

**Guidance for Osteopathic Pre-registration Education**  
**Working draft table with notes**

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Note – the current GOPRE outcomes are shown in the left column. The central column shows proposed amendments/updates for consideration, and the right column provides some narrative in relation to each. Any shading within the text boxes indicates where outcomes have been moved from one theme to another.

Current	Suggested update	Comment
<p><b>About this guidance</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• setting standards</li> <li>• assuring the quality of pre-registration education</li> <li>• maintaining the Register of osteopaths legally permitted to practise in the UK</li> <li>• removing or restricting the registration of osteopaths who do not meet standards.</li> </ul>	<p><b>About this guidance</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• setting standards</li> <li>• assuring the quality of pre-registration education</li> <li>• maintaining the Register of osteopaths legally permitted to practise in the UK</li> <li>• removing or restricting the registration of osteopaths who do not meet standards.</li> </ul>	
<p>2. The Osteopathic Practice Standards (available at: <a href="http://www.osteopathy.org.uk/standards/osteopathic-practice">www.osteopathy.org.uk/standards/osteopathic-practice</a>) 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.</p>	<p>2. The Osteopathic Practice Standards (available at: <a href="https://standards.osteopathy.org.uk/">https://standards.osteopathy.org.uk/</a>) 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.</p>	Updated link to standards site.
<p>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</p>	<p>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</p>	

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<p>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.</p>	<p>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.</p>	
<p>4. The guidance should be read alongside other supplementary guidance issued by the General Osteopathic Council, which includes:</p> <ul style="list-style-type: none"> <li>• guidance about student fitness to practise</li> <li>• guidance about the management of health and disability</li> <li>• guidance about tutor and student boundaries.</li> </ul>	<p>4. The guidance should be read alongside other supplementary guidance issued by the General Osteopathic Council, which includes:</p> <ul style="list-style-type: none"> <li>• guidance about student fitness to practise</li> <li>• guidance about the management of health and disability</li> </ul>	<p>We don't have guidance on tutor/student boundaries available on our website.</p>
<p>5. Other reference points that inform the development of osteopathic pre-registration education within the academic community include:</p> <ul style="list-style-type: none"> <li>• 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: <a href="http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code">www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code</a></li> <li>• the Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy, available at: <a href="http://www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf">www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf</a></li> </ul>	<p>5. Other reference points that inform the development of osteopathic pre-registration education within the academic community include:</p> <ul style="list-style-type: none"> <li>• 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: <a href="https://www.qaa.ac.uk/quality-code">https://www.qaa.ac.uk/quality-code</a></li> <li>• the Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy, available at: <a href="https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-osteopathy.pdf?sfvrsn=6835c881_4">https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/subject-benchmark-statement-osteopathy.pdf?sfvrsn=6835c881_4</a></li> </ul>	<p>Updated links. Have retained links to the Quality Code and the SBS, though maybe need to be clear as to the status of the Benchmark Statement which isn't a regulatory document from our perspective.</p>

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<p>6. This guidance should be read by:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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.</li> </ul>	<p>6. This guidance should be read by:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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.</li> </ul>	<p>Left as is at this stage. All seems reasonable.</p>
<p>7. This guidance may be of interest to:</p> <ul style="list-style-type: none"> <li>• other healthcare professionals, to enable an understanding of osteopathic education, and to support better integration and interprofessional education and collaboration within the wider academic and healthcare professional community</li> <li>• patients, to inform them about the content of osteopathic education and training.</li> </ul>	<p>7. This guidance may be of interest to:</p> <ul style="list-style-type: none"> <li>• other healthcare professionals, <b>and employers</b> to <b>enable facilitate</b> an understanding of osteopathic education, and to support better integration, <b>and</b> interprofessional education and collaboration within the wider academic and <b>Allied Health and care professional</b> community</li> <li>• patients, to inform them about the content of osteopathic education and training.</li> </ul>	<p>Suggested some amendments in red to reference AHP and reference facilitating an understanding rather than enabling.</p>

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<p><b>Introduction</b></p> <p>8. Osteopaths must be capable of taking full clinical responsibility for their patients. This includes being able to take a full case history and to undertake an appropriate osteopathic examination, which may include: using appropriate clinical tests where indicated, forming a differential diagnosis, referring to another practitioner where appropriate and/or providing appropriate treatment and a care plan. It also includes recognising the limits of their own competence as a practitioner and, crucially, putting the patient's interests before their own.</p>	<p>8. Osteopaths must be capable of taking full clinical responsibility for, <b>and working in partnership with</b>, their patients. This includes being able to take <b>and record</b> a patient's case history and to undertake an appropriate <b>clinical assessment</b> <del>osteopathic examination, which may include: using appropriate clinical tests where indicated, forming a differential diagnosis,</del> <b>formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient.</b> <del>referring to another practitioner where appropriate and/or providing appropriate treatment and a care plan.</del> It also includes recognising <b>and working within</b> the limits of their own <b>training and competence</b> as a practitioner <b>and providing appropriate treatment and care, referring to another healthcare professional when required</b> and crucially, putting the patient's interests before their own.</p>	<p>In the updated OPS we talk in C1 about taking and recording the case history, selecting and undertaking appropriate clinical assessment, formulating an appropriate working diagnosis or rationale for care and explaining this clearly to the patient. Also, then to develop and apply an appropriate plan of treatment and care. B2 still references recognizing and working within the limits of their own training and competence.</p> <p>The suggested amendments reflect the above, and also references working in partnership with patients (A2).</p>
<p>9. Putting patients first involves working with them as partners in their own care 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 are often part of a wider team of healthcare professionals looking after the patient. 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.</p>	<p>9. Putting patients first involves working with them as partners in their own care, <b>supporting patients in expressing what is important to them</b> 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 <b>may work as</b> <del>are often</del> part of a wider team of healthcare professionals looking after the patient, <b>and are required to work collaboratively with other healthcare providers to optimize patient care, where such approaches are appropriate and available.</b> <del>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.</del></p>	<p>The reference to 'team' here may be misleading. This may be ideal, but 'team' implies a degree of integration and cooperation that is often missing. D10 of the OPS references the contributions of other health and care professionals, and the osteopath working collaboratively to optimise patient care where such approaches are appropriate and available.</p> <p>The wording here has been amended to reflect the supporting of patients in expressing what is important to them (A2), and working collaboratively where appropriate (D10.1.4)</p>

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<p>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.</p>	<p>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.</p>	<p>Is it right to mention marketing here in this context, rather than, for example, the administrative skills required to run a business?</p>
<p>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.</p>	<p>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.</p>	<p>No changes made as yet.</p>
<p>12. As healthcare practitioners, osteopaths are also responsible for developing and nurturing their skills to ensure that they continue to deliver high</p>	<p>12. As healthcare practitioners, osteopaths are also responsible for keeping their knowledge and skills up to date <del>developing and nurturing their skills</del> to ensure that they continue to deliver high standards of care to patients. <b>They</b></p>	<p>Amended the wording to reflect that of the updated OPS.</p>

