

Guidance for Osteopathic Pre-registration Education and Standards for Education

Discussion document - September 2020

Introduction

This discussion document sets out suggested changes to the Guidance for Osteopathic Pre-registration education (GOPRE), providing some explanatory narrative, and raising issues for discussion with the Stakeholder Reference Group. It should be read in conjunction with the table in Appendix 1 to this document, which sets out a comparative table, highlighting the current GOPRE against suggested changes, with commentary in relation to each outcome. The draft Standards for Education are set out at the end of the document.

Amendments to the current GOPRE are shown in red, with deletions from existing outcomes shown struck through, for ease of reference. We have retained the basic structure of the current document around the themes of the Osteopathic Practice Standards, common presentations and approaches to treatment.

We have attempted to factor in some issues discussed in the earlier Stakeholder Reference Group meeting, including:

- Updating the outcomes to reflect current Osteopathic Practice Standards
- Reviewing the language used throughout
- Maintaining the distinctiveness of osteopathic care
- Attempting to demonstrate the commonality between GOPRE and other healthcare frameworks to recognise the status of osteopathy as an Allied Health Profession

Documents referenced in the preparation of this draft include:

- Health Education England: [Musculoskeletal core capabilities framework for first point of contact practitioners](#). The idea was not to replicate this framework, but to at least demonstrate an awareness of this in the drafting of outcomes to some extent.
- [International Federation of Orthopaedic Manipulative Therapists \(IFOMPT\) education standards](#): IFOMPT (as shown in the framework) 'is a non-government International Manipulative Physical Therapy Federation representing international collaboration in Manipulative Therapy. It is concerned with Manipulative Therapy and Physical Therapists, and is a recognised sub group of the World Confederation for Physical Therapy (WCPT), which in turn is a part of the World Health Organisation.' Again, this is a document aimed at physiotherapy, and we have not tried to replicate or map to it. Rather, it has been useful to see how they approach their education framework as a point of reference and comparison for us, and some of their content has helped to frame some of the points for discussion.

- [Multi Professional Framework for Advanced Clinical Practice in England](#): We discussed this at the July Stakeholder Group Meeting to some extent. As with the above, we have not mapped to or attempted to replicate all aspects of this document which describes advanced (thus several years postgraduate) practice in four 'pillars'.

We have interspersed the text with discussion points. These are aimed at checking the group's thinking on various suggestions/amendments, or outlining possible options for consideration. You may have stronger feelings on some than others, and don't feel that you have to have a response to all. Neither are these exclusive – if there are other aspects upon which you wish to provide comment and feedback, then please do.

Draft GOPRE:

About this guidance

1. This Guidance for Osteopathic Pre-registration Education is issued by the General Osteopathic Council (GOsC). The GOsC is the body established under the Osteopaths Act 1993 to regulate osteopathy in the UK. It does this by:
 - setting standards
 - assuring the quality of pre-registration education
 - maintaining the Register of osteopaths legally permitted to practise in the UK
 - removing or restricting the registration of osteopaths who do not meet standards.
2. The Osteopathic Practice Standards (available at: <https://standards.osteopathy.org.uk/>) are the core standards, set by the GOsC, that UK graduates must demonstrate before they can be awarded a Recognised Qualification'. A Recognised Qualification enables a graduate to register and practice as an osteopath.
3. This Guidance for Osteopathic Pre-registration Education supports the Osteopathic Practice Standards and provides a reference point for students, educational institutions, patients and others. It describes the professional aspects of osteopathic pre-registration education, and the outcomes that graduates are expected to demonstrate before graduation in order to show that they practise in accordance with the Osteopathic Practice Standards.
4. The guidance should be read alongside other supplementary guidance issued by the General Osteopathic Council, which includes:

