

**Osteopathy**

**2007**

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## Preface

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject or subject area. They also represent general expectations about standards for the award of qualifications at a given level in terms of the attributes and capabilities that those possessing qualifications should have demonstrated.

This subject benchmark statement, together with others published concurrently, refers to the **bachelor's degree with honours**<sup>1</sup>. In addition, some subject benchmark statements provide guidance on integrated master's awards.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education institutions (HEIs) when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum in the subject.

Subject benchmark statements also provide support to HEIs in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards. Subject benchmark statements allow for flexibility and innovation in programme design and can stimulate academic discussion and debate upon the content of new and existing programmes within an agreed overall framework. Their use in supporting programme design, delivery and review within HEIs is supportive of moves towards an emphasis on institutional responsibility for standards and quality.

Subject benchmark statements may also be of interest to prospective students and employers, seeking information about the nature and standards of awards in a given subject or subject area.

The relationship between the standards set out in this document and those produced by professional, statutory or regulatory bodies for individual disciplines will be a matter for individual HEIs to consider in detail.

This subject benchmark statement was produced by a group of subject specialists drawn from, and acting on behalf of, the subject community. The final draft subject benchmark statement went through a full consultation with the wider academic community and stakeholder groups. The process was overseen by the Quality Assurance Agency for Higher Education (QAA). This subject benchmark statement will be revised no later than five years from its publication date, to reflect developments in the subject area and the experiences of HEIs and others who have been working with it. The review process will be overseen by QAA in collaboration with the subject community.

QAA publishes and distributes this subject benchmark statement and other subject benchmark statements developed by similar subject-specific groups.

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<sup>1</sup> This is equivalent to the honours degree in the Scottish Credit and Qualifications Framework (level 10) and in the Credit and Qualifications Framework for Wales (level 6).

The Disability Equality Duty (DED) came into force on 4 December 2006<sup>2</sup>. The DED requires public authorities, including HEIs, to act proactively on disability equality issues. The Duty complements the individual rights focus of the *Disability Discrimination Act* (DDA) and is aimed at improving public services and outcomes for disabled people as a whole. Responsibility for making sure that such duty is met lies with HEIs.

The Disability Rights Commission (DRC) has published guidance<sup>3</sup> to help HEIs prepare for the implementation of the Duty and provided illustrative examples on how to take the duty forward. HEIs are encouraged to read this guidance when considering their approach to engaging with components of the Academic Infrastructure<sup>4</sup>, of which subject benchmark statements are a part.

Additional information that may assist HEIs when engaging with subject benchmark statements can be found in the DRC revised *Code of Practice: Post-16 Education*<sup>5</sup>, and also through the Equality Challenge Unit<sup>6</sup> which is established to promote equality and diversity in higher education.

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<sup>2</sup> In England, Scotland and Wales

<sup>3</sup> Copies of the guidance Further and higher education institutions and the Disability Equality Duty, guidance for principals, vice-chancellors, governing boards and senior managers working in further and higher education institutions in England, Scotland and Wales, may be obtained from the DRC at [www.drc-gb.org/employers\\_and\\_service\\_provider/disability\\_equality\\_duty/sectoral\\_guidance/further\\_and\\_higher\\_education.aspx](http://www.drc-gb.org/employers_and_service_provider/disability_equality_duty/sectoral_guidance/further_and_higher_education.aspx)

<sup>4</sup> An explanation of the Academic Infrastructure, and the roles of subject benchmark statements within it, is available at [www.qaa.ac.uk/academicinfrastructure](http://www.qaa.ac.uk/academicinfrastructure)

<sup>5</sup> Copies of the DRC revised *Code of Practice: Post-16 Education* may be obtained from the DRC at [www.drc-gb.org/employers\\_and\\_service\\_provider/education/higher\\_education.aspx](http://www.drc-gb.org/employers_and_service_provider/education/higher_education.aspx)

<sup>6</sup> Equality Challenge Unit, [www.ecu.ac.uk](http://www.ecu.ac.uk)

## Foreword

In this new subject benchmark statement for osteopathy, the benchmarking group has ventured to capture the distinctive nature of osteopathy as an academic subject and a healthcare profession. While there are specific education and training requirements for osteopathy as a profession regulated by statute, with professional standards of proficiency, the need for greater clarity on the nature and scope of osteopathy at the graduate stage has been recognised by many within the subject community.

The *Recognition scheme for subject benchmark statements* (2004)<sup>7</sup> has provided the opportunity to do this. The subject benchmark statement provides a reference point to help guide both course teams and validating authorities in the design, approval, monitoring and review of programmes, as well as assistance in the General Osteopathic Council (GOsC) review of osteopathic courses and course providers which is currently managed by QAA.

This subject benchmark statement has been developed by a group representing all the HEIs currently delivering accredited programmes, the statutory regulator for osteopaths (GOsC) and the osteopathic professional association (the British Osteopathic Association (BOA)). Moreover, a draft version of this statement was widely available for consultation, via QAA, over a three-month period earlier in 2007. By these inclusive arrangements it is hoped to have created a reference point that both the sector and other major stakeholders can be in broad agreement with. It has been the benchmarking group's intention to align the outcomes for degree level programmes with the requirements of professional accreditation in order to provide an integrated perspective that also emphasises the importance of effective patient care.