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<p>standards of care to patients, both by themselves and in conjunction with the local healthcare network.</p>	<p><b>should be professionally engaged, complying with regulatory requirements regarding continuing professional development.</b> <del>both by themselves and in conjunction with the local healthcare network.</del></p>	
<p>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.</p>	<p>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.</p>	<p>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>
<p>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).</p>	<p>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).</p>	<p>No changes suggested.</p>

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Outcomes for graduates		
Current	Suggested update	comment
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: <a href="http://www.osteopathy.org.uk/standards/osteopathic-practice">www.osteopathy.org.uk/standards/osteopathic-practice</a> ).	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: <a href="https://standards.osteopathy.org.uk/">https://standards.osteopathy.org.uk/</a> ).	Changed link to OPS.
16. This guidance is designed to provide outcomes that will help graduates to demonstrate that they meet the Osteopathic Practice Standards. Osteopathic educational institutions may also require students to demonstrate a range of additional outcomes.	16. This guidance is designed to provide outcomes that will help graduates to demonstrate that they meet the Osteopathic Practice Standards. <b>They are not exclusive, however,</b> and Osteopathic educational institutions may also require students to demonstrate a range of additional outcomes.	Just stated explicitly that the outcomes here are not exclusive, and OEIs may require others to be met according to their programmes.
Communication and patient partnership		
17. The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.	The therapeutic relationship between osteopath and patient is built on <b>good communication</b> , trust and confidence. <b>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.</b>	In the updated OPS, we say This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent. 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. These standards support therapeutic relationships built on good communication, trust and confidence.  The suggestion matches the wording with the updated OPS as indicated. It's not an outcome – more on an introduction to the section, so have taken out the para number.



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<p>1. The graduate will be able to do the following:</p>		
<p>a. Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others.</p>		<p>Not sure quite what this means in a demonstrable way. The following one looks more like an obvious opener in this theme. Suggest omit this one and start with the following....</p>
<p>b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective/views on their own treatment and treat patients as individuals.</p>	<p>17 The graduate will be able to do the following:</p> <p>a. Work in partnership with patients in an open and transparent manner, <b>respect their individuality, concerns and preferences and support patients in expressing what is important to them.</b> <del>elicit and respect their perspective/views on their own treatment and treat patients as individuals.</del></p>	<p>Have suggested a modified wording to blend some of the aspects of updated A1 and A2 of the OPS.</p>
<p>b. Work with patients and colleagues to develop sustainable individual care plans, in order to manage patients' health effectively.</p>		<p>This doesn't really come under Communication and Patient Partnership. Options would be to reword, or move to another theme - Safety and Quality?</p> <p>Could also modify to reflect A5 – Support patients in caring for themselves to improve and maintain their own health and wellbeing</p>
<p>c. Communicate information effectively. This should be demonstrated by, for example:</p> <ul style="list-style-type: none"> <li>i. providing space for the patient to talk and the graduate to listen</li> <li>ii. demonstrating high-quality interpersonal skills with patients and colleagues</li> <li>iii. demonstrating written and verbal communication skills to foster collaborative care</li> <li>iv. communicating sensitive information to patients, carers or relatives effectively and</li> </ul>	<p>b Communicate information effectively. This should be demonstrated by, for example:</p> <ul style="list-style-type: none"> <li>i. <b>Providing support for patients to express what is important to them</b></li> <li>ii. <b>Demonstrate effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy.</b></li> </ul>	<p>Should be, or could be?</p> <ul style="list-style-type: none"> <li>i. Not sure referring to the graduate here is quite right – they'll need to meet these outcomes before they graduate, for example. Have suggested rewording.</li> <li>ii. What does high-quality mean? Maybe effective interpersonal skills, being alert to verbal and non-verbal communication.... Have suggested amending along these lines.</li> </ul>

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<p>compassionately, providing support where appropriate</p> <ul style="list-style-type: none"> <li>v. recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients' expectations are not being met</li> <li>vi. disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact</li> <li>vii. encouraging and assisting patients to make decisions about their care.</li> </ul>	<ul style="list-style-type: none"> <li>iii. Demonstrating <b>clear and effective</b> written and verbal communication skills to <b>enhance</b> patient care.</li> <li>iv. Communicating sensitive information to patients, carers or relatives effectively and compassionately <b>and being sensitive to the needs of patients.</b></li> <li>v. <b>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.</b></li> </ul>	<ul style="list-style-type: none"> <li>iii. Again – what sort of skills – clear and effective? Have suggested slight amendments.</li> <li>iv. Have added 'And being sensitive to the specific needs of patients'. This reads as if it might relate more to a medic – review?</li> <li>v. This and the next one .....</li> <li>vi. relate to the duty of candour and the managing of complaints, which are standard D3 and D4 in Professionalism. Have suggested moving these to Professionalism.</li> <li>vii. Have suggested tweaking this to better reflect A3 – its not so much about encouraging and assisting, but providing the information they need to make decisions.</li> </ul>
<p>d. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions).</p>		<p>This relates to D5 – have suggested moving this outcome to professionalism and expanding slightly.</p>
<p>e. Deal independently with queries from patients and relatives, ensuring that patient information is treated confidentially in accordance with the Osteopathic Practice Standards.</p>		<p>I'm not sure we need this one specifically if we make better reference above to the management of data and confidentiality. They shouldn't be dealing with queries from relatives, on the whole. There's nothing in the <b>Communication and patient partnership (C&amp;PP)</b> theme that reflects this.</p>
<p>f. Recognise where a patient's capacity is impaired, and take appropriate action.</p>		<p>This seems to be repeated in h.iv below. Suggest deleting this and keeping the below version.</p>
<p>g. Obtain consent as appropriate in accordance with GOsC guidance. This includes:</p> <ul style="list-style-type: none"> <li>i. being able to explain the nature and implications of treatment</li> </ul>	<p>d. Obtain consent for <b>all aspects of examination and treatment</b> as appropriate in accordance with GOsC guidance. This includes:</p>	<p>A4 now says '....consent for all aspects of examination and treatment'. Do we want to say 'in accordance with GOsC guidance?'</p>

