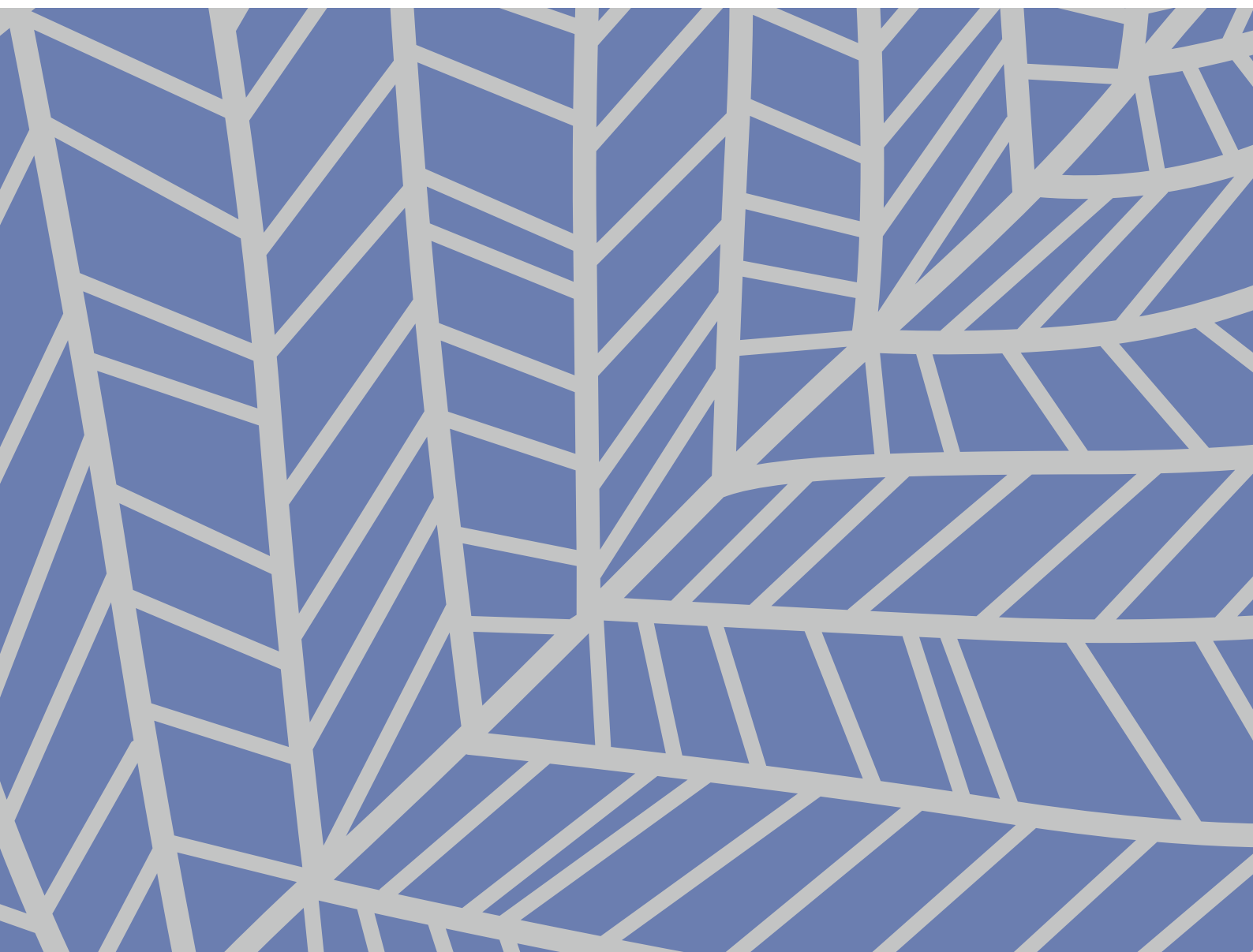


Guidance for Osteopathic Pre-registration Education



General
Osteopathic
Council

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Acknowledgements

This text is drawn from and informed by guidance provided in the General Medical Council's *Tomorrow's Doctors* (2009), the Foundation Programme Office's *Foundation Programme Curriculum* (2012), the Health and Care Professions Council's *Standards of Proficiency* (2012), the Quality Assurance Agency for Higher Education's *Subject Benchmark Statement for Osteopathy* (2007), the GOSc's guidelines on *Further Evidence of Practice Questionnaire* (2012) and *Assessment of Clinical Practice* (2012), and the World Health Organization's *Benchmarks for Training in Osteopathy* (2010).

