Policy and Education Committee (Public)

Thu 06 March 2025, 13:45 - 16:00

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

Agenda

13:45 - 13:50
5 min

1. Welcome and apologies

Information *Patricia McClure*

Public Agenda - March 2025 - FINAL 20250222v1.pdf (2 pages)

13:50 - 13:55
5 min

2. Minutes and matters arising from the meeting on the 10th October 2024

Decision *Patricia McClure*

For approval

To note the formal record of decisions made electronically since the last Committee meeting:
- UCO School of Osteopathy, Health Sciences University Visitor decision
- BCNO Group Visit decisions

Public Item 2 - Policy and Education Committee October 2024 - Public Minutes - Unconfirmed PMc.pdf (15 pages)

13:55 - 14:15
20 min

3. Artificial Intelligence and implications for osteopathic regulation

Decision *Fiona Browne*

For decision

Public item 3 - Artificial intelligence and implications for osteopathic regulation FINAL.pdf (26 pages)

14:15 - 14:30
15 min

4. Transition into Practice update and next steps

Decision *Fiona Browne*

For decision

Public Item 4 - Transition into Practice update FINAL.pdf (9 pages)

14:30 - 14:45
15 min

5. Student Health and Disability Guidance

Decision *Steven Bettles*

For decision

Public Item 5 - Student Health and Disability Guidance update FINAL.pdf (5 pages)

5.1. Annex A - Consultation analysis and commentary

Information *Steven Bettles*

For information

Public Item 5 - Annex A - Consultation analysis and commentary.pdf (20 pages)

5.1.1. Annex B - Studying osteopathy with a disability or health conditions guidance for applicants

and students

Information *Steven Bettles*

For information

Public Item 5 - Annex B -Studying osteopathy with a disability or health conditions guidance for applicants and students.pdf (28 pages)

5.1.2. Annex C - Students with a disability or health condition Guidance for Osteopathic Education Providers

Information *Steven Bettles*

For information

Public item 5 - Annex C - Students with a disability or health condition Guidance for Osteopathic Educational Providers.pdf (34 pages)

5.1.3. Annex D - Easy Read Draft Guidance for Students with a Disability or Health Condition

Information *Steven Bettles*

For information

Public Item 5 - Annex D - Easy read - Draft Guidance for Students with a Disability or Health Condition.pdf (27 pages)

5.1.4. Annex E - Easy Read Guidance for Osteopathic Educational Providers

Information *Steven Bettles*

For information

Public item 5 - Annex E - Easy Read Guidance for Osteopathic Educational Providers GOsC Easy Read v1.pdf (22 pages)

5.1.5. Annex F - Equality Impact Assessment

Information *Steven Bettles*

For information

Public item 5 - Annex F - Equality Impact Assessment FINAL 20250223.pdf (16 pages)

14:45 - 14:50
5 min

Break

14:50 - 15:10
20 min

6. Student Forum Pilot

Decision *Liz Niman*

For decision

Public Item 6 - Student forum pilot FINAL 20250222.pdf (10 pages)

15:10 - 15:25
15 min

7. LSO Recognised Qualification Report

Decision *Steven Bettles*

For decision

Public Item 7 - LSO Recognised Qualification FINAL.pdf (13 pages)

7.1. Annex B - LSO Renewal of Recognised Qualification Report

Information *Steven Bettles*

For information

Public Item 7- Annex B - LSO_RQ_Report.pdf (64 pages)

15:25 - 15:45
20 min

8. Updates from Observers with Speaking Rights

Information *Patricia McClure*

For the stakeholder observers to provide updates

General Osteopathic Council

The 29th meeting[1] of the Policy and Education Committee to be held in public on Thursday 6 March 2025 commencing at 13:45. Lunch will be available from 13:00 prior to the meeting. The meeting will be hosted by the General Osteopathic Council in the Council Chamber, Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU.

Agenda

1.	Welcome and apologies		13:45 to 13:50
2.	Minutes and matters arising from the meeting on 10 October 2024 To note the formal record of decisions made electronically since the last Committee meeting including: - UCO School of Osteopathy, Health Sciences University Visitor decision - BCNO Group Visit decisions	For approval	13:50 to 13:55
3.	Artificial Intelligence and implications for osteopathic regulation	For decision	13:55 to 14:15
4.	Transition into Practice update and next steps	For decision	14:15 to 14:30
5.	Health and Disability Guidance	For decision	14:30 to 14:45
	BREAK		14:45 to 14:50
6.	Student Forum Pilot	For decision	14:50 to 15:10
7.	London School of Osteopathy – Recognition of RQ (reserved)	For decision	15:10 to 15:25
8.	Updates from Observers • COEI • iO • OA • NCOR	For noting	15:25 to 15:45

[1] This is also the 109th meeting of the Education Committee

9. Any other business

10. Date of next meeting 10 June 2025

General Osteopathic Council

Policy and Education Committee

Minutes of the Policy and Education Committee held in <u>public</u> on Thursday 10 October 2024, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference

Unconfirmed

Chair:	Professor Patricia McClure (Council, Lay)
Present:	Gabrielle Anderson (Council Associate) Dr Daniel Bailey (Council, Registrant) Dr Marvelle Brown (Independent, Lay) Bob Davies (Independent, Registrant) Gill Edelman (Council, Lay) Simeon London (Council, Registrant) Professor Raymond Playford (Independent, Lay) Dr Chris Stockport (Council, Lay) Laura Turner (Council Associate)(Online) Nick Woodhead (Independent, Registrant)
Observers with Speaking rights	Santosh Jassal, Secretary, the Osteopathic Alliance (OA)(online) Patrick Gautier, University College School of Osteopathy (UCO), Health Sciences University (for COEI)
In attendance:	Steven Bettles, Head of Policy and Education Fiona Browne, Director, Education, Standards and Development Jo Clift, Chair of Council (Chair of Council, Observer, online) Lorna Coe, Governance Manager Leeann Greer, Mott MacDonald (QA provider) Liz Niman, Head of Communications, Engagement and Insight Darren Pullinger, Head of Resources and Assurance (online) Will Shilton, Mott MacDonald (QA provider) Paul Stern, Senior Policy Officer Hannah Warwick, Mott MacDonald (QA provider)
Observer/s	Jen Rimmer, Registrant (online)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to Council and Committee member,

- Dr Chris Stockport, whose appointment as a member of Council commenced 2 September 2024.

- Lorna Coe, Governance Manager, who joined the staff team on 7 October 2024.
- Will Shilton, Project Manager, Mott MacDonald

2. Apologies were received from:

- Harry Barton, Chair, Audit Committee (Item 4)
- Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
- Dr Stacey Clift, Senior Policy Officer
- Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR)
- Banye Kanon, Senior Quality Assurance Officer
- Sharon Potter, Vice-Chancellor, University College School of Osteopathy: Health Sciences University (London Campus), Chair of COEI
- Matthew Redford, Chief Executive & Registrar

Item 2: Minutes and Matters arising

3. The minutes of the meeting, June 2024 were agreed subject to the following correction to read:

Item 8: London School of Osteopathy – Visitor Approval: Paragraph 24:

a. In response to a comment on the composition of the Visitor team including only one osteopath, it was explained that there are no restrictions on the numbers and composition of the Visitor team. As there are a number of Visits taking place between October 2024 – March 2025, and the pool of Visitors is small, there is significant planning required to ensure availability and that there were no conflicts of interest.

Matters arising

4. The Committee was asked to note the formal decisions made and agreed electronically since the last meeting for shortened annual reports for:

- Marjon
- BCNO Group
- Swansea University

The visits would take place prior to the March 2025 Committee meeting, and the visit reports would be made to the June 2025 meeting. On this basis, it was agreed that shortened annual reports for these institutions would be a proportionate approach.

Item 3: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

5. The Head of Policy and Education introduced the item which proposed a consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.

6. The key messages and following points were highlighted:

    a. The CPD evaluation report to Committee in June 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.

    b. Consequently, the PDR template was modified to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.

    c. The CPD Guidance was also modified, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.

    d. Initial feedback was sought from osteopaths and key stakeholders on this approach during September 2024, and was generally very positive.

    e. Further feedback was sought from the Committee and, subject to the Committee's feedback, a recommendation would be made to Council to proceed to a wider consultation on the suggested changes.

7. In discussion the following points were made and responded to:

    a. Members liked the new template and guidance describing them as clear and comprehensive.

    b. It was confirmed that regular CPD evaluation surveys do take place with opportunities to provide feedback about the scheme from the wider community. It was acknowledged that the methods for completing the surveys are limited but this is being reviewed.

    c. In response to a question on whether the review included osteopaths who work in isolation and whether this had been captured in the analysis, it was explained that elements of the scheme did focus on the community aspect of practice but it was recognised that this had not been of benefit to all registrants. The questions in the survey were about engagement, communication, learning with others and the benefits, whether undertaken

online or in-person. The guidance emphasises the benefits of communication and interacting with other professionals. The evaluation had not on this occasion incorporated the working environment and osteopaths who work in isolation as sole practitioners.

d. It was highlighted that the most recent iO census suggested that 1% of registrants work in isolation and the average size of a practice comprises eight practitioners. In comparison a survey conducted by the GOsC in 2011 indicated over half of respondents were sole practitioners. This change demonstrated how the working environment is changing but there is still a need to ensure that evaluations include an analysis of osteopaths who work in isolation.

e. The question of individuals using the same peer reviewer was raised but this was not seen as an issue and could be an advantage. Members were informed that the iO has a peer matching website for those who might have difficulty in finding a reviewer.

f. It was suggested there should be a clear statement setting the limit on the number of times a peer reviewer works an osteopath during the CPD cycle. It was explained that the purpose of the CPD scheme and peer reviewing is to promote contact and networks for osteopaths. At this time there is no intent to change the guidance in this respect.

g. Considering that most registrants would be completing CPD by way of the GOsC website (o-zone) it was asked if, with the upgrade to the website, there would be a way to integrate and pre-populate the survey form to draw out information. It was explained that at this point it would be difficult to comment on what might be viable for registrants using the website but it was agreed the approach suggested could be beneficial as well as potentially enabling access to alternative online formats.

h. In response to the question whether the 'Communication and Consent' jigsaw piece on the diagram would now be changing to be mandatory activities, it was explained that CPD Standard 3 is, in fact, that CPD activities benefit patients and, communication and consent is a mandatory part of the scheme that falls under this standard. The guidance allows for flexibility to demonstrate and complete this component and would be made clearer.

i. It was suggested, with the acknowledged dissatisfaction of some registrants as highlighted in the Registrant survey, that the language of the guidance / template needed to be in plain English and that care should be taken to avoid miscommunication and/or misinterpretation and to ensure that what was required could be clearly understood by all registrants.

j. In response to a question about the actions taken if a registrant has not completed any of the categories listed at section 19 of the PDR form: Communications & Consent; Boundaries; Equality, Diversity & Inclusion, it was explained that the scheme is not an assessment and is flexible and focussed on engaging with the scheme and development. In most cases where it might appear that a requirement has not been met it will transpire during peer discussion review that this is not the case. Also if it is found that a registrant who, for a number of reasons, has not met the requirements of the scheme within the timeframe, there will be opportunities to rectify with the peer within their three-year cycle. It was highlighted that if at the end of the CPD cycle requirements had not been met, this would not automatically result in removal from the Register and a conversation would take place and support provided. It was explained that there is a process for CPD removal to take place, it does not happen automatically. The CPD Rules enabled the registrar to extend or vary CPD requirements upon request of the registrant.

k. It was suggested that at section 9 of the PDR form, consideration be given to additional context in which osteopaths work including:

- Osteopathic group practice (not multi-disciplinary)
- Osteopaths in private practice receiving NHS patients.

It was agreed that the section could be modified but it was not integral to the scheme as the context in which a registrant practised could be raised during the peer review discussion.

l. The OA commented that as a CPD provider, they had not been invited to participate in the initial focus group, therefore the comments were not truly representative in particular boundaries and EDI.

m. The OA considered that the extra requirements might be unsettling for registrants and there might be confusion about EDI requirements. The view was that EDI was not a separate category but already an integral/fundamental part of patient care. It was suggested, that engaging with the EDIB guidance that GOsC publishes and with boundaries resources that GOsC provides, would be a good starting point to meeting these proposed extra requirements. The purpose of both of these requirements was to help osteopaths to avoid future concerns and maintain high quality practice. It was acknowledged that, if agreed by Council following consultation, the requirement would become mandatory after the start of the osteopath's next CPD cycle. However, it was not unreasonable to strongly encourage CPD in these areas, if they had already started their next three-year cycle, given the purpose to help osteopaths to avoid future concerns and maintain high quality practice.

n. It was confirmed that what had been presented to the Committee was preliminary drafting and that invitations to participate in further consultation would be extended to all stakeholders.

8. In summary the Chair noted the very useful feedback with a number of small modifications which had been suggested by the Committee.

Noted: The Committee considered and provided feedback on the suggested changes to the Peer Discussion Review template and CPD Guidance

Agreed: The Committee agreed to recommend that Council agree to proceed to a consultation on the updated CPD Guidance and PDR Template.

Item 4: Guidance about Professional Behaviours and Student Fitness to Practise

9. The Head of Policy and Education introduced the item concerning the recommendation of Guidance about Professional Behaviours and Student Fitness to Practise in osteopathic education for publication.

10. The key messages and following points were highlighted:

    a. The paper reported on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers.'

    b. The Executive summarised the issues considered and the responses to these in the updated draft guidance.

    c. The Equality Impact Assessment was also updated.

    d. The Committee was asked to agree to recommend the updated guidance to Council for publication.

11. In discussion the following points were made and responded to:

    a. Members welcomed the guidance provided for the OEIs and recognition of their own fitness to practise (FtP) procedures and also the guidance to students providing reassurance that their future careers need not be impacted by sanctions imposed. The guidance demonstrated fairness and inclusivity of the GOsC.

    b. Members requested clarification of the process if/when a student disputes the outcome of a student FtP (sftp) decision and whether there are many concerns raised about the process. Members were informed that the OEI annual reporting process includes reporting to GOsC on individual sftp cases where findings had been made and sanctions imposed. There were very few of these cases (one or two a year). To date there had been no concerns

raised where a sftp decision on its own had been in dispute. It was pointed out that a decision in dispute would be dealt with through the OEI appeal processes.

c. In response to a question about how information about student ftp findings was used by GOsC, it was explained that the information is logged, and would be reviewed at the point of registration to check that a registrant is of good character as part of the Registrar's decision to admit to the Register. This information is made available to OEIs but the suggestion that students should be made aware of the process on registration was acknowledged.

d. It was confirmed that as part of the registration process, the sftp findings and sanctions were only used to inform Registrar decisions about good character. They were not used for any other purpose. However, the Committee sought further assurances that the data would no longer be available and/or deleted following the decision to register a student.

e. It was suggested that the Professional Behaviour and Student Fitness to Practise guidance should be made available to prospective students in advance of taking up a place with an osteopathic education institution.

f. It was questioned whether examples of student behaviour that might give rise to a concern should be expanded to reference all protected characteristics.

g. The Chair thanked the Committee and stakeholders for their feedback noting the suggestions for amendments.

h. The Committee also commented on the presentation of the paper; the red text delineating amendments to the original document was also noted and had made reviewing the amendments much easier. It was suggested that the approach would continue with other reports, in particular RQ reviews.

Agreed: The Committee agreed to recommend the Guidance about Professional Behaviours and Student Fitness to Practise to Council for publication

Noted: The Committee noted the updated Equality Impact Assessment.

Item 5: Registrant and Stakeholder Perceptions Survey: next steps

12. The Head of Communications, Engagement & Insight introduced the item concerning the publication of the Registrant and Stakeholders Survey and consideration of the next steps in relation to the report's recommendations.

13. The key messages and following points were highlighted:

    a. The GOsC's Registrant and Perceptions Survey 2024 undertaken by DJS has been published.

    b. The topline findings include: 64% of respondents have a negative perception of GOsC. The most common words associated with GOsC are 'necessary' and 'fear.' There were patchy levels of understanding and some clear misconceptions regarding the role of the GOsC; the most common misconception is that GOsC lobbies the government on behalf of osteopaths and this misunderstanding is significant as analysis shows that respondents with a better understanding of GOsC's core functions have significantly more positive perceptions.

    c. Actions to address the recommendations in the report have started with actions being implemented from launch. There is an action plan in place to make progress on the recommendations from the report in the short, medium and long term.

    d. The Committee was asked to consider and reflect on the recommendations from the research and the next steps to inform the further development of the GOsC's action plan.

14. In discussion the following points were made and responded to:

    a. It was confirmed that the comments made by members at the September 2024 Council Strategy Day had been taken into account.

    b. Members were advised that the Executive are working with the Institute of Osteopathy considering ways of explaining and clarifying the roles of the organisations including if a statement is the correct approach.

    c. Council Member, Simeon London, informed the meeting that he had attended the Scotland Roadshow event which took place in Stirling on 20 September 2024 which included a successful activity about the responsibilities of the iO and the GOsC. It was also highlighted that in discussion at Council, the steps required to be taken in the short-term are being addressed in order to allay some of the negative perceptions highlighted in the survey.

    d. Members were informed that although the survey demonstrated that the perceptions held by osteopaths were negative, those held by the public in terms of osteopathy being a regulated profession were positive (as shown in the YouGov Patient Satisfaction survey). It was unknown whether public perceptions were the same for other regulators.

    e. Members expressed concern at the outcome of the survey and that the specific areas on the functions of the GOsC must be addressed.

f. It was noted that members who were involved with a number of osteopathic forums and online platforms also experienced negativity towards the GOsC. It was suggested that the January 2025 PEC Development Day might focus on the ambassadorial role of Committee (and Council) members.

g. It was commented that adoption of negative beliefs about the regulator begin at student level and this should be targeted in order to educate and build trust at an early stage and also to make this a part of the educator's learning. It was also suggested that to mitigate the negative perceptions and subsequent impact at the earliest stages of student education; that GOPRE, the annual reporting process and RQ requirements could include elements to demonstrate how an understanding of the GOsC and its role are being introduced as a definitive requirement.

h. It was agreed that the feedback from the Committee would be considered by Council.

15. In summary the Chair:

- Noted the importance of the educators in influencing the perceptions of students.
- The feedback had been very useful and in line with Council's considerations.

Noted: The Committee considered the content of the report and provided feedback on next steps

The following agenda items 6 – 8 were introduced by Paul Stern, Senior Policy Officer.

Item 6: Artificial intelligence and implications for osteopathic regulation

16. The purpose of the item was to update the Committee on the engagement undertaken on Artificial Intelligence (AI) since the June 2024 PEC meeting.

17. The key messages and following points were highlighted:

a. The purpose of the paper was to update the Committee on work that has been undertaken to develop further understanding of issues in AI since the June meeting.

b. There has been engagement with other regulators, with colleagues across different functions in GOsC and with Osteopathic Education Institutions (OEIs).

c. Discussions with other regulators has helped to understand approaches and thinking about benefits, risks and risk mitigations and how the regulators need to work together to ensure a collaborative, consistent approach to regulation in this area.

d. It is planned to continue to build knowledge in this space through continuing to engage with regulators; explore in more detail OEIs' approaches to the use of AI in osteopathic education; and to seek patients' views on the use of AI in osteopathy.

18. In discussion the following points were made and responded to:

a. It was agreed that the benefits of AI outweighed the envisaged/perceived risks for education and osteopaths in practice. The work undertaken by the Executive to date was welcomed.

b. Concerns about potential disparity between OEIs in how students are supported to use AI and the regulation of its use in training due to the diversity of the institutions

c. It was asked at what point would the GOsC need to engage external expertise to inform the GOsC's thinking in this area given limited expertise of the Executive and members in this area.

d. It was advised that a sense of proportionality must be maintained when considering the implementation of AI and related technologies and administrative capacity.

e. It was suggested a statement was needed to be clear that educators and practitioners would be responsible for the output of AI systems in addition to the need to provide basic education on bias. Risks discussed were:

- the widening gap between the OEIs and their ability to maintain their administrative and regulatory responsibilities;
- the widening skills gap between students in their use of AI;
- the use of AI in the clinical setting;
- the impact of AI on evidence-based considerations and standards.

f. Members emphasised the need for consideration on the impact of AI and how it might influence and inform better regulation. The technology could also be used in-house for improving the efficiency of processes as well as having possibilities in the fitness to practise process and other regulatory settings.

g. A point was also made that the standards are clear about decision making responsibility but with advancements in AI, this may need to be made clearer in future versions of the standards.

h. It was suggested that the opinions of osteopathic practitioners should also be considered, as well as educators, in the move towards approaches and developments in regulation around the adoption of new technologies and AI.

i. In considering AI and regulation it was asked what questions does the Regulator need to answer in order to address the issues? This would help to clarify GOsC's responsibility in this area. It was agreed that the questions needed to be clarified and this would be more clearly put in the next paper, but that the starting point is patient safety.

j. It was also acknowledged that there are economic drivers for the uptake of AI and the risk that this could present to patients and GOsC's role. Consideration needs to be given to how OEIs can be supported to maintain academic integrity and ensuring that students entering into practice are safe practitioners and have the skills and competencies that will be required by osteopaths in the use of new technologies

k. It was suggested that in looking to the future ensuring practitioners understood AI and its implications should be given consideration. It was added that all within the profession should be working from the same professional baseline to avoid inequalities, understand the risks and benefits to education, students and the wider regulatory framework.

l. The feedback and questions raised in discussion were welcomed by the Executive and would be addressed in the next report to the Committee which would include consideration of the standards.

Noted: The Committee considered stakeholder views on the use of AI in osteopathic practice and implications for the GOsC approach to regulation.

Noted: The Committee noted the next steps.

Item 7: Evaluation of the patient involvement forum

19. The item considered the work of the GOsC's patient involvement forum and the next steps to improve engagement with patients.

20. The key issues and following points were highlighted:

a. Improvements have been sought to the way engagement is conducted with patients and have built up the patient involvement forum over the past four years, using it to ensure that patient input is central to informing the work undertaken as regulator.

b. An evaluation was undertaken on the work of the GOsC's patient involvement forum considering the experiences of GOsC staff and members of the forum.

c. The forum has had a significant positive impact on the work of GOsC and forum members are positive about their experience of being a member of the forum, although areas have also been identified where improvements can be made.

A number of actions have been identified to address some of the feedback received. The information would also be used to reflect on the strategic development of the patient voice.

21. In discussion the following points were made and responded to:

    a. It was noted from the survey that 10% of the forum were public members and not patients and this was viewed as a positive position. It was asked if there were plans to broaden the base and include more public members. Members were advised that not all members of the forum were patients of osteopathy and might be patients of other health professions. It was agreed the membership could be widened to include more non-patient members.

    b. It was suggested that, as the forum members may not be aware of their impact, that a feedback loop might be developed to ensure transparency of the impact and outcome of engagement for members of the forum.

    c. In response to the question on whether forum members have been asked about issues they would like the GOsC to explore, it was explained that the Executive is looking to arrange a day with the group to consider questions or issues they might wish to raise and put forward. It was noted the feedback the group had provided into issues concerning EDI.

    d. The growth of the group was acknowledged, from 3 to 35 members. It was explained that following the evaluation, questions around how the forum was managed and monitored would be considered. Members chose to be involved in a number of ways including on-line and in-person meetings and by completing surveys.

Noted: The Committee considered and provided feedback on the Evaluation of the Patient Involvement Forum Report attached at Annex A.

Agreed: The Committee agreed to publish the Evaluation of the Patient Involvement Forum Report.

Agreed: The Committee agreed the approach to the next steps identified in paragraphs 24 to 27 of the report.

Item 8: Recognition of Professional Qualifications

22. The purpose of the item was to update the Committee on the work being done to explore improvements to the portability of UK qualifications within the EU and internationally.

23. The key messages and following points were highlighted:

    a. In Autumn 2023, the Council of Osteopathic Education Institutions (COEI) raised concerns with the GOsC regarding the impact of Brexit on the number of EU students coming to study osteopathy in the UK. In particular they raised

concerns about the impact of Brexit on the portability of UK qualifications for European students when returning to their home country.

b. In March 2024, the PEC was presented with a paper outlining the post Brexit commitments between the EU/EEA and the UK on the recognition of professional qualifications. The paper noted that whilst some agreements have been put in place, they do not put back the system previously in place when a member of the EU. The paper set out the proposal to meet with EU regulators/professional bodies to try to improve the GOsC's understanding of their treatment of UK qualifications and explore issues around portability.

c. In May 2024, the issue of recognition of professional qualifications and the approach to engaging internationally was presented to Council. It was agreed that given broader issues around workforce in the sector, there was value in re-engaging with international counterparts to raise awareness of the GOsC standards and to explore matters related to the recognition of each other's qualifications.

d. As part of the move to strengthening links with overseas partners, the GOsC Chair was attending the Osteopathy Europe Conference in Luxembourg and the Chief Executive would be attending the Osteopathy International Alliance Conference in Sydney, Australia.

24. The following points were made and responded to:

a. It was noted that there has been engagement with France and Italy. It was suggested that contact might be made with European countries where osteopathy is regulated. It was explained that Italy is just setting its own regulatory framework and the aim is to understand the approach they will take to UK qualifications in that development. The Executive are waiting for a response from France. Other countries will be approached in due course.

b. In response to the suggestion that mutual recognition with Italy might be a way to achieve wider European recognition, it was explained that the UK did not have mutual recognition while a member of the European Union. Therefore each qualification was recognised on an individual basis, where if the qualification was the same, the qualification should be recognised. Where there was a substantial difference then a period of adaption or an aptitude test would need to be undertaken. Each country within the Union has its own regulatory framework, therefore access to the wider EU through mutual recognition is not viable.

c. In response to a question whether there was any value in considering a combined approach to EU recognition with other UK health regulators, it was explained that this was unlikely and that the other regulators have different approaches to EU access with mutual recognition remaining established for some health professions.

d. It was noted that mutual recognition was a 'nice to have' but there are issues around the movement of workforce and this pushes the boundaries of the GOsC's scope. Could this be an initiative taken up by another osteopathic stakeholder supported by the information GOsC is gathering. The points were noted but given the recent concerns about workforce and sustainability, Council advocated the re-establishing international links as sustainability issues impact on our remit as an organisation. There remain questions regarding mutual recognition, sustainability and ethics which are yet to be considered, understood and addressed.

Noted: The Committee noted the progress on our work on recognition of professional qualifications.

Item 9: The British College of Naturopathy and Osteopathy (BCNO) – RQ Specification update for new course: Visitor Approval

25. Professor Ray Playford declared an interest and left the meeting for the duration of the discussion.

26. The Head of Policy and Education introduced the item which sought the Committee's agreement for the updated Review Specification and appointment of the visitors for the BCNO Group's Recognised Qualification Review.

27. The key messages and following points were highlighted:

    a. The paper asked the Committee to approve the updated review specification for the next BCNO RQ visit to take into account year-ones being taught again at Maidstone.

    b. The paper also sought the approval of the visitors.

    c. The visit is scheduled to take place on Tuesday 18 February – Thursday 20 February 2025.

28. The Committee had no questions or comments and agreed the recommendations as presented.

Agreed: The Committee agreed the updated review specification.

Agreed: The Committee agreed the appointment of Brian McKenna, Phil Stephenson and Stephen Hartshorn for review of:

- **Masters in Osteopathy (M.Ost)**
- **BSc (Hons) Osteopathy (modified attendance)**
- **BSc (Hons) Osteopathic Medicine**
- **Master of Osteopathy and BSc (Hons) Osteopathy, (validated by Buckinghamshire New University (BNU) awarded by the ESO)**

- **Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed), (validated by University of Plymouth (UoP) awarded by BCOM)**

Item 10: Update from Observers

29. There were no updates presented from the observers with speaking rights.

Noted: **The Committee noted there were no updates of the Observers with Speaking Rights.**

Item 11: Any other business

30. There was no other business.

Date of the next meeting:

- **Policy and Education Committee Training / Development Day Thursday 23 January 2025**

- **Policy and Education Committee Meeting, 10.00 Thursday, 6 March 2025**

General Osteopathic Council

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Policy and Education Committee
6 March 2025
Artificial Intelligence (AI) and implications for osteopathic regulation

Classification	Public
Purpose	For decision
Issue	Our regulatory response to the use of Artificial Intelligence in osteopathic practice and education.
Recommendations	1. To consider the feedback that we have received to date from stakeholders. 2. To provide feedback on our Draft Artificial Intelligence in osteopathic practice statement. 3. To agree our approach to next steps: a. To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform our approach to ensuring patient safety and public confidence. b. To agree to consult on our Draft Artificial Intelligence in Osteopathic Practice Statement. c. To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education. d. To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.
Financial and resourcing implications	This AI project is currently being managed in house and engagement costs are covered in our Professional Standards budget for 2024/25. If, in the future, we decided to fund research to support our understanding and approach to regulation, this would need to be agreed separately by Council from funds designated for research purposes.
Equality and diversity implications	There are diversity implications from the use of AI. These include: inequalities in the availability of AI, the development of AI, the skills required to augment practice. We have drafted an equality impact assessment

	considering the impacts of any statement we make with regards to the use of AI in osteopathy.
Communications implications	Any statement we make on the use of AI in osteopathy will be of high interest to the sector. All our papers on AI are public because this is such a high interest area and we are continuing ongoing engagement with the sector in this area.
Annexes	Annex A - Summary of workshops with educators to discuss AI in osteopathic education; Annex B - Summary of focus groups with osteopaths to discuss AI in osteopathic practice; and Annex C - Draft Statement about the application of the Osteopathic Practice Standards in the use of AI.
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Key messages from this paper

- Developments in AI are continuing at a rapid pace and we have been engaging with education providers, osteopaths and other stakeholders to gather information about how AI is being used in osteopathic practice and education.
- We have also been meeting with other regulators to consider their work in this area and to understand the potential for joint approaches.
- Both osteopaths and osteopathic education providers are clear that they do not want us to create any new regulatory requirements and to focus any statement on osteopathic practice first.
- Therefore, we are proposing a statement centred around osteopaths' responsibilities when using AI, aligned with what is set out in the Osteopathic Practice Standards.
- We welcome committee members views on our proposal and their thoughts on our draft statement – this is set out at Annex C.
- Our proposed next steps are: to consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform our approach to ensuring patient safety and public confidence; to agree to consult on our Draft Artificial Intelligence in Osteopathic Practice Statement; to continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education and to continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.

Background

1. In our business plan, one of our objectives is to "Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation."

2. Developments in AI are continuing at a rapid pace. In particular, central government is increasing the use of AI tools in the way that they deliver public services, with particular focus on how improvements can be made in the delivery of NHS services. In respect to regulation, their approach continues to look to existing regulator to address risks, but have also recently put greater emphasis on regulator support for innovation.

3. It is not yet clear whether the current government is seeking to change the way that the previous government had set out to regulate AI i.e. through existing regulators with a set of regulatory principles[1]. However, we think it is unlikely that this will significantly change given that the principles cover key themes and

[1] The principles are: Safety, security and robustness; Appropriate transparency and explainability; Fairness; Accountability and governance; Contestability and redress and they are available at https://www.gov.uk/government/consultations/ai-regulation-a-pro-innovation-approach-policy-proposals/outcome/a-pro-innovation-approach-to-ai-regulation-government-response

issues around the use of AI such as transparency and fairness, which continue to remain important and they were strongly supported in the Government's consultation.

4. PEC discussed our regulatory approach to AI in June and October 2024. Committee members were provided with a summary of central government and healthcare professional regulator approaches to AI, the issues we should be considering in relation to osteopathy, as well as updates on engagement activities undertaken to develop our regulatory thinking around the use of AI.

5. PEC had concerns about the impact of AI on osteopathic education and the need to maintain standards as well as the effect AI may have on assessment. However, committee members also noted the benefits that AI can provide to those who are either disadvantaged culturally or through health issues.

6. PEC members also highlighted several considerations regarding the implementation of AI in osteopathic practice and education. In particular members considered the importance of maintaining proportionality in AI adoption while ensuring patient safety remains paramount. Members also emphasised the need for clearer accountability, particularly regarding osteopath's responsibility for AI system outputs and identified potential risks including widening gaps in AI competency among Osteopathic Educational Institutions (OEIs) and students.

7. Members recommended gathering input from both educators and practitioners to inform our regulatory approach, ensuring that there is a consistent baseline understanding of AI's risks and benefits. The committee agreed that clarifying GOsC's responsibilities in this area, with patient safety as the foundational principle, would be essential for future policy development.

8. Since the meeting in October, we have undertaken significant engagement across a range of different stakeholders and we are bringing this paper to committee to explain what we have heard and set out our proposal for a way forward.

9. Therefore, the key questions that PEC should be considering are:

    a. With AI being increasingly used in osteopathy, how do we continue to ensure confidence in the profession and protection of patients whilst also allowing space for innovation?

    b. How should we step into this space (in our role as a regulator) given the pace of change and the potential for any regulatory response to become quickly outdated?

10. Additional questions that committee members may wish to consider:

- Taking into account the feedback from stakeholders: What is your response to the information outlined in this paper?
- What gaps are present in our thinking or approach?

- What are committee members' views on what we should be doing to understand and approach AI within osteopathic education?
- Do you agree with our next steps?

Discussion

11. As a regulator we have a responsibility to ensure that if osteopaths choose to engage with AI that they are able to use it safely to ensure patient safety and maintain confidence in the profession. Whilst we acknowledge that there are debates around whether it should be used in osteopathy, we know that some osteopaths will be using to support their practice at this time.

12. Since the last committee meeting, we have further developed our knowledge of how AI is being used in osteopathic education and practice through speaking with registered osteopaths (through the Osteopathic Alliance and via the Institute of Osteopathy's (iO's) leadership group), Osteopathic Education Institutions (OEIs) and insurers to build our understanding of how AI is used in osteopathy. We have also engaged with other regulators to share learning and insight. The below sets out the information we have gathered so far and how we think we should respond as a regulator.

Osteopathic education

13. Since October 2024, we have held two workshops with OEIs to discuss their views on the use of AI in education. Both workshops were well attended and there is acknowledgement amongst educators that students are using AI and that they need to adapt the way they operate. A summary of each of the workshops can be found in Annexes A.

14. The first workshop aimed to help OEIs understand how AI might be used, as well as thinking about the risks that this might present in osteopathy and osteopathic practice. Key concerns included academic integrity, potential deskilling, professional confidence, and inequalities for both students and OEIs between AI users and non-users.

15. Educational institutions are taking varied approaches to AI implementation, with different guidelines set by themselves or validating bodies. Some institutions explicitly allow AI in learning but not in assessment.

16. Three regulatory questions were explored regarding:
    a. Maintaining academic and ethical standards
    b. Supporting staff and student AI skill development
    c. Preparing students for AI use in future practice[2]

[2] The questions have been adapted from key areas originally produced by the HCPC which can be found here: https://www.hcpc-uk.org/education-providers/updates/2024/artificial-intelligence-ai-in-education/

17. OEIs are taking different approaches to the way that they address the use of AI and institutions also have their own guidelines around the use of AI which are either set by themselves or through their validating body. For example, some are very clear about how use of AI can take place in learning and assessment and some did not allow AI in assessment.

18. From this discussion OEIs explained they would welcome us working together to develop general principles around the use of AI in osteopathic education and potentially a joint statement.

19. For the second workshop, we looked at principles developed by educational organisations globally and sought to use these as the basis for developing principles around osteopathic education. Following discussion, key points raised by OEIs were:

    - A need to focus on practice outcomes rather than education
    - Recognition that policies around AI and academic integrity policies are largely covered by validating universities or existing course providers institutions
    - Importance of maintaining osteopathic distinctiveness when using AI
    - Concern about AI potentially driving practice away from osteopathic principles toward more non-osteopathic approaches
    - Need for clarity on accountability in clinical decision-making when using AI
    - Questions raised about how RQ visitors would explore and a take a view on AI in the current Graduate Outcomes and Standards for Education and Training

20. During this workshop, we provided assurance that our intention was not to create tension with an institution's own policies and processes in relation to AI. However, moving forward, OEIs were clear about the need not to introduce any new regulatory burdens and considered that the starting point should be a statement on the use of AI in osteopathic practice before anything could be said about AI in osteopathic education.

Osteopathic Practice

21. Although we have only spoken to a small number of osteopaths, there are differing views on its value; however, an area of consensus is that the technology is available and cannot be ignored. Records of these discussions can be found in Annex B.

22. Through these early discussions, our understanding is that the extent to which AI is currently being used in osteopathic practice is limited to administrative tasks, such as its use as a scribe (e.g. Heidi.AI). Although it should be noted that in one of the discussions, it was flagged that AI diagnostics is being used in connection with ultrasound being undertaken on animals and this could be something shortly seen in practise with humans.

23. For osteopaths who are using AI tools, they spoke positively about using Heidi.AI. They stated that it produces accurate notes, saves them time and has the potential to aid communication and consent between osteopaths with patients, as notes can be shared with patients following the consultation reducing the potential for misunderstanding.

24. Conversely, some osteopaths we spoke to were more sceptical about the use of AI in osteopathic practice. They had concerns that the use of AI transcription software may not be accurate or capture nuance in patient interactions and could impact on osteopaths' patient centred approach.

25. Osteopaths were clear that AI would not be able to replicate the hands on approach within osteopathy and this seems to currently be the case as there does not appear to be any AI tool that supplements this area of practice at the moment. They were also clear that AI shouldn't replace the human, face to face, empathetic and touch elements of practice.

26. For some osteopaths they thought the current regulatory frameworks and professional standards were sufficient for addressing the use of AI in osteopathy, while others suggested the Council could provide guidance on approved AI tools and best practices for their use. However, they also noted that anything which was too prescriptive could quickly become outdated due to the fast-paced development of the technology.

27. Like educators, osteopaths were concerned about AI's impact on critical thinking skills and the importance of OEIs developing these skills amongst their students, as well as a worry around deskilling of osteopaths because of overreliance on the technology.

Additional considerations

28. We are continuing to work with other regulators to share thinking and learning. In December we chaired an inter-regulatory group looking at developing a shared statement around the use of AI in healthcare professional education. The aim of this group to explore ways in which we can reduce regulatory overlap, given that many of the high level issues we are facing are the same.

29. There is also an inter-regulatory policy group with membership across regulation which is also looking at a co-ordinated approach in relation to healthcare professional regulation and AI.

30. Only a small number of regulators have made specific statements in relation to AI, whilst others have recently updated their standards to reference the use of 'digital technologies'. For example, the Health and Care Professions Council (HCPC) have focussed on AI in education, providing support to education providers to align with their regulatory standards and have highlighted three key areas education providers should consider when responding to developments in this area. Additionally, the General Medical Council (GMC) have sought to provide some clarity to doctors on the use of innovative technologies in

healthcare and how this relates to their updated professional standards. Whilst the General Optical Council and the General Chiropractic Council have either adopted or proposed making reference to the use of digital technologies in the latest update to their standards.

31. Internationally, the Australian Health Practitioners Regulatory Authority (AHPRA) the regulatory organisation with responsibility for ensuring that Australian healthcare professionals are suitably trained, qualified and safe to practise, has set out guidance on how existing responsibilities under their professional standards apply to healthcare practitioner use of AI.

A suggested way forward

32. Both osteopaths and OEIs have been clear to us their concerns about the GOsC moving into a space where the pace of change could mean that technological advances could quickly supersede any regulatory requirements. They have also been clear around risks of regulatory overlap and creation of new requirements which could create a mismatch between existing policies or regulatory requirements that already exist, for example, OEIs existing policies they have around AI and academic integrity.

33. However, although there is a danger of anything we say as a regulator being quickly outdated, we think that there is a greater risk to the profession and to patients by us remaining silent on this issue. We know that osteopaths are using AI and that patients are seeing AI being used in their interactions with them. We also know that the use of AI amongst students is increasing, creating a challenging environment for OEIs. Therefore, we think it is important for us to make a statement regarding the use of AI in osteopathy, so it is clear about our expectations of its use as a regulator.

34. Whilst there may be changes and advancements to the way AI is developed and used, this does not change the fundamental behaviours we expect of osteopaths as healthcare professionals. For example, regardless of how the technology develops or is used, we would still require osteopaths to adhere to patient confidentiality.

35. As a starting point, we suggest providing a high level statement on how osteopaths should consider their responsibilities under the OPS when using AI in their practice. We envisage this to look similar to the statement made by AHPRA and therefore, amongst other things, it would cover:

    - An acknowledgement of the use of AI in the profession;
    - consensus about what AI looks like in the profession;
    - accountability;
    - understanding (AI literacy);
    - patient safety;
    - patient confidentiality; and
    - consent and transparency.

36. These points for consideration are all covered within the OPS, so anything we say, would not go further than what is required by osteopaths as set out within the OPS and therefore ensuring that we take a proportionate approach. However, we would also want to test this statement with osteopaths, OEIs, patients and students before agreeing it.