The benchmarking group hopes that this subject benchmark statement provides a flexible framework that will permit innovation and diversity in course design and development, and in teaching and learning approaches. It is certainly not the intention of the group that the benchmarking exercise should produce a prescriptive core curriculum and set of core competences. Nevertheless, the benchmarking group acknowledges the need to provide more focused and definite guidance on the way learning outcomes may have to be achieved in some instances. Where this has been considered appropriate, the group has used its collective experience to provide some authoritative guidance. The group, in taking into account comments from the consultation, recognises the need to keep such guidance under review and therefore the group reinforces the need for the benchmark statement to be reviewed on a regular five-year cycle.

Other important considerations of this subject benchmark statement which the benchmarking group would like to draw attention to are:

- the primary aim of an osteopathic education provider is to educate students to become safe and effective osteopaths who are fully capable of working autonomously in a variety of clinical settings as primary contact healthcare practitioners
- the importance of placing practice and the needs of the patient at the centre of the learning process. This is emphasised in the teaching, learning and assessment section where it is reinforced by reference to ensuring that the learning environment, particularly in relation to the learning and practice of osteopathic technique and clinical skills, is sufficient to support the anticipated learning outcomes

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<sup>7</sup> Available at [www.qaa.ac.uk/academicinfrastructure/benchmark/Recognition/recognitionsscheme04.asp](http://www.qaa.ac.uk/academicinfrastructure/benchmark/Recognition/recognitionsscheme04.asp)

- the place of learning outcomes within the overall context of health and social care, and the opportunities for interprofessional communication and learning. For this reason, the benchmarking group has referenced the *Statement of common purpose for subject benchmark statements for the health and social care professions* (2006)<sup>8</sup>, published by QAA, as this provides an overview of the generic values, knowledge, understanding and skills associated with practice across the breadth of health and social care education
- the recognition of the developments towards an increasing number of master's degrees in osteopathy and the current interest in the international perspective for osteopathic educational standards
- the need to consider the statutory regulatory body's requirements. This is essential since graduates are entitled to apply for registration with GOSc, which then enables them to practise autonomously. To acknowledge this situation, the draft benchmark statement that was put out for consultation incorporated the GOSc's *Standard of proficiency*<sup>9</sup> to demonstrate the close relationship between the requirements for graduation and professional practice. In light of the consultation comments, the benchmarking group recognised that through this approach the distinction between academic and professional standards may not be so clear. Furthermore, there was a need to consider the practical issues of revising either document if they were published together. For the final version, therefore, the group decided to remove the original Appendix A containing the *Standard of proficiency* and to compensate for this by emphasising further the status of the *Standard of proficiency* within the benchmark statement
- to underline the importance of considering the Standard of proficiency and the benchmark statement as two distinct but closely interrelated documents, the Education Committee of the GOSc has recently adopted this benchmark statement as a reference point for osteopathic pre-registration education guidance.

The benchmarking group would like to thank all those who have contributed to the subject benchmark statement for osteopathy. This has enabled the group to have confidence in recommending the statement as a sound framework for guiding osteopathic education.

June 2007

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<sup>8</sup> Available at [www.qaa.ac.uk/academicinfrastructure/benchmark/health](http://www.qaa.ac.uk/academicinfrastructure/benchmark/health)

<sup>9</sup> *Standard 2000: Standard of proficiency*, GOSc, March 1999, available at [www.osteopathy.org.uk/about\\_gosc/about\\_standards.php](http://www.osteopathy.org.uk/about_gosc/about_standards.php)

# 1 Introduction

1.1 This subject benchmark statement has been created by 12 representatives of the whole subject community including all HEIs currently delivering accredited osteopathic programmes, the GOsC, and the BOA - the professional representative association for osteopaths. Involvement of these organisations is important because osteopathic graduates from HEIs in the United Kingdom (UK) with a Recognised Qualification (RQ) are entitled to registration with GOsC and therefore able to practise professionally as osteopaths. A shared understanding by these major stakeholder groups is thus essential for an integrated approach for the education of future osteopathic professionals.

1.2 The *Osteopaths Act 1993*<sup>10</sup> gives the GOsC responsibility for setting and maintaining standards of pre-registration education for osteopathy in the UK. The GOsC is the statutory regulating body for osteopathy in the UK and awards RQ status for osteopathic programmes. The RQ process is concerned with osteopathic pre-registration qualifications and only graduates of recognised programmes are eligible to apply for registration with the GOsC, without which it is illegal to practise as an osteopath in the UK. The GOsC prescribes and publishes the *Standard of proficiency*, which describes the standard of professional practice as required by law and also describes what programmes of osteopathy need to demonstrate so that they enable students to graduate meeting this standard. This benchmark statement describes the academic and practitioner outcomes of programmes of osteopathy and, therefore, the two documents will need to be used in conjunction with each other.

1.3 The target audiences of this subject benchmark statement and its purposes in regard to those respective audiences are:

- osteopathic and other HEI staff: to guide the design of osteopathic programmes and to provide a reference for their monitoring and evaluation
- GOsC RQ review visitors and external examiners: to provide a reference to assist in achieving consistency of standards across HEIs delivering degree programmes in osteopathy
- students: to assist their understanding of the abilities and qualities that HEIs are seeking to develop in osteopathic graduates
- employers, student supporters (parents, guardians, teachers, careers advisors): to be better informed in their support of and advice to prospective osteopathic students
- other healthcare and related professions: to enable an understanding of osteopathic education for reasons such as interprofessional education and collaboration
- the wider academic community: to enable their identification of the distinctive nature of osteopathy as an academic subject.

1.4 Most students of osteopathy will aspire to a career as practising osteopaths. Therefore, the osteopathic programme has a very strong vocational element and most of it is core and compulsory, with a high integration of clinical content. However, there are some opportunities for elective study.

