**Guidance for Osteopathic Pre-registration Education**

**A consultation on updated Guidance for Osteopathic**
**Pre-registration Education and on new Standards for Osteopathic Education and Training**

**The Guidance**

**Contents**

[Introduction 3](#_Toc74657686)

[How to respond 3](#_Toc74657687)

[Consultation questions on draft Guidance for Osteopathic Pre-registration Education 5](#_Toc74657688)

* [About you 5](#_Toc74657689)
* [Diversity questionnaire 5](#_Toc74657690)
* [GOPRE Introduction 5](#_Toc74657691)
* [Communication and patient partnership 7](#_Toc74657692)
* [Knowledge, skills and performance 8](#_Toc74657693)
* [Safety and quality in practice 14](#_Toc74657694)
* [Professionalism 17](#_Toc74657695)
* [Common presentations osteopaths should be familiar with at graduation 19](#_Toc74657696)
* [Equality, diversity and inclusion 25](#_Toc74657697)
* [Implementation mechanisms 27](#_Toc74657698)

# **Introduction**

Within GOPRE, the outcomes students are expected to achieve are set out under each of the four themes of the [Osteopathic Practice Standards](https://standards.osteopathy.org.uk/) namely:

* Communication and patient partnership
* Knowledge, skills and performance
* Safety and quality in practice
* Professionalism

It also contains common presentations osteopaths should be familiar with at graduation which include:

* Common components of consultations
* Common range of clinical presentations
* Common range of approaches to treatments

In the following sections we summarise what has changed from the current version of GOPRE to this updated version which we are consulting on, in relation to each of the GOPRE themes, and then set out some specific questions in relation to each. However, respondents should not feel constrained by the questions – we are interested in any views you might have in relation to the draft GOPRE, and do not feel obliged to provide an answer to any of the specific questions if you have no particular views on it.

# **How to respond**

The deadline for responses to this consultation is **22 September 2021**.

You can send us your views by emailing your responses to the consultation questions and/or any feedback to: standards@osteopathy.org.uk

Remember that we are asking a number of specific questions on issues to which we are keen to receive feedback, but you are welcome to offer any comments you wish – all feedback will be taken into consideration.

There is no requirement to answer all of the consultation questions, though you are welcome to if you wish.

For those who only wish to provide feedback on specific areas, we have also prepared a [simplified response form](https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/gopre-simplified-response-form).

**Data collection**

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018 and the Environmental Information Regulations 2004). We will publish a report about the consultation and the responses we have received. If you would prefer your name not to be made public, please indicate this when sending us your views.

The GOsC is a data controller registered with the Information Commissioner’s Office. We use personal data to support our work as the regulatory body for osteopaths. We may share data with third parties to meet our statutory aims and objectives, and when using our powers and meeting our responsibilities under the Osteopaths Act and the associated rules made under the Act. We may use personal data to update the Register, administer and maintain the Register, process complaints, compile statistics and keep stakeholders updated with information about our work.

We look forward to receiving your comments.

#

# **Consultation questions on draft Guidance for Osteopathic Pre-registration Education**

Please have the [draft Guidance for Osteopathic Pre-registration Education](https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/draft-gopre)open or havea copy close by for reference when responding to this consultation. There are 38 questions in total, but there is no requirement to answer all of the consultation questions, though you are welcome to do so if you wish. **We have summarised the changes to each section which you may find helpful to read before answering the related questions**.

## **About you**

Name of individual or organisation (optional)

Please indicate below in what capacity you are responding:

|  |  |
| --- | --- |
| Osteopath  |  |
| Student |  |
| Osteopathic educator |  |
| Patient |  |
| Member of the public |  |

|  |  |
| --- | --- |
| Other (please specify) |  |

## **Diversity questionnaire**

We would like to ask some questions about you. We are committed to promoting equality, valuing diversity and embracing inclusivity. We ask for this information to help us understand how representative the responses we receive are, and to ensure we are not inadvertently discriminating against any particular group.