37. An example of what this statement could look like is attached for the consideration of the Committee at Annex C.

38. Our draft Artificial Intelligence in osteopathic practice statement:

    - focusses on themes of accountability, AI literacy and patient safety, transparency and consent and patient confidentiality
    - explains how the Osteopathic Practice Standards apply to the use of AI
    - is clear that, currently, we do not have a view on whether osteopaths should be using AI or not, but simply outlines their responsibilities if they choose to engage with this technology.
    - is not be seeking to be specific around the type of AI tools that can be used, rather about what osteopaths should be thinking about when using the tools in relation to requirements set in the OPS.
    - aims to provide a space where osteopaths would be allowed to use AI in an innovative way
    - flags the changing societal context in which osteopaths operate and so flags that AI is on the horizon.

    We believe this approach addresses feedback from osteopaths as well as addressing the government focus on regulators allowing for innovation.

39. Moving forward, we think that there could be scope for more detailed guidance in osteopathic practice; when there is a better understanding about the extent to which AI is currently being used, and osteopaths' confidence in using it. We need to be cautious to ensure that any guidance that may be developed, would be useful and not quickly become outdated. This could be considered as a future step.

Is it appropriate for GOsC to consider issuing a statement about osteopathic practice now?

40. There are risks in issuing a statement. For example, making a unilateral statement also carries the risk that it could be superseded by future inter-regulatory announcements on AI. However, given the high-level nature we are proposing for our statement – it is framed within the existing Osteopathic Practice Standards and does not impose new expectations at this stagee - and our active participation in inter-regulatory AI discussions, we believe this risk is minimal. We would also issue our statement as a form of guidance, allowing it to be easily updated when required.

41. However, there are also good risks for issuing a statement: it is very much focussed on the uniqueness of the profession. We have legal responsibilities that patients are protected and that confidence in the profession is maintained.

What about our approach to osteopathic education?

42. However, we also have responsibilities to ensure the quality of osteopathic education and to ensure that graduates are fit for registration in the future. We do this by assuring ourselves that OEIs are producing graduates that have the right skills and are fit for future practice.

43. Therefore, we think that it is right for us to continue discussions with OEIs and other stakeholders around expectations of AI literacy and preparation for future practice, impact on academic integrity and skills development and how AI might and will be used in osteopathic education in the future.

44. We've been told about the issue of inequalities in student access to AI and disparities in institutional resources for the use of AI in education. Whilst our draft Artificial Intelligence in osteopathic practice statement does not address this issue, it does begin to provide clarity around our expectations for osteopaths moving into practice.

Next steps

45. A gap is our current understanding is the extent to which osteopaths are using AI in their practice as well as their confidence in using the technology. In order for us to fully understand risks and consider how we might mitigate against them, we feel that there could be benefit in undertaking broader research to understand how AI is being used in osteopathy. It should be noted that other regulators are already taking this approach (see https://www.socialworkengland.org.uk/news/artificial-intelligence-in-social-work/). If taking this forward, we would develop this further and bring a more detailed proposal back to the Committee and Council for approval prior to us undertaking any procurement process

46. Should the committee be satisfied to move forward discussing our draft Artificial Intelligence in Osteopathic Practice statement, we will undertake further engagement on it with osteopaths, educational institutions, patients and regulators. Following further consultation, we would revert to the Committee and Council to seek approval for publication.

47. We will continue to work with educators to discuss the benefits and risk of AI use in osteopathic education and its application to the standards, assuring academic integrity, AI literacy, accessibility and preparation for practice. We will also further explore a statement on the use of AI in education that flows from the statement on AI in osteopathic practice.

48. We will continue our ongoing work with other regulators and the Professional Standards Authority to ensure an aligned approach in health professional regulation.

Recommendations:

1. To consider the feedback that we have received to date from stakeholders.
2. To provide feedback on our Draft Artificial Intelligence in osteopathic practice statement.
3. To agree our approach to next steps:
   a. To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform our approach to ensuring patient safety and public confidence.
   b. To agree to consult on our Draft Artificial Intelligence in Osteopathic Practice Statement.
   c. To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.
   d. To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.

Summary of Workshops with Osteopathic Education Providers

Workshop 1 (12 November 2024)

Attendees:

Representatives from five educational institutions

Staff from the Professional Standards Team at the General Osteopathic Council

1. Context and Workshop Aims

- Understand drivers shaping AI in osteopathic education and practice
- Identify risks
- Discuss key regulatory questions
- Share ongoing work
- Determine required support and guidance from GOsC

The GOsC also shared background on the government's pro-innovation approach to AI regulation. This also included an overview of the five regulatory principles: safety/security/robustness, transparency/explainability, fairness, accountability/governance, contestability/redress

2. Drivers for uptake of AI in osteopathy

Attendees were asked to consider Political, Economic, Social, Technological, Legal and Environmental (PESTLE) factors in influencing the uptake of AI in osteopathy.

The group made the following points:

- Patient adoption and usage
- Potential for increased staff productivity
- Quality improvements with skilled usage
- Need for training development funding
- Ethical considerations
- Confidentiality requirements
- Existing societal adoption (particularly by students)
- Transparency challenges with algorithms

Unique Osteopathic Considerations:

- Advantage of hands-on approach compared to other professions
- Focus on verbal and non-verbal cues during consultation
- Distinction from tick-list approaches used by other professions

3. Risk identification

The group were then asked to identify what the potential risks might be around the use of AI in osteopathic practice and education.

Professional Practice Risks:

- Data integrity and bias concerns
- Impact on clinical skills
- Need for enhanced critical thinking
- Professional confidence implications
- System opacity and bias explanation challenges
- Therapeutic relationship considerations
- Potential dilution of osteopathic distinctiveness

Educational Risks:

- Academic integrity
- Growing inequalities between AI users and non-users
- Resource access disparities
- Grade inflation concerns
- Accessibility and fairness issues

Leadership and Development Risks:

- Lack of osteopathic leadership in AI development
- Risk of inappropriate adoption of systems designed for other professions
- Potential merger into general MSK specialist role
- Need for consistency in educational approach

4. Key Regulatory Questions and Responses

Following this discussion, the group were presented with 3 key regulatory questions that GOsC had been thinking about in relation to the use of AI in osteopathic education.

- How are OEIs continuing to ensure that academic and ethical standards are being maintained?
- How are OEIs preparing students for the use of AI in future practice?
- How are OEIs ensuring that staff and students are being supported to develop their skills and knowledge in the use of AI in osteopathic education and practice?

Attendees were then split into groups to discuss what they were doing in response to these questions.

Group 1

- Some have a communication strategy in place for students regarding AI use
- Challenges identified with "Turn It In" AI detection:
    - Particularly problematic for students with disabilities
    - False identification of cheating when AI used legitimately
- Some taking an active educational approach:
    - Running multiple student sessions

    - Focus on proper technology usage
    - Practical exercises including student creation of exam questions and AI response critique
- Support-based intervention:
    - Students identified as using AI are offered support rather than punishment
    - Focus on upskilling for better AI usage
- Staff development:
    - In-house teams delivering AI training
    - Support for developing slides and learning materials

Group 2

- Institutional policy development:
    - Referenced one OEI's AI statement as helpful model
    - Agreement on principles for AI use
    - Integration across cohorts and programs
- Support for joint approach:
    - Called for GOsC and OEIs joint statement on AI use
    - Particularly valuable for discussions with validating bodies
    - Support for generic principles across institutions
- Practical challenges identified:
    - Efficiency gains in use of AI may be offset by necessary checking
    - Detection of undeclared AI use through changes in student voice
    - Issues with reference verification
- Assessment adaptation:
    - Review of assessment methods and purposes
    - Movement toward more practical-based assessments
    - Focus on presentations and practical skills
    - Transparency in AI use encouraged for dissertations
- Performance analysis:
    - Noted disparity between clinical examination and dissertation results
    - Higher dissertation scores suggesting AI use
- Future considerations:
    - Concerns about patient data processing in external systems
    - Need for more formal training support

Group 3

- Need to focus on achievable goals
- Called for:
    - Development of agreed principles for AI use
    - Statement to the profession
    - Value in shared training approach
- Strategic considerations:
    - Importance of osteopathic control over AI system development

- Protection of human and unique elements of osteopathy
- There was value of GOsC statement for validating institution discussions around use of AI

5. Suggested Way Forward and next steps

Following the feedback, it was agreed that we should consider creating a joint GOsC/OEI statement on AI use and establish generic principles on use of AI across institutions. Further actions suggested were:

- Regular discussion at Regulator and Educator Liaison Meetings
- Development of shared training approaches

Workshop 2 (29 January 2025)

Attendees:

Representatives from five educational institutions

Staff from the Professional Standards Team at the General Osteopathic Council

1. Context and Background Discussion

- The workshop built on previous discussions about AI in osteopathic pre-registration education
- Referenced existing work by various university groups (Russell Group (UK), Group of 8 (Australia), U15 (Canada)) on AI principles
- Noted recent government initiatives including the AI Opportunity Action Plan and new civil service AI tools.
- Acknowledged the government's pro-innovation stance while maintaining existing regulatory frameworks.

The group were also given a reminder of the drivers for AI adoption and the risks around the use of AI that were discussed at the previous meeting.

2. Detailed Discussion Points

The GOsC had undertaken an analysis of the key principles agreed by the Russell Group (UK), Group of 8 (Australia), U15 (Canada) around the use of AI in education and identified key themes that appeared in all three. This was shared with the group prior to the workshop. It was suggested that this could provide the basis for development of shared principles around the use of AI in osteopathic education.

We then had a discussion around this with the following points being made:

Academic Integrity:

- Recognition that institutions already have existing AI policies through validating universities

- Discussion of AI assessment scale tool to help students understand appropriate AI use levels
- Need for transparency in how AI is used in both learning and assessment
- Challenge of maintaining assessment integrity while acknowledging AI's presence

Practice Considerations:

- Concern about AI potentially driving practice toward non-osteopathic approaches rather than osteopathic principles
- Need for clear for GOsC to be clear about accountability for use of AI in clinical decision-making.
- Discussion about potential development of osteopathy-specific AI tools
- Importance of maintaining patient confidentiality when using AI tools

Educational Access and Equity:

- Discussion of differential access to AI tools (e.g., disabled students with additional funding access who may be able to afford access to these tools as opposed to other students)
- Variation in institutional access to tools like the AI tool, Co-pilot.
- Resource implications of ensuring equal access to AI tools
- Need for consistency across educational providers

3. Group discussion

Participants were then split into break out groups to identify whether the key themes identified work and what we could say under each of them as well as identify what we might want to say that is specific to osteopathy.

Feedback from the groups was:

Breakout Group 1:

- Discussed challenges around what a statement on AI in education meant in reality and how detailed it should be
- Concerns about potential tension between any specific requirements and institutions' own policies
- Questions about what collaboration requirements (if set in a shared statement) would mean in practice
- Noted challenges around assessment and detecting AI use
- Concluded their policy statement would need to be high-level (e.g., "maintain academic integrity") to allow flexibility in implementation

Breakout Group 2:

- Agreed that the focus should be on OPS (Osteopathic Practice Standards) and graduate outcomes rather than trying to detail policies already set by universities
- Highlighted need for clarity about what AI means and its potential uses
- Accountability for AI use in clinical judgement – any statement would need to emphasis that accountability remains with the clinician.
- Questions around Resource implications and fairness, with an example given about disabled students having access to AI through additional funding
- Not all institutions having access to tools like Co-pilot
- They also highlighted a tension between fairness and practical resource constraints
- There was also discussion around an AI assessment tool that helps explain extent of permitted AI use in learning vs assessment

There appeared to be consensus on several points:

- Need to focus on practice outcomes rather than just educational processes
- Preference for high-level guidance rather than prescriptive requirements
- Importance of avoiding additional regulatory burden
- Value of maintaining osteopathic distinctiveness in AI application
- Need for clarity on clinical accountability
- Recognition that AI should enhance rather than replace clinical judgment

4. Suggested way forward

Moving forward it was suggested that a starting point would be to develop a statement on AI use in osteopathic practice as the first priority.

It would:

- Need to clearly define AI and its potential applications in osteopathic context
- Focus on explaining AI in relation to existing standards rather than creating new requirements
- Need to not be too prescriptive so as to counter any existing policies already in place at OEIs.

Participants also highlighted the importance of unified sector approach while respecting institutional differences.

Summary of focus groups with osteopaths

Focus group 1 – Osteopaths organised by the Osteopathic Alliance

Date: 11 December 2024

Attendees:

There were three osteopaths present along with representatives from the professional standards team at the General Osteopathic Council.

Summary:

Attendees were provided with an overview of developments in AI as well as developments in its regulation.

Key Concerns and Themes that were highlighted by the osteopaths present were:

1. Clinical Safety and Accuracy

- Errors identified in AI-generated radiology reports
- Only detected due to experienced practitioner oversight
- Concerns about exercise instructions generated by AI being potentially harmful or inappropriate
- There is a need for physical observation of exercise performance (comment in relation to the AI physio that is approved by the CQC)

2. Impact on Professional Skills

- Risk of skill degradation if over-reliant on AI
- Concerns about losing fundamental osteopathic abilities:
    - Hands-on tissue assessment
    - Ability to detect subtle changes in tissue
    - Information gathering capabilities
    - Communication skills
    - Patient engagement

3. Patient Interaction and Care Quality

- AI transcription software limitations:
    - Unable to capture consultation nuances
    - Misses body language cues
    - May miss subtle indications of issues
- Risk of practitioners adapting their communication style to suit AI rather than patients
- Potential impact on patient-centered approach
- Concern about losing osteopathy's unique information-gathering abilities

4. Educational Implications

- Need for policy on demonstrating fact-finding skills
- Concerns about:
    - Professional integrity
    - AI usage declaration
    - AI hallucinations and unreliability
    - Reduced human interaction leading to poor habits
    - Need for enhanced critical thinking skills

5. Professional Distinctiveness

- Recognition that AI cannot replicate core osteopathic skills:
    - Hands-on approach
    - Tissue assessment
    - Ongoing patient monitoring
- They contrasted this with other professions (e.g., physiotherapy) where AI has taken over certain aspects.

6. Critical Thinking and Professional Judgment

- Importance of maintaining ability to identify when "something doesn't feel right"
- Need for skills to critically evaluate AI outputs
- Importance of professional oversight of AI-generated content

Focus group 2 – Osteopaths organised through the iO's leadership programme

Date: 4 February 2025

Attendees:

There were four osteopaths present along with the Senior Research and Policy Officer from the Professional Standards Team at the General Osteopathic Council.

Summary:

Attendees were given a short presentation on the advancements that are being made in AI, the government's approach to regulation and the willingness of GOsC to hear the views of those in practice on how they might be using AI.

Attendees were asked about:

- There experience of using AI or how they were seeing it being used;
- What they thought the risks and benefits are in using AI; and,
- What support they would like from the GOsC in this area.

1. Current AI Usage and Benefits

Some attendees mentioned that they were using Heidi, an AI transcription software, and were positive about its use.

- Key benefits:
    - Enhanced detail and accuracy in clinical notes
    - Better capture of consultation nuances
    - Time efficiency
    - Improved patient communication through automated summaries
    - Better protection in fitness to practice cases due to comprehensive documentation
- Implementation includes:
    - Integration with existing clinic systems
    - GDPR compliance through updated privacy statements
    - Patient notification and consent processes

2. Professional Standards and Accountability

Attendees were keen to highlight that practitioners remain ultimately responsible for clinical decisions when using AI. Other points made were:

- The need to maintain osteopathic distinctiveness and hands-on approach
- Balance between technological adoption and core professional skills
- Importance of critical thinking in evaluating AI outputs

Attendees also questioned whether specific AI regulation is needed versus applying existing standards to the use of AI.

3. Data Security and Governance

We discussed further the use of Heidi.AI and what needs to be considered. The osteopaths using it explained that they had undertaken necessary checks to ensure it was compliant with the standards eg. that it met GDPR requirements.

Further points discussed were:

- Risks of inappropriate use of open AI systems like ChatGPT
- Need from the regulator for clear guidelines on data storage and handling

4. Future Developments and Challenges

When discussing future developments, osteopaths made the following points:

- Emerging diagnostic tools (examples from veterinary medicine)
- Development of API connections with clinic software
- Potential for analysing historical patient data
- Automated health monitoring and flagging systems

- Rapid pace of technological change challenging regulatory responses

5. Educational Considerations

In the area of education, the osteopaths noted the following:

- Evolution of assessment methods toward practical demonstrations
- Supporting students with learning differences through AI tools
- The need to maintain development of essential clinical skills and the development of skills to critically evaluate information

6. Risk Areas

The following risks were also identified:

- Marketing chatbots potentially giving inappropriate clinical advice
- System biases in diagnostic tools
- Patient data security concerns
- Maintaining the human element in patient care
- Appropriate boundaries for AI use in clinical decision-making

7. Key Messages for Regulation

When asked what steps they would like the GOsC to take in this area. Osteopaths stated:

- A preference for principles-based approach over prescriptive rules
- The focus should be on applying existing standards to new technology
- Need for cross-regulatory consistency
- Importance of maintaining professional autonomy
- Needs to support innovation while protecting patient safety

Draft Artificial Intelligence in osteopathic practice statement

Introduction

Osteopaths are a primary care profession. Human interaction, touch and a holistic approach to the patient are key foundations of osteopathic practice.

Society is changing rapidly as a result of artificial intelligence and it is forming a part of the health landscape, with its use becoming mainstream for many health professionals and within the NHS. The Kings Speech in 2024 that the government will 'harness the power of artificial intelligence' and 'look to strengthen safety frameworks'[3].

The GOsC realises that not all osteopaths will choose to use AI technologies in their practice and we leave this up to the individual osteopath to choose the extent to which they engage with this new technology; however, we think it is essential to reflect on how our Osteopathic Practice Standards operate in this space for the benefit of osteopaths, patients and society.

The Osteopathic Practice Standards set out the standards for osteopathic practice. Standards should always reflect patient, profession and societal expectations of osteopaths – in effect as a regulator we 'hold the ring' and this is why standards are periodically updated to reflect changes in osteopathic practice, societal expectations and patient expectations.

Key changes over the last thirty years which have caused changes in standards include: approaches to dignity and modesty of patients, approaches to communicating treatment options through shared decision making and requirements about equality, diversity and inclusion and the development of more explicit professional and ethical requirements.

This statement does not expand the remit of the existing Osteopathic Practice Standards but rather it explains osteopaths' responsibilities if using AI. As AI changes rapidly, we will continue to keep this statement updated to ensure that osteopaths feel as supported as possible in this fast paced area.

What is artificial intelligence?

Artificial intelligence may be used in a range of ways that may be relevant to healthcare – some of which may be relevant to osteopaths, and some of which won't, at least not yet.

In osteopathy, it could be used for example:

- To transcribe patient notes or information or reflections about patients.
- To translate information for patients
- For security, e.g. face recognition rather than a pin for a security system which contains patient notes

[3] See https://post.parliament.uk/artificial-intelligence-ethics-governance-and-regulation/

- To summarise research or case studies
- To provide feedback to learners for CPD
- To aid reflection or assessments in the context of education and CPD.
- As part of wearable technology and patients may ask you to consider this information as part of the clinical picture

In wider health

- Potential for gathering standard preliminary information from patients ahead of referrals (https://www.digitalregulations.innovation.nhs.uk/case-studies/using-a-chatbot-to-ease-staff-shortages-and-improve-patient-care/)
- Diagnosis in patients
- Preventative medicine

The statement below identifies key principles drawn from the Osteopathic Practice Standards that osteopaths should be considering if using AI in healthcare.

The Osteopathic Practice Standards provide:

'*The standards set out the expectations of osteopaths as regulated healthcare professionals. Patients must be able to trust osteopaths with their health. To justify that trust, osteopaths must meet the standards expected in the Osteopathic Practice Standards. Osteopaths are personally accountable for their professional practice and must always be prepared to justify their decisions and actions, explaining how they have exercised their professional judgement.'*

Accountability

This means that osteopaths are always accountable for their actions. If you use artificial intelligence in your osteopathic practice, you are responsible for its use in accordance with the Osteopathic Practice Standards. This means you are responsible for complying with ethical, legal and competence standards in relation to its use and you remain fully accountable for your clinical decision making – these responsibilities cannot be outsourced to the AI, developers of AI or employers. When using AI technologies, you should always put patients at the centre of your decision making. You should ensure that AI products are approved by the appropriate regulators, when used in clinical scenarios.

AI literacy and patient safety

It is important that when using AI tools in your practice, you understand enough about how the AI tool operates to be able to use it safely and in line with the Osteopathic Practice Standards. AI tools are developing at a rapid pace and if using this technology, we expect you to understand the risks and benefits of the technology, its limitations and to keep your knowledge and skills up to date through continuing professional development.

We do not expect you to be technical experts regarding AI tools, however, at the very least, you should be able to explain to patients what the system does, discuss any risks and benefits associated with this and what happens to their information. However, you should be able to answer basic questions from patients about how the system operates and what happens to their data.

Osteopaths should also understand the source data on which the AI tool has been trained and the potential for any biases in output. This needs to be considered given the diverse population of patients that osteopaths will treat.

AI tools and system also have the potential to provide made up responses. These are known as 'hallucinations'. It is important that this is considered if using AI tools.

If you identify any responses that could put patients at risk of harm, then you should know how to raise a concern with the developers of the tool you are using. Patients should also understand how they can raise a concern with you regarding how you may use AI in your practice.

Osteopaths should ensure that they have appropriate insurance coverage for any AI tool they use in their practice.

Most relevant standards:

B1: You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2: You must recognise and work within the limits of your training and competence.

B3: You must keep your professional knowledge and skills up to date.

C4: You must take action to keep patients from harm.

D4: You must have a policy in place to manage patient complaints and respond quickly and appropriately to any that arise.

D6: You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.

Transparency and consent

If using AI tools, it is important that this is discussed with patients and explained to them in a way they can easily understand and osteopaths should be able to answer any simple questions that they have about it. For example, if using transcription software, this would mean including reference to this in your privacy notice. This is extremely important in relation to ensuring trust and patient confidence in the profession.

If patients aren't comfortable with you using an AI tool as part of the consultation, then you will need to respect your patient's wishes.

Most relevant standards:

A1: You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2: You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3: You must give patients the information they want or need to know in a way they can understand.

A4: You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

D1: You must act with honesty and integrity in your professional practice.

Patient confidentiality

When using AI tools, you need to ensure that you continue to comply with laws on data protection, such as the GDPR including ensuring that your privacy policy is up to date. Like using any technology, you must consider how the tool is storing patient data and where the data is located. You also need to understand whether patient data is being used to train the AI tool and what happens to any identifiable patient information.

Some AI tools are open source and you must be aware that inputting of patient data, may breach patient confidentiality.

You are also responsible for ensuring that the AI tool has adequate cyber security measures in place in order to ensure that patient data is adequately protected.

Most relevant standards:

C2: You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.

D5: You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.

References

The Topel Review, 2019, https://topol.hee.nhs.uk/the-topol-review/

AI Digital and Regulations Service for the NHS - https://www.digitalregulations.innovation.nhs.uk/

Artificial Intelligence, 10 promising interventions in healthcare, NIHR, 2023 - https://evidence.nihr.ac.uk/collection/artificial-intelligence-10-promising-interventions-for-healthcare/,

How to use AI and Personal Data appropriately and lawfully, ICO, 2022- https://ico.org.uk/media/for-organisations/documents/4022261/how-to-use-ai-and-personal-data.pdf

NHS Change programme (2024) and the priorities of

- moving care from hospitals to communities
- making better use of technology
- focussing on preventing sickness, not just treating it

as part of the development of the NHS plan https://change.nhs.uk/en-GB/

Horizon Scanning – Parliament (2024) https://post.parliament.uk/artificial-intelligence-ethics-governance-and-regulation/

General Osteopathic Council

Policy and Education Committee
6 March 2025
Transition into Practice Update and Next Steps

Classification	Public
Purpose	For decision
Issue	Translating the findings from our transition into practice research into meaningful collaboration and actions with stakeholders to better support graduates as they begin practising as an osteopath.
Recommendations	1. To consider and provide feedback on the progress of the transition into practice project. 2. To agree the approach to next steps which are further one to one meetings with stakeholders and to hold a joint workshop with the Institute of Osteopathy for stakeholders.
Financial and resourcing implications	We are proposing to commission an independent facilitator to support us to undertake the collaborative workshop with stakeholders. This will come from our 2024/25 budget.
Equality and diversity implications	Matters related to equality and diversity are being considered as part of this work and an Equality Impact Assessment has been commenced and will be updated when the stakeholder meetings are concluded. Participants of the original focus groups for the GOsC Transition Research completed a survey which included equality and diversity monitoring information, so as to monitor who engages with us and whether protected characteristics impacted on transition and choice of practice they went into after qualification. Issues raised from an EDI perspective were integrated into our research and will further inform the development of our policy options following the next stakeholder meeting. While the GOsC transition research focussed mostly on the experience of new UK graduates, we also recognise that there will be others returning to practice who may also benefit from thinking, for example those on maternity or paternity leave or sick leave or those with international qualifications working for the first time in the UK for

	example. We will aim to include such stakeholders in the next stages of our thinking as we develop our policy options.
Communications implications	A review of the key touchpoints and engagement activities between GOsC and students and new graduates has been undertaken as part of this work and the research findings will inform a detailed communications and engagement plan. See Public Item 6 Student Engagement for further information. .
Annex	Transition into Practice Collaborative Principles
Authors	Rachel Heatley, Jess Davies and Fiona Browne

Key Messages

- Transition into practice is important for osteopaths and patients in terms of quality of care and also recruitment and retention. A successful transition into the workplace with good support networks and communities are more likely to be conducive to high quality osteopathic care, resilience and good health and wellbeing reducing professional isolation.
- GOsC research shows that there are enablers that are predictive of a positive transition into practice and barriers predictive of a less successful transition into practice and ongoing professional development. In addition, previously commissioned GOsC research on preparedness to practise by Professor Della Freeth and the work undertaken by the Institute of Osteopathy on preceptorship has informed the further development of this work.
- This paper updates on the collaborative actions as we work with stakeholders to identify next steps. In particular, in order to bring stakeholders together to collaborate on the next steps, we have developed principles for collaboration and we have undertaken significant additional engagement to co-produce an agenda for next steps.
- The paper is coming to the Policy and Education Committee to enable members to reflect on work undertaken to date and to reflect on any gaps.

Background

1. The current business plan asks us to do the following:

   'Support new graduates (UK and Internationally qualified) making the transition into practice through better understanding of the barriers and enablers to building communities, including the development of appropriate resources.'

2. In June 2024, the Committee considered our transition into practice report. It revealed areas of consensus about the issues facing graduates and possible ways forward including:

   - **Enablers included:** Key support networks - alumni, former clinic peer groups, mentors, CPD, research groups, types of practice they were going into, Structure, support and key contacts for newly qualified osteopaths to go to for advice etc, Multi-disciplinary clinics enable osteopath specific expertise and skills to be recognised and add value, Supportive environment to work in
   - **Barriers** included: Lack of career pathways, not enough clinical experience, less time available in practice, no placement opportunities, gaps in knowledge, e.g. how to set up a business, rehab and chronic pain advice, Lack of support, Isolation, lack of confidence in patient interactions, fear of treating / adverse events, No capacity to take in business training during studies, Underdeveloped alumni provision
   - **Further support** was needed in the areas of: Diverse clinical placements (to help career choice post graduation), Graduate programmes or mentorship opportunities to learn more diverse treatment options with practitioners / supervisors, Networking and group opportunities: better

signposting to regional groups, specific resources on choosing the right clinic and successful principal / associate relationships, Responsible practice owners meeting newly qualified needs, Webinars about business areas, better education about key areas of practice, Regulation around principal and associate relationships, introduction of a clinical year, Address expectations about osteopathy as a profession and advertising job opportunities, better alumni provision, time and confidence to deal with patients in a shorter period of time and greater diversity of patients, business skills and being self-employed, support and networks and confidence to seek those out and having good practice with mentoring and support

3. In order to take action on these areas, the GOsC could issue guidance for new osteopaths about CPD and how best to transition into practice, however successful implementation requires support from stakeholders as we have no statutory role postgraduate education other than in the area of CPD.

4. The Committee noted that a collaborative approach was going to be key to make any difference. And so the Committee also agreed that we should explore with the key stakeholders the appetite for these potential guidance enhancement activities and undertake a collaborative workshop with stakeholders to further develop this work.

Discussion

5. After the Committee in the second half of 2024, we presented twice to the Osteopathic Development Group on the research findings, the common areas of consensus and possible next steps.

6. The ODG is chaired by the Institute of Osteopathy (iO) and comprises key stakeholders including the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and the Sutherland Cranial College and the Osteopathic Alliance. There was a lot of interest in the transition work, however during discussions questions and concerns arose regards how collaboration might work. It is fair to say that stakeholders are concerned about obligations being imposed by GOsC or initiatives being seen to be 'GOsC led' and would welcome a more co-produced approach to next steps.

7. Following these workshops, GOsC have been working closely with the iO to consider how to bring stakeholders together in a way that helps all to have an equal voice. Also following on from the DJS research we thought that it would be important to facilitate more discussion to explain our role in this space more clearly.

8. Draft principles (See Annex) were developed by the Institute of Osteopathy and GOsC to ensure that:
   - Everyone would be aligned with the workshop's purpose
   - That we would value all perspectives and create a safe space

- That discussions would be productive and on track

9. Applying our values of collaboration, influential, respectful and evidence informed, we decided to hold one to one meetings with stakeholders so they could have a safe space to freely share their ideas and concerns regards this work. Our hope was that the one to one meetings would:
   a. inform the agenda, the invitee list and overall format of the workshop,
   b. clarify the purpose of the workshop for each stakeholder
   c. enable buy-in for mutual collaboration
   d. ensure that we got the right people in the room to ensure diversity of thought and inclusivity,
   e. proactively identify challenges that might hinder collaboration and how to mitigate them and to
   f. ultimately build a foundation of trust with stakeholders so that they feel heard.

10. To date we have met with:
    - National Council for Osteopathic Research
    - Osteopathic Educational Institutions
    - Amanda Phillips – Researcher undertaking doctoral work on professional identify and transition
    - Regional group leads
    - Recent graduates
    - Final year students
    - Post-graduate Education Providers
    - Osteopathic practice principals (of different kinds of osteopathic practice)
    - Institute of Osteopathy Better Business group representatives (primarily comprising larger osteopathic practices, some of which work on a franchise model basis)

11. The stakeholders are generally interested to collaborate in a workshop although there are concerns about additional burdens arising from outcomes. It was striking that a lot of stakeholders are not aware of the communication channels and support already in place with other stakeholders and it is possible that even simply sharing that kind of knowledge more widely might contribute to more collaboration which in turn will support graduates making the transition into practice.

12. In terms of the agenda for the workshop, feedback from the stakeholders included:

- The overarching message is that the first half the workshop should be about bringing people together to share good practice from their part of the sector. This might provide an opportunity to identify where communications channels

and engagement opportunities already exist that stakeholders could piggyback onto (e.g., SCCO magazine, GOsC student ebulletin and GOsC's student forum pilot - see Item 6 on this agenda – and OEIs own student groups). Furthermore, it would enable small group discussions on initiatives that are currently being implemented. Some of the examples that have already surfaced in discussions include:

  - Buddy schemes between final and third year undergraduate students
  - Group mentoring and bidirectional CPD schemes in larger practices
  - Preceptorship programme for new grads in larger practices
  - Wellbeing group for all undergraduate students in an OEI
  - Talks from local clinic owners to UG students that address gaps between the expectations and reality of clinical practice
  - Apprenticeships for third and final year students
  - Larger clinics deliver technique workshops attended by local students
  - Students from iO Committee proactively disseminating knowledge and building networks in their respective institutions

- We know that this kind of knowledge sharing even on a one to one basis worked well recently in the PEC Development Day, particularly the timed table discussions, and perhaps similar kind of model might work for this group.
- It was felt that the second half could be a mapping exercise to identify where the gaps exist and how the sector can fill those gaps. This would be a synthesis of the findings in the GOsC's 2024 report on Transition into Research by Dr Stacey Clift, GOsC's commissioned Preparedness to Practise Report by Professor Della Freeth and also the work of Amanda Phillips who is undertaking a doctorate in this area.
- The group would welcome an independent facilitator to ensure parity of participation among stakeholders and to help to ensure that everyone is on same level and same page.

13. In respect of the perceived gaps in practice synthesised from the research above; areas that were specifically highlighted as important to those we have spoken to in the one to one meetings included:

    - It's not all recent graduates that need more support, some cohorts might face more challenge e.g.:
      a. First degree graduates – haven't had a previous career might lack:
         i. Business skills
         ii. Interpersonal skills
         iii. Network
      b. Grads from manual therapy background can struggle with osteopathic principles so leave feeling like an MSK practitioner as opposed to an osteopath
      c. International students who want to remain UK and work as osteopaths don't know where to go for guidance re visa

- The workshop should help identify enablers that make recent grads 'feel' like an osteopath
- Stakeholders need to review when and what to communicate and where do the comms channels exist is a key issue: For example, perhaps first year is too early to speak to students about career pathway/transition to practice but once they are in clinic in 3rd year they are overwhelmed. Is 2nd year a key time that is better suited for sector-wide engagement with student? (See also our Student Engagement Plan at Item 6 for further information about how plans to engage with students are developing). This kind of engagement could help to identify and address any gaps between expectations and reality of practice; signpost better at the right time and enable the graduate to focus on their prospective career earlier and produce job hunting guidance that works for the individual graduate.
- Stakeholders could consider how to enhance relationship between current students and alumni as well as between 4th and 3rd year students
- More alumni engagement and peer mentoring between year groups could be undertaken.
- Improving access to job board improvements for better visibility. There is a traditional focus on self-employment in advertising, but demand for employed roles (including NHS) is increasing so needs to be considered how best to bring this to the attention of osteopaths.
- Consider how to facilitate and support shadowing opportunities and early exposure to different practice styles.
- How to support better clarity on all postgraduate CPD options and career progression paths are unclear for graduates
- How to support graduates and new registrants to identify their own needs.
- How to provide tailored support approaches or signposting for graduates practising in different settings, for example: private, NHS, individual, group, UK or outside the UK, for example support in relation to academic and emotional support, support for development of research skills and evidence informed practice, and clinical and business support and reflecting on who, how, when. Is there a role for mentors?
- Potential barriers to participation in the workshop from some stakeholders included concerns that actions from the workshop will add to their workload and that benefits will not be proportionate to the effort required.
- It was recognised that flexible solutions needed to be put into place as there would be no one size fits all.

Next steps

14. We will conclude the meetings over the next few weeks and then look at finalising the agenda with the Institute of Osteopathy.

15. We will work to secure an agreed external facilitator from outside of the osteopathic sector.

16. We will undertake the workshop and report back on next steps.

17. Questions for the Committee to consider and reflect on could include:

    - Are the Committee content with the approach we are taking in accordance with our values?
    - Are there any gaps in our thinking or risks that we have not considered?

Recommendations:
1. To consider and provide feedback on the progress of the transition into practice project.
2. To agree the approach to next steps which are further one to one meetings with stakeholders and to hold a joint workshop with the Institute of Osteopathy for stakeholders.

Principles for collaborative workshop on transition to practice

1. **Shared Vision for a positive and supportive transition to practice for recent graduates:** Commit to improving the transition process from pre-registration osteopathic student to safe, competent, confident and reflective practitioner.
2. **Open Knowledge Sharing:** Transparently share research, best practices, and lived experiences – from inside and outside the sector - to inform solutions.
3. **Mutual Respect for Expertise:** Recognize the unique contributions of all stakeholders.
4. **Inclusivity and Representation:** Ensure representation from various career stages, educators (pre- and post-registration education), employers, professional body, regulator, special interest groups, CPD providers etc. for a well-rounded perspective.
5. **Active Engagement and Participation:** Encourage all stakeholders to contribute insights, offer feedback, and take ownership of tasks.
6. **Constructive Feedback and Learning Culture:** Promote a feedback-friendly environment that encourages learning from successes and challenges.
7. **Shared Accountability and Follow-Through:** Define clear roles, responsibilities, and timelines to maintain accountability and progress.
8. **Adaptability to Emerging Needs:** Stay responsive to evolving challenges in pre- and post-registration osteopathic education and workforce requirements.
9. **Impact-Driven Decision-Making:** Focus on creating sustainable, evidence-based solutions that are mutually beneficial for the osteopathic stakeholders.
10. **Embrace Diversity of Thought:** Foster an open and inclusive environment where ideas are given a chance to grow.

General Osteopathic Council

5

Policy and Education Committee
6 March 2025
Student Health and Disability Guidance – consultation response

Classification	Public
Purpose	For decision
Issue	Updated guidance: Draft: Students with a disability or health condition: Guidance for Osteopathic Education Providers Draft: Studying osteopathy with a disability or health conditions: Guidance for applicants and students
Recommendations	1. To consider the outcome of the consultation on updated guidance: • Studying osteopathy with a disability or health conditions: guidance for applicants and students • Students with a disability or health condition: Guidance for Osteopathic Educational Providers • Easy Read versions of each 2. To note the publication and implementation plans and the updated Equality Impact Assessment. 3. To agree the updated guidance documents and to recommend these to Council for publication.
Financial and resourcing implications	The review of the guidance is undertaken in house. We have sought external expert equality diversity and inclusion advice which was costed at c £150.
Equality and diversity implications	The purpose of this guidance is to ensure that osteopathic educational institutions and students can have positive conversations about how to support students with a health condition or a disability to succeed as osteopathic graduates. An updated Equality Impact Assessment is included as Annex F.
Communications implications	Once agreed for publication, the updated guidance will be promoted to students and educators, and we will aim to collaborate with these groups in the development of

	further resources to support the implementation of the guidance in practice.
Annex	Annex A: Consultation report Annex B: Studying osteopathy with a disability or health conditions: guidance for applicants and students Annex C: Students with a disability or health condition: Guidance for Osteopathic Educational Providers (Changes to consultation guidance versions are shown in red) Annex D: Easy Read Guidance – students and applicants Annex E: Easy Read Guidance – Education providers Annex F: Updated Equality Impact Assessment
Author	Steven Bettles

Key messages

- This paper reports on the results of our consultation on the updated guidance (Annex A):
    - Studying osteopathy with a disability or health conditions: guidance for applicants and students
    - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
    - Easy Read versions of each
- Post consultation changes are show in red in the annexes B and C.
- Agreement is sought from the Committee to recommend the updated guidance to Council for publication

Background

1. We publish guidance for students and education providers in relation to health and disability issues. The current guidance dates from 2017, and was due for review.

2. As was reported to the March 2024 Committee meeting, the Health and Disability guidance relates to a number of current strategies – for example:
    - it supports osteopathic educational institutions and students in the implementation of Standards for Education and Training (through which equality diversity and inclusion (EDI) issues are threaded);
    - it contributes to the development of the GOsC strategic plan with its emphasis on inclusivity,
    - and it impacts on wider issues such as student recruitment by emphasising the accessibility of osteopathy.

Discussion

3. We reported to the Committee in March 2024 on steps taken to inform un update of the guidance, including seeking preliminary feedback from students and from an EDI consultant. We reported how, having discussed the updated drafts with a focus group of students, there was a general feeling that, though helpful, the guidance was long and hard to engage with, particularly for those with certain neurodiversity. They suggested a summary version would be helpful in each case.

4. As a result, we commissioned Easy Read versions of both the student and educator guidance documents (Annex D and E).

5. We carried out a consultation on the updated guidance documents and the Easy Read versions from September to November 2024. A full report on the

consultation outcomes, together with analysis and responses to comments made is included as Annex A.

6. We have made some changes to the guidance to reflect some of the consultation feedback, and the changes are shown in red within the updated guidance (Annex B and C). These are referenced also in the consultation analysis.

7. The feedback received was very helpful, and even in some cases where we have not made changes to the documents as such, we will take much of this on board in implementing the guidance when published and raising awareness of this with students and educators. For example, some mentioned that further case studies or positive stories would be helpful. Whilst we have not added any more cases to the guidance, we had already considered how we might include, for example, separate resources – case studies and scenarios in different formats such as videos, stories from actual students or former students, or osteopaths practising and managing a neurodiversity or health condition effectively. In this way, the core guidance need not be overwhelmed with more and more information, but set out the key aspects and then supplement this with resources/case studies etc, which help to celebrate and exemplify good practice and success in this area, and which might be reviewed and updated more regularly than the guidance itself. The suggestions from consultation respondents and participants aligned with this, and we will seek to engage further with students, graduates and educators in this respect.

Next steps

8. We will finalise publishable designs of the guidance which may be ready for May Council, and would mean that we could proceed to publish these shortly after Council. This will be at the end of the 2024-25 academic year for most, but will mean that the updated guidance is in place for promotion for the 2025-26 academic year.

9. As mentioned above, we will seek to collaborate on the development and production of further resources to support the publication of the guidance. We found during the development phase that students were often unaware that our current guidance in this respect even existed, and we are keen to utilise our growing communication network with students (for example, our student bulletin and our student forum pilot) to promote this directly.