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<sup>10</sup> Available at [www.opsi.gov.uk/ACTS/acts1993/Ukpga\\_19930021\\_en\\_1.htm](http://www.opsi.gov.uk/ACTS/acts1993/Ukpga_19930021_en_1.htm)



1.5 Maintaining safe and competent osteopathic practice is an ongoing process and it is, therefore, important to note that graduation marks the start of a continuing professional learning path.

1.6 Students of osteopathy must not only acquire knowledge and understanding but also highly developed clinical skills and appropriate professional attitudes. Osteopathy places the patient at the centre of a learning process that integrates theoretical learning with practical osteopathic technique and osteopathic clinical skills. The patient is considered to be a partner in their osteopathic care and is centrally involved in decisions relating to their health. For these reasons the importance of closely supervised student experience in a dedicated osteopathic clinical environment is emphasised strongly.

1.7 HEIs providing osteopathy degrees are required to achieve and maintain standards set by the GOsC in order for programmes to be awarded RQ status. In order to develop and offer degree programmes in osteopathy, they will also be required to achieve standards consistent with this subject benchmark statement. However, it is important to recognise that there are a variety of ways in which this may be attained and, therefore, this subject benchmark statement seeks to encourage educational diversity and innovation by not being too prescriptive.

1.8 The subject benchmark statement for osteopathy seeks to combine the needs of various stakeholders to achieve ownership, consistency and credibility for a unified external reference point for pre-registration osteopathic education and degrees in osteopathy. This is intended to reduce duplication and confusion that might otherwise occur with several different reference points, and is sensitive to the recommendations of the Higher Education Regulation Review Group for reducing the burden of quality assurance measures in the higher education (HE) sector. As educational provision for osteopaths must comply by law with the *Standard of proficiency* set by the GOsC, the subject benchmark statement makes frequent cross reference to this standard and both documents should be considered together.

1.9 The major roles of a UK-wide subject benchmark statement for osteopathy are:

- to emphasise the integral nature of the relationship between academic clinical practice and professional regulation of osteopathic education within HE
- to provide one credible reference point for osteopathic pre-registration education that is understood and owned by the relevant major stakeholders
- to provide an explicit framework for guiding curriculum design and assessment programmes
- to make explicit the capabilities and attributes of osteopathic graduates and, thus, emphasise the unique contribution osteopathy has to make in an integrated healthcare environment, and to increased choice for patients
- to identify the particular characteristics of osteopathy that make it a discrete clinical healthcare profession.

1.10 This subject benchmark statement represents an explicit framework reflecting the threshold standards necessary for graduates in osteopathic practice. This framework will support and inform the production of a graduate able to fulfil the requirements of a professional in osteopathy and meet the professional standard of proficiency (currently

*Standard 2000: Standard of proficiency*). Benchmarking presents an ideal opportunity to provide greater clarity for the nature and scope of osteopathy at the graduate stage while emphasising the importance of effective osteopathic patient care. In seeking to achieve this, there is a need to acknowledge that some of the standards for osteopathic professional skills and abilities may align with the qualification descriptor for master's level awards as set out in *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and *The framework for qualifications of higher education institutions in Scotland*.

1.11 The subject benchmark statement aims to achieve a balance between outcomes for degree level and the requirements of professional accreditation, thereby integrating the academic and professional perspectives for osteopathy.

## **2 Nature and context of osteopathic healthcare and education**

2.1 The osteopathic profession is a distinct healthcare profession regulated by statute and with specific education and training requirements, and may be described essentially by the following.

- Osteopathy is a patient-centred, rather than a condition/disease centred, system of healthcare.
- Osteopathy is an autonomous system of primary contact healthcare that focuses on the diagnosis, management, treatment and prevention of musculoskeletal and other related disorders without the use of drugs or surgery. Osteopaths, in close collaboration with the patient, seek to identify the causes of impaired health and restore the optimum functioning of the body, aiding its own intrinsic ability to heal. Diagnosis involves the use of a combination of specific osteopathic methods and conventional medical examination procedures. Treatment is based on the skilled application of osteopathic manipulative and manual techniques tailored to the individual person, and reinforced by other self-help measures, such as guidance on diet, lifestyle and exercise. The approach emphasises the integration of the musculoskeletal system with other body systems and the influence that the impaired function of each has on the other, as well as the empowerment of patients in facilitating their own recovery to good health.

2.2 In seeking to operate within this framework, osteopathy has a distinctive approach to its education and training, and professional practice.

### **Education and training distinctiveness**

2.3 The osteopathic education community has evolved a common approach to the integrated provision of academic learning and clinical professional opportunities. This approach seeks to combine the concern for high quality osteopathic clinical care for patients with the learning needs of osteopathic students. This requires a complex and distinct infrastructure of dedicated clinic outpatient facilities to underpin the closely supervised clinical learning experience for students. This shared approach, the culmination of many years of teaching experience, is encapsulated within this subject benchmark statement.

2.4 An osteopathic pre-registration and degree programme will have a strong focus on the acquisition of the particular technical practical skills required for using osteopathic diagnostic and treatment techniques. This is achieved by closely integrating academic learning and practical skill acquisition with their application in the dedicated and closely supervised outpatient clinical environment. This approach supports the central ethos of osteopathic healthcare, which is to place patients and their needs as the focus of osteopathic intervention, and to adopt an integrated solution to facilitating their return to optimum health, using a variety of methods tailored to individual requirements.