It would be very helpful if you would provide this information. You can skip any questions you do not wish to answer. Please complete the [diversity questionnaire](https://www.osteopathy.org.uk/forms/diversity-questionnaire)

**Questions and summaries of changes by section of GOPRE (outcomes):**

## **GOPRE Introduction**

|  |
| --- |
| **Summary:** The following introductory paragraphs have been updated to better reflect the requirements of the current [Osteopathic Practice Standards](https://standards.osteopathy.org.uk/) and the current healthcare context and broader areas in which osteopaths might work. They set the scene of osteopathic practice. Specific updates include:Paragraph 8: Enhanced reference to patient partnership, clinical assessment (rather than ‘osteopathic examination’), more detail about formulating a working diagnosis and rationale for care, and being able to explain this to support shared decision making, and providing appropriate care, referring to others where appropriate. Paragraph 9: Changes here include reference to supporting patients to be able to express what is important to them, and working collaboratively with other health care providers where appropriate to optimise patient care. Paragraph 10: We have referenced particular examples of communication approaches here, such as [British Sign Language](https://www.british-sign.co.uk/) and [easy read](https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/e/easy-read) formats. Paragraph 11: We have made additional reference here to developing and sustaining professional networks to support practice. Paragraph 12: We have added reference here to osteopaths being professionally engaged, complying with regulatory requirements regarding [continuing professional development](https://cpd.osteopathy.org.uk/). Paragraph 13: We have amended the current content by adding a statement to reference outcomes leading to safe, effective and ethical practice within whatever context or setting osteopaths deliver care, also that this includes the challenges of establishing, marketing, managing and maintaining a new business, and the need to develop strategies for managing these before graduation.  |

**Question 1**

Does the Introduction section, with the changes summarised above, set the context of the guidance and of osteopathic practice sufficiently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

##

## **Communication and patient partnership**

|  |
| --- |
| **Summary:** We have updated the outcomes in this section to better reflect the current requirements of [Theme A of the Osteopathic Practice Standards](https://standards.osteopathy.org.uk/themes/communication-and-patient-partnership/). These include more details in relation to patient partnership, values and communication skills, including:* Patients being given the opportunity to express what is important to them.
* Adapting communication strategies according to patients’ needs, including being able to provide remote consultations if required.
* Providing information that patients want or need to know, to inform shared decision making, including options in relation to their care.
* Supporting patients in caring for themselves to improve their own health and well-being.
 |

**Question 2**

Do you think that the outcomes in this theme sufficiently reflect the communication skills required to facilitate effective patient partnerships, that take patients’ preferences and values into account?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 3**

Do you think there is anything missing from the proposed outcomes in relation to [Theme A of the Osteopathic Practice Standards ‘Communication and patient partnership’](https://standards.osteopathy.org.uk/themes/communication-and-patient-partnership/)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 4**

Do you have any other comments in relation to this Communication and patient partnership section?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

## **Knowledge, skills and performance**

|  |
| --- |
| **Summary:** This section has been updated to better reflect [Theme B of the Osteopathic Practice Standards](https://standards.osteopathy.org.uk/themes/knowledge-skills-and-performance/). A number of outcomes that were in this section within the current guidance were felt to be more appropriate in [Theme C ‘Safety and quality in practice’](https://standards.osteopathy.org.uk/themes/safety-and-quality-in-practice/) or [Theme D ‘Professionalism’](https://standards.osteopathy.org.uk/themes/professionalism/), and have been moved accordingly. Additions to the Knowledge, skills and performance section include:* More detail as to the knowledge required to underpin osteopathic practice, including anatomy, physiology, pathophysiology and pain mechanisms.
* Relevant knowledge from clinical, biomedical and behavioural sciences to inform patient management and the effects of patients’ life choices and lifestyles on their health and well-being.
* An understanding of common medications and their clinical impacts and implications for osteopathic care.
* The importance of diversity and individual values within osteopathic care and an understanding of equality and anti-discrimination legislation and how to apply this in practice.
* The different settings and contexts within which osteopathic healthcare is provided including the knowledge and skills required to undertake remote and face-to-face consultations.
* Understanding the need for a professional to keep their knowledge and skills up to date, and to demonstrate a reflective approach to planning and undertaking their professional development.

