General Osteopathic Council

Osteopathic Pre-Registration Education

# Graduate Outcomes and Standards for Education and Training

Effective from 1 September 2022

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# About this guidance

1 The Graduate Outcomes for Osteopathic Pre-Registration Education (Graduate Outcomes) and Standards for Education and Training are issued by the General Osteopathic Council (GOsC) and are effective from 1 September 2022. 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 (OPS) are the core standards, set by the GOsC, that UK graduates must demonstrate before they can be awarded a 'Recognised Qualification' (RQ) which enables a graduate to register and practise as an osteopath.

3 The Graduate Outcomes support the OPS and provide a reference point for students, educational providers, patients and others. The outcomes describe the professional aspects of osteopathic pre-registration education, and the competencies that students are expected to demonstrate before graduation in order to show that they practise in accordance with the OPS. The outcomes represent the minimum requirements to apply for entry to the GOsC Register, and progress to a career in a range of settings. The Standards for Education and Training set out the standards that we expect providers of osteopathic education programmes to meet.

4 The guidance should be read alongside other supplementary guidance issued by the GOsC, which includes:

- guidance about student fitness to practise
- guidance about the management of health and disability

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 expectations, practices, advice and guidance including in relation to course design and development, learning and teaching, assessment, monitoring and evaluation).
- the Quality Assurance Agency for Higher Education Subject Benchmark Statement for Osteopathy.

6 This guidance should be read by:

- students and prospective students, to assist in their understanding of the professional expectations of graduates to meet the core regulatory requirements set out in the OPS.
- osteopathic training providers, to set out the professional expectations of students to meet the OPS, leading to the award of an RQ 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 OPS and allow the award of an RQ.

7 This guidance may be of interest to:

- other healthcare professionals.
- employers facilitating an understanding of osteopathic education.
- the wider academic and Allied Health professional community, especially those looking to support better integration, interprofessional education and collaboration within this 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, and working in partnership with, their patients. This includes being able to take and record a patient's case history and to undertake an appropriate clinical assessment, formulate an appropriate working diagnosis or rationale for care in the context of potential prognosis, and explain this clearly to the patient to support discussion of treatment options. It also includes recognising and working within the limits of their own training and competence as a practitioner and providing appropriate treatment and care, referring to another healthcare professional when required and crucially, putting the patient's interests before their own.

9 Putting patients first involves working with them as partners in their own care, supporting patients in expressing what is important to them, agreeing goals and other priorities, 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 may work as part of a wider team of healthcare professionals looking after the patient, and are required to work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available.

10 Osteopathic training providers equip osteopathic students for the demands of independent practice or employment in a range of roles or settings. This includes scientific and clinical knowledge, and clinical and professional skills (including recording and reflection), underpinned by communication tailored to the patient's individual needs (for example, an understanding that some patients may bring an interpreter, or respond better to written information in easy read formats), a critical appreciation of osteopathic principles and application of the technical skills needed for practice. The demands of practice require effective communication, critical evaluation and the administrative skills necessary to run a practice. Such skills help to ensure that the osteopath is able to provide high quality patient care. Most importantly, osteopathic 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 and impact of professional isolation and be encouraged to develop peer networks and communities of practice, which can develop into professional networks after graduation and throughout their career. Networks throughout careers are essential. The educational providers, the professional membership body the Institute of Osteopathy, regional osteopathic groups and specialist organisations can help. This may be particularly important for those who may feel more isolated due to caring responsibilities, geographical constraints or other life circumstances that mean creating and sustaining professional networks may be more difficult.

12 As healthcare practitioners, osteopaths are also responsible for keeping their knowledge and skills up to date to ensure that they continue to deliver high standards of care to patients. They should be professionally engaged, complying with regulatory requirements regarding continuing professional development (CPD).

13 Osteopathic practice is often delivered within the independent sector. The outcomes in this guidance focus on safe, effective and ethical clinical practice within whatever context or setting the osteopath delivers care. Osteopaths must be conversant with the demands and challenges faced by practitioners (including the challenges of establishing, marketing, managing and maintaining a new business) and develop strategies for managing these before graduation. Failure to do so could distract from patient care during the first years of practice and beyond.

