)⁹, and have met the outcomes set out in our Graduate Outcomes..
18. The recognised qualification will entitle you to apply for registration with the General Osteopathic Council. As part of the application for registration, you will also be expected to provide evidence of good health and good character, and to have met our conditions regarding the registration fee and confirmation of professional indemnity insurance. You must be registered before you commence practice.
19. Our good health requirement means that you:

... must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people

⁶ Details on osteopathic education institutions are available here:

<http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/training-courses/>

⁷ <https://www.osteopathy.org.uk/news-and-resources/document-library/publications/graduate-outcomes-and-standards-for-education-and-training/>

⁸ www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education

⁹ www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards

and those with long-term health conditions are able to practise with or without adjustments to support their practice¹⁰.

As a disabled person, can I become an osteopath?

20. The General Osteopathic Council is committed to equality, diversity and inclusion, to ensure that the osteopathic profession reflects the society that it serves. We encourage anyone who has the potential to become an osteopath to consider a career in osteopathy, and this includes disabled people and those with long-term health conditions.
21. Disabled students and practitioners make a unique contribution to osteopathy, bringing direct experience of a variety of impairments, long term health conditions and neurodivergence, and an ability to provide valuable insight. Some patients recognise and appreciate a particular sensibility and sensitivity, and identify closely with disabled practitioners.
22. Osteopathy as a profession is enhanced by practitioners with a range of backgrounds and capabilities, but in order to be an osteopath a person must be able to meet the requirements of the *Osteopathic Practice Standards*. This requires that your physical and mental health are sufficient for you to be capable of safe and effective practice without clinical supervision. It does not mean the absence of any disability or health condition.
23. If we confirm that an applicant meets all of our standards for registration as an osteopath and we put them on our Register, they are legally entitled to practise without restriction. This means that when an osteopathic educational provider considers an applicant's suitability to undertake a programme of study, they have to be confident that the individual is likely to have the capacity and capability to meet all the demands of professional practice once they have graduated. Once registered, osteopaths have an on-going professional obligation to decide for themselves whether they continue to be fit to practise, seeking medical advice when appropriate, on whether they should modify practice, and in what way, or to stop practising until fit to do so. Self-monitoring is an important part of being a registered health professional.
24. As a regulatory body we do not deal with matters of employment. Being on our Register does not guarantee that you will find employment as an osteopath, or that if you choose self-employment you will attract a sufficient number of patients to make a living.

What rights does the Equality Act 2010 give to disabled students and those with health conditions?

¹⁰ *General Osteopathic Council Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*, available at: www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/student-fitness-to-practise-guidance-about-professional

25. The *Equality Act 2010* protects students from discrimination or harassment on the basis of a 'protected characteristic'¹¹, and also from victimisation. Disability is a protected characteristic.
26. Unlawful discrimination includes:
- direct discrimination
 - indirect discrimination
 - discrimination arising from disability
 - failure to make reasonable adjustments for disabled people.
27. A person is considered disabled for the purposes of the Act if they have a *physical or mental* impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities¹². 'Long-term' means that the impairment has lasted or is likely to last 12 months or more. 'Substantial' is defined as being more than minor or trivial.
28. An individual does not need to have a medical diagnosis of their impairment – the important factor is the effect of the impairment. Other factors may be relevant in determining whether a person is disabled under the terms of the Equality Act. These are set out in [Government guidance](#)¹³.
29. According to the Equality Act, 'impairment' can cover, for example, long-term medical conditions such as asthma and diabetes, where these impact substantially, and fluctuating or progressive conditions such as rheumatoid arthritis.
30. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (including conditions such as dyslexia) and learning disabilities (such as autism). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as disabled people by the Act.
31. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-to-day activities. Progressive conditions and those with fluctuating or recurring effects, including mental health conditions such as depression, are also included provided they meet the test of having a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities. The Act also protects

¹¹ Other protected characteristics that apply are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief (including lack of belief); sex; and sexual orientation.

¹² This is the definition used in the *Equality Act 2010* available at: www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf, or in easy read format: www.gov.uk/government/uploads/system/uploads/attachment_data/file/85012/easy-read.pdf

¹³ See: Office for Disability Issues, May 2011, *Equality Act 2010 Guidance: Guidance on matters to be taken into account in determining questions relating to the definition of disability*, available at: <http://odi.dwp.gov.uk/docs/law/ea/ea-guide-2.pdf>

people who have met the definition in the past. There are some named exclusions and this includes drug and alcohol dependency.

32. Further detail regarding the different types of discrimination can be found in [*Students with a disability of health condition: Guidance for osteopathic educational institutions*](#)¹⁴.

How does the Equality Act apply to the education and training of osteopathy students?