Specific outcomes related to [research](#_Research), [leadership and management](#leadershipandmanagement), and [education](#education) (explained further below).  |

**Question 5**

Do the outcomes in paragraphs 19-25 of the guidance sufficiently set out the knowledge and skills required by graduates to support their work as osteopaths?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 6**

In paragraphs 19(i) and 20, we have retained reference to ‘osteopathic’ concepts of health, illness, disease and behaviours...’. Some initial feedback in developing the draft suggested that the word ‘osteopathic’ was not needed here. Others felt it important to emphasise a distinct ‘osteopathic’ flavour to these outcomes.

Do you think that the reference to ‘osteopathic’ concepts in this context should be retained?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Education**

|  |
| --- |
| **Summary**: We have included a section on outcomes related to skills as educators, as education forms one of the four pillars of advanced practice across the four UK nations. The rationale for enabling students to develop skills as educators is similar to that in relation to leadership and management – it will provide a foundation for skills that will enhance their practice, enable the development of these at postgraduate level working towards advanced practice, and support their work as osteopaths in multiple roles and contexts. The outcomes proposed will assist in developing skills required to successfully implement aspects of the Osteopathic Practice Standards, particularly with regard to effective communication; providing information and care options to patients in a way that supports shared decision making; supporting patients in caring for themselves; being able to discuss public health issues and signpost resources; and supporting colleagues to enhance patient care. As with the leadership and management section, we have included two options for outcomes related to education – option 1, which reflects the advanced practice guidance more fully, and option 2, which adapts these further within an osteopathic educational undergraduate context. |

**Question 7**

Do you agree with the inclusion of outcomes relating to skills as educators within the GOPRE outcomes?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 8**

Which option do you prefer?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Option 1  |  |  | Option 2 |  |

|  |
| --- |
| Comments: |

**Question 9**

Would you suggest any changes to your preferred option?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

###

**Leadership and management**

|  |
| --- |
| **Summary**: Leadership is seen as an essential component in contemporary healthcare. The [NHS Leadership Academy](https://www.leadershipacademy.nhs.uk/) states its simple philosophy as being: ‘great leadership development improves leadership behaviours and skills. Better leadership leads to better patient care, experience and outcomes’. It publishes[resources aimed at undergraduate education](https://www.leadershipacademy.nhs.uk/resources/students/) on its website. Health Education England publishes a range of resources to support [advanced practice](https://www.hee.nhs.uk/our-work/advanced-clinical-practice), including a ‘[Multi-professional framework for advanced clinical practice in England](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)’. This sets out four ‘pillars’ of advanced practice, comprising:* clinical practice
* leadership and management
* education
* research

[The Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales](https://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf) reflects these same pillars of advanced practice. NHS Scotland also publishes a [Leadership Qualities Framework](http://www.knowledge.scot.nhs.uk/media/9566973/scottish%20leadership%20qualities%20framework%20-%20guidance%20notes%20july%202014.pdf), and references similar [pillars of advanced practice](https://www.careerframework.nes.scot.nhs.uk/using-the-framework/pillars-of-practice.aspx) for Allied Health Professionals, as does the [Advanced AHP Practice Framework for Northern Ireland](https://www.health-ni.gov.uk/sites/default/files/publications/health/AHP-Framework.pdf).Although the majority of osteopaths do not work within the NHS, and Advanced Practice frameworks are not aimed at undergraduate education or new graduates, the elements of developing skills within leadership and management are likely to be of value within any professional healthcare context. Setting some explicit outcomes in this area will help to develop practitioners’ skills in relation to leadership and management, and provide a foundation upon which to develop these at postgraduate level as osteopaths progress through their careers in whatever context they work. In the draft document, we have outlined two options in relation to leadership and management. Option 1 reflects the advanced practice frameworks more closely, whereas Option 2 adapts these in a more osteopathic educational context.  |

**Question 10**

Do you agree with the inclusion of outcomes relating to leadership and management within the GOPRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 11**