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<ul style="list-style-type: none"> <li>ii. ensuring that the patient is providing consent voluntarily – that the patient is able to accept or refuse the proposed examination or treatment</li> <li>iii. ensuring that the patient is appropriately informed – that the patient has understood the nature, purpose and risks of the proposed examination, treatment or other action</li> <li>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: <a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a></li> </ul>	<ul style="list-style-type: none"> <li>i. being able to explain the nature and implications of treatment <b>and what patients can expect from you as an osteopath</b></li> <li>ii. ensuring that <del>the patient is appropriately informed</del> <b>the patient has understood the nature, anticipated benefits and any material or significant risks</b> of the proposed examination, treatment or other action <b>and the care options</b></li> <li>iii. ensuring that the patient is providing consent voluntarily – <b>and that the patient understands they are</b> able to accept or refuse the proposed examination or treatment</li> <li>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: <a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a></li> </ul>	<ul style="list-style-type: none"> <li>- Have expanded this a little to refer to patient expectations.</li> <li>- Have moved down the ensuring of consent as voluntary to iii. And tweaked the final sentence to refer to the patient's understanding of being able to refuse consent.</li> <li>iii. Expanded this to include benefits and material or significant risk, and care options.</li> <li>iv Do we need to specifically reference children and vulnerable adults here, and reference the GOsC guidance? These are supposed to be demonstrable outcomes, rather than a resources book.</li> </ul>
<p>h. Work with the wider healthcare team to plan care for patients with complex or long-term illnesses receiving care from a variety of different healthcare professionals.</p>		<p>In reality, I'm not sure what this would look like in practice. We touch on it above about the wider team. Suggest moving to Professionalism and reconsidering there.</p>
<p>18. Discuss and evaluate the patient's capacity to self-care, and encourage them to do so.</p>	<p>v. <b>Support patients in caring for themselves to improve and maintain their own health and wellbeing.</b></p>	<p>In A5 we now talk about supporting patients in caring for themselves to improve and maintain their own health and wellbeing, and have suggested amending this accordingly.</p>
<p>19. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns.</p>	<p>18. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns.</p>	<p>This isn't referenced specifically in the OPS, but it's not unhelpful. It might relate to boundaries (D2) as much as communication. Have left here for the time being.</p>

<b>Knowledge, skills and performance</b>		
19. Osteopaths must possess the relevant knowledge and skills required to function effectively as primary-contact healthcare professionals.	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.	Have amended this to reflect the updated OPS introduction to this theme.
20. 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. normal and disordered human structure and function ii. principles of a healthy lifestyle (for example, nutrition) iii. knowledge of basic pharmacology iv. osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives v. critical appraisal of research and professional knowledge vi. the context of osteopathy within the wider healthcare environment.	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, <b>anatomy, physiology and pain mechanisms</b> iii. <b>relevant knowledge from clinical, biomedical and behavioural sciences to inform patient management</b> iv. principles of a healthy lifestyle (for example, nutrition) v. knowledge of basic pharmacology	For (a) we now say in the OPS guidance to B1 that this knowledge should include an understanding of osteopathic 'philosophy, principles and concepts of health, illness and disease and the ability to apply this knowledge critically in the care of patients. This is mirrored, to an extent, in the next outcome, though....  The elements in the list broadly reflect the guidance to B1, though the latter goes further. The OPS guidance doesn't mention basic pharmacology or nutrition, for example (but see comments).

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	<p>vi. critical appraisal of research and professional knowledge</p> <p>vii. the context of osteopathy within the wider healthcare environment</p>	
<p>21. Know how osteopathic philosophy and principles are expressed and translated into action through a number of different approaches to practice.</p>	<p>20 <del>Know</del> <b>Understand</b> osteopathic philosophy, <del>and principles and concepts of health, illness and disease and be able to apply these, critically, in the care of patients</del> <b>are expressed and translated into action through a number of different approaches to practice.</b></p>	<p>Suggested amendment to relate better to OPS B1.1.1</p>
<p>24. Know how 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.</p>		<p>Largely reflects C1.1.5 – adapt an osteopathic technique or treatment approach, etc.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>25. Take an accurate and appropriate patient history, utilising all relevant sources of information (including, for example, diet and exercise).</p>		<p>C1.1.1 says now 'take and record the patient's case history, adapting your communication style to take account of the patient's individual needs and sensitivities.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>26. Perform an accurate and appropriate examination, including relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs.</p>		<p>C1.1.2 now says 'select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history.'</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>27. 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).</p>		<p>This is now in C2.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>

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<p>28. Critically evaluate information collected from different investigations and sources, to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation.</p>		<p>C1.1.3 says 'formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient.'</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>29. Undertake an osteopathic evaluation that is adequate 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.</p>		<p>As above, this is in C1.1.2. Is this an unnecessary repetition? Could these outcomes be combined?</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>30. Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.</p>		<p>Probably reflected in C1.1.4 - develop and apply an appropriate plan of care based on the working diagnosis, the best available evidence and your skills, experience and competence.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>31. Implement the treatment plan skillfully and appropriately.</p>		<p>Now reflected in the 'apply' bit of C1.1.4 above.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>32. Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient.</p>		<p>C1.1-8 – monitor the effects of your care and keep this under review.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>33. Recognise when referral is necessary.</p>		<p>C1.1.10 – where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>

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<p>34. 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.</p>		<p>Referenced under C1.1.10 above. How realistic is this in practice? Maybe more so with expanded role of osteopaths in the future?</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>35. Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>		<p>Relates to C3 – respond effectively and appropriately to requests for the production of written material and data. – includes produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>36. Discharge a patient from care appropriately.</p>		<p>Not specifically referenced in the OPS, but it's a relevant enough outcome.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>37. Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>		<p>This relates to C6 – be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients, and A5 – you must support patients in caring for themselves to improve and maintain their own health and wellbeing. This may include providing information on the effects of their life choices and lifestyle.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>38. Meet standards for hygiene and control of infection.</p>		<p>Now C5 – ensure your practice is safe, clean and hygienic, and complies with health and safety legislation. This and the following outcome are likely to need further detail in a post Coronavirus</p>