10. In terms of ongoing evaluation of impact, we do monitor EDI aspects of student cohorts in the annual report process and this provides a tangible measure of accessibility and disability in student groups over time. We are aiming to build on our direct communications with students too. Currently we see most first year cohorts over the academic year, and though we offer to present also to other year groups, not every provider takes us up on this. We are looking as to how we can enhance this contact in collaboration with providers, and this will also provide

an opportunity to explore the impact of this and other guidance and resources that we publish.

Equality Impact Assessment

11. An updated Equality Impact Assessment is included as Annex F.

Recommendations:

1. To consider the outcome of the consultation on updated guidance:
   - Studying osteopathy with a disability or health conditions: guidance for applicants and students
   - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
   - Easy Read versions of each

2. To note the publication and implementation plans and the updated Equality Impact Assessment.

3. To agree the updated guidance documents and to recommend these to Council for publication.

Consultation analysis report and GOsC response on the Draft: Students with a disability or health condition: Guidance for Osteopathic Education Providers and the Draft: Studying osteopathy with a disability or health conditions: Guidance for applicants and students

Introduction

The consultation on the Health and Disability Guidance documents took place from 13 September to 27 November 2024.

We publicised the consultation using a range of outlets, including our e-bulletin and direct communication via email with key organisations and groups, including:

- **Monthly ebulletin to osteopaths:** in September, October and November issues, inviting osteopaths to share their views
- **Quarterly ebulletin to students:** in October and December issues.
- **Website**: the consultation had its own page on the website with a link to the consultation document. Plus highlighted on the o zone and get involved spot on the website. The Welsh web page will have the Welsh version. A news story was published to the website.
- **Social media:** posted to social media when we launch the consultation and at various points across the 11 week period.
- **Targeted emails:** to key partners to let them know it has launched, to encourage their feedback and views, including:
  - Council of Osteopathic Education Institutions
  - National Council for Osteopathic Research
  - Institute of Osteopathy (iO)
  - Osteopathic Alliance
  - Osteopathic Communication Network
  - Post graduate course providers
  - Patients
- **In-person events** including the iO roadshows where we discussed with the participants we met.

Consultation responses

We received three written responses one from a student, an educator / osteopath and an osteopath. We also undertook three focus groups with patients. educators and students. The responses from the written responses and the focus groups are outlined below. Where appropriate, the response has been taken into account in the guidance documents at the remaining annexes.

Written responses to the consultation

We received three written responses to the consultation document, one from a student, one from an osteopath, and one from an osteopath/educator. The responses are summarised below, with comments set out in Table A. We have responded to these written comments within the table in red.

Did you find the draft Guidance clear and accessible? Please tick Yes/No according to which version you read.

Colour coding of responses:

- Student
- Osteopath
- osteopath and educator

(Where a colour is not shown in the tables below, it's because a response was not given)

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Do you find the case scenarios helpful in explaining issues outlined in the guidance?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x	

x	

Do you think that anything is missing from the draft guidance?

	Yes	No
Student version	x x	
Educator version	x	x
Easy read - student version	x x	
Easy read - educator version	x	x

(comments are addressed in table A below)

Do you think that the guidance could be enhanced in any way?

	Yes	No
Student version	x x	x
Educator version	x	x
Easy read - student version	x x	x
Easy read - educator version	x	x

(comments are addressed in table A below)

Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:

a. *protecting, promoting and maintaining the health, safety and well-being of the public*
b. *promoting and maintaining public confidence in the profession of osteopathy*
c. *promoting and maintaining proper professional standards and conduct for osteopaths*

	Yes	No
Student version	x x x	
Educator version	X x	
Easy read - student version	x x	
Easy read - educator version	x x	

Do you feel diverse needs have now been adequately met?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Is the language clear, consistent and easy to understand?

	Yes	No
Student version	x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Are communication and reporting processes between students, institutions and GOsC clear and feasible?

	Yes	No
Student version	x	x
Educator version	x	
Easy read - student version	x	
Easy read - educator version	x	

(comments are addressed in table A below)

Is it clear what the routes are to seek additional welfare support?

	Yes	No
Student version	x x x	
Educator version	x x	
Easy read - student version	x x	
Easy read - educator version	x x	

Table A – written comments

Respondent 1 (Student)	**Respondent 2 Osteopath**	**Respondent 3 (Osteopath/Educator)**
I think more scenarios can be provided that may perhaps be more specific to learning osteopathy, particularly due to the practical techniques required when training, to reassure potential applicants of the support that could be available if	Somewhat. I would suggest making it clear early in section 1 that mental health difficulties can be classed as disabilities, as this is something that students often don't realise, and people may not read further if they don't think it is applicable to them.	As an osteopath and unit leader at the xxx, I find this guidance comprehensive in its coverage of the legal framework and practical measures required to support students with disabilities or health conditions. However, I suggest the following areas for enhancement to refine the guidance further:

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
that could be a mindset barrier to them. I wonder if it would be reassuring to have case studies from both newly qualified students who fall within this protected characteristic group, who were supported to achieve their qualification (rather than that they made it through year 1 / year 2). And also perhaps case studies from historically qualified osteopaths who subsequently are now within this protected characteristic group and how they have been able to adapt their practice to still be a proficient GOsC: Others have also suggested an expansion of the case examples. There's only so much we can generate for the guidance itself, but we take the point that real case studies are helpful. We will aim to reflect this in the ongoing implementation of the guidance, and think how we might incorporate further stories from students graduates and educator's experiences that aim to bring the guidance to life. The suggestion about an illustration of how practical classes might work is a good point, and we will	GOsC: We have clarified that health conditions may be physical or mental in paragraph 1 of the student guidance.	Integration with Health and Safety Legislation: - The guidance could better align with health and safety legislation, particularly in managing risks associated with students who have disabilities. For example, ensuring that reasonable adjustments, such as physical accommodations or modified learning tools, are thoroughly risk-assessed with consideration for potential topic triggers in specific sessions. Transition to Professional Practice: - Reasonable adjustments should address students' needs during their education and prepare them for transitioning into the professional workplace. The guidance could include strategies to help students anticipate and plan for workplace-specific stressors and triggers, ensuring a smooth and sustainable career post-graduation. GOsC: This is a very helpful point. We are pursuing transition to practice as a separate workstream, and will consider this in that context, with a view to collaborating with others (OEIs, iO etc) in relation to the development of resources and support for students including those with a health condition or disability that provides additional needs/challenges in the transition process. Assessment of Complex Cases: - Clear guidance on assessing complex cases is necessary. The process for determining

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
explore this with providers. We're thinking that supplementary resources like videos might have more impact, for example, in illustrating the way students are supported.		reasonable adjustments for students with more significant challenges should include: - A standardised approach to evaluating applications against entry criteria without discrimination. - Defined procedures for engaging with applicants and identifying necessary accommodations. - Collaboration with multidisciplinary teams, including disability experts and occupational health professionals, for thorough assessments. Pre-Course Action Plans: - Prospective students should be able to co-develop action plans before committing to a program. These plans should include: - A checklist aligned with the "Graduate Outcomes and Standards for Education and Training" (effective September 2022) to ensure students can meet essential competencies. - An emphasis on transparent communication about potential barriers and adjustments required for successful course completion. GOsC: Added wording to the OEI guidance (81) to reflect this suggestion, mentioning standardised procedures against entry criteria, and the idea of using an action plan mapped against graduate outcomes (though not requiring this). The reference to MDTs was already covered in this paragraph.
	Page 18: The case example references a routine test for dyslexia. This is not normal practice at most	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	universities, so this would be better omitted as it may lead to false expectations. GOsC: We have modified the case to address the issues raised: *"A first year student undergoes a screening test for dyslexia, which the provider offers to all students. This reveals that they have a high probability of dyslexic difficulties, something they were unaware of until now but accounts for some of the challenges they faced during their earlier education. This is followed up with a full diagnostic assessment. 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."* Page 19: The case example isn't realistic in terms of the process: it is unlikely that a diagnosis of bipolar disorder would be made by an occupational health doctor (and this might lead students to be anxious about or have unrealistic expectations of occupational health settings).	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	The language here is also unlikely to reflect the experience of the student and may not be relatable - erratic may be how the behaviour is perceived by staff, but students will likely experience feeling disorientated, irritated, and finding it difficult to engage with work. GOsC: These are helpful points, and we have modified this case to reflect the more likely diagnostic pathway, and make the language less loaded.	
I do feel at school there is a lot of emphasis of doing the technique in a specific way, so perhaps the course providers could be encouraged to support adaptations in practical techniques that allow safe practice - rather than assessing students on how a 5foot 10, strong man with no disabilities would execute a technique. Rather than it being, you can't do it the way it's previously been taught, support the student to achieve it in a manner that adapts to their needs. GOsC: Again, helpful points in all contexts, and something that we will aim to pick up in more ongoing support resources in collaboration with educators and students.	Page 15: the description of disabled students allowance suggests that it is financial support; it would be more accurate to say that it covers the costs of equipment and support needs that disabled students need to study. This is worth giving more detail on, as it's likely to be the major source of support available for many disabled students. Also mention that as it takes time for the support to come through, it should be applied for before starting. GOsC: Clarified this in the OEI guidance that DSA relates to study related costs, which is what it says on the DSA website.	It's a balance as, at the end of the day, the student must reach the set standards, but their journey getting to that standard may vary

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
I think the lengthier document could be broken up with images, as it can be an intense read. GOsC: We realise this is quite long, and will aim to ensure that the final design of both documents is as accessible as it can be.	I think this set of guidance is an improvement, but that more could be done to improve accessibility and make disabled students feel welcome. See also section 10 on the lack of clarity regarding when health/disability reporting is mandatory. For example, in the following paragraph: 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. Starting the discussion with reference to issues to be aware of may be a somewhat anxiety provoking way of framing it. I think this could be rephrased in a way that sounds more compassionate and welcoming to disabled students GOsC: We have rephrased the para mentioned to take out reference to 'issues', and to say	I think more needs to be shared in how you make this work for more complex support needs so the student is not set up to fail GOsC: Noted, and will be considered in implementation phase with cases and scenarios that demonstrate application in complex cases.

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	"For osteopathy students who have or develop a health condition or disability, this guidance is intended to help you manage these alongside your studies, and to highlight ~~issues to be aware of and~~ support measures available to you ~~throughout your studies~~"	
	One thing that doesn't seem clear at present is clear guidelines about when someone with a disability is *required* to inform university staff and/or GOsC about their disability, and what happens if they do. At the moment, osteopaths may be concerned about disclosing a disability such as autism, or in some instances it might even prevent them from seeking a diagnosis if they are afraid that it would affect their perceived fitness to practise. Although section 10 suggests that it is unlawful for the university to discriminate on the basis of a disability or a health condition, this is (to my understanding) not strictly accurate; discrimination can be justified if it is a proportionate means of achieving a legitimate aim - and as is set out elsewhere, this would include cases where it is judged that a disability would likely prevent someone from	

Respondent 1 (Student)	Respondent 2 Osteopath	Respondent 3 (Osteopath/Educator)
	achieving the standards needed to qualify or practise as an osteopath. GOsC: We think that the guidance sufficiently covers the role of the education provider in this context, and recognizes that what is 'reasonable' as an adjustment for one provider to offer may not be the case for another. This is not providing a loophole within which discrimination can take place, but acknowledges the complexity of these discussions in the context of determining an applicant/student's needs and how they might be supported in achieving the graduate outcomes.	

Focus Group responses

We carried out 3 focus groups with students, 2 with educators and 2 with patients. Notes were taken at each focus group, where possible, using the transcription generation function on Teams for accuracy. Discussions were structured around key aspects of:

- Accessibility and clarity of the updated guidance
- Anything considered to be missing
- Anything that could be enhanced
- Comments on the Easy Read versions

Using these as themes, we can summarise and consider the implications of points raised in discussions as follows:

Accessibility and clarity of the updated guidance

Some felt that the amount of information within the guidance documentation was overwhelming and that it was 'too long'. Others commented on design and font style as a way of enhancing accessibility (this was in relation to the Word consultation version).

Another comment suggested combining the two documents into one, and the lack of visual interest in the full version of the draft compared to the Easy Read versions with their pictures. Breaking down further into sections was also suggested.

One participant asked whether there could be a video or audio version of the guidance.

Other participants complemented the fact that the guidance was available, and had been so thoroughly thought through.

GOsC comment

We are mindful of the amount of information within the guidance documents, and the tension between making these easy to engage with and conveying sufficient information to help navigate issues in relation to health and disability. In our preliminary drafting stage we asked some students for views on the current guidance, and they said similarly that the current guidance was helpful but tricky to navigate, particularly for those with a condition or neurodiversity that impacts on attention, for example.

What we consulted on was a draft version in Word, rather than what will be the final design, and much of what was pointed out, we hope, can be addressed in the design stage. The columns within the current guidance will not be replicated, for example, and the style will be consistent with other guidance that we publish in relation to education (for example, the Graduate Outcomes and Standards for Education and Training).

We did consider combining the guidance for students and applicants and for education providers into one document (we have done this with our guidance on professional behaviours and student fitness to practise). Having modelled this, however, our reflection was that the accessibility issue was worsened, and having one even longer document was hard to navigate, and the decision was made to retain it as two separate ones.

We are constantly thinking about how we can make our guidance more accessible, and the points about visual or audio presentation are noted. We use short videos to introduce guidance, but have never explored the need for or the provision of something like a full audio version. We will investigate options in this respect in the implementation phase.

Anything considered to be missing

Comments here were varied. Some felt that the case scenarios were a bit vague and unhelpful, and wanted to see some stronger success stories around reasonable adjustments. In this vein, one suggested stories from students currently going through the system. Others felt that the case studies were, in fact, helpful and gave a sense of steps that could be taken to support students.

"The case studies I thought were really helpful for bringing reasonable adjustments to light."

One felt that the gender neutrality of the case scenarios was an issue, and was about encouraging inclusivity rather than the management of health issues as such:

"I think it is helpful to have gendered scenarios. I mean, there are obviously higher risk categories for certain sexes. It is not helpful to have case scenarios too broad. I think it is helpful to have gendered scenarios. I mean, there are obviously higher risk categories for certain sexes. It is not helpful to have case scenarios too broad. I think a mix of like non gendered and then gendered case scenarios are really helpful for development because you know you want to have that time to be like 'right I know this patient is female at birth' and you can then cross stuff out."

Another singled out one case as thought provoking from a patient perspective:

"I think it was a student and they were eventually diagnosed with bipolar and they were on like a fitness to practice thing because they'd lost their temper or been sharp with a patient. So I guess I as a patient, I would have some concerns about being in quite vulnerable situations. I think the case study also showed how that there's safety nets there ……."

One participant suggested adding a clearer baseline expectation of expectations of an osteopath to help students with a disability decide if they would be able to meet these ultimately. One raised this specifically in relation to students with a visual impairment.

One felt that a clearer navigation page was needed to help find information as and when it is needed.

One also asked for a greater degree of explanation as to the legal requirements and implications of the Equality Act.

Another point was made about students with multiple health conditions, and that this had not been alluded to in the guidance.

GOsC comment

In relation to more clarity about the requirements of an osteopath to determine an applicant's suitability, the aim was to not deter potential students and to promote an inclusive approach, but decisions are individual and they would need to discuss their needs with education providers. Each applicant to join the register would be considered individually. All need a character and health reference, but subject to these, the key issue is having a Recognised Qualification, which is evidence of meeting the graduate outcomes and being able to practise in accordance with the Osteopathic Practice Standards. We recognise this can be frustrating for education providers when an applicant makes enquiries, and the guidance is intended to support decision making in this respect, but ultimately it's a decision for the education provider in discussion with the applicant.

Regarding a visual impairment, this would not necessarily mean that someone would not be fit to practise as an osteopath. There may be mechanisms and adjustments that could be made to enable safe and effective practice.

For students with multiple health conditions, yes, this may add further complexity to decision making, but the same principle would apply in assessing their needs, and considering adjustments based on their individual circumstances. We will explore this further in the context of supporting material for implementation as mentioned in response to the written comments submitted. For example, stories from students and or educators to illustrate the policies working in practice.

In relation to the gender neutrality of the case scenarios, we made these gender neutral when gender wasn't the issue. The context here about patients is noted – and an individual's sex will be relevant from a clinical perspective, but the scenarios are not intended to be clinical in this sense.

As to more guidance for education providers on the requirements of the Equality Act 2010, beyond the general guidance as drafted, we can't provide more specific legal advice, and an organisation would need to seek this from their own legal advisors should the need arise.

Anything that could be enhanced

One participant felt that feedback on the benefits of reasonable adjustments would be helpful.

One felt that the background information on osteopathy and the sorts of conditions that osteopaths treat, was unnecessary.

There was a suggestion that more should be made of the type of support that might be available to students with a visual or hearing impairment, and something also that sets out the expectations of an osteopathy student that helps them reflect on whether it's a suitable career path for them.

One questioned whether more should be said to encourage students to disclose health conditions or disabilities.

In relation to neurodiversities in particular, there was a suggestion that more should be said to encourage flexibility of approach, given the variety of such presentations.

Another suggested:

"Documenting the experience of someone who has a hearing impairment, or any neurodiverse students. I feel like that would be a really good input on how they their personal adaptations, help them. So the example of real life experience graduate too."

One participant said that the guidance could be expanded:

Here is information for students with a disability or health condition. But you could actually also broaden that out with mental health or well-being issues. So what I'm wondering is whether subtitle needs to be information for students who require learning support and then that's a more inclusive broader term. Once you start using the term disability, there's potential there for judgment and you know, not everybody who has a Hearing impairment would maybe consider themselves disabled. I think the word disability or health conditioning could almost it itself be a barrier.

From an educator:

"What constitutes reasonable adjustments in this context, and how can we balance our commitment to inclusivity with the practical and clinical demands of osteopathic education and practice?"

One wanted more information about Disabled Students Allowance.

One patient participant asked for further information about expectations of students registering with a local GP.

Another made a suggestion to specify reference to adjustments as 'reasonable':

"On page 11 [student guidance]*where it says osteopathic educational providers will consider your disability and any adjustments that can be made. I'm just wondering if we should insert reasonable adjustments there, as that is the law referred to otherwise."*

Another suggested clarification around extra assessment time:

"On page 18 [student guidance]*, practical assessments more time to familiarise themselves with the setting or to interview, where you put providing extra time in written exams on page 13. If there could be in brackets may be based upon your medical evidence because sometimes it could be misleading where everyone might think, OK, we're going to be allowed extra time. Also how much time, you know, like a rough estimation, like an hour or 45 minutes, or maybe just familiarise what's on offer."*

There was a comment also about the formatting so as to be more accessible for dyslexic students.

A patient mentioned reference to 'real' patients:

"On Page 6 [student guidance]*, it talks about real patients. Well, forgive me, but what a condescending term. Real patients, these are people with existing physical conditions, not real patients. I just think some of the language"*

GOsC Comment

There are some interesting and insightful contributions here. In response, we would make the following points, reflecting on the issues raised:

In relation to the description of osteopathy in the student guidance, It's true that students in the system and educators will know this, but the inclusion was also for those less familiar with what osteopathy is – prospective students, for example, and we took the view that a bit more detail might be helpful in providing that context for those considering osteopathy as a career. We understand that not all students are always familiar with osteopathy at the start of their training and we wanted to be encouraging and informative to those too.

In relation to mental health, we've used the broader term of health conditions to encapsulate physical and mental health issues, and these may or may not overlap with a disability (as defined in the Equality Act as a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to do normal daily activities), but have suggested some changes to opening paragraph of the student guidance to refer to physical and mental health conditions.

There may be wellbeing issues that don't fall under these categories and learning support needs again that don't arise from health issues. We would expect education providers to provide effective pastoral and learning support, but this guidance is focused specifically on health and disability.

We note, also, the request for more clarity in relation to visual impairments and the impact on studying and practicing osteopathy. We understand the background to this suggestion and realise that it might be more challenging for students with some conditions, and visual impairments might provide particular challenges. The aim of the guidance was not to provide exact and specific 'how to' type guidance in relation to particular conditions however, but to emphasise the possibility of and the principles around the consideration of the needs of applicants and students in such circumstances. This also touches on the point above where we include a section on what osteopathy is.

The patient comment about 'real patients' was an interesting point. We were referencing actual patients as opposed to simulated ones, for example. We have deleted 'real' from the guidance where indicated, however, to address this.

On the point about extra time in assessments, this is something that threads through the guidance several times. We note the suggestion of specifying 'based on medical evidence' and suggesting how much extra time, but our reflection is that these are issues for the education provider and student to agree based on the circumstances, and the providers (or their validator's) policies and processes. The guidance is intended to be a framework to support decision making rather than overly prescriptive.

On the point about specifying adjustments as 'reasonable' (page 10 of the draft student guidance), we have added this as suggested.

In terms of advising students to disclose conditions and to register with a GP local to their education provider, we don't think we can do any more than the encouragement of the guidance as drafted.

Easy Read versions of the guidance

When we were developing the drafts initially in 2024, we sought feedback from a group of students with experience of, or an interest in, studying with a health condition or disability. In relation to the current guidance we heard that, though perceived as helpful, the students we spoke to found it quite dense and hard to engage with. They suggested it would be helpful to have versions that provided a more accessible summary and overview, with a view to then being able to seek further detail in the full versions as necessary. In response to this, we commissioned Easy Read versions of the guidance and consulted on these alongside the full guidance documents. Reactions were mixed:

"I do think that it's a little bit repetitive in places and a bit too spread out."

"The Easy Read, I think is accessible in the sense that it's there's a universally acceptable font style. It's also a reasonable font size"

"Think about having an image of who needs prosthetic limb so that we know that the facial nature of it is is really inclusive, that we're demonstrating we're considering all"

"lack of maturity to the document or like formality"

"General tone of the document could be a bit more sharp and formal and professional. Slightly too dumbed down….."

The Easy Read might not be a lot of information for those who need a bit more.

GOsC Comment

The Easy Read versions are not aimed at everyone, and some found them overly simplistic relative to the depth of the full guidance. That said, the simplicity and accessibility of those versions was their intended purpose, providing a brief overview as a starting point for anyone who finds the longer versions hard to engage with. We found this in initial feedback where students with certain neurodiversities, for example, who in many cases were the intended audience of the guidance, found it hard to read. The Easy Read versions provide, we think, a useful way in, particularly for those groups.

We take the points about the 'dumbed down' nature of them, and as we said above, we recognise that some will find them too simplistic. But if some do find them a helpful overview of the general sense of the full guidance, then they will have served a purpose.

Conclusion

We thank all of those who took the time to respond to the consultation, either with a written response, or by participating in a focus group. All the feedback was appreciated. In some cases, as indicated, this has led to us reviewing the documentation itself. In others, we have not necessarily changed the documentation as it stands, but will consider comments further in both the final design and particularly in the implementation stage.

We are particularly mindful of suggestions around further case scenarios and stories from students and educators to support the guidance in action. Whilst we have not

added further scenarios to the guidance itself, we will seek to develop further resources in collaboration with students, graduates and educators to support the guidance. Telling these stories with videos, for example, may also address some of the issues around accessibility of a long guidance document, and adding further resources over the lifecycle of the guidance should help to keep it fresh in the minds of the target audience.

General Osteopathic Council

Annex B to 5

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

Contents

The General Osteopathic Council

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.

We are one of nine health professional regulators established by law to ensure the safety and wellbeing of patients and the general public.

By law osteopaths must be registered with the General Osteopathic Council in order to practise in the UK.

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 profession[1]. 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.

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] 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?

Many disabled people and those with long-term physical or mental 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 physical or mental 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 help you manage these alongside your studies, and to highlight ~~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.

What is covered in this guidance?

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 behaviours.

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.

Section 3 describes the support you can expect during training and what happens after graduation.

Section 4 suggests other sources of relevant information.

Language

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 disability. 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 25-32.

Throughout this guidance, we refer to ‘disabilities’ and ‘health conditions’. This acknowledges that not everyone who meets the definition in the Equality Act considers or describes themselves as “disabled”, and that some health conditions are not classed as disabilities within the definition of the Equality Act. Where we refer to the legal protection which disabled people have by law, we use the words ‘disabled’ or ‘disability’.

What is osteopathy?

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?

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.

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.

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.

There are more than 5,400 osteopaths registered with the General Osteopathic Council. The profession attracts almost equal numbers of men and women[2], from a variety of backgrounds and of different ages, many having come straight from school or college, but also many with previous careers.

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 UK osteopaths, wherever they work, must be registered with the General Osteopathic Council.

How can I become an osteopath?

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.

Both full-time and part-time osteopathic degree programmes are available in the UK. 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.

The General Osteopathic Council monitors the standards of education and training provided by the osteopathic educational providers courses, through a process of

[2] Note: Rule 3(g) of the General Osteopathic Council (Registration Rules) 1998 requires this information to be published on the Register.

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.

Achieving a recognised qualification means that you are capable of practising, without supervision, to the standard expected in our *Osteopathic Practice Standards*, and have met the outcomes set out in our Graduate Outcomes..

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.

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 and those with long-term health conditions are able to practise with or without adjustments to support their practice[3].

As a disabled person, can I become an osteopath?

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.

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.

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 supervision. It does not mean the absence of any disability or health condition.

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. Self-monitoring is an important part of being a registered health professional. Once registered the graduate also will be required to complete ongoing continuing professional development.

[3] General Osteopathic Council Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students

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?

The *Equality Act 2010* protects students from discrimination or harassment on the basis of a 'protected characteristic'[4], and also from victimisation. Disability is a protected characteristic.

Unlawful discrimination includes:

- direct discrimination
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

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 activities[5]. '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.

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.

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.

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.

People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-today 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 people who have met the definition in the past. There are some named exclusions and this includes drug and alcohol dependency.

Further detail regarding the different types of discrimination can be found in *Students with a disability of health condition: Guidance for osteopathic educational institutions*.

[4] 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.

[5] This is the definition used in the Equality Act 2010 or in easy read format

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

Osteopathic educational providers are subject to the Equality Act provisions that apply to further and higher education institutions[6]. They are also subject to the public sector equality duty[7]. 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.

The Act prohibits osteopathic educational providers from discriminating against, harassing or victimising applicants or students.

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.

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?

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.
- 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.

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

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

[7] See the Equality and Human Rights Commission website

Are there any osteopathic students with disabilities or health conditions?

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?

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.

You will probably also find it useful to read our *Osteopathic Practice Standards* and Graduate Outcomes, so that you can start to assess for yourself whether osteopathy might be the career for you.

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 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.

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.

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.

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~~ provider should I apply to?

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?

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 process[8]. 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.

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.

Osteopathic educational providers will consider your disability, and any reasonable 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.

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.

Osteopathic educational providers must also consider patient safety. Osteopathy is a form of vocational education: students develop their skills and knowledge through clinical practice. Educational providers have to be sure that students have the capability to learn osteopathy without putting patients at risk, and to achieve the Graduate Outcomes.

[8] There is a useful guide available at: www.disabilityrightsuk.org

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.

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?

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.

Most 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.

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.

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'?

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.

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.

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.

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 to support physical and psychological wellbeing.
- 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.

Case example[9]

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 ask 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 also discuss 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 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. The student is appointed a personal tutor, with whom they can liaise regularly, and the student is able to catch up on any teaching they have missed by speaking to lecturers after each session. The student is given extra time in assessments to allow for a brief break when needed, and is not scheduled more than one

[9] 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.

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?

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.

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*.

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*,[10] or the GOsC Graduate Outcomes, required at entry into the profession, [11]. 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 needs ……and 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.
- 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.

[10] Available at: www.qaa.ac.uk
[11] Available at: www.osteopathy.org.uk

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 ability to form patient partnerships through building trusting, supportive relationships through person centred communication

- 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?

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, 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, to find help and support for your specific needs.

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

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 and the *Osteopathic Practice Standards*, 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 or the Office of the Independent Adjudicator (further details can be found in Section 4).

Section 3: During the programme of study

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

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.

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.

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?

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.

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 first year student undergoes a screening test for dyslexia, which the provider offers to all students. This reveals that they have a high probability of dyslexic difficulties, something they were unaware of until now but accounts for some of the challenges they faced during their earlier education. This is followed up with a full diagnostic assessment. 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.

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.

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?

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.

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?

'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*. However there may be occasions when your fitness to practise is called into question, because of a disability or health condition.

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 deteriorated. They are reported for speaking in an aggressive manner with a patient in the teaching clinic. The welfare officer supports the student in seeking medical advice from their GP, and they are referred to a psychiatrist. ~~refers the student to an occupational health doctor for assessment~~. The psychiatrist 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 condition again worsens, and in a meeting with the welfare officer, they admit that they have stopped taking their medication. They show no insight into their condition, or on the effect 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 re-engage with their treatment plan. 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.

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.

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.

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.

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'?

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.

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.

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 they can continue with their 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?

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.

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.

Mental health issues are common, with estimates that some 25% of the population will be affected over the course of a year[12]. 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.

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.

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

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 Standards*. 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.

1. 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.

[12] See The Mental Health Foundation website

What happens once I have qualified?

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.

When you become a General Osteopathic Council registrant, you commit to practising in accordance with the standards set out in the *Osteopathic Practice Standards*, *and* will be personally responsible for maintaining professional standards of practice. This includes undertaking continuing professional development, maintaining professional indemnity insurance and ensuring your fitness to practise. It also includes ensuring that any problems with your own health do not affect your patients.

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.

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.

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?

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.

Section 4: Getting more information and support

Sources of further information and guidance:

Action on Hearing Loss
rnid.org.uk

British Dyslexia Association
www.bdadyslexia.org.uk

Disability Rights UK
A useful guide for students regarding disclosing their disability is available at:
www.disabilityrightsuk.org

Also, general information on understanding The Equality Act:
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.
www.equalityadvisoryservice.com/app/home

General Osteopathic Council
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:
www.gov.uk/disabled-students-allowance-dsa

Guide to Practice Based Learning for Neurodivergent Students:
www.hee.nhs.uk

Mind
www.mind.org.uk

Mind Cymru
www.mind.org.uk

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.
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.
www.officeforstudents.org.uk

Royal National Institute of Blind People
www.rnib.org.uk

Transforming Access and Student Outcomes in Higher Education
taso.org.uk

Universities UK
Provides information and guidance on student health and wellbeing:
www.universitiesuk.ac.uk/topics/health-and-wellbeing

Legislation

- The Equality Act 2010
- Explanatory notes to the Equality Act 2010
- Osteopaths Act 1993

General Osteopathic Council

Annex C to 5

Draft: Students with a disability or health condition: Guidance for Osteopathic Educational Providers

Contents

Many people with disabilities and long-term health conditions are able to undertake osteopathic education and training, achieve a qualification allowing them to seek registration as an osteopath, and practise osteopathy with or without adjustments to support their practice.

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 independent osteopathic practitioners to consider a career in osteopathy and this includes people with disabilities and long-term health conditions.

Osteopathic educational providers should regularly review and revise their policies and practices, in order to encourage the widest possible participation in osteopathic education and practice, in line with GOsC's Standards for Education and Training.

Section 1: Introduction

The General Osteopathic Council (GOsC) is committed to promoting equality in all its functions. We want to ensure that the osteopathic educational providers offering courses that we regulate not only meet their legal obligations regarding disability equality, but also foster an inclusive learning community encompassing a range of participants to counter systemic disadvantage. Equality, diversity, and inclusion require a strong commitment and concerted action to build an inclusive environment where opportunities are open to all and where everybody can reach their full potential. This is reflected within our Graduate Outcomes and Standards for Education and Training.

1. This guidance has been prepared to support osteopathic educational providers in meeting the needs of prospective and current students who have disabilities and/or health conditions, or who develop them during their training. It should be read in conjunction with the companion document to this guidance: Guidance for applicants and students with a disability or health condition.
2. This guidance covers our expectations and the duties that arise from the Equality Act 2010 – in particular the legal obligations of osteopathic educational providers towards applicants and students who meet the definition of being 'disabled' for the purposes of the Act. The guidance does not address other equality issues such as gender or religious belief (which now come under the same legal umbrella as disability), nor does it cover the duties an educational provider may have (under the Act) as an employer or the standards or requirements imposed by a validating university.

   Section 2 of this guidance provides an overview of the regulatory context by restating our purpose and responsibilities.

   Section 3 identifies the disability aspects of the equality legislation as they apply to osteopathic educational providers.

   Section 4 covers issues that should be considered at various points during the student journey. This will help providers to ensure that the osteopathic education and training they provide meets the needs of students with disabilities and health conditions, and satisfies their legal obligations.

   Section 5 lists sources of further information and advice.

Section 2: Our role and responsibilities

3. As with all healthcare regulators, the overarching objective of the General Osteopathic Council 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 profession[1].

4. In the United Kingdom the title 'osteopath' is protected by law. It is a criminal offence, liable to prosecution, for anyone to claim to be an osteopath unless they are on the public Register maintained by the General Osteopathic Council.

5. We work with the public and the osteopathic profession to promote patient safety by setting and monitoring standards of osteopathic practice and conduct, by assuring the quality of osteopathic education, and by ensuring that registered osteopaths undertake continuing professional development.

6. We also help patients who have concerns or complaints about an osteopath. The General Osteopathic Council has the power to restrict registration or remove from the Register any osteopath who we judge to be unfit to practise.

7. The General Osteopathic Council recognises osteopathic education and training courses in providers that meet our standards. Students who successfully complete such programmes are awarded a recognised qualification. Determining who should receive a recognised qualification is an important responsibility for all osteopathic educational providers, a duty which is considered further in Section 4 of this guidance. A recognised qualification is confirmation that the holder is capable of practising, without supervision, to the standards published in our *Osteopathic Practice Standards*.

8. A recognised qualification confers eligibility to register as an osteopath, subject to satisfying character and health requirements, paying the prescribed fee, and having in place professional indemnity insurance before beginning in practice. The General Osteopathic Council will not normally look behind the qualification – we rely on osteopathic educational providers to ensure that recognised qualifications are awarded only to students who have satisfied all our standards.

9. When applying to join the Register, an applicant must submit a health reference from a doctor who has known them for four years or has access to their health records of the past four years. The 'good health'[2] requirement means that

... a person 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 and those with long-term health conditions are able to practise with or without adjustments to support their practice.[3]

[1] S3(1) *Osteopaths Act 1993*, as amended by the *Health and Social Care (Safety & Quality) Act 2015*
[2] See s3(2)(c) of the *Osteopaths Act 1993*
[3] From Guidance about professional behaviours and fitness to practice for osteopathic students

10. The General Osteopathic Council monitors standards of education and training in osteopathic educational providers through a process of regular reviews and of annual reporting. Reviews and annual monitoring is undertaken are with reference to our published standards, including our Graduate Outcomes and Standards for Education and Training.

11. Requirements around equality, diversity and inclusion are threaded throughout 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.
    - 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.

Section 3: Equality Legislation – The *Equality Act 2010*

12. This section provides information about disability equality legislation that applies to the education and training of osteopaths. It is essential that osteopathic educational providers understand their responsibilities under the legislation and regularly review and amend their policies and practices accordingly.

13. The Equality Act 2010 (The Act) applies to England, Scotland and Wales; separate anti-discrimination legislation is in place in Northern Ireland.

14. The Act prohibits education providers from harassing, victimising or discriminating against:
    - prospective students in respect of admission arrangements
    - students of the institution, including those absent or temporarily excluded
    - former students (if there is a continuing relationship based on them having been a student at the educational provider)
    - people considered 'disabled' for the purposes of the Act who are not students at the educational provider but who hold or have applied for qualifications conferred by the provider.

15. If a person believes they have been discriminated against, harassed or victimised by an education provider on grounds of one of the Act's nine protected characteristics, they can make a claim under the Equality Act 2010.

How does the Equality Act affect osteopathic educational providers?

16. Osteopathic educational providers which are universities will be subject to the Equality Act provisions that apply to further and higher education providers. Educational providers that are not universities or further or higher education institutions will be subject to the provisions of the Act governing the activities of service providers. In addition, providers that are not universities but who provide university validated degree courses, may be regarded as the agent of the university under the Act and as such be indirectly subject to the provisions governing further and higher education institutions. Despite these differences of status the duties of all osteopathic educational providers under the Equality Act will be very similar, and for the most part no distinction is made in this guidance as to the duties owed by different types of provider. There is, however, one important distinction – the public sector equality duty.

17. Osteopathic educational providers that are universities, or further or higher education providers within the meaning of the Equality Act will be subject to the public sector equality duty. This is a general duty that requires public bodies to take steps not only to eliminate unlawful discrimination but also to actively promote equality, and to foster good relations between people who share a particular protected characteristic and people who do not. The public sector equality duty also applies to private and voluntary bodies in respect of any public functions they carry out.

18. The General Osteopathic Council is committed to promoting equality and best anti-discriminatory practice in the osteopathic educational providers offering courses that we regulate. We cannot, through this guidance, alter educational institutions' liabilities under the Equality Act, for which they alone are responsible, but we do consider it appropriate to apply our expectations of best practice uniformly to all osteopathic educational providers, irrespective of their constitution or corporate status, and our Standards for Education and Training will apply to all GOsC Recognised Qualifications.

What duties apply to osteopathic educational providers?

19. The Equality Act 2010 protects students from discrimination or harassment on the basis of a 'protected characteristic'[4], and also from victimisation. Disability is a protected characteristic.

20. Unlawful discrimination includes:

- direct discrimination (including discrimination based on perception or association)
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

What counts as a disability?

21. A person has a disability for the purposes of the Equality Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There is no need for a person to have a medically diagnosed cause for their impairment – what matters is the effect of the impairment.

22. Tests that may be applied to determine whether someone has the protected characteristic of disability include:

- the length of time that the effect of the condition has lasted or will continue – it must be long-term: that is, it has lasted for at least 12 months, it is likely to last for at least 12 months, or is likely to last for the rest of the person's life
- whether the effect of the impairment is to make it more difficult and/or time-consuming for a person to carry out an activity, compared to someone who does not have the impairment, and this causes more than minor or trivial inconvenience
- if the activities that are made more difficult are 'normal day-to-day activities' at work or at home

4 The protected characteristics for further and higher education institutions specified in the *Equality Act 2010* are: age; disability; gender reassignment; pregnancy and maternity; race, religion or belief including lack of belief); sex; and sexual orientation. Being married or in a civil partnership is not a protected characteristic in the further and higher education institution provisions of the Act.

- whether the condition has this impact without taking into account the effect of any medication the person is taking, or any aids or assistance or adaptations they have, like a wheelchair or specific software on their computer (with the exception of wearing of glasses or contact lenses where it is the effect while the person is wearing the glasses or contact lenses which is taken into account).[5]

23. 'Impairment' can cover, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis. It includes mental health conditions (such as bipolar disorder, depression or eating disorders), learning difficulties (such as dyslexia), and learning disabilities (such as some autistic spectrum conditions). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as 'disabled people' by the Act. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-today 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 people who have met the definition in the past.

24. Long-term mental health conditions are considered to be disabilities under the Equality Act 2010. Osteopathic 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, it would still be considered best practice to make reasonable adjustments to support students to successfully obtain a qualification and practise osteopathy safely.

25. There are a number of exclusions from the definition. For example, drug and alcohol dependency are not considered to be mental or physical impairments for the purposes of the Act.

What is direct discrimination?

26. Direct discrimination occurs if a student is treated less favourably than another student because of a disability[6]. For a student to show that they had been directly discriminated against they would have to compare what happened to them with what happened, or would happen, to a student without their disability.

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[5] Further details about the determination of impairment appear in *Schedule 1 Disability: Supplementary Provision - Part 1 Determination of Disability,* of the *Equality Act 2010*, and in the following guidance: 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: odi.dwp.gov.uk/docs/law/ea/ea-guide-2.pdf

[6] The Equality and Human Rights Commission website provides a useful overview of the different types of discrimination, with case examples

27. The Act contains provisions that enable educational providers to take 'positive action' to address a particular disadvantage, meet different needs or tackle low participation of a particular student group, provided certain conditions are met. Such positive action is not the same as positive discrimination, which is illegal, with two exceptions:
    - It is never unlawful to treat disabled students or applicants more favourably than non-disabled students or applicants, because of or in connection with their disability.
    - It is also not unlawful to treat a female student more favourably because she is pregnant, or has given birth in the last twenty-six weeks, or is breastfeeding a baby who is less than twenty-six weeks old.

28. Other types of direct discrimination include:

    Discrimination based on association: This occurs when a student is treated less favourably because of their association with another person who has a protected characteristic (other than pregnancy and maternity). This might occur where a student is treated less favourably *because* a parent, sibling or friend has a protected characteristic.

    Discrimination based on perception: This occurs when a student is treated less favourably because of a mistaken perception that they have a protected characteristic (other than pregnancy and maternity).

    Discrimination because of pregnancy and maternity: It is discrimination to treat a someone (including a student) less favourably because they are or have been pregnant, has given birth in the last 26 weeks or is breastfeeding a baby who is 26 weeks or younger. It is direct sex discrimination to treat (including a student) less favourably because they are breastfeeding a child who is more than 26 weeks old.

What is indirect discrimination?

