



Subject benchmark statement

Osteopathy: Draft for consultation

September 2014

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How can I use this document?

This document is a subject benchmark statement for osteopathy, that defines what can be expected of a graduate in the subject, in terms of what they might know, do and understand at the end of their studies.

You may want to read this document if you are:

- involved in the design, delivery and review of programmes of study in osteopathy or related subjects
- a prospective student thinking about studying osteopathy, or a current student of the subject, to find out what may be involved
- an employer, to find out about the knowledge and skills generally expected of a graduate in osteopathy.

Explanations of unfamiliar terms used in this subject benchmark statement can be found in the Quality Assurance Agency for Higher Education's (QAA's) glossary.¹

¹ The QAA glossary is available at: www.qaa.ac.uk/about-us/glossary.

About subject benchmark statements

Subject benchmark statements form part of the UK Quality Code for Higher Education (Quality Code) which sets out the expectations that all providers of UK higher education reviewed by QAA are required to meet.² They are a component of *Part A: Setting and maintaining academic standards*, which includes the expectation that higher education providers 'consider and take account of relevant subject benchmark statements' in order to secure threshold academic standards.³

Subject benchmark statements describe the nature of study and the academic standards expected of graduates in specific subject areas, and in respect of particular qualifications. They provide a picture of what graduates in a particular subject might reasonably be expected to know, do and understand at the end of their programme of study.

Subject benchmark statements are used as reference points in the design, delivery and review of academic programmes. They provide general guidance for articulating the learning outcomes associated with the programme but are not intended to represent a national curriculum in a subject or to prescribe set approaches to teaching, learning or assessment. Instead, they allow for flexibility and innovation in programme design within a framework agreed by the subject community. Further guidance about programme design, development and approval, learning and teaching, assessment of students, and programme monitoring and review is available in *Part B: Assuring and enhancing academic quality* of the Quality Code in the following Chapters:⁴

- *Chapter B1: Programme design, development and approval*
- *Chapter B3: Learning and teaching*
- *Chapter B6: Assessment of students and the recognition of prior learning*
- *Chapter B8: Programme monitoring and review.*

For some subject areas, higher education providers may need to consider other reference points in addition to the subject benchmark statement in designing, delivering and reviewing programmes. These may include requirements set out by professional, statutory and regulatory bodies; national occupational standards and industry or employer expectations. In such cases, the subject benchmark statement may provide additional guidance around academic standards not covered by these requirements.⁵ The relationship between academic and professional or regulatory requirements is made clear within individual statements, but it is the responsibility of individual higher education providers to decide how they use this information. The responsibility for academic standards remains with the higher education provider who awards the degree.

Subject benchmark statements are written and maintained by subject specialists drawn from and acting on behalf of the subject community. The process is facilitated by QAA. In order to ensure the continuing currency of subject benchmark statements, QAA initiates regular reviews of their content, five years after first publication, and every seven years subsequently.

² The Quality Code, available at www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code, aligns with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*, available at: www.enqa.eu/wp-content/uploads/2013/06/ESG_3edition-2.pdf.

³ *Part A: Setting and maintaining academic standards*, available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a.

⁴ Individual Chapters are available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b.

⁵ See further *Part A: Setting and maintaining academic standards*, available at: www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a.

Relationship to legislation

Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them, for example by funