

Education Committee**13 June 2012****Student Fitness to Practise: Professionalism in Osteopathy Research Group Pilot**

Classification	Public
Purpose	To note
Issues	An update about the progress of the Professionalism in Osteopathy Research Group Pilot.
Recommendations	To note the progress of the Professionalism in Osteopathy Research Project Pilot.
Financial and resourcing implications	The cost of the Professionalism in Research Group Project is £12 000. This money has been saved during the 2011/2012 financial year and provided the opportunity to develop tools to support the teaching and learning of professional behaviours within the osteopathic context. The resources are also involving the development of e-learning scenarios for registered osteopaths linked to findings in fitness to practise cases to support the implementation of the Osteopathic Practice Standards. Further information about this is provided in Item 7.
Equality and diversity implications	None at present.
Communications implications	None at present.
Annexes	Annex A – Background briefing for OEIs including abstracts of relevant journal articles. Annex B – Project specification
Author	Fiona Browne

Background

1. The GOsC Corporate Plan states that we will 'identify ways in which the GOsC can provide support to OEIs in making fair and consistent fitness to practise decisions, to ensure that only those students who are fit to practise are awarded a RQ.' It also states that we will 'provide information and guidance to OEIs on how they can effectively comply with their equality duties under anti-discrimination law.'
2. The GOsC 2011/2012 Business Plan states that we will 'develop a plan for implementation of the Guidance by April 2012.'
3. On 22 September 2011, the Education Committee noted the responses to the Student Fitness to Practise Guidance and particularly noted the plans to discuss piloting a proposed e-learning tool to explore the development of professionalism, subject to discussions with OEIs.
4. In December 2011, the Education Committee agreed to publish the Student Fitness to Practice guidance which sets out specific requirements about the teaching and learning of professional behaviours as part of the RQ.
5. During November 2011 and March 2012, the GOsC worked together with the OEIs and Sue Roff, an educational consultant, to develop and agree a proposal for a pilot supporting the OEIs in the teaching and learning of professional behaviours.
6. At its last meeting, the Committee endorsed the progress of the Professionalism in Osteopathy Research Group which comprises all the Osteopathic Educational Institutions. This is a group who have agreed to develop a set of osteopathy specific questions about professionalism to support the teaching and learning of professional behaviours within OEIs as part of a pilot. The background briefing sheet and a detailed specification of the project are attached at Annexes A and B.
7. This paper provides an update on the progress of the project.

Discussion

Development of Osteopathic Surveys

8. Existing surveys have already been developed and validated for use within medical schools for academic students, clinical students and also for registered practitioners. Further information about these is outlined in Annex A.
9. On 22 February 2012, a small group discussion led by Sue Roff took place to agree the parameters of the project and to identify additional areas that might be relevant for consideration in osteopathic practice to support OEIs in delivering the Student Fitness to Practise Guidance. In essence, two surveys would be developed one for

academic students before they treated patients under supervision and one for students who were treating patients under supervision.

10. The academic and clinical surveys were developed and built using Bristol Online Survey and shared with the OEIs. For each item, OEIs were asked to respond to the questions as follows:
 - Should a version of this item be included in the osteopathy instrument?
 - Should this item be reworded for osteopathy?
 - If yes, please suggest a wording?

11. Three questions were added at the end of the surveys to ensure that the following topics discussed in the meeting on 22 February 2012 were covered:
 - Please suggest 3 to 5 items for anatomy / cadaver professionalism in the box below.
 - Please suggest 3 to 5 items for Social Media Professionalism.
 - Are there any other areas of professionalism that you would like to see included in the Osteopathy instrument?

12. Members of all OEIs responded to these questions meaning that we had a full response rate covering all educational institutions. The responses were analysed by Sue Roff and the academic and clinical surveys were adapted for the osteopathic context. Two final draft surveys have been completed and circulated to OEIs to enable them to obtain ethical approval. As the surveys are draft, members may try them out and enter data if they wish to do so. These surveys are available at:
 - a. Academic Final Draft Survey -
<http://www.survey.bris.ac.uk/osteopathy/academicfinaldraft>
 - b. Clinical Final Draft Survey
<http://www.survey.bris.ac.uk/osteopathy/clinicalfinaldraft>

13. One OEI has reported that it has received ethical approval and is ready to launch the final survey.

14. We hope to launch the survey live with some OEIs before the end of this term and again at the beginning of next term with the main analysis taking place at the end of the data collection.