Which option do you prefer?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Option 1  |  |  | Option 2 |  |

|  |
| --- |
| Comments: |

**Question 12**

Would you suggest any changes to your preferred option?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Research**

|  |
| --- |
| **Summary**: We have enhanced the research outcomes set out within the GOPRE document and, based on feedback received from the [National Council for Osteopathic Research](https://www.ncor.org.uk/), these have been influenced by [National Institute for Health Research, Clinical Research Network AHP strategy 2018-2020 - Shaping Better Practice through Research](https://generalosteopathiccouncil.sharepoint.com/Communications/Consultations/2021/GOPRE/cahpr.csp.org.uk/documents/cahpr-research-practitioners-framework): A practitioner Framework, and AHP clinical Research Skills and Knowledge Framework, setting out entry level research competences for Allied Health Professionals. The aim is to set clear, consistent and realistic research outcomes which, as well as enhancing the skills of osteopaths joining the Register, demonstrate how these skills are comparable with other Allied Health Professionals, widening the career opportunities available for osteopaths.  |

**Question 14**

Do you consider the research outcomes to be clear and appropriate for undergraduate osteopathic education?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 14**

Do you think there is anything missing from the proposed research outcomes?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 15**

Do you think any of the proposed research outcomes are inappropriate or require amendment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Business skills**

|  |
| --- |
| **Summary**: We do not specifically reference an outcome with regard to the development of business skills within GOPRE. The outcomes are intended to demonstrate that graduates are able to practise in accordance with the Osteopathic Practice Standards, and specific business skills are not referenced within the practice standards. There is reference later to graduates having the ‘ability to employ appropriate and legal methods of marketing and advertising’, and ‘to use social media appropriately, legally, safely and ethically, in relation to professional practice’ (paragraph 49), but not specific business skills.  |

**Question 16**

Do you think that a more specific outcome in relation to business skills and knowledge should be included within GOPRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Please explain your reasoning:  |

## **Safety and quality in practice**

|  |
| --- |
| **Summary**: The scope of a number of the outcomes in this section has been expanded to better reflect the Osteopathic Practice Standards (2019). These include:* More detail on taking a case history, including adaptation of communication to suit the patient’s needs to support effective therapeutic relationships.
* More detail on clinical evaluation and choices made in relation to a patient’s characteristics, and how this underpins patient partnership.
* More detailed reference to a rationale for care being based upon the working diagnosis, the best available evidence and the osteopath’s skills, experience and competence, and that care may include patient education, mobilisation, manipulation and exercise prescription.
* Reference to applying all practical skills with precision, adapting them when required to provide safe and effective care.
* Reference to models of healthcare and the application of these in practice.
* Reference to language used with patients and how the practitioner’s beliefs and language might influence patient outcomes.
* Promotion of social networks and physical activity within osteopathic care, and the impact of these on patient health and well-being.
* More detail on referring to other practitioners, producing reports and other information in appropriate ways and formats.
* An outcome relating to the osteopath’s role in relation to public health issues including the signposting of information and resources.
* An expanded outcome relating to health and safety issues including infection control measures, and the implementation of guidance to prevent the spread of communicable disease.
* Enhanced outcome related to safeguarding of vulnerable patients.
* Ability to develop appropriate, clear, inclusive and accessible patient information in a variety of formats and approaches (including, for example, easy read, podcasts, websites, social media, leaflets or other mechanisms) to provide information that individual patients can understand in advance of an appointment.
 |

**Question 17**

In relation to paragraph 34, initial feedback questioned why the focus was just on the biopsychosocial model of healthcare. We have expanded this paragraph to refer to a range of healthcare models, and to be able to apply these in different situations with different patients based on their preferences and beliefs, but also to be able to use the biopsychosocial model to inform assessment and patient management. Do you agree with this approach?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 18**

In relation to the use of social media in this section (paragraph 49c), we have amended this to clarify that graduates should have the ability to use social media ‘legally, safely and ethically’ in relation to professional practice. This does not mean that graduates must use social media in relation to their practice, but should have the skills to do so ‘legally, safely and ethically’ if they choose to use it. Do you agree with this approach?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 19**