14 This document comprising the Graduate Outcomes for Osteopathic Pre-Registration Education and the Standards for Education and Training is designated as the statement of the GOsC's Education Committee under Rule 3 of the General Osteopathic Council (Recognition of Qualifications) Rules 2000. The Graduate Outcomes set out what the GOsC expects osteopathic educational providers 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 CPD.

This document is available to read in Welsh: Deilliannau i Raddedigion a Safonau ar gyfer Addysg a Hyfforddiant.

# Graduate Outcomes

In order to graduate with a Recognised Qualification, students must demonstrate that they practise in accordance with the Osteopathic Practice Standards.

These outcomes are designed to help students demonstrate that they meet the Osteopathic Practice Standards. They are not exclusive, however, and osteopathic training providers may also require students to demonstrate a range of additional outcomes.

## Communication and patient partnership

The therapeutic relationship between osteopath and patient is built on good communication, trust and confidence. Patients must be at the centre of healthcare and must be given the information that they need in order to make informed choices about the care they receive.

15 The graduate will be able to do the following:

a. Work in partnership with patients in an open and transparent manner, respect their individuality, concerns, preferences, dignity and modesty, and support patients in expressing what is important to them (including by active listening and responding to feedback). People may have particular needs or preferences related to disability or religion or other protected characteristics, for example, but take care not to make assumptions as a result of these. Treat each person as an individual, being curious to explore their particular concerns and preferences, identifying and overcoming barriers in communication.

b. Understand and apply the principles of remote and face-to-face consultations appropriately.

c. Communicate information effectively. This should be demonstrated by, for example:
   i. providing support for patients to express what is important to them.
   ii. demonstrating effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy.
   iii. demonstrating clear and effective communication skills including written, verbal and alternative formats, to enhance patient care.[1]
   iv. communicating sensitive information to patients, carers or relatives effectively and compassionately and being sensitive to the needs of patients.
   v. providing the information to patients that they want or need to know, clearly, fully and honestly and in a way they can understand, to enable them to make informed decisions about their care.

1. It is important to ask patients to tell you about their communication needs and preferences and how they like to give and receive information so it is accessible to them. For example, patients with sensory impairments may ask you to face them so that they can lip read, or they may wish to use British Sign Language or Makaton (with an interpreter). Patients may wish to receive written information in a particular font or text size. Patients may wish to use an interpreter if their first language is not English or Welsh, or they might find easy read communications helpful.

d. Obtain consent for all aspects of examination and treatment as appropriate in accordance with GOsC guidance, this includes:
   i. being able to explain the nature and implications of treatment, in the context of potential prognosis, and what patients can expect from you as an osteopath.
   ii. ensuring that the patient has understood the nature, anticipated benefits and any material or significant risks of the proposed examination, treatment or other action and the care options.
   iii. ensuring that the patient is providing consent voluntarily – and that the patient understands they are able to accept or refuse the proposed examination or treatment options.
   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.

e. Support patients in caring for themselves to improve and maintain their own health and wellbeing.

f. Ensure that their own values and beliefs do not prejudice their patients' care.

g. Set expectations about how patients can get in touch (for example, by telephone or email) if they have any concerns (ensure that patients are able to access the communication methods available).

## Knowledge, skills and performance

Osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers, always working within the limits of their knowledge, skills and experience.