29. Indirect discrimination occurs if, in applying a 'provision, criterion or practice' (see below) in the same way for all students, it has the effect of putting students with disabilities and/or health conditions at a particular disadvantage, regardless of whether or not this was the intention. What constitutes 'disadvantage' is not defined in the Act, but a general guide is that a reasonable person would consider that disadvantage had occurred. It can take many different forms, such as denial of an opportunity or choice, deterrence, rejection or exclusion.

30. Some policies and practices may be justified if they are a proportionate means of achieving a legitimate aim, providing the aim is legal and non-discriminatory. An example might be provisions, criteria or practices concerned with maintaining academic and practitioner competence standards, though this would not avoid an osteopathic educational provider's duty to make reasonable adjustments in the case of students with disabilities and/or health conditions.

What is discrimination arising from disability?

31. Discrimination arising from disability would occur if a disabled student was treated unfavourably because of something associated with their disability, and the osteopathic educational provider could not justify that treatment. This differs from direct discrimination (which arises in respect of the protected characteristic of disability itself), and from indirect discrimination (because there is no need to show that other people have been affected along with the disabled student, or for the disabled student to compare themselves with anyone else).

32. Discrimination arising from disability would occur if the following three circumstances arise:

- a student who meets the definition of disability in the Act is treated unfavourably, putting them at a disadvantage, even if this was not the intention
- the treatment was because of something associated with the student's disability or health condition
- the treatment cannot be justified by showing that it is a proportionate means of achieving a legitimate aim.

33. If the osteopathic educational provider can show that it did not know and could not reasonably be expected to know that the disabled student had the disability, the unfavourable treatment may not amount to unlawful discrimination arising from disability. However, every effort should be made to ensure that students feel able to discuss relevant information about their health or disability and the institution should be alert to any indications that a student may be encountering difficulties resulting from a health condition or disability.

What is harassment?

34. The Equality Act 2010 defines harassment as 'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating and intimidating, hostile, degrading, humiliating or offensive environment for that individual'. Disability is one of the protected characteristics under the Act.

What is victimisation?

35. Victimisation is defined in the Act as 'treating someone badly because they have done a 'protected act' (or because it is believed that a person has done or is going to do a protected act)[7].

36. A 'protected act' is:

- Making a claim or complaint of discrimination (under the Equality Act).
- Helping someone else to make a claim by giving evidence or information.
- Making an allegation that someone else has breached the Act.
- Doing anything else in connection with the Act.

[7] See the Equality & Human rights Commission website

If a student is treated less favourably because they have taken such action, then this will be unlawful victimisation. There must be a link between what the student did and their treatment. Anyone can make a claim of victimisation. They do not have to do so in relation to one of the protected characteristics.

What is the 'reasonable adjustments' duty?

37. *The Equality Act 2010* imposes a duty to make reasonable adjustments – that is, to take positive steps to ensure that students with disabilities and health conditions can fully participate in the education and other benefits, facilities and services provided for osteopathic students.

38. Osteopathic educational providers should take reasonable steps to ensure that any provision, criterion or practice (see below), or any physical feature, does not put students (including applicants and in some limited circumstances former students) with disabilities and/or health conditions at a substantial disadvantage (ie. it is more than minor or trivial). Educational providers should also provide auxiliary aids or services – such as equipment, computer software, or extra assistance from staff – where, without them, students meeting the definition of being 'disabled' in the Act would be put at a substantial disadvantage.

39. The duty is owed to disabled people generally. It is anticipatory and continuing in the sense that osteopathic educational providers are expected to take measures to avoid causing substantial disadvantage, regardless of whether or not they know a particular student meets the definition, or whether they currently have disabled students.

40. Osteopathic educational providers should plan for adjustments that might be needed, anticipating the requirements of students with disabilities and/or health conditions, removing potential barriers. There is no justification for failing to make a reasonable adjustment where the duty applies, but this extends only to what is reasonable. The Act does not define what is 'reasonable' – which would ultimately be for the courts to determine – but statutory guidance makes clear that when assessing reasonableness, the following might be considered:

    - how effective an adjustment will be in overcoming the identified difficulty.
    - whether it is practicable to make the adjustment.
    - the financial and other costs involved, and the money that has already been spent on making adjustments.
    - the amount of disruption it will cause.
    - the availability of financial or other assistance (for example, students may be eligible for funding from the Disabled Students Allowance which is a grant to help students meet the extra costs of studying, which are a direct result of a disability or health condition.

41. It is good practice to work with students to determine what adjustments can be made, but osteopathic educational providers should not expect students to be aware of all the adjustments that might be available. Where a student does make specific suggestions, educational providers should consider whether or not the adjustments would help to overcome the disadvantage and whether or not they are reasonable.

42. In summary, where students with disabilities and/or health conditions are placed at a substantial disadvantage by policies or practices, the absence of an auxiliary aid, or a physical feature, osteopathic educational providers must consider whether any reasonable adjustment can be made to overcome the disadvantage.

43. Regardless of the legal requirements of the Equality Act, educational providers are required to meet the GOsC's Standards for Education and Training in relation to equality, diversity and inclusion.

What is meant by provision, criterion and practice?

44. These terms are not defined by the Equality Act but refer to the provision of education, facilities and services to students. The terms are intended to cover all an osteopathic educational provider's arrangements, policies, procedures and activities, including one-off decisions and proposals or directions to change practice in some way.[8]

45. Where students who are 'disabled' in the terms of the Equality Act are placed at a substantial disadvantage in accessing or benefiting from an educational provider's provision, facilities or services, all reasonable measures must be taken to ensure the provision, criterion or practice no longer has that effect.

46. In osteopathic education, the theory and practice of osteopathy are inseparable. It is essential that students satisfy both academic and professional practice standards. A student must demonstrate achievement of these standards for the award of a recognised qualification, which confers eligibility to register as an osteopath. In the terms of the Equality Act, these requirements are construed as a competence standard.

47. There is no duty to make adjustments to a competence standard, provided application of the standard is justified. However, the duty does apply to the procedures used by educational providers to establish whether a student can meet the competence standard.

48. All reasonable steps must be taken to ensure that a student who has a disability or health condition is not substantially disadvantaged in any test, examination or practical assessment used to establish that they have met the required standard – but osteopathic educational providers are not required to vary the competence standard itself in favour of such a student.

49. The General Osteopathic Council has an obligation to ensure that the *Osteopathic Practice Standards* specify only relevant and genuine competences that are strictly necessary for safe, effective and unsupervised osteopathic practice. In turn, osteopathic educational providers have an obligation to ensure that curriculum content, examinations and assessments are referenced to the *Osteopathic Practice Standards and Graduate Outcomes,* and that they do not impose additional obstacles which could put students with disabilities and/or health conditions at a substantial disadvantage.

[8] See the Equality & Human Rights Commission website

Specific duties under the Equality Act 2010

50. Under the Equality Act, public bodies are required to publish information annually about their employees (if they have more than 150) and others affected by their policies and practices (including students) in relation to equality issues. They are also required to set and publish at intervals not greater than four years, one or more specific and measurable objectives that they think are necessary to achieve any of the things required by the general equality duty.

Supporting staff in meeting their responsibilities

51. Staff must be informed of their legal duties and be aware of their responsibilities to applicants and students with disabilities and/or health conditions. This is especially important for staff involved in admissions, student support and occupational health, as well as teaching and support staff. The Standards for Education and Training require that all staff involved in the design and delivery of programmes are trained in all policies in the educational provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

52. It is important that training extends beyond a narrow interpretation of the osteopathic educational provider's legal responsibilities by addressing wider aspects of equality and disability discrimination, for example by tackling issues such as stereotyping and unconscious bias. Investment in individual, team and organisational development may be required to ensure practices within your organisation match the culture of equality and diversity you aspire to.

53. Staff should be supported in recognising the early signs of mental health conditions, in order to ensure that appropriate support can be offered at the earliest opportunity[9].

54. As with all aspects of equality practice, involving students with disabilities and/or health conditions in planning and delivering equality training can be extremely helpful. The Equality and Human Rights Commission website, referred to above, provides a useful range of resources.

55. University-based osteopathic educational providers, and those which offer university validated degrees, may have access to institution-wide disability training, either in-house or via the validating university, and also to inter-professional learning with other health professions, providing opportunities to share experiences of supporting students with disabilities.

[9] Transforming Access and Student Outcomes in Higher Education provides a range of resources to strengthen the effectiveness of student mental health support

Section 4: The student journey

56. This section covers the issues which osteopathic educational providers should consider at various points during the student journey. It will help to ensure that the osteopathic education and training provided meets the needs of students with disabilities and/or health conditions, satisfies General Osteopathic Council expectations and requirements, and is consistent with osteopathic educational providers' legal obligations.

Anticipating the needs of disabled people

57. Each osteopathic educational provider should keep under review its facilities, services and practices to identify where improvements and adjustments are required to better meet the needs of people with disabilities and/or health conditions. This should not be confined to the physical estate but should include every aspect of provision.

58. It is neither possible nor desirable to provide an exhaustive list of reasonable adjustments because each osteopathic educational provider is unique. Only by conducting a rigorous audit of all aspects of an institution's provision will it be possible to identify adjustments that should be made.

59. The examples below are included to illustrate the range of adjustments encompassed by the anticipatory duty:

- providing information about the course in alternative formats to ensure that it is accessible to as wide a range of prospective students as possible
- ensuring that marketing materials make it clear that applications from students with disabilities and/or health conditions are welcomed
- undertaking an access audit and 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 they do not inherently 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 specific learning difficulties who use assistive computer software
- improving the acoustics of lecture theatres and installing loop systems to assist students with hearing impairments
- ensuring that furniture, fixtures, fittings and learning resources – such as library and computer services, practical rooms and equipment – do not pose an obstacle to, and are accessible by, students with disabilities and/or health conditions

- ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination
- ensuring that staff know how to access the specialist services and resources available to help assess the needs of students who have a disability or health impairment. This would include training staff to recognise the early signs of mental health conditions, in order to ensure that issues can be identified and appropriate support offered.

60. These examples illustrate some of the facilities, services, and practices that can be improved to avoid disadvantaging students with disabilities and/or health conditions – but it is important to stress that while a duty is owed to 'disabled people' generally, osteopathic educational providers also have a duty to establish and respond to the particular needs of applicants and students as individuals.

Case example

An osteopathic educational provider developed plans to upgrade and refurbish a teaching room, to provide a lecture theatre with considerably enhanced and up-to-date facilities. They were aware that the acoustics in the room were poor, having had comments from two students with hearing impairments that they struggled to hear the lecturer in the room. As part of the refurbishment, an induction loop was installed to aid students with a hearing impairment who used hearing aids. An audio system was also installed, which enabled the lecturers to use a microphone. This assisted students whose hearing was mildly impaired, but who did not use a hearing aid.

Recruitment and selection

61. It is the osteopathic educational provider's duty not to discriminate against someone who meets the definition of being 'disabled' for the purposes of the Equality Act in the arrangements made for determining who should be offered admission to courses they offer, either in the terms of any offer made, or by not accepting an application for admission. It is also the provider's duty not to harass someone in relation to their health or disability.

62. The guidance below concerns the processes involved in recruiting and selecting students, and in particular, the actions that can be taken to ensure that an inclusive approach is adopted, and to avoid discriminating against applicants or students with disabilities and/or health conditions.

Marketing

63. Publicity material and course information should make it clear that applications from people with disabilities and/or health conditions are welcomed[10]. The inclusion of positive stories and images of disabled people in osteopathy, and the availability of the information in alternative formats, will help to reinforce this message from the very earliest contacts with prospective applicants. In terms of mental health conditions, osteopathic educational providers should acknowledge that these are common, expected to occur and can be accommodated.

[10] See the Equality and Human Rights Commission website

Case example

An osteopathic educational provider reviews its prospectus. Mindful of the fact that ten per cent of its students have dyslexia, they actively promote this fact, together with examples of the support mechanisms available to support these students in managing their studies. Case examples from current and former students with dyslexia illustrate the fact that this condition is not seen as a barrier to academic success.

64. It is vital that applicants are made aware of the intellectual, physical, emotional and professional demands of undertaking an osteopathic education programme. This can be done by contrasting osteopathy with degrees that do not involve practical training and do not culminate in professional registration and independent healthcare practice. Publicity material should include a named contact able to advise prospective applicants about the nature and demands of osteopathy as a profession and career, the challenges of the course, and the support available to students with disabilities and/or health conditions.

65. Most osteopathic educational providers hold open days, providing prospective students with the opportunity to gain an insight into osteopathy and osteopathic education. The chance to talk to students on the course and to observe or participate in practical sessions helps potential applicants better understand the nature and physical demands of osteopathy, but also the support that can be made available to them if they have a disability or health condition. It may be helpful for prospective students to have an opportunity to observe clinic sessions. Although many can readily envisage the adjustments and aids required to support classroom and theory learning, fewer are likely to have an understanding of what adjustments might enable them to learn and to demonstrate clinical competences, or what impact this might have on patients. Enabling prospective students to better understand the breadth and extent of osteopathic practice means that they will be in a better position to make an informed choice as to whether osteopathy is the right career choice for them.

66. It is important that assumptions are not made about whether an applicant will ultimately be able to demonstrate achievement of the standard required for award of a recognised qualification. However, early reference to the *Osteopathic Practice Standards*, and to the general nature of osteopathic practice, can help a prospective applicant assess themselves against what is required to register, meet their professional requirements and pursue a career in osteopathy.

Application

67. Osteopathic educational providers should emphasise the importance of students being open regarding any disability or health condition, and make clear that support is available in the information provided to prospective students. However, there is an important balance to be struck between encouraging applicants to provide information about a disability or health condition at the earliest opportunity, and an applicant's right not to do so. Course information can highlight the benefits of doing so while reassuring applicants that this will not prejudice their application, which will be considered separately from any consideration of the reasonable adjustments that might be required if they are offered a place.

68. Students applying through the Universities and Colleges Admissions Service (UCAS) are invited to indicate whether or not they have a disability, learning need, or medical condition, or to indicate that they do not wish to provide this information. Applicants are required to select from a list of options:
    - no disability
    - a social/communication impairment such as autistic spectrum disorder
    - blindness or serious visual impairment uncorrected by glasses
    - deafness or serious hearing impairment
    - a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
    - a mental health condition, such as anxiety disorder, depression, or schizophrenia
    - a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
    - a physical impairment or mobility issue, such as difficulty using arms, or using a wheelchair or crutches
    - a disability, impairment or medical condition that is not listed above
    - two or more impairments and/or disabling medical condition

69. In the first instance, this information will help osteopathic educational providers to establish whether any particular arrangements might be needed to facilitate the selection process, and subsequently to open a dialogue with the applicant about needs and adjustments. The UCAS categories also provide a helpful illustration of the broad range of disabilities, learning needs and health conditions osteopathic educational providers can encounter and for which adjustments may be required – but there is not and cannot be a list of disabilities, learning needs or health conditions deemed incompatible with osteopathy. Each and every applicant must be assessed as an individual. It is for each educational provider to determine whether or not to admit someone to their course based on an assessment of whether, with reasonable adjustments, they will ultimately be able to meet the *Osteopathic Practice Standards*.

70. Osteopathy involves independent assessment, diagnosis, treatment planning, and manual interventions. Patient safety is paramount. These demanding requirements are encapsulated in the *Osteopathic Practice Standards*, and in the Graduate Outcomes. There will be instances where there can be no other conclusion but that the provision of reasonable support, aids and adjustments are insufficient to enable an applicant to demonstrate achievement of the competence standard for entry to the profession.

73. Setting entry criteria and conducting a selection process are justified because it is not in anybody's interest to admit a student – whether disabled or non-disabled – who does not have a good chance of completing the course. Admissions staff must therefore be realistic when determining what adjustments are reasonable and in assessing whether they genuinely hold out the prospect of enabling a student to meet the competence standard and to enter unsupervised independent practice.

74. Osteopathic educational providers have accepted many students with disabilities and health conditions onto their courses, and have provided a wide range of adjustments that have supported students through to successful course completion. These include students 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).

Selection

75. All applications should be assessed against the same entry criteria. Osteopathic educational providers should ensure that the criteria – and the way in which their staff apply them – do not discriminate against applicants likely to be 'disabled' for the purposes of the Equality Act. However, while educational providers may need to consider offering alternative formats to enable someone to make an application to their course, they do not have to vary the level of prior attainment required. This is because entry criteria count as competence standards which are exempt from the duty to make reasonable adjustments.

76. Interviews are commonly used to assess applicants for entry to osteopathy education and training. As with any selection test, if interviews are used as part of the selection process, this must apply to all applicants.

77. Osteopathic educational providers should establish well in advance of the interview whether or not any reasonable adjustments are required to enable an applicant to access and participate fully in the process. As at other stages of the selection process, it is important to ask about the applicant's requirements rather than to concentrate on a disability or health condition.

78. The conduct of the interview should not differentiate between disabled and non-disabled candidates. Interview questions should be based on objective criteria and be applied uniformly to all candidates. An applicant's disability or health condition should be irrelevant to this assessment and, as far as possible, should not be a subject of discussion during the interview. Although, the Equality Act does not prohibit questions about an applicant's impairment provided they concern the applicant's requirement for reasonable adjustments or their ability to meet the competence standards for the course, the interview criteria used to establish an applicant's suitability should be applied as if reasonable adjustments had been made. The practicalities or reasonableness of such adjustments should not be a matter for the interview panel and should be considered only after a decision has been made to offer an applicant a place.

79. Records should be kept at every stage of the process to justify and account for decisions. These should include unbiased interview notes with written assessments against each interview criterion.

80. Osteopathic educational providers should have a clear process for dealing with complaints. Details of the process should be made available in accessible formats.

Case example

Having disclosed that they has a visual impairment, an applicant is invited to an interview at an osteopathic educational provider. They are interviewed in the same way as all other applicants, applying the same criteria. Their disability is discussed at the end of the interview, but only in the context of what reasonable adjustments they feels may be necessary to enable them to cope with his studies, and how they will be able to demonstrate the Osteopathic Practice Standards.

On the basis of the applicant's academic qualifications and performance at interview, they are offered a place, subject to consideration of the practicalities and reasonableness of the required adjustments.

Preparing for entry to an osteopathic course

81. The process of agreeing adjustments should start as soon as an applicant is offered a place. It should involve the student directly and be undertaken by appropriately trained staff using a standardised approach to evaluating applications to entry criteria without discrimination, and defined procedures for engaging with applicants to identify necessary accommodations. Expert advice and guidance may also be required, for example from a university disability officer, occupational health professional, educational psychologist or specialist disability organisation. Prospective students might, for example, co-develop action plans before committing to a programme. These plans could be aligned with the Graduate Outcomes and Standards for Education and Training to ensure students are likely to be able to meet these.

82. Osteopathic educational providers should discuss with the applicant the nature and extent of the reasonable adjustments likely to be needed to enable them to undertake all aspects of the course, to be able to demonstrate achievement of the standard for award of a recognised qualification, and ultimately to practise as an osteopath. Students should be given an opportunity to talk to student support staff or a university disability officer about the personal financial support that may be available, for example, study-related costs because of a mental health problem, long term illness or any other disability from the Disabled Student Allowance.

83. Prospective students with a long-standing disability or health condition are likely to have a keen sense of their capabilities and many will have developed a variety of strategies for managing and compensating for functional limitations. As such, students are often well placed to offer advice about the types of support and adjustments that will be required. However it is the osteopathic educational provider's duty to establish what adjustments need to be made, so staff should be in a position to be able to assess and to arrange for appropriate aids and support. In some instances, expert assessment may be required to establish precisely what type and level of assistance will be required or, for example, to provide formal confirmation of a specific learning difficulty as may be required if a student decides to apply for the Disabled Student Allowance.

84. It is common practice for applicants who have been offered a place to be required to complete a health assessment questionnaire. This does not discriminate against students with disabilities and/or health conditions because the requirement applies

to all applicants and is a justifiable measure in the interests of public and patient protection. Its primary purpose is not to seek information about health conditions or disabilities but to identify issues that might expose patients, students themselves, or others to unnecessary risk. As such it is normally completed in confidence for assessment by admissions staff and, if appropriate, occupational health professionals. However it does provide another opportunity for students to provide information about a disability or health condition.

85. All reasonable steps should be taken to identify and put in place the adjustments required, through dialogue in partnership with the student and taking advice from the relevant experts within the University or using external sources of advice, but in some instances it may be concluded that this cannot reasonably be achieved, or that even with adjustments the applicant would not be able to demonstrate achievement of the standard for award of a recognised qualification. Clearly this conclusion needs to be communicated to the applicant in a sensitive manner, preferably together with advice about possible alternative courses the applicant might wish to consider.[11]

Induction

86. Induction provides an opportunity to highlight the support that can be made available to students if they encounter problems relating to their health or a disability during the course, and to further invite students who have not done so to provide information about the impact of any disabilities or health conditions that they may have.

87. Osteopathic educational providers should be mindful that some students are likely to underplay their difficulties, perhaps because they might be concerned about the way their disability or health condition might be perceived, meaning that they might not receive appropriate support early on in the course. Students who have a mental illness often do not see themselves as disabled yet may well be protected under the Equality Act and should be afforded the same considerations as students with a more visible disability.

Confidentiality

88. For osteopathic students to feel comfortable asking for support if they have a health condition or disability, it is important that they understand the issue of confidentiality regarding the information they provide. Osteopathic educational providers must have a confidentiality policy that states:

    - who will receive the information provided by the student
    - how the student's information will be used
    - instances where confidentiality may be breached.

    The policy must ensure compliance with the relevant legislation, professional and ethical standards and the professional requirements outlined in the Graduate Outcomes and Standards for Education and Training. Students should, in certain circumstances, be able to decide not to share information about their health which they had previously agreed to share. The applicant's permission will be needed for reasonable adjustments that identify the disability or health condition. In circumstances where it is felt necessary to breach confidentiality, where practicable this should be discussed with the student before any action is taken.

As in all aspects of the dialogue with applicants and students about disability or health issues, sensitivity is required. This reinforces the importance of training for staff involved in recruitment and selection. A student's confidentiality should only

[11] See also: ~~*Quality Assurance Agency for Higher Education, Quality Code for Higher Education*~~ The Office of the Independent Adjudicator also has some useful guidance and advice and case studies to support this process.

be breached when this is necessary to protect the student or others from the risk of serious harm.

Case example

An osteopathic educational provider offers screening to all students during induction to test for dyslexia. This has revealed a much higher rate of undiagnosed dyslexia than anticipated. The practice is considered to be non-discriminatory because it applies to all students and is intended to enable appropriate support to be put in place and suitable adjustments to be made – in other words, it is justified as a proportionate measure to achieve a legitimate end.

Making adjustments to teaching, learning and assessment

89. Osteopathic educational providers have had considerable experience of making adjustments that enabled students with disabilities and health conditions to complete training, graduate, register and practise osteopathy. This section highlights considerations and indicative examples of the broad spectrum of adjustments that can benefit students with disabilities and/or health conditions.[12]

90. It is good practice to ask the student what they consider is needed, but it is not their responsibility to suggest what adjustments are required. Osteopathic educational providers do not have to make every adjustment a student requests, but they cannot claim that an adjustment is unreasonable simply because it is inconvenient or expensive.

91. Deciding what is reasonable can be challenging. Section 3 highlighted some of the more significant considerations as:

- how effective the adjustment will be in overcoming the difficulty
- whether it is practicable to make the adjustment
- what financial and other costs are involved
- the amount of disruption it will cause
- the availability of financial or other assistance.

Case example

A first-year student reveals to the student welfare officer that from age 15-18 years they had an eating disorder and as a result, now has reduced bone density. The student welfare officer advises that it would be inappropriate for the student to experience certain osteopathic techniques during practical classes which may compromise their safety, and risk a fracture. They ask the student for permission to make the practical teaching team aware of their condition, and reassure them that any staff made aware in this way are also bound by the School's confidentiality policy. The fact that the student is unable to have certain techniques carried out on them will, of course, highlight that there is an issue, but it will be up to them whether they divulge the reasons for this to their colleagues. The student is happy to give such permission, and the teaching team are informed.

[12] See also: Guidance and case studies from the Office of the Independent Adjudicator and the Office for Students Support for Disabled Students.

92. One consideration of reasonableness relates to risk. The Equality Act does not override health and safety legislation, so neither the student nor anyone else should be exposed to risks to their health or safety as a result of a disability-related adjustment. On the other hand, disabled people sometimes indicate that they are excluded from activities or prevented from taking risks that non-disabled people take for granted. A student with a disability or health condition should therefore have a say in what is an acceptable level of risk for them in the everyday activities of osteopathic education and training. While it is important to ensure that students are not exposed to greater risk during training because of their disability or health condition, it is neither desirable nor necessary to make adjustments to remove or minimise all risk.

93. It is right that attention should be focused on identifying the adjustments that can best meet the needs of a student with a disability or health condition, but this should not be to the exclusion of considering their impact on others. It is important for osteopathic educational providers to acknowledge that their duty of care extends not only to students with disabilities, but also to the wider student body. It might be considered reasonable to expect other students to tolerate a level of inconvenience to accommodate adjustments for a student, but it may not be reasonable to expect an osteopathic educational provider to make an adjustment that puts other students at a significant and persistent disadvantage. Nevertheless, experience has shown that in many cases it is other students who have willingly provided the support and assistance that has enabled someone with a disability or health condition to successfully complete their training. In making decisions, education providers should ensure that they maintain an open and continuing dialogue with the student, seek relevant advice, for example from relevant disability experts within the University or College, other osteopathic education providers and relevant charities, the GOsC and, where necessary, legal advice, to inform the decision making. Decisions should be clearly narrated with a clear evidence base.

94. It is essential that the adjustments put in place are properly communicated to the student, and are communicated in an accessible format. In the terms of the Equality Act, failing to make a student aware of the adjustments that have been made might be judged no better than not making any adjustments at all. If there has been a good dialogue with the student before entry to the course and during the early weeks of training, there should be ‘no surprises’ because adjustments will have been discussed, agreed and put in place. Adjustments should then be reviewed regularly to ensure that they continue to be effective.

95. While adjustments are intended to remove barriers or to compensate for disadvantages arising from disability as they relate to learning and the demonstration of professional competence, this should not result in a lowering of the expectation threshold for autonomous practice. Reasonable adjustments do not apply to the competence standard itself – this is especially important in a practice-based profession where patients put their trust in the ethical behaviour, technical competence and clinical expertise of the practitioner.

96. Adjustments to teaching, learning and assessment are many and various. Some of the more commonly applied adjustments include:
    - to the *physical environment*, both internally and externally, to improve access to and the use of facilities, and includes also adjustments to features such as lighting and sound insulation
    - to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats, together with the associated assistive technologies to fully exploit them
    - *human assistance*, in the form of coaching and mentoring and additional tutorial support
    - *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*, 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 of non-technical terms, 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 study skills and learning techniques, identifying a student ‘buddy’, or offering ongoing mentorship or course-long support from a personal tutor, student counsellor or disability officer.

97. Some adjustments have become standard practice, capable of being initiated quickly for students with a well-understood disability, providing straightforward and immediate benefit, but the fact that an adjustment is readily available should not detract from the principle that all students have a right to have their needs considered on an individual basis.

98. It is often easier to make adjustments for students whose disability is discernible, enduring and relatively stable – such as a hearing impairment or restricted mobility. It can be more challenging to meet the needs of students with invisible or fluctuating conditions. Care is needed to recognise and respond appropriately to support students whose disability or health condition emerges mid-course or runs an unpredictable path or is episodic in nature, or who are more susceptible to the inevitable stress points inherent in any course.

> A challenging scenario cited by a number of osteopathic educational providers concerned students with previously stable long-term conditions, who were progressing satisfactorily with or without adjustments, but whose equilibrium was disrupted by a change in their condition, its management or treatment. Finding a new or better medication – during which different dosages or combinations are tested – can be extremely disruptive for the student and requires sensitive handling by tutors, not least to recognise and respond to fluctuations in behaviour, fatigue and capacity for learning. Tutors need to be prepared to make adjustments on a flexible basis until such time as the student's health condition is brought back under control. Osteopathic educational providers should consider training needs of staff in recognising such behaviours.

99. A related challenge concerns those students who lack insight into the nature or impact of their disability, or whose insight is intermittently impaired and who, as a consequence, fail to take the prescribed medication that helps them function effectively. A similar situation can arise with students who have a long-term physical impairment and who, for any reason, forget or choose not to take medication as prescribed. Poor compliance with a treatment regime can result in a relapse or resurgence of symptoms which can compromise a student's functional capacity and ability to participate fully in the course.

100. Where adjustments can be made to assist students in these situations, for example by anticipating the potential impact of stress points such as examinations and assessments, and by arranging in advance for extra support, these should be put in place. Being alert to the early warning signs, such as a resurgence of symptoms or changed behaviour, will also help providers to intervene early to pre-empt crises, provide support and guidance, and make adjustments, such as agreeing extensions to assignments or a different attendance pattern. However, students are expected to demonstrate awareness of how to manage their health or disability needs, since this will be a necessity for independent practice

101. It is possible a student's health may gradually but inexorably deteriorate to the point where adjustments are no longer enough to enable them to continue training. In some instances an interruption to training can be negotiated which is long enough for the student to regain a level of health that is judged sufficient for them to re-join the course and to continue their education. Decisions as to whether a student should take time away from the course should involve the student. Occupational health services may be utilised. The osteopathic educational provider should be clear in its explanation as to why the student should take time out, and what the student is expected to do during this time. Consideration should also be given at this stage as to how the student will later be reintegrated into the course.

102. There will be times when the osteopathic educational provider and the student disagree as to whether taking time off from studies is the right course of action. In such circumstances, and when discussions do not result in an agreed way forward, a fitness to practise process may be instigated in order to establish a fair and independent course of action – see paragraphs 112-114.

103. In rare cases, there may be no alternative but for the student to withdraw from the course.

Case example

Three osteopathy students share a house together. In the middle of Year 2, two of the housemates gradually notice that the third student, Chris, is displaying what seems like increasingly obsessive-compulsive behaviours – constantly cleaning and re-cleaning, insisting that the household contents are arranged in a particular way, checking and rechecking the house is locked. Their behaviour is giving given rise to friction between the housemates, exacerbated by the general stresses of approaching exams. One evening, things come to a head over a minor domestic issue, when Chris completely overreacts, it seems to the others, and becomes overwrought. As the incident simmers down, Chris confides that in their teens and in the run up to A-levels, they had health problems and had been in the care of a consultant psychiatrist, who had prescribed medication and courses of CBT, all of which had greatly helped them feel in control; Chris had got good results in her school finals. In relocating to undertake the osteopathy course, the CBT had come to an end and Chris was no longer on medication, having not seen their consultant for over two years. Chris can feel old behaviour patterns returning and has been to see a new GP locally, but is still waiting for an appointment to see a counsellor. Chris tells the housemates that the stress is becoming too much and they are struggling to cope. The housemates persuade Chris to speak to their student welfare officer about their current state of mind and past health issues, which Chris does. At college, it is suggested that Chris takes some time out to seek the support that they need, and they return to their parents for six weeks, during which time Chris receives treatment at centre where they were treated previously. After this time away, Chris feels able to return in a much better frame of mind and is working on strategies to reduce anxiety and compulsive checking. Chris has also been studying to some extent while away but, with the support of their doctors, is given an extension by the college in order to undertake the Year 2 assessments in August, rather than in June.

Returning to a course

104. When students take time away from a course, it is important that their return is handled sensitively and effectively. They may find it challenging returning to a different cohort of students, or feel that they will be stigmatised if people find out why they had to take time off.

105. Osteopathic educational providers should have an individualised reintegration plan for each student in these circumstances. This should be agreed well before the student is due to return, setting out clear expectations, so that the reintegration process is well managed.

106. Unlike students on many higher education courses where isolation in large groups is more commonplace, students in osteopathic education and training have the benefit of being part of a comparatively small student group and of having regular contact with tutorial staff. In this respect, those who do encounter difficulties can often be identified quickly and can usually be well supported. Conversely, it is important to recognise that the familiarity and intimacy characteristic of osteopathic education can represent a challenging environment for some students, not least some of those who have mental health conditions or disabilities.

107. A personal tutor system providing continuity of support throughout the course, regular supervision sessions and progress meetings with students, and having student peers who know, understand, accept and are alert to the signs of growing difficulty, are all potential ways of ameliorating the extremes and impact of fluctuating health conditions.

Fitness to study policies

108. Fitness to study processes are widely used in higher education providers. They assist in the assessment of risk and in taking action when a student's health, behaviour or other circumstances give rise to concern. Such concerns may include the student's ability to take part in their studies or that this might represent a risk to themselves or others.

109. Fitness to study procedures usually comprise several stages, with early intervention designed to identify the issue and offer appropriate support. If the issues giving rise to concern persist, the next stage is likely to involve a more proactive and formal process to assess the student's circumstances, and decide how this might best be managed.

110. In osteopathic educational providers, there is likely to be a crossover between fitness to study and fitness to practise procedures: a failure of early intervention under a fitness to study process may lead to a fitness to practise investigation.

111. Guidance on Student health and wellbeing higher education is provided by Universities UK.

Student fitness to practise

112. Where a student with a disability or health condition fails to properly manage their condition, despite adjustments and support, a question may arise as to their fitness to practise. Detailed guidance and advice regarding student fitness to practice is provided by the General Osteopathic Council to both students and osteopathic educational providers.

113. Osteopathic educational providers should have fitness to practise policies in place, under which serious concerns regarding a student's fitness to practise may be investigated and managed. Matters to be considered under such procedures would be:
    - those that affect patient safety
    - those that may affect the trust that the public places in the osteopathic profession.

114. Osteopathic educational providers should also have processes in place to detect behavioural issues which may lead to fitness to practice concerns. These issues 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.

    Collectively, these might be fitness to practise concerns, but they may also be indicators that the student is struggling generally, or has a mental health condition. Monitoring processes can be a way of identifying potential mental health issues, so that appropriate action can be implemented as early as possible.

Promoting wellbeing

115. Osteopathic educational providers should promote wellbeing amongst all of their students, not just those with disabilities or health conditions. Examples of how they may do this might include:
    - delivering group exercises focused on stress management
    - providing resources on maintaining healthy lifestyles
    - learning support processes to help students develop their studying skills can help them work more effectively and thus reduce stress
    - peer mentoring or buddying schemes to provide support.

Achieving a recognised qualification

116. Osteopathic educational providers will have regulations concerning student assessment, progression and graduation, that incorporate demonstration of the competence standard specified by the *Osteopathic Practice Standards*. It is the institution's responsibility to determine whether a student satisfies this standard and is awarded a recognised qualification. This is a threshold standard that cannot be varied. A necessary part of the educational process is the assessment of a student's professional behaviour and attitudes.

117. If there is evidence that a student's fitness to practise may be compromised, fitness to practise proceedings should be initiated and the outcome reported to the General Osteopathic Council. If a student fails to demonstrate the standard required by the end of the programme, they should not be awarded a recognised qualification. In certain circumstances, such as when there are continuing concerns about aspects of professional behaviour, it may be appropriate to consider awarding an alternative qualification that does not have the status of a recognised qualification and cannot lead to registration with the General Osteopathic Council. However, an osteopathic educational provider cannot withhold a qualification from a student who has demonstrated achievement of the standard of competence, on the basis of speculation about how they might behave as a registered osteopath.

118. Registration confers unrestricted practice rights. The General Osteopathic Council does not annotate the Register to indicate that a practitioner has a disability or health condition; nor does it apply any other condition or restriction on the manner in which osteopathy should be practised by a new registrant. A decision to award a recognised qualification means that in the institution's judgment, a student is capable of practising in accordance with the standards set out in the *Osteopathic Practice Standards*. Once an individual is on the General Osteopathic Council Register, they are responsible for maintaining professional standards of practice.

119. If a registrant subsequently develops a disability or health condition that prevents them from undertaking the full range of osteopathic activities and interventions in an autonomous, safe and effective way, it is the duty of the registrant to modify their work accordingly to ensure they can practise safely and effectively and comply with the full range of the *Osteopathic Practice Standards*. This might, for example, require moving to work in a group practice where colleagues would be available to provide support or substitution, or by restricting practice to a more limited approach and by not carrying out certain techniques – provided this does not mislead the public about the scope of osteopathy provided. Osteopaths who are direct employees should look to their employer to make reasonable adjustments.

Section 5: Further information

Sources of further information and guidance are listed below.

Action on Hearing Loss

www.actiononhearingloss.org.uk/

British Dyslexia Association

www.bdadyslexia.org.uk

Disability Rights UK

Understanding the Equality Act:www.disabilityrightsuk.org

Mind

www.mind.org.uk

Mind Cymru

www.mind.org.uk

Royal National Institute of Blind People

www.rnib.org.uk

General Medical Council (GMC)

The GMC offers a range of resources aimed at supporting medical students with mental health conditions and disabilities. These may be helpful also in an osteopathic context. The GMC have a number of offices throughout the UK.

General Osteopathic Council

www.osteopathy.org.uk

The Equality Advisory Support Service

The Helpline advises and assists individuals on issues relating to equality and human rights, across England, Scotland and Wales.
www.equalityadvisoryservice.com/app/home

~~**The Equality Challenge Unit:**~~

~~www.ecu.ac.uk~~

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

Universities UK

Have published The Student Wellbeing in Higher Education Good Practice Guide

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 and also provides some useful case students about reasonable adjustments which could be helpful to providers.

oiahe.org.uk and https://www.oiahe.org.uk/resources-and-publications/good-practice-framework/requests-for-additional-consideration/disability-and-requests-for-additional-consideration/

Directgov

For information about the Disabled Student Allowance.

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

Guide to Practice Based Learning for Neurodivergent Students:

www.hee.nhs.uk

The Office for Students

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

Transforming Access and Student Outcomes in Higher Education

taso.org.uk

Legislation

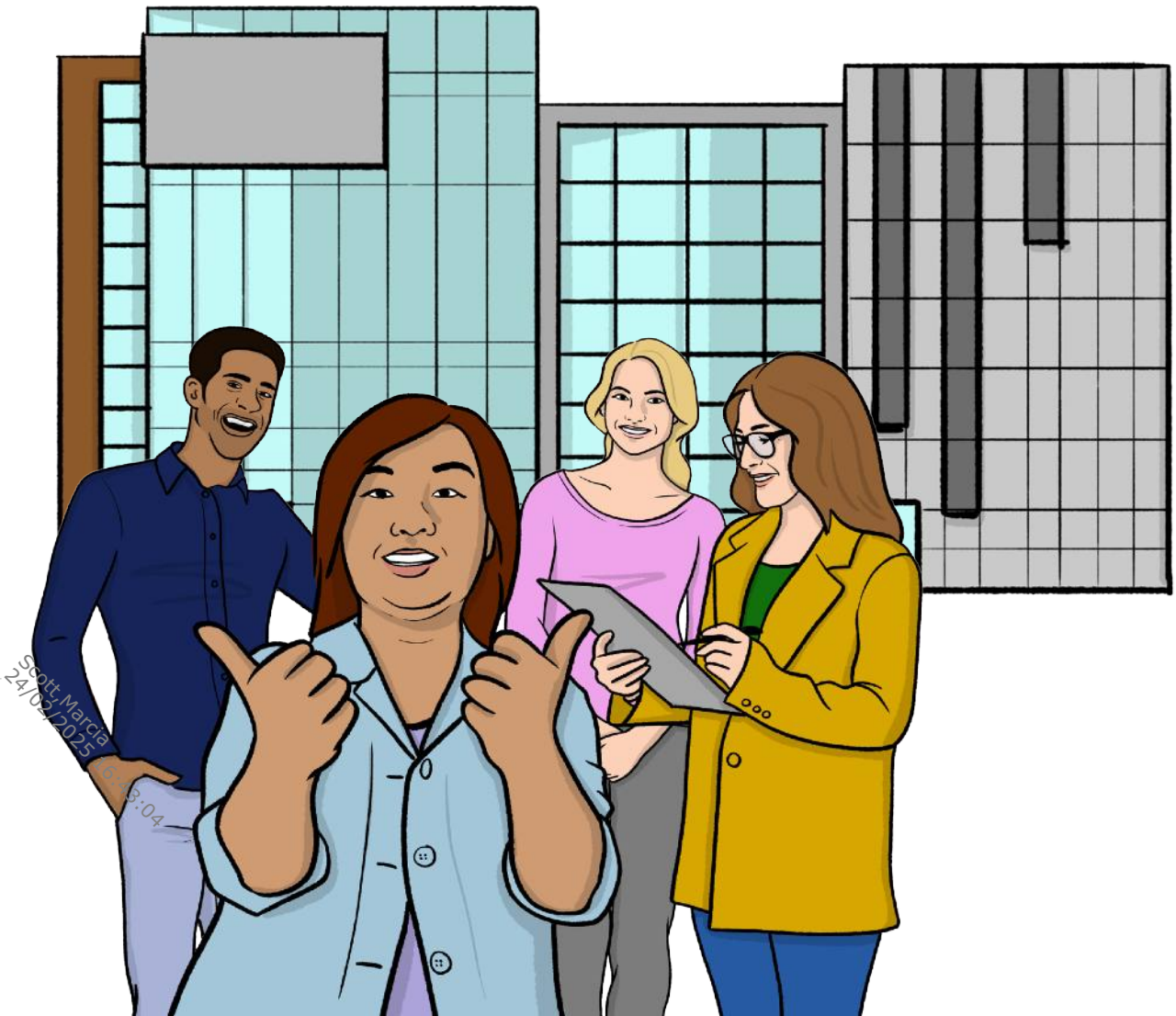
- The Equality Act 2010
- Explanatory notes to the Equality Act 2010
- Osteopaths Act 1993

General Osteopathic Council

Easy Read

Going to osteopathy school

Information for students with a disability or health condition



Easy Read

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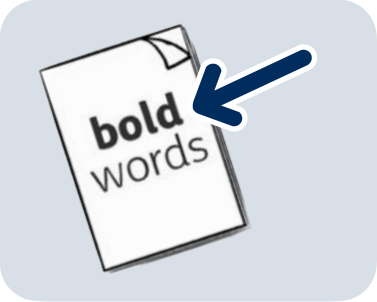
This Easy Read booklet uses easier words and pictures. Some people may still want help to read it.