2.5 As befits a primary contact healthcare profession, it is important that osteopathic students will graduate with a detailed and comprehensive knowledge and understanding of the basic clinical sciences such as anatomy, physiology, nutrition, pathology and diagnosis. The teaching and learning in these areas will place emphasis on the osteopathic context, so that they are guided by the distinctive nature of osteopathic clinical practice, which is closely integrated with academic learning throughout the programme.

2.6 Students' critical reasoning abilities for osteopathic practitionership are nurtured by combining longstanding osteopathic philosophical healthcare principles with engagement in the latest healthcare research and approaches.

2.7 The multidisciplinary nature of osteopathic undergraduate study may be illustrated by the following, which uses arbitrary terms to denote the type of topic areas that might typically be studied in an osteopathic programme.

**i Scientific and professional underpinning studies:**

- anatomy (gross, functional, integrated, applied, neurological, embryological, histological)
- physiology
- pathology
- neurology/neuroscience
- nutrition
- biochemistry
- peripheral and spinal biomechanics
- principles and philosophy of osteopathy
- palpatory skills and diagnosis
- soft tissue techniques
- osteopathic techniques (full range of osteopathic techniques)
- interpretation of clinical laboratory techniques
- exercise physiology
- pharmacology
- psychology/psychosomatics
- sociology
- clinic observation
- information and communication technologies (ICT) skills

- emergency support skills/first aid
- health studies and other healthcare systems.
- ii Research studies:**
  - critical analysis
  - integrating evidence in practice
  - research methodology (quantitative and qualitative)
  - research ethics
  - dissertation/research paper.
- iii Clinical/professional studies:**
  - differential and clinical diagnosis and clinical problem solving
  - clinical methods and procedures
  - case history taking
  - communication skills
  - professional ethics
  - clinical dietetics
  - ergonomics
  - gynaecology and obstetrics
  - paediatrics and osteopathic care of children
  - rheumatology
  - orthopaedics and trauma
  - osteopathic care of the elderly
  - radiological diagnosis and clinical imaging
  - dermatology
  - osteopathic sports care
  - applied clinical osteopathy (full range of osteopathic techniques)
  - osteopathic evaluation and patient management (including reflective practice)
  - professional practice management (including medico-legal issues and business issues)
  - case analysis studies.
- iv Osteopathic clinical practice:**
  - closely supervised clinical practice in suitable clinical environment(s) where effective tutoring, monitoring and student assessment can take place.

### **Osteopathic practice distinctiveness**

2.8 The distinct nature of osteopathic practice was recognised by parliament in the *Osteopaths Act 1993*. This legislation granted the privilege of a statutory professional regulation including specific provision for the statutory approval of pre-registration programmes in osteopathy.

2.9 Osteopathic practice seeks to blend a philosophical approach with intellectual and practical skills to guide the use of therapeutic intervention to help the patient by using an individual 'package of care' most suited to facilitating a particular person's return to health. It is characterised by the following distinctive philosophical and practical features.

- Emphasis is on the patient and not on their disease. This has been a long-standing tenet for osteopathy, and it is a conceptual principle that informs the whole of the osteopathic approach to care of the patient. It is about seeing a person not as someone with a disorder but as someone who is seeking the facilitation of optimum health. It involves viewing the person as having an integrated blend of influences that combine to effect health. Osteopathy seeks to identify and address the key influences that will lead to restored health and well-being.
- The intention to enhance the intrinsic health-maintaining and health-restoring capabilities of the individual person. This involves the consideration of a broad range of factors to identify and resolve the causes of impaired health.
- Individually tailored intervention and advice encompassing a range of specific technical treatment modalities and approaches. These include specific osteopathic manipulation techniques, exercise advice, lifestyle advice, nutritional advice, coping strategies, and other advice to enable the patient to understand the cause and contributing factors of their impaired well-being.
- An approach that emphasises the integration of the musculoskeletal system with other body systems, the reciprocal influences that impairment of function of each may have, and the adverse effects such impairment may have on the health of an individual.
- Close collaboration between the patient and osteopath to identify the factors contributing to the patient's impaired well-being, and to determine the clinical and other changes needed for recovery and restoration of health.
- Enabling the patient to understand and implement measures to take responsibility for assisting their own recovery and enhancing their health.
- The use of critical reasoning to apply knowledge and skills in an integrated and informed manner.

2.10 To illustrate the typical work and approach of an osteopath, a brief description of a generic consultation with a patient is included in appendix A.

### **International perspective for osteopathic standards**

2.11 Graduates of osteopathic programmes in the UK practise as osteopaths in many parts of the world and these programmes attract students from many places worldwide. As a relatively young, emerging profession internationally, standards of osteopathic education and practice are at variable stages of evolution in different countries.

2.12 Apart from in the UK, well developed systems for educational accreditation and osteopathic practice regulation exist in Australia, New Zealand and the United States of America. The increasing globalisation of HE has led to many countries seeking to attract students to their systems of HE with the consequent challenges associated with comparing qualifications and educational and professional accreditation standards.

2.13 The Bologna process and the development of a European Qualification Framework are intended to facilitate the mobility of students within the European Higher Education Area. When this is combined with initiatives such as the development of shared standards for European quality assurance systems, it is clear that there will be increasing opportunities for the movement of osteopathic students around Europe that will require a shared understanding of the educational standards and learning outcomes required in each country. European Union directives for the mutual recognition of qualifications and the provision of healthcare services will also impact on osteopathy in this respect.

