General Osteopathic Council

DEVELOPMENT OF GUIDANCE ON THE MANAGEMENT OF HEALTH IMPAIRMENTS AND DISABILITY IN OSTEOPATHIC EDUCATION, TRAINING AND PRACTICE

SCOPING REPORT, May 2011

Introduction

Phase 1 of the project to develop guidance on the management of health impairments and disability in osteopathic education, training and practice is to scope the work that needs to be done to produce the full guidance. The purpose of this is to:

- a. review the legislation to identify obligations and requirements of relevance to the GOsC and/or to OEIs
- b. identify and evaluate existing sources of information about the management of health impairments and disability
- c. consult with GOsC officers to establish the most appropriate means of engaging with OEIs and identifying practitioners who are practising safely and effectively with an acknowledged health impairment or disability
- d. produce a Scoping Report drawing together essential information and setting out proposals for furthering the work.

This scoping report addresses points a, b and c.. No attempt has been made to include all the information we have collected and reviewed. We have included what we believe is sufficient to demonstrate progress, to highlight important issues, and to set out plans for furthering the work.

Relevant legislation and other sources of information

There are two main pieces of legislation which impact on this piece of work:

- a. the Osteopaths Act 1993¹
- b. the Equality Act 2010 (including the related Public Sector Duty)².

The Osteopaths Act 1993 sets out the duties, responsibilities and obligations of the General Osteopathic Council. Specifically that the GOsC regulates the practice of osteopathy in the UK by:

- Keeping the Register of all those permitted to practise osteopathy in the UK.
- Working with the public and osteopathic profession to promote patient safety by:
 - Setting and monitoring the maintenance and development of standards of osteopathic training, practice and conduct.

¹ Osteopaths Act 1993

² Equality Act 2010

- Assuring the quality of osteopathic education and ensuring that osteopaths undertake continuing professional development.
- Helping patients with any concerns or complaints about an osteopath, with the power to remove from the Register any osteopaths who are unfit to practise.

The Act also states that to register with the GOsC an individual has to hold a Registered Qualification (RQ) and be of good health and good character. Recent publications from the GOsC in relation to Student Fitness to Practise³ clarify that the requirement for good health is not about the absence of any disability or health condition but means that a person is capable of safe and effective practice without supervision. It also notes that "many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice". This is an important point of clarification for the guidance and is consistent with the CHRE report on Health Conditions⁴.

The *Equality Act 2010* aims to reform and harmonise discrimination law and to strengthen it in order to support progress on equality. It brings together into a single framework all of the areas which were covered by previous equality legislation and introduces these as protected characteristics. These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief (including lack of it), sex and sexual orientation.

The guidance that we produce needs to recognise the breadth of the Act but focus on those specific aspects relating to disability that need to be addressed, such as being able to treat a disabled person more favourably than a non-disabled person.

There are a number of detailed aspects of the Act which could usefully be covered in the guidance including:

- the definition of disability
- disability discrimination and its different forms
- the anticipatory duty
- reasonable adjustments
- the Public Sector Equality Duty.

We also believe that it would be valuable to clarify what is meant by a 'higher education institution' as this is not immediately understandable from many of the Equality documents and in case there is any misunderstanding⁵. HEIs come under this Duty and hence need to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it (including: removing

³ General Osteopathic Council, 2010, Student Fitness to Practise Consultation; General Osteopathic Council, 2010, Draft Student Fitness to Practise: Guidance for Osteopathic Educational Institutions; General Osteopathic Council, 2010, Draft Student Fitness to Practise Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students

⁴ Council for Healthcare Regulatory Excellence, 2009, Health Conditions: Report to the four UK Health Departments Unique ID 11/2008

⁵ Advice on this definition has been sought from the Equality and Human Rights Commission (EHRC) and also from the Equality Challenge Unit whose work focuses on higher education institutions.

- disadvantage, taking steps to meet the needs of people who share a protected characteristic and people who do not share it, and encouraging people with a protected characteristic to participate in public life or other activity)
- foster good relations between people who share a protected characteristic and people who do not share it.