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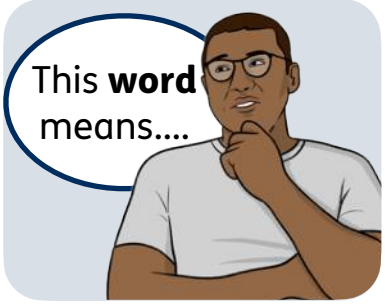

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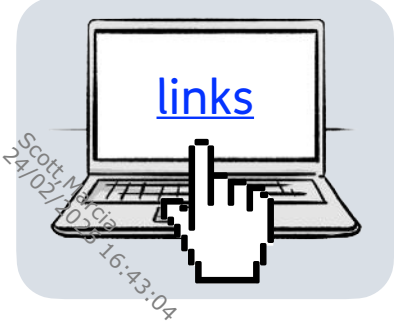
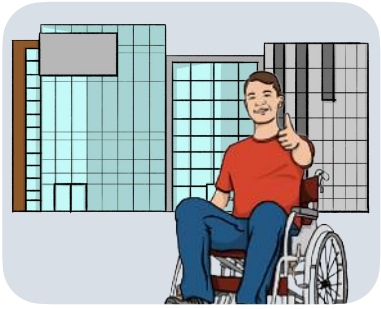


Blue and underlined words show links to websites and email addresses. You can click on these links on a computer.

What is in this booklet

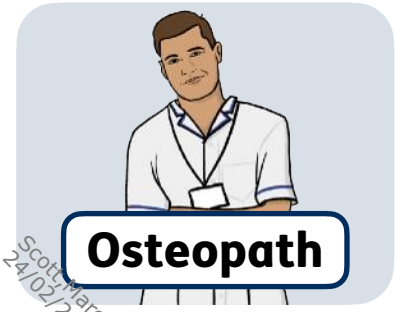
About this booklet

This booklet is from the General Osteopathic Council.



It is information for anyone who is interested in going to **osteopathy** school and has a disability or health condition.

Osteopathy is a type of healthcare treatment that involves stretching and massaging a person's muscles or joints.



A healthcare professional who treats people using osteopathy is called an **osteopath**.

This booklet will tell you about:

- Osteopathy and what osteopaths are expected to do.

- Applying to osteopathy school.

- Support you can get as a student at osteopathy school.

About us

At the General Osteopathic Council, we:

- Write rules and guidelines on how to be a good osteopath.

- Make sure osteopaths follow these rules and guidelines.

- Check that osteopathy schools are teaching students well.

- Make sure osteopaths keep learning and improving as they work.

About osteopathy

Patients choose to see an osteopath for lots of different health issues, including:

- Back pain.

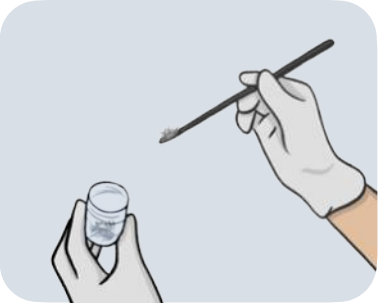
- Headaches.

- Sports injuries.

When a patient visits an osteopath, the osteopath will:

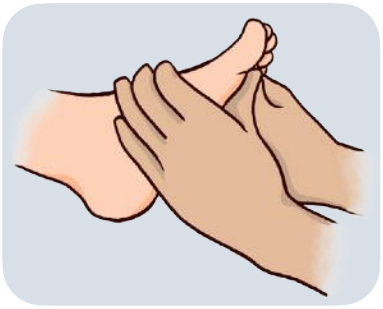
- Ask the patient about their health and whether they have had any health issues in the past.

- Check the patient's body.

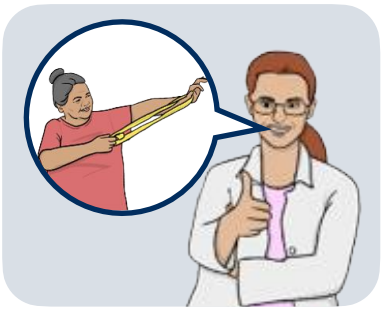


- Do tests if they need to.

The osteopath might treat the patient by:



- Massaging or stretching the patient's muscles or joints.



- Giving them advice about how to look after the health issue themselves.

- Helping them find other healthcare services that could support them.

Becoming an osteopath

To be an osteopath, you must get a **qualification** from an osteopathy school.

The **qualification** is a document that says a person is allowed to be an osteopath and can safely treat patients.

At osteopathy school, you have to do a mix of:

- Studying and going to classes.

- Written work, like tests and essays.

- Physical work and tests - this is where students practice osteopathy on people.

Knowing if osteopathy is right for you

Lots of people with a disability or health condition can be osteopaths.

Osteopaths with a disability or health condition can often understand the issues that patients have.

You can find out if being an osteopath is right for you by:

- Talking to local osteopaths about what they do.

- Understanding what you would need to do at osteopathy school to get your qualification.

- Asking osteopathy schools about how they might be able to support you if you were a student there.

If you go to osteopathy school, you might need to move away from home.

It may take a while for you to get used to this and find the new support that you need.

Applying to osteopathy school

You have to apply for a place at an osteopathy school.

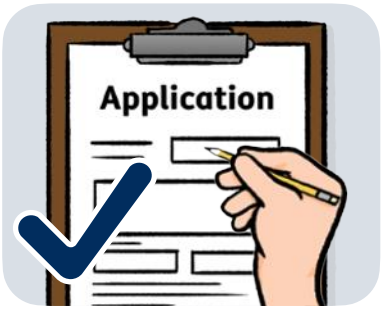
You may be asked to go to an **interview** - this is where you talk to a member of staff at an osteopathy school about whether the school is right for you.

The osteopathy school then decides which students can have a place.

It is a good idea to let the osteopathy school know about your disability or health condition when you apply.

This is so that you can start talking to the school about any support that you might need as a student.

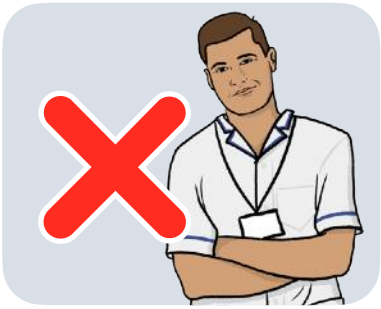
Osteopathy schools should support you with:



- Applying.

- Taking part in any interviews.

Choosing who gets a place



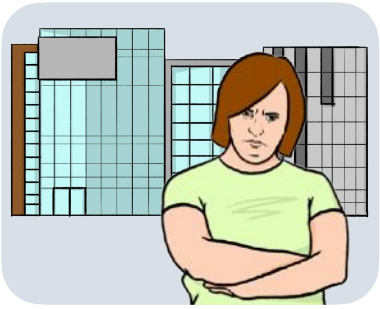
An osteopathy school might think that your disability or health condition makes it unsafe for you to be an osteopath.

They are allowed to stop you from getting a place for this reason.

But they must do all the right checks first.

Osteopathy schools must look at students with a disability or health condition in the same way as other students.

Being treated unfairly



If you think an osteopathy school has been unfair when choosing students, you can complain.

You should complain to the osteopathy school. They will have instructions on how to do this.

Support you can get as a student

You have **rights** as a student with a disability or health condition.

Rights are things that every person should have by law. Like the right to education and the right to be respected.

Osteopathy schools must follow the Equality Act 2010, which is a law that protects your right to be treated fairly.

The Equality Act explains that osteopathy schools:

- Cannot treat you unfairly because of your disability or health condition.

- Should support you in a way that meets your needs.

The Equality Act also explains that osteopathy schools:

- Should protect you from **discrimination**.

  Discrimination is another word for when you are treated badly or unfairly because of a disability or health condition.

- Should try to make **reasonable adjustments** that you need.

  Reasonable adjustments are changes that organisations and services can make so that disabled people can take part like everybody else.

- Should make sure you can take part in all tests.

Reasonable adjustments

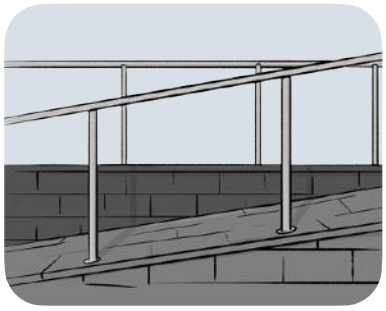
Osteopathy schools should talk to you about reasonable adjustments.

But they do not have to make every reasonable adjustment that you suggest.

You might be asked to have a health **assessment**.

An **assessment** is when you meet with a health professional to work out what care or support you need.

There are many types of reasonable adjustments an osteopathy school could make, like:

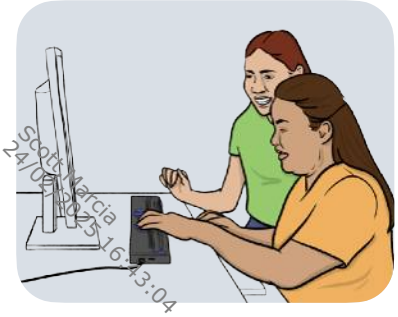


- Changing a building - like adding ramps or making lighting less bright.

- Changing the way staff teach - like recording classes.

- Offering you extra support from a trained person.

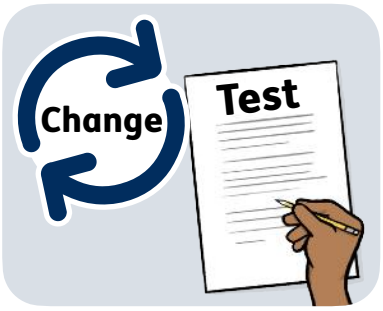
- Allowing some requests that you ask for - like breaks in a lesson or more time to finish tests.



- Offering equipment - like a screen reader.

Other reasonable adjustments might include:

- Helping you get the items you need for school- like paying for your textbooks so that you do not have to travel to the library.

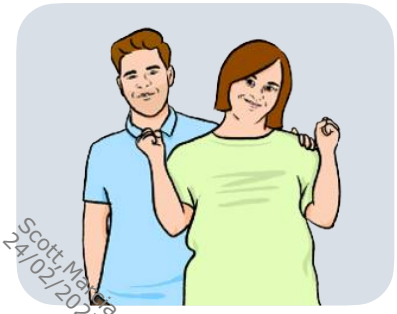


- Changing tests to suit your needs.

  What the test is asking will not change, but the **way** it is asked can be changed.

How to get support

Osteopathy schools will have a support service for students with a disability or health condition.



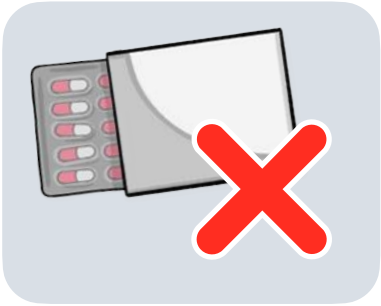
The support service should give you the support and advice you need.

You may be able to get support with paying for osteopathy school from the government.

You can talk to school support services about this.

If your school becomes worried

Your osteopathy school might become worried about you if:



- You stop taking **medication** that you are meant to take.

  Medication is any medicine that a doctor has told you to take.

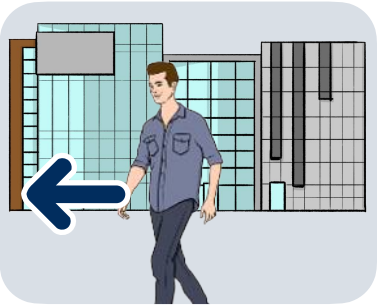
- You do not go to your classes.

Your osteopathy school might also become worried about you if:

- You hand in your classwork late.

- You are not working well in classes or with staff and students.

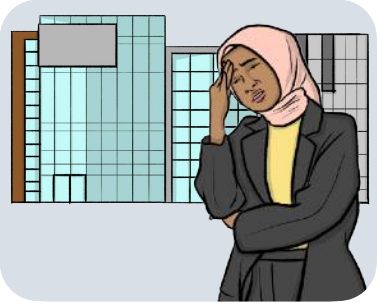
They may worry that you cannot safely learn to be an osteopath.



They may need to talk to you about leaving school.

But they will work with you to try and make sure that this does not happen.

New disabilities or health conditions



Some students find out they have a disability, or become ill, while they are a student at osteopathy school.

If this happens to you, you should talk to your school about it.

They will want to help and support you.

After osteopathy school

If you finish osteopathy school with a qualification, you will need to register with us at the General Osteopathic Council.

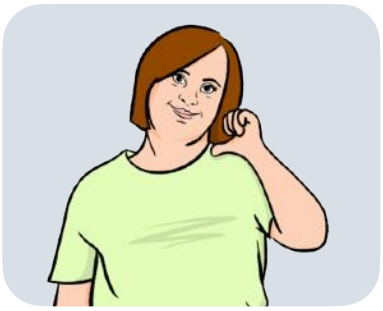
We will check that:

- You are healthy enough to safely be an osteopath.

- You are honest and can be trusted to safely treat patients.

- You have all the skills and training you need to safely be an osteopath.

If we agree that you can safely be an osteopath then you will be registered.



It is then up to you to make sure you carry on treating patients safely.

You must stop being an osteopath if you become too ill to treat patients safely.

Find out more

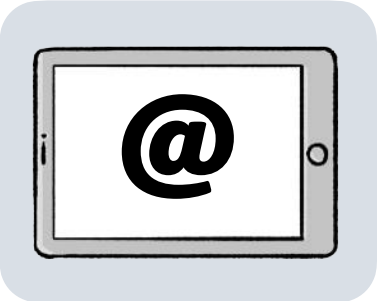
You can look at our website here:
www.osteopathy.org.uk

You can contact us by:

- Post:

  General Osteopathic Council
  176 Tower Bridge Road
  London
  SE1 3LA

- Phone: 020 7357 6655



- Email: info@osteopathy.org.uk

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General Osteopathic Council

Easy Read

Supporting students with a disability or health condition

Information for osteopathy schools

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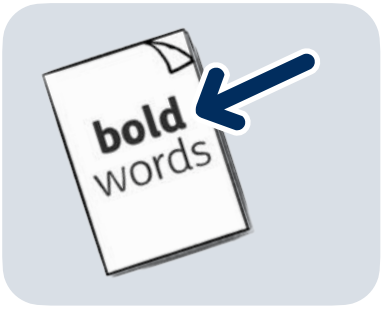

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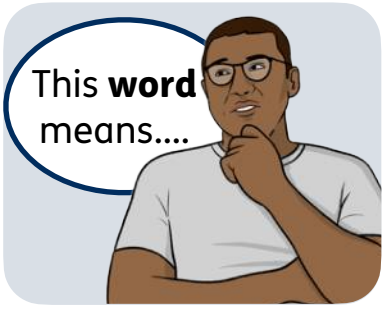

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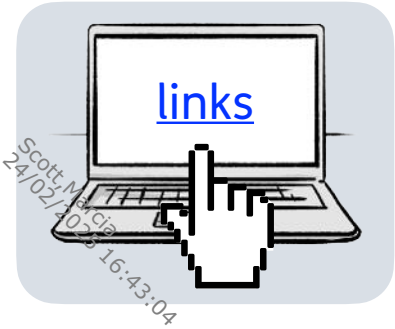

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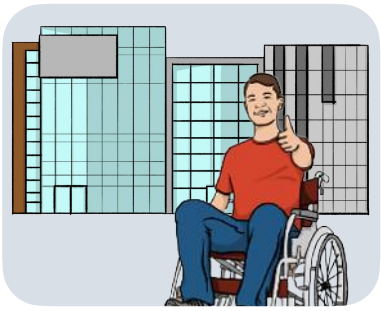
About this booklet

General Osteopathic Council

This booklet is from the General Osteopathic Council.



It is about how **osteopathy** schools should support students with a disability or health condition.

Osteopathy is a type of healthcare treatment that involves stretching and massaging a person's muscles or joints.

A healthcare professional who treats people using osteopathy is called an **osteopath**.

About us

At the General Osteopathic Council, we:

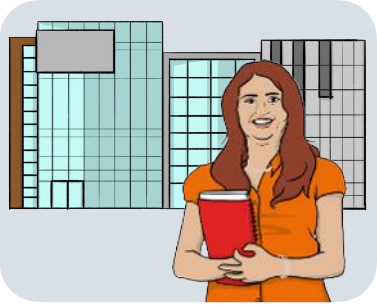
- Write rules and guidelines on how to be a good osteopath.

- Make sure osteopaths follow these rules and guidelines.

- Check that osteopathy schools are teaching students well.

- Make sure osteopaths keep learning and improving as they work.

Osteopathy schools



Osteopathy schools teach students how to be an osteopath.

Lots of people with a disability or health condition can be osteopaths.

We want osteopathy schools to support students with a disability or health condition.

The law

Osteopathy schools must understand laws about treating people with disabilities and health conditions fairly - like the Equality Act 2010.

The Equality Act explains that osteopathy schools should:

- Not treat a student unfairly because of their disability or health condition.

- Work toward and speak up about treating everyone fairly.

  This involves helping people with disabilities and people without disabilities work together.

- Protect students from all types of **discrimination**.

  Discrimination is another word for when you are treated badly or unfairly because of a disability or health condition.

The Equality Act also explains that osteopathy schools should:

- Make **reasonable adjustments** for students with a disability or health condition.

  Reasonable adjustments are changes that organisations and services can make so that disabled people can take part like everybody else.

- Make sure students with a disability or health condition can take part in all tests.

- Help school staff understand how to best support and teach students with a disability or health condition.

What schools should do

Osteopathy schools should support students with a disability or health condition from when they apply to when they finish.

Being prepared

Osteopathy schools should already be **accessible** in some basic ways.

Accessible means easy and suitable for people with different needs.

Osteopathy schools can do this by making changes to their buildings and ways of teaching, like:

- Having disabled toilets.

- Offering accessible equipment and technology.

Osteopathy schools can also share school information in accessible ways, like in Easy Read.

Osteopathy schools should always be checking that they are accessible and improving if they need to.

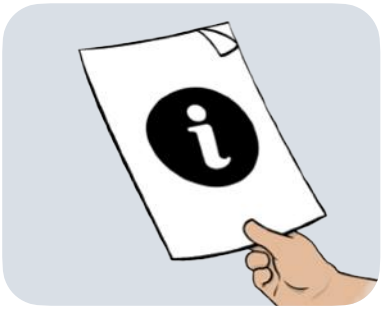
Choosing students

Students have to apply for a place at an osteopathy school.

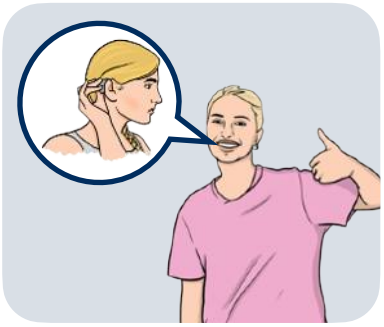
The osteopathy school then decides which students can have a place.

Osteopathy schools should make it clear that students with a disability or health condition are welcome to apply.

When choosing students, osteopathy schools should:



- Share information about what support is available for students with a disability or health condition.



- Make sure students with a disability or health condition feel comfortable with sharing information about their disability or condition when applying.

- Think about reasonable adjustments for students with a disability or health condition early on when they first apply.

- Make good correct decisions about whether someone with a disability or health condition can safely be an osteopath.

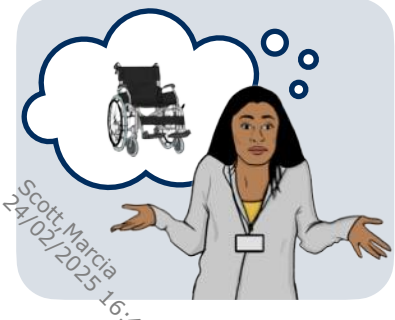
When choosing students, osteopathy schools should also:

- Check whether students with a disability or health condition need support with applying or taking part in interviews.

- Ask students with a disability or health condition the same questions as other students.

When choosing students, osteopathy schools should **not**:

- Say no to a student because they have a disability or health condition without doing the right checks first.



- Make guesses about what a student can or cannot do because of their disability or health condition.

Knowing student needs

Osteopathy schools should think about reasonable adjustments early on when students first apply.

Schools should talk to students with a disability or health condition about what kind of reasonable adjustments they may need.

Osteopathy schools should:

- Involve trained professionals or experts in checking the needs of students.

- Use health **assessments** if they need to.

  An **assessment** is when you meet with a health professional to work out what care or support you need.

Osteopathy schools should also:

- Be prepared to support all types of disabilities or health conditions, including mental health conditions.

- Make sure students with a disability or health condition understand:
  - Who will see their health information.
  - How their health information will be kept and used.

Making reasonable adjustments

Osteopathy schools should talk to students with a disability or health condition about reasonable adjustments.

But they do not have to make every reasonable adjustment that a student suggests.

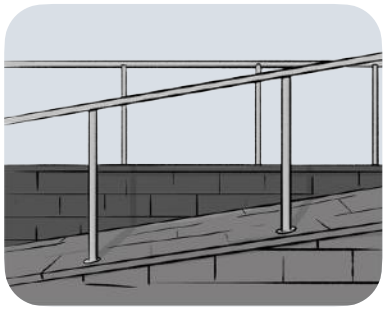
When deciding whether to make a reasonable adjustment, osteopathy schools should think about:

- Whether the reasonable adjustment will help the student.

- How much the reasonable adjustment will cost, and whether someone else could help pay for it.

- How the reasonable adjustment might affect other students.

There are many types of reasonable adjustment an osteopathy school could make, like:



- Changing a building - like adding ramps or making lighting less bright.

- Changing the way staff teach - like recording classes.

- Offering extra support from a trained person.

- Allowing some requests that a student might need - like breaks in a lesson or more time to finish tests.

- Offering equipment - like a screen reader.

Other reasonable adjustments might include:

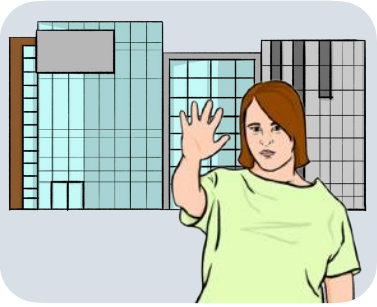
- Helping a student get the items they need - like paying for textbooks so that they do not have to travel to the library.

- Changing tests to suit a student's needs.

  What the test is asking will not change, but the **way** it is asked can be changed.

Osteopathy schools should make sure that students with a disability or health condition know how to complain if they need to.

Taking a break



A student with a disability or health condition may have to take a break from school if their health gets worse.

They may find it hard to return to school after this.

Osteopathy schools should:

- Have a plan that explains how they will support students when they return to school after a break.

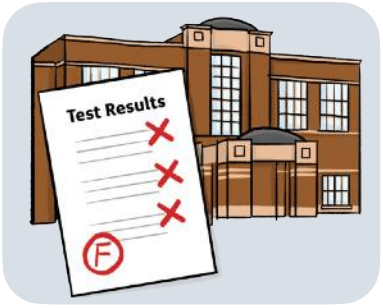
- Make sure it is safe for the student to return to school.

Finishing school

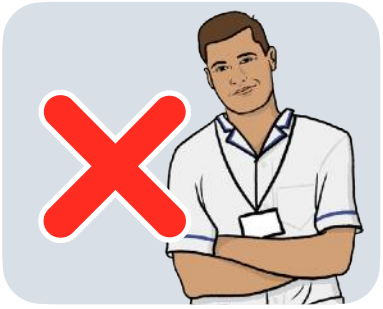
When a student finishes osteopathy school, they get a **qualification**.

The **qualification** is a document that says a person is allowed to be an osteopath and can safely treat patients.

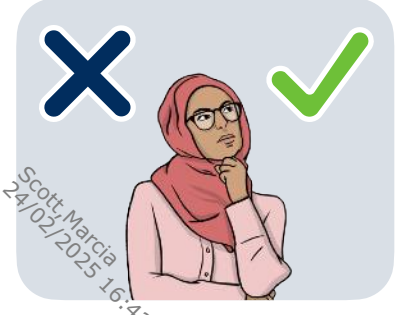
A student may finish school without getting a qualification if they:



- Do not do well enough in classes and tests.

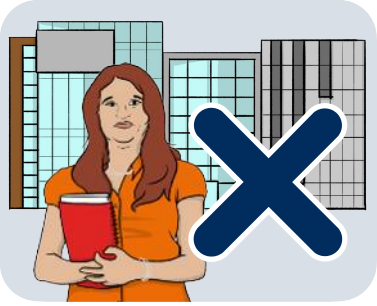


- Cannot be an osteopath safely.



Schools must safely decide whether a student with a disability or health condition gets the qualification.

When a student might have to leave school



Sometimes, a student with a disability or health condition may be unable to carry on at osteopathy school.

This can happen even when the school has made all reasonable adjustments to help the student.

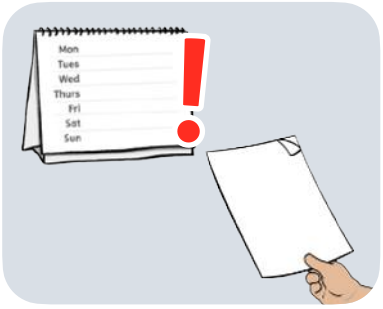
The student may decide to leave osteopathy school on their own.

Sometimes the school needs to think about asking the student to leave.

When deciding whether a student with a disability or health condition needs to leave school, osteopathy schools should:

- Think about whether the student can safely be an osteopath.

- Look at how often the student is coming to classes.



- Check if the student is handing in their classwork late.

- Check if the student works well in classes and with staff.

Find out more

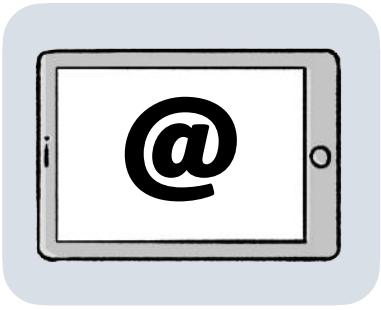
You can look at our website here:
www.osteopathy.org.uk

You can contact us by:

- Post:

  General Osteopathic Council
  176 Tower Bridge Road
  London
  SE1 3LA

- Phone: 020 7357 6655



- Email: info@osteopathy.org.uk

This Easy Read booklet was produced by easy-read-online.co.uk

General Osteopathic Council

Annex F to 5

Equality Impact Assessment

Title of policy or activity
Guidance about Students with a Disability or Health Condition for Osteopathic Students and Educational Providers: **Students with a disability or health condition: Guidance for Osteopathic Education Providers** **Studying osteopathy with a disability or health conditions: Guidance for applicants and students**
Is a new or existing policy/activity?
This is an update to existing guidance originally published in 2017
What is the main purpose and what are the intended outcomes of the policy/activity?
The main purpose of this activity is to review and update the current health and disability guidance. This currently serves as two separate documents. The intended outcomes are as below: • Ensure the guidance is relevant to current statutory requirements within health and disability • Consistency in language • Address diverse needs • Plug any identified gaps • Ensure the guide is up to date and reflects current society and is relevant • Review the case examples ensuring they are relevant and that all links to resources are updated and correct
Who is most likely to benefit or be affected by the policy/activity
Key stakeholders: • Students and potential students • OEIs/educators/lectures & tutors • Clinical staff • Patients & public

Does this policy or activity impact on the Welsh Language?	
Yes. Guidance will be made available in Welsh	
Dates of the EQIA	
• When did it start?	15/12/2022
• When was it completed?	Project is underway
• When should the next review of the policy/activity take place?	2030, though modify impact on an ongoing basis

Useful information

What information would be useful to assess the impact of the policy/activity on equality?
Osteopathic educational institutions are required to submit annual reports. Within these reports we can gain information around EDI in relation to student demographics. Student support and welfare offices would be a good source to obtain information in relation to the impact. The guidance would be important for them to support those with a health condition or disability. So, it would be a good place to get information in regard to the impact changes and updates have had. It would be important to engage with students and leads within institutions during or after the implementation stage. They would in essence be the end users so gaining their feedback on the impact of the changes/updates would be important. The following information would also be useful in order to assess the impact of the new guidance: • FTP investigation or notifications in relation to H&D • Complaints in relation to H&D • Monitoring the implementation of the new guide in order to assess and evaluate the impact of change • Feedback from focus groups **Update February 2025** During the development phase of the updated guidance, we sought insight from a focus group of students with an interest in or experience of studying with a health condition and/or disability. In terms of impact of the existing guidance, we learned

that awareness of the guidance was potentially low, but those who did engage with it, found it useful. We took into account feedback received regarding the language used and complexity of the documents, and took back updates to the student group for further consideration before wider consultation. As a result of this, we also commissioned Easy Read versions of the guidance documents, to provide a quick summary for those who find the full documents harder to navigate and engage with.

A formal consultation has now been undertaken. Whilst only three written responses were received, we also were able to undertake dedicated focus groups with patients, students and educators with experience and interest in the area of health and disability.

Is there data relating to people with any/each of the protected characteristics and, if relevant, on the Welsh Language?[1]

We have data about ethnicity, sex and disability for students enrolled at osteopathic educational institutions.

We currently collect data about some protected characteristics of students at enrolment and progression from the osteopathic educational institutions –

We have data about ethnicity, sex and disability in relation to the population in the UK from Census data in England and Wales, Scotland and Northern Ireland.

This data should help us to understand:
Are there any notable differences that may need more action should be taken to
a) engage with a particular group,
b) put more information in the guidance?

Further considerations around requested data for groups that fall within protected characteristics are being considered for annual reporting.

February 2025

The following extract is from our annual reporting process from osteopathic educators, and relates to recruitment into the 2024-25 academic year, and progression data from the 2023-24 academic year.

Equality Diversity and Inclusion across the datasets

1. The following consistent observations can be made in relation to student enrolment and equality, diversity, and inclusion across the six academic years (2019-2025):

[1] The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- Slightly more females are choosing to train to become osteopaths, this has increased by 1% since 2019[2].
- Typically, students are aged 30+ (increased by 7% compared to 2019), followed by under the age of 21 (decreased by 5% compared to 2019)[3].
- Dominant country of origin is the UK, which has increased by 5.5 % since 2019[4].
- A small proportion of student country of origin was in the EU[5] and this has dropped by 9% since 2019.
- The majority of students ethnicity was reported as White/White British (which is currently broadly at the same level as it was in 2019)[6].

Progression and non-progression data relating to Equality, Diversity & Inclusion

2. During this year's annual monitoring submission, we added two additional excel sheets to the student data workbook for OEIs to complete, these allowed OEIs to provide us with more information on the progression and non-progression data for 2023-24 relating to Equality Diversity and Inclusion (EDI) (in terms of sex, age, ethnicity, country of origin and disability)

3. The following trends were observable for the EDI progression data, which are similar to the enrolment trends described above:

- Slightly more females are choosing to train to become osteopaths, (490 or 52%)
- Typically, students are aged 30+ (386 or 41%), followed by under the age of 21 (223 or 24%).
- Dominant country of origin is the UK (704 or 75%)
- A small proportion of student country of origin was in the EU (132 or 14%).
- The majority of students ethnicity was reported as White/White British (591 or 63%)
- Minority ethnic characteristic[7] was slightly lower (161 or 17%), than would have been expected from the enrolment data collected previously, but this can be explained by the larger proportion of 'Not Known' being recorded here.[8]

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[2] Number of females 2024-25 enrolled 565 or 56%.

[3] Number aged 30+ 2024-25 was 428 or 43% and aged under 21 was 254 (25%)
[4] Country of origin UK 2024-25 was 776 (77%)
[5] Country of origin EU 2024-25 was 132 (13%)
[6] White or White British 2024-25 was 688 (69%).
[7] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[8] Not Known was recorded as 191 or 20%

- Disability has been reported among students with 144 or 15% declaring a Special Educational Needs and 88 or 9% declaring single health conditions).[9]

4. The following trends were observable for the EDI non-progression data, which is something we have not been able to look at more closely before:

- We see similar patterns with the non-progression sample that we did in the progression data with the majority consisting of:
  - Female (80 or 54%)
  - Aged 30+ (70 or 48%) or Under 21 (39 or 26.5%)
  - UK origin (125 or 85%)
  - White or White British (84 or 57%)

5. However, when we look at progression rates and non-progression rates alongside each other for particular protected characteristics we can see for some groups non-progression becomes higher (>5%) than it was for those that progressed, namely students with the following protected characteristics: male, aged 30+, minority ethnic characteristic[10] or declaring a single health problem (see Table 2)

Characteristic	**Progression**	**Non-Progression**
Female	490 or 52%	80 or 54%
Male	341 or 36%	65 or 44%
30+	386 or 41%	70 or 48%
Under 21	223 or 24%	39 or 26.5%
UK Origin	704 or 75%	125 or 85%
EU Origin	132 or 14%	13 or 9%
White British	591 or 63%	84 or 57%
Minority Ethnic	161 or 17%	34 or 23%
Special Educational Need	144 or 15%	15 or 10%
One health problem	88 or 9%	20 or 14%

6. Since 2019 we have seen a greater diversity among the student population studying to become an osteopath in terms of the following protected characteristics:
   - Minority ethnic characteristic[11] has increased by 10% (i.e., non-white or White British)[12].

[9] SEN 2024-25 was 146 (14.5%) and single health condition was 101 (10%)
[10] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[11] This includes the following ethnic groups: Asian and Asian British, Black and Black British, Chinese, Mixed ethnic background and Other.
[12] Minority Ethnic as set out in footnote 9 for 2024-25 was 253 (25%)

• Disability has been increasingly reported among students since 2019 (up by 5.5%, declaring of Special Educational Needs and up 5% declaring single health conditions).[13]
Where can we get this information and who can help?
• OEIs • Annual reports • Any other published data • Stakeholder groups • Data about osteopaths is available on the KPMG report • Some data available on the register. Data about the UK population is available as follows: Census data in England and Wales – https://www.ons.gov.uk/census Census data in Scotland - https://www.scotlandscensus.gov.uk/census-results Census data in Northern Ireland - https://www.nisra.gov.uk/statistics/census

Step 2 – Involvement and consultation

Prompts: Thinking about your policy or activity, have you been liaising with any individuals and/or groups to inform the development of the policy or activity? Has there been pre-consultation events which have provided insight into your policy or activity development?

Think about your answer in Step 1 around data. If there were gaps in the data that you needed to inform your policy or activity development, how are you planning to address them through the involvement and consultation phase?

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.
In relation the current updating of this guidance, we will be using Stakeholder Reference Groups listed below: Key Stakeholders to be involved: • Students • OEIs/educators/lectures • Clinical staff • Patients & public

[13] SEN 2024-25 was 146 (14.5%) and single health condition was 101 (10%)

Actions involving key stakeholders:

- **Survey/questionnaire:** In order to inform our initial analysis, we submitted a questionnaire to the stakeholder group listed above. This was our first form of engagement in the process and was conducted in December 2022-Feb 2023 online.
- **External expertise:** We sought an external independent review of guidance. Feedback was provided and included in the working document for suggested improvements.
- **Peer regulator guidance review:** We looked at GMC, NMC & GDC guides to gauge whether we had missed critical subject areas & to understand if current parts of the guidance required further elaboration/clarification.

Actions to be carried out:

- Consultation focus groups – including formal engagement with groups with particular protected characteristics. This will seek to engage a range of stakeholders who represent the diversity within protected characteristic groups to gain advice on our possible outcomes and updates.
- Direct feedback mechanisms (education inbox)
- One to one interviews
- Explore concerns raised around equality, diversity and inclusion in OEIs
- Gain views around the implementation of the developed guidance
- Explore equality, diversity and inclusion issues that have arisen with peer regulators
- Engage with osteopathic students with specific protected characteristics to gain feedback to reflect on our current thinking and ideas and inform potential changes and additions to the guidance going forward. This would be to better understand their current experiences and what impacts they currently face.
- Identify the kind of data we might want to collect that may form part of our Annual reporting process.
- Review EDI data from other sources (annual reports)
- Expert/stakeholder panels to review changes

February 2025

The consultation took place from 13 September to 27 November 2024.

We publicised this using a range of outlets, including our e-bulletin and direct communication via email with key organisations and groups, including:

- **Monthly ebulletin to osteopaths:** in September, October and November issues, inviting osteopaths to share their views
- **Quarterly ebulletin to students:** in October and December issues.
- **Website**: the consultation had its own page on the website with a link to the consultation document. Plus highlighted on the o zone and get involved spot on the website. The Welsh web page will have the Welsh version. A news story was published to the website.
- **Social media:** posted to social media when we launch the consultation and at various points across the 11 week period.
- **Targeted emails:** to key partners to let them know it has launched, to encourage their feedback and views, including:
  - Council of Osteopathic Education Institutions
  - National Council for Osteopathic Research
  - Institute of Osteopathy (iO)
  - Osteopathic Alliance
  - Osteopathic Communication Network
  - Post graduate course providers
  - Patients
- **In-person events** including the iO roadshows where we discussed with the participants we met.

Focus groups

We carried out 3 focus groups with students, 2 with educators and 2 with patients with experience and interest in the area of health and disability.

Step 3 – Data collection and evidence

Prompts: In completing this section think about the data and evidence that you have already collected and, when completing the EIA at an early stage of the development of the policy or activity, the data that will be collected through consultation. Where possible, try and show this separately and update your EIA as the policy or activity progresses.

Do you need to undertake further research or data collection? But remember, you will never have a perfect set of data in which to make a decision.

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and on the Welsh Language Scheme?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

Evidence:

We have data on ethnicity, sex and disability for students enrolled at osteopathic educational institutions (see above).

- Questionnaire

- **If relevant, on the Welsh Language?**

The current guidance for students is available in Welsh, as will be the updated guidance when published.

In the consultation we ask about impact on the use of the Welsh language.

February 2025

No issues impacting on the use of the Welsh language were raised as a result of the consultation. This included a focus group with students at a Welsh education provider.

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

- New data/information/research to be gained from the consultation activities

The contribution of students with protected characteristics is important. This is to ensure that the outcomes are relevant and appropriate. We will and did conduct specific focus groups with those who have protected characteristics. We will seek to gain a good representation of the diversity within these protected characteristic groups to advice on potential outcomes.

We could promote direct feedback mechanisms such as the education inbox. It is a convenient was to provide feedback. This also provides assurance that feedback is being received by the right team. Documentation can be recorded and tracked systematically helping identify reoccurring themes, concerns and suggestions. This transparent approach contributes to collaborative working giving all stakeholders an open opportunity to engage in the process.

- One to one interviews
- Webinars: can be topic focused, questions can be asked by stakeholders on one specific area
- Explore concerns raised around equality, diversity and inclusion in OEIs
- Gain views around the implementation of the developed guidance
- Explore equality, diversity and inclusion issues that have arisen with peer regulators
- Engage with osteopathic students with specific protected characteristics to gain feedback to reflect on our current thinking and ideas and inform potential changes and additions to the guidance going forward. This would be to better understand their current experiences and what impacts they currently face.
- Identify the kind of data we might want to collect that may form part of our Annual reporting process.
- Review EDI data from other sources (annual reports)

February 2025

Our consultation on the updated guidance involved communication with students, educators and patients, some with a particular interest in health and disability issues. Although the written consultation responses were limited (only 3), the responses provided were very helpful and insightful, and alongside the focus groups conducted, meant that we received thorough feedback that has enabled us to finalise the guidance.

Step 4 – assessing impact and strengthening the policy

Prompts: Think about each of the nine protected characteristics and consider the potential positive and negative impacts on each group. If you have identified a negative impact on a particular group, what are the actions that you plan to take to address the negative impact, if at all? Think about what else you might be able to do in order to strengthen equality further in relation to your policy or activity.

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and on the Welsh Language?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- A strong need to understand the guide clearly to support those with serious conditions (such as MS) is very important.

- More guidance is required around social anxiety

- Needs to be clearer on how concerns can be raised for those that fall within the protected characteristics.

- Guidance around creating a more inclusive environment is required.

- More information and advice around educational resources and support

- Identified additional mental health support

- **If relevant, on the Welsh Language?**

Guidance to be made available in Welsh

February 2025

We explored this in the consultation. The updating of case scenarios was aimed at exemplifying how cases might be managed and the types of adjustments that might be made to support students. We made these gender neutral when gender wasn't a relevant issue.