Do you think there is anything missing from the proposed outcomes in relation to [Theme C of the OPS ‘Safety and quality in practice’](https://standards.osteopathy.org.uk/themes/safety-and-quality-in-practice/)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 20**

Do you have any other comments in relation to this section?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

##

## **Professionalism**

|  |
| --- |
| **Summary:** A number of outcomes have been added to this theme within GOPRE from other sections, and similarly, a number have been removed and either incorporated elsewhere within the document, or removed if sufficiently covered in existing outcomes. What is left in this section is now more focused on the [Professionalism standards](https://standards.osteopathy.org.uk/themes/professionalism/) within Theme D of the Osteopathic Practice Standards, including:* Reference to working within the context of the practice standards, but also within a context of uncertainty, using the standards and other resources as a framework to support and inform professional judgement.
* Reference to establishing and maintaining clear professional boundaries with patients and colleagues, recognising the importance of trust within therapeutic relationships.
* Reference to the duty of candour for healthcare professionals.
* An expanded outcome in relation to patient confidentiality and the management of information.
* Reference to understanding the contribution of other health and care professionals, and working collaboratively where appropriate with others to optimise patient care.
* Supporting colleagues to enhance patient care, guide professional learning and development and act as a role model.
* Understand the need to take steps to integrate into the professional community, and the professional support available from a variety of sources to help with the transition into practice.
 |

**Question 21**

Do you think that the outcomes in this section in relation to professionalism are sufficient and appropriate on entry to the profession?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 22**

We have added an outcome (paragraph 60) that graduates should understand the need to take steps to integrate themselves into the professional community and to be aware of the support available from a variety of sources. Previously, this was a statement within the current GOPRE, but feedback indicated it would be more useful and appropriate as an assessed outcome. Do you agree with this approach?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 23**

Do you think there is anything missing from the proposed outcomes in relation to [Theme D of the OPS ‘Professionalism’](https://standards.osteopathy.org.uk/themes/professionalism/)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 24**

Do you have any other comments in relation to this section?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

## **Common presentations osteopaths should be familiar with at graduation**

|  |
| --- |
| **Summary**: The current GOPRE requires that students **must** see a sufficient depth and breadth of patients in their undergraduate training, and we have clarified in the updated draft that ‘depth’ relates to patient numbers, and ‘breadth’ to diversity of patients. The current guidance states that students **should** undertake a minimum of 1,000 hours of clinical practice during their training, and see around 50 new patients, and provide ongoing care. In the updated guidance, we have retained all of this, but added that clinical practice should comprise a minimum of 25% of the course and be dedicated to direct patient contact between student and patient. We have also expressly stated that what is important is the meeting of outcomes rather than just accumulating hours. We now state that the gaining of sufficient depth and breadth of experience may be achieved in a variety of ways, for example through simulations involving actors, through virtual clinics and through remote clinics, through observation and direct clinical interaction. This provides a flexibility of meeting outcomes with meaningful interactions and experiences, rather than just adhering to hour requirements with a physical presence. We have seen this in practice as osteopathic education providers responded to the impact of the coronavirus pandemic. For comparison, the [World Health Organization (WHO) benchmark for training in osteopathy](https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf) refers to Type I and Type II programmes of osteopathic education (broadly undergraduate and postgraduate training). Although the models of higher education vary across Europe and the rest of the world, including definitions of teaching, learning and contact hours, both Type I and Type II courses within the WHO Benchmark reference a typical 1000 hours of supervised clinical osteopathic practice and training, so the current (and proposed) GOPRE requirements would be consistent with this. The current and proposed GOPRE update therefore set a guide for clinical experience during training, but this is not an absolute requirement. It may be that in some cases, students do not see exactly 50 new patients (or more), for example, or fall slightly below the 1,000 clinical hours for some reason, but if the education provider is satisfied that they have met all the required outcomes with a sufficient range and depth of experience to show that they meet the Osteopathic Practice Standards, they can graduate. This provides some flexibility to manage the unexpected (such as the current COVID-19 pandemic, or particular personal circumstances) but any systemic shifts away from the GOPRE expectations are reported to and considered by GOsC’s statutory Education Committee as part of its quality assurance processes, and are therefore monitored and considered.  |

