



## **Policy and Education Committee**

**14 October 2020**

### **Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The review of Guidance for Pre-registration Osteopathic Education (GOPRE) and Standards for Education: feedback on the draft guidance and agreement to the timetable for development and implementation
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To note the progress of the review of the Guidance for Osteopathic Pre-registration Education including the development of more specific Standards for Education</li><li>2. To consider the draft Guidance for Osteopathic Pre-Registration Education guidance and issues for discussion provide feedback</li><li>3. To agree the revised indicative timetable.</li></ol>
<b>Financial and resourcing implications</b>	The review is being managed in-house, and costs will be met from existing departmental budgets in so far as they arise in the current financial year.
<b>Equality and diversity implications</b>	Equality and diversity implications will be taken into account, and an Equality Impact Assessment has been commenced in relation to the project and has identified a range of associated actions during the development, consultation and decision making phases to be actioned.
<b>Communications implications</b>	There will be communications implications in relation to the development of the project, liaison with stakeholders, consultation, publication and implementation which are referenced within this paper.
<b>Annex</b>	Annex – GOPRE and Standards for Education discussion draft Appendix 1 to Annex – GOPRE working draft table with notes
<b>Author</b>	Steven Bettles

## Background

1. At its June 2020 meeting, the Committee received an update on the review of the [Guidance for Osteopathic Pre-registration Education](#)<sup>1</sup> (GOPRE) and the development of specific Standards for Osteopathic Education. As was stated, the guidance is intended to support the [Osteopathic Practice Standards](#) (OPS) and provide a reference point for students, educational providers, patients and others. It sets out the outcomes that osteopathic students are expected to demonstrate before graduation in order to show that they are able to practise in accordance with the OPS.
2. This paper outlines work undertaken since June, featuring two meetings of the Stakeholder reference Group, presents a discussion draft which was considered at the most recent Stakeholder Reference Group meeting and proposes a revised timetable for approval.

## Discussion

3. The first meeting of the GOPRE Stakeholder Reference Group took place on 20 July 2020, chaired by Deborah Bowman as chair of the Committee, and with representatives from:
  - The Institute of Osteopathy
  - The Council of Osteopathic Educational Institutions
  - The Osteopathic Alliance
  - The National Council for Osteopathic Research
  - The Chartered Society of Physiotherapists
  - Patients
  - New graduates
4. The group considered the preparatory work undertaken at that point (as presented to the Committee) and specifically considered discussion points around:
  - Members (or their organisation's) perspective on the current GOPRE, and initial thinking as to which elements are helpful, and what should be added, retained, enhanced or removed?
  - Whether they had any thoughts or comments on the initial issues raised by the Osteopathic Educational Institutions (OEIs) in relation to GOPRE (these were presented to the June Committee).

---

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

- To what extent members felt it would be helpful to better reflect the capabilities outlined in the MSK framework for first contact practitioners in England<sup>2</sup> (FCP framework) within the updated GOPRE?
  - What are views on a clearer expression of the pillars of the Multi Professional Framework for Advanced Clinical Practice in England<sup>3</sup> within the updated GOPRE?
  - Whether any disadvantages could be foreseen in more closely aligning the GOPRE outcomes to the MSK framework?
  - Perspectives on the initial draft standards of education.
5. The discussion was extensive, and some examples of the points raised are listed below:
- The advantages of making more explicit the link to HEE frameworks in terms of the broader role of osteopathy as an Allied Health profession, against the fact that NHS roles represent a small minority of the work carried out by osteopaths, and the need to maintain the distinctive nature of the profession.
  - In GOPRE there is a lot on safety, communication and consent, candour etc but very little and poorly defined on the application of skills.
  - Questions around professional identity, and consistency of what is taught across the sector are not limited to osteopathy.
  - The review of GOPRE is a good opportunity to align commonality of language with other professions using the MSK framework.
  - Osteopathy should not be limited to being an MSK intervention – its scope is wider than this.
  - We've been invited into the AHP family because of what we are and what we do. We are filling a role that they need, and that is separate to physiotherapists.
  - One aspect not included in GOPRE to the full extent is basic entry level requirements for research.
  - Support for GOPRE being revised to better align with the updated OPS. The purpose of this document is to get graduates to the level where they can comply with the standards.
  - Osteopaths don't know what the identity of osteopathy is. At the moment there is non-standardised curricula, and what is needed is a core definition of what an osteopath is or does. The NHS is not interested in profession it is interested in roles.
  - What we need to take into consideration in this review of GOPRE is where osteopathy needs to be in future for the sustainability of the profession. Osteopathic education should look at healthcare needs of the nation, for