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		<p>world. The thought of osteopaths using PPE would never have occurred in the past, but may be a feature of practice in the future.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
39. Take reasonable steps to avoid the transmission of communicable disease.		<p>This relates to C5 under Safety and quality, so is in a different theme. In the updated standards, the guidance says 'you should take all necessary steps to control the spread of communicable diseases'. This is also referenced in D11 about suspending practice if exposed to a communicable disease.</p> <p>As above, the post Corona landscape may need further reference here.</p> <p>Suggest putting this under the Safety and Quality theme to reflect the OPS.</p>
<p>40. Demonstrate a critical and reflective approach to practice. This should include:</p> <ul style="list-style-type: none"> <li>i. a commitment to gaining feedback from others</li> <li>ii. reflection based on literature, guidelines and experience in the development of clinical skills</li> <li>iii. lifelong learning</li> <li>iv. the enhancement of the quality of care throughout their practice life.</li> </ul>	<p>21 Demonstrate a critical and reflective approach to practice. This should include:</p> <ul style="list-style-type: none"> <li>i. a commitment to gaining and <b>reflecting on</b> feedback from others</li> <li>ii. reflection based on literature, guidelines and experience in the development of clinical skills</li> <li>iii. lifelong learning</li> <li>iv. the enhancement of the quality of care throughout their practice life.</li> <li>v. <b>Participation in peer learning activities, and the provision of feedback to others.</b></li> </ul>	<p>Largely covered by B3 now.</p> <p>The reference to peer learning and providing feedback was added to replace a similar outcome currently in professionalism, which sits better here.</p>
22 Guide and support the learning of others.		<p>Not specifically mentioned in the OPS but D9 deals with supporting colleagues and cooperating with them to enhance patient care.</p>
23 Maintain and improve skills in key areas.	<p><b>22. Understand the need for a professional to keep their knowledge and skills up to date,</b></p>	<p>B3 – you must keep your professional knowledge and skills up to date. As an outcome</p>



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	and to demonstrate a reflective approach to planning and undertaking their professional development.	for a graduate, this is difficult to judge in its original wording, so have suggested an amendment.
24 Seek to extend the range of procedures, techniques and treatments that can be performed.	23. Seek to continually enhance their practice	This doesn't feature in the OPS. It demonstrates a very process driven technique-centric view of osteopathy. Does it mean develop skills as an undergrad or once qualified? Perhaps something more along the lines of seek to continually enhance their practice, would work... See also the IFOMPT outcomes on application of treatment/management.
25 Deliver and justify high-quality, reliable and informed care.		This falls more within Safety and quality – see C1.  Suggest putting this under the Safety and Quality theme to reflect the OPS.
26 Recognise and work within their limits of competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.	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.	Now B2 – recognize and work within the limits of your training and competence.
Gather and analyse data accurately and appropriately.	25. Be able to analyse and reflect upon information related to their practice in order to enhance patient care.	Put here from Safety and Quality, as it relates more to updated B4.
	26. Demonstrate an appropriate level of research understanding and delivery, which will include being able to: <ul style="list-style-type: none"> <li>i. Understand a range of concepts and methodologies in relation to clinical research</li> <li>ii. Be able to differentiate between research, clinical audit and research evaluation.</li> <li>iii. Understand and be able to use technical research language.</li> </ul>	A suggestion for discussion to provide more focus on research which aligns with the expectations on AHPs.

	<ul style="list-style-type: none"> <li>iv. Be able to select appropriate research methods to answer research questions.</li> <li>v. Understand outcome measures and tools in the context of research projects.</li> <li>vi. Evaluate the quality, integrity and authenticity of information and data.</li> <li>vii. Understand and be able to interpret quantitative and qualitative research.</li> <li>viii. Understand confidentiality regarding data and patient identifiable information including Caldicott Guardian principles</li> <li>ix. Demonstrate an understanding of ethics and governance approval procedures in relation to starting and delivering research</li> <li>x. Is able to undertake consent and participant recruitment in an ethical manner consistent with a research protocol</li> <li>xi. Understands and undertakes Good Clinical Practice in relation to direct patient/participant care</li> <li>xii. Understand ethics and governance issues in relation to research.</li> <li>xiii. Be able to undertake participant recruitment and seek consent in an ethical manner.</li> </ul>	
<p><b>Safety and quality in practice</b></p>		
<p>24. In partnership with the patient, osteopaths must deliver high-quality, safe, ethical and effective healthcare. Osteopaths must be committed to maintaining and enhancing their practice in order to deliver high-quality patient care continuously.</p>		<p>The blurb from the OPS now says 'Osteopaths must deliver high quality and safe healthcare to patients. This theme sets out the standards in relation to delivery of care, including evaluation and management approaches, record keeping, safeguarding of patients, and public health.</p>

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25. The graduate will be able to do the following:		
26. Take an accurate and appropriate patient history, utilising all relevant sources of information (including, for example, diet and exercise)	27. Take an accurate patient case history, adapting their communication style to take account of the patient's individual needs and sensitivities.	Have suggested an amendment of the wording to take into account the updated OPS C1.1.1
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).	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).	
27 Perform an accurate and appropriate examination, including relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs.	29. <del>Perform</del> 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.	C1.1.2 now says 'select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history.' Have suggested a revised wording to reflect this but not change it completely. Have also added some wording from the outcome below, to see if these can be combined.
28 Undertake an osteopathic evaluation that is adequate 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.		As above, this is in C1.1.2. Suggest combing these.
29 Critically evaluate information collected from different investigations and sources, to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation.	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.	C1.1.3 says 'formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient.'  Have suggested modifying the wording to reflect the development of an appropriate working diagnosis to mirror the standard better.

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30	Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.	31. <b>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.</b>	Probably reflected in C1.1.4 - develop and apply an appropriate plan of care based on the working diagnosis, the best available evidence and your skills, experience and competence. This is reflected in revised wording as suggested.
31		32. Recognise and promote the importance of social networks and communities for individuals and their carers in managing an MSK condition.	
32		33. Promote the importance of physical activity ( <del>e.g. continuing work/exercise participation</del> ) for MSK health and advise on what people with MSK conditions can and should do.	
33	Implement the treatment plan skilfully and appropriately.		Now reflected in the 'apply' bit of the outcome above
34	Know how 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.	34. <del>Know how</del> <b>Be able</b> 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.	Have suggested 'be able to' rather than 'know how to'.
35	Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient.	35. Review the initial diagnosis <b>and the effects of osteopathic care</b> <del>responsiveness to the treatment plan</del> on a regular basis, adapting the plan as appropriate, in partnership with the patient.	C1.1-8 states – monitor the effects of your care and keep this under review. Have suggested a tweak to reflect 'effects of osteopathic care'.
36	Recognise when referral is necessary.	36. Recognise when referral is necessary <b>and refer the patient to another healthcare professional, following appropriate referral procedures</b>	C1.1.10 – where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.  Suggest adding this wording, which may also cover the next outcome in a more
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.	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.	24. Referenced under C1.1.10 above. How realistic is this in practice? Maybe more so with expanded role of osteopaths in the future?).