- guidance about student fitness to practise
 - guidance about the management of health and disability
5. Other reference points that inform the development of osteopathic pre-registration education within the academic community include:
- the Quality Assurance Agency for Higher Education UK Quality Code for Higher Education (comprising standards and guidance related to academic standards, the learning environment, teaching, learning, assessment and quality management), available at: <https://www.qaa.ac.uk/quality-code>
 - the Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy, available at: https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-osteopathy.pdf?sfvrsn=6835c881_4
6. This guidance should be read by:
- students and prospective students, to assist in their understanding of the professional expectations on graduates in order to meet the core regulatory requirements set out in the Osteopathic Practice Standards
 - osteopathic educational institutions, to set out the professional expectations on students in order to meet the Osteopathic Practice Standards, leading to the award of a Recognised Qualification and registration with the GOsC
 - those involved in quality assurance of qualifications, to help them understand the professional expectations that must be met in order to deliver the Osteopathic Practice Standards and allow the award of a Recognised Qualification.
7. This guidance may be of interest to:
- other healthcare professionals, **and employers** to ~~enable~~ **facilitate** an understanding of osteopathic education, and to support better integration, ~~and~~ interprofessional education and collaboration within the wider academic and **Allied Health ~~and care~~ professional** community
 - patients, to inform them about the content of osteopathic education and training.

Introduction

8. Osteopaths must be capable of taking full clinical responsibility for, **and working in partnership with**, their patients. This includes being able to take **and record** a patient's case history and to undertake an appropriate **clinical assessment** osteopathic examination, ~~which may include: using appropriate clinical tests~~

where indicated, forming a differential diagnosis, **formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient.** ~~referring to another practitioner where appropriate and/or providing appropriate treatment and a care plan.~~ It also includes recognising **and working within** the limits of their own **training and competence** as a practitioner **and providing appropriate treatment and care, referring to another healthcare professional when required** and crucially, putting the patient's interests before their own.

9. Putting patients first involves working with them as partners in their own care, **supporting patients in expressing what is important to them** and making their safety paramount. It requires dedication to continuing improvement, both in individual practice and also in the wider healthcare environment with which the patient interacts. Osteopaths **may work as** ~~are often~~ part of a wider team of healthcare professionals looking after the patient, **and are required to work collaboratively with other healthcare providers to optimize patient care, where such approaches are appropriate and available.** ~~With the patient's consent, all attempts should be made to coordinate care so that the patient is the centre of the healthcare team's focus.~~

10. Osteopathic educational institutions equip osteopathic students for the demands of independent practice. This includes scientific and clinical knowledge, and clinical and professional skills (including reflection), underpinned by a critical appreciation of osteopathic principles and application of the technical skills needed for practice. The demands of independent practice also require effective communication, critical evaluation and the marketing skills necessary to run a thriving practice. Such skills help to ensure that the osteopath is able to provide high-quality patient care. Most importantly, independent practice must embody the personal and professional values needed to deliver high-quality healthcare, ensuring that the osteopath makes the care of the patient their first concern.

Discussion point 1

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?

11. Graduation is a time of significant transition for students, as they change immediately from treating patients under supervision, to assuming the role of a qualified osteopath – a registered healthcare professional – and taking on independent clinical responsibility. This time of transition is a critically intensive learning period for newly registered osteopaths, and it may take time for them to orientate themselves into a new practice environment. Students should be aware of the dangers of professional isolation and be encouraged to develop peer

networks, which can develop into professional networks after graduation and throughout their career.

12. As healthcare practitioners, osteopaths are also responsible for keeping their knowledge and skills up to date ~~developing and nurturing their skills~~ to ensure that they continue to deliver high standards of care to patients. **They should be professionally engaged, complying with regulatory requirements regarding continuing professional development.** ~~both by themselves and in conjunction with the local healthcare network.~~
13. Osteopathic practice is often delivered within the independent sector. The outcomes in this guidance focus on safe, effective and ethical clinical care and the skills necessary to set up a business to deliver such care. Osteopaths must be fully conversant with the demands faced by an independent practitioner and ensure they are fully acquainted with the challenges of setting up practice before graduation. Failure to do so could distract from patient care during the first years of practice.

Discussion point 2

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;
'.....*ethical clinical practice within whatever context the osteopath delivers care*'.

14. The outcomes in this document set out what the General Osteopathic Council expects osteopathic educational institutions to deliver and students to demonstrate before graduation. These outcomes mark the end of the first stage of a continuum of osteopathic learning that runs from the first day in osteopathic education until retirement. Upon graduation, graduates will continue to maintain, develop and expand their knowledge and skills through continuing professional development (CPD).

Outcomes for graduates

15. In order to be granted a Recognised Qualification, all graduates must demonstrate that they practise in accordance with the Osteopathic Practice Standards (available at: <https://standards.osteopathy.org.uk/>).