16 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, and be able to apply these, critically, in the care of patients. These key concepts include:
   i. osteopathic philosophy, principles and concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives.
   ii. normal and disordered human structure and function, anatomy, physiology, pathophysiology and pain mechanisms.
   iii. relevant knowledge from contemporary clinical, biomedical and behavioural sciences to inform patient management.
   iv. principles of a healthy lifestyle, and the effects of patients' life choices and lifestyles on their health and wellbeing.
   v. an understanding of common medications and their clinical impacts and implications for osteopathic care.
   vi. the context of osteopathy within the wider healthcare environment.
   vii. the importance of diversity and individual values and an understanding of equality and anti-discrimination legislation within osteopathic care and how to apply this to practice.

viii. the impact of discrimination and health inequalities and how to explore context to provide better care for patients.
ix. the different settings and contexts within which osteopathic healthcare is provided, including the knowledge and skills required to undertake remote and face-to-face consultations.

b. Demonstrate a critical and reflective approach to practice, this should include:
   i. a commitment to gaining and reflecting on feedback from others;
   ii. reflection based on literature, guidelines and experience in the development of clinical and professional skills;
   iii. lifelong learning;
   iv. the enhancement of the quality of care throughout their practice life;
   v. participation in peer learning activities, and the provision of feedback to others.

c. Seek to continually reflect on and enhance their practice.

d. Recognise and work within the limits of their training and competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.

e. Be able to analyse and reflect upon information related to their practice in order to enhance patient care.

## Education

17 The graduate should be able to demonstrate an appropriate level of education understanding, which will include being able to:

a. Assess and evaluate their own learning needs and develop a plan to address these, being mindful of the four themes of the Osteopathic Practice Standards.

b. Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge.

c. Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and wellbeing.

d. Take opportunities to learn with others, recognising the benefits of a collaborative approach to patient care and professional development.

e. Recognising the role that they can play in supporting colleagues, as a role model, mentor, and in giving peer feedback to develop themselves and others and enhance patient care.

## Leadership and management

18 The graduate should be able to demonstrate an appropriate level of understanding of leadership and management, which will include being able to:

a. Role model the values of their education provider, demonstrating a person-centred approach to the delivery of patient care and development.

b. Evaluate and audit own practice, and if appropriate, participate in broader multi-disciplinary service and team evaluation to enhance patient care (for example, outcomes of care, experience and safety).

c. Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.

d. Receive feedback from a range of sources (including patients and colleagues), analyse this and identify ways in which the provision of osteopathic care may be enhanced.

e. Demonstrate leadership, resilience and commitment, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.

f. Demonstrate receptiveness to challenge and preparedness to constructively challenge others, and speak up when the behaviour of others may affect the safety, health and wellbeing of patients, colleagues and the public.

## Research

19 The graduate should be able to demonstrate an appropriate level of research understanding and delivery, which will include being able to:

a. Critically appraise evidence and evaluate its quality and appropriateness to apply to clinical practice.

b. Understand a range of concepts and methodologies in relation to clinical research.

c. Be able to differentiate between research, clinical audit and service evaluation.

d. Understand and be able to use technical research language.

e. Be able to select appropriate research methods to answer research questions.

f. Understand outcome measurement in the context of clinical practice and research projects.

g. Evaluate the quality, integrity and authenticity of information and data.

h. Understand and be able to interpret quantitative and qualitative research.

i. Understand confidentiality regarding data and patient identifiable information including Caldicott Guardian principles.

j. Demonstrate an understanding of ethics and governance approval procedures in relation to starting and delivering research.

k. Demonstrate an understanding of consent and participant recruitment in an ethical manner consistent with a research protocol, and implement as appropriate in practice.

l. Understand and undertake good clinical practice in relation to direct patient/participant care.

## Safety and quality in practice

Osteopaths must deliver high-quality and safe healthcare to patients.

20 The graduate will be able to do the following:

a. Take an accurate patient case history, adapting their communication style to take account of the patient's individual needs (for example, easy read formats to support people with learning disabilities) and sensitivities in order to build an effective therapeutic relationship.

b. Record the patient's history and findings succinctly and accurately in accordance with GOsC guidance.

c. Select and undertake an accurate and appropriate clinical assessment and evaluation for an individual patient (where appropriate taking account of, for example, underlying health conditions, different skin tones or different assessments which may be necessary related to sex or gender). This will include relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs to form the basis of a treatment and management plan, in partnership with the patient, including an analysis of the aetiology and any predisposing or maintaining factors.

d. Demonstrate an understanding of the principles and application of first-aid and take appropriate action in the event of a medical emergency.