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<p>38 Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.</p>	<p>38. <b>Be able to produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.</b></p>	<p>Relates to C3 – respond effectively and appropriately to requests for the production of written material and data. – includes produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.</p> <p>Have suggested rewording this to reflect the updated standard.</p>
<p>Recognise and take appropriate action when adverse events have taken place.</p>	<p>39. <b>Recognise when adverse reactions to treatment have taken place and take appropriate action.</b></p>	<p>Adverse events mentioned again here – seems some repetition. Touches, now, also on the duty of candour (D3)</p> <p>The suggested rewording follows C1.1.7.</p>
<p>39 Discharge a patient from care appropriately.</p>	<p>40. Discharge a patient from care appropriately.</p>	<p>This isn't referenced in the OPS.</p>
<p>40 Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.</p>	<p>41. <b>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.</b></p>	<p>This relates to C6 – be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients, and A5 – you must support patients in caring for themselves to improve and maintain their own health and wellbeing. This may include providing information on the effects of their life choices and lifestyle.</p> <p>Have suggested a revamp of this to reflect C6 and its guidance.</p>
<p>41 Meet standards for hygiene and control of infection.</p> <p>42 Take reasonable steps to avoid the transmission of communicable disease.</p>	<p>42. <b>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.</b></p>	<p>Now C5 – ensure your practice is safe, clean and hygienic, and complies with health and safety legislation.</p> <p>Have suggested combining the two current outcomes here.</p>
<p>43 Deliver and justify high-quality, reliable and informed care.</p>		<p>Not sure this one is needed as we've already set outcomes on having appropriate rationale for care, based on best evidence and patient values/preferences</p>

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<p>a. Recognise when patient safety is at risk, and institute changes to reduce risk.</p>	<p>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.</p>	<p>To some extent, covered in C1, and also the 'keep patients from harm' aspects of C4.</p> <p>Have suggested a rewrite to include the taking of action and following of relevant safeguarding procedures and also to factor in the other outcome below referencing safeguarding.</p>
<p>44 Demonstrate an understanding of their duty as a healthcare professional to take appropriate action to ensure patient safety (including if they have concerns about a colleague). This may include seeking advice, dealing with the matter directly or reporting concerns to an appropriate authority.</p> <p>a.</p>	<p>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.</p>	<p>This outcome was in the professionalism theme but sits better here. Have reworded to reflect C4 guidance and to differentiate from the outcome above.</p>
<p>b. Undertake risk assessment and risk management (including the management of adverse events).</p>		<p>This isn't stated like this in the OPS. If this relates to evaluation of patients in terms of risk assessment, then it relates to C1. In terms of the management of adverse events, then C1.17 references this.</p> <p>Is this actually a helpful outcome? I'm not sure what it means.</p>
<p>c. Understand the obligation and need to maintain their own fitness to practise.</p>		<p>Could relate to D11 and D12 and also B3. Not so much expressly in Safety and quality.</p> <p>Probably already covered in knowledge skills and performance in relation to CPD and keeping knowledge and skills up to date. Not sure it adds value otherwise.</p>
<p>d. 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.</p>		<p>This seems as if it applies more to D11 ensuring that any problems with your health do not affect your patients.</p> <p>Suggest adding to professionalism.</p>
<p>e. Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect, and take action to safeguard their welfare,</p>		<p>This is dealt with under the 'keep patients from harm' outcome above, which now also makes reference to children and vulnerable adults.</p>

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<p>including seeking advice and informing other agencies where required.</p>		<p>Have suggested combining these to avoid repetition.</p>
<p>f. Ensure good outcomes for patients, meeting their objectives, in accordance with the Osteopathic Practice Standards and relevant guidelines.</p>		<p>Not quite sure what this means – are we talking about patient’s objectives or the student’s objectives? What is meant by ‘good outcomes’? Would suggest deleting this outcome.</p>
<p>i. Demonstrate knowledge and use of appropriate methods of clinical governance to enhance practice, including:</p> <ul style="list-style-type: none"> <li>ii. complaints mechanisms</li> <li>iii. patient and colleague feedback</li> <li>iv. clinical audit</li> <li>v. structured reflection</li> <li>vi. structured case-based discussion</li> <li>vii. structured case presentation.</li> </ul>		<p>This spans a number of standards, and not all of these are specifically mentioned with the OPS. Not sure quite what is meant by ‘clinical governance’. Feedback, audit, reflection and case based discussion might all feature in the CPD scheme as objective activities.</p> <p>Is this still needed?</p>
<p>j. Demonstrate ways of establishing a viable, safe and effective practice, including:</p> <ul style="list-style-type: none"> <li>i. knowledge of and ability to comply with relevant legislation (in their intended country of practice), including health and safety, data protection and equality legislation<sup>1</sup>, and financial and accounting requirements</li> <li>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</li> </ul>	<p>45. Demonstrate ways of establishing a viable, safe and effective practice, including:</p> <ul style="list-style-type: none"> <li>i. knowledge of and ability to comply with relevant legislation (in their intended country of practice), including health and safety, data protection and equality legislation<sup>2</sup>, and financial and accounting requirements</li> <li>ii. ability to employ appropriate and legal methods of marketing and advertising, <del>and ability to research and use up-to-date information and comply with good practice</del></li> </ul>	<p>This covers a range of current standards:</p> <p>j.i would be C5, D5, D6, D8.</p> <p>J.ii – D1 re advertising. Not sure why research skills are covered here, - they could relate more to C1 in terms of evidence for particular</p>

<sup>1</sup> 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.

<sup>2</sup> 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.

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<ul style="list-style-type: none"> <li>iii. ability to use social media appropriately and legally</li> <li>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</li> <li>v. ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.</li> </ul>	<ul style="list-style-type: none"> <li>iii. ability to use social media appropriately and legally <b>in relation to professional practice.</b></li> <li>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</li> <li>v. ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.</li> </ul>	<p>treatment approaches. Maybe move to Professionalism? Suggest deleting reference to research in this context.</p> <p>j.iii – D7.2.5, but social media not specifically referenced. Have suggested adding reference to professional practice as the ability to use social media in itself is not really needed.</p> <p>j.iv – We don't specify in the OPS – all still relevant, but appropriate to keep?</p> <p>j.v – Not specified in the OPS in this way, but could relate to A3, about providing patients with information in a way they can understand. Not sure why this would fall under this particular outcome though.....</p>
<h3>Professionalism</h3>		
<p>45 Osteopaths must behave in a professional manner appropriate to the situation, context and time, taking into account the views of the patient, society, the osteopathic profession, healthcare professionals and the regulator. This should take account of the obligation to maintain public confidence in the profession.</p>	<p><b>Osteopaths must deliver safe, effective and ethical healthcare. They 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.</b></p>	<p>As an intro to Professionalism in the OPS we now say:</p> <p>Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust in the profession.....'</p> <p>D7 states that you must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.</p> <p>Have suggested revised wording to reflect this.</p>
<p>46 Osteopaths must deliver safe, effective and ethical healthcare by interacting with professional</p>		<p>In so far as colleagues are concerned, D10 says that you must consider the contributions of</p>