33. Osteopathic educational providers are subject to the Equality Act provisions that apply to further and higher education institutions¹⁵. They are also subject to the public sector equality duty¹⁶. This is a general duty which requires public bodies to take steps not only to eliminate unlawful discrimination, but also to actively promote equality of opportunity and to foster good relations between people who share a particular protected characteristic and people who do not.
34. The Act prohibits osteopathic educational providers from discriminating against, harassing or victimising applicants or students.
35. An applicant or a student who believes they have been discriminated against, harassed or victimised by an education provider, can make a claim under the Act.
36. Educational institutions can decide how best to meet their obligations under the Act, so providers will use different approaches to achieve the same ends dependent on their size, and nature.

How do the GOsC's Standards of Education and Training apply to osteopathic education providers?

37. Requirements around equality, diversity and inclusion are threaded through our Standards for Education and Training. For example:

Education providers must ensure and be able to demonstrate that:

- they implement and keep under review an open, fair, transparent, and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.
- there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.

¹⁴ Available at: www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance

¹⁵ The Equality Act applies in England, Scotland and Wales, separate anti-discrimination law applies in Northern Ireland.

¹⁶ See the Equality and Human Rights Commission website: www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty

- the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.
- in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students
- that buildings are accessible for patients, students and osteopaths.
- That students have their diverse needs respected and taken into account across all aspects of the programme.

38. Our reviews of education providers and our annual monitoring process, requires that providers demonstrate how they are meeting all standards.

Are there any osteopathic students with disabilities or health conditions?

39. There have been many disabled students and students with health conditions who have successfully completed their training and gone on to practise osteopathy. Students undertaking, or who have undertaken, osteopathic education include those with neurodiversities (such as autism, attention deficit disorders, dyslexia, and dyspraxia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer), a variety of long-term illnesses (including diabetes, epilepsy) and mental health conditions (including depression, generalised anxiety disorders and panic disorder).

Who should I talk to if I think I would like to be an osteopath?

40. Initially you should talk to as many people as possible – including, if possible, osteopaths in your local area – about whether osteopathy would be a good career choice for you. This will help you to gain a range of opinions about the possible advantages and disadvantages of osteopathy as a career option for you.
41. You will probably also find it useful to read our [Osteopathic Practice Standards](#)¹⁷ and [Graduate Outcomes](#)¹⁸, so that you can start to assess for yourself whether osteopathy might be the career for you.
42. It is essential, also, that you talk to people in osteopathic educational providers. They have experience of supporting students with a wide range of disabilities and health conditions. You should contact training providers before you make a firm application to find out what the programme involves, what it is like to work

¹⁷ Available at: www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards

¹⁸ Available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/publications/graduate-outcomes-and-standards-for-education-and-training/>

as an osteopath, and to learn more about how other students have managed. Osteopathic educational providers will be able to give you examples of the types of support that other students with disabilities or health conditions have received, and how they have adjusted to the challenges of life as a student.

43. You can be reassured that initial contact of this sort will not influence your application, should you decide to make one. The osteopathic educational provider will not use this initial contact to assess you as a potential applicant, but will use the opportunity to help you think through the implications of undertaking osteopathic education and training and embarking on a career in osteopathy.
44. When you contact an osteopathic educational provider, ask about their equality policy, the support they provide for disabled students and those with health conditions, and whether you can talk to their disability or learning support service. This will give you a good indication of the types of support that might be available to you.
45. A number of osteopathic educational providers offer open days for prospective students. These provide an excellent opportunity to gain an insight into what osteopathy is and what osteopathic education and training involves. There will often be a chance for you to talk to students on the course and to observe or participate in lectures and practical sessions. This should help you better understand the physical and psychological demands of studying osteopathy. It will also help you to assess whether the level of support that will be available is likely to be sufficient for you.

Section 2: Applying to study osteopathy

Which osteopathic educational institution should I apply to?

46. It is not possible for us to advise you on which osteopathic educational provider might best meet your needs. All of the courses that we have approved have met our standards and have been recognised as leading to the award of a recognised qualification. In reaching your decision, you might wish to identify what support needs you are likely to have, and consider how these could best be met while you are a student. This might include factors such as: the osteopathic educational provider's proximity to your family, friends and healthcare services, so that you have their continued support; its size and location; the nature of the course; whether the institution can offer or help you find suitable student accommodation; and the disability support services that would be available to you.

Should I disclose my disability on the application form?

47. It is in your interest to raise any requirements for adjustment or support relating to your disability or health condition as early as possible in the applications process¹⁹. However you are not obliged to do this. We advise you to be open about this information because it gives an osteopathic educational provider the best chance of meeting your needs and of arranging support before the course starts. You can be reassured that if you do let educational providers know this information, it is unlawful for them to discriminate against you because you have a disability or health condition.
48. If you apply to an osteopathic educational provider through the Universities and Colleges Admissions Service (UCAS), you will be invited to indicate whether or not you have a disability, a particular learning need or medical condition (from a list of options), or to indicate that you do not want to give this information. If you provide information about a disability or health condition it will be held in confidence by the provider.
49. Osteopathic educational providers will consider your disability, and any adjustments that can be made to support you in meeting the requirements of the course, separately from considering whether you have the knowledge, skill and attributes required for entry to the course.
50. Osteopathic educational providers, like any other educational institution, have the right to set entry criteria and to conduct a selection process for entry to their programmes. This is because it is not in the interests of students or the institution to admit a student who does not have a good chance of completing the course. The provider also has a duty of care to all the students they enrol: they do not want anyone who starts the programme to fail to complete it.
51. Osteopathic educational providers must also consider patient safety. Osteopathy is a form of vocational education: students develop their skills and knowledge