**Question 25**

Do you agree that there should be an expectation of 1,000 clinical hours experience during pre-registration training, and a need for the student to take the lead with 50 new patients?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 26**

Do you find it helpful to include the reference to 25% of the course being dedicated to direct patient contact between student and patient?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 27**

Do you agree that the clinical requirement could be met in a variety of ways, as well as through direct clinical interaction (for example remote clinics, simulated clinical experiences, observations/placements with other allied health providers/students)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 28**

There is no precise definition of what comprises a ‘clinical hour’. For example, an hour in a teaching clinic taking the lead in the management of a patient and providing hands on treatment, may not be viewed as equivalent to an hour in a simulated clinical setting, or observing on placement with another healthcare provider. Would it be helpful to have a more precise definition of how clinical experience and ‘hours’ could or should be met?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 29**

Do you have any further comments in regard to this section and the way that clinical hours and experience are set out in the GOPRE?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Common range of clinical presentations**

|  |
| --- |
| **Summary**: This section sets out a range of presentations with which the graduate should be able to demonstrate an understanding, either through direct patient experience or simulated scenarios. These include:* Neuromusculoskeletal and non-neuromuskuloskeletal conditions.
* Cases presenting particular communication challenges.
* Patients with diverse protected characteristics (for example age, disability, gender reassignment, gender identity, pregnancy and maternity, religion or belief, sex or sexual orientation).
* A patient receiving a full course of treatment (with the student).
* A condition where osteopathy may not be a suitable approach to treating the underlying issue, but where osteopathic treatment may help to alleviate symptoms.
* A patient presenting for whom the use of certain techniques were concluded to be unsuitable.
* Cases where patients do not respond according to the expected prognosis.
* Cases where patients have chronic conditions that may require regular treatment.
* A patient undergoing a remote consultation with the student.
* Conditions where an early referral and diagnosis may be particularly important for optimising individuals’ long-term outcomes.

The section also contains common components of an osteopathic intervention with which students are expected to be familiar. |

**Question 30**

Do you agree that the types of presentation outlined in this section and the common components of an osteopathic intervention are appropriate and sufficient?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 31**

Are there any presentations which you would amend or add to this section?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Common range of approaches to treatments**

|  |
| --- |
| **Summary**: In the current GOPRE, we set out a range of approaches to osteopathic treatment that graduates may draw upon when treating patients, based on the [WHO Benchmarks for Training in Osteopathy](https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf). These are not, however, an absolute requirement of pre-registration education in the UK, and some education providers may not teach all of these at undergraduate level. Some may also be unfamiliar to a broader audience (the current GOPRE section includes, for example, reference to direct and indirect techniques, balancing techniques, osteopathy in the cranial field and fluid-based techniques, amongst others). [In the draft updated GOPRE, we have modified this section](https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/draft-gopre) to say that 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. We then set out a more general range of approaches to osteopathic care, which do not specify particular named technical approaches, nor exclude these. These are:* Working in partnership with the patient including listening to and understanding what matters to the patient.
* A range of manual techniques aimed at improving mobility and physiological function in tissues to enhance health and well-being and reduce pain.
* Rehabilitation advice and guidance to facilitate self-management and enhance recovery.
* Provision of health information, guidance and signposting to resources to support patients’ choices and decisions regarding their health and well-being.
 |

**Question 32**

Do you think that the more general list of approaches to osteopathic treatment and patient management in the draft updated GOPRE is appropriate and sufficient?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 33**

Would you prefer to see specific osteopathic approaches referenced, as in the current GOPRE? These include: diagnostic palpation; direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques; indirect techniques, including functional techniques and counterstrain; balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain; combined techniques, including myofascial/fascial release, Still technique, osteopathy in the cranial field, involuntary mechanism and visceral techniques; reflex-based techniques, such as Chapman’s reflexes, trigger points and neuromuscular techniques; fluid-based techniques, such as lymphatic pump techniques.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 34**