Some healthcare regulatory bodies have been made subject to the Public Sector Equality Duty under section 149 of the Act, and the related Schedule 19 of the Act which states these as: the GMC, the GDC, the NMC and the GCC. The remaining healthcare regulatory bodies, including the GOsC, do not have this Duty.

There are a large number of guidance documents on the Act itself from the EHRC as well as on the specific requirements on some bodies (including HEIs) as a result of the Public Sector Equality Duty. These will both provide assistance in the interpretation of the Act when developing the guidance and also form useful resource documents to which to signpost readers. Some of the other healthcare regulators have already produced similar guidance that will also be of assistance. An overview of these documents is given in Appendix 1.

Engagement with Osteopathic Education Institutions (OEIs)

Following discussion with the GOsC lead for this work, it was agreed that part of a regular meeting that the GOsC had with OEIs should be used to run an initial focus group. This provided the opportunity to have an initial exploration with OEIs in relation to the following areas:

- The challenges in assessing and managing health impairment and disability of students – prospective, during their course, to achieve the qualifying requirements for practise as an osteopath
- 2. The opportunities that OEIs have encountered or believe to be available in assessing and managing health impairment and disability amongst students
- 3. Any lessons that can be learnt from experience with students or through practice as an osteopath
- 4. The areas that the OEIs would like to be addressed in the guidance.

An overview of the outcomes from these initial discussions is given in Appendix 2. Once we have received feedback from this Scoping Report and guidance on the way forward we will arrange semi-structured telephone interviews with representatives from the different OEIs to explore these issues in more depth and aim to get more detailed case study examples.

A review of each of the OEI's websites has been undertaken to ascertain the information that each has available on managing disabilities and health impairments to inform the content of the guidance. The outcome of this review is shown in Appendix 3.

Proposals for the way forward

We have considered the draft contents of the guidance in the light of the work undertaken for this Scoping Report. We recognise that we could either produce:

- one piece of guidance which covers the audiences of students, prospective students and OEIs (ie a structure that has been used by the GCC), or
- separate pieces of guidance for students and the OEIs paralleling the consultation document on Student Fitness to Practise produced by the GOsC.

At the moment we are minded to adopt the second approach and have set out a draft outline of the content for both documents in Appendix 4. We would appreciate earl feedback from the GOsC on the content and the proposal for two separate but related documents. The content will be subject to both feedback from GOsC and the OEIs, and also be improved iteratively as the work proceeds.

Our plans for the next steps are:

- 1. Contact the OEIs to secure dates for talking to key people about the guidance and its contents
- Receive feedback from the GOsC to this Scoping Report to influence the way forward
- 3. Scrutinise further the extant information available from GOsC on its registrant base and the disabilities of registrants to identify if there is any benefit in seeking further anonymised data on this area to inform this work
- 4. In the light of the feedback and the content of this report, develop a semistructured telephone interview schedule for use with the OEIs
- 5. Interview the OEIs
- 6. Use the information gained from the OEIs and from elsewhere to draft the report
- 7. Share the draft with the GOsC and the OEIs to improve content and structure.
- 8. Make revisions and submit a final draft(s) for the GOsC consideration.

Lindsay Mitchell and David Moore
Prime R&D Ltd, May 2011

Appendix 1: Guidance available from different bodies related to the Equality Act and the related Public Sector Equality Duty

BODY	GUIDANCE
Equality and Human Rights Commission	Core guidance to HEIs is published as: What equality law means for you as an education provider – further and higher education (last updated August 2010).
	The guidance concerns provisions in the Equality Act 2010 which prohibit further and higher education institutions from discriminating against, harassing or victimising: prospective students, students at the institution, and in some circumstances former students.
	It may be relevant that private training providers do not have obligations under the education provisions but do have obligations under the service provider provisions (separate guidance available).
	Other guidance for employers and public bodies, Codes etc.
	 Public Sector Equality Duty – 5 volumes: The essential guide to the public sector equality duty Equality analysis and the equality duty Engagement and the equality duty Equality objectives and the equality duty Equality information and the equality duty.
Equality Challenge Unit	The ECU's publications are produced free of charge to the HE sector. They will hence form a useful resource for signposting within the guidance both generally to the website and also to specific documents. ECU's Briefing on the Equality Act: Implications for Higher Education Institutions (revised November 2010) provides a useful overview of the Act for HEIs.
The Higher Education Funding Council for England	HEFCE Circular letter 02/2005 - Improving provision for disabled students, appears to be extant guidance.