e. Critically evaluate information collected from different investigations and sources, to formulate an appropriate working diagnosis or rationale for care, in the context of potential prognosis, and explain this clearly to the patient, recognising areas requiring referral for further treatment or investigation.

f. Develop and be able to apply an appropriate plan of care in partnership with the patient which will take into account their particular values, preferences and characteristics, based on the working diagnosis, the best available evidence and the practitioner's skills, experience and competence. This may include patient education, mobilisation, manipulation and exercise prescription or other initiatives to promote and facilitate patient self-management, applying all practical skills with precision, and adapting them when required to provide safe and effective care.

g. Have knowledge of a range of healthcare models and be able to apply these in different situations and with different patients based on the patient's health beliefs, preferences and needs, using a biopsychosocial model to inform assessment and patient management.

h. Understand the impact of the practitioner's behaviour, language and beliefs and unconscious bias on patient outcomes.

i. The practitioner should not bring their own beliefs into the professional conversation or treatment, and should avoid any tendencies towards diagnostic overshadowing, where a patient's symptoms may be assumed to be a result of pre-existing conditions.

j. Recognise and promote the importance of social networks and communities for individuals and their carers in managing health and wellbeing.

k. Promote the importance of physical activity for health, and work in partnership with patients to enable them to incorporate this within their daily lives.

l. Be able 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.

m. Review the initial diagnosis and the effects of osteopathic care on a regular basis, in partnership with the patient, adapting the management plan as appropriate.

n. Recognise when referral is necessary and refer the patient to another healthcare professional, following appropriate referral procedures.

o. 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.

p. Be able to produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.

q. Recognise when adverse reactions to treatment have taken place and take appropriate action.

r. Discharge a patient from care appropriately.

s. Be aware of their wider role as a healthcare professional to contribute to enhancing the health and wellbeing of patients by being aware of public health issues and concerns, discussing these in a balanced way and guiding patients to resources to support decision making and healthy lifestyle choices. Practitioners should be aware of the impact of health inequalities and the socio-economic circumstances of individuals and ensure that advice is appropriately tailored and support signposted.

t. Have an understanding of health and safety requirements, including risk assessments, and infection control measures relating to safe practice, and be able to implement these in practice, following public health, regulatory and professional guidance to avoid the transmission of communicable disease (see GOsC Guidance on Infection Control).

u. Recognise when patients (including children and vulnerable adults) may be at risk (including in situations involving domestic violence), and be able to take appropriate action to keep patients from harm, including the following of relevant safeguarding procedures.

v. Understand their duty as a health care professional to take appropriate action if they believe that the health, conduct or professional performance of a colleague poses a risk to patients.

w. Demonstrate ways of establishing a viable, safe and effective practice, including:
   i. knowledge of and ability to comply with relevant legislation and associated guidance, including in the areas of health and safety, data protection, equality, diversity and inclusion,[2] and financial and accounting requirements.
   ii. ability to employ appropriate and legal methods of marketing and advertising.
   iii. an understanding of the issues in relation to the use of social media appropriately, legally, safely and ethically, in relation to professional practice.
   iv. knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission (England), Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales.
   v. ability to develop appropriate, clear, inclusive and accessible patient information in a variety of formats and approaches to provide patient information that individual patients can understand in advance of an appointment.

## Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust in the profession, upholding its reputation at all times through their conduct in and out of the workplace.

21 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, and understand how to work within a context of uncertainty, using the standards and other sources of information to inform professional judgement and decision making in partnership with patients.

b. Demonstrate honesty and integrity in professional practice.

c. Establish and maintain clear professional boundaries with patients and colleagues, recognising the importance of trust within therapeutic relationships.

d. Demonstrate an understanding of the role of organisations and bodies involved in osteopathic and wider health professional education and regulation and the contribution of osteopathy within the wider healthcare environment.

e. Understand the importance within healthcare of the duty of candour, and act on this, disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact.

f. Recognise situations that might lead to complaint or dissatisfaction, manage situations where patients' expectations are not being met and be able to manage patient concerns and complaints appropriately.

g. Understand and respect patients' rights to privacy and confidentiality, and the measures needed to effectively protect patient information, complying with all legal requirements in this respect.