We are grateful to the members of the Guidance for Osteopathic Pre-registration Education Working Group (osteopaths, educators, patients, students and lay members) for their assistance with the development of this guidance.

About this guidance

1. This *Guidance for Osteopathic Pre-registration Education* is issued by the General Osteopathic Council (GOsC). The GOsC is the body established under the *Osteopaths Act 1993* to regulate osteopathy in the UK. It does this by:
 - setting standards
 - assuring the quality of pre-registration education
 - maintaining the Register of osteopaths legally permitted to practise in the UK
 - removing or restricting the registration of osteopaths who do not meet standards.
2. The *Osteopathic Practice Standards* (available at: www.osteopathy.org.uk/standards/osteopathic-practice) are the core standards, set by the GOsC, that UK graduates must demonstrate before they can be awarded a 'Recognised Qualification'. A Recognised Qualification enables a graduate to register and practice as an osteopath.
3. This *Guidance for Osteopathic Pre-registration Education* supports the *Osteopathic Practice Standards* and provides a reference point for students, educational institutions, patients and others. It describes the professional aspects of osteopathic pre-registration education, and the outcomes that graduates are expected to demonstrate before graduation in order to show that they practise in accordance with the *Osteopathic Practice Standards*.
4. The guidance should be read alongside other supplementary guidance issued by the General Osteopathic Council, which includes:
 - guidance about student fitness to practise
 - guidance about the management of health and disability
 - guidance about tutor and student boundaries.
5. Other reference points that inform the development of osteopathic pre-registration education within the academic community include:
 - the Quality Assurance Agency for Higher Education *UK Quality Code for Higher Education* (comprising standards and guidance related to academic standards, the learning environment, teaching, learning, assessment and quality management), available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code
 - the Quality Assurance Agency for Higher Education *Subject Benchmark Statement for Osteopathy*, available at: www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf

6. This guidance should be read by:
 - students and prospective students, to assist in their understanding of the professional expectations on graduates in order to meet the core regulatory requirements set out in the *Osteopathic Practice Standards*
 - osteopathic educational institutions, to set out the professional expectations on students in order to meet the *Osteopathic Practice Standards*, leading to the award of a Recognised Qualification and registration with the GOSc
 - those involved in quality assurance of qualifications, to help them understand the professional expectations that must be met in order to deliver the *Osteopathic Practice Standards* and allow the award of a Recognised Qualification.
7. This guidance may be of interest to:
 - other healthcare professionals, to enable an understanding of osteopathic education, and to support better integration and interprofessional education and collaboration within the wider academic and healthcare professional community
 - patients, to inform them about the content of osteopathic education and training.

Introduction

8. Osteopaths must be capable of taking full clinical responsibility for their patients. This includes being able to take a full case history and to undertake an appropriate osteopathic examination, which may include: using appropriate clinical tests where indicated, forming a differential diagnosis, referring to another practitioner where appropriate and/or providing appropriate treatment and a care plan. It also includes recognising the limits of their own competence as a practitioner and, crucially, putting the patient's interests before their own.
9. Putting patients first involves working with them as partners in their own care and making their safety paramount. It requires dedication to continuing improvement, both in individual practice and also in the wider healthcare environment with which the patient interacts. Osteopaths are often part of a wider team of healthcare professionals looking after the patient. With the patient's consent, all attempts should be made to coordinate care so that the patient is the centre of the healthcare team's focus.
10. Osteopathic educational institutions equip osteopathic students for the demands of independent practice. This includes scientific and clinical knowledge, and clinical and professional skills (including reflection), underpinned by a critical appreciation of osteopathic principles and application of the technical skills needed for practice. The demands of independent practice also require effective communication, critical evaluation and the marketing skills necessary to run a thriving practice. Such skills help to ensure that the osteopath is able to provide high-quality patient care. Most importantly, independent practice must embody the personal and professional values needed to deliver high-quality healthcare, ensuring that the osteopath makes the care of the patient their first concern.
11. Graduation is a time of significant transition for students, as they change immediately from treating patients under supervision, to assuming the role of a qualified osteopath – a registered healthcare professional – and taking on independent clinical responsibility. This time of transition is a critically intensive learning period for newly registered osteopaths, and it may take time for them to orientate themselves into a new practice environment. Students should be aware of the dangers of professional isolation and be encouraged to develop peer networks, which can develop into professional networks after graduation and throughout their career.
12. As healthcare practitioners, osteopaths are also responsible for developing and nurturing their skills to ensure that they continue to deliver high standards of care to patients, both by themselves and in conjunction with the local healthcare network.