¹⁹ There is a useful guide available at: www.disabilityrightsuk.org/telling-people-you%E2%80%99re-disabled-clear-and-easy-guide-students

through clinical practice. Educational providers have to be sure that students have the capability to learn osteopathy without putting patients at risk.

52. Being open and trustworthy is an important element within the [*Osteopathic Practice Standards*](#) (OPS). Standard D11 of the OPS states that you must '*ensure that any problems with your own health do not affect your patients*'. It is important to develop this self-awareness at an early stage.
53. A student should understand that health conditions may affect their ability to study. Where students acknowledge this, and seek appropriate support, their health condition is far less likely to affect their progression.

How will my application be considered?

54. An osteopathic educational provider will assess all entry applications against the same entry criteria. By law all educational institutions are obliged to take reasonable steps and make adjustments to accommodate disabled students, but they are not required to vary any competence standard required for entry to their course. However, they must ensure that course entry criteria, and the way in which they are applied, do not discriminate (directly or indirectly) against disabled applicants. Entry criteria must be genuine and necessary requirements for the course.
55. Osteopathic educational providers interview applicants to assess their suitability for entry to osteopathy education and training. Before interviews take place, the institution should check with you (and all other applicants) whether you have any specific requirements to enable you to access and participate fully in the interview process.
56. Interviews will mainly focus on whether or not you have the knowledge, skills and attributes needed for osteopathic education and training. Generally, educational providers will not consider your disability or health condition at this point, although the Equality Act does not prohibit such questions. The course provider may ask questions concerning adjustments necessary for you to study or to meet the competence standards of the course. However, you are free to discuss your disability or health condition at interview and to use the opportunity to explore how this might affect your education and training experience. This can include how you believe that your experiences relating to disability or health could be considered a positive attribute in your studies and as a professional.
57. Osteopathic educational providers will base their assessment of your suitability for the course on the assumption that they are able to make adjustments that are reasonable, as defined in the Equality Act. This ensures that your suitability is judged on your merits as an applicant, regardless of any disability or health condition you may have. Detailed assessment of what adjustments will be needed, and consideration of whether they can reasonably be put in place, occurs only after a decision has been made about your suitability for entry to the course.

What is meant by 'make reasonable adjustments'?

58. The *Equality Act 2010* (the Act) imposes a duty on educational providers to make reasonable adjustments – that is, to take positive steps to ensure that disabled students can fully participate in the education and other benefits, facilities and services that are provided for other students.
59. This means that osteopathic educational providers have to take reasonable steps to ensure that nothing they provide or do – including the physical features of their premises – puts disabled students at a substantial disadvantage (i.e. it is more than minor or trivial). They are also obliged to provide auxiliary aids or services – such as particular equipment, computer software, or extra assistance from staff – where, without them, disabled students would be put at a substantial disadvantage.
60. Osteopathic educational providers are expected to plan ahead and to anticipate the requirements of people with different kinds of disability (for example, people whose vision or mobility is impaired), as well as to respond to the individual specific needs of disabled applicants and students. The requirement is to make adjustments that are reasonable. Various factors will determine whether an adjustment is reasonable, including:
- whether the change is likely to be effective
 - its practicality
 - the cost
 - the organisation's resources and size
 - any disruption to others, which could include staff, other students or patients
 - the availability of financial support.
61. Long-term mental health conditions are considered to be disabilities under the Act. Educational providers, therefore, have a duty to make reasonable adjustments for students with long-term mental health conditions. Even in cases where a student's mental health is not covered by the Act, for example during an acute episode of distress following a bereavement that does not last for more than a year, it would still be considered best practice to make reasonable adjustments.

Some examples of general adjustments made by osteopathic educational providers:

- providing course information in alternative formats
- making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility
- ensuring that core facilities – such as toilets, common rooms, libraries and catering facilities – are well lit, properly signposted and easily accessed by disabled students
- reviewing and adjusting learning and assessment policies and practices to ensure that they do not discriminate against disabled students
- ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with learning needs which require the use of assistive computer software
- providing loop systems to assist students with hearing impairments
- allowing students time away from studies to attend health-related appointments, such as counselling, physiotherapy or pain clinics.
- facilitating time away from the course for treatment for more serious health conditions
- providing extra time in written exams
- ensuring that staff are well informed about their responsibilities to eliminate disability discrimination and to provide suitable adjustments and support.
- Providing adjustable plinths