2. This would include anticipating the needs of those with protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

h. Understand the contributions of other health and care professionals, and when required, be able to work collaboratively with others to optimise patient care.

i. Support colleagues to enhance patient care and guide their professional learning and development, acting as a role model and demonstrating leadership where appropriate.

j. Recognise that fatigue and health issues in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from others where appropriate – to reduce this risk.

k. Understand the need to take steps to integrate into the professional community, and the professional support available from a variety of sources to help with the transition into practice life, including:
   - Institute of Osteopathy (the professional body for osteopaths)
   - Regional groups and communities
   - Special Interest Groups and associations
   - Resources provided by the GOsC to support professional development and engagement with CPD requirements
   - National Council for Osteopathic Research hubs
   - The wider, local health professional community

## Common presentations with which graduates should be familiar

22 Graduates must have seen a sufficient depth (numbers) and breadth (diversity) of patients to enable them to deliver these Graduate Outcomes for Osteopathic Pre-Registration Education and to demonstrate that they practise in accordance with the Osteopathic Practice Standards.

23 Graduates must have the opportunity to consolidate their clinical skills before graduation. In order to support this, pre-registration osteopathic education should include a minimum of 1,000 hours of clinical practice, though what is important is the meeting of outcomes rather than just accumulating hours. The gaining of sufficient depth and breadth of experience may be achieved in a variety of ways, for example, through simulations involving actors, virtual and remote clinics, through observation and direct clinical interaction, placements with other osteopaths, health professionals or the NHS, as well as the provision of hands-on clinical care in the teaching clinic. Graduates should have seen 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.

24 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

25 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. an appropriate and relevant patient profile
   ii. presenting symptoms

iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history)
iv. response to previous treatment
v. an understanding of the patient's values, preferences and goals and what's important to them

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. Undertake appropriate clinical examination of the patient (including active and passive examination and clinical examination of systems), taking into account the nature of their presentation and case history.

e. Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological, cultural, ethnic background, social and any other factors).

f. Explain clinical findings, including potential prognosis, to patients, and colleagues accurately and clearly.

g. Draw on well-developed and critical clinical reasoning and explain:
i. the significance of presenting signs and symptoms
ii. the differential diagnosis and working diagnosis
iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors
iv. uncertainty and complexity 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 working 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, values and preferences
iv. the best available evidence
v. specific treatment aims
vi. proposed approaches to achieve the treatment aims (including an explanation of the mechanism and the likely effect)

i. Demonstrate how they worked with the patient to enable the patient to provide informed consent including how they addressed:
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 and responses given to patient questions.
iv. how the patient was able to make a decision, and give consent to examination and treatment, and how this was recorded.

j. Undertake an evaluation of the effectiveness of treatment during and at the end of the course of treatment.

k. Be able to manage cases where patient expectations as to the effectiveness of osteopathic management were not met, and demonstrate effective communication with patients and others as appropriate in such scenarios, including referral where appropriate.

l. 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

26 The graduate should be able to demonstrate a sound understanding of a range of presentations, either through practice experience with real patients or in simulated scenarios, which should include:

a. Neuromusculoskeletal case presentation.

b. Non-neuromusculoskeletal case presentation.

c. Case presenting particular communication needs (for example, language or disability related needs).

d. Patients displaying a range of characteristics which might include age, disability, gender reassignment, gender identity, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

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 a condition where osteopathy may not be a suitable approach to treating the underlying issue, but where osteopathic treatment may help to alleviate symptoms.

h. A patient for whom the use of certain techniques were concluded to be unsuitable (contra-indicated).

i. Cases where patients do not respond according to the expected prognosis.