---

<sup>2</sup> See Health Education England and NHS England commissioned document, Musculoskeletal core capabilities framework for first point of contact practitioners (2018) at [https://www.csp.org.uk/system/files/musculoskeletal\\_framework2.pdf](https://www.csp.org.uk/system/files/musculoskeletal_framework2.pdf)

<sup>3</sup> See Health Education England and NHS England commissioned, Multi-professional framework for advanced clinical practice in England, 2017, available at: <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

example our aging population. How can we train osteopaths for that environment so they can provide the complex interventions needed?

- GOPRE needs to reflect the necessary guidance and skills that osteopaths use to treat the whole person and a complex case.
  - The central tenet of GOPRE must be centred on patient safety rather than the promotion of the profession
  - The thing that doesn't come across in any of these documents is the concept of facilitating care so that it is more about the patient managing their care. It's not about what happens within the consultation that is what helps the patient most it's what happens outside of the consultation and this should be captured in GOPRE.
  - If osteopaths are being employed as first contact MSK practitioners, there must be some symbiosis between the core capabilities MSK document and the OPS.
  - If you look at FCP framework there are large elements of that which would apply to private practice and all sorts of other settings, so it's not only an NHS pathway it's more about being a modern and professional healthcare discipline.
  - The themes are appropriate for the Standards for Education but what is needed included is a standard that helps ensure there is a safe learning environment so that the culture of learning can be encouraged.
  - Standards for Education are so important for patients to be assured about the delivery of education and they are essential and you can't do without them.
6. Following the initial Stakeholder Group Meeting in July, we developed a discussion draft of the GOPRE document including Standards for Education, taking into account the group's comments. The discussion document which incorporates revisions and deletions to the current GOPRE document along with commentary (Annex) was then considered at a second Stakeholder meeting on 24 September.
7. The groups were also provided with a working draft table (Appendix 1 to the Annex), which showed the current GOPRE in the left column, suggested changes in the central column, and comments and rationale on the right. This demonstrates exactly what is proposed in the developing draft, and why. The discussion draft, as will be seen, is interspersed with discussion points, and these were all considered by the group on 24 September. This current paper is being written shortly after the meeting, and full notes are not yet available, but we have set out the discussion points in the table below, with some indication on the right of the issues discussed by the group:

Discussion point	Issues discussed
Re para 10 - Is it right to mention marketing here in this context, rather than, for example, the administrative skills required to run a business?	General support to move away from specifying 'marketing' to something that reflected the broader