16. This guidance is designed to provide outcomes that will help graduates to demonstrate that they meet the Osteopathic Practice Standards. **They are not exclusive, however**, and Osteopathic educational institutions may also require students to demonstrate a range of additional outcomes.

Communication and patient partnership

The therapeutic relationship between osteopath and patient is built on **good communication**, trust and confidence. **Patients must be at the centre of healthcare and must be given the information that they need in order to make informed choices about the care they receive.**

17. The graduate will be able to do the following:

- a. Work in partnership with patients in an open and transparent manner, **respect their individuality, concerns and preferences and support patients in expressing what is important to them.** ~~elicit and respect their perspective/views on their own treatment and treat patients as individuals.~~
- b. Communicate information effectively. This should be demonstrated by, for example:
 - i. **Provide support for patients to express what is important to them**
 - ii. **Demonstrate effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy.**
 - iii. **Demonstrating clear and effective** written and verbal communication skills 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. **Provide the information to patients that they want or need to know, clearly, fully and honestly, to enable them to make informed decisions about their care.**
- d. Obtain consent for **all aspects of examination and treatment** as appropriate in accordance with GOsC guidance. This includes:
 - i. being able to explain the nature and implications of treatment **and what patients can expect from you as an osteopath**
 - ii. ~~ensuring that the patient is appropriately informed~~ **the patient has understood the nature, anticipated benefits and any material or significant**

- risks of the proposed examination, treatment or other action and the care options
- iii. ensuring that the patient is providing consent voluntarily – and that the patient understands they are able to accept or refuse the proposed examination or treatment.
- iv. ensuring that the patient has the capacity to consent to the proposed examination, treatment or other action – this is particularly important in the case of children and vulnerable adults who lack mental capacity. Further guidance on capacity and consent is available on the GOsC website at: www.osteopathy.org.uk
- v. Support patients in caring for themselves to improve and maintain their own health and wellbeing.

18. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns.

Knowledge, skills and performance

osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these through their careers, always working within the limits of their knowledge, skills and experience.

19. The graduate will be able to do the following:

- a. Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines. These key concepts include:
 - i. osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives
 - ii. normal and disordered human structure and function, anatomy, physiology and pain mechanisms
 - iii. relevant knowledge from clinical, biomedical and behavioural sciences to inform patient management
 - iv. principles of a healthy lifestyle (for example, nutrition)
 - v. knowledge of basic pharmacology
 - vi. critical appraisal of research and professional knowledge
 - vii. the context of osteopathy within the wider healthcare environment

20. ~~Know~~ **Understand** osteopathic philosophy, ~~and principles~~ **and concepts of health, illness and disease and be able to apply these, critically, in the care of patients** ~~are expressed and translated into action through a number of different approaches to practice.~~
21. Demonstrate a critical and reflective approach to practice. This should include:
- i. a commitment to gaining and **reflecting on** feedback from others
 - ii. reflection based on literature, guidelines and experience in the development of clinical skills
 - iii. lifelong learning
 - iv. the enhancement of the quality of care throughout their practice life.
 - v. **Participation in peer learning activities, and the provision of feedback to others.**
22. **Understand the need for a professional to keep their knowledge and skills up to date, and to demonstrate a reflective approach to planning and undertaking their professional development.**
23. **Seek to continually enhance their practice**
24. Recognise and work within **the limits of their training and competence**, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.
25. Be able to analyse and reflect upon information related to their practice in order to enhance patient care.
26. **Demonstrate an appropriate level of research understanding and delivery, which will include being able to:**
- i. **Understand a range of concepts and methodologies in relation to clinical research**
 - ii. **Be able to differentiate between research, clinical audit and research evaluation.**
 - iii. **Understand and be able to use technical research language.**
 - iv. **Be able to select appropriate research methods to answer research questions.**
 - v. **Understand outcome measures and tools in the context of research projects.**
 - vi. **Evaluate the quality, integrity and authenticity of information and data.**
 - vii. **Understand and be able to interpret quantitative and qualitative research.**
 - viii. **Understand confidentiality regarding data and patient identifiable information including Caldicott Guardian principles**
 - ix. **Demonstrate an understanding of ethics and governance approval procedures in relation to starting and delivering research**
 - x. **Is able to undertake consent and participant recruitment in an ethical manner consistent with a research protocol**

- xi. Understands and undertakes Good Clinical Practice in relation to direct patient/participant care
- xii. Understand ethics and governance issues in relation to research.
- xiii. Be able to undertake participant recruitment and seek consent in an ethical manner.
- xiv. Use evidence informed approaches and a range of sources of evidence to inform practice.
- xv. Use critically appraised evidence to inform and address issues arising in practice.