We have made greater reference in the guidance documents to neurodiversities, and signposted to updated guidance on reasonable adjustments.

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on the Welsh Language?
• **Disability?** • **Gender reassignment?** • **Marriage or civil partnership?** • **Pregnancy or maternity?** • **Race?** • **Religion or belief?** • **Sexual orientation?** • **Sex (gender)?** • **Age?** • **If relevant, on the Welsh Language?** No, we are to treat the Welsh language the same as English so would produce guidance in Welsh. **February 2025** No issues arose in this respect during the consultation.
What practical changes will help to reduce any adverse impact on particular groups?
• **Disability?** • **Gender reassignment?** • **Marriage or civil partnership?** • **Pregnancy or maternity?** • **Race?** • **Religion or belief?** • **Sexual orientation?** • **Sex (gender)?** • **Age?** • Consistency in language. Also updating terminology (Aspergers no longer referred to and included in the autism spectrum) • Clarity and further guidance around reasonable adjustments • Encouraging a more inclusive environment

- More information and advice around educational resources and support
- Good case examples. Relevant case examples help to bring realistic context to a particular policy, therefore generating a better understanding of the policy or guide.
- **If relevant, on the Welsh Language?**

No, we are to treat the Welsh language the same as English so would produce guidance in Welsh.

What could be done to improve the promotion of equality within the policy?

- Involving subject specialist to advise on the guidance
- Focus groups with those with protected characteristics and diverse needs
- EDI resource evaluation

The guidance explicitly references and requires knowledge of equality and diversity legislation as a requirement of their provision of services to patients.

This review is necessary to evaluate the negative impacts on those with protected characteristics that can be addressed. We will evaluate the implantation of the updated guide.

Specific areas such as:

- Clinical support
- Reasonable adjustments

Will require a thorough assessment to ensure institutions have the correct guidance to support students in their phases of clinical and theoretical assessments.

February 2025

The updated guidance was generally positively received in consultation feedback. We have made some further changes post consultation as a result of feedback – for example, updating case scenarios to reflect what would happen in practice more accurately. Some feedback indicated that further case scenarios and stories would be helpful. Whilst we have not added further cases to the documents at this stage, we do intend to collaborate with students, graduates and educators to develop resources as part of the

implementation stage. These might include videos for example, to illustrate the application of the guidance in practice, and to show success stories of students studying with a health condition or disability.

Step 5 – making a decision

Prompts: In completing this section, consider all of the data you have collected, the potential impact (positive and negative) on all of the protected characteristics. Where do you see your policy or activity now? You have four options:

a. No barriers or impact were identified, therefore activity will proceed.

b. You have decided to stop the policy or practice because the evidence shows bias towards one or more groups.

c. You have adapted or changed the policy in a way which you think will eliminate the bias.

d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

Now summarise your decision and think about how you might explain this to someone outside of the GOsC who has little to no understanding of healthcare regulation.

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.
Questionnaire findings • More clarity around reasonable adjustments • Address social anxiety and guidance on support • To be simplified • Promote and encourage a more inclusive environment • More information around student support services (welfare office) • More guidance around spreading or adjusting clinical hours to support those that suffer from serious health conditions such as MS • Mental health support

External expert findings: • Language (gender neutral) • Consistency in phrases • More detail on misconduct – examples would include sexism, racism, homophobia and disablist. • Some grammatical corrections • Making case examples gender neutral where relevant • Health concerns – including mental health • More detail around neurodiverse conditions
What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?
• Present changes/findings to the committee & focus groups • Evaluating feedback • Consultation strategy to engage with key stakeholders
What practical actions do you recommend to include or increase potential positive impact?
• Sharing of good practice • Effective use of feedback provided • Obtaining diverse perspectives from stakeholder groups. • Publicising successful pathways in relation to equality • Notifying stakeholder groups of the updated guidance **February 2025** We have carried out a through consultation process that has generated insightful and helpful feedback that has enabled us to finalise the documents, and further develop an implementation plan.

Step 6 – monitoring, evaluation and review

Prompts: If the policy or activity is to be introduced, in this section think about how you plan to measure the impact and effectiveness once it has been introduced. How will you do this? How frequently will you monitor the policy or activity? Which individuals or groups will you be asking/collecting data from to inform the monitoring, evaluation and review.

How will you monitor the impact/effectiveness of the policy/activity?
• Gain feedback after the implementation of the new guide

• Monitor if there has been a reduction in complaints/certain type of complaint • Identify a date for review
What is the impact of the policy/activity over time?
• Change in culture • Reasonable adjustments being more effective • Improved understanding of support required/given by OEI • Students have better access to support
Where/how will this EIA be published and updated?
The EIA will be published alongside the Guidance

Step 7 – action planning

Prompts: The final section of the EIA is to detail the actions which have arisen as a result of completing the EIA and who is the person responsible for those actions and the date by which they will be completed.

Please detail any actions that need to be taken as a result of this EIA		
Action	**Owner**	**Date**
February 2025	S Bettles	7 February 2025
An implementation plan needs to be completed to provide or signpost more accessible resources and guidance (for example videos) to take account of the consultation responses in these areas. We will also need to seek further expert advice on the development of these resources.	F Browne	23 February 2025

General Osteopathic Council

Policy and Education Committee
6 March 2025
Student Forum pilot

Classification	Public
Purpose	For decision
Issue	Purpose and approach to piloting the GOsC's first Student Forum.
Recommendations	1. To consider and discuss the approach to establishing a Student Forum pilot. 2. To agree to launch the student forum pilot.
Financial and resourcing implications	Depending on the number of students who want to attend forum meetings, we plan to offer a £25 voucher to each student for every meeting they join. We hope to have 5-10 students attending each meeting. We estimate three meetings to take place in the next financial year at a cost of £500-£750 with a maximum budget of £1,000 and this is incorporated into 2024/25 budgets. Internal resourcing will be monitored closely during the pilot.
Diversity implications	Students in Wales will be contacted in Welsh and English and given the option to receive information regarding the forum in Welsh. During the pilot we will identify gaps in demographics or diversity characteristics in the forum and take this into account as part of the pilot's evaluation.
Communications implications	Promotion will be key in establishing the forum. Methods for communication are highlighted in the paper.
Annex(es)	N/A
Author	Jess Davies, Liz Niman

Background

1. Students are an important stakeholder group for the General Osteopathic Council. Led by our Strategy, towards 2030, and supported by the findings of the registrant and stakeholder perceptions research, we are committed to strengthening trust across the profession, including with the future generation of osteopaths.

2. Our Communications and Engagement Strategy 2021-23, which has since been absorbed into our new Strategy, required that we take an approach that is:
    - Reflective and insight-driven
    - Proactive and timely
    - Forward looking
    - Two-way
    - Inclusive
3. As part of the implementation of this strategy, we had previously identified gaps in our understanding of the views and needs of students, leading us to include students as a key audience in our Registrant and Stakeholder Perceptions research (2024). A total of just 11 students responded to the survey, some of those also taking part in depth interviews. This low response rate further illustrated the challenge GOsC faces when communicating and engaging with students.

4. In April 2024 we carried out three small focus groups with a total of 12 students in their penultimate and final year of study to gather some direct insight from students about the ways in which we communicate and engage with them. From these conversations we found:

    a. Students generally know about our role in protecting the public, setting practice standards and investigating concerns, however there was some confusion over to what extent we are responsible for making patients and the public aware of what osteopathy is, and to what extent GOsC influences the osteopathic education curriculum.

    b. Some students were confused about the differences between the role of GOsC and the role of the professional membership body, the Institute of Osteopathy.

    c. Some students acknowledged the value of osteopathy being a regulated profession and saw this as something to be promoted and shared widely, including to students, as a reminder of the importance of regulation.

    d. Students are generally not aware that they can contact the GOsC directly, especially if they have concerns or questions regarding their education and training.

e. Students are generally unaware of GOsC's efforts to visit students during their education, and seemed keen for more in-person interaction with the regulator, which they said would help them to see the regulator as approachable/more human. They also suggested this may help to reduce the fear of GOsC.

5. This combined insight informs our strategic approach to student engagement over the next two years, which includes the establishment and pilot of a Student Forum.

6. Our proposed approach to GOsC's Student Forum is informed by the establishment, development and evaluation of GOsC's Patient Involvement Forum (PIF), which was set up in 2020 and has since shared views on 24 GOsC projects. Some of the key learnings from PIF that will influence our approach to the student forum include:

    a. Kicking off the forum by hosting a meeting on a specific topic with a clear purpose and shared outcomes, to demonstrate to those that attend the value of taking part in the forum. For PIF this encouraged attendees of the meeting to commit to the forum as regular members.

    b. Regularly closing the feedback loop after forum meetings by offering members a safe space to debrief and by sharing with members Council or Committee papers that have been informed by their views, to demonstrate the impact of their involvement on our work. The evaluation of PIF also demonstrated the need to capture the impact of patient involvement more clearly at the meetings that forum members attend, which will also be considered for meetings of the Student Forum.

    c. Taking a plain English approach to communication with members – not assuming a certain level of knowledge or literacy skills.

    d. Establishing a group agreement that sets the expectations of members regarding meeting discussions and helps provide a framework with boundaries to support the development of professional relationships, which have also played a large role in the success of the Patient Involvement Forum.

7. We will continue to stay abreast of learning and developments from PIF as we progress plans for the student forum.

Discussion

Purpose of the forum

8. The overarching purpose of the GOsC Student Forum is to gather student views on the work of the GOsC to inform our thinking and decision making, and to ensure the student voice is captured throughout our work as regulator and as part of our evidence base.

9. In developing a student forum, we hope also to make progress with our strategic themes as outlined in our response to the DJS Registration and Stakeholder Perceptions Report (2024) for student engagement to:

    - **Increase clarity about our role:** set the right expectations of what we do and don't do early on to mitigate negative perceptions developing during education and in practice based on common misconceptions.
    - **Demonstrate our humanity and empathy:** encourage students to see us as approachable, easily contactable and reassuring.
    - **Reduce fear:** by increasing clarity and demonstrating our approachability, we hope to reduce fear among students of the GOsC and our role in investigating concerns from the public and patients about osteopaths.

Structure of the forum

10. Initially, we plan to launch the forum as a pilot with a view to evaluating both the impact of the forum on our work, and the success of its structure and regularity, making changes if necessary. Feedback from members will be sought as part of this evaluation so we can make sure the forum is meeting the needs of its members.

11. The forum will initially be facilitated by a GOsC staff member and all forum members will have equal responsibilities and speaking rights during the meeting. We plan for each meeting to last around 1.5 hours and to focus on one or two specific topics.

12. We are considering sharing a draft group agreement with attendees of the first meeting to set expectations and create a safe space for shared views and constructive discussion. We then hope to ask for students' feedback on the group agreement before finalising for all future meetings.

13. We hope to begin promoting the forum in spring 2025 to all students except those who are in their final year (with a hope to include those who are both full time and part time), with a view to holding the first meeting in October 2025 which is near to the start of next academic year. We hope to have at least 5 students signed up to the forum initially, with plans to continually promote the forum and grow the number of attendees over time. Learning from the Patient Involvement Forum suggests word of mouth is the most successful method for encouraging other members to join. We will therefore consider encouraging members to recommend the forum to other students they think might want to join.

14. Once we have our forum established, we aim to identify gaps in demographics and protected characteristics and then, through use of communication and promotion methods, encourage students with specific protected characteristics that are not well represented to join, to help us ensure the forum is as representative of the diversity of osteopathy students and patients as possible.

We will also consider how representative the forum is of the education providers and different year groups. We do however understand that representation is likely to be a challenge for the group, and any lack of representation will be taken into account when analysing and reporting on the feedback from the forum.

15. We recognise that most students are time poor and busy with their studies and often employment as well. To be able to meet a variety of needs and reduce the demand of the forum on student's time, we plan to hold the first two meetings online. We will gather member's views on the benefits of holding a forum meeting in person, as we recognise this may prove beneficial to students looking to network among their peers but may disadvantage those living further away from the majority.

16. Possible topics of discussion for the forum could include:

    a. Transition to practice – using insight we've gathered previously from newly qualified osteopaths to ask students how we can better support them as they prepare to graduate and join the Register. (See also Public Item 4 on this agenda.)

    b. Website development project – ensuring our new website meets the needs of students.

    c. Review of the Osteopathic Practice Standards and matters impacting on standards such as artificial intelligence.

    d. Our approach to quality assurance as we bring our quality assurance in house.

    e. How to support students to speak up against any instances of bias and discrimination in education (this is a requirement of the PSA's EDI matrix).

    f. How we communicate with students e.g. social media channels.

    g. Consultations: for example our forthcoming s32 protection of title and osteopathic technique consultation later this year.

    h. GOsC's Council Associates programme

17. Taking into consideration learning from the Patient Involvement Forum, we're hoping to kick off the forum with a meeting about a topic that is very likely to be of interest to a lot of students as a way to encourage more interest and get attendees interested in being more permanent members. We are considering holding the first meeting on the topic of transition to practice – using our insight from newly qualified osteopaths about the challenges they've faced and how prepared they felt for practice, and using this to gather students' views on how we can support them during their education, as they begin to prepare for practice. This will follow on from, and be informed by, a meeting being held with

stakeholders from across the profession later this year (see Public Item 4 for further information on this).

Promotion of the forum

18. To raise awareness and encourage students to express their interest in joining the first meeting of the forum in autumn 2025, we plan to share concise information in a variety of formats, including a possible video as students have told us they struggle to find the time to read a lot of information from us. Any information we create to promote the forum will be shared using the following methods:
    a. Quarterly student ebulletin
    b. Cascaded via education providers using their internal channels
    c. Social media
    d. Sharing information on the GOsC's web pages that we know students tend to use often as part of their studies, for example pages about standards of practice
    e. Email footers and a poster to be displayed at the education providers are also being considered

19. We hope to begin promoting the forum to all students except those in their final year from April 2025, giving us time to prepare promotional messages after PEC and delivering these in good time before the proposed meeting in October. We hope that doing this will allow us to reach students before the end of the academic year.

Evaluation of the student forum pilot

20. We plan to hold three meetings of the pilot over the course of 12 months before conducting an initial evaluation that will consist of feedback from members, a review of their input into the work of the GOsC and any outcomes and actions that came as a direct result of students' feedback. We will also review practical matters such as cost and resources.

21. If the pilot is considered successful by hearing the student voice and the student forum continues, we will aim to conduct a more in-depth evaluation after a few years, similar to the GOsC's recent evaluation of the Patient Involvement Forum.

Feedback to inform our approach

22. In developing our approach to piloting a student forum, we sought evidence in the form of the views and experiences of stakeholders including colleagues in education providers, the Institute of Osteopathy and other healthcare regulators. The insight gathered has helped to inform the approach set out in this paper in the following ways:

    a. **Offering support and training to forum members:** feedback from education providers suggested we consider providing members with support to understand the importance of constructive feedback and the

impact of feedback on policy change. We hope to discuss support and training options with forum members to understand the skills and training they feel they would benefit from, and that would benefit forum discussions. We would also consider educating members on the regulatory landscape within which the GOsC operates, to give students a better sense of the value of regulation and the forum's discussions.

b. **Keeping education providers informed:** feedback from education providers questioned how we might keep them informed of the work of the forum. We plan to update providers during established meetings on topics of relevance, for example what students think of our in-house approach to quality assurance. Any insight captured from students regarding their experiences of education will be relayed anonymously in one to one meetings with providers.

c. **Being clear about the benefits of forum membership for students:** stakeholders with experience of engaging with students have stressed the need to be clear about what the students will gain as a result of engaging with the forum. Many struggle to get students to respond to surveys or engage in other ways. Our communications will highlight benefits including peer networking, training and the financial incentives.

d. **Being clear about the differences between our forum and the iO's Student Committee:** some questioned the differences between the two forums and whether we should utilise the iO's Committee instead of piloting our own forum. While the iO's Committee focuses primarily on informing the work of the professional membership body and their aims in promoting and developing the profession, our forum will provide students with a chance to share their views on, and therefore inform the thinking around the work of the regulator. Our forum will also offer a chance for students to better understand our role and the role of healthcare regulation, and to develop closer working relationships with the GOsC. We hope that promoting the forum's work will help to encourage more of the student population to see us as approachable by demonstrating our efforts to understand the student voice. Further information on the iO's Student Committee is provided at Annex A.

Other healthcare regulators

23. We take part in a joint regulatory quarterly meeting with other healthcare regulators on student engagement, gathering insight and learning from their efforts to engage with students. In 2023 the General Pharmaceutical Council launched their Student Voice Forum, whose members are asked to:

a. Attend virtual meetings twice a year (meetings are 1 hour 30 minutes, held in the evening)

b. Contribute their individual experience and perspectives at meetings

c. Suggest topics for discussion

d. Act as a critical friend and provide views on topics raised by the GPhC

e. Occasionally provide feedback between meetings

f. Be a member of the group for a minimum of 1 year

24. The GPhC's Student Voice forum is a feedback forum that enables the GPhC to listen to the experiences, needs and views of members so that they can better understand the issues that matter to students and trainees. Forum members share their experiences and suggest topics for discussion. The GPhC use what they hear through the forums to inform their planning and to check that the work they are doing takes into consideration the issues being raised by forum members. Forum members receive £30 in shopping vouchers as a thank you for attending each virtual meeting. On average 15 members attend each meeting of the forum.

25. We will continue to engage with other regulators and especially the GPhC to inform our approach to the GOsC's Student Forum.

Potential questions for consideration by the Committee

26. Engagement with students into our work is currently low. Does the proposed purpose and approach outlined in this paper seem appropriate to increase engagement with students?

27. What gaps are present in our thinking?

28. Is the approach that we are proposing in line with our values of being collaborative, influential, respectful and evidence informed?

29. Any other comments?

30. Is the Committee content for us to launch the pilot?

Next steps

31. We will begin promoting the forum in April 2025 and subject to recruitment, will launch the first forum meeting in Autumn 2025.

32. Prior to the first meeting we will draft a group agreement to be shared and discussed during the meeting, with a view to finalising the agreement afterwards and sharing with all students who attended the meeting, and all future members of the forum.

33. We will further develop and agree the topics for the first three meetings, making sure we allow time to listen to student views while also taking feedback on our

policy development and consultations.

34. We will report back to the Committee with a short update on member numbers and agreed topics in October 2025, and then with a more substantive overview of the insight gained and any subsequent outcomes in March 2026.

Recommendations:

1. To consider and discuss the approach to establishing a Student Forum pilot.
2. To agree to launch the student forum pilot.

The Institute of Osteopathy's Student Committee

The iO's Student Committee includes at least two students from each education provider. The Committee is chaired by a member of the iO Council or another professional member nominated by Council. Students who join the Committee in their earlier years of education tend to stay in the Committee until they graduate. The Committee allows students to:

- raise concerns or queries
- network with other students during Committee meetings or via the Committee's WhatsApp channel, run by the Chair of Committee
- gain a better understanding of the osteopathic profession
- share their views on the work of the iO

The Student Committee is a recognised part of the iO's governance structure but does not hold decision making authority. The Committee provides a regular forum in which the iO can gather student views on their work and strategic goals, and provides students with an opportunity to share their experiences of education and any challenges they have faced, which the iO can then use to tailor their development of services for students and newly qualified osteopaths. The Committee also acts as a leadership pipeline that encourages students to consider taking on roles within the iO's other governance Committees or mentorship programme once they have joined the Register.

General Osteopathic Council

Policy and Education Committee
6 March 2025
London School of Osteopathy (LSO) – Renewal of Recognition of Qualification (RQ)

Classification	Public
Purpose	For decision
Issue	Consideration of the Recognised Qualification (RQ) review at the London School of Osteopathy (LSO) in relation to: • Master of Osteopathy (MOst) • Bachelor of Osteopathy (Hons)
Recommendations	1. To agree to publish the LSO RQ Visitor report which provides evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date. 2. To agree that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements. 3. To request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting. 4. To request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.
Financial and resourcing implications	The RQ Visit was included in the 2024-25 financial schedule, with a budget of c£20,000.
Equality and diversity implications	Equality and diversity issues are reviewed as part of the RQ renewal process.
Communications implications	We are required to maintain and publish a list of the qualifications which are for the time being recognised in

order to ensure sufficient information is available to students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.

Annexes

A. The LSO review specification
B. The LSO RQ Visit Report

Authors Steven Bettles and Banye Kanon

Key Messages

- The visitor report contains recommendation for renewal of the recognition of LSO qualifications with two specific conditions.
- The Committee is asked to consider the Visitor report and the information provided in this paper and to agree:
- 1. To publish the LSO RQ Visitor report which provides evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date.
- 2.To agree that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements.
- 3. To request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting.
- 4.To request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.
- As there is currently no expiry date on the RQ, no decision by Council is necessary. However, the publication of the RQ report and the Action Plan will be reported to Council for information.

Background

1. A draft RQ specification was approved by the Committee at its March 2024 meeting.

2. The Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review on and this is attached at the Annex A.

3. The visit took place in October 2024.

Discussion

4. The visit report was drafted and sent to LSO on 25 November 2024 for a period of no less than one month in accordance with the Osteopaths Act 1993. An extension was given due to the Christmas holiday and the report deadline was extended until 6 January 2025.

5. LSO sought advice from the Director of Education, Standards and Development about how to best communicate their response in December 2024. It was made clear that in providing the support to LSO to put their response to the Visitors, this was done in the context of the Visitors being independent and there was no

judgement or opinion on the independent draft report or the Visitor findings. A written note summarising the support provided dated 9 January 2025 was provided to Mott by the Director of Education, Standards and Development for the purposes of transparency and this is available to the Committee on request.

6. LSO responded with what they considered to be factual inaccuracies on 6 January 2025, along with responses to the schedule of recommendations set out in the draft report, and the evidence in relation to the Academic Agreement with Anglia Ruskin University and LSO's strategic plan as set out in the conditions. All comments were taken into account in the production of the final report.

7. The final report was sent to LSO on the 21 January 2025. OEIs are required to send an action plan to Mott MacDonald within two weeks of receiving the final report for the Visitor's to review the proposed action plan ahead of Committee consideration.

8. The final visitors' report is attached at Annex B. The recommendation of the Visitor for the programmes is approval with two specific conditions. When we recognise an RQ, we also recognise in accordance with the general conditions which are also specified below.

9. As the LSO currently has no expiry date, it is expected that any conditions imposed by the Committee are set out on an Action Plan published on our website which also includes the general conditions.

Strengths and good practices

10. The visitors identified several specific areas of strength and good practices in the final report, including:

- ARU[1] is actively engaged in their franchise relationship with the College, this is evident from the ARU representative retaining their Link Tutor role with the College despite their own career development to Head of School for AHPs at ARU and releasing their other franchise schools to colleagues. This ongoing relationship provides continuity for the College and having this historical knowledge at the ARU ensures that when applications for the College are approved by ARU they will have been appropriately reviewed in consideration of the demands of the course. (1i)
- Staff and student stakeholders were emphatic at the RQ visit that the size of the College was advantageous in ensuring that all parties were kept up to date with any changes and that support was readily accessible and attainable. (1iv)
- The use of the ARU Active Curriculum Framework is positive, as the principles are founded in active learning and inclusivity, which better reflects professional practice. (1vi)

[1] ARU is Anglia Ruskin University as validator of the LSO programmes.

- The College have demonstrated a flexible approach to curriculum design based on the feedback of stakeholder groups and with the opportunity to feedback at different development stages, including on the name of the final degree awarded. This type of practice ensures continued stakeholder engagement as there is visible evidence of how changes have been made as a result of feedback given. (1vi)
- Experienced osteopathic external examiners are employed as part of the final year clinical assessment process. They offer an additional independent and objective assessment of the student body and have experience of other OEIs. (1viii)
- Student meetings demonstrate that the College 'open door' policy is received by students as a caring and effective approach. (1x)
- A strong collegiate approach across all stakeholders, along with appropriate policies and procedures enables a happy, harmonious, and effective learning environment. (3i)
- The curriculum and support from staff in preparing students for autonomous practice post-graduation. (3v)
- The College has invested in strengthening the research culture across its programmes and this includes the opportunity for students to work across year groups. (3vi)
- The detailed contextual analysis of data in the annual monitoring report is to be commended as it shows a deep understanding of the College's cohort of students. (4i)
- Provision of reasonable adjustments and flexibility in balancing work and clinic hours requirements help students to succeed with their learning experience throughout their student journey. (7i)
- The recent appointment of a Programme Manager with skills in higher education teaching and learning is an asset that has the potential to impact positively on the work of the College. (8i)
- The availability of safeguarding resources relating to the local area in which the College's clinic is situated demonstrates practical application of safeguarding policies to students and how this process may differ according to locality. (9ii)
- The intended change to project the daily appointment list on the whiteboard will improve efficiency for the morning clinic supervisor, who is currently required to transfer this information manually. (9iii)
- The Clinic reception team have clear lines of reporting and escalation for any issues that may arise, and they are confident in using these processes and display professionalism in their approach to these matters. (9iv)
- The College has voluntarily adopted the iO patient charter, which has been produced by the professional body as best practice for patients. (9vi)

Recommendations

11. Recommendations may be made by visitors when they consider that '*there is an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if*

appropriate.'

12. The visitors in this case made a number of recommendations within the initial draft report. As a result of LSO's response to these, some fourteen recommendations were removed from the final report included with this paper.

13. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. A request will be made for LSO to provide a progress update with regard to these specific areas as part of their 2024-25 Annual Report submission.

Conditions recommended by the Visitors.

14. Two specific conditions have been identified in the report by the Visitors. These are:
    - The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students. (2i)
    - The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College. (2i)

15. When responding to the initial draft report, LSO provided evidence the Committee may consider meets the conditions. In relation to first condition regarding the signed academic agreement, a copy of a letter from ARU dated 12 December 2024 was supplied. This confirms that they are in the process of negotiating a new contract, and that in the meantime, it is agreed that the existing agreement is extended until 31 August 2025, or the date of a new contract, whichever is sooner.

16. The strategic plan to 2026 referred to in condition 2 has also been supplied, which contains updates to June 2024. There seems to have been a miscommunication leading to this not being provided at the visit, but we have now seen this.

17. The visitors opted to retain the suggested conditions within the report as it reflected the situation at the end of the visit and during the writing process. The committee has options, however, in deciding how to proceed. These include:

    a) Agreeing to recognise the LSO programmes as outlined in the visitor's report, subject to the suggested conditions
    b) Agreeing to recognise the LSO programmes as outlined in the visitor's report, without conditions, on the basis that these are deemed to have been already met.

18. Given that we have seen evidence from ARU that the existing contract has been extended until 31 August 2025 while negotiations are underway, and further that a copy of the strategic plan to 2026 with progress updates has also been provided, our recommendation would be that option (b) above would be

appropriate. We would, for clarity, however, suggest that the Committee requests an update from LSO on contract negotiations with ARU for its June 2025 meeting and that this should appear on the published Action Plan on our website.

19. Developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, should be included within LSO's next annual report submission.

Approval

20. As the Osteopaths Act 1993 refers to qualifications, we have in this section simply referred to the named qualifications rather than the descriptions of the different courses.

21. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the continuation of recognition for the existing qualifications:

    - Master of Osteopathic Medicine (MOst)
    - Bachelor of Osteopathic Medicine (BOst)

22. The visitor's report recommends recognition of qualification status subject to conditions being met. This means that the visitors have determined that the course will deliver graduate who meet the Osteopathic Practice Standards.

23. If the Committee did agree that specific conditions ***should*** be imposed and recognition continue without an expiry date, then the conditions to be published on the action plan published on our website would be as follows:

CONDITIONS	
1	The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students.
2	The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College.
3	LSO must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
4	LSO must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change

	likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to: i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library, and other learning resource provision xvi. any event that might cause adverse reputational damage xvii. any event that may impact educational standards and patient safety
5	LSO must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the *Graduate Outcomes for Osteopathic Pre-registration Education* and *Standards for Education and Training*, 2022, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will

	be communicated in writing to LSO giving not less than 9 months notice.

24. If, however, the Committee agrees that the suggested conditions (in 1 and 2 in the table above) have already been met, then no conditions would apply, and the general issues in 3-5 above would continue to be referenced within a published action plan.

Recognition period

25. The interim Quality Assurance handbook[2] sets out the current criteria regarding the period of RQ approvals stating:

"The maintenance of the RQ status currently follows a cyclical process. Where required, PEC may apply an expiry date to the RQ. This decision will be made based on anticipated level of risk that the RQ presents."

GOsC will usually recognise qualifications for a fixed period of time in the following circumstances:

- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring.

For existing providers, GOsC will usually recognise qualifications without an expiry date in the following circumstances:

- an existing provider without conditions or
- an existing provider with fulfilled conditions and without any other monitoring requirements or
- an existing provider who is meeting all QA requirements (providing required information on time) or an existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan and
- an existing provider engaging with GOsC.

This will be subject to satisfactory review of the providers annual report."

26. LSO's programmes are currently recognised with no expiry date.

27. It is recommended that the qualifications outlined in paragraph 16 continue to be approved without an expiry date because the provide is continuing to engage

[2] Mott MacDonald GOsC Interim Quality Assurance Handbook - General Osteopathic Council (osteopathy.org.uk)

with GOsC and the requirements outlined by the Visitors are published on the Action Plan.

Recommendations:

1. To agree to publish the LSO RQ Visitor report which provides evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date.

2. To agree that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements.

3. To request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting.

4. To request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.

Review Specification for LSO - Renewal of Recognised Qualification Review.

Background

1. The London School of Osteopathy currently provides the following qualifications with no expiry date:
    - Master of Osteopathy (MOst)
    - Bachelor of Osteopathy (Hons)
2. LSO wishes to renew the RQ for these qualifications.

Review Specification

3. The GOsC requests that Mott MacDonald schedules a monitoring review for Visitors to report on the following qualifications:
    - Master of Osteopathy (MOst)
    - Bachelor of Osteopathy (Hons)
4. The aim of the GOsC Quality Assurance process is to:
    - Put patient safety and public protection at the heart of all activities
    - Ensure that graduates meet the standards outlined in the Osteopathic Practice Standards
    - Make sure graduates meet the outcomes of the Guidance for Osteopathic Pre-registration Education.
    - Identify good practice and innovation to improve the student and patient experience
    - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
    - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
    - Promote equality and diversity in osteopathic education.

5. The format of the review will be based on the interim Mott MacDonald Handbook (2020) and the Graduate Outcomes and Standards for Education and Training.

6. In addition to the usual review format for a renewal of recognition review, the Committee would like to ensure that the following areas are explored:
    - Review of risk management to ensure transparency and assurance to the delivery of the course.
    - Review of the risk register to ensure it has been enhanced.

- Plans to implement an updated curriculum for the MOst and BOst programmes.
- Review planning and contingencies around temperature control within the teaching clinic.
- Review process of ensuring policies are reviewed and updated regularly.
- Ensure the ARU student management system covers all programmes and modules.
- Plans around risks to student recruitment and staff retention due to economic climate.
- The process by which patients are made aware of policies including the raising of concerns/complaints and safeguarding.
- How other patient feedback mechanisms are utilised to compliment electronic surveys, to support patients who do not have access to technology or have limited information technology skills
- Mechanisms to encourage and facilitate student feedback to all quality assurance (QA) surveys, and how these lead to changes and enhancements.
- How actions identified from internal and external feedback sources are monitored and identified actions are logged, monitored and implemented.
- How patients are recruited to ensure students are exposed to a sufficient depth and breadth of clinical experience.

Provisional Timetable

7. The provisional timetable for LSO review will be as follows:

RQ visit in no later than October 2024

Month/Year	**Action/Decision**
October 2023	Committee agreement of initial review specification
June 2024	Committee agreement of statutory appointment of visitors
10 weeks before the visit c. August 2024	Submission of mapping document
19 to 21 October 2024	RQ Visit (including observation of teaching and learning both clinical and academic and opportunities for discussions with staff and students.)

5 weeks following visit c. November/December 2024	Draft Report to LSO for comments - statutory period.
December / January 2024	Comments received from LSO
January 2024	Report finalised and sent to LSO.
March 2025	Consideration by the Committee of the visitors' report.

This timetable will be the subject of negotiation with LSO, GOsC and Mott MacDonald to ensure mutually convenient times that fit well with the quality assurance cycle.

GOsC Education Quality Assurance

Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

Please refer to section 5.9 of the QA handbook for reference.

Provider:	London School of Osteopathy
Date of visit:	19th – 21st October 2024
Programme(s) reviewed:	Master of Osteopathy (MOst) Bachelor of Osteopathy (BOst)
Visitors:	Ceira Kinch, Sandra Stephenson, Sue Kendall-Seatter
Observers:	Hannah Warwick

Outcome of the review

Recommendation to PEC:

☐ Recommended to renew recognised qualification status

☒ Recommended to renew recognised qualification status subject to conditions being met

☐ Recommended to withdraw recognised qualification status

Abbreviations

AcC	Academic Council
AHP	Allied Health Professional
APTA	American Physical Therapy Association
ARCMC	Anglia Ruskin Course Management Committee
ARU	Anglia Ruskin University
AV room	Audio Visual room
BDA	British Dyslexia Association
BOst	Bachelor of Osteopathy
BDA	British Dyslexia Association
CMHD	Common mental health disorders
DSA	Disabled Students' Allowance
EDI	Equality, Diversity, and Inclusion
EDIB	Equality, Diversity, Inclusion, and Belonging
FGM	Female Genital Mutilation
FtP	Fitness to Practise
GDPR	General Data Protection Regulation
GOsC	General Osteopathic Council
GOPRE	Guidance for Osteopathic Pre-registration Education
GP	General Practitioner
HE	Higher Education
HEA	Higher Education Authority
HESA	Higher Education Statistics Agency
HR	Human Resources
IELTS	International English Language Testing System
IO	Institute of Osteopaths
IPL	Inter-professional learning
LSO	London School of Osteopathy
MOst	Master of Osteopathy
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSS	National Student Survey
OEI	Osteopathic Educational Institution

OIA	Office of the Independent Adjudicator (for Higher Education)
OPS	Osteopathic Practice Standards
PEC	Policy and Education Committee
PSRB	Professional Accreditation, Professional Statutory and Regulatory Bodies
QA	Quality Assurance
QAA	The Quality Assurance Agency (for Higher Education)
RQ	Recognised Qualification
SEEC	Southern England Consortium for Credit Accumulation and Transfer
SET	Standards for Education and Training
SMT	Senior Management Team
SU	Student Union
SWAST	Student Welfare and Academic Support Team
UCAS	Universities and Colleges Admissions Service
VLE	Virtual Learning Environment

Overall aims of the course

LSO confirmed the following aims of the course within the mapping tool:

For both the Bachelor of Osteopathy (BOst) and Master of Osteopathy (MOst):

1) To provide structured learning opportunities for students to enable them to become safe, capable and reflective autonomous osteopathic practitioners committed to evidence-based and ethical practice and lifelong learning.
2) Graduates will be equipped to deliver osteopathic healthcare alone or in teams, and interface with whatever political, social & legal frameworks are relevant.
3) To enable students to meet academic and profession requirements, which are currently set out in the Benchmark Statement for Osteopathy (QAA, 2024), Osteopathic Practice Standards (GOsC, 2019), Graduate Outcomes for Pre-registration Education and Standards for Education & Training (GOPRE/SET) (GOsC, 2022), and the Quality Code (QAA, 2023), and also to articulate the Educational Dimensions, Learning Literacies and Graduate Capitals set out the ARU's Active Curriculum Framework (2019).

For the Master of Osteopathy (MOst) only:

1) To provide Master's level academic skills, which will provide additional merit in terms of research and educational opportunities.

Overall Summary

The visit to the London School of Osteopathy was undertaken over three days between the college location at Grange Road and the clinic site at Cambridge Heath Road. Visitors were able to meet with a range of relevant groups to support work in relation to the visit specification. These groups included staff, students, trustees, an ARU representative and one patient. Meetings held across the three days were held in an open and honest way to support the visitors with triangulation, and these enabled the visitors to gain an understanding of the provision and to focus into key areas.

Strengths and good practice

ARU is actively engaged in their franchise relationship with the College, this is evident from the ARU representative retaining their Link Tutor role with the College despite their own career development to Head of School for AHPs at ARU and releasing their other franchise schools to colleagues. This ongoing relationship provides continuity for the College and having this historical knowledge at the ARU ensures that when applications for the College are approved by ARU they will have been appropriately reviewed in consideration of the demands of the course. (1i)

Staff and student stakeholders were emphatic at the RQ visit that the size of the College was advantageous in ensuring that all parties were kept up to date with any changes and that support was readily accessible and attainable. (1iv)

The use of the ARU Active Curriculum Framework is positive, as the principles are founded in active learning and inclusivity, which better reflects professional practice. (1vi)

The College have demonstrated a flexible approach to curriculum design based on the feedback of stakeholder groups and with the opportunity to feedback at different development stages, including on the name of the final degree awarded. This type of practice ensures continued stakeholder engagement as there is visible evidence of how changes have been made as a result of feedback given. (1vi)

Experienced osteopathic external examiners are employed as part of the final year clinical assessment process. They offer an additional independent and objective assessment of the student body and have experience of other OEIs. (1viii)

Student meetings demonstrate that the College ‘open door’ policy is received by students as a caring and effective approach. (1x)

A strong collegiate approach across all stakeholders, along with appropriate policies and procedures enables a happy, harmonious, and effective learning environment. (3i)

The curriculum and support from staff in preparing students for autonomous practice post-graduation. (3v)

The College has invested in strengthening the research culture across its programmes and this includes the opportunity for students to work across year groups. (3vi)

The detailed contextual analysis of data in the annual monitoring report is to be commended as it shows a deep understanding of the College’s cohort of students. (4i)

Provision of reasonable adjustments and flexibility in balancing work and clinic hours requirements help students to succeed with their learning experience throughout their student journey. (7i)

The recent appointment of a Programme Manager with skills in higher education teaching and learning is an asset that has the potential to impact positively on the work of the College. (8i)

The availability of safeguarding resources relating to the local area in which the College's clinic is situated demonstrates practical application of safeguarding policies to students and how this process may differ according to locality. (9ii)

The intended change to project the daily appointment list on the whiteboard will improve efficiency for the morning clinic supervisor, who is currently required to transfer this information manually. (9iii)

The Clinic reception team have clear lines of reporting and escalation for any issues that may arise, and they are confident in using these processes and display professionalism in their approach to these matters. (9iv)

The College has voluntarily adopted the iO patient charter, which has been produced by the professional body as best practice for patients. (9vi)

Areas for development and recommendations

It would be beneficial for the College to develop a marketing strategy with short and long-term goals to widen participation of students and include consideration of targeting prospective students from the areas where there is a concentrated population of patients. This could support with raising wider awareness of osteopathy and could support with expanding on the diversity of the age of students. If knowledge of osteopathy is a barrier, then educating careers officers at local schools could provide opportunity for a long-term strategy, with an earlier introduction of osteopathy as a career pathway introduced before GCSE and A level options are made by students. (1i)

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

The College should provide ongoing evidence of their review of new modules and their actions in response to feedback through the annual reporting process. This would support with demonstrating that the new approach to assessment and programme delivery is embedding the GOPRE and SET. (1vii)

The College should consider providing opportunities for the development of internal moderators in clinical assessments through training to expand the number of staff trained in this area. (1viii)

The College should follow-up on the opportunity given by ARU to provide support for staff gaining AdvanceHE membership through the experiential route of completing a portfolio. Staff development is key to providing a high-quality education experience for students, staff retention, and for succession planning. (1ix)

The College should consider how pedagogical knowledge on practical matters such as classroom management, lesson planning, and standardisation of resource materials could be shared with staff to provide the best education experience for students. (1ix)

The College should ensure the effective signposting of students to ARU resources and ARU Students Union in relation to an academic appeal or other academic matters. (1xi)

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all

stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process. (9ii)

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review. (2i, 6vi)

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint. (2iii, 3i, 3ii, 9vi)

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients. (3i, 9iv)

The SMT should monitor staff use of the dyslexia friendly template and their adherence to the sharing of resources to students both before and after a teaching session to ensure equality of provision and support for reasonable adjustments. (3iii)

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET. (3v, 7ii)

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders. (3v, 7i)

The College should monitor the impact of the weekday part-time route on capacity at the College to ensure that students are not negatively affected. (5i)The College should consider the reinstatement of an infection control policy for use in the Clinic environment and practical classes to meet safety and quality in practice guidelines. The GOsC has additional documentation on infection control guidelines which may support this. (7i)

The College should develop a patient marketing strategy including short-, medium- and long-term actions to ensure that students experience patients that are new to the clinic as well as patients that are new to them. Targeting of specific groups in alignment with the GOPRE and SET should be prioritised. (7i)

The College should consider clinical hours prior to clinical assessment scheduling to ensure parity of exposure to learning for all students prior to assessment. (7ii)

The College should actively pursue the inter-professional learning opportunities that the ARU Representative has indicated are now available. (7ii)

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

The College should ensure all aspects of safeguarding are included as part of student journey. The Safeguarding policy and process should be covered in induction with other aspects included at appropriate times of their training. For example, prior to starting clinic, students should be aware of FGM, should they observe practices or be informed by a patient then they should have knowledge of the reporting process as outlined by the Home Office. The duty applies to all regulated healthcare professionals and is included in the OPS. (9ii)

The live feed for the cameras and sound to the clinic rooms is accessible to anyone who enters the Team points, which are not locked but are located beyond the reception area where members of the public first

enter. Therefore, it would be pertinent to add a mechanism, such as a keypad, to reduce the likelihood of someone unauthorised entering the team point unwittingly and having access to sensitive information. (9iii)

The addition of a poster to inform patients of the purposes of the cameras live feeding in the treatment rooms should be made available as well as the option to withdraw consent at any time and have the cameras turned off will help to act as a visual reminder of these options. (9iii)

In consultation with ARU, The College should explore how best to manage the process of students moving from fitness to study to fitness to practice, in order to ensure clarity and transparency on the application of the process without potential bias from individual opinion as to when a threshold has been reached. (9v)

The College should seek to collate data from local primary care and community services for patient signposting. (9vii)

The College should conduct a review of local hospital waiting times through resources including www.myplannedcare.nhs.uk and build rapport with local GP practices to understand the local musculoskeletal referral pathways. (9vii)

The College should formalise the inclusion of the NICE guidelines and their practical application in patient care in the clinical environment and relevant lectures as part of the shared decision-making process with patients. (9vii)

Conditions

The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students. (2i)

The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College. (2i)

Assessment of the Standards for Education and Training

1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

i. 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.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

As a partner institution of ARU, the validating university for the Colleges' osteopathy programmes, the College's policies and procedures are governed by ARU in relation to their Senate Codes of Practice. The admissions process is clearly visible for all prospective students and is available on the College website (www.lso.ac.uk/apply-now/) with entry criteria clearly visible in approved course documentation forms. An annual admissions meeting between the two organisations provides updates on systems management.