BODY	GUIDANCE
	December 2009/49 Policy Report: Outcomes of HEFCE review of its policy as it relates to disabled students
	The document presents the outcomes of a review of policy as it relates to disabled students and provides an overview of the progress the sector has made since guidance was published in 1999.
The Quality Assurance Agency for Higher Education 2010	Extant guidance to higher education institutions is as follows: Code of practice for the assurance of academic quality and standards in higher education, Section 3: Disabled students - February 2010 (Updated March 2010).
National Union of Students	The NUS provides advice to disabled students, carries out research and campaigns on their behalf – currently for a National Advocacy Service. It's website and publications provide helpful advice to students about matters including discrimination, equality, disability, mental health plus rights and support services.
General Chiropractic Council	Becoming a chiropractor: A Guide for Disabled People, August 2010 - updated to be consistent with the Equality Act this has a different style to the GMC document as it is for applicants as well as HEIs, which will prove useful in this work.
General Dental Council	Student Fitness to Practise, April 2010 but makes no specific reference to the Equality Act 2010.
General Medical Council	Gateways to the Professions - Advising medical schools: encouraging disabled students – first published in 2008, the guidance was revised in 2010 to take account of developments including the 2009 edition of Tomorrow's Doctors and the Equality Act 2010.

BODY	GUIDANCE
General Optical Council	GOC guidance statement to educational and training establishments: students with a disability, September 2009
General Pharmaceutical Council	Guidance on student fitness to practise procedures in schools of pharmacy, September 2010; and Future Pharmacists - Standards for the initial education and training of pharmacists, November 2010, states that (5.21) "Where appropriate, reasonable adjustments must be made to curriculum delivery to help disabled students and trainees meet learning outcomes. Teaching, learning and assessment can be modified for this purpose but learning outcomes cannot."
Health Professions Council	Guidance on health and character (a guide for applicants and registrants on how we consider information they declare), 2009 A disabled person's guide to becoming a health professional (a guide for prospective registrants and admissions staff), August 2007 Both predate the Equalities Act 2010.
Nursing and Midwifery Council	Good health and good character: Guidance for approved education institutions (November 2010). This guidance has been updated to take account of the Equality Act 2010 but a more comprehensive review is to take place in due course,

Appendix 2: Outcomes of an initial discussion with OEIs in May 2011

A focus group meeting was held in London in May with representatives from all but one of the approved Osteopathic Education Institutions (OEIs). A telephone interview was conducted with a representative of the OEI unable to attend the meeting.

Participants were a mix of senior educational staff – who were meeting for another event – and welfare, admissions and student support staff who kindly came to the meeting especially to contribute to the group discussion.

Contemporaneous notes were taken of the facilitated meeting and a digital recording was made (with the consent of the participants) as a fail-safe measure.

A wide range of issues were raised and discussed. There was a measure of consensus about many issues but some divided the group. It was clear from the discussion that a number of OEIs have considerable experience of assessing and supporting students with disabilities and health problems, but also that there are numerous challenges in doing so.

The notes from the meeting provide a rich source of information. We hope to explore some of these issues further during follow-up interviews with focus group participants and their colleagues.

As an interim outcome we have indentified below some of the more significant issues, questions and conclusions that arose from the discussion (but these do not, of course, reflect the full extent or nuances of the discussion).