2.14 As the momentum for increased mobility both in Europe and elsewhere becomes greater, it would seem likely that countries will become more interested in frameworks that communicate the learning outcomes for educational programmes in order to facilitate the accreditation of professional practice. This subject benchmark statement will assist UK osteopathy in contributing to educational standards development in osteopathy internationally, particularly in Europe where the situation is complex. To facilitate further development here, a group called the Forum for Osteopathic Regulation in Europe (known as FORE) has been established to look at achieving consensus frameworks for education and practice matters across organisations responsible for, or seeking to become responsible for, setting osteopathic standards for education and practice in European countries. Future broader international collaborations may achieve a similar objective worldwide.

### **3 Knowledge, understanding and skills**

3.1 The nature of osteopathic undergraduate study is multidisciplinary. Degrees in osteopathy cover a broad curriculum including cognitive and conceptual learning, the acquisition of practical manual and palpatory skills, and generic skills such as effective communication (by written, electronic and oral means), team working, problem solving, the use of ICT, applying research and critical reasoning. The ethical and legal dimensions are combined with these so that the whole enables a comprehensive preparation of graduates for professional practice as osteopaths. Fundamental to the study of the discipline is the integration and application of knowledge and skills for safe and effective patient care, and the development of learner autonomy.

#### **The key characteristics of graduates in osteopathy**

3.2 An osteopathic graduate should be able to demonstrate the qualities of an autonomous patient focused practitioner who is caring, empathetic, reflective, trustworthy, professional, confident, inquiring, integrative and competent, and who has a high level of practical skills and problem solving ability. They should possess a highly developed knowledge and clinical ability to integrate multiple factors in taking a comprehensive overall approach to the health needs of the individual, and should exhibit the responsible professional attitudes consistent with being a healthcare practitioner.

3.3 On the path to developing these characteristics, competent students will have developed core knowledge, understanding and skills, as indicated below, in order to inform patient evaluation and management, and to be safe and competent practitioners on graduation. The outcomes provided in paragraphs 3.4 and 3.5 describe the general expectations of the osteopathic graduate. More detailed capabilities that need to be demonstrated to become registered as an osteopath in the UK are provided in the *Standard of proficiency* provided by the GOsC.

## **Knowledge and understanding**

3.4 Graduates will demonstrate a knowledge and understanding of:

- the importance of placing patients at the centre of osteopathic care in a therapeutic partnership with the osteopath where they are informed about and contribute to decisions taken about their care
- the appropriate professional attitudes and behaviours consistent with being a healthcare practitioner
- legislation and ethical principles relevant to the practice of osteopathy, and the consequent obligations on the practitioner
- professional codes of conduct relevant to the practice of osteopathy
- the appropriate use of osteopathic approaches that combine the most effective combination of care tailored to the needs of the individual patient
- the ethical principles, values and moral concepts inherent in the practice of osteopathy
- the reciprocal relationship of structure and function that underpins the osteopathic approach to healthcare
- their own strengths and shortcomings as practitioners, the need to seek help and advice when appropriate, and the need to enhance their skills through self-reflection and continued professional development
- the relative and absolute contra-indications of osteopathic treatment modalities
- osteopathic history and philosophy and its distinctive perspective on healthcare
- the range of complexity implicit in the social and psychological contexts of health, and the influence these may have on osteopathic treatment outcomes
- the role of osteopathic intervention in assisting adaptation of structure and function during disease or periods of ill health
- principles of health promotion and preventative care
- the normal structure and function of the major body systems and how they interrelate and vary between individuals
- the normal changes in structure and function during the stages of growth, development, maturity, reproduction and ageing
- the principles of paediatrics relevant to the safe and effective osteopathic care of children
- the principles, safety concerns and legislative considerations associated with osteopathic care during pregnancy and childbirth
- how and why structure and function may be compromised and how this may be recognised
- basic pharmacology, main categories of drugs used, and their beneficial and adverse effects
- principles of nutrition and dietetics
- the application to osteopathy of relevant principles and theories from biomechanics, physics, exercise physiology/science and ergonomics

- the limitations of medical and osteopathic treatment modalities
- the current role played by osteopathy in healthcare in the UK and the development of osteopathy internationally
- the context of healthcare delivery in the UK today, including the functioning of the National Health Service and the contribution of other therapies
- the significance and responsibilities associated with profession-led regulation.

## **Skills**

3.5 Graduates will demonstrate the skills necessary to:

- act in the patient's best interests
- treat patients safely and effectively drawing upon an extensive range of osteopathic manual and other techniques
- make an appropriate risk analysis in determining the most effective and appropriate therapeutic intervention for the benefit of the patient
- maintain a professional and rational approach to the osteopathic care of the individual, providing sound justification for decisions and actions
- integrate relevant high quality research evidence into their approach to diagnosis, treatment and giving advice to patients
- respect the privacy and dignity of patients, and ensure that patient confidentiality is preserved
- practise autonomously and work as part of a team
- apply effective strategies for clinical reasoning and problem-solving, and use appropriate professional judgement in making decisions
- listen effectively to patients
- ensure that patients are fully informed in a manner that is understandable for the individual and involve them in decisions about their care
- be aware of and be sensitive to cultural differences, and avoid prejudicing patient's care due to their own attitudes and beliefs
- determine fine static and dynamic changes in tissues and joint movement by the appropriate use of observation, palpation and motion analysis
- formulate a differential diagnosis and treatment plan from an osteopathic perspective, dealing appropriately with clinical uncertainty
- identify relative and absolute contraindications to osteopathic treatment
- determine when referral of a patient may be required, and effectively manage this referral
- critically evaluate the risks and outcomes of clinical interventions and treatment, and, where appropriate, use this information to modify the osteopathic care of patients
- research, audit, monitor and evaluate the outcomes and processes that constitute good osteopathic practice
- critically interpret research and incorporate it into their own practice