Applications made through UCAS apply to all students who wish to attend the full-time programme, with primary screening undertaken by ARU. This process includes confirmation of previous qualifications and IELTS (or equivalent) results.

Whilst there is the opportunity for gaining additional students through clearing, this is not something promoted by the College, however the ARU does signpost students as part of their own clearing process. For the applicants who demonstrate suitability for the course, there are opportunities available to onboard a student close to the start of the new academic year in line with ARU deadlines.

The College primarily serves a population of mature students, with a mean age of 36, and of those, many have previous experience in bodywork. These students actively seek out the College as an institution. There is also a verbally reported high population of students from the European Union, all of whom have a settled status.

Open days occur regularly, and the College also caters for individuals to have a tour of the facilities should they not be able to attend an open day in person. All applicants are interviewed despite the time commitment and low conversion rate of this process. There are key staff members who have received internal training to interview applicants for consistency, and the osteopathic experience is drawn either from osteopathic staff members or alumni, who have also supported this process.

The College has attended local careers fairs but experienced barriers including the public's limited knowledge of osteopathy as a profession resulting in little conversion to applicant places. Some marketing strategies will have a longer conversion rate to applicant places, for example attendance at a career fair for GCSE level students.

The policies and guidance in place, as well as the case studies shared by stakeholders mean that we are confident that this standard is met.

Strengths and good practice

ARU is actively engaged in their franchise relationship with the College, this is evident from the ARU representative retaining their Link Tutor role with the College despite their own career development to Head of School for AHPs at ARU and releasing their other franchise schools to colleagues. This ongoing relationship provides continuity for the College and having this historical knowledge at the ARU ensures that when applications for the College are approved by ARU they will have been appropriately reviewed in consideration of the demands of the course.

Areas for development and recommendations

It would be beneficial for the College to develop a marketing strategy with short and long-term goals to widen participation of students and include consideration of targeting prospective students from the area of Tower Hamlets where there is a concentrated population of patients. This could support with raising wider awareness of osteopathy and could support with expanding on the diversity of the age of students. If knowledge of osteopathy is a barrier, then educating careers officers at local schools could provide opportunity for a long-term strategy, with an earlier introduction of osteopathy as a career pathway introduced before GCSE and A level options are made by students.

Conditions

None reported.

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ii. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

ARU have a valuing diversity & promoting equality statement, which the College applies in their practices alongside the College dignity at work and study policy, and overall complies with ARU policies and procedures. The ARU policies are reviewed on an annual basis.

Staff involved in admissions processes, for which the responsibilities have more recently been devolved amongst multiple staff as opposed to a singular responsible individual, confirmed at the visit that they have been trained to an appropriate level in EDI practices via the ‘e-learning for healthcare’ platform.

The College provide their student data to ARU for HESA returns and to the GOsC as part of the annual monitoring and reporting cycle.

The policies in place mean that we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. they implement a fair and appropriate process for assessing applicants’ prior learning and experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College Quality Assurance and Student Experience Manager now has responsibility for this area of the admissions process, supporting applicants in the mapping exercise across programme materials and a practical assessment as required. Further support is offered by the programme team if areas are identified during this process.

Final acceptance of the student lies with ARU following a proposal of the applicant by the College and the completion of the processes outlined above in alignment with the procedure set out in the ARU Senate Code of Practice: Admissions.

During the visit, the ARU representative confirmed that, as part of the validation event for the new course, the module mapping of the current courses was completed against the new course to ensure that there could be an appropriate transfer of students across the pathways in recognition of their prior learning.

The stakeholder meetings and the APL documentation provided assures that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Through the recruitment process, the College staff gain access to the ARU intranet site, which has further information on their policies and procedures, and includes access to staff development materials. Individual staff groups confirmed at the visit that they receive training appropriate to their roles held at the College, which may extend across more than one area of responsibility.

ARU governance processes are such that their institutional policies are ratified and disseminated in November of each academic year. All staff and students reported being aware of the timing of this process as they received an electronic notification of policy updates and changes. Anything that may have a material impact on the student journey is notably highlighted by the programme team to those impacted.

Staff groups are in the most part aware of the chain of command if escalation is required when applying a policy and are confident in gaining access to the relevant staff member as required. Students are happy to approach any staff member whether clinical or non-clinical about any situation in the knowledge that the 'open door' policy operating at the College will get them the support they require with appropriate

signposting. Out of hours support is also accessible to students, with signposting to external services that operate 24 hours per day.

The annual ARU process for disseminating policies and stakeholder confirmation of this process, assures us that this standard has been met.

Strengths and good practice

Staff and student stakeholders were emphatic at the RQ visit that the size of the College was advantageous in ensuring that all parties were kept up to date with any changes and that support was readily accessible and attainable.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Osteopathic staff share their professional indemnity insurance policies with the College as part of annual checks, aligning with GOsC's mandatory registration requirements.

As many of the teaching faculty have roles both in the clinic and in the teaching environments, there is a good understanding of the course structures and how students are assessed at each level. Peer review and observation forms part of the induction processes and annual review processes. Staff and students have confirmed that there is a rounded opportunity for feedback with students providing feedback to tutors on a regular basis.

External examiners are nominated, approved and appointed via the College and ARU governance processes. The role is to support the programme quality assurance and enhancement of the courses by providing annual reports following the evaluation of programme materials and student results. A range of results and assessment materials are accessible to the external examiners online through the College's Google Drive following submission, marking and moderation of assessments. The set-up of this drive was accessible during the RQ visit.

Annually, module leaders and the external examiners review the assessment process in consideration of the previous year's results and student feedback. Qualitative and quantitative feedback is gained from students through methods including focus groups from summer workshops and questionnaires.

ARU have recently piloted a new template and platform for the annual reporting processes, which will analyse and highlight the data provided by partner institutions. It was indicated at the visit by the ARU representative that this new process will be rolled out to the College in the coming academic year with the intention of making the annual reporting process more dynamic and easier to highlight hotspots where support and attention may be required across a programme.

There is an annual staff faculty day which focuses on relevant topic areas for each year of delivery, as evidenced by the faculty day delivery programme. The data and knowledge gathered at these annual events has been collated to form a document which contains information on best practice in teaching and learning, which having been approved at 2024s Academic Council is now disseminated as an induction resource for new teaching staff.

ARU's approval process of all of the College staff and appointed external examiners assures us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

The new programme curriculum design has been led by the Research and Development Officer, applying GOPRE and SET and OPS as core to building the framework and supported by the ARU active curriculum framework. The new programme has been designed to reflect sector changes and to provide stimulating and interesting learning experiences. The process has been supported by stakeholder consultations with alumni, staff & faculty, trustee, student, and patient consultation groups. Engagement on providing feedback for the new programme varied across stakeholder groups. The data presented by the SMT at the RQ visit introduction showed that stakeholders did not provide strong opinions in any particular area.

The key changes to the programme have included reduction of anatomy and physiology modules in alignment with the sector. This has provided additional credits for other modules, which now focus on modern aspects of healthcare such as wellness and resilience.

Although students present during the RQ visit were not involved in the new curriculum design, they were able to give examples of how feedback they had provided had been acted upon. This in turn was confirmed by those in junior year groups who had benefited from the feedback change. The best example of this was the re-introduction of the clinic induction. Students who had received this felt more prepared for clinics and this confidence was noted by the clinic supervisors spoken to as part of the RQ visit.

The College has recently received their ARU NSS data, something that has not been available before due to cohort sizes. The ARU annual reporting process will capture the actions relating to this data. The College have indicated that they are considering the adjustment of current student feedback questions to reflect some subject areas captured in the NSS.

Patient feedback is collated after every clinic encounter with reports from students that some students have struggled in gaining any feedback, which is required as portfolio evidence.

The College SMT and clinic management have indicated that despite attempts to engage patients in a forum to provide ongoing feedback there is lack of engagement. This aligns with the limited patient engagement encountered at the RQ visit.

Evidenced changes to the new programme and meetings with the students assure us that this standard has been met.

Strengths and good practice

The use of the ARU Active Curriculum Framework is positive, as the principles are founded in active learning and inclusivity, which better reflects professional practice.

The College have demonstrated a flexible approach to curriculum design based on the feedback of stakeholder groups and with the opportunity to feedback at different development stages, including on the name of the final degree awarded. This type of practice ensures continued stakeholder engagement as there is visible evidence of how changes have been made as a result of feedback given.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

Conditions

None reported.

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vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

A mapping exercise has been provided as evidence and details the alignment of the PSRB guidelines across the courses delivered at the College. The new course has been aligned with ARU's active curriculum framework and mapped to these principles. The learning outcomes of the new curriculum have been shaped directly by the GOPRE and SET at each academic level. Assessments have been retained based on their value being highlighted in the feedback provided and then further scrutinised against the ARU assessment and feedback strategy.

Research is now embedded into the programmes and a new journal club has been set-up with good engagement from both staff and student stakeholders, who also help to drive the topics and agenda covered. This additional exposure to research helps to consolidate this aspect of required learning, even if students chose to remain at Level 6 study and not progress to MOst level and complete a major research study.

The programme team indicated at the visit that there are plans in place to further review the new course modules as the students progress through the course.

The GOPRE mapping exercise and meetings with the programme team assures us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide ongoing evidence of their review of new modules and their actions in response to feedback through the annual reporting process. This would support with demonstrating that the new approach to assessment and programme delivery is embedding the GOPRE and SET.

Conditions

None reported.

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viii. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

Assessment types (both theoretical and practical) are guided by ARU programme design requirements, outlined in their assessment feedback and strategy document. They are then scrutinised as part of the course re-approval process, which undergoes extensive quality checks and requires external and subject matter input.

The appointment of external examiners, their input and ongoing reports, are a standardised part of the quality assurance processes. Assessments are supported with clear objectives of achievement and feedback; marking sheets have clear global rating scales that align with the SEEC level descriptors. The evidence provided for external examiners demonstrates that constructive feedback is provided to students individually. This helps to give a structure for improvement and provide portfolio evidence to demonstrate progression through the course.

Clinic supervisors confirmed that they are trained internally for assessments, with an initial period of shadowing prior to becoming an assessor. There is also opportunity for training at the staff faculty day. However, there isn't such an opportunity for training as a moderator, which requires a different skill set to assessing.

The programme documentation, which outlines assessment methods and has been scrutinised through ARU quality processes, assures us that this standard has been met and continues to be monitored through the external examiners.

Strengths and good practice

Experienced osteopathic external examiners are employed as part of the final year clinical assessment process. They offer an additional independent and objective assessment of the student body and have experience of other OEIs.

Areas for development and recommendations

The College should consider providing opportunities for the development of internal moderators in clinical assessments through training to expand the number of staff trained in this area.

Conditions

None reported.

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ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The programme team consists of a mix of newer and experienced staff members. Following the Covid-19 pandemic there were several staff changes due to various factors. ARU approves new staff members as part of the recruitment process. All staff who teach the parts of the courses that would require an osteopath in post, such as practical osteopathic classes or clinical supervision, are registered with the GOsC and provide assurance of their registration and insurance on an annual basis. As part of the clinic supervisor induction processes, there is an opportunity for a period of shadowing prior to solo supervision but there are also other osteopathic staff members on-site or accessible by telephone should additional support be required.

Students indicate that they welcome their former student colleagues joining the faculty after graduation. Other teaching staff include subject matter experts in areas such as research and pedagogy, bringing transferable skills to the College.

The ARU representative reported ongoing opportunities to support the College staff in gaining their AdvanceHE membership. This will help provide the teaching and clinical faculty with updated information in the Higher Education teaching and learning sector. The SMT have advised that they have identified an appropriate group of staff for this process, but progress has stalled due to the timing of the ARU quinquennial review and the RQ process. This activity is now expected to resume.

The LSO's annual requirement of staff providing registration evidence alongside staff development days assures us this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should follow-up on the opportunity given by ARU to provide support for staff gaining AdvanceHE membership through the experiential route of completing a portfolio. Staff development is key to providing a high-quality education experience for students, staff retention, and for succession planning.

The College should consider how pedagogical knowledge on practical matters such as classroom management, lesson planning, and standardisation of resource materials could be shared with staff to provide the best education experience for students.

Conditions

None reported.

x. there is an effective process in place for receiving, responding to and learning from student complaints.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College relies just as much on the informal as well as the formal processes for the transfer of information, in a confidential manner, about students. This 'open door' policy reassures students that actionable issues will be dealt with in a practicable way. The formalised part of feedback takes place at the formal SWAST meetings, which are held on a regular basis throughout the academic year. Students confirmed that representatives attend these meetings. Not all requests or feedback can be acted upon, but the students confirmed that a rationale is provided for this by the programme team, which is then disseminated to the cohort.

A locally adapted student complaints policy is accessible via the student extranet. There is encouragement for resolution at the informal stages. The escalation process includes signposting to the Office of Independent Adjudicators if required.

There have been no formal complaints to date. Formal reporting of informal complaints on an annual basis is not required but where good practice or an enhancement of a process has occurred from the SMT actioning an informal complaint, it would help to disseminate this information to demonstrate ongoing improvement to stakeholders.

The student stakeholder meetings assured us that this standard is met and that there is a process in place with the student voice heard.

Strengths and good practice

Student meetings demonstrate that the College 'open door' policy is received by students as a caring and effective approach.

Areas for development and recommendations

None reported.

Conditions

None reported.

xi. there is an effective process in place for students to make academic appeals.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Academic appeals follow ARU Academic Regulations. The documentation is available on the College extranet for students, who are signposted as required.

The ARU and the College draft franchise agreement indicates that ARU-registered College students have access to ARU SU under the remit in relation to advice on academic matters, as defined by the ARU's SU constitution. At the student stakeholder meeting, students reported a lack of awareness about access to ARU student resources available to the students. Although membership of the College students to the ARU SU is not possible, the ARU SU has been to the College to present and meet with students.

The ARU academic regulations in place assure us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should ensure the effective signposting of students to ARU resources and ARU Students Union in relation to an academic appeal or other academic matters.

Conditions

None reported.

2. Programme governance, leadership and management

i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.

☐ **MET**

☒ **NOT MET**

Findings and evidence to support this

We were confident that the College has an effective governance and management structure which includes appropriate involvement from ARU. The Board of Trustees is appropriate in size and skill set, with expertise from across osteopathy, healthcare, finance, business, and human resources. There are no patient or student trustees on the Board. Discussions with the Board revealed there is a good understanding of the strategic priorities of the College and a willingness to deploy individual expertise to assist where useful, for example, in human resources policy matters and risk management. Members of the Board are appointed for a three-year term which is renewable, and it was clear that they have an appropriate induction programme and access to their own set of resources to assist them in their roles.

The Risk Register follows a structure and process advocated by the Charity Commission. This live document is reviewed and revised at each meeting of the Board, and Trustees are clear where the 'red' risks are, and the mitigations put in place to manage these. The Risk Register identifies the development of a new Strategic Plan as 'minor' as the current one will be extended to 2026. The Academic Agreement with ARU expired in August 2024 and a revised draft was under discussion at the time of writing the report. Both of these documents are important in providing reassurance of the ongoing sustainability of the College. Without a final Academic Agreement in place there is a risk to the contractual relationship between the ARU and the College, which affects the academic underpinning of the degrees, financial arrangements, and thus the current and future student body. The Strategic Plan is an essential requirement which should evidence how the College projects and plans for the sustainability of their offering and as such needs to be provided.

The SMT reports via the Principal to the Board and holds operational responsibility for all aspects of the academic and clinical offering. The SMT is made up of five roles, all of which are part-time. The roles are clearly defined on paper and include all necessary functions for a small college including academic, clinical, and operational leadership as well as quality assurance, student experience, and professional services. The Board have begun to work with the SMT to ensure sustainability and succession planning by exploring role and function overlap amongst members of the SMT. In discussions with internal stakeholders, it is clear that students and staff have a high regard for the SMT, though there may be an over reliance on key individuals in the team as 'go tos' to get things done rather than using the delegated function roles.

The College operates an appropriate committee structure with an Academic Council whose membership includes students and a representative from ARU. The student voice is channelled via the SWAST. Student stakeholders from across the College spoke positively about this forum as an effective way to raise issues and receive updates on policy and procedural changes.

Academic and student policies are determined or guided by ARU, which are localised by the College to suit the College and the requirements of GOPRE and SET. The ARU safeguarding policy (v4.0 January 2024) makes specific provision for partner colleges, and accordingly the College has an up-to-date addendum (January 2024) to explain how this policy is applied in the College and clinical setting and with reference to the GOsC requirements for registration. In discussions with staff and students, whilst they reported knowing how to escalate safeguarding concerns and felt assured that they would be dealt with, the formalised process that is practically applied was more difficult to decipher. It would be helpful for the named safeguarding and deputy safeguarding leads to be more clearly identified in the policy addendum and a

clearer process articulated. This could then be signposted via posters, taking into account the part-time nature of most members of staff.

EDI governance is underpinned by the ARU rules and regulations procedures. These are embedded for the College in the dignity at work and study code which is reviewed annually to ensure compliance. Staff and students at the College have access to the GOsC EDIB framework and other materials to illustrate expected behaviours. Students spoke about feeling valued and included and felt that they could raise issues relating to EDI if needed and that their concern would be dealt with. GDPR governance is considered a 'high risk' and additional staff training has been rolled out to maximise mitigation.

Academic quality and standards are managed effectively in conjunction with ARU. All programmes are validated in line with the ARU academic regulations and monitored annually through the programme monitoring process which includes external examiners. Representatives from the ARU expressed confidence in the formal monitoring processes and stressed these were enhanced by strong interpersonal communication channels between the College and ARU which resolved any issues swifty.

The lack of a current signed Academic Agreement with ARU and the College Strategic Plan means we are unable to be confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process (9ii).

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review (2i, 6vi).

Conditions

The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students.

The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College.

ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

ARU has a clear fitness to practise procedure embedded within their rule and regulations procedures for students. It is clear that this procedure is to be applied alongside any relevant PSRB requirements, and to

that end students at the College are provided with a link to these university rules in their handbook. The GOsC guidance about professional behaviours and fitness to practise for osteopathic students is also made available to the students on their shared drive. It would aid access and clarity for all stakeholders if the fitness to practise procedures were more clearly signposted including how the university and the above GOsC guidance aligns. Whilst the College reports no fitness to practise cases, we were assured that there is a clear understanding from staff about how the procedure would work in conjunction with the university if required.

The policies and guidance in place mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College demonstrated that they have regularly reviewed and up to date complaints policies available for both students and patients. These were last reviewed in 2023.The student facing policy is accessible via the shared drive and provides clear guidance outlining the process and links to sources of support at the College, ARU and the OIA.

The patient complaints policy and process is managed within the Clinic. The policy is up to date and contains a detailed set of guidance. Whilst this policy is clear and there is provision for support to access it if there are reading or language barriers, the terminology is complex and sector specific. This may present an issue for some patients. A simple flow chart may make it more accessible and user friendly.

There is a strong culture, which was evidenced by staff and students, that issues are dealt with informally and through speaking about the problem. All stakeholders told us they had confidence that matters raised this way were effectively dealt with. Clinic staff were confident that they could manage low level issues and escalate to senior staff for awareness raising and resolution if needed.

The College reported no formal complaints. It would be good practice to collate and evaluate any trends and themes in the informal complaints and report these via the annual monitoring and reporting processes.

The policies and guidance in place, as well as confidence expressed by students and staff in knowing a complaint will be dealt with, mean that we are satisfied that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi)

Conditions

None reported.

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iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Discussions with internal stakeholders (SMT, students, staff) evidenced a commitment and confidence in managing inappropriate behaviour if it arises. An anonymous example was shared by students, where inappropriate behaviour was reported and satisfactorily dealt with. They evidenced confidence that their concerns would be listened to and resolved.

At the beginning of the year all students receive a welcome email which includes the names, office hours, and means of contact for staff who can help them with raising concerns or seeking support. This is reinforced through posters in the College facilities. SMT and ARU cited examples of where the College had sought further guidance in behaviour related matters.

The College has an up-to-date dignity at work and study policy (2023) which is available to both staff and students on the shared drive. Of note is the guidance to understand bullying and harassment, discrimination, and protected characteristics and how these need to be understood in relation to the clinical environment and links to the OPS. Students are provided with the GOsC guidance about professional behaviours and fitness to practise for osteopathic students and course content is mapped to the OPS standards on professionalism.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.

☒ MET
☐ NOT MET

Findings and evidence to support this

Documentation submitted and discussions with stakeholders revealed a strong commitment to an 'open door' policy. Current and former students demonstrated they were confident in knowing where to go for guidance over a particular situation. They made it clear they were encouraged to share matters of concern, whether in Clinic or the College, and there was a high level of confidence in the resulting action. Of note, they also expressed appreciation for the feedback and explanations that they received, either formally via the committee structure or in person.

Academic, Clinic, and support staff know who their line managers are, and they are encouraged to seek support as needed. Use of buddying and peer mentoring encourages staff to be open and seek guidance. The SMT consider more significant issues that have been brought to their attention and, where appropriate, use any trends to inform staff training at faculty days.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

☒ MET
☐ NOT MET

Findings and evidence to support this

The College evidenced they have an appropriate set of systems in place to provide assurance that learning outcomes have been demonstrated. It was clear that there is a strong working relationship with ARU, and this leads to a degree of confidence that the mechanisms to monitor quality and standards are robust. Documentary evidence submitted demonstrated how learning outcomes are assessed using internal first and

second markers, and how external examiners are consulted throughout the process, including in clinical assessments. External examiner reports confirm students have demonstrated the learning outcomes and these results are confirmed by the module assessment panels of ARU. External examiners confirm that the use of marking rubrics are a strong feature of the marking and assessment procedures.

The College is required to return annual monitoring reports to both the ARU and GOsC. These reports include cohort monitoring data. Any trends or issues identified in this data can then be used to support minor modifications to the validated modules.

The documentation submitted prior to the visit and discussions with ARU mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

3. Learning Culture

i. there is a caring and compassionate culture within the institution that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College has a range of policies in place which embody the OPS (safety and quality in practice) and which relate to the safety and wellbeing of students, staff, and patients including safeguarding, dignity at work and study, fitness to practise and fitness to study and the senior clinic protocol. A member of the SMT has responsibility for safeguarding across the organisation.

The College student issue sheet allows staff to record, track, and monitor any issues such as learning needs and required adaptations, extensions, disciplinary issues, intermissions, and exceptional circumstances to support students in their learning and progression. Students confirm all policies are accessible through 'Google Classroom' and that they are advised through the VLE if any are updated. Summaries of changes to policies are also shared at SWAST meetings. Students confirm that safeguarding is delivered early on in their course and through their professional studies modules, with resources available on the VLE. All feel confident that they could raise any issues or concerns with a number of staff and that they would be supported.

Patients are encouraged to give feedback, and processes for making a complaint are made available at the Clinic and through the website. Staff confirm procedures for supporting patients in giving verbal or written feedback and escalating issues, based on patients' wishes. At the Clinic we witnessed professional and positive interactions between students and patients. When asked about the Clinic environment, a patient confirmed it is functional and that reception staff are kind. They are grateful to have access to the Clinic at a reasonable price. Boundaries training at a staff faculty day supported staff in their understanding of patients as educators' and the importance of patient voice in public protection.

Throughout the three-day visit a caring, compassionate, and collegiate atmosphere was observed. Students, staff, and alumni spoke clearly about their passion for the College and its courses and the very strong, supportive relationships between them all. ARU representatives told us it is a pleasure to work with such an enthusiastic team. All staff we met confirmed highly supportive relationships with ARU.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

A strong collegiate approach across all stakeholders, along with appropriate policies and procedures enables a happy, harmonious, and effective learning environment.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including

alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients (3i, 9iv).

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

ii. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

All students, staff and alumni told us that the small cohort sizes and the crossover of staff between the Clinic and the College ensures positive, supportive relationships between them and an environment of mutual respect across the College. Policies are in place to support this, including whistleblowing, freedom of speech and valuing diversity and promoting equality. The dignity at study and work policy clearly sets out the expectation that everyone within the College community is treated with dignity, courtesy, and respect. This is to allow a culture where everyone feels valued, respected, and safe and where bullying and harassment are not accepted. The code of conduct applies to all staff and students, including in their behaviour towards patients. The policy is further backed up by the Clinic protocol and OPS.

The dignity at work and study policy clearly sets out expectations for student and staff conduct. Students sign the student contract confirming they will act in a professional manner and will display responsible attitudes towards all staff, students, visitors, and patients. ARU confirmed the College reports issues, such as student. behaviour to them, with a joint approach taken.

The Clinic protocol concerning duty of candour and professionalism clearly sets out expectations for students and the required processes to follow. The bystander effect and relevance to the College statement reinforces students' responsibility even as a bystander or observer to report. Students told us they would, as per the policy, report incidents to the Clinic supervisor. They told us that supervisors engage them in professional conversations around safeguarding to help them to develop as autonomous practitioners.

There is an 'open door' policy in operation at the College for staff and students, which is confirmed by all stakeholders we spoke to. Staff and students told us they support and feel supported by their peers and that there is a feeling of family across the College.

A complaints policy is in place at the Clinic and online should patients need to raise an issue. Their feedback is frequently sought, collated, and reviewed. There are a range of opportunities for patients to give feedback including by email, verbally, and through Survey Monkey. It was noted that patient information at the Clinic, including requests for feedback or to make a complaint, are only available in English. Students told us that language barriers can be a challenge at the Clinic. A patient we met expressed some concern that the feedback would be received personally by the student and not the Clinic, so therefore they might not be

confident in giving accurate feedback. Students are encouraged to review and reflect upon all feedback, both positive and negative, and it is a requirement to include in their portfolio. Additionally, students must reflect on a critical incident and demonstrate their learning from it.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

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iii. 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.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The small staff team, many of whom work across the College and the Clinic, enables consistent, close working relationships to support students. Modules are provided prior to the start of the programme to support all students, regardless of their background, to begin to engage with material relevant to the course. We heard that there are clear roles for support staff with strong communication to ensure that students are signposted to the relevant support. Face-to-face and online sessions are offered by librarians to support students to access resources at the College and ARU. All students receive study skills sessions at the start of the course and undertake tests to identify learning needs, including the BDA adult screening test, with further support provided by the College to help students diagnosed as dyslexic with their DSA application. Students were happy with the level of support received by the College but often did not feel that they were well supported with their needs by ARU. Some students reported a disconnect between ARU and themselves as students, feeling that for help with issues such as student finance they were at the back of the queue.

Students are supported to develop their research skills by a range of staff, including librarians and the Research and Development Officer.

Recent staff faculty days included identifying CMHD and coping with patients and students with CMHD, as well as EDI, creating a supportive environment for learning and identifying and supporting those with additional needs.

The nature of a student's learning need and reasonable adjustments are recorded in the students' issues file which is monitored by the SMT and student advisor. The SMT told us that when planning for the exams the student files are reviewed and provision put in place for students, such as additional time, a separate room,

noise cancelling headphones or the use of a computer. Another reasonable adjustment provided throughout the course might include coursework extensions. Students told us of support provided including a printer and dictation program to support students with specific needs.

A number of policies are in place, including the dignity at work and study policy, which confirm that students must not be discriminated against, either directly or indirectly, due to a protected characteristic. Nor can students be treated unfavourably due to maternity, pregnancy, or disability. Students confirmed that any updates to the EDI policy are notified to them through Google Classroom. They told us the College is inclusive with all students valued and welcomed, however EDI was questioned from a learning perspective for some. Students highlighted that delivery of content through Zoom could be a challenge for neurodivergent students, such as in the 'head and neck' session. However, others valued the approach, which was recorded and allowed them to watch and rewatch it to support their understanding. We were told by the Student Experience Manager that standardised slides using a dyslexia friendly template are available but not universally used. Students confirmed the value of the early upload of lesson resources to support learning needs through pre-reading but that access to this varied, depending on the tutor. They also valued the recording and upload of teaching sessions as a reference after the lesson but again said that this was not consistently done in a timely manner.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The SMT should monitor staff use of the dyslexia friendly template and their adherence to the sharing of resources to students both before and after a teaching session to ensure equality of provision and support for reasonable adjustments.

Conditions

None reported.

iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students confirm they are made of aware of a range of policies which are all available through Google Classroom with updates provided through the SWAST. Staff confirm that policies are reviewed and updated in-house and through their HR provider according to a policy review schedule. The College report to ARU, as required of them, through the Academic Agreement.

Students told us that they complete surveys regularly related to all aspects of the course, at the College and the Clinic. Some surveys and evaluations are adapted from ARU to be localised and relevant to the College. The College designs its own surveys and students are also invited to complete the ARU module evaluation

surveys. Areas for development identified through feedback and evaluations are included in staff faculty days.

ARU's student charter sets out expectations that students, staff, and the university will all play their part in the education provided. Students are expected to give feedback and to act as student representatives. Staff and students told of their roles in the SWAST; meeting minutes show representation from all cohorts, each of which are able to share their experiences and raise concerns.

In addition to formal processes such as the SWAST, students and staff also confirm that the small organisation, 'open door' policy, and positive relationships allows for issues to be responded to quickly and informally.

Feedback regarding the physical conditions of premises is addressed within the limits of what can be achieved given the nature of the buildings. For example, an issue of excessive heat at times at the Clinic was raised. We heard from Clinic support staff that the SMT are very responsive when issues such as the temperature are raised, with immediate purchase of additional fans or heaters to allow a swift resolution. They told us patients always have access to cool drinking water through the water cooler provided in the reception area. Students told us of issues with a leaky roof in the Clinic during wet weather and a water-stained ceiling was seen in one of the treatment rooms during the visit. However, the College operates the Clinic from a council-owned building and are limited in what they can do. The visit team observed the Clinic to be functional, clean, and bright, despite there being no windows in some rooms.

The policies and guidance in place, meetings with stakeholders, and visits to the College and Clinic, assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. students are supported to develop as learners and as professionals during their education.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Professionalism is developed throughout the course both at the Clinic and the College. The spiral curriculum helps students to develop as learners with the strong emphasis on self-reflection further developing them as professionals. As students progress through the course, they reflect on their increasing clinical experience and are supported towards becoming autonomous practitioners. They are required to reflect upon a critical incident in year two and to develop a business plan in year five. Students told us safeguarding is delivered as part of the 'Professional Studies' module with their understanding and decision-making further developed through conversations with Clinic supervisors. Clinic supervisors will ask them 'what would you do, how do you think you should proceed?' supporting them in their professional practice and decision-making. We

heard that some of the Clinic supervisors work across both the Clinic and the College which further supports students to link theory and practice.

The professional trust development PIECE model guides students in self-reflection to support their development as professionals. It guides students to consider their personal approach, interaction and communication, engagement and relationships, and empowerment and education when writing reports for inclusion in Clinic report books. The professionalism survey delivered early in the course supports students' understanding of professionalism as an osteopath by asking them to consider their own professionalism in all aspects of their life, both as a student and in their life outside of the College. The APTA professionalism questionnaire is used at start and end of the course to enable students to rate themselves against professional attributes and to identify their personal growth. Students are encouraged to be candid in their responses.

Students told us there is a strong focus on them as graduates, particularly in year five. We heard of strong tutor support around clinical uncertainty and how to reach out for support when qualified and working as an autonomous practitioner. The requirement for developing a business plan was described as one of the best modules, with effective critique and challenge from tutors enabling a different perspective for the students moving toward graduation. Alumni told us of excellent support and guidance from the College with preparing them for being autonomous practitioners. We also heard that the work on developing a business plan allowed them to reflect on their post-graduation plans and how to be fully prepared.

Information and opportunities for work options post-graduation are signposted. Recent graduates are offered the opportunity to return to the Clinic to manage their own patient lists. Alumni told us that many of their peers have done so. They are directed to the IO locum placement list and towards opportunities within the NHS.

The new 6 week clinic policy shared with patients is designed to manage patients' expectations about who they will see in the Clinic and supports students by giving them access to a wider range of learning experiences. Clinical experience is monitored and audited to assure parity of access to a range of patients. The Clinic experience reflection activity supports students to develop a deeper understanding of good practice and supports their learning. Clinic supervisors told us students experience adult and child patients but that for infants, students are limited to observing due to a requirement that only post-graduates are allowed to treat infants. Paediatric osteopathy sessions are delivered to students in year five. The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

The curriculum and support from staff in preparing students for autonomous practice post-graduation.

Areas for development and recommendations

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET (3v, 7ii).

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders (3v, 7i).

Conditions

None reported.

vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The Clinic format allocates six senior students and four other students to a shift with a clinical supervisor. Students observe each other, including in the treatment room and through the live feed available at the Clinic. Live feed from the treatment rooms allows clinical supervisors to observe interactions between students and patients. Clinic reflections allow students to recognise gaps in their own knowledge and understanding and to identify where they can seek out information, in addition to working with the clinical supervisors. Learning from challenging experiences is used, for example as a group tutor session or as the basis for presentations to peers. Information videos at Clinic introducing students to the use of Cliniko, developed by a final year student, allows students to gain understanding from a student's point of view.

Much learning and development for staff is delivered internally, with staff receiving one-to-one guidance with experienced staff or through work shadowing. Annual staff faculty days deliver training across a range of subject areas. The staff peer observation rubric guides them through the process with good practice observed being shared through the staff faculty days.

The new curriculum includes an 'Engaging with Evidence' module which has a more clinical focus than previous research which was threaded through other modules. We heard that research is a pioneering thread in the new curriculum which demonstrates the College's ethos. Research and Journal Club is open to staff and students, and we heard it elicits very high-level discussions. Resources and the discussions are recorded and shared with those who cannot attend. Alumni spoke highly of the Research and Journal Club and how it had supported students with their research. Library staff have developed an in-school resource where fifteen years of the College's research dissertations are made available to students to support them in developing research skills.

ARU's learning and teaching resources are open to staff. A local study group may be available with a number of new staff interested in joining to complete the HEA qualification through ARU.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

The College has invested in strengthening the research culture across its programmes and this includes the opportunity for students to work across year groups.

Areas for development and recommendations

None reported.

Conditions

None reported.

4. Quality evaluation, review and assurance

i. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College's programme monitoring and review mechanisms are directed by ARU whose systems are established and robust. The SMT has responsibility for managing this process locally and then reporting to the university's course management committee and academic council. Outcomes of this monitoring process are reported to the Trustees and GOsC. Student admissions, performance, and progression data includes detailed and informed analysis by protected characteristics.

Data for programme monitoring is drawn from student feedback (informal and formal gathered via the established student representative mechanisms) as well as from student surveys. In addition to ARU's module evaluation questionnaires, the College carries out its own surveys which cover teaching and learning, resources, welfare, and support. All of this data is drawn together and submitted with detailed contextual analysis and presented in the university's annual monitoring of delivery report with an appended action plan. Students report confidence in the mechanisms in place to monitor quality, though the proliferation of surveys can create additional pressure.

Documentation submitted, as well as discussions with the SMT and university, give us assurance that this standard is met.

Strengths and good practice

The detailed contextual analysis of data in the annual monitoring report is to be commended as it shows a deep understanding of the College's cohort of students.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. external expertise is used within the quality review of osteopathic pre-registration programmes.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The main source of external expertise is drawn from the pool of external examiners who reflect higher education and osteopathic experience. External examiners were consulted on the development of the new programme and submit an annual report to the College and ARU and comment on standards of academic, clinic and professional elements of the course. The reports confirm the parity of standards with other courses, rigorousness of assessment, and note the good curriculum design.

ARU's quinquennial review process has also allowed for the exchange of ideas and expertise with peers in other healthcare settings and OEIs.

Documentation submitted, as well as discussions with the SMT, staff and university, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The management diagram provided, which is published in all student handbooks, demonstrated an appropriate structure and indicated how the trustees, SMT, Academic Council, and ARU work in what the College wish to state is a 'non-hierarchical' way. The combining of the College Academic Council with the university's Course Management Committee is an effective form of collaboration, and staff and university representatives felt it reflected well on the partnership.

An extensive suite of policies and procedures are in place and published to staff and students. These include academic and student related policies and procedures from ARU which are suitably amended for the local and profession specific context at the College. In addition, the College has developed appropriate clinic policies and procedures which are informed by the GOPRE and SET. ARU's policies provide a strong foundation on which the College can build. The appointment of an HR company to oversee and update HR policies and procedures ensures compliance with latest legislation. The SMT holds a policies tracker which ensures a systematic review schedule, and updates are shared with staff and students via the shared drive.

Documentation submitted, as well as discussions with the SMT, staff, students, and the university, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

We were assured that the College has an ability to embrace change and innovation in the osteopathic and academic elements of their programmes. The institutional review by ARU in 2024 cites the 'innovative and stimulating curriculum' that is offered, and which has been updated in response to sector changes such as the offering of programmes which are less credit intensive. The review also celebrated the strengthening of the research offerings throughout the new programmes and embedding of 'an outstanding introduction to osteopathy' provided by the training clinic.

The College demonstrates a commitment to ensuring staff and students are enabled to contribute to workshops for which agendas are developed to reflect sector priorities, institutional needs drawn from survey data, and individual professional interests. Staff confirmed they value the opportunity to participate in these events where practice is shared.

Documentation submitted, as well as discussions with the SMT, staff, students, and ARU, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

5. Resources

i. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College operates across two sites; the teaching and administration College is located at The Grange, in Bermondsey. We heard there is sufficient space at the college to accommodate all five cohorts on-site at the same time. We note the introduction of an additional weekday part-time route. The Mayfield House Clinic is situated in Bethnal Green and offers eight treatment rooms, an office, reception, tutor point, AV room, and laundry room. Live feed from the treatment rooms to the tutor point provides an additional learning opportunity.

We heard there are challenges with maintaining the college's Victorian building but saw a good range of facilities across floors. Adaptations to the kitchen area during the pandemic have resulted in a large, well-presented area which offers staff and students a comfortable space. There are five large teaching rooms and additional teaching/seminar rooms which offer students space to study and practise techniques, with extra wide plinths available in some rooms. Some classroom spaces are mixed use for theory and practical. Upkeep and maintenance of the classroom areas should be included as part of the ongoing maintenance programme. The senior and clinic management teams advised that all surfaces in clinic are wipeable in line with infection control practices applied during Covid-19, however, fabric chairs were observed in the Clinic team points and treatment rooms.

There is a designated library with key textbooks and journals. It offers students computer access and librarian support for research, study skills, and signposting to ARU online learning resources.

The Clinic has treatment rooms, tutor rooms, and a mixed area tutor room with a welfare area with kitchenette facilities available. Students have access to changing and shower facilities and library books. The library at the college site provides a service where students can request books from the main library to be sent across to the clinic and a return service.

The student handbooks set out the range of learning opportunities including a mixture of self-directed and group study, student directed osteopathy practice sessions, and osteopathy practical and course content either face to face or remote. Students are required to complete clinic hours and tasks before progressing to the following year. A skills workshop is held in the summer vacation with additional compulsory clinic attendance.

Staff, students, and alumni all told us that they highly valued the 'open door' policy as it allows regular effective, informal channels of communication between staff and students. It is appreciated by students and staff, who told us that they could always speak with a member of staff so that issues were resolved swiftly. We heard of the accessibility to librarians, IT staff, and tutors throughout and beyond the College hours. We had some concerns of the significant workload and impact to staff wellbeing in responding outside of College hours and the risk of a lack of formal reporting of situations resolved outside the workplace.