15. We have also had a preliminary abstract for a poster on the development of this work accepted for the Association of Medical Education in Europe conference in August 2012. This is potentially a very positive step in terms of raising the profile of osteopathic education with other healthcare professionals. Actual data can only be shared with the consent of the relevant OEI.

16. We remain on track to achieve the expected outcomes of the project as follows:

- A customised elearning/assessing/measuring programme for OEIS (fully owned by GOsC) to use for individual/progress/longitudinal/comparative teaching and monitoring of professionalism.
- A customised elearning/assessing/measuring programme for osteopaths (fully owned by GOsC) to use for individual monitoring of professionalism.
- Customised scenarios for registered osteopaths to explore how the values learned at undergraduate level endure in registered osteopaths.
- Papers sufficient for submitting for publication on e.g. learning curve of osteopath students/trainees for submission to publications.
- A report evaluating the costs and benefits of the process for stakeholders to feed into future thinking and development on this area.

Recommendation

17. To note the progress of the Professionalism in Osteopathy Research Project Pilot.

Student Fitness to Practise Briefing Sheet

Purpose

1. The purpose of this item is to receive a presentation from Sue Roff, Medical Educationalist at the University of Dundee about a pilot e-learning tool about professionalism to support OEIs and students during the RQ course. The OEIs are requested to consider and advise GOSc about any potential benefits to students, OEIs or GOSc in piloting the tool to inform the GOSCs e-learning strategy.

Background

2. The award of a 'Recognised Qualification' (RQ) leading to registration with the GOSc, subject to health and character requirements, means that a student has reached the required standard of proficiency, with a commitment to abide by ethical and other standards stated in the published *Code of Practice*. These standards will be much more integrated when the Osteopathic Practise Standards come into force on 1 September 2012.
3. The GOSc has published a statement that confirms 'if no additional information is available to the General Osteopathic Council, it would not normally expect to refuse registration to a person who has been awarded a RQ. This means that the award of the RQ will normally lead to registration with the General Osteopathic Council.'
4. This places a duty on Osteopathic Educational Institutions (OEIs) to emphasise both the academic and the professional aspects of practice during undergraduate education and before the award of the RQ.
5. In order to support both students and OEIs in ensuring that students are committed to practising in accordance with the conduct and ethical standards of the Osteopathic Practise Standards (currently outlined in the Code of Practice) at the point of registration, we have prepared two guidance documents under the auspices of a Student Fitness to Practise Working Group comprising students, osteopaths, OEI staff and lay people:
 - a. *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*
 - b. *Guidance for Osteopathic Educational Institutions.*

6. Part of the guidance states:

'There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration education. Students should be supported to learn professional behaviours....Individuals must take responsibility for their own fitness to

practise... Individuals should also take steps to raise concerns about others where appropriate.'

7. A consultation on the Guidance took place between 1 May 2011 and 1 September 2011.
8. The consultation responses were supportive of the Guidance. Responses were received from OEIs, students, osteopaths, the BOA, other regulatory bodies and CHRE. A full consultation analysis is available on request.
9. It is hoped that the Guidance will be agreed for publication before the end of 2011.

Next steps

10. Implementation of the guidance will be crucial.
11. As part of the consultation the attached response about a way to implement the guidance was received.
12. The OEIs are requested to consider and advise GOsC about any potential benefits to students, OEIs or GOsC in piloting the tool to inform the GOsCs e-learning strategy.
13. A GOsC budget may be available for this work if there are potential benefits to be explored through piloting.

Consultation Question 14: WHAT SHOULD THE GOsC DO TO SUPPORT THE EFFECTIVE IMPLEMENTATION OF THIS GUIDANCE BOTH FOR THE OSTEOPATHIC EDUCATIONAL INSTITUTIONS AND FOR STUDENTS?