Discussion point 3

1. Regarding para 19 (a) – is this the right content in the right order?
 - 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.
 - 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; *an understanding of common medications and their clinical impacts and implications for osteopathic care, maybe.*
 - Deleted 'critical appraisal of research and professional knowledge', as superseded by new para 24.
2. Para 26 above has been added as a suggestion to set clearer outcomes regarding research knowledge and competences. It reflects <https://cahpr.csp.org.uk/documents/cahpr-research-practitioners-framework> which sets out entry level research competences for Allied Health Practitioners. The IFOMPT framework outcomes also feature a research focused dimension, with outcomes that are reflected in the suggestion above.

For discussion:

- Is this helpful?
- Is anything missing (not every aspect of the CAHPR framework has been reflected)
- Do you feel that any of the suggested outcomes are inappropriate in this context?

Safety and Quality in Practice

Osteopaths must deliver high-quality and safe healthcare to patients. The graduate will be able to do the following:

27. Take an accurate patient case history, adapting their communication style to take account of the patient's individual needs and sensitivities.
28. Record the patient's history and findings succinctly and accurately in accordance with GOsC guidance (~~recognising that a patient's notes can be requested by the patient~~).
29. Select and undertake an accurate and appropriate **clinical assessment and evaluation** examination, including 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.**
30. Critically evaluate information collected from different investigations and sources, **to formulate an appropriate working differential diagnosis or rationale for care and explain this clearly to the patient,** ~~sufficient to identify any~~ **recognizing** areas requiring referral for further treatment or investigation.
31. **Develop and be able to apply an appropriate plan of care based on the working diagnosis, the best available evidence and their skills, experience and competence.**

Discussion point 4

In relation to the delivery of care, should we add a more specific outcome/s, to include advice and rehabilitation, etc?

For example, IFOMPT outcomes include:

Proficiently using an advanced skill, implement effective management plans by educating patients in appropriate therapeutic rehabilitation exercise programmes, and the promotion of wellness and prevention through the education of patients, carers/care-givers, the public and healthcare professionals

Critically select and use appropriate practical skills and outcome measures to enable collection of high quality clinical data to inform effective clinical reasoning during patient assessment

Critically select and use as appropriate, a range of therapeutic OMT interventions including patient education, mobilisation, manipulation and exercise prescription with appropriate consideration of treatment timing, dosage parameters and progression of interventions

In addition, Dimension 8 refers to the delivery of practical skills in a more specific way:

Apply all practical skills with precision, adapting them when required, to enable safe and effective practice

Critically apply a range of other interventions, as appropriate, to enhance patient rehabilitation (e.g. taping)

Does this outcome need to specify more clearly that treatment/management might involve a manual approach, as well as rehabilitation and exercise advice?

For example:

Develop and be able to apply an appropriate plan of care based on the working diagnosis, the best available evidence and their skills, experience and competence, applying all practical skills with precision, adapting them when required to provide safe and effective care.

32. Recognise and promote the importance of social networks and communities for individuals and their carers in managing an MSK condition.

33. Promote the importance of physical activity (~~e.g. continuing work/exercise participation~~) for health and advise on what people with MSK conditions can and should do.

Discussion point 5

The suggestions for 32 and 33 above reflect outcomes from the FCP framework. Are these helpful?

34. ~~Know how~~ Be able to select or modify approaches to meet the needs of an individual. This includes knowledge of the relative and absolute contra-indications of osteopathic treatment modalities and other adjunct approaches.

Discussion point 6

We reference psychological and sociological issues in KS&P above, but could add something here to reference these issues – for example:

- Use a biopsychosocial model to inform assessment and patient management
- Understand the impact of the practitioner's behaviour, language and beliefs on patient outcomes

Would these be appropriate?