Discussion point	Issues discussed
	administrative and professional skills that osteopaths need.
<p>Re para 13 - You can work in the independent sector without setting up a practice. Joining an established practice as an associate is common. How many are really 'fully' conversant with the demands of independent practice by the time they graduate. Should we consider here amending to something like; '<i>.....ethical clinical practice within whatever context the osteopath delivers care</i>'.</p>	Support for revised wording suggestion. Consider also the broader contexts in which osteopaths might work.
<p>Regarding para 19 (a) – is this the right content in the right order?</p> <ul style="list-style-type: none"> <li>• In relation to 'principles of a healthy lifestyle' Is it helpful just to have one example here? What does it mean to say 'nutrition' in this context? It's not really an outcome about nutrition – do we need to be more specific.</li> <li>• With regard to 'a knowledge of basic pharmacology' what does this mean? What is basic? There's an opportunity here to be more specific as to what pharmacology knowledge should be – for example; <i>an understanding of common medications and their clinical impacts and implications for osteopathic care, maybe.</i></li> <li>• Deleted 'critical appraisal of research and professional knowledge', as superseded by new para 24.</li> </ul> <p>Para 26 (in the draft) has been added as a suggestion to set clearer outcomes regarding research knowledge and competences. It reflects <a href="https://cahpr.csp.org.uk/documents/cahpr-research-practitioners-framework">https://cahpr.csp.org.uk/documents/cahpr-research-practitioners-framework</a> which sets out entry level research competences</p>	<p>Good to reference 'biopsychosocial' here, and to perhaps reference pain 'pathways' rather than 'mechanisms'. The reference just to 'nutrition' as an example of a healthy lifestyle was felt to be too narrow.</p> <p>Consider also, reference to 'pathphysiology' and 'practising in a non-discriminatory manner'.</p> <p>There was general support for the inclusion of the additional clauses regarding research competencies, though a need to be careful that these weren't just at level 7 (when some RQs are not). Possibility, also of combining some of the para 26 subsections.</p>

Discussion point	Issues discussed
<p>for Allied Health Practitioners. The IFOMPT framework outcomes also feature a research focused dimension, with outcomes that are reflected in the suggestion above.</p> <p>For discussion:</p> <ul style="list-style-type: none"> <li>• Is this helpful?</li> <li>• Is anything missing (not every aspect of the CAHPR framework has been reflected)</li> <li>• Do you feel that any of the suggested outcomes are inappropriate in this context?</li> </ul>	
<p>In relation to the delivery of care, should we add a more specific outcome/s, to include advice and rehabilitation, etc?</p>	<p>There was general support for being more specific about rehabilitation and exercise approaches within the outcomes, but also a need to consider this in more detail with COEI. Need to ensure that this isn't too reductionist, and is in the context of a management and care plan tailored to the patient.</p>
<p>The suggestions for paragraphs 32 and 33 above reflect outcomes from the FCP framework. Are these helpful?</p>	<p>Support for these, but don't link them just to MSK conditions/care.</p>
<p>We reference psychological and sociological issues in Knowledge, skills and performance (KS&amp;P) above, but could add something here to reference these issues – for example:</p> <ul style="list-style-type: none"> <li>• Use a biopsychosocial model to inform assessment and patient management</li> <li>• Understand the impact of the practitioner's behaviour, language and beliefs on patient outcomes</li> </ul> <p>Would these be appropriate?</p>	<p>General support for this. Maybe also consider 'unconscious bias', and reference the building of a relationship with the patient.</p>
<p>In reference to clinical hours it's more about the outcomes, rather than an exact number of hours, as we've seen in the response to the Coronavirus crisis. Issues</p>	<p>Consider how the hours are demonstrated, and the breadth of contexts in which this might take</p>

Discussion point	Issues discussed
<p>to consider will be the tension between hours/outcomes, particularly in a post Covid world – how students gain sufficient experience to demonstrate that they've met the outcomes and can practise in accordance with the OPS. Is there an absolute minimum? Should there be, and what is it and why?</p>	<p>place. Would case based discussions count in this respect? 1000 hours was felt to be useful in undergoing training. Consideration, also, that this could be more outcomes based than just hours, which can be quite passive – it's more about the quality of the clinical experience.</p>
<p>With regard to the outcome paragraph 59 in the draft regarding common components of consultations), this isn't specified in the OPS to this degree. Should there be something here to cover other elements – for example – patient values/understanding what's important to them, etc?</p>	<p>Good to emphasise here dialogue, values and preferences.</p>
<p>Outcome 64 is suggested as a replacement for: <i>Reflect on a case where the expectations of the effectiveness of treatment were not met, and what actions were taken to communicate this to the patient and to seek further advice and/or refer.</i> Any comments on this?</p>	<p>Supported but change 'treatment' to 'all aspects of the consultation'.</p>
<p>Outcome 67 has been modified from the current version: <i>The graduate must be able to demonstrate appropriate understanding (i.e. explain critical reasoning) and application of a range of approaches to treat patients safely, appropriately and effectively, within the context of the Osteopathic Practice Standards, osteopathic principles and reflective practice. This includes knowledge and application of contra-indications to the use of any techniques for particular patients, taking into account presenting complaints and history.</i></p> <p>The updated version was felt to be less repetitive, given everything that's gone before, but comments welcome.</p>	<p>This forgets the patient somewhat – maybe reference 'jointly negotiated/partnership'. Also consider 'reflective' here and maybe 'informed consent'.</p>