The GOsC's document on *Student Fitness to Practise Consultation* states

Para 12: All OEIs are expected to have a published statement about how student fitness to practise is managed and incorporated into the RQ course.

Para 15: ...The standards of acceptable behaviour required prior to and during their course may be different to those required of registered practitioners. Different standards of behaviour may also be required from students at different stages of their course. For instance, a fitness to practise issue which arises in Year 1 prior to any patient contact may be treated differently to the same fitness to practise issue which is identified in the final year of education and training. A defined approach to the ways in which learning professional behaviour will be addressed during the course is important to assist student understanding of professional requirements at different points in the course.

Para 20: There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration education. Students should be supported to learn professional behaviours.

Para 21: Individuals must take responsibility for their own fitness to practise... Individuals should also take steps to raise concerns about others where appropriate.

Section 7 on Implementation calls for

- *Development of interactive media to support the implementation of the Code*
- *Supporting inter-OEI panel membership to increase knowledge, learning and consistency of decisions*

Proposal

We have developed 2 electronic inventories around 72 forms of misconduct that we have identified at the pre-clinical and proto-clinical stages of health professions education, before the students have any clinical responsibility beyond observation. We ask respondents to engage in the judgements around the appropriate sanctions and responses to observed lapses in professionalism in order to help them learn the standards expected of them.

The inventories are currently on Bristol Online Survey; they are self-calibrating and easy to export to Excel etc for individualised reports or cohort and comparative analyses. They could be used as

- a stand-alone teaching programme from the earliest days of entry into the OEI with full electronic response/data management to permit individual or cohort tracking, perhaps longitudinally
- a device for identifying the 'consistent sanctions' among the OEIS sought by the Council on Healthcare Regulatory Excellence and the GOsC Draft Fitness to Practise Guidance for Students
- an aide to undergraduate Fitness to Practice decision making in individual OEIs
- a strategy for promoting a culture of 'local responsibility' for lapses in professionalism

It is proposed that the General Osteopathic Council use these resources to establish an e-learning programme in the ten OEIs that will also enable monitoring of students' understanding of professionalism as they progress through the course (perhaps as individual and cohort learning curves).

The elearning resources are currently being used in 7 UK medical schools (in cooperation with the Medical Schools Council) and in health sciences programmes in Indonesia, the USA, Ireland and Australia.

The elearning programmes could be franchised as a resource by the GOsC or managed as a commissioned project from the University of Dundee.





Please contact:

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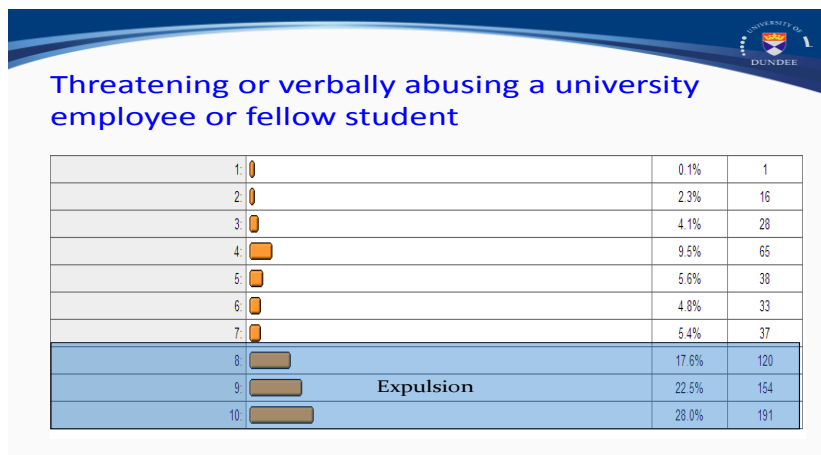
The programmes can be seen at Bristol Online Survey