Recruitment and admissions

- Every effort must be taken to ensure that prospective students are fully apprised of the intellectual, physical, emotional and professional demands of the course (suggestions were made about how this can be achieved). In doing so it is important to stress that although reasonable adjustments will be made to assist students with a disability or health problem, the theoretical and practical aspects of the course are indivisible and lead to a qualification which confers eligibility to register as an osteopath a license for practice which imposes certain professional and ethical obligations and signifies competence to function independently as a primary care practitioner.
- Guidance is needed to help promote greater consistency in the advice given to
 prospective students by the GOsC and OEIs, and to help OEIs to navigate the
 sometimes competing demands from the student, validating university and
 professional regulator. It was acknowledged that however desirable from a
 course provider's perspective it would not be appropriate to provide an
 exclusive list of disabilities or health problems considered to be incompatible
 with independent osteopathic practice, and which would therefore preclude
 entry to training. Any guidance would necessarily be premised on the principle
 that each case is to be assessed on its merits.
- It is vital that prospective students are given every encouragement to disclose any disabilities or health problems (for example through a confidential health questionnaire) but this should occur separately from an assessment of their suitability and be independent of any offer of a place. Measures are needed to

discourage students from wittingly or unwittingly underplaying any disabilities or health problems, not least by emphasising that disclosure is in the student's best interests.

- Opinion is divided about the practical value and legal standing of signed statements or contracts which seek to establish what adjustments the OEI is able or intends to offer, and what the student acknowledges will be made available in return for full disclosure, not least because disabilities and health conditions can change over time, and because educational experiences can present unforeseen challenges.
- Some OEIs have professional suitability criteria which supersede standard student requirements and regulations. It was said that OEIs should not be fearful of rejecting an applicant and can draw comfort from the QAA Code, which it was said indicated that if a student could not satisfy the professional requirements of a course they should be offered advice about alternative options.

Induction

- At least one OEI screens all students for dyslexia during the induction week, which has revealed a much higher rate of undiagnosed problems than might be expected. The practice is considered to be non-discriminatory because it is applied universally and enables adjustments to be made for any student from the outset.
- Induction provides an additional opportunity to invite all students to reconsider whether they have disclosed fully any disabilities or health problems. This should be approached positively by emphasising that it is a measure to help pre-empt problems that might arise later in training.

In-course adjustment

- Many of the OEIs have experience of making (successful) adjustments to assist students with a variety of disabilities and health problems, and of supporting students with long-term health conditions or whose problems emerge during the course.
- Making adjustments for more visible, enduring and stable conditions such as visual impairments and restricted mobility is considered easier than dealing with mental health problems, not least because concealment is more prevalent among students with mental health problems than with other health issues, because some mental health problems are unpredictable and episodic in nature, and because the stress of examinations, assessments and practice itself can be a common trigger for mental health crises. These difficulties can be compounded for some students who do become unwell because sometimes their insight is also impaired.

Competence assessment

 Some OEIs stressed that reasonable adjustments are applied to learning and assessment methods, not to expectations of competency, but also questioned the interpretation of reasonableness, especially if an adjustment could be

- construed as lowering the threshold test of the capacity for independent practice.
- With reference to both standards of proficiency and subject benchmark statements, there is a lack of consensus about whether all, and if not which, competences are essential and immutable, and whether making adjustments to enable students with disabilities and health problems to be assessed challenged the integrity of professional training and eroded the threshold standard for registration. The question was raised as to whether compensatory measures – both during training and after graduation – could be so extensive as to erode the concept of independent professional osteopathic practice beyond recognition.

Fitness to practise

- Students with other long-term health conditions, which have been stable and well controlled, can be exacerbated by stress whether as a result of examinations and assessments or other factors leading to a resurgence of symptoms or a relapse. If it is an OEI's responsibility to make a judgment about awarding an RQ, should it distinguish between students who assiduously take medication to control a long-term condition and those who show poor compliance?
- Some OEIs are concerned that they cannot always be confident that the
 adjustments made to enable students to demonstrate competence during
 training would also be available or taken-up after graduation. Others observed
 that practice beyond graduation is a matter for the registrant who has a
 professional responsibility to work within their sphere of competence and to
 avoid putting patients at risk. Opinion is divided about the extent to which OEIs
 should have in mind a view about how a student might behave after graduation
 when recommending award of an RQ.
- It was concluded that the academic and clinical/practical requirements of an osteopathic degree are indivisible. Students with a disability or health problem who were, for example, seriously challenged by the practical aspects of the course to the point of failing, could be helped to gain recognition for their academic achievements by transferring to another (for example bio-science) degree. Currently they could not be awarded a degree in osteopathy without an RQ which would enable them to pursue, for example, an osteopathic research career as there is no facility to annotate the register or to place restrictions on practice. It was acknowledged that registration confers unrestricted practice rights. This is in contrast to some other professions where it is possible to graduate academically without a 'license to practise'.