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colleagues and patients in a respectful and timely manner.		other health and care professionals, to optimise patient care, though this isn't really what this outcome says. Does this outcome add any real value, given the suggested initial statement above?
47 The graduate will be able to do the following:	The graduate will be able to do the following:	
a. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time.	46. Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time.	This is a useful catch-all outcome
b. Take personal responsibility for, and be able to justify, decisions and actions.		This would probably relate more to safety and quality as a theme, but is it already covered in the existing Safety outcomes? May be unnecessary, as they already have to justify and explain clinical decisions and rationale for care within the suggested updates
c. Demonstrate professional integrity, including awareness of and ability to  take action to meet their responsibilities related to the duty of candour and  whistleblowing.	47. <b>Demonstrate honesty and integrity in professional practice.</b>	Integrity features in D1, candour is D3 and whistleblowing, though not referred to as this, is more akin to C4 (keeping patients from harm). Would suggest separate outcomes for candour and the complaints ones below, and for this have suggested keeping it simple to reflect the updated D1 – act with honesty and integrity.
	48. <b>Establish and maintain clear professional boundaries with patients, recognising the importance of trust within therapeutic relationships.</b>	Added a new outcome to reference the importance of clear boundaries to reflect D2.
d. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and the wider healthcare environment.	49. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and <b>the contribution of osteopathy within the wider healthcare</b> environment.	Maybe to some extent, relates to D10.1.2 – understand the contribution of osteopathy within the context of healthcare as a whole.
disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact	50. <b>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</b>	Have added specific reference to the duty of candour (D3)

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	steps in partnership with the patient to minimise their impact.	
e. recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients' expectations are not being met	51. Recognise situations that might lead to complaint or dissatisfaction, manage situations where patients' expectations are not being met <b>and be able to manage patient complaints appropriately.</b>	Have added specific reference to managing complaints.
f. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions	52. <b>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.</b>	This is more than being able to explain it to patients, and would include understanding requirements to respect patients' privacy and confidentiality, and to maintain and protect patient information. Have suggested a rewording of this accordingly, and to reference legal requirements in this respect too.
g. Work with the wider healthcare team to plan care for patients with complex or long-term illnesses receiving care from a variety of different healthcare professionals.	53. <b>Understand the contributions of other health and care professionals, and when required, to be able to work collaboratively with others to optimize patient care.</b>	The rewording of D10 and its guidance reflect that working within the wider health team isn't always feasible for those in private practice, but when such approaches are available, they should be able to do so.
h. Guide and support the learning of others.	54. <b>Support colleagues to enhance patient care and guide their professional learning and development, acting as a role model and demonstrating leadership where appropriate.</b>	Have suggested rewording this to reflect better the updated standard D9. Useful to have something regarding the supporting of colleagues and professional development. Have made reference to being a role model and demonstrating leadership as well to incorporate the current outcome below (Act as a role model and (where appropriate) as a leader, and assist and educate others where appropriate.) Review further in the light of ACP framework.
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.	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.	Have left this as is.
i. Demonstrate an understanding of their duty as a healthcare professional to take appropriate action to ensure patient safety (including if they have concerns about a colleague). This may include		Covered in C4, so have suggested a modified version within Safety and Quality.

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seeking advice, dealing with the matter directly or reporting concerns to an appropriate authority.		
j. Reflect on feedback from patients, colleagues and others to improve skills.		More featured in B4. This is actually already referenced within Safety and Quality, with its mention of a commitment to gaining feedback from colleagues and others and reflecting on this. Not sure it needs repeating.
k. Participate in peer learning and support activities, and provide feedback to others.		This isn't specifically referenced in the OPS. It's a sound enough outcome, but fits better in Knowledge and Skills in reference to CPD, so has been added to an existing outcome there.
l. Act with professionalism in the workplace, when using other communication media (including online), and in interactions with patients and colleagues.		Relates most closely to D7 – upholding the reputation of the profession.
m. Recognise personal learning needs and address these.		Probably relates most closely to B2 and particularly, B3, but is probably covered sufficiently there already.
n. Maintain a professional development portfolio to document reflection; this should also include career development and planning.		B3 – keeping knowledge and skills up to date, including complying with CPD requirements, but no specific reference
o. Act as a role model and (where appropriate) as a leader, and assist and educate others where appropriate.		Maybe closest to D9. Have suggested incorporating this within the supporting colleagues outcome above, as it seems to sit within that aspect, but consider further in the light of ACP framework.
p. Ensure punctuality and organisation in their practice.		Not referenced in the OPS. Is this really necessary as a defined outcome in this context?

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<b>Common presentations all osteopaths should be familiar with at graduation</b>		
48 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: <a href="http://www.osteopathy.org.uk/standards/osteopathic-practice">www.osteopathy.org.uk/standards/osteopathic-practice</a> ) .	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: <a href="https://standards.osteopathy.org.uk/">https://standards.osteopathy.org.uk/</a> ).	Have maintained this standard as it currently is, but for the link to the OPS website.
49 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.	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.	This is a guide – it's more about the outcomes, rather than an exact number of hours, as we've seen in the response to the Coronavirus crisis. Have currently left as is, but this will need further consideration by the reference group. The Policy and Education Committee members will also have views on this. 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?
50 Some of the presentations below may also be demonstrated in other ways, for example, through role play and the use of simulated patients.	58. Some of the presentations below may also be demonstrated in other ways, for example, through role play and the use of simulated patients.	There is flexibility in how each educational provider delivers education and enables its students to meet the outcomes.
<b>Common components of consultations</b>		
51 The graduate must be able to demonstrate the following in a range of different patient presentations or scenarios:	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	a. Take an appropriate case history, including:	These reflect some of the case history requirements set out in C2. Are these particular components helpful? There's plenty more that

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<ul style="list-style-type: none"> <li>ii. presenting complaint</li> <li>iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history)</li> <li>iv. response to previous treatment.</li> </ul>	<ul style="list-style-type: none"> <li>i. patient profile</li> <li>ii. presenting complaint</li> <li>iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history)</li> <li>iv. response to previous treatment.</li> </ul>	<p>could go in, but it could also be left at 'take an appropriate case history', or 'take and record appropriate patient notes to record all relevant aspects of the case in accordance with the guidance contained within the Osteopathic Practice Standards.'</p>
<p>b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.</p>	<p>b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.</p>	<p>Guidance in C1.1.2 says to select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history, but this outcome relates to an initial assessment based on the history, appearance and demeanour rather than on clinical assessment.</p>
<p>20. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:</p> <ul style="list-style-type: none"> <li>i. observation of gait and posture</li> <li>ii. osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.</li> </ul>	<p>c. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:</p> <ul style="list-style-type: none"> <li>i. observation of gait and posture</li> <li>ii. osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.</li> </ul>	<p>This isn't specified in the OPS to this degree. It's very grounded in 'mechanics' though - there isn't much to back up 'posture' as a factor in pain, for example. Should there be something here to cover other elements - for example - patient values/understanding what's important to them, etc?</p>
<p>21. Make an appropriate examination of the relevant body system.</p>	<p>d. <b>Undertake appropriate clinical examination of the patient, taking into account the nature of their presentation and case history.</b></p>	<p>Again, this would be reflected under the clinical assessment requirement of C1.1.2 referred to above.</p> <p>As drafted, this seems a bit limited - 'the' system sounds like only one is relevant. The suggested amendment reflects the OPS and the outcomes above.</p>
<p>22. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for</p>	<p>e. Assess and explain the possible contribution of any factors relevant to the</p>	<p>This isn't reflected in C1, though B1 sets out the knowledge and skills required to support</p>