35. Review the initial diagnosis **and the effects of osteopathic care** responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient.
36. Recognise when referral is necessary **and refer the patient to another healthcare professional, following appropriate referral procedures**
37. Participate in the process of referral from primary to secondary and/or tertiary care and vice versa, and demonstrate an ability to make referrals across boundaries and through different care pathways, as appropriate.
38. **Be able to produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.**
39. **Recognise when adverse reactions to treatment have taken place and take appropriate action.**
40. Discharge a patient from care appropriately.
41. **Be aware of their wider role as a healthcare professional to contribute to enhancing the health and wellbeing of patients by being aware of public health issues and concerns, discussing these in a balanced way and guiding patients to resources to support decision making and healthy lifestyle choices.**
42. **Have an understanding of health and safety requirements and infection control measures relating to osteopathic practice, and be able to implement these in practice, following regulatory and professional guidance to avoid the transmission of communicable disease.**

43. Recognise when patients (including children and vulnerable adults) may be at risk, and be able to take appropriate action to keep patients from harm, including the following of relevant safeguarding procedures.
44. Understand their duty as a health care professional to take appropriate action if they believe that the health, conduct or professional performance of a colleague poses a risk to patients.
45. Demonstrate ways of establishing a viable, safe and effective practice, including:
 - i. knowledge of and ability to comply with relevant legislation (in their intended country of practice), including health and safety, data protection and equality legislation¹, and financial and accounting requirements
 - ii. ability to employ appropriate and legal methods of marketing and advertising, ~~and ability to research and use up-to-date information and comply with good practice~~
 - iii. ability to use social media appropriately and legally **in relation to professional practice.**
 - iv. knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission, Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales
 - v. ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.

Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust in the profession, upholding its reputation at all times through their conduct in and out of the workplace.

The graduate will be able to do the following:

46. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time.
47. **Demonstrate honesty and integrity in professional practice.**

¹ This would include anticipating the needs of those with protected characteristics including gender, ethnicity, disability, culture, religion or belief, sexual orientation, age, social status or language.

48. Establish and maintain clear professional boundaries with patients, recognising the importance of trust within therapeutic relationships.
49. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and the contribution of osteopathy within the wider healthcare environment.
50. Understand the importance within healthcare of the duty of candour, and act on this, disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact.
51. Recognise situations that might lead to complaint or dissatisfaction, manage situations where patients' expectations are not being met and be able to manage patient complaints appropriately.
52. Understand and respect patients' rights to privacy and confidentiality, and the measures needed to effectively protect patient information, complying with all legal requirements in this respect.
53. Understand the contributions of other health and care professionals, and when required, to be able to work collaboratively with others to optimize patient care.
54. Support colleagues to enhance patient care and guide their professional learning and development, acting as a role model and demonstrating leadership where appropriate.
55. Recognise that fatigue and health problems in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.

Common presentations all osteopaths should be familiar with at graduation

56. Graduates must see a sufficient depth and breadth of patients to enable them to deliver the outcomes in this Guidance for Osteopathic Pre-registration Education and to demonstrate that they practise in accordance with the Osteopathic Practice Standards (available at: <https://standards.osteopathy.org.uk/>).
57. Graduates must have the opportunity to consolidate their clinical skills before graduation. In order to support this, graduates should undertake a minimum of 1,000 hours of clinical practice. Graduates should aim to see around 50 new patients in order to include the presentations set out below. Graduates should

also ensure that they have seen patients on repeated occasions to enable them to explore these presentations fully.

Discussion point 7

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 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?

58. Some of the presentations below may also be demonstrated in other ways, for example, through role play and the use of simulated patients.

Common components of consultations

59. The graduate must be able to demonstrate the following in a range of different patient presentations or scenarios:

- a. Take an appropriate case history, including:
 - i. patient profile
 - ii. presenting complaint
 - iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history)
 - iv. response to previous treatment.
- b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.
- c. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:
 - i. observation of gait and posture
 - ii. osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.

Discussion point 8

With regard to the above outcome, 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?