Other issues

• It is important to acknowledge that OEIs' duty to of care extends not only to students with disabilities and health problems, but also to the public and the larger student body. Reasonable adjustments should not be permitted to have an adverse impact on the learning experiences of other students.

- It is not in the interests of the student or the OEI to have students fail to complete the course; and because there is competition for places, every failure to complete denies someone else an opportunity to succeed. HEIs have a duty of care to their students and the student body as a whole. Admissions staff must therefore be realistic when determining what adjustments are reasonable and which genuinely hold out the prospect of enabling a student to succeed.
- Comparisons with, for example, physiotherapy are misleading because physiotherapists are not required to be independent primary care diagnosticians but undertake treatments on the basis of a prior diagnosis and/or referral.

A number of these issues require further exploration and clarification but provide a helpful steer as to the scope and complexity of the issues to be addressed in the guidance.

Appendix 3: Review of the websites of the Osteopathic Education Institutions for information on managing health impairments and disabilities

The General Osteopathic Council (GOsC) accredits and periodically reviews courses leading to eligibility for registration as an osteopath. Standards of education are monitored through regular reviews – usually every three to five years – which are conducted by the Quality Assurance Agency for Higher Education (QAA) on behalf of the GOsC. Reviews are undertaken with reference to *Standard 2000* (the GOsC's standards of proficiency for competent and safe practice) and the *Subject Benchmark Statement for Osteopathy* published by QAA.

Recognised Qualifications (RQ) are provided by ten institutions (some offer more than one course). All accredited institutions have a website. Each site was accessed to establish what information would be easily accessible to a prospective student with a disability or health problem. No contact was made with admissions officers to seek further information about eligibility.

INSTITUTION AND COURSES	COMMENTS ON ACCESSIBILITY OF POLICIES ON DISABILITY
The British College of Osteopathic Medicine, London (validated by London Metropolitan University)	All applicants whose UCAS application demonstrates appropriate academic qualifications and a clearly stated interest in Osteopathy are interviewed.
Bachelor of Osteopathic Medicine Master of Osteopathy Diploma in Osteopathy	The College has an Equal Opportunities Statement and a statement about its position in respect of the Disability Discrimination Act 2005, and Special Educational Needs and Disabilities Act 2001. Both are accessible via its website.
	The College states that it:seeks to support students with disabilities to the fullest, within the context of producing what has been recognised as "stand-alone" graduate practitioners [and]will endeavour to make all reasonable adjustments in order to support disabled candidates in their studies [but]the commitment of both the professional register and BCOM to public safety is paramount: the College will have to be assured that all students and applicants have the physical/manual, visual/sensory and other capacities to practise safely [nevertheless every]applicant is considered on an individual basis and we welcome applications from students with disabilities.
The British School of Osteopathy, London (validated by the University of	In its prospectus, accessible via the website, the BSO states:

INSTITUTION AND COURSES	COMMENTS ON ACCESSIBILITY OF POLICIES ON DISABILITY
Bedfordshire). Master of Osteopathy	For prospective students with disabilities, the BSO's Interview and Evaluation Days provide opportunities to see if the course is right for them and whether they will be able to meet the course requirements (p25).
	The BSO's Student Support team also works to actively support any BSO students for whom disability or health issues arise during the course of their studies. The team also provides support for dyslexic students where needed (p25).
The College of Osteopaths, Hertfordshire (validated by Middlesex University) Master of Osteopathy	There are no references to disability or health problems on the website or in the prospectus. There are no obvious web links to Middlesex University (and thus to its policies) and only a general link to Keele University, with no obvious link to its policies.
Bachelor of Osteopathy	Prospective students are interviewed.
The College of Osteopaths, Staffordshire (validated by Keele University) Bachelor of Science (Osteopathy)	
The European School of Osteopathy, Kent (validated by the University of Greenwich). Masters in Osteopathy	The Admissions Policy on the website states that the ESO iscommitted to treating all applicants fairly and we do not discriminate on grounds of race, sex, sexual orientation, religion or belief [but also that all applicants]must be in good health.
	Under a separate section about student welfare, it is stated that: If you have any specific needs arising from disabilities, please mention this, as early as possible, to the Admissions Department. A member of the welfare team will then contact you to discuss your specific needs so that we can make appropriate arrangements.
	A similar statement appears in the prospectus, available as a PDF from the website.
	The EOS has published a Disability Equalities Scheme (dated 2009) – a comprehensive document which

INSTITUTION AND COURSES	COMMENTS ON ACCESSIBILITY OF POLICIES ON DISABILITY
	includes information about action that has been taken (and which is planned) to accommodate students with disabilities.
Leeds Metropolitan University Master of Osteopathy	There is limited information about the course – and none about accommodating students with disabilities or specific health needs – from the Faculty of Health and Social Sciences website. General information applicable to all Leeds Metropolitan students is as follows: [the university]works hard to ensure that, as far as possible, it is accessible to a wide a range of students. We continually anticipate the general requirements of disabled people with a wide range of impairments and health conditions and build these it to our policies and procedures. Nevertheless we recognise that some students will require individual adjustments made to enable them to access our assessment, learning and teaching provision. The University has a Disability Services team where students can disclose their disability/impairment in confidence and discuss their reasonable adjustments with experienced Advisers who will then coordinate the arrangements for the adjustments to be made and provide advice and guidance to both students and academic colleagues on the requirements.
The London College of Osteopathic Medicine (for medically qualified doctors only)	Neither the entry criteria listed on the website, nor the downloadable prospectus, make any references to accommodating students with disabilities or health problems. However potential candidates are invited to contact the Admissions Adviser if in doubt about whether the course is suitable for them.
The London School of Osteopathy, London (validated by Anglia Ruskin University) Master of Osteopathy Bachelor of Osteopathy (Hons)	Anglia Ruskin University has Learning Support & Disability Resources teams and welcomes applicants who may require support with learning which may arise from a physical or sensory impairment, learning difficulty, medical condition or some other cause. We seek to view applicants who need support on the same grounds as all other prospective students whilst recognising the additional support you may need. In a specific statement about osteopathy, the School

INSTITUTION AND COURSES	COMMENTS ON ACCESSIBILITY OF POLICIES ON DISABILITY
	states that its programme is accessible to all intending students who have the potential capabilities to become safe and competent osteopaths. This means that we accept students from diverse backgrounds, which adds to the richness of age and experience that students bring to the LSO programme. We must ensure, however, that pre-entry students are at appropriate level to benefit from the main programme and we therefore have a comprehensive admissions process that enables us to assess this.
Oxford Brookes University, Oxford Master of Osteopathy Bachelor of Osteopathy (Hons)	Listed as a 'specific entry requirement' is the need for medical certification of fitness to undertake osteopathic practice." For the 2012 entry this has been changed to read all applicants will be screened for fitness for practice
	The university has a Student Disability and Dyslexia Service, which provides support for students with disabilities including sensory and mobility impairments, dyslexia and other specific learning difficulties, mental health problems and medical conditions. Staff offer advice and support on a range of issues, including physical access, funding, alternative assessment arrangements and liaison with teaching staff to ensure that they are aware of your requirements. The university has published policies on Equalities and on Disability accessible via the main website.
The Surrey Institute of Osteopathic Medicine, Surrey (validated by the University of Surrey) BSc(Hons) Osteopathic Medicine	The College states that it offers comprehensive and flexible support to students with individual needs wherever possible and says that, the first step is to tick the support needs box on your application form so that we can make sure that our disability officer and possibly learning support are available at your interview. This will ensure that during the interview we can make sure that your needs can be met by this course. We will ask you to sign a release form so that we can share information with people who are currently supporting you, so that suitable support is in place as soon as you begin college. Once you are a student at Nescot you will be assigned a personal tutor who will help you to succeed on your chosen