13. Osteopathic practice is often delivered within the independent sector.
The outcomes in this guidance focus on safe, effective and ethical clinical care and the skills necessary to set up a business to deliver such care. Osteopaths must be fully conversant with the demands faced by an independent practitioner and ensure they are fully acquainted with the challenges of setting up practice before graduation. Failure to do so could distract from patient care during the first years of practice.
14. The outcomes in this document set out what the General Osteopathic Council expects osteopathic educational institutions to deliver and students to demonstrate before graduation. These outcomes mark the end of the first stage of a continuum of osteopathic learning that runs from the first day in osteopathic education until retirement. Upon graduation, graduates will continue to maintain, develop and expand their knowledge and skills through continuing professional development (CPD).

Outcomes for graduates

15. In order to be granted a Recognised Qualification, all graduates must demonstrate that they practise in accordance with the *Osteopathic Practice Standards* (available at: www.osteopathy.org.uk/standards/osteopathic-practice).
16. This guidance is designed to provide outcomes that will help graduates to demonstrate that they meet the *Osteopathic Practice Standards*. Osteopathic educational institutions may also require students to demonstrate a range of additional outcomes.

Communication and patient partnership

17. The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.
18. The graduate will be able to do the following:
 - a. Prioritise the needs of patients above personal convenience without compromising personal safety or the safety of others.
 - b. Work in partnership with patients in an open and transparent manner, elicit and respect their perspective/views on their own treatment and treat patients as individuals.
 - c. Work with patients and colleagues to develop sustainable individual care plans, in order to manage patients' health effectively.
 - d. Communicate information effectively. This should be demonstrated by, for example:
 - (i) providing space for the patient to talk and the graduate to listen
 - (ii) demonstrating high-quality interpersonal skills with patients and colleagues
 - (iii) demonstrating written and verbal communication skills to foster collaborative care
 - (iv) communicating sensitive information to patients, carers or relatives effectively and compassionately, providing support where appropriate
 - (v) recognising situations that might lead to complaint or dissatisfaction, and managing situations where patients' expectations are not being met
 - (vi) disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact
 - (vii) encouraging and assisting patients to make decisions about their care.
 - e. Explain to and reassure patients that information will be kept confidential (with the graduate being aware of the very limited exceptions).
 - f. Deal independently with queries from patients and relatives, ensuring that patient information is treated confidentially in accordance with the *Osteopathic Practice Standards*.

- g. Recognise where a patient's capacity is impaired, and take appropriate action.
- h. Obtain consent as appropriate in accordance with GOsC guidance.
This includes:
 - (i) being able to explain the nature and implications of treatment
 - (ii) ensuring that the patient is providing consent voluntarily – that the patient is able to accept or refuse the proposed examination or treatment
 - (iii) ensuring that the patient is appropriately informed – that the patient has understood the nature, purpose and risks of the proposed examination, treatment or other action
 - (iv) ensuring that the patient has the capacity to consent to the proposed examination, treatment or other action – this is particularly important in the case of children and vulnerable adults who lack mental capacity. Further guidance on capacity and consent is available on the GOsC website at: www.osteopathy.org.uk
- i. Work with the wider healthcare team to plan care for patients with complex or long-term illnesses receiving care from a variety of different healthcare professionals.
- j. Discuss and evaluate the patient's capacity to self-care, and encourage them to do so.
- k. Set expectations about how patients can get in touch (e.g. by telephone or email) if they have any concerns.