Case example²⁰

An applicant to an osteopathic educational provider has multiple sclerosis. Although they are generally well and their symptoms are relatively mild, they report becoming fatigued very quickly, particularly with prolonged concentration. They asks whether they can be allowed rest breaks during the day, if needed, in addition to the scheduled breaks, on the basis that they will catch up on content afterwards. The applicant also asks if assessments can be spread out over several days, where possible. The educational provider considers the health condition, and has an open conversation with the applicant regarding the physical nature of the course and the demands this will place on them. They discuss also the nature of osteopathic practice, and how the applicant feels they will cope with the pressures of the teaching clinic. The applicant assures them that if allowed to

²⁰ Case examples are used throughout this document to illustrate how the guidance might be applied in practice. These are fictional examples, and are not based on actual cases, individuals or osteopathic educational institutions.

pace themselves appropriately, they feel that they would be able to cope with the course. On this basis, the educational provider offers a place. The student will be able to take breaks when they feel the need, and teaching staff are informed of this. They are appointed a personal tutor, with whom they can liaise regularly, and is able to catch up on any teaching they have missed by speaking to lecturers after each session. They are given extra time in assessments to allow for a brief break when needed, and is not scheduled more than one assessment on any single day. On this basis, the student successfully progresses through Year 1 of the course.

Are there any disabilities that might prevent me training as an osteopath?

62. Osteopathy is a physically, intellectually and emotionally demanding profession. Some people may have disabilities or health conditions which prevent them from acquiring the necessary knowledge and skills or from practising safely in a way that meets our standards, but there are no specific disabilities or health conditions that automatically preclude someone from training to be an osteopath. Each applicant is considered on an individual basis.
63. When considering your application, the osteopathic educational provider will take into account their primary aim: providing a programme of education that enables students to develop into safe and effective osteopaths able to work autonomously and meet the requirements of the [Osteopathic Practice Standards](#)²¹.
64. You should recognise that there will be instances when an osteopathic educational provider concludes that reasonable adjustments will be insufficient to enable a student to meet the *Osteopathic Practice Standards*,²² or the GOSC [Graduate Outcomes](#), required at entry into the profession,²³. Extracts of these outcomes are shown, for illustration purposes, in the box below, with an indication of what an educational provider will need to consider in each case.

Graduate outcomes from GOSC Graduate Outcomes (selected examples only – see Guidance for full outcomes)

- Take an accurate patient case history, adapting their communication style to take account of the patient’s individual needsand sensitivities in order to build an effective therapeutic relationship.
- Select and undertake an accurate and appropriate clinical assessment and evaluation for an individual patient This will include relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs to form the basis of a treatment and management plan, in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.

²¹ Available at: www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards

²² Available at: www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf

²³ Available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/publications/graduate-outcomes-and-standards-for-education-and-training/>

- Critically evaluate information collected from different investigations and sources, to formulate an appropriate working diagnosis or rationale for care, in the context of potential prognosis, and explain this clearly to the patient, recognising areas requiring referral for further treatment or investigation.
- Develop and be able to apply an appropriate plan of care in partnership with the patient which will take into account their particular values, preferences and characteristics, based on the working diagnosis, the best available evidence and the practitioner's skills, experience and competence. This may include patient education, mobilisation, manipulation and exercise prescription or other initiatives to promote and facilitate patient self-management, applying all practical skills with precision, and adapting them when required to provide safe and effective care.

Osteopathic educational providers will consider an applicant's abilities to undertake an effective evaluation and assessment, and to implement a treatment plan using an appropriate range of osteopathic techniques.

- Work in partnership with patients in an open and transparent manner, respect their individuality, concerns, preferences, dignity and modesty, and support patients in expressing what is important to them.... Treat each person as an individual, being curious to explore their particular concerns and preferences, identifying and overcoming barriers in communication.
- Communicate information effectively. This should be demonstrated by, for example:
 - i. providing support for patients to express what is important to them.
 - ii. demonstrating effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy.
 - iii. demonstrating clear and effective communication skills including written, verbal and alternative formats, to enhance patient care.
 - iv. communicating sensitive information to patients, carers or relatives effectively and compassionately and being sensitive to the needs of patients.
 - v. providing the information to patients that they want or need to know, clearly, fully and honestly and in a way they can understand, to enable them to make informed decisions about their care.

Osteopathic educational providers will consider an applicant's communication skills

- Recognise that fatigue and health issues in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.

Osteopathic educational providers will consider an applicant's self-awareness regarding their own health issues.

How can I get the support I need?

65. Osteopathic educational providers will have a support service for students with health conditions or disabilities,. This service should be able to provide you with any advice and support during your course. Services will vary, as will the premises from which institutions operate and the facilities available. You may wish to contact student support services in advance when you are considering which provider to apply to.