- d. Undertake appropriate clinical examination of the patient, taking into account the nature of their presentation and case history.
 - e. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological and social and any other relevant factors).
 - f. Explain clinical findings to patients and colleagues accurately and clearly.
60. Draw on well-developed and critical clinical reasoning and explain:
- i. the significance of presenting signs and symptoms, including any uncertainty
 - ii. the differential diagnosis and working diagnosis
 - iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors
 - iv. any uncertainty that may exist
 - v. how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional.
61. Formulate a treatment and management plan based on:
- i. the differential- working diagnosis
 - ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors
 - iii. an understanding of the patient which is based on listening to the patient and discussing their expectations , values and preferences
 - iv. The best available evidence
 - v. specific treatment aims
 - vi. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).
62. Demonstrate how the patient was able to make an informed decision about their ongoing care, including:
- i. the patient's expectations
 - ii. how material or significant risks associated with their proposed treatment or management plan were explained to the patient
 - iii. how the benefits of the various options offered were explained to the patient responses to patient questions
 - iv. how the patient was able to make a decision, and give consent to examination and treatment, and how this was recorded.
63. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.

64. Be able to manage cases where patient expectations as to the effectiveness of osteopathic management were not met, and demonstrate effective communication with patients and others as appropriate in such scenarios, including referral where appropriate.

Discussion point 9

Outcome 64 above is suggested as a replacement for: *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.*

Any comments on this?

65. In the case of a referral, demonstrate:
- i. an understanding of their personal limits of competence and the ability to refer to a more experienced osteopath or other healthcare professional when necessary
 - ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional
 - iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional
 - iv. the mechanism of the referral undertaken (for example, the proposed referral letter)
 - v. the outcome of the referral, including any ensuing modification of their treatment and management plan.

Common range of clinical presentations

66. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:
- a. neuromusculoskeletal case presentation
 - b. neuromusculoskeletal case presentation
 - c. case presentation presenting communication challenges
 - d. patients displaying a range of characteristics which might include **age** disability, gender reassignment, **ethnicity**, pregnancy, **culture**, ~~race~~ religion or belief, sex or sexual orientation. ~~age, social status or language.~~
 - e. a patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up.

- f. a patient requiring referral to another healthcare professional.
- g. a patient who is under the care of another healthcare professional for a condition **where osteopathy may not be a suitable approach to treating the underlying issue**, ~~an illness that cannot be cured by osteopathy~~, but where osteopathic treatment may help to alleviate symptoms.
- h. a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated).
- i. cases where patients do not respond according to the expected prognosis
- j. cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.

Common range of approaches to treatments

67. **The graduate should have a critical understanding of a range of approaches to patient care sufficient to inform the safe and effective osteopathic management of patients, and the skills to apply these.**

Discussion point 10

Outcome 67 above has been modified from the current version: *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.*

The updated version was felt to be less repetitive, given everything that's gone before, but comments welcome.

68. The approaches to treatment may include:
- a. diagnostic palpation (a clinical examination)
 - b. direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques
 - c. indirect techniques, including functional techniques and counterstrain
 - d. balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain
 - e. combined techniques, including myofascial/fascial release, Still technique, osteopathy in the cranial field, involuntary mechanism and visceral techniques

- f. reflex-based techniques, such as Chapman's reflexes, trigger points and neuromuscular techniques
- g. fluid-based techniques, such as lymphatic pump techniques.

Discussion point 11

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 (<https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf>), but do not represent all UK curricula.

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.

An option would be to put something more general, that would be more accessible to a wider audience, for example:

Osteopathic approaches to treatment and patient management should include:

- A range of manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain.
- Rehabilitation advice and guidance to facilitate self-management and enhance recovery.
- Provision of health information, guidance and signposting to resources to support patients' choices and decisions regarding their health and wellbeing.

What do group members feel about this?

The transition into practice

69. It is important that newly registered osteopaths take steps to integrate fully into the professional community and to build support networks while continuing to learn. Approaches to achieving this might include:

- a. introducing themselves to fellow osteopaths in the locality in which they intend to practise
- b. introducing themselves to other healthcare professionals in the area, including general practitioners, and putting in place mechanisms to maintain contact and explore opportunities for shared learning
- c. joining their local regional osteopathic group

- d. joining special interest societies and professional associations
- e. keeping in touch with their fellow students
- f. keeping in touch with their osteopathic educational institution
- g. undertaking relevant CPD
- h. making use of journals and other peer-reviewed resources and guidelines relevant to osteopathic practice (including those available through the GOsC website for registrants)
- i. seeking out mentors
- j. knowing where to access help when things go wrong
- k. obtaining further advice and guidance as appropriate from the GOsC at: standards@osteopathy.org.uk or 020 7357 6655

Discussion point 12

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.