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08/09 - Dundee Polyprofessionalism Survey I: Academic Integrity (30) (Staff)	Building	2009-08-31	2009-09-30	      	-
08/09 - Dundee Polyprofessionalism Survey I: Academic Integrity (30) (Student)	Building	2009-08-31	2009-09-30	      	-
08/09 - Dundee Polyprofessionalism Survey II: Proto- clinical (37) (Staff)	Closed	2009-09-07	2009-10-05	      	27/200
08/09 - Dundee Polyprofessionalism Survey II: Proto- clinical (42) (Student)					

29. A fellow student/trainee uses derogatory words about a patient and his/her condition when discussing the case.			
29.b. If a student becomes aware of this behaviour/attitude should they in the first instance:			
Ignore it:		2.0%	1
Challenge the person about the behaviour/attitude:		80.0%	40
Discuss the person's behaviour/attitude with peers to find a way of addressing it:		6.0%	3
Report the person's behaviour/attitude to a more senior person without trying to address it oneself or with peers:		12.0%	6
Take another course of action:		0.0%	0



- Roff S, Chandratilake M, McAleer S, Gibson J. Medical student rankings of proposed sanctions for unprofessional behaviours relating to academic integrity: results from a Scottish medical school. *Scottish Medical Journal* forthcoming
- Roff S, Chandratilake M, McAleer S and Gibson J. Preliminary Benchmarking of Appropriate Sanctions for Lapses in Undergraduate Professionalism in the Health Professions. *Medical Teacher* 2011; 33(3):234-8
- Roff S and Dherwani K. Development of Inventory for Polyprofessionalism Lapses at the Proto-professional Stage of Health Professions Education together with Recommended Responses. *Medical Teacher* 2011; 33(3):239-43
- Roff S and Dherwani K. Identifying Consistent Recommended Responses by Students to Lapses in
- Professionalism on the Part of their Clinical Teachers in UK Medical Schools. *The Clinical Teacher* 2011 8;2:172-5

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PREVIEW OF SURVEY QUESTIONS AND RESPONSE OPTIONS

The survey asks you to rate your responses to the following 30 statements:

1. Getting or giving help for course work, against a teacher's rules (e.g. lending work to another student to look at)
2. Removing an assigned reference from a shelf in the library in order to prevent other students from gaining access to the information in it
3. Signing attendance sheets for absent friends, or asking classmates to sign attendance sheets for you in labs or lectures
4. Drinking alcohol over lunch and interviewing a patient in the afternoon
5. Exchanging information about an exam before it has been taken (e.g. OSCE)
6. Forging a healthcare worker's signature on a piece of work, patient chart, grade sheet or attendance form
7. Claiming collaborative work as one's individual effort
8. Altering or manipulating data (e.g. adjusting data to obtain a significant result)
9. Failure to follow proper infection control procedures
10. Threatening or verbally abusing a university employee or fellow student
11. Attempting to use personal relationships, bribes or threats to gain academic advantages by e.g. getting advance copies of exam papers or passing exam by such pressures on staff
12. Engaging in substance misuse (e.g. drugs)
13. Completing work for another student
14. Intentionally falsifying test results or treatment records in order to disguise mistakes
15. Physically assaulting a university employee or student
16. Purchasing work from a fellow student or internet etc. supplier
17. Lack of punctuality for classes
18. Providing illegal drugs to fellow students
19. Not doing the part assigned in group work

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PREVIEW OF SURVEY QUESTIONS AND RESPONSE OPTIONS

The survey asks you to rate your responses to the following 42 statements:

1. You see one of your fellow students/trainees stealing items from the ward
2. A fellow student/trainee doesn't maintain personal hygiene
3. On an elective in a foreign country a fellow student/trainee undertakes unsupervised procedures beyond what you know is their level of training
4. A fellow student/trainee wants to talk about an examination e.g. OSCE that you are not supposed to discuss
5. A fellow student/trainee is unempathetic towards patients/carers
6. A fellow student/trainee fails to attend as required to a patient because of prejudice about his/her religion/ethnicity/race.
7. You see one of your fellow students/trainees driving a car alone when you know they don't yet have a license
8. A fellow student/trainee want to use your essay material or work you submitted in a previous course as their own.
9. A fellow student/trainee smells of alcohol on the ward/clinic
10. A fellow student/trainee is selfish and uncollaborative in group learning either by dominating the group or not contributing
11. A fellow student/trainee asks you to help cover up a mistake in patient record keeping/care.
12. A fellow student/trainee offers to give you drugs to help with stress/sleep deprivation
13. One of your fellow students/trainees regularly ignores infection control procedures and says they aren't worth bothering about
14. A fellow student/trainee makes rude remarks about a body donated for anatomy dissection
15. A fellow student/trainee monopolises library material and/or group discussions
16. A fellow student/trainee is very prejudiced about patients' and carer's life styles or diseases
17. A fellow student/trainee avoids learning opportunities involving communicable diseases
18. A fellow student/trainee is overly dependent on the group for learning tasks on which s/he is to be assessed.