Knowledge, skills and performance

- 19. Osteopaths must possess the relevant knowledge and skills required to function effectively as primary-contact healthcare professionals.
- 20. The graduate will be able to do the following:
 - a. Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines. These key concepts include:
 - (i) normal and disordered human structure and function
 - (ii) principles of a healthy lifestyle (for example, nutrition)
 - (iii) knowledge of basic pharmacology
 - (iv) osteopathic concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives
 - (v) critical appraisal of research and professional knowledge
 - (vi) the context of osteopathy within the wider healthcare environment.

- b.** Know how osteopathic philosophy and principles are expressed and translated into action through a number of different approaches to practice.
- c.** Know how to select or modify approaches to meet the needs of an individual. This includes knowledge of the relative and absolute contra-indications of osteopathic treatment modalities and other adjunct approaches.
- d.** Take an accurate and appropriate patient history, utilising all relevant sources of information (including, for example, diet and exercise).
- e.** Perform an accurate and appropriate examination, including relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs.
- f.** Record the patient's history and findings succinctly and accurately in accordance with GOSc guidance (recognising that a patient's notes can be requested by the patient).
- g.** Critically evaluate information collected from different investigations and sources, to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation.
- h.** Undertake an osteopathic evaluation that is adequate to form the basis of a treatment and management plan in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.
- i.** Use the most effective combination of care, agreed with and tailored to the expectations of the individual patient.
- j.** Implement the treatment plan skilfully and appropriately.
- k.** Review the initial diagnosis and responsiveness to the treatment plan on a regular basis, adapting the plan as appropriate, in partnership with the patient.
- l.** Recognise when referral is necessary.
- m.** Participate in the process of referral from primary to secondary and/or tertiary care and vice versa, and demonstrate an ability to make referrals across boundaries and through different care pathways, as appropriate.
- n.** Formulate accurate and succinct clinic letters and discharge summaries to other healthcare professionals and patients.
- o.** Discharge a patient from care appropriately.
- p.** Recognise the impact of sedentary lifestyles and the possible effects of diet, nutrition, alcohol and drugs, and use opportunities to promote health by explaining the implications to patients.
- q.** Meet standards for hygiene and control of infection.
- r.** Take reasonable steps to avoid the transmission of communicable disease.

- s. Demonstrate a critical and reflective approach to practice. This should include:
 - (i) a commitment to gaining feedback from others
 - (ii) reflection based on literature, guidelines and experience in the development of clinical skills
 - (iii) lifelong learning
 - (iv) the enhancement of the quality of care throughout their practice life.
- t. Guide and support the learning of others.
- u. Maintain and improve skills in key areas.
- v. Seek to extend the range of procedures, techniques and treatments that can be performed.
- w. Deliver and justify high-quality, reliable and informed care.
- x. Recognise and work within their limits of competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.

Safety and quality in practice

- 21. In partnership with the patient, osteopaths must deliver high-quality, safe, ethical and effective healthcare. Osteopaths must be committed to maintaining and enhancing their practice in order to deliver high-quality patient care continuously.
- 22. The graduate will be able to do the following:
 - a. Recognise when patient safety is at risk, and institute changes to reduce risk.
 - b. Undertake risk assessment and risk management (including the management of adverse events).
 - c. Recognise and take appropriate action when adverse events have taken place.
 - d. Understand the obligation and need to maintain their own fitness to practise.
 - e. Recognise that fatigue and health problems in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.
 - f. Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect, and take action to safeguard their welfare, including seeking advice and informing other agencies where required.
 - g. Ensure good outcomes for patients, meeting their objectives, in accordance with the *Osteopathic Practice Standards* and relevant guidelines.
 - h. Gather and analyse data accurately and appropriately.

- i. Demonstrate knowledge and use of appropriate methods of clinical governance to enhance practice, including:
 - (i) complaints mechanisms
 - (ii) patient and colleague feedback
 - (iii) clinical audit
 - (iv) structured reflection
 - (v) structured case-based discussion
 - (vi) structured case presentation.
- j. Demonstrate ways of establishing a viable, safe and effective practice, including:
 - (i) knowledge of and ability to comply with relevant legislation (in their intended country of practice), including health and safety, data protection and equality legislation,¹ and financial and accounting requirements
 - (ii) ability to employ appropriate and legal methods of marketing and advertising, and ability to research and use up-to-date information and comply with good practice
 - (iii) ability to use social media appropriately and legally
 - (iv) knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission, Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales
 - (v) ability to develop appropriate patient information leaflets or other mechanisms to provide patient information in advance of an appointment.