INSTITUTION AND COURSES	COMMENTS ON ACCESSIBILITY OF POLICIES ON DISABILITY
	additional sources of help if necessary. The College states that it iscommitted to ensuring that our students with disabilities, including those with learning difficulties, are treated fairly [and that it will] make all reasonable adjustments to provision to ensure that students with disabilities are not disadvantaged.

Appendix 4: Draft proposed content for the guidance

Guidance for Students

Section 1: Osteopathic education and the Equality Act

- 1. Who is this document for?
- 2. What does the General Osteopathic Council do?
- 3. What is osteopathy?
- 4. What do osteopaths do?
- 5. How can I become an osteopath?
- 6. How does the Equality Act apply to the education and training of osteopathy students?
- 7. What rights does the Equality Act give a disabled person?
- 8. If I have a disability, can I become an osteopath?
- 9. Who should I talk to if I think I would like to be an osteopath?

Section 2: Applying for an osteopathic course

- 1. Should I talk to an Osteopathic Education Institution before I apply?
- 2. Which Osteopathic Education Institution should I apply to?
- 3. Should I disclose my disability on the application form?
- 4. How will my application be considered?
- 5. What can be changed to help me complete the programme?
- 6. How can I get the help I need?
- 7. What if I think I have been treated unfairly during the application process?

Section 3: During the programme

- 1. If I get a place, will I be supported during my degree programme?
- 2. What reasonable adjustments can be made?
- 3. How does this relate to student fitness to practise?
- 4. What happens if I have an accident or my condition changes during the degree programme?
- 5. If I pass my degree programme, will I be registered as an osteopath by the GOsC?
- 6. What happens once I have qualified?
- 7. Will I be able to earn a living as an osteopath?

Section 4: Getting more information and support

- 1. How can I find out more?
- 2. Who else will be able to help me?
- 3. Glossary of terms

Guidance for Osteopathic Education Institutions

Section 1: Osteopathic education and the Equality Act

- 1. Who is this document for?
- 2. What does the General Osteopathic Council do?
- 3. How does the Equality Act apply to the education and training of osteopathy students?
- 4. Does the Act apply in the same way to all Osteopathic Education Institutions?
- 5. What are disabilities and health impairments?
- 6. Who is a disabled person?
- 7. What rights does the Equality Act give a disabled person?
- 8. Can disabled people become osteopaths / work as osteopaths?
- 9. What are reasonable adjustments?
- 10. Can practising osteopaths make adjustments and take compensatory measures in their own practice?
- 11. How does this guidance relate to the Guidance on Fitness to Practise?

Section 2: What are the main points of the Equality Act that we need to think about in relation to educating future osteopaths?

- 1. What do we have to think about in relation to the Equality Act?
- 2. What is the anticipatory duty?
- 3. What is the Public Sector Equality Duty?
- 4. Do we need a Disability Equality Scheme?
- 5. How can we be sure that what we do will meet GOsC's requirements?
- 6. What are competence standards?
- 7. Will we need to train our staff and if so, which ones?

Section 3: What are our duties in relation to disabilities at different stages of the student journey?

- 1. How can we market and recruit a range of students onto our osteopathic programme?
- 2. How can we make sure our admissions process is fair?
- 3. Are there specific things we should do at induction to the programme?
- 4. Should we have specific advice and support available for disabled students?
- 5. What reasonable adjustments should we make in teaching, learning, assessment, theory and clinical practice?
- 6. How does this relate to student fitness to practice?
- 7. How can we be sure that we have assessed someone as competent to act as an independent osteopathic practitioner and award an RQ?

Section 4: Getting more information and support

- 1. How can we find out more?
- 2. What other support and advice is available to help us?
- 3. Glossary of terms