You may be entitled to receive financial support through the [Disabled Students Allowance](#)²⁴, but you will need to have your eligibility confirmed. Your osteopathic educational provider will be able to advise you how to apply for this and about other potential financial support. There are also a number of charities that provide advice and support for students with different forms of disability and health conditions. We have listed some of these in Section 4, but you might also find it worthwhile to check out other organisations that you are already aware of, or to look at the [Gov.uk](#)²⁵, to find help and support for your specific needs. In Wales apply to [Student Finance Wales](#). In Scotland apply to the [Student Awards Agency for Scotland](#) (SAAS). In Northern Ireland apply to [Student Finance NI](#), including for healthcare courses.

What if I think I have been treated unfairly during the application process?

66. If you have concerns that your disability or health condition has adversely affected how the educational provider has assessed your application, and you have made an honest self-assessment of your potential to meet the outcomes set out in the GOsC [Graduate Outcomes](#)²⁶ and the [Osteopathic Practice Standards](#)²⁷, then you should contact the education provider and make a complaint through their complaints procedure. If you are not satisfied that your complaint has been dealt with properly, you may wish to contact the Equality and Human Rights Commission (For England, Scotland and Wales) or the Office of the Independent Adjudicator (for England and Wales) (further details can be found in Section 4).

²⁴Available at: www.gov.uk/disabled-students-allowances-dsas/overview

²⁵ There are a range of resources at: www.gov.uk/browse/education

²⁶ Available at <https://www.osteopathy.org.uk/news-and-resources/document-library/publications/graduate-outcomes-and-standards-for-education-and-training/>

²⁷ Available at: <https://standards.osteopathy.org.uk/>

Section 3: During the programme of study

If I get a place, will I be supported during my osteopathy degree programme?

67. As soon as you are offered a place, the osteopathic educational provider will want to work with you to agree the adjustments needed to support you. A member of staff will ask you for your views on the adjustments that you think you need. The educational provider will recognise that you are most likely to know what has helped in the past and be able to offer suggestions about the necessary adjustments.
68. In some instances you might need to be assessed by an expert (for example an occupational health advisor or an educational psychologist) to ascertain what type and level of assistance will be required, or to provide formal confirmation of learning needs. This might also be necessary if you are applying for financial support.
69. Occasionally there may be circumstances when, after due consideration of your disability or health condition and your specific needs, the course provider concludes that the adjustments required for you to undertake the course are not in fact going to be reasonable. The educational institution will explain their decision to you and with you explore possible alternative courses and career choices you might wish to consider.

What adjustments can be made to support me in completing the programme?

70. Osteopathic educational providers will endeavour to put in place all of the adjustments that you need to ensure that you are not substantially disadvantaged in the learning, teaching and assessment of the course, where these are reasonable. They cannot change the competence standard (that is the learning outcomes that you need to achieve at the end of the course), as these relate to the requirements that you have to meet to register and practise as an osteopath.
71. It is important that adjustments to support you do not have a significant adverse impact on others. For example, the Equality Act does not override health and safety legislation, so neither you nor anyone else in the educational provider should be exposed to additional risks to their health or safety as a result of an adjustment.

Osteopathy students with disabilities and health conditions have benefitted from a wide range of adjustments made by training providers, examples include:

- adjustments to the *physical environment*, both internally and externally to improve access to and the use of facilities, and to features such as lighting and sound insulation
- adjustments to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats together with the associated assistive technologies
- *human assistance*, in the form of coaching and mentoring, additional tutorial support, and specific assistance with particular tasks, such as proof-reading assignments
- *making allowances*, for example by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations (for example, to allow a student to carry, store on site and administer necessary medication)
- by providing *equipment or software*, for example to support computer assisted learning, voice recognition software and screen-readers, and in the form of laptops and handheld devices for note-taking
- by facilitating access to *resources*, for example for the purchase of textbooks to use at home to help combat the fatigue associated with frequent trips to the library, and for the use of taxis after specific healthcare treatments
- to *examinations*, for example in the design and presentation of exam papers, by providing extra time and allowing rest breaks, removing penalties for poor spelling, grammar and punctuation or allowing computers with spell-checkers, arranging for separate rooms and invigilation, and permitting the use of a reader or scribe
- to *practical assessments*, by allowing extra practice sessions, more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a recording device for subsequent transcription, by permitting adjustments to the physical arrangement and features of the examination and treatment area – such as additional space or specific lighting – and allowing the use of aids to facilitate manipulations
- providing *additional support*, for example in the form of one-to-one tutorials or extra clinic instruction, or by teaching particular study skills and learning techniques, identifying a student 'buddy', or offering on-going mentorship or course-long support from a personal tutor, student counsellor or disability officer.

Case example

A student undergoes a routine test for dyslexia in year 1, which is offered to all students. This reveals that they have dyslexia, something they was unaware of until now but accounts for some of the challenges they faced during their earlier education. The student is referred to the student support team, who draw up a learning support plan. The student is offered extra time in assessments, and, because they find it easier to write with a laptop, can use a computer in written assessments.