1 This would include anticipating the needs of those with protected characteristics including gender, ethnicity, disability, culture, religion or belief, sexual orientation, age, social status or language.

Professionalism

23. Osteopaths must behave in a professional manner appropriate to the situation, context and time, taking into account the views of the patient, society, the osteopathic profession, healthcare professionals and the regulator. This should take account of the obligation to maintain public confidence in the profession.
24. Osteopaths must deliver safe, effective and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner.
25. The graduate will be able to do the following:
 - a. Practise in accordance with the principles and standards set out in the *Osteopathic Practice Standards* and associated guidance published from time to time.
 - b. Take personal responsibility for, and be able to justify, decisions and actions.
 - c. Demonstrate professional integrity, including awareness of and ability to take action to meet their responsibilities related to the duty of candour and whistleblowing.
 - d. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic education and regulation and the wider healthcare environment.
 - e. Demonstrate an understanding of their duty as a healthcare professional to take appropriate action to ensure patient safety (including if they have concerns about a colleague). This may include seeking advice, dealing with the matter directly or reporting concerns to an appropriate authority.
 - f. Reflect on feedback from patients, colleagues and others to improve skills.
 - g. Participate in peer learning and support activities, and provide feedback to others.
 - h. Act with professionalism in the workplace, when using other communication media (including online), and in interactions with patients and colleagues.
 - i. Recognise personal learning needs and address these.
 - j. Maintain a professional development portfolio to document reflection; this should also include career development and planning.
 - k. Act as a role model and (where appropriate) as a leader, and assist and educate others where appropriate.
 - l. Ensure punctuality and organisation in their practice.

Common presentations all osteopaths should be familiar with at graduation

26. Graduates must see a sufficient depth and breadth of patients to enable them to deliver the outcomes in this *Guidance for Osteopathic Pre-registration Education* and to demonstrate that they practise in accordance with the *Osteopathic Practice Standards* (available at: www.osteopathy.org.uk/standards/osteopathic-practice).
27. Graduates must have the opportunity to consolidate their clinical skills before graduation. In order to support this, graduates should undertake a minimum of 1,000 hours of clinical practice. Graduates should aim to see around 50 new patients in order to include the presentations set out below. Graduates should also ensure that they have seen patients on repeated occasions to enable them to explore these presentations fully.
28. Some of the presentations below may also be demonstrated in other ways, for example, through role play and the use of simulated patients.

Common components of consultations

29. The graduate must be able to demonstrate the following in a range of different patient presentations or scenarios:
 - a. Take an appropriate case history, including:
 - (i) patient profile
 - (ii) presenting complaint
 - (iii) full medical history (for example, psychosocial factors, trauma, medical, social and family history)
 - (iv) response to previous treatment.
 - b. Make an appropriate assessment of the patient's general health from the case history and the appearance and demeanour of the patient.
 - c. Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:
 - (i) observation of gait and posture
 - (ii) osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.
 - d. Make an appropriate examination of the relevant body system.
 - e. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological and social and other relevant factors).
 - f. Explain clinical findings accurately and clearly.

- g.** Draw on well-developed and critical clinical reasoning and explain:
 - (i)** the significance of presenting signs and symptoms, including any uncertainty
 - (ii)** the differential diagnosis
 - (iii)** the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors
 - (iv)** any uncertainty that may exist
 - (v)** how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional.
- h.** Formulate a treatment and management plan based on:
 - (i)** the differential diagnosis
 - (ii)** a clear hypothesis about the aetiology and any predisposing or maintaining factors
 - (iii)** an understanding of the patient which is based on listening to the patient and discussing their expectations
 - (iv)** specific treatment aims
 - (v)** proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect).
- i.** Demonstrate how the patient was able to make an informed decision about their ongoing care, including:
 - (i)** the patient's expectations
 - (ii)** how material or significant risks associated with their proposed treatment or management plan were explained to the patient
 - (iii)** how the benefits of the various options offered were explained to the patient
 - (iv)** responses to patient questions
 - (v)** how the patient was able to make a decision.
- j.** Confirm the initial prognosis of the effectiveness of treatment.
- k.** Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.
- l.** Reflect on a case where the expectations of the effectiveness of treatment were not met, and what actions were taken to communicate this to the patient and to seek further advice and/or refer.