Do you think that anything needs amending or adding to this section?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

##

## **Equality, diversity and inclusion**

|  |
| --- |
| **Summary**: We have included and enhanced references to equality, diversity and inclusion throughout GOPRE outcomes. For example in paragraphs 17a, 17c, 18, 19vii, 19viii, 29, 31, 33, 49e, and 64e). Extracts of these are included below: 17a. Work in partnership with patients in an open and transparent manner, respect their individuality, concerns and preferences and support patients in expressing what is important to them (including by active listening and responding to feedback). People may have particular needs or preferences related to disability or religion, for example, but take care not to make assumptions as a result of particular protected characteristics, treat each person as an individual, be curious to explore their particular concerns and preferences, identifying and overcoming barriers in communication.1. 17c: Communicate information effectively This should be demonstrated by, for example:
2. providing support for patients to express what is important to them
3. demonstrating effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy
4. demonstrating clear and effective communication skills including written, verbal and alternative formats (for example communicating via an interpreter, British Sign Language, Makaton, Easy Read and other formats, where helpful) to enhance patient care
5. communicating sensitive information to patients, carers or relatives effectively and compassionately and being sensitive to the needs of patients
6. 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.

18. Set expectations about how patients can get in touch (for example, by telephone and email) if they have any concerns (ensure that patients are able to access the communication methods available).19vii. the importance of diversity and individual values and an understanding of equality and anti-discrimination legislation within osteopathic care and how to apply this to practice 19viii. the impact of discrimination and health inequalities and how to explore context to provide better care for patients29. Take an accurate patient case history, adapting their communication style to take account of the patient’s individual needs (for example, easy read to support people with learning disabilities) and sensitivities in order to build an effective therapeutic relationship.31. Select and undertake an accurate and appropriate clinical assessment and evaluation for an individual patient (where appropriate taking account of, for example, underlying health conditions, different skin tones or different assessments which may be necessary related to sex or gender). This will include relevant clinical testing, observation, palpation and motion analysis to elicit all relevant physical, mental and emotional signs to form the basis of a treatment and management plan, in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.33. Develop and be able to apply an appropriate plan of care which will take into account their particular needs, for example, cultural or religious, in partnership with the patient, based on the working diagnosis, the best available evidence and their skills, experience and competence, which may include patient education, mobilisation, manipulation and exercise prescription, applying all practical skills with precision, adapting them when required to provide safe and effective care.49.e: Ability to develop appropriate, clear, inclusive and accessible patient information in a variety of formats and approaches (for example easy read, podcasts, e-communications via websites, and social media, leaflets or other mechanisms) to provide patient information that individual patients can understand in advance of an appointment.64.e: Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological, cultural, ethnic background, social and any other factors). |

**Question 35**

Do you think that these aspects of equality, diversity and inclusion are sufficiently represented within the outcomes?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Question 36**

Would you suggest any amendments or additions to the draft outcomes in relation to equality, diversity and inclusion?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

## **Implementation mechanisms**

|  |
| --- |
| **Summary**: We are keen to work with osteopathic educational providers to support the implementation of the updated GOPRE (including outcomes and Standards for Education and Training) in preparation for their introduction in September 2022. We are considering a range of ways in which we might gain feedback to support this process, including surveys of students and educators to gauge how outcomes are currently met, and how these relate to their actual experience – particularly, for example, in relation to equality and diversity issues. |

**Question 37**

Do you have any further comments as to other ways in which the implementation of GOPRE might be effectively supported?

|  |
| --- |
| Comments: |

**Question 38**

Do you have any further comments regarding the updated Guidance for Pre-registration osteopathic education?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

|  |
| --- |
| Comments: |

**Thank you for your response to this consultation** All feedback will be taken into consideration.

We would also welcome any comments you have on [the Standards for Osteopathic Education and Training which is in a separate document](https://www.osteopathy.org.uk/news-and-resources/document-library/consultations/set-consultation-document).