72. Some adjustments have become standard practice for education providers and can be put in place quickly, especially for students who have a well-understood disability or health condition and where the adjustments are known to provide straightforward and immediate benefit. Other adjustments may take longer to work out and implement because they need to be designed uniquely for a particular student.
73. The adjustments that are needed by some students will vary over time because their disability or health condition changes. If you find this happens to you, you should contact the relevant member of staff and discuss the changes with them.

Will I need to change the way I manage my health or disability?

74. You will need to think about how you have managed your disability or health condition in your home environment and how things are likely to change as an osteopathic student. Consider your existing support network, such as the family and friends who have helped you live with your disability, and the extent to which they will in future be available and on hand to provide support. If you intend moving away to a new area to undertake your studies, you will need to recognise that it will take time to develop a new support network.
75. Some students with disabilities and/or health conditions have remarked that in addition to the challenges that all students encounter when starting osteopathic training, they have had to make even greater effort to accommodate tiring academic and social schedules, to establish new relationships and peer support networks, and to find an appropriate balance between the demands of study, a new social life and their continuing health and wellbeing.

How do health and disability issues relate to student fitness to practise?

76. 'Fitness to practise' is a term used in healthcare which relates to someone having the appropriate knowledge, skills and attitudes to practice safely and effectively in accordance with prescribed standards. There are expectations of students in this regard as well, and you should behave as a responsible professional throughout your training. You can read more about this in our [*Student Fitness to Practise guidance*](#)²⁸. However there may be occasions when

²⁸ Available at: <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/student-fitness-to-practise/>

your fitness to practise is called into question, *because of* the management of a disability or health condition.

77. Osteopathic educational providers are likely to be concerned if you show a lack of insight into the nature or impact of your disability or health condition, and the potential impact of it on patient care and your ability to meet the osteopathic practice standards. An example would be a student whose insight was intermittently impaired because they failed to take maintenance medication as prescribed.

Case example

A mature student performs well in Year 1 of an osteopathy programme, but in the second year becomes withdrawn and uncommunicative, and their attendance at lectures starts to fall off. The situation is reported by teaching staff to the student welfare officer, who arranges a meeting with the student. The student reports that they are feeling stressed and are struggling to cope with part-time work, family life and their studies. Under the osteopathic educational provider's Fitness to Study policy, the student welfare officer and a personal tutor meet with the student to help them find ways of better planning their studies, and the multiple demands on them. It is agreed that they will meet with the student regularly to monitor progress. Two months later, the student's behaviour has worsened and become more erratic. They are reported for speaking in an aggressive manner with a patient in the teaching clinic. The welfare officer refers the student to an occupational health doctor for an assessment. The doctor determines that the student has bipolar disorder, and advises that they need to be placed on appropriate medication immediately. After an initial improvement, the student's behaviour again worsens, and in a meeting with the welfare officer, they admit that he has stopped taking their medication. They shows no insight into their condition, or on the affect of their behaviour on colleagues and patients. The student is suspended from the course, and a fitness to practise investigation is instigated which results in further suspension for a period, during which time they are able to gain some advice from a support group and also seek treatment from a different consultant. This gives them a new perspective on managing their condition and the impact of not doing so on others. As a result, the student is readmitted to the course in the following September, and recommences Year 2.

78. If an osteopathic educational provider has concerns about how you are managing your condition, they will raise the concern with you and discuss what can be done to remedy the problem. If, despite adjustments and support, you still do not manage your condition effectively and you might put patients at risk, your fitness to practise may be questioned. This may lead to a formal fitness to practise investigation and could result in your exclusion from the course.
79. Osteopathic educational providers should have processes in place to detect behavioural issues which might call into question a student's ability to practise safely as a student osteopath. These might include:
- Poor attendance at lectures

- Late submission of coursework
 - Lack of engagement with the course
 - Aggressive behaviour
 - Poor communication with staff and/or patients.
80. Collectively, these might be considered to be fitness to practise concerns, but they may also be indicators that the student is struggling generally, or has a disability or health condition that is affecting their study. Monitoring processes can therefore be used as a way of identifying the need for action and support.
81. In exceptional cases, a student's health or disability may make it impossible for them to complete the course, and meet the expectations of the [Osteopathic Practice Standards](#). In such circumstances, the osteopathic educational provider should be open with the student and try to come to a mutual decision as to the best course of action. The osteopathic educational provider should offer support to the student in finding another course of study or career, where possible.

What is 'fitness to study'?

82. Fitness to study policies and procedures are widely used in higher education providers. They assist in the assessment of risks and in taking action in circumstances where a student's health, behaviour, or other circumstances, give rise to concern. There may be concerns regarding the student's ability to participate in their studies, or that they represent a risk to themselves or others.
83. Fitness to study procedures usually comprise several stages, with early intervention designed to identify and understand the issue and offer appropriate support. If the issues leading to the concerns continue, the next stage is likely to involve a more proactive and formal process to assess the student's situation, and decide how this might best be managed.
84. In osteopathic educational providers, there is likely to be a crossover between fitness to study and fitness to practise procedures: if early intervention under a fitness to study process fails, a fitness to practise investigation is likely to ensue.