- m.** In the case of a referral, demonstrate:
 - (i)** an understanding of their personal limits of competence and the ability to refer to a more experienced osteopath or other healthcare professional when necessary
 - (ii)** how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional
 - (iii)** the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional
 - (iv)** the mechanism of the referral undertaken (for example, the proposed referral letter)
 - (v)** the outcome of the referral, including any ensuing modification of their treatment and management plan.

Common range of clinical presentations

30. The graduate should be able to demonstrate a sound understanding of a range of presentations, which should include:
- a.** neuromusculoskeletal case presentation
 - b.** non-neuromusculoskeletal case presentation
 - c.** case presentation presenting communication challenges
 - d.** patients displaying a range of characteristics which might include gender, ethnicity, disability, culture, religion or belief, age, social status or language
 - e.** a patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up
 - f.** a patient requiring referral to another healthcare professional
 - g.** a patient who is under the care of another healthcare professional for an illness that cannot be cured by osteopathy, but where osteopathic treatment may help to alleviate symptoms
 - h.** a patient presenting for whom the use of certain techniques were concluded to be unsuitable (contra-indicated)
 - i.** a patient presenting requiring help which is outside the limits of competence of the graduate and who would benefit from osteopathic care that requires further postgraduate training
 - j.** cases where patients do not respond according to the expected prognosis
 - k.** cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.

Common range of approaches to treatments

31. The graduate must be able to demonstrate appropriate understanding (i.e. explain critical reasoning) and application of a range of approaches to treat patients safely, appropriately and effectively, within the context of the *Osteopathic Practice Standards*, osteopathic principles and reflective practice. This includes knowledge and application of contra-indications to the use of any techniques for particular patients, taking into account presenting complaints and history.
32. The approaches to treatment may include:²
 - a. diagnostic palpation (a clinical examination)
 - b. direct techniques such as thrust, articulatory, muscle energy and general osteopathic techniques
 - c. indirect techniques, including functional techniques and counterstrain
 - d. balancing techniques, such as balanced ligamentous tension and ligamentous articulatory strain
 - e. combined techniques, including myofascial/fascial release, Still technique, osteopathy in the cranial field, involuntary mechanism and visceral techniques
 - f. reflex-based techniques, such as Chapman's reflexes, trigger points and neuromuscular techniques
 - g. fluid-based techniques, such as lymphatic pump techniques.

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

The transition into practice

33. It is important that newly registered osteopaths take steps to integrate fully into the professional community and to build support networks while continuing to learn. Approaches to achieving this might include:
- a. introducing themselves to fellow osteopaths in the locality in which they intend to practise
 - b. introducing themselves to other healthcare professionals in the area, including general practitioners, and putting in place mechanisms to maintain contact and explore opportunities for shared learning
 - c. joining their local regional osteopathic group
 - d. joining special interest societies and professional associations
 - e. keeping in touch with their fellow students
 - f. keeping in touch with their osteopathic educational institution
 - g. undertaking relevant CPD
 - h. making use of journals and other peer-reviewed resources and guidelines relevant to osteopathic practice (including those available through the GOsC website for registrants)
 - i. seeking out mentors
 - j. knowing where to access help when things go wrong
 - k. obtaining further advice and guidance as appropriate from the GOsC at: standards@osteopathy.org.uk or 020 7357 6655 x235.

Standards for osteopathic education and training

34. Osteopathic educational institutions (OElS) must deliver a curriculum that ensures all graduates with Recognised Qualifications meet the outcomes in this guidance and the *Osteopathic Practice Standards* (available at: www.osteopathy.org.uk/standards/osteopathic-practice).
35. OElS are also expected to comply with the Quality Assurance Agency for Higher Education *UK Quality Code for Higher Education* (available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code) on the appropriate delivery and assessment of a curriculum – in particular part B, which deals with:
 - programme design and approval
 - admissions
 - learning and teaching
 - student support, learning resources and careers education, information, advice and guidance
 - student engagement
 - assessment of students and accreditation of prior learning
 - external examining
 - programme monitoring and review
 - complaints and appeals
 - management of collaborative arrangements
 - research degrees.



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