- take and record a case history which may be clearly understood by others and meet medico-legal requirements
- sensitively conduct relevant medical and osteopathic clinical examination to assist in the assessment of the patient's physical and mental state
- interpret relevant orthopaedic, neurological and other clinical tests
- make appropriate referrals for radiographic and other clinical imaging examinations, such as magnetic resonance imaging (MRI), and laboratory tests, and interpret the results of these
- make appropriate referrals for and interpret the results of commonly used clinical investigations
- effectively manage time and resources, and prioritise clinical care
- draw on a range of verbal and non-verbal skills to relate to patients empathetically
- communicate effectively by written, electronic and oral means with patients, colleagues and other healthcare practitioners
- advise patients regarding appropriate lifestyle choices, including the basis of a healthy diet and appropriate exercise
- organise and manage their practice environment and its human, financial and physical resources
- to manage appropriately their own health and schedule so that it does not impact adversely on patient care
- to gather, interpret and prioritise effectively large amounts of information, and formulate effective plans and act decisively as a result
- recognise that osteopathy is an evolving profession and contribute to its effective representation and development.

### **Statement of common purpose**

3.6 Graduates should be able to demonstrate that they understand and can act in accordance with the principles expressed in the *Statement of common purpose for subject benchmark statements for the health and social care professions*, published by QAA (see paragraph 5.4).

### **Master's level**

3.7 Throughout the curricula of osteopathic programmes leading to eligibility for professional practice in the UK, there are many aspects that could already be considered to meet some of the elements of the master's level qualification descriptor in the FHEQ, particularly those requiring sound judgement in complex and unpredictable professional circumstances.

3.8 There has been recent interest by the osteopathic academic community in developing master's degrees in osteopathy, and these may be considered broadly to be of two types.

- i An integrated and enhanced programme of study that is designed to prepare students for professional osteopathic practice leading to eligibility for registration as an osteopath.

- ii A programme that extends the breadth and depth of osteopathic study beyond that required of a bachelor's degree in osteopathy. This study would usually occur following professional registration as an osteopath.

3.9 It would be expected that a master's programme should identify outcomes consistent with the requirements of the generic master's qualification descriptor in the FHEQ.

3.10 Key considerations in designing a master's programme in osteopathy would be:

- the depth and breadth of the programme of study. This may be achieved by including specific additional master's level topics or by extending topics already included at honours level. Such topics might include specialist areas of clinical practice, advanced research, development for an educational environment, business and management development, and health policy and strategy development, for example
- for integrated programmes (as in paragraph 3.8i above), the integration of master's degree components within the whole programme. This does not preclude earlier parts of a master's programme being taught together with a corresponding honours level programme. For example, the first two years may have modules that are mostly common to both types of programme
- an appropriate amount of study and assessed work at master's level that is sufficient to meet the master's criteria in the FHEQ. It is suggested that this would require at least the equivalent of one academic year of assessed study at master's level
- an emphasis on the application of osteopathy in the professional context.

## **4 Teaching, learning and assessment**

4.1 This subject benchmark statement promotes an integrative approach to the application of theory and clinical practice, and underlines the significance attached to the design of learning opportunities and assessment strategies that facilitate the acquisition and refinement of professional capabilities.

4.2 Decisions as to strategies and methods for teaching, learning and assessment, and details of programme content are for the individual HEIs to make. However, programmes should be designed to encompass a wide range of learning experiences in order to promote active learning across the curriculum. They should encourage progression in the acquisition both of knowledge and skills and provide adequate opportunities to acquire independent learning skills thus laying the foundation for career-long professional development.

4.3 Teaching should be informed by relevant contemporary evidence-based practice, as well as developments in educational theory. The interaction between teaching, professional practice, research and scholarship is a key element in the study of osteopathy. Students and staff need ready access to relevant published literature and ICT facilities. Osteopathic and clinical skills should normally be taught by registered practising osteopaths.

### **Teaching and learning**

#### **Practical skills**

4.4 The acquisition of practical osteopathic skills requires students to work on peers and in turn to experience taught techniques as 'models' prior to application in a clinical

context. Palpation and osteopathic technique should be taught in specialist accommodation utilising appropriate equipment. Provision for students to view and assess their own osteopathic practical skill performance through the use of video recording and playback is ideal, but certainly regular tutor feedback in this area is critical. It is important that teaching and supervision in practical osteopathic technique skills is performed by suitably qualified osteopaths, usually registered with the GOsC. The experience of the members of the benchmarking group representing the academic community suggests that the student to tutor ratio during practical sessions would normally be no greater than 10:1.

### **Clinical education**

4.5 Following graduation, students will normally register as osteopaths with the GOsC and will thereby become primary contact healthcare practitioners. It is therefore essential that clinical learning experience will provide appropriate opportunities for students to develop not only patient evaluation and treatment skills, but also the ability to confidently recognise pathologies for referral and contraindications to treatment. Clinical education should aim to deliver the prescribed osteopathic healthcare competences within the framework of safe practitionership and efficacy as set out in the GOsC's *Code of Practice* (2005).

4.6 The clinical learning environment should be a focus for the integration and practical application of all theoretical, practical, and technical knowledge and skills across the programme. It should provide the student with a supportive, broad, progressive and well supervised environment in which to develop their clinical skills. Experiential high quality clinical learning arising from extensive periods of direct patient contact is central to the learning process. It is expected that students will undertake substantial supervised clinical practice within a dedicated teaching clinic where they can observe senior students and qualified practitioners in the early stages of their training, progressing to take an increasing responsibility for their own patient lists as their experience and knowledge develop.