3. In the original publication, the reference to 'race' was omitted in error and has now been added to address this and to reflect the Osteopathic Practice Standards

j. Cases where patients have chronic conditions that may require regular treatment to help the patient to live well within their environment.

k. Cases where a remote consultation is undertaken with a patient.

l. Conditions where an early referral and diagnosis may be particularly important for optimising individuals' long-term outcomes, for example, internal derangement of the knee, ruptured Achilles tendon, massive rotator cuff tear, inflammatory arthritis and inflammatory joint and spine diseases, cauda equina syndrome, joint infection, soft tissue infection, bone infection, temporal arteritis.

## Common range of approaches to treatments

27 The graduate should have a critical understanding of a range of approaches to patient care sufficient to inform the safe and effective osteopathic management of patients, and the skills to apply these in partnership with patients and within the context of the Osteopathic Practice Standards.

28 Osteopathic approaches to treatment and patient management should include:

a. Working in partnership with the patient including listening to and understanding what matters to the patient.

b. A range of direct and indirect manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain.

c. Rehabilitation advice and guidance to facilitate self-management and enhance recovery.

d. Provision of health information, guidance and signposting to resources to support patients' choices and decisions regarding their health and wellbeing.

# Standards for Education and Training

Osteopathic educational providers must deliver a curriculum that ensures all graduates with Recognised Qualifications meet the outcomes in this guidance and the Osteopathic Practice Standards, and which meets the following standards for education and training.

1 **Programme design, delivery and assessment**

2 **Programme governance, leadership and management**

3 **Learning culture**

4 **Quality evaluation, review and assurance**

5 **Resources**

6 **Students**

7 **Clinical experience**

8 **Staff support and development**

9 **Patients**

# 1 Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

a. they implement and keep under review an open, fair, transparent, and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.

b. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.

c. they implement a fair and appropriate process for assessing applicants' prior learning and experience.

d. all staff involved in the design and delivery of programmes are trained in all policies in the educational provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

e. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.

f. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.

g. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Graduate Outcomes for Osteopathic Pre-Registration Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).

h. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme.

i. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

j. there is an effective process in place for receiving, responding to and learning from student complaints.

k. there is an effective process in place for students to make academic appeals.

## 2 Programme governance, leadership and management

Education providers must ensure and be able to demonstrate that:

a. they implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.

b. have in place and implement fair, effective and transparent fitness to practise procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.

c. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.

d. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted, for example, the General Osteopathic Council, Protect (a speaking up charity operating across the UK), the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.

e. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice and support.

f. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

## 3 Learning culture

Education providers must ensure and be able to demonstrate that:

a. there is a caring and compassionate culture within the educational provider that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.

b. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.

c. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.

d. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.

e. students are supported to develop as learners and as professionals during their education.

f. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.

## 4 Quality evaluation, review and assurance

Education providers must ensure and be able to demonstrate that:

a. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.

b. external expertise is used within the quality review of osteopathic pre-registration programmes.

c. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.

d. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

## 5 Resources

Education providers must ensure and be able to demonstrate that:

a. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.

b. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.

c. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students (for example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs).

d. there is sufficient provision in the educational provider to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately.

e. that buildings are accessible for patients, students and osteopaths.

## 6 Students

Education providers must ensure and be able to demonstrate that students:

a. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.

b. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

c. have their diverse needs respected and taken into account across all aspects of the programme (consider the GOsC Guidance about the Management of Health and Disability).

d. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.

e. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.

f. are supported and encouraged in having an active voice within the education provider.

## 7 Clinical experience

Education providers must ensure and be able to demonstrate that:

a. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-Registration Education.

b. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

## 8 Staff support and development

Education providers must ensure and be able to demonstrate that:

a. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the educational provider and to make non-biased assessments), managed in their roles, and provided with opportunities for development.

b. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.

c. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.

d. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the Recognised Qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.

e. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

## 9 Patients

Education providers must ensure and be able to demonstrate that:

a. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.

b. effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.

c. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.

d. they manage concerns about a student's fitness to practise, or the fitness to practise of a member of staff in accordance with procedures referring appropriately to the GOsC.

e. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.

f. the needs of patients outweigh all aspects of teaching and research.

g. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.

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