Some students expressed the opinion that the Clinic environment is not great for students or patients. They cited the lack of windows and natural light and the absence of a designated welfare room. None of the Clinic staff, nor the one patient spoken to as part of the visit, criticised the physical environment of the Clinic, instead confirming that it was a very positive environment which they enjoyed, although they acknowledged the student environment is very busy. We observed a number of rooms available to students to take breaks.

The documentation provided prior to the visit, meetings with stakeholders and visits to both the College and Clinic mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should monitor the impact of the weekday part-time route on capacity at the College to ensure that students are not negatively affected.

Conditions

None reported.

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ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Cohort sizes are small, with an average of fourteen students. Sixteen Clinic supervisors, some of whom work across the classroom and Clinic. Specialist tutors, librarians, IT officer, a Student Advisor, and the Quality Assurance and Student Experience Manager support student learning alongside fifteen module leaders. Four of the SMT deliver teaching sessions, three of whom are registered osteopaths. The SMT told us that coping with the Covid-19 pandemic allowed them to recognise they are agile and able to do things differently. They have kept some of the changes made to offer greater flexibility to students, including some remote teaching which supports students with work and caring responsibilities and reduces travel costs.

There are not currently any IPL opportunities available for students. However, the institutional review conducted in May 2024 flagged this and it will be looked into in the near future.

The Clinic day is split into three shifts to cover the Clinic hours across eight treatment rooms. A Clinic supervisor is allocated for the 8am to 4pm, 10am to 6pm, and 12 midday to 8pm shifts, with usually six senior and four junior students allocated to each supervisor per shift. Oversight is provided by the Clinic Manager.

Documentation provided, meetings with stakeholders, and visits to the College and Clinic mean we are assured that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students. For example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

All students and alumni that we met told us that the provision of classes at the weekend, part-time options, flexibility and the small cohort sizes attracted them to the College as it was the institution that could meet their individual needs. Students gave examples of the flexibility of the College, such as working one long day in Clinic allowing them to meet their study, work and homelife responsibilities. Mature students told us that information and guidance about mature students provided on the College website gave them confidence that they would be well supported.

We heard of support available for individual student needs including workbooks prior to the start of the course with study skills sessions from induction onwards. Each cohort receives study skills sessions at the start of each academic year which helps them as they progress across levels. All students undertake screening in their first year in order for reasonable adjustments to be put in place, as required. Information videos are provided to introduce students to the use of Cliniko and develop their understanding and independent use.

Cliniko software was implemented during the pandemic and as a result all patient notes were converted to being electronic as part of a phased process as patients gradually returned to clinic. The notes can be accessed on electronic devices that are installed with this software. Students confirmed the availability of text to speech software. Students are expected to wear appropriate footwear and dress professionally in Clinic. All students receive a learning resource bursary which in the first year covers costs for core textbooks, clinic coat, and badge. After year one, students choose how to spend their bursary, which for some helps to overcome digital poverty.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately.

☒ MET
☐ NOT MET

Findings and evidence to support this

Due to available space, the College and the Clinic cannot offer permanently designated areas as a prayer room or parent and baby room. At the College, signs are displayed to demonstrate a room's temporary designation for private prayer and asking for quiet from others. Similarly, if a student needs to express breastmilk, a room will be made available to them with appropriate signage. Fridge facilities are available for storage.

The Clinic is in a diverse area with a number of places of worship within a short walk. However, the Clinic also sets aside a room for private prayer when required, such as during busy exam times when it is difficult for students to leave the building to pray. A chair is placed in the shower room to allow parents to feed babies or to express milk. Clinic staff also reported that the paediatric treatment sessions are booked with gaps between appointments, allowing additional space for nursing if needed. The paediatric treatment room, which is only in use two half days a, also offers an additional quiet or private space for students when not in use for appointments. Tutor points offer students a space to meet with Clinic supervisors or their peers. Various seminar/treatment rooms and the library are available at the College for students to meet privately, if needed.

The documentation submitted and case studies provided mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. that buildings are accessible for patients, students and osteopaths.

☒ MET
☐ NOT MET

Findings and evidence to support this

The College and the Clinic are both well served by public transport with information about travelling by train, London underground, and bus available on the College website. New patients receive information about transport options to the Clinic and are advised that parking is not available and travel by car is not recommended. The College has some off-street parking available for visitors and staff, access to which is controlled by the College. Access to the College is secure, through lanyard pass card or by College staff admitting visitors in person. Entry to the Clinic is through a door buzzer system through to the Clinic

reception which is controlled by reception staff. Patients report to the receptionist and wait to be admitted to the clinical area by the student or a member of staff.

Both the College and the Clinic entrances are accessible for wheelchair users and those with disabilities. The Clinic area is located on one floor at ground level with toilets and a shower within the reception area. At the College, there is a stairlift to access the top floor with the ground floor and lower floor / portacabins accessible step-free.

We are assured that the buildings are accessible to patients, students, and osteopaths.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

6. Students

i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.

☒ MET
☐ NOT MET

Findings and evidence to support this

We were assured that students are provided with clear and accurate information relating to the course, including the curriculum, learning and assessment, and approaches to teaching and learning. The student handbooks offer a detailed overview of each of the course structures, teaching approaches, and assessment strategies. It also directs students to where they can find additional support and guidance during their course.

Students confirmed they access all relevant policies through the VLE and receive notifications through Google Classroom signposting them to any revisions or updates. Summaries of revisions and updates to policies are shared at the SWAST.

The small team at the College are able to support students in all aspects of their learning. The Quality Assurance & Student Experience Manager, Student Advisor, librarians, and IT Technician told us of strong communication between themselves to ensure that students are signposted to the most appropriate person or information to support their learning journey.

The Clinic protocol provides comprehensive information about expectations and responsibilities for students in the clinical environment with signposting to support. A clinic induction has been reintroduced for the first-year students. Information relevant to the Clinic is provided, for example a student perspective set of videos introducing Cliniko.

The guidance and policies seen, and confirmation from staff and students, means we are confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

☒ MET
☐ NOT MET

Findings and evidence to support this

The small team at the College have an overlap of roles and responsibilities ensuring there is always a member of staff available who can support a student. Academic, clinic, reception, and administrative staff we met all told us of their role in offering face to face or online support.

The provision of an annual bursary supports students with access to core texts and to digital technology to support their learning. The culture at the College ensures that everyone recognises the external needs of students relating to work and family and they are supported to manage these and their learning. The external examiner commends the level of support provided by the College in the development of students. The College places a strong emphasis on students supporting each other and students and alumni confirmed peer support is invaluable.

ARU policies are in place which address all aspects of student academic and welfare support, with localised College adaptations, such as the student charter, the student support flowchart, and signposting in the student handbooks for counselling services. Students and alumni told us that the support provided by the College is key. However, students told us they did not feel connected to ARU, did not receive any benefits such as SU access and were unaware of any ARU online services. With regards to any student finance issues, or access to the DSA they felt they were at the back of the queue with ARU. Alumni confirmed a feeling of disconnectedness with ARU but that they had everything they needed from the College and could not fault their support and encouragement. Through the College students are members of the Institute of Osteopaths and able to access support and services.

The documentation provided, and meetings with students and staff, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College provides all relevant information to prospective students on its website about the demands of the courses on offer and the support available. This includes information about the range of ages of students across both part-time and the full-time courses, with specific information for mature students. Entry requirements are detailed, and the College's widening participation agenda stated. It details activities in induction week including support for students in identifying their preferred learning style and screening to help identify any learning needs that may have been previously overlooked and require reasonable adjustments.

The student issues file demonstrates a range of adjustments made for students to support their diverse needs. We heard in meetings with students and alumni of a culture of inclusion where the EDI requirements of students are fully considered, respected, and protected. Students experiencing challenges, such as health or financial, are supported to continue on the course, where possible, including through intermission and a supported return.

The policies and guidance in place, meetings with stakeholders, and visits to the College and Clinic assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

External examiner reports confirm that feedback tends to be both extensive and informative, providing students with strong guidance regarding areas of strength with useful feedforward advice on possible areas of development to improve future submissions. External examiners comment that there is parity and equitable feedback due to staff adherence to the feedback format for each module.

The student handbook advises students of the importance of being open and accepting of feedback and, should they disagree with it, to take time to reflect on why there might be disparity of views. Students told us they received constant feedback from the Clinic supervisors. We heard of less frequent feedback from academic staff but that this was dependent on the tutor. In the most recent NSS survey, although almost two-thirds of students were positive about assessment and feedback, only 36% reported that assessment feedback had been received on time.

Students confirmed they submit work through Turnitin and receive formative feedback. The SMT shared the new Google Classroom function which will enable students to submit draft work and receive timely feedback.

Documentation provided and meetings with students and staff mean that we are confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Feedback opportunities include the NSS, ARU surveys and evaluations, Clinic surveys differentiated between senior and junior students, resources, and graduate surveys. Students and alumni confirmed a range of feedback mechanisms including surveys and module evaluations and through the student voice forum SWAST. Student handbooks emphasise the importance of giving honest and respectful feedback to peers and staff. Minutes from the SWAST confirm attendance by each cohort's representatives with cohort-specific content discussed. Each meeting opens with feedback related to the previous meeting and actions taken. Students and alumni told us the College is listening and they appreciate that the rationale behind decision-making is shared with them. Students gave a number of examples where feedback from their year has been incorporated into the following cohort's course delivery. Students told us they had received the curriculum review documentation and been asked for their opinion.

The College's 'open door' policy allows students to give feedback in a timely manner without waiting for scheduled feedback opportunities. The SMT told us that students are proactive in sharing immediate feedback concerning the quality of teaching, sharing positive and negative views about tutor delivery and lesson content. Feedback from student surveys is reported to the AcC, Board of Trustees, and discussed at the SWAST.

The most recent NSS showed that two thirds of respondents were positive about student feedback being heard and acted upon. 82% reported that staff value students' views and opinions about their course.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. are supported and encouraged in having an active voice within the education provider.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Student representation opportunities are through the SWAST, AcC, and ARCMC structures. We heard that there are two representatives for each cohort who attend the SWAST meetings. Alumni and students confirmed the effectiveness of meetings and the flow of information between the student group and the College. Minutes show a sharing of issues from each cohort allowing for all students, whether full-time or part-time, on the MOst or BOst courses to have their voices heard.

One student per cohort attends the AcC with further representation on the ARCMC. The Board of Trustees reviews student and patient feedback but does not have any formal interaction with students. There is no student representation on the Board of Trustees.

Alumni told us they had found the role of student representative provided a good insight which supported them in their learning journey. A further link to the IO through their role as cohort representative provided useful networking opportunities.

Documentation provided and meetings with students and staff assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review. (2i, 6vi).

Conditions

None reported.

7. Clinical experience

i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College's clinic located in Bethnal Green, is approximately 30-40 minutes travel time from the teaching site located in Southwark. The high street Clinic location has decal signage, plenty of local footfall, is easily accessible, and serves a well-populated urban community. This prominent position in the local community helps to attract patients and a new 6 week policy has been implemented to ensure that students and patients gain maximum exposure in the teaching environment. On reviewing the policy there is confusion between whether it relates to six treatments or six weeks, which could be confusing to stakeholders and make it difficult to apply. It was confirmed at the patient meeting about the awareness of this policy, but when there is transfer of care from one student to another it appears the reason is not always communicated clearly to patients. The patient at the stakeholder meeting reported not knowing whether they had changed student practitioner because the student had graduated or because of the policy.

Students have autonomy when booking their clinic sessions for both observation and treating patients. This provides flexibility for students, who are often balancing work and home life with their studies. The students are encouraged to swap days throughout their 'trimesters' to achieve a greater exposure to clinical supervisors as there is a limit of three supervisors per day.

Clinical experience in the new course is part of a zero-credit clinic module, in line with modules for clinical placement on other AHP programmes at ARU. This helps to overcome several blockers including compression of required learning into 360 credits to align with Level 6 requirements. The clinic hours continue to be monitored on a consistent basis by the clinic management team in addition to the hours being submitted at the end of year for modules. The programme team reported a misalignment in the deadline for uploading this information onto the ARU system and the timeframe that hours are completed, which is why local monitoring still takes place. There is also an expectancy for students to have autonomy when booking their clinical hours required for their course. The clinical hours requirement and time frame is clearly stated in programme documentation relating to clinic modules and there is reiteration of this to students to provide clarity, for example between the full-time and part-time first year students where there is a distinct time difference i.e. one 'trimester' as opposed to one academic year to complete the same number of clinical hours i.e. 50 hours.

Students have commended the support of the clinical staffing teams in helping to provide flexibility in attaining their mandatory hours, including consideration of personal external factors. Reasonable adjustments may look like extended daily clinical shifts on one day rather than a split shift across two days with regular monitoring and adjustments as required.

The Clinic reportedly runs at capacity with patients reflecting the population in the locality of the Clinic. There is a lack of targeted marketing for the Clinic as there is already a patient demand for treatment and the Clinic is well known in the area due to its location over the past ten years. The SMT have assured us that there is another recently completed ten-year agreement with the owners of the Clinic building.

There is evidence visible in the Clinic remaining from the Covid-19 pandemic of infection control practices. There are

cleaning materials for use but there is no longer an infection control policy in place, without a clear rationale being provided for its removal from a clinical healthcare environment.

The student and clinic team stakeholder meetings mean that we are confident that this standard is met.

Strengths and good practice

Provision of reasonable adjustments and flexibility in balancing work and clinic hours requirements help students to succeed with their learning experience throughout their student journey.

Areas for development and recommendations

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders (3v, 7i).

The College should consider the reinstatement of an infection control policy for use in the Clinic environment and practical classes to meet safety and quality in practice guidelines. The GOsC has additional documentation on infection control guidelines which may support this.

The College should develop a patient marketing strategy including short-, medium- and long-term actions to ensure that students experience patients that are new to the clinic as well as patients that are new to them. Targeting of specific groups in alignment with the GOPRE and SET should be prioritised.

Conditions

None reported.

ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students keep a record of the case types that they have seen as part of self-auditing and are advised to seek the opportunity of observing a clinic session for a specific clinical condition or patient group if they are lacking in a particular area. Clinic demographic data has previously been captured by Clinic management through the Cliniko system. Students use this software to capture patient types and presentations which are to be collated as part of their portfolio and clinical experience reflections.

Students have resumed their clinical experience from the start of their courses now that restrictions implemented during the Covid-19 pandemic are no longer required. Following student feedback, the Clinic introduction for junior students has also now resumed, which the students who have benefited from have found useful. There are no formalised postgraduate pathways in osteopathy available at the College. Individuals can seek to further their knowledge in an area of expertise, but it is not a current regulatory requirement.

Outside of the general clinic there is a paediatric clinic but no other specialist interest provision. Paediatrics is considered as a postgraduate area of interest at the College, with students receiving three lectures on this area at undergraduate level and only those who have interest in the area attend the infant clinic,, which is run by subject matter experts. It has been reported by SMT members that there is limited resourcing or patient appetite to sustainably run specialist interest clinics.

Prior to the Covid-19 pandemic there was a significant relationship with the local NHS infant feeding team, whereby the paediatric clinic tutors have raised awareness of paediatric osteopathy but there was no reported reciprocity of student exposure to this specialist area or the inter-professional learning environment at that time. Efforts are now being made by the paediatric clinical supervisors to re-establish this former relationship following a turnover in team members in the infant feeding team.

The ARU representative expressed at the RQ visit a desire for inter-professional learning opportunities following the expansion of the ARU programmes in Allied Health and Medicine. The Programme team expressed that the campuses are not in optimal proximity for inter-professional learning. However, learning opportunities need not be restricted to face to face experiences, with online learning available such as expansion of the journal club already in place at the College.

The clinic observation and visit and meeting with the ARU representative assures us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider clinical hours prior to clinical assessment scheduling to ensure parity of exposure to learning for all students prior to assessment.

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET (3v, 7ii).

The College should actively pursue the inter-professional learning opportunities that the ARU Representative has indicated are now available.

Conditions

None reported.

8. Staff support and development

i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that the College places a significant focus on the recruitment, selection, and induction of their staff across all functions (management, faculty, clinic, and support staff). The College has employed the services of a specialist HR company to support them in the management of these processes, and to that end we were assured that all relevant HR policies were up to date and compliant with current employment legislation. Documentation submitted indicated a clear and transparent approach to advertising, interviewing, and selecting staff. These processes were adjusted for specific roles including the requirement to give a sample lecture if applying for a faculty post. Once in post there is a clear induction process set out, and this includes access to EDI training from ARU and signposting to all relevant policies including the dignity at work and study policy which covers bullying and harassment. The recent development of an all-encompassing employee handbook is welcomed by staff (as evidenced in the staff survey) and assures us that staff have access to all policies and procedures as well as signposting to training and development.

The performance and review policy was updated in 2024 and makes clear the mandatory set of training all staff are expected to undertake, and how often these are to be completed and by whom. Training includes data security, health and safety, EDI, safeguarding, learning disabilities, Prevent, first aid, and fire safety.

Staff met at the visit, across all roles, had a line manager and demonstrated confidence that they would seek their support and guidance as required. Staff surveys report a very high level of confidence in the support they get for their teaching from their managers, and they know where to go to get support. All staff, new to the College or moving into new roles, explained that ‘shadowing’ was an important staff induction and development tool used at the College.

A significant emphasis is placed on peer observation and review for faculty, and survey results demonstrated that staff value this opportunity. The documentation to support this process is comprehensive and evidences a strong commitment to developing learning and teaching strategies for students with different learning needs. The appointment of a Programme Manager with experience in higher education pedagogy has the potential to provide further enhancement opportunities for faculty development.

Overall, we were assured that educators are appropriately and fairly recruited, inducted, trained, and managed in their roles.

Strengths and good practice

The recent appointment of a Programme Manager with skills in higher education teaching and learning is an asset that has the potential to impact positively on the work of the College.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.

☒ MET
☐ NOT MET

Findings and evidence to support this

Documentation submitted, including the performance review and the peer review processes, make it clear that staff needs will be identified, and training and development needs discussed. The College state that staff have a responsibility to engage in the development on offer, and this can include in-house events and tools (such as mentoring, team meetings, and networking) as well as externally funded qualifications relevant to their role. Discussions with the SMT and ARU evidenced the support available for faculty staff wishing to apply for fellowship of Advance HE.

Faculty days are seen as important opportunities to address sector priorities and policies, as well as teaching and learning. Staff have the opportunity to request topics for inclusion in the days and they are recognised for their attendance. Staff surveyed strongly agreed they knew where to go for support with their teaching and they found peer observation helpful in developing their teaching.

Evidence submitted and discussions with stakeholders indicated a very strong learning and development culture and reassures us that this standard is met. Whilst rich resources and opportunities are provided, the College could benefit from monitoring both attendance and the impact of these.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

Conditions

None reported.

iii. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.

☒ MET
☐ NOT MET

Findings and evidence to support this

We were assured that staff comply and meet relevant academic and professional qualifications. It was evidenced that the recruitment process ensured osteopathic faculty and clinic tutors are registered with the GOsC, and all faculty either hold or are working towards a teaching qualification. This data is recorded and monitored centrally. Documentation submitted in the form of the employee handbook evidences how all policies and procedures relevant to new and existing staff are made available and signposted. Professional

conduct expectations are made clear and linked to the OPS. The dignity at work and study policy sets out unacceptable behaviours and procedures to deal with these should they occur.

The evidence submitted and the discussions with the SMT gave us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College demonstrated that they have a staff team with the capacity to teach, assess, and support the delivery of a recognised qualification. All staff are part-time, including the SMT. Three of the five SMT are osteopaths and four are involved in teaching. The pool of 28 tutors who teach osteopathy are registered osteopaths, as are the 16 clinic tutors staffing the Clinic. Some tutors act in both capacities.

Module leaders oversee their modules and take responsibility for managing the part-time tutors teaching their content. The Programme Manager is relatively new in post and manages the module leaders. Students reported being able to access support from faculty or clinic as required. A recent appointment has also been made to take a lead in research development and there was evidence that this role is already strengthening the evidence base to the taught programmes and engaging students in a research community. There is a culture of building capacity in the qualified staffing pool by encouraging recent graduates to become involved as classroom assistants with a view to become faculty.

There was sufficient evidence from documentation and meetings with internal stakeholders, that the College have met this standard and have in place mechanisms to manage qualified staffing requirements across full and part-time weekday and weekend delivery.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Evidence submitted indicates that currently all programme staff have, or are undertaking, a relevant teaching qualification. Documentation submitted indicates 86% of faculty already hold a teaching qualification and/or a Masters degree. 75% of module leaders hold a teaching qualification with recent expressions of interest to work with ARU to seek advanced higher education professional qualifications aligned to AdvanceHE.

The ambition to grow the number holding such qualifications is set out in the staff development strategy which stated its aim for 80% of faculty to hold a formal teaching qualification. In discussions, the SMT articulated the strategy including through the provision of some funding, academic support with applications, and research projects. The risk register identifies staff training as a moderate risk after mitigation. Efforts to monitor the staff development strategy and its progress could be strengthened.

The evidence presented before and at the visit provides assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

Conditions

None reported.

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9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Duty of candour is included in the Clinic protocol and as part of a lecture produced on the subject for students, confirmed in the evidence provided and at stakeholder meetings. The Clinic protocol references escalation and reporting in the event of concerns but the process for this is unclear.

Patients are actively encouraged to give feedback and the benefits of this are highlighted in a poster in the clinic reception area. Patient feedback is gathered after each clinical encounter via an online link with standardised questions, with the opportunity for patients to provide their contact details or alternatively raise confidential feedback directly through the Clinic email address. Individual feedback is provided to the students for use of self-reflection. If a concern is raised by a patient this is monitored by the Clinic Manager, who then cross checks the student's name against the Cliniko session records to allow follow-up. In the absence of the Clinic Manager, the Clinic reception team complete this function and keep the Clinic Manager informed of any matters of concern. It has been confirmed by the non-clinical staffing teams that should an incident raise serious concern that this would be escalated via the Clinic Manager to the SMT.

It is unclear to patients, as indicated in the patient stakeholder meeting, whether the feedback is intended for personal and professional development for practitioners or whether it is intended for service improvement. It is indicated that different feedback would be provided in each instance.

There is the opportunity for clinical supervision to be undertaken face-to-face or remotely via the live clinic feedback cameras. The choice of observation may be selected due to patient choice or for enhancement of the learning experience.

Peer to peer learning is encouraged informally throughout students' clinical experience, until the final clinical year where it is incorporated into Clinic reports for students.

The Clinic protocol and evidence provided at the clinic management, student, and clinical teaching stakeholder meetings means that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

Conditions

None reported.

ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.

MET

☐ **NOT MET**

Findings and evidence to support this

The College safeguarding policy was provided at the RQ visit; this policy is an addendum to the ARU safeguarding policy. All staff are required to undergo safeguarding training, and this is completed on an external platform. The College safeguarding policy includes aspects related to Safeguarding as outlined in the OPS, including FGM.

Safeguarding resources are available online in a repository accessible to both staff and students and updated annually in relation to services available in the local area of Tower Hamlets. Some of these resources are paediatric focused.

Safeguarding procedures and processes need to be in place at all times for all stakeholders at the College or accessing the College's services/premises. Students confirmed that safeguarding is delivered early on in their course and through their professional studies modules, with resources available on the VLE. Clinic administrative staff confirmed annual training which includes safeguarding and that if any safeguarding concern arises would refer to the policy to ensure they adhere to the correct procedures.

Whilst staff, students, SMT, and Trustee stakeholders reported an understanding of how to deal with safeguarding concerns, comprehension of the College's specific process and points of contact, and awareness of how to access information about safeguarding could be improved.

There are posters available across the sites signposting students and staff to various staff members for services such as finances, EDI, and student advice. This signage could be improved by including information about – or being supplemented with posters in communal spaces in at the College and Clinic covering - the safeguarding process, as these were not seen by visitors during the visit.

The policies in place and information shared at the visit give us assurance that this standard is met.

Strengths and good practice

The availability of safeguarding resources relating to the local area in which the College's clinic is situated demonstrates practical application of safeguarding policies to students and how this process may differ according to locality.

Areas for development and recommendations

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all

stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process (9ii).

The College should ensure all aspects of safeguarding are included as part of student journey. The Safeguarding policy and process should be covered in induction with other aspects included at appropriate times of their training. For example, prior to starting clinic, students should be aware of FGM, should they observe practices or be informed by a patient then they should have knowledge of the reporting process as outlined by the Home Office. The duty applies to all regulated healthcare professionals and is included in the OPS.

Conditions

None reported.

iii. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

There are three distinct clinical shifts across a working day in the Clinic for general patients with the staff to student ratio as 1:8 and in alignment with the GOPRE and SET. The infant clinic is staff led only, run by osteopaths who are subject matter experts. The students in attendance are a mix of year groups with 'junior' and 'senior' students' present. There are six treatment rooms available.

If patient consent is gained, there is the opportunity for two observing students to observe the clinical interaction in person. In addition to face-to-face interactions, there is a camera system in place that provides a live feed from the clinical room to various team point rooms. No recordings are taken or stored, and patients are made aware of the cameras prior to treatment. This system allows the clinic supervisors to observe the clinical interaction and decide when it is appropriate to join the clinical interaction at an appropriate point. It also provides a useful opportunity to observe the entirety of a clinical interaction to ensure patient safety and provide constructive feedback to the students.

Daily patient appointments are added to a whiteboard in the main team area, so the allocation of patients is visible to all. The clinic management have indicated that this will be upgraded to a projection of the appointment list directly from Cliniko onto the whiteboard, which will save time and effort and reflect live updates made in the system.

Clinic supervisors are easily located in one of the team points, welfare areas or if they are supervising another session their name badges are clearly visible outside of the treatment room.

The evidence seen including the Clinic visit assured us that this standard is met.

Strengths and good practice

The intended change to project the daily appointment list on the whiteboard will improve efficiency for the morning clinic supervisor, who is currently required to transfer this information manually.

Areas for development and recommendations

The live feed for the cameras and sound to the clinic rooms is accessible to anyone who enters the Team points, which are not locked but are located beyond the reception area where members of the public first enter. Therefore, it would be pertinent to add a mechanism, such as a keypad, to reduce the likelihood of someone unauthorised entering the team point unwittingly and having access to sensitive information.

The addition of a poster to inform patients of the purposes of the cameras live feeding in the treatment rooms should be made available as well as the option to withdraw consent at any time and have the cameras turned off will help to act as a visual reminder of these options.

Conditions

None reported.

iv. they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College implements the ARU rules, regulations, and procedures as part of their student fitness to practice procedures. The ARU fitness to practice procedure provides flexibility for the College to apply the relevant local procedures. The GOsC's guidance on student fitness to practice is published on the extranet. The ARU representative has confirmed that there will be institutional support provided in matters of fitness to practise.

The SMT have advised that the student fitness to practice relates to clinical and professional behaviours but there is a fitness to study policy, which relates more to mental health conditions and wellbeing.

Should a patient wish to raise a complaint, it was evident from the stakeholder meetings that the Clinic reception team were well versed in how to deal with a complaint and consistently signposted to both informal and formal complaints procedures. Patients can raise a complaint directly with both clinical and non-clinical staff.

There is an indication that clinic administration staff may not always pick-up on an obtuse indication from patients that they have been unhappy with the service provided but this was limited to one response. However, there is acknowledgement from the patient stakeholder group meeting that there are opportunities to provide feedback on their clinical interaction with the student. The clarity of whether this is service feedback or learning experience feedback for the students is unclear for patients.

The Clinic e-mail address is only accessible to employed clinic reception staff, when students are completing their reception experience this application is closed on the computer to prevent accessibility to sensitive information.

The Clinic protocol has been highlighted as a document that contains further information on the GOsC published osteopathic student-professional behaviours document, but the extract provided solely relates to the duty of candour and not the full breadth of the areas covered in the GOsC document. However, there is an indication that a deviation from the OPS may result in a student not being able to register with GOsC.

The employee handbook and LSO capability policy provide the framework for management of staff fitness to practise procedures. As registered osteopaths, they will also need to comply with OPS requirements and reporting to GOsC.

The student fitness to practice procedures and the stakeholder meetings with the ARU representative and the students assured us that this standard is met.

Strengths and good practice

The Clinic reception team have clear lines of reporting and escalation for any issues that may arise, and they are confident in using these processes and display professionalism in their approach to these matters.

Areas for development and recommendations

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients (3i, 9iv).

Conditions

None reported.

v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College has appropriate staff and student fitness to practice policies, provided as part of the evidence for the RQ process. The policies relevant to the student stakeholder group are supported by the associated ARU policies and the GOsC frameworks for fitness to practice. Each policy is regularly reviewed with any changes recorded in the policy and this is monitored as part of the quality cycle. Any ARU policy changes are disseminated to all stakeholders on an annual basis towards the start of the academic year.

The fitness to study policy is reliant on staff experience and judgment as to when the fitness to practice policy and procedure would be triggered because of continued application of the fitness to study policy. It may be useful for this to be reviewed and formalised in any new revisions so there is a clear process for the purposes of transparency for students and in the event of succession planning.

The College has no current recorded fitness to practice cases in the last annual reporting cycle. Through the meetings at the RQ visit it is indicated that students are satisfied that if a concern is raised to staff that it will be dealt with appropriately. The ARU Representative, who is also the Head of School for Allied Health and Social Care,, demonstrated that they provide support to the College as required highlighting the longevity, transparency, and openness of the partnership.

Strengths and good practice

None reported.

Areas for development and recommendations

In consultation with ARU, The College should explore how best to manage the process of students moving from fitness to study to fitness to practice, in order to ensure clarity and transparency on the application of the process without potential bias from individual opinion as to when a threshold has been reached.

Conditions

None reported.

vi. the needs of patients outweigh all aspects of teaching and research.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The concept of consent is introduced from the first year across all courses and carried throughout the programmes. The Clinic patient sheet provides comprehensive information to patients prior to the start of their first consultation. Patients read this information and tick a box, indicating consent to proceed. There is support in place from the clinic administration team to support this process as required.

Patient interactions are conducted in the full knowledge of the patient being aware of the cameras live streaming and in line with a privacy policy. On observation in the clinic, patient needs are prioritised throughout the clinical interactions from comfort to prioritisation of clinical examinations and procedures.

There is a robust process for ethical research to be conducted at the College with the additional layer of expertise applied by the ARU ethics committee for all student research projects.

The information provided to patients and the Clinic visit assured us that this standard is met.

Strengths and good practice

The College has voluntarily adopted the iO patient charter, which has been produced by the professional body as best practice for patients.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

vii. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Patients are informed that they will receive support information as part of the patient clinic information leaflet.

Patient consultations are supported with access to 'Rehab My Patient', an online exercise prescription platform, and there is opportunity to have printed copies if patients are unable to access this online. Students have time to demonstrate the exercises in Clinic and the programme can be updated as progress improves.

Cursory mention is made of NICE guidelines, which was observed across the teaching site in the practical osteopathic class and in the Clinic interaction. There is further opportunity for these guidelines to be practically applied in ongoing patient care and shared decision-making processes.

Understanding what services are available in the local community for patients via primary care and community services and local waiting list times will aid in managing patient care. The local musculoskeletal pathway may provide opportunities for patients to access adjunctive modalities of treatment when managing certain conditions and support their osteopathic treatment programme.

The evidence seen including at the clinic visit assured us that this statement has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should seek to collate data from local primary care and community services for patient signposting.

The College should conduct a review of local hospital waiting times through resources including www.myplannedcare.nhs.uk and build rapport with local GP practices to understand the local musculoskeletal referral pathways.

The College should formalise the inclusion of the NICE guidelines and their practical application in patient care in the clinical environment and relevant lectures as part of the shared decision-making process with patients.

Conditions

None reported.

A. Evidence

A.1 Evidence seen as part of the review

1st Appointment Cliniko with audit boxes
About charity trustees with hyperlinks
Academic Council ToR
Accident Report Form
Aclands anatomy resource information
Action Plan GOsC PEC RQ requirements
Admissions Survey Responses Nov 2023
Admissions Survey Summary Nov 2023
AHP Strategy AHPs Deliver 2022
Analysis of EE Feedback 2022-23
Analysis: LSO Quality Assurance Survey - Clinic 2022-23
Analysis: LSO Quality Assurance Survey - Formal teaching 2022-23
Analysis: LSO Quality Assurance Survey - Formal teaching 2023-24
Analysis: LSO Quality Assurance Survey - Learning Resources etc 2022-23
Analysis: LSO Quality Assurance Survey - Learning Resources etc 2023-24
Anglia Ruskin Course Management Committee (ARCMC) ToR
APTA professionalism questionnaire
ARU Academic Calendar
ARU Academic Regulations
ARU Active Curriculum Framework v2019
ARU APL form template
ARU Assessment and Feedback Strategy v2022
ARU LSO Institutional & Course Review Report 2024
ARU LSO Institutional Review Report 2019
ARU MEQ Summary 2022-23
ARU MEQ Summary 2023-24
ARU Rules & Regulations for Students
ARU Senate Code of Practice Admissions
ARU Senate Code of Practice Assessment Ed 7 Sept 2022
ARU Senate Code of Practice Collaborative Provision
ARU Senate Code of Practice Curriculum Approval & Review
ARU Senate Code of Practice External Examiners
ARU Senate Code of Practice Quality Assurance & Enhancement
ARU Student Charter
ARU Valuing Diversity & Promoting Equality
Audit of student clinical experience 22-23
Audit of student clinical experience 23-24 incomplete

BoardLead_London_Charity_Application
BOD model 21-22
Boundaries Key Points PPT for Faculty Day 2022
Clinic 6 week policy
Clinic Audit Data Summary of practice revenue 2022-23
Clinic demographic summary for 6-week period April - May 2024
Clinic Experience mapping
Clinic Experience Reflections template
Clinic Experience reflections worked example jnr student
Clinic Experience reflections worked example sen student
Clinic Patient feedback Nov 23- Jan 24
Clinic Patient feedback Nov 23- Jan 24 summary
Clinic Report template final year
Clinic Supervisor Job Description vJan23
Clinical Infobite folders screenshot
Completed Peer observation Form for practical session 2022-23
Completed Peer observation Form for practical session 2023-24
Completed Peer observation Form for theory session 2022-23
Completed Peer observation Form for theory session 2022-23
CONSENT for video recording pts assessment
Continuity of Care notice for Clinic
Course Specification Form BOst full-time
Course Specification Form BOst part-time
Course Specification Form MOst full-time
Course Specification Form MOst part-time
Course Specification Forms NEW (same as evidence 177)
Covid-19-passenger-guidence-infographic
Curriculum review inc mission (Responses) staff survey Nov 23
Dates 2022-23 FT & PT Programmes
Draft LSO Academic Franchise Agreement (UK)
Employee Handbook vJan23
External Examiner report NH 22-23
External Examiner report NH 23-24
External Examiner report RJ 22-23
External Examiner report RJ 23-24
Extract from Clinic Protocol regarding Duty of Candour
Extract from Mayfield Clinic QA Survey (Junior Students)
Extract from Mayfield Clinic QA Survey (Senior Students)
Extract from Professionalism Lecture regarding Duty of Candour 2022
Faculty Day Agenda 14.07.24
Faculty Day Agenda 23.08.2023

Faculty Day: Assessment Calibration Workshop new 2023
Faculty Day: EDI PPT new 2023
Feedback form examiners of practical and viva assessments
Final Year New Patient Numbers June 2024
Final Year Student Hours June 2024
Flowchart for Appointing New Personnel
Follow-up regarding Trustee Induction process July 2024
Fraud Awareness & prevention for students
GOsC GOPRE (was 2015, now 2022)
Grade Conversion for Practical Assessments
Graduate Survey Analysis 2021-2023
Graduate Survey Questionnaire responses
Guidance about Professional Behaviours & Fitness to Practise for Osteopathic Students
Interview checklist
Interview grid for lecturer
Interview grid for programme manager
Learning Resource Bursaries 2022-23 (excel)
Learning Resource Bursaries 2022-23 pdf
Low Cost Accommodation for LSO Students
LSO Academic Agreement
LSO Accessible PPT session template
LSO Active Curriculum mapping 2024
LSO Admissions policy v Sept 2023
LSO ARU AMR Action Plan for 2023-24
LSO ARU AMR for 2022-23
LSO Capability Policy
LSO Charity Memorandum and Articles
LSO Clinic Advert 2024
LSO Clinic Patient Consent confirmation sheet 2024
LSO Clinic Patient Information Sheet 2024
LSO Clinic Protocol Senior 2023-24
LSO Clinic Tutor Guide vSept 23
LSO Dignity at Work & Study v Feb 2023
LSO Diversity summary 22-23
LSO Fitness to Study policy v Feb 2023
LSO GOPRE/SET mapping to learning outcomes
LSO Governance Structure
LSO inclusive curriculum analysis Dec 2022
LSO Induction and Welcome Pack for new trustees
LSO interview assessment scale

LSO Management structure scalar chain Sept 23
LSO MOst/BOst Re-approval Doc 1
LSO MOst/BOst Re-approval Doc 2 (CSFs & MDFs) 2024
LSO pathway for students with additional learning needs v Sept 2023
LSO Patient Complaint Policy v Feb 2023
LSO Performance Review Policy
LSO Policy approval and review tracking
LSO Presentation for RQ Oct 24 (to commence RQ visit)
LSO Prevent Risk Register vOct23
LSO Process for appointing new staff v Jan 2022
LSO QA - Learning Resources etc 2022-23
LSO QA - Learning Resources etc 2023-24
LSO QA Survey - Clinic Experience Junior 2022-23
LSO QA Survey - Clinic Experience Senior 2022-23
LSO Quality Assurance Survey - Module Evaluation 2022-23
LSO Quality Assurance Survey - Module Evaluation 2023-24
LSO Risk Register v7 2024
LSO RQ QAA visit report Oct 2018
LSO Safeguarding policy ARU addendum
LSO Self directed learning policy v Sept 2023
LSO SMT Job Descriptions
LSO Staff Development Guide Oct 23
LSO Staff Development Process
LSO Staff Development Strategy
LSO Staff Induction Policy
LSO Student Complaints Policy v Jan2022
LSO Student Discipline policy
LSO Student Handbook 23-24 FT
LSO Student Handbook 23-24 PT
LSO student interview assessment form
LSO Student support folder list of items
LSO Student support links from student handbook
LSO Student support who to go to (extract from Student Handbook)
LSO Teaching and Learning Best Practice Guide 2024
LSO Trustee list & brief CVs
LSO Trustee Recruitment & Induction policy 2019
LSO Whistleblowing Policy
Mapping of curriculum to OPS
Marking and Feedback sheet for DD essay
MASH safeguarding info LBTH 22-23
MOCK Yr2 FT Osteopathy III Self Assessment
Module Guide Osteopathy I L4 2022-23

Module Guide Osteopathy III L5 22-23
Module Guide Portfolio L7
Module Guide Professional Studies I L5
Module Guide Professional Studies III L7 2022-23
Module Report Form
National Student Survey Analysis 2022-23
Part-time Course Structure – Number of credits per year
Patient Feedback Poster
Patient feedback proforma
Patient Forum Poster 2022
Peer observation - guidance for the observer
Peer observation clinic tutor 21-22 example
Peer Observation form 2022-23
Peer Observation form 2023-24
Peer observations form for Clinic Tutors 21-22
Photo & video in class guide & consent
Photo & video release form in class paper version
Portfolio GOPRE reflections student example 21-22
Portfolio OPS Grid self mapping student example 21-22
Professional trust development PIECE model
PT group map geographical
Rehab My Patient Example
Request for short term extension
Review of Action Plan for 2022-23
Risk Assessment ver7 2024
Serious incident reporting example table
Serious Incident Reporting Policy v1 April 2024
Staff feedback of their peer observation experience
Stone, J (2022) Boundaries supporting professionals protecting patients
Student Adviser Job Description
Student Attendance Tracking Report 2022-23
Student Contract updated for 23-24
Student Feedback opportunities
Student Issues Recording Sheets
Student Paper Feedback Sheet
Student Registrations (as at 24.11.23)
Student Summer Workshop feedback analysis 2022-23
Subject Benchmark Statement Osteopathy 2024
SWAST Minutes PT 12.11.22
SWAST Minutes PT 18.02.24

SWAST Minutes PT 18.03.23
SWAST Minutes PT 28.10.23
SWAST ToR and Rep Guidance
The Good Trustee Guide 1 What is a charity
The Good Trustee Guide 1 What is a charity trustee
The Good Trustee Guide 1 What trustees must do
The Good Trustee Guide 1 How trustees look after the charity
Top tips for remote Board new Trustees
Trustee skills inventory overview March 2021
Trustee skills inventory template NCVO
Training for Examining MCCA 2020 ver 2024
Trustee Induction Folder screenshot
UCL inclusive curriculum healthcheck 2018
Welcome from Staff Sept 2023
Year 2PT_ Professionalism Survey - Google Forms
Year All folder contents 2022-23