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<p>example, anatomical, physiological, psychological and social and other relevant factors).</p>	<p>presenting complaint (for example, anatomical, physiological, psychological and social and <b>any</b> other <del>relevant</del> factors).</p>	<p>osteopathic practice, including an understanding of the psychological and social influences on health sufficient to inform clinical decision making and patient care.</p>
<p>23. Explain clinical findings accurately and clearly.</p>	<p>f. Explain clinical findings <b>to patients and colleagues</b> accurately and clearly.</p>	<p>C1.1.3 says to formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient.</p> <p>This outcome doesn't specify to whom the explanation should be given – presumably, the patient? Have suggested an amendment accordingly.</p>
<p>24. Draw on well-developed and critical clinical reasoning and explain:</p> <ul style="list-style-type: none"> <li>i. the significance of presenting signs and symptoms, including any uncertainty</li> <li>ii. the differential diagnosis</li> <li>iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors</li> <li>iv. any uncertainty that may exist</li> <li>v. how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional.</li> </ul>	<p>60. Draw on well-developed and critical clinical reasoning and explain:</p> <ul style="list-style-type: none"> <li>i. the significance of presenting signs and symptoms, including any uncertainty</li> <li>ii. the differential <b>diagnosis and working diagnosis</b></li> <li>iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors</li> <li>iv. any uncertainty that may exist</li> <li>v. how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional.</li> </ul>	<p>These are not precisely reflected in the OPS but are not inconsistent with the OPS requirements either.</p> <p>Have added 'working diagnosis' to 'differential diagnosis'.</p>
<p>25. Formulate a treatment and management plan based on:</p> <ul style="list-style-type: none"> <li>i. the differential diagnosis</li> <li>ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors</li> <li>iii. an understanding of the patient which is based on listening to the patient and discussing their expectations</li> <li>iv. specific treatment aims</li> </ul>	<p>61. Formulate a treatment and management plan based on:</p> <ul style="list-style-type: none"> <li>i. the <del>differential</del> <b>working</b> diagnosis</li> <li>ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors</li> <li>iii. an understanding of the patient which is based on listening to the patient and discussing their expectations , <b>values and preferences</b></li> <li>iv. <b>The best available evidence</b></li> </ul>	<p>C1.1.4 says to develop and apply an appropriate plan of treatment and care, based on the working diagnosis, the best available evidence, and the patient's values and preferences.</p> <p>Have added working diagnosis, reference to values and preferences and also to the best available evidence.</p>

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<p>v. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).</p>	<p>v. specific treatment aims vi. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).</p>	
<p>26. Demonstrate how the patient was able to make an informed decision about their ongoing care, including:</p> <ul style="list-style-type: none"> <li>i. the patient's expectations</li> <li>ii. how material or significant risks associated with their proposed treatment or management plan were explained to the patient</li> <li>iii. how the benefits of the various options offered were explained to the patient</li> <li>iv. responses to patient questions</li> <li>v. how the patient was able to make a decision.</li> </ul>	<p>62. Demonstrate how the patient was able to make an informed decision about their ongoing care, including:</p> <ul style="list-style-type: none"> <li>i. the patient's expectations</li> <li>ii. how material or significant risks associated with their proposed treatment or management plan were explained to the patient</li> <li>iii. how the benefits of the various options offered were explained to the patient responses to patient questions</li> <li>iv. how the patient was able to make a decision, and give consent to examination and treatment, and how this was recorded.</li> </ul>	<p>This relates to A3, in particular.</p> <p>Suggest removing the word 'ongoing', as this implies just continuing care, whereas consent has not been mentioned yet within this section.</p> <p>Have added reference to consent specifically being given.</p>
<p>63. Confirm the initial prognosis of the effectiveness of treatment.</p>		<p>What does this mean, as an outcome? Is it just provide a plausible prognosis?</p>
<p>64. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.</p>	<p>63. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.</p>	<p>C1.1.6 says to evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate.</p>
<p>65. 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.</p>	<p>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.</p>	<p>Not sure this is quite right as a common component of treatment? Perhaps better to say something like: '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.'</p>
<p>66. In the case of a referral, demonstrate:</p>		<p>This reflects some of the aspects of several standards – B2, C1, D10, in particular.</p>

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<ul style="list-style-type: none"> <li>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</li> <li>ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional</li> <li>iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional</li> <li>iv. the mechanism of the referral undertaken (for example, the proposed referral letter)</li> <li>v. the outcome of the referral, including any ensuing modification of their treatment and management plan.</li> </ul>	<p>65. In the case of a referral, demonstrate:</p> <ul style="list-style-type: none"> <li>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</li> <li>ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional</li> <li>iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional</li> <li>iv. the mechanism of the referral undertaken (for example, the proposed referral letter)</li> <li>v. the outcome of the referral, including any ensuing modification of their treatment and management plan.</li> </ul>	
<p><b>Common range of clinical presentations</b></p>		
<p>30. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:</p>	<p>66. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:</p>	
<p>a. neuromusculoskeletal case presentation</p>	<p>a. neuromusculoskeletal case presentation</p>	
<p>b. non-neuromusculoskeletal case presentation</p>	<p>b. neuromusculoskeletal case presentation</p>	
<p>c. case presentation presenting communication challenges</p>	<p>c. case presentation presenting communication challenges</p>	<p>What sort of communication challenges? This is a pretty wide brief.</p>