Case example

A student suffers from depression and anxiety, but this is generally well managed with a combination of antidepressant medication and counselling. They also find that regular exercise helps alleviate their symptoms. In year 2 of the course, they experience a family bereavement which intensifies their anxiety and depression, and they struggle to cope with the demands of their studies. The student's GP changes their medication, which initially seems to make things worse. They are reluctant to take time away from their studies, as they feel that this will also make things worse. The educational provider agrees that she can continue with her studies, but that they can come in late each morning, if they need to, and take time out of lectures if feeling an increase in their anxiety. The provider spaces out their assessment schedule, so that they can take some of their exams later in the summer. These

adjustments support the student in managing this challenging period, and they successfully progress to Year 3.

What happens if a disability or health condition develops or is diagnosed after I start the course?

85. It is possible that you may not be aware that you have a health problem because you have found ways to manage it, or you assume that everyone has the same problems. For example, during induction some osteopathic educational providers have identified students who have dyslexia – a specific form of learning difficulty – which had previously been undiagnosed, and have been able to put in place adjustments that support these students manage this through the remainder of the course, even though the students did not seek or expect this when they applied for admission to the course.
86. Some students become ill during their course, suffer an accident that affects their abilities, or find that the medication they have been using needs to be changed. Educational providers are usually sympathetic to such changes and recognise that these circumstances can be difficult for students to manage. It is essential that you are open and honest and explain the difficulties you are experiencing. Adjustments can be altered during a course or be put in place later if your needs change. The earlier you are able to tell your provider about any changes in your circumstances, the better, as there is more time to work with you to prevent any problems escalating.
87. Mental health issues are common, with estimates that some 25% of the population will be affected over the course of a year²⁹. Depression and general anxiety are the most common mental disorder to affect people in the UK, and may be increased by the stresses of studying, living away from home, and coping with new situations and challenges. Educational providers will be experienced in supporting students with a range of mental health issues and, as with any other health condition, it is advisable to let an appropriate person in the institution know and to seek support at the earliest opportunity.
88. Educational providers will encourage you to register with a local GP. This will ensure that you are able to receive appropriate and objective medical support and advice in your new local area. When ill health occurs during your studies, usually the most appropriate action will be for the educational provider to refer you to your GP, who will be able to refer you on for more specialist treatment, should this be necessary.
89. It is important to remember that personal characteristics often intersect and some individuals' health conditions or disabilities may lead to them facing multiple or compound discrimination when their needs are not being met. For example, a student with a generalised anxiety disorder, may subsequently be diagnosed with dyslexia and/or ADHD, and need a range of reasonable

²⁹ See The Mental Health Foundation website: <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems>

adjustments to meet their needs in relation to all of these. Equally there may be other matters that need to be taken into consideration, for example a muslim disabled student.

If I pass my degree programme, will I be registered as an osteopath by the General Osteopathic Council?

90. If you are awarded a Recognised Qualification it means the osteopathic educational provider has judged you capable of practising independently to the required standards set out in the [Osteopathic Practice Standards³⁰](#). Once you are on the General Osteopathic Council Register of osteopaths, you will be required to practise in accordance with our published standards of competence and conduct.
91. A Recognised Qualification will normally lead to registration, provided the General Osteopathic Council is satisfied that you are:
- In good health – that is, that nothing relating to your health prevents you from being capable of safe and effective practice without supervision. On first registration, The General Osteopathic Council require all prospective registrants to provide a health reference from a doctor who has access to your medical records of the past four years. If you are unable to obtain a health reference from a doctor, you should seek advice from the General Osteopathic Council. In the case of mental health conditions, the General Osteopathic Council will only be concerned where an osteopath's mental health may put patients at risk. Most mental health conditions will not represent a risk to patients, provided the osteopath understands their own condition and this is well managed.
 - Of good character – that is, you are honest and trustworthy. Good character is based on a person's conduct, behaviour and attitudes. We take account of any convictions and cautions that are not considered compatible with professional registration and that might bring the profession into disrepute. We require a character reference from a professional person (for example an accountant, teacher, dentist or similar) who has known you for four years (and is not a relative).
 - Fit to practise – that is, you have the skills, knowledge, good health and good character to do your job safely and effectively. Your fitness to practise as a student will be assessed throughout your pre-registration programme by the osteopathic educational provider. We normally consider it to have been judged satisfactory if you are awarded a Recognised Qualification.

What happens once I have qualified?

92. Registration confers unrestricted practice rights. If you have a disability or health condition, we do not hold this information on our Register, nor do we place any restrictions on the manner in which you practise osteopathy.