4.7 Arrangements for osteopathic clinical education should ensure that there are:

- adequate/appropriate learning opportunities for developing professional skills with real patients, paying due regard to case history taking, examination, evaluation and differential diagnosis, treatment and development of treatment plans, record-keeping, follow-up and referrals
- opportunities to integrate academic and theoretical learning and to develop practical skills within the therapeutic clinical encounter
- adequate numbers for each student of new, returning and continuing patient encounters and exposure to an appropriate range of presenting conditions
- appropriate staff/student ratios within the clinical setting allowing for close supervision of patient encounters by tutors, and opportunities for clinical tutorials
- appropriate opportunities for junior students to learn from observation of more senior student practitioners and for senior students gradually to take over responsibility for their own lists and to develop autonomy in patient care
- appropriate settings for clinic education within a dedicated training clinic with adequate treatment and educational accommodation, and appropriate equipment and furnishings for high quality student experience and patient care
- appropriate clinical administrative infrastructures to support student learning and patient care

- arrangements for ongoing assessment and feedback from a variety of clinical tutors
- opportunities to develop practice management skills
- effective mechanisms for monitoring individual student clinical attendance, caseloads, and patient list profiles
- effective mechanisms for ensuring that high standards of osteopathic care and the safety of patients are maintained by guiding, developing and monitoring the professional conduct of students treating patients. Effective arrangements are required for addressing situations where students do not maintain appropriate professional conduct.

4.8 The collective experience of the members of the benchmarking group representing the osteopathic academic community, and the intention to achieve best practice, indicates that these factors would be addressed by providing the following:

- a dedicated clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout' rooms/areas
- a clinical supervision ratio of one tutor to a maximum of five students being supervised while interacting directly with their patients at any point in time. The total number of students assigned as a group to one tutor during a clinic session would not normally exceed 10
- timetabled osteopathic clinic practice learning in the clinical environment of no less than 1,000 hours
- a minimum of 50 new patients for each student during their clinic experience where the student is taking the main responsibility for the patient's care. This includes taking the initial case history and examination, reaching diagnostic conclusions, and formulating and implementing an osteopathic care plan for the patient
- a mix of patient presentations and ensuring continuity of care so that students may follow the progress of their individual patients.

### **Further teaching and learning**

4.9 Further teaching and learning in osteopathy programmes will take place in a combination of the following contexts.

- Lectures: they should convey and comment upon core subject matter, stimulate critical thinking and debate, and encourage students to extend their own knowledge and understanding.
- Workshops and seminars: they may commonly involve small group work, skills development, discussion and/or student presentations.
- Tutorials: they may support the process of self-assessment and tutor guidance and feedback. They may also provide support for individual or group work and for dissertation preparation.
- Self-managed or self-directed learning: this is an important part of any degree programme in osteopathy. It may involve preparation for specific assignments, reflection/discussion, practice of osteopathic techniques, and the use of resource-based learning, including learning resources made available in electronic and other formats. Students will normally undertake their own individual osteopathy related research project or study. It is important that students are adequately prepared, guided and supported in developing and maintaining effective strategies for self-managed learning.

## Assessment

4.10 Students of osteopathy must master a wide range of knowledge and skills as indicated above, and they must be able to demonstrate an ability to integrate and apply their learning as safe and effective healthcare practitioners. In achieving this, it is also important that empathy with and ethical behaviour towards patients, ethical conduct towards colleagues and others, and general behaviour consistent with that of an aspiring healthcare professional is demonstrated. In order to ensure that all the required learning outcomes are met and that students progress satisfactorily through the programme, a range of assessment strategies will need to be employed.

4.11 These assessment strategies will include the following.

- Demonstration of clinical competence and practitionership: including the ability to draw on, synthesise and apply knowledge and skills for safe and effective patient management. Methods of assessment will vary but will always include the requirement for students to demonstrate skills working with a range of new and continuing patients. So as to ensure comparability of practitioner standards for entrants to the profession, it is expected that external examiners will be physically present at some of the practical assessments with real patients in a real clinical setting.
- Practical examinations: in which students demonstrate their skills in selecting and performing a range of safe and effective osteopathic techniques.
- Written examinations: under timed conditions, requiring students to work and think under pressure/usual examination conditions, assessing knowledge base, understanding and analytical skills.
- Dissertations or other pieces of extended written work: these are normally related to osteopathic practice and include systematic enquiry, investigation, analysis and evaluation, and should demonstrate the student's ability to apply appropriate analytical methods, whether qualitative or quantitative, and to plan and carry out a research project.

4.12 Other assessment strategies and methods that may be employed include the following.

- Portfolios: collating evidence to support claims that learning outcomes have been met. Portfolios can be a means of capturing and giving proper weight to experience, and may be used to document the acquisition of practical and/or clinical and/or affective skills.
- Essays and other coursework that enable students to display a broader knowledge of subject matter than in examination papers and test their ability to investigate a topic, to organise their material and ideas to a prescribed deadline, and to critically appraise published evidence.
- Computer based assessments.
- Case study presentations and analyses.
- Oral presentations testing presentation and communication skills in an individual or group situation.
- Analytical exercises: including 'paper patient' exercises and Objective Structured Clinical Examination and Objective Structured Practical Examination type assessments.

4.13 Assessment strategies will need to demonstrate an increasing focus on clinical application and the integration of knowledge and skills. There should be consideration of an appropriate blend of assessment approaches, combining more long term ongoing multiple 'sampling' of student performance with discrete summative end of programme/module/year assessment, for example. Direct observation of actual student performance and behaviours will constitute a significant component in assessment strategy.