Discussion point	Issues discussed
<p>In relation to the approaches set out in paragraph 68 of the discussion draft, is it helpful to outline these approaches? Some educational providers include them to greater or lesser degrees, but not every approach. Is this problematic? They come from the WHO Benchmark document<sup>4</sup>, but do not represent all UK curricula.</p> <p>There's also nothing in the current list here regarding rehabilitation, provision of exercise and advice, etc – it's all strictly manual techniques, many of which would be unfamiliar to many osteopaths.</p> <p>An option would be to put something more general, that would be more accessible to a wider audience, for example:</p> <p>'Osteopathic approaches to treatment and patient management should include:</p> <ul style="list-style-type: none"> <li>• A range of manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain.</li> <li>• Rehabilitation advice and guidance to facilitate self-management and enhance recovery.</li> <li>• Provision of health information, guidance and signposting to resources to support patients' choices and decisions regarding their health and wellbeing.'</li> </ul> <p>What do group members feel about this?</p>	<p>Should 'no treatment' be an option here?</p> <p>The suggested wording does provide more scope and flexibility.</p>
<p>The advice set out in this section on the transition to practice is sensible, but is this the place for it? These aren't outcomes for education.</p>	<p>Good to reference self-care in this if retained. The guidance here feels important, but maybe it should be worded as an outcome, perhaps under professionalism, to ensure that</p>

<sup>4</sup> <https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf>



Discussion point	Issues discussed
What do the group feel about this section?	students have the necessary skills to engage with their communities after graduation.
<p>The draft standards for education have not changed hugely from those provided to the group in July. Additions are:</p> <p><b>Under Learning Culture:</b>  <i>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.</i></p> <p><b>Under Patients:</b>  <i>Recognise the importance of advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care.</i></p> <p>Any comments on these additions or any other aspect of the draft standards, for example:</p> <ul style="list-style-type: none"> <li>• Are the themes appropriate?</li> <li>• Is anything missing?</li> <li>• Clinical Experience is a short section – could/should this be combined with Programme Design and Delivery?</li> <li>• Anything else?</li> </ul>	<p>Support for the themes which tie in with wider education contexts. The clinical section could, perhaps, be combined with the Programme Design, but in a way that retains its distinctiveness somehow?</p> <p>Now that OEIs are often regulated in a variety of ways, including the OfS, do these standards need to be specified in such detail? Is it not implicit?</p>

8. At the time of writing this paper, we have commenced an equality impact assessment which has helped us to identify further work during the development phase before finalising the draft for consultation. This work includes:
- Exploring any concerns that have been raised with us or OEIs about matters of equality, diversity and inclusion in OEIs
  - Exploring relevant published reports about health care and education
  - Exploring equality, diversity and inclusion issues that have arisen for other health professional regulators and in higher education generally along with their approach. For example, GMC: [https://www.gmc-uk.org/-/media/documents/promoting-excellence-equality-and-diversity-considerations-v1\\_pdf-72709944.pdf](https://www.gmc-uk.org/-/media/documents/promoting-excellence-equality-and-diversity-considerations-v1_pdf-72709944.pdf)