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Preliminary benchmarking of appropriate sanctions for lapses in undergraduate professionalism in the health professions.

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Abstract

OBJECTIVE: To investigate the extent of consensus between faculty and students in order to benchmark appropriate sanctions for first-time offences with no mitigating factors in the area of Academic Probity by quota sampling in one cohort of medical, nursing and dental students in a Scottish university.

METHODS: This study reports administration of a web-based preliminary inventory derived from the international research literature to a target population of health professions staff and students. This study was conducted at Scottish University College of Medicine, Dentistry, Nursing and Midwifery.

SUBJECTS: 57 faculty and 689 students in the College in first quarter of 2009 participated in this study.

RESULTS: 50% of medical students, 26% of dental students, 22% of nursing students and 27% of midwifery students responded; 22% of faculty responded. Administration of a preliminary 41-item inventory to 57 faculty and 689 students from a Scottish College of Medicine, Dentistry, Nursing and Midwifery has allowed us to preliminarily rank the sanctions that are broadly agreed between the two cohorts as well as to identify a small cluster of behaviours which are viewed less severely by students than by faculty.

CONCLUSIONS: These data will give guidance to undergraduate Fitness to Practise committees but also guidance to curriculum planners about the areas in which students may need more teaching. The results informed the reduction of the inventory and its refinement in to a 30-item e-learning tool that is being field tested for generalisability within and beyond the UK. The researchers have also been invited to adapt the proposed teaching and learning tools beyond the health professions.

Med Teach. 2011;33(3):239-43.

Development of inventory for polyprofessionalism lapses at the proto-professional stage of health professions education together with recommended responses.

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Abstract











AIM: To identify behaviours and attitudes that exhibit poor professionalism at the proto-professional stage of undergraduate health professions education, and investigate the extent and nature of agreement by faculty on appropriate responses by undergraduate students in the UK.

METHODS: A preliminary inventory of 69 items of behaviour and attitude was derived from literature review and 1-month observation at a UK teaching site. Reference Groups were formed by e-mail solicitation of senior medical educators in the UK and the Dundee Medical School to identify consensus on the relevant items and the appropriate responses.

RESULTS: The multi-stage study generated a preliminary inventory with 42 items and identified clear areas of consensus among faculty on appropriate responses by students to lapses in professionalism.

CONCLUSIONS: There is a broad range of consensus on the relevance of more than 40 forms of poor professionalism at the proto-professional undergraduate level and the appropriate responses that students should feel empowered to make to observed lapses. These data will give guidance in the development of e-learning programmes for UK students and to undergraduate Fitness to Practise Committees as they seek consistency in responding to lapses in professionalism by students and teachers at the undergraduate level.

Inventing extraneous circumstances to delay sitting an exam

1:		0.4%	3
2:		3.8%	26
3:		7.6%	52
4:		12.9%	88
5:		12.4%	84
6:		23.1%	157
7:		24.0%	163
8:		8.8%	60
9:		4.1%	28
10:		2.8%	19

Repeating

Draft Student Fitness to Practise Implementation Specification

Introduction

1. This document sets out the Specification for the Student Fitness to Practise implementation – e-learning with poly professionalism tools. These are:
 - a. Inventory/e-learning for Academic Integrity for pre-clinical students.
 - b. Inventory/e-learning for Proto-Clinical Professionalism – for clinical students training under supervision.
 - c. Scenario e-learning and inventory e-learning for Professional Standards – for registered osteopaths.
2. It is expected that this will be undertaken during 2012 and that the results will be analysed and available in articles submitted for publication by Spring 2013.