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<p>d. patients displaying a range of characteristics which might include gender, ethnicity, disability, culture, religion or belief, age, social status or language</p>	<p>d. patients displaying a range of characteristics which might include <b>age</b> disability, gender reassignment, <b>ethnicity</b>, prganancy, <del>culture</del>, <del>race</del> religion or belief, sex or sexual orientation. <del>age</del>, <del>social status</del> <del>or language</del>.</p>	<p>D6 refers to age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion of belief, sex or sexual orientation.</p>
<p>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</p>	<p>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.</p>	
<p>f. a patient requiring referral to another healthcare professional</p>	<p>f. a patient requiring referral to another healthcare professional</p>	
<p>g. a patient who is under the care of another healthcare professional for an illness that cannot be cured by osteopathy, but where osteopathic treatment may help to alleviate symptoms</p>	<p>g. a patient who is under the care of another healthcare professional for a condition <b>where osteopathy may not be a suitable approach to treating the underlying issue</b>, <del>an illness that cannot be cured by osteopathy</del>, but where osteopathic treatment may help to alleviate symptoms.</p>	<p>The phrase 'cured by osteopathy' is probably not ideal – Is this about a case where osteopathy may not be a suitable approach to the treating the underlying issue, but may help to alleviate associated symptoms?</p>
<p>h. a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated)</p>	<p>h. a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated).</p>	
<p>i. a patient presenting requiring help which is outside the limits of competence of the graduate and who would benefit from osteopathic care that requires further postgraduate training</p>		<p>How does this help?</p>
<p>j. cases where patients do not respond according to the expected prognosis</p>	<p>i. cases where patients do not respond according to the expected prognosis</p>	<p>Is this the right sort of language these days? It sounds as if it's the patients' fault for not responding properly. Maybe – where osteopathic management</p>

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<p>a. cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.</p>	<p>j. cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.</p>	<p>Is 'treatment' the right word? Maybe 'ongoing care'? 'regular management'?</p>
<b>Common range of approaches to treatments</b>		
<p>31. 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.</p>	<p>67. <b>The graduate should have a critical understanding of a range of approaches to patient care sufficient to inform the safe and effective management of patients, and the skills to apply these.</b></p>	<p>Does this need to be quite so wordy, given the outcomes already set out? For example, why reference contraindications here, when we've already set outcomes regarding appropriate management plans, etc?</p> <p>Could we replace this with something more along the lines of:</p> <p>The graduate should have a critical understanding of a range of approaches to patient care sufficient to inform the safe and effective management of patients, and the skills to apply these.</p>
<p>32. The approaches to treatment may include<sup>3</sup></p> <ul style="list-style-type: none"> <li>a. diagnostic palpation (a clinical examination)</li> <li>b. direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques</li> <li>c. indirect techniques, including functional techniques and counterstrain</li> <li>d. balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain</li> <li>e. combined techniques, including myofascial/fascial release, Still technique,</li> </ul>	<p>68. The approaches to treatment may include<sup>4</sup></p> <p><del>k. diagnostic palpation (a clinical examination)</del></p> <ul style="list-style-type: none"> <li>l. direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques</li> <li>m. indirect techniques, including functional techniques and counterstrain</li> <li>n. balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain</li> <li>o. combined techniques, including myofascial/fascial release, Still</li> </ul>	<p>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, 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, cognitive behavioral approaches etc – it's all strictly manual techniques, many of which would be unfamiliar to many osteopaths. We could put something more general:</p>

<sup>3</sup> This list is taken from the World Health Organization's Benchmarks for Training in Osteopathy (2010), available at: [www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf](http://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf) (accessed 17 December 2014).

<sup>4</sup> This list is taken from the World Health Organization's Benchmarks for Training in Osteopathy (2010), available at: [www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf](http://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf) (accessed 17 December 2014).

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<p>osteopathy in the cranial field, involuntary mechanism and visceral techniques</p> <p>f. reflex-based techniques, such as Chapman’s reflexes, trigger points and neuromuscular techniques</p> <p>g. fluid-based techniques, such as lymphatic pump techniques.</p>	<p>technique, osteopathy in the cranial field, involuntary mechanism and visceral techniques</p> <p>p. reflex-based techniques, such as Chapman’s reflexes, trigger points and neuromuscular techniques</p> <p>q. fluid-based techniques, such as lymphatic pump techniques.</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><b>The transition into practice</b></p>		
<p>33. 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:</p> <p>a. introducing themselves to fellow osteopaths in the locality in which they intend to practise</p> <p>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</p> <p>c. joining their local regional osteopathic group</p> <p>d. joining special interest societies and professional associations</p> <p>e. keeping in touch with their fellow students</p>	<p>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:</p> <p>a. introducing themselves to fellow osteopaths in the locality in which they intend to practise</p> <p>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</p> <p>c. joining their local regional osteopathic group</p>	<p>How does this section sit within a set of outcomes? It’s more guidance/advice.</p>

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<ul style="list-style-type: none"> <li>f. keeping in touch with their osteopathic educational institution</li> <li>g. undertaking relevant CPD</li> <li>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)</li> <li>i. seeking out mentors</li> <li>j. knowing where to access help when things go wrong</li> <li>k. obtaining further advice and guidance as appropriate from the GOsC at: <a href="mailto:standards@osteopathy.org.uk">standards@osteopathy.org.uk</a> or 020 7357 6655 x235.</li> </ul>	<ul style="list-style-type: none"> <li>d. joining special interest societies and professional associations</li> <li>e. keeping in touch with their fellow students</li> <li>f. keeping in touch with their osteopathic educational institution</li> <li>g. undertaking relevant CPD</li> <li>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)</li> <li>i. seeking out mentors</li> <li>j. knowing where to access help when things go wrong</li> <li>k. obtaining further advice and guidance as appropriate from the GOsC at: <a href="mailto:standards@osteopathy.org.uk">standards@osteopathy.org.uk</a> or 020 7357 6655</li> </ul>	
<p><b>Standards for osteopathic education and training</b></p>		
<p>34. Osteopathic educational institutions (OEs) must deliver a curriculum that ensures all graduates with Recognised Qualifications meet the outcomes in this guidance and the Osteopathic Practice Standards (available at: <a href="http://www.osteopathy.org.uk/standards/osteopathic-practice">www.osteopathy.org.uk/standards/osteopathic-practice</a>).</p>	<p>This section will need amending to reflect the updated Standards for Osteopathic Education – see discussion draft document.</p>	
<p>35. OEs are also expected to comply with the Quality Assurance Agency for Higher Education UK Quality Code for Higher Education (available at: <a href="http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code">www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code</a>) on</p>		

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<p>the appropriate delivery and assessment of a curriculum – in particular part B, which deals with:</p> <ul style="list-style-type: none"><li>• programme design and approval</li><li>• admissions</li><li>• learning and teaching</li><li>• student support, learning resources and careers education, information, advice and guidance</li><li>• student engagement</li><li>• assessment of students and accreditation of prior learning external examining</li><li>• programme monitoring and review complaints and appeals</li><li>• management of collaborative arrangements</li><li>• research degrees.</li></ul>		
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