- Inviting osteopathic students and osteopaths with specific protected characteristics and others to ask for their feedback on the draft to inform our thinking prior to consultation to identify whether there might be a particular impact on any group identifiable from the current draft outcomes and standards for training and in particular, exploring whether there should be explicit reference to equality, diversity and inclusion in our standards for training
  - Ensuring that from a patient perspective, our outcomes and standards are inclusive and relevant and do not lead to any unintended consequences or impacts
  - Seeking specialist advice from an equality and diversity consultant
  - Identifying the sort of data we might want to collect to understand whether there is an impact of our outcomes and standards over the longer term
9. The Committee are invited to consider and provide feedback on the draft Guidance (including standards for education) at the Annex (the discussion document) and the discussion points considered by the Stakeholder Reference Group outlined above and in the Table at Appendix 1 to the Annex to inform further development work prior to being finalised by the Committee and Council for consultation in 2021.

#### *Timetable*

10. The original indicative timetable approved by the Committee aimed at an implementation of GOPRE and Standards for Education in September 2021. On reflection, this is quite ambitious, and gives little time between final sign off by Council and implementation by OEIs. The implementation needs to be from the start of an academic year, which for most is September, and we therefore set out below a revised indicative timetable leading to implementation in September 2022. This gives a longer lead in post sign-off in which we can help OEIs to ensure that they are ready to implement the outcomes and standards. This also provides greater flexibility to manage the uncertainties of the forthcoming academic year, given the coronavirus pandemic / Covid-19 situation, and the impact this may have on the education sector.

<b>Month</b>	<b>Activity</b>
October 2019	Initial consideration of project by Policy Advisory Committee
November 2019	Reporting of project plan to Council for approval
January to March 2020	Initial gathering of feedback from key stakeholders (OEIs, iO) to inform early development
March – June 2020	Collation of feedback and preparation of paperwork for initial Stakeholder Reference Group meeting

<b>Month</b>	<b>Activity</b>
July 2020	Stakeholder Reference Group - initial meeting to consider proposals in relation to GOPRE and Standards for Education in the light of early feedback
July – September 2020	Development of initial draft updated GOPRE and Standards for Education discussion document
September 2020	Further input from Stakeholder Reference Group on developing drafts
October 2020 PEC	Report to PEC with initial draft for consideration in the light of stakeholder input
October 2020 to January 2021	Further development of draft in conjunction with Stakeholder input and review of the UK context  Continued development of equality impact assessment and subsequent development work, engagement and expert advice and input
March 2021	Report to PEC with final draft GOPRE and Standards for Education for consultation, along with consultation document and detailed consultation strategy and final equality impact assessment
May 2021	Report to Council with consultation draft for sign off
May 2021 – August 2021	Consultation
August - September 2021	Analyse consultation outcomes and hold further Stakeholder Reference Group meeting to consider these and any changes
October 2021	Report to PEC with consultation analysis and post-consultation changes for consideration.
Nov 2021 or Jan 2022 Council	Report to Council with final documentation for approval
Jan – July 2022	Supporting OEIs with implementation plans
September 2022	Implementation of updated GOPRE

### *Next Steps*

11. We will continue to develop the draft GOPRE and Standards for Education, taking into account feedback from the recent reference group, along with further development work, and will present a final draft to the Committee at its March 2021 meeting, along with a full consultation plan and equality impact assessment.
12. In relation to the draft outcomes, as was stated in the discussion document, we referenced the First Contact Practitioner MSK and ACP frameworks produced by Health Education England, but also need to ensure that the final draft adequately reflects as appropriate the distinction of the UK health services, and relevant Scottish, Welsh or Northern Irish documentation. Further stakeholder input will also be sought into the final draft before it is reported to the Committee.

**Recommendations:**

1. To note the progress of the review of the Guidance for Osteopathic Pre-registration Education including the development of more specific Standards for Education
2. To consider the draft Guidance for Osteopathic Pre-Registration Education guidance and issues for discussion provide feedback
3. To agree the revised indicative timetable.