4.14 It is important that assessment strategies are regularly reviewed, with programme providers ensuring that best contemporary practice in this area is evaluated and applied where appropriate. In particular, emerging areas of professional practice that present challenges for assessment programmes, such as the ability to deal with clinical uncertainty and professional attitudes, require ongoing attention. The validity and reliability of assessment should be considered carefully. Assessment strategies should be robust and comprehensive but they should also be proportionate so as not to place undue burden on student learning.

4.15 In order to enable students to develop effective learning strategies and to facilitate their self-reflective abilities, appropriate feedback mechanisms from assessments are required.

## **5 Benchmark standards**

### **Academic and practitioner standards**

5.1 Osteopathic programmes provide an academic education in osteopathy as well as preparing graduates for professional practice as an osteopath. Graduates are entitled to apply for registration with the GOsC, which then enables them to practise autonomously. For this reason, it is important that graduates possess the abilities and characteristics necessary for independent professional practice, and that they are able to meet the *Standard of proficiency* defined and published by the GOsC ([www.osteopathy.org.uk/about\\_gosc/about\\_standards.php](http://www.osteopathy.org.uk/about_gosc/about_standards.php)).

5.2 The standards required must, therefore, encompass the academic and practice qualities which relate to the generic abilities required of a graduate, the osteopathic-specific knowledge, understanding and skills, and the abilities required by the professional practice standard.

### **Professional standards of practice**

5.3 It is essential that the outcomes for osteopathic graduates specified in section 3 are read in conjunction with the statutory *Standard of proficiency* in order to provide the overall academic and practitioner standards required for graduation and eligibility for professional practice as an osteopath.

5.4 The *Statement of common purpose for subject benchmark statements for the health and social care professions* provides an overview of the generic values, knowledge, understanding and skills associated with practice in health and social care. As well as enabling the placing of learning outcomes for osteopathy in the overall context of health and social care, this also highlights the opportunities for interprofessional and interagency communication and shared learning.

## **Appendix A - Description of a generic consultation**

The following brief description of a generic consultation with a patient is included to give an indication of the typical work and approach of an osteopath.

### **Case history**

The osteopath asks the patient for the details of the presenting problem and past health history in a way that allows the patient to express their version of events and thoughts, with occasional prompting to focus on and elicit further detail in important areas. A range of questions is asked, prioritised according to the individual, to eliminate potentially serious pathology and to explore differential diagnostic hypotheses, but also significant attention is given to the details of factors that may have led to the problem, such as occupational or recreational activities.

### **Osteopathic clinical examination**

Based on this case history, diagnostic hypotheses are generated and, in seeking to explore these, a relevant and detailed osteopathic clinical examination is performed, again prioritised and tailored to the individual person and their complaint. This will usually involve a combination of specific osteopathic examination techniques and clinical examination techniques widely used by other healthcare practitioners. Therefore, an osteopath might use observation, palpation and evaluation of the movement of joints, muscles and other soft tissues combined with the clinical examination of the nervous system, circulatory and respiratory systems, for example. This will lead to a 'working diagnosis' for what the osteopath judges to be causing the problem. The osteopath will then determine the most relevant options for dealing with this for the individual and communicate these to the patient.

### **Informing and involving the patient**

It is very important that the patient is given an explanation that they understand for the osteopath's diagnostic reasoning and their suggested course of action, and the different treatment options available. The approach to osteopathic care for the patient depends on the priorities determined by the preceding questioning and osteopathic clinical examination. It may be that these suggest the patient needs referral for further investigations such as blood tests, X-ray, magnetic resonance imaging (MRI) or ultrasound examination, or for an opinion from another healthcare practitioner, before the osteopath is able to reach definite conclusions. It may be that osteopathic treatment is not the most appropriate primary means for managing the patient's impaired health for a particular individual, although it could possibly be used in conjunction with other treatment. If osteopathic treatment is advised, the osteopath will explain what is involved; the likely outcome and timescales; the potential side-effects; and risks in a way that the individual patient is able to understand and give consent for.

## **Osteopathic treatment and management**

When the patient has consented to osteopathic treatment, a range of osteopathic manual techniques may be used combined with health advice. This may involve the manipulation of soft tissues, such as muscles and ligaments, the specific application of movement to, or positioning of, joints to improve the range and quality of their movement, the specific and controlled rapid manipulation of joints, and other manual techniques to facilitate the recovery of function in soft tissue, skeletal and visceral structures. This treatment will usually be accompanied by advice to the patient, which may involve the recommendation of exercises, lifestyle adjustment, nutritional advice and strategies for coping with their health problem. The osteopath would aim to help the patient gain a greater understanding of their problem to assist their recovery.



## **Appendix B - Membership of the benchmarking group for the subject benchmark statement for osteopathy**

Erica Bell	European School of Osteopathy
Dr Martin Collins	British School of Osteopathy (succeeded)
Mathew Cousins	Imperial College London
Vince Cullen	General Osteopathic Council
Dr Ian Drysdale	British College of Osteopathic Medicine
Dr David Gale	The Quality Assurance Agency for Higher Education
Charles Hunt	British School of Osteopathy
Helen Jenkins	Surrey Institute of Osteopathic Medicine
Laurence Kirk	Oxford Brookes University
Robin Kirk	London School of Osteopathy
Mark Lawrence	College of Osteopaths
Manoj Mehta	General Osteopathic Council
Dr Judith Neaves	London College of Osteopathic Medicine
Michael Watson	British Osteopathic Association
Margaret Wolff	General Osteopathic Council

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