Purpose of the Student Fitness to Practise Guidance

3. The purpose of the student fitness to practise guidance is to support the learning and assessment of professional behaviours in osteopathic education and the consistent management of fitness to practise issues. The guidance should:
 - Support OEIs to ensure that students to take on increasing responsibility for professional behaviours and attitudes.
 - Support the consistent management of student fitness to practise issues across OEIs.
 - Contribute to ensuring that the award of the 'Recognised Qualification' means that the holder is capable of practising, without supervision, to the standards expected in the GOsC Code of Practice and the Standard of Proficiency (the Osteopathic Practice Standards from 1 September 2012). These standards are available on the GOsC website at: <http://www.osteopathy.org.uk/practice/standards-of-practice/>

Purpose of the implementation plan

4. The purpose of the implementation plan is:
 - To explore the e-learning poly-professionalism tools to see if they provide useful and effective data for GOsC and OEIs to support the aims of the student fitness to practise guidance.
 - To explore the use of tools in practise to continue to support the ongoing awareness of professional behaviours when in practice.
 - To explore the costs of the process for GOsC, OEIs and students.
 - To explore the benefits of the tool for GOsC, OEIs, students and patients and the public.

- To explore potential publications relating the collective results from the data generated about the development of professional attitudes and behaviours in osteopathic education, training and practice.
5. The desired outcomes are:
- A customised elearning/assessing/measuring programme for OEIS (fully owned by GOsC) to use for individual/progress/longitudinal/comparative teaching and monitoring of professionalism.
 - A customised elearning/assessing/measuring programme for osteopaths (fully owned by GOsC) to use for individual monitoring of professionalism.
 - Customised scenarios for registered osteopaths to explore how the values learned at undergraduate level endure in registered osteopaths.
 - Papers sufficient for submitting for publication on e.g. learning curve of osteopath students/trainees for submission to publications .
 - A report evaluating the costs and benefits of the process for stakeholders to feed into future thinking and development on this area.
6. It is envisaged that the work will be divided into the following phases for each component of work and work will proceed across the course of the year:
- Phase 1 – Recruitment and Ethical Approval
 - Phase 2 – Content creation
 - Phase 3 – Data collection
 - Phase 4 – Data Analysis
 - Phase 5 – Report writing

Who will take part?

7. The following groups will use the tools:
- The following Osteopathic Educational Institutions:
 - British College of Osteopathic Medicine
 - British School of Osteopathy
 - College of Osteopaths
 - European School of Osteopathy
 - Leeds Metropolitan University
 - London College of Osteopathic Medicine
 - London School of Osteopathy
 - Oxford Brooks University
 - Surrey Institute of Osteopathic Medicine.
 - Students from years 1 to 4.
 - Registered osteopaths.

8. The following activities will take place:

Timings	Pre-registration component activities	Post-registration component activities	Responsible person
Quarter 1 to 16 March 2012	<p data-bbox="389 432 579 695">Agree specification with OEIs and recruit into undergraduate project.</p> <p data-bbox="389 737 579 1073">Assist OEIs to obtain ethics approval by drafting and submitting application alongside OEI.</p> <p data-bbox="389 1115 579 1493">Adapt and develop current tools for students drawing on expertise of OEIs. (Meeting 22 February 2012)</p> <p data-bbox="389 1535 579 1808">Secure Bristol Online Survey access for duration of the project</p> <p data-bbox="389 1850 579 1955">Launch of IT tools and testing.</p>		<p data-bbox="800 432 954 537">Sue Roff / Fiona Browne</p> <p data-bbox="800 737 954 842">Sue Roff / Lead in each OEI.</p> <p data-bbox="800 1115 979 1346">Sue Roff and OEI leads at meeting of 22 February 2012</p> <p data-bbox="800 1535 914 1608">Fiona Browne</p> <p data-bbox="800 1850 963 1923">Sue Roff / Alan Currie</p>