What do the group feel about this section?

Standards for education and training

70. Osteopathic educational institutions (OEIs) must deliver a curriculum that ensures all graduates with Recognised Qualifications meet the outcomes in this guidance and the Osteopathic Practice Standards (available at: <https://standards.osteopathy.org.uk/>), and which meets the following standards for education and training.

1. Programme design, delivery and assessment

Education providers must:

- i. ensure that they implement and keep under review an open, fair and transparent admissions process, with appropriate entry requirements including competence in written and spoken English;
- ii. implement a fair and appropriate process for assessing applicants' prior learning and experience;
- iii. ensure that all staff involved in the design and delivery of programmes are supportive, accessible, and able to fulfil their roles effectively;
- iv. ensure that curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners;

- v. involve the participation of students, patients and, where possible, 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;
- vi. ensure that the programme reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education;
- vii. ensure that assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme;
- viii. ensure that subject areas are delivered by educators with relevant and appropriate knowledge and expertise. Those teaching osteopathic content or supervising in teaching clinics should be on the GOsC register;
- ix. ensure that there is an effective process in place for receiving and responding to student complaints;
- x. ensure that there is an effective process in place for students to make academic appeals.

2. Programme governance, leadership and management

Education providers must ensure that:

- i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, with clear lines of responsibility and accountability.
- 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.
- iii. There are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon, and that the culture is one where it is safe for students, staff and patients to speak up;
- iv. ensure that systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes;

3. Learning culture

Education providers must:

- i. ensure that 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;
- ii. cultivate and maintain a culture of openness, candour, and mutual respect between staff and students;
- iii. ensure that the learning culture is fair, impartial and transparent, and is compliant with equality legislation;

- iv. ensure that 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;
- v. ensure that students are supported to develop as learners and as professionals during their education;
- vi. 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.

4. Quality evaluation, review and assurance

Education providers must:

- i. ensure that effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression, as part of a cycle of quality review.
- ii. Ensure that external expertise is used within the quality review of osteopathic pre-registration programmes.
- iii. ensure that there is an effective management structure, and that relevant and appropriate policies and procedures are in place and kept up to date.
- iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

5. Resources

Education providers must ensure that:

- 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.
- ii. Ensure 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.

6. Students

Education providers should ensure that 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.
- ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

- iii. have their diverse needs respected and taken into account across all aspects of the programme.
- iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
- v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
- vi. are supported and encouraged in having an active voice within the institution

7. Clinical experience

Education providers must:

- i. ensure that 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.

8. Staff support and development

Education providers must ensure that:

- i. educators are appropriately recruited, inducted, trained and managed in their roles, and provided with opportunities for development.
- ii. educators receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.
- iii. ensure that educators comply with and meet all relevant standards and requirements, and act as professional role models
- iv. ensure that 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 educators, should be registered with the General Osteopathic Council.
- v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

9. Patients

Education providers must:

- i. Ensure that patient safety within their teaching clinics is paramount, and that care of patients and the supervision of this, is of an appropriate standard.
- ii. Ensure that the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.

- iii. Refer promptly to the GOsC concerns about a student's fitness to practice, or the fitness to practice of a member of staff.
- iv. Provide appropriate fitness to practice policies and fitness to study policies to manage situations where the behavior or health of students poses a risk to the safety of patients or colleagues.
- v. Recognise that the needs of patients outweighs all aspects of teaching and research.
- vi. Recognise the importance of advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care.

Discussion point 13

The draft standards for education have not changed hugely from those provided to the group in July. Additions are:

Under **Learning Culture:**

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.

Under **Patients:**

Recognise the importance of advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care.

Any comments on these additions or any other aspect of the draft standards, for example:

- Are the themes appropriate?
- Is anything missing?
- Clinical Experience is a short section – could/should this be combined with Programme Design and Delivery?
- Anything else?