³⁰ Available at: <https://standards.osteopathy.org.uk/>

93. When you become a General Osteopathic Council registrant, you commit to practising in accordance with the standards set out in the [Osteopathic Practice Standards](#)³¹. You will be personally responsible for maintaining professional standards of practice. This includes ensuring that any problems with your own health do not affect your patients.
94. If your condition worsens or you develop a health condition or become disabled when you are on the Register, it is your responsibility to make any necessary changes to the way you work. This might include, for example, working in a group practice where colleagues can provide support or substitution, restricting your practice to a more limited approach, or paying for specific forms of support (such as signing or administrative support) to help you maintain high standards of patient care. The majority of osteopaths are self-employed, but if you are employed, your employer has a duty to make reasonable adjustments if they are aware of your disability.
95. Deciding whether you are – and remain – fit to practise and are able to continue to ensure the safety of patients and the public is a core professional responsibility and a matter for you to determine, exactly as it is for every registrant. The [Osteopathic Practice Standards](#)³² require that osteopaths ensure that any problems with their own health do not affect their patients, and state that they must not rely on their own assessment of the risk to patients in this respect. They are advised to seek and follow appropriate medical advice in making decisions about their ability to practise.
96. Once you are registered, you will be expected to undertake continuing professional development (CPD), and to compile sufficient evidence to demonstrate your compliance with our [CPD requirements](#). [Continuing Professional Development Guidelines](#) are available on the General Osteopathic Council website.

Will I be able to earn a living as an osteopath?

97. Our responsibility is public protection. The General Osteopathic Council is unable to say whether you – or any other registrant – will be able to earn a living as an osteopath. There are many osteopaths practising who have disabilities or health conditions. Some had these as students, and others developed them later in their careers. Every registrant needs to assess for themselves their fitness to practise and their ability to earn a living from osteopathy.

³¹ Available at: www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/

³² Osteopathic Practice Standards: [D11. You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.](#)

Section 4: Getting more information and support

Sources of further information and guidance:

Action on Hearing Loss

(Action on Hearing Loss is the trading name of the Royal National Institute for Deaf People (RNID))

19-23 Featherstone Street, London, EC1Y 8SL

Tel: 0808 808 0123

Text phone: 0808 808 0123

informationline@hearingloss.org.uk

https://rnid.org.uk/British Dyslexia Association

The British Dyslexia Association, Office 205 Access Business Centre, Willoughby Road, Bracknell, RG12 8FB

Tel: 0333 4054555

www.bdadyslexia.org.uk

Disability Rights UK

A useful guide for students regarding disclosing their disability is available at:

<https://www.disabilityrightsuk.org/news/2018/february/ethos-disabled-students-guide>

Also, general information on understanding The Equality Act:

<http://www.disabilityrightsuk.org/understanding-equality-act-information-disabled-students>

Equality and Human Rights Commission

The Equality and Human Rights Commission has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the protected characteristics. It can be accessed at: www.equalityhumanrights.com

The Equality Advisory Support Service

The Helpline advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales.

Advice helpline: 0808 8000082

www.equalityadvisoryservice.com/app/home

General Osteopathic Council

176 Tower Bridge Road, London, SE1 3LU

Tel: 020 7357 6655

Email: info@osteopathy.org.uk

www.osteopathy.org.uk

Government Equalities Office

The Government Equalities Office (located in the Home Office) has responsibility across government for equality strategy and legislation. It can be accessed at: homeoffice.gov.uk/equalities

Gov.uk

For information about the Disabled Student Allowance:
<https://www.gov.uk/disabled-students-allowance-dsa>

Guide to Practice Based Learning for Neurodivergent Students:

<https://www.hee.nhs.uk/sites/default/files/documents/Guide%20to%20Practice-Based%20Learning%20%28PBL%29%20for%20Neurodivergent%20Students.pdf>

Mind

15-19 Broadway, Stratford, London, E15 4BQ
Tel: 0300 123 3393
Email: info@mind.org.uk
www.mind.org.uk

Mind Cymru

<https://www.mind.org.uk/about-us/mind-cymru/>

The Office of the Independent Adjudicator (OIA)

The OIA is an independent body, set up to deal with student complaints. Free to students, the OIA deals with complaints against higher education providers in England and Wales.
0118 959 9813 <http://oiahe.org.uk>

The Office for Students

A range of resources and information to support education providers in meeting the mental health needs of students.

<https://www.officeforstudents.org.uk/publications/meeting-the-mental-health-needs-of-students/>

Royal National Institute of Blind People

105 Judd Street, London WC1H 9NE
Helpline: 0303 123 9999.
<https://www.rnib.org.uk/>

Transforming Access and Student Outcomes in Higher Education

<https://taso.org.uk/student-mental-health-hub/>

Universities UK

Provides information and guidance on student health and wellbeing:
<https://www.universitiesuk.ac.uk/topics/health-and-wellbeing>

Legislation

The *Equality Act 2010* can be accessed at:

www.legislation.gov.uk/ukpga/2010/15/contents

Explanatory notes to the *Equality Act 2010* can be accessed at:

www.legislation.gov.uk/ukpga/2010/15/notes/contents

The *Osteopaths Act 1993* can be accessed at:

www.legislation.gov.uk/ukpga/1993/21/contents

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