<p>Quarter 2 to June 16 2012</p>	<p>Launch of tools for First data collection before the end of the teaching term.</p> <p>Begin data analysis for data First data collection</p>	<p>Develop scenario based programmes for osteopaths drawing on expertise of OEIs, GOsC and others.</p>	<p>Sue Roff / Fiona Browne / Alan Currie</p> <p>Sue Roff/ Marcus Dye / Fiona Browne</p> <p>Sue Roff</p>
<p>Quarter 3 to 16 September 2012</p>	<p>Launch of Second data collection at the start of the next academic year.</p> <p>Continuing analysis of data from first round of data analysis.</p> <p>Drafting reports and articles drawn from first data analysis.</p>		<p>Sue Roff / Alan Currie / Fiona Browne</p> <p>Sue Roff / Fiona Browne</p> <p>Sue Roff / OEI leads</p>

		Complete postgraduate scenario tool for launch in October 2012.	Sue Roff / Marcus Dye / Fiona Browne / Alan Currie
Quarter 4 to 31 December 2012		<p>Launch of postgraduate scenario tool to coincide with launch of Osteopathic Practice Standards</p> <p>Analysis of data from postgraduate scenario tool.</p> <p>Drafting reports and submittable papers along in partnership with GOsC on this data.</p>	<p>Fiona Browne / Marcus Dye / Alan Currie / Sue Roff</p> <p>Sue Roff</p> <p>Sue Roff / Fiona Browne / Marcus Dye</p>
	Drafting reports and articles drawn from first data analysis.		Sue Roff / OEI leads

- Recruitment and ethical approval activities – This will take place within each OEI. GOSc may also need to include appropriate ethics approval for the work on scenarios for registered osteopaths.
- Content creation activities – Development will take place electronically, by teleconference and using a face to face meeting planned on 22 February 2012 with OEIs for the undergraduate tools and electronically between GOSc and Sue Roff for postgraduate activities.
- Data collection activities– Roll out will take place with optional meetings at OEIs during March 2012.
- Data analysis activities – will be undertaken remotely by Sue Roff and GOSc.
- Reporting activities – will be undertaken remotely by Sue Roff, OEIs and GOSc.

Success measures

9. We will know if we have been successful if we have identified the following:
 - a. Content creation for pre-clinical students, clinical students and registered osteopaths are agreed with GOSc and the OEIs.
 - b. Data is successfully transferred onto Bristol Online Survey and working links are provided to OEIs.
 - c. Data from responses by a range of students in a range of OEIs is collected for the inventories.
 - d. Data about costs and benefits is collected.
 - e. Sufficient data is collected to enable reports and early publications to be developed.

Risks

10. The risks include the following:

Risk	Likelihood	Impact	Mitigating actions
1. GOsC do not have sufficient analysis skill to provide sufficient support for the work.	Medium	Low	Sue Roff has content and analysis skills and will be able to support the development of such skills if needs be.
2. Sue Roff is unable to complete the work.	Low	High	Sue Roff has indicated that there are other people that GOsC could approach to complete the work. Payments are tied to deliverables. GOsC and the OEIs and Sue Roff will be working closely together and so information will be shared at an early stage.
3. Issues may arise about the confidentiality of student data	Low	High	The GOsC will arrange filters to ensure that students are not initially identifiable. This issue can be revisited following the initial pilot if initial results point to a reconsideration and elaboration of these risks.
4. Norms of osteopathic students are demonstrated to be outwith those of other healthcare	Low	Medium	Based on existing literature this should be unlikely. If this data is discovered then this will enable targeting of learning tools to ensure that

professions.			norms are better aligned.
5. OEIs do not agree to get involved.	Low	Low	The OEIs have indicated that they are content in principle. Whilst the research would be better quality with all OEIs involved, even just a few OEIs will enable us to explore relevant issues.

11. The project will be overseen by the SMT and Education Committee with input from the Student Fitness to Practise working group as appropriate. Fiona Browne is the lead SMT member with accountability for delivery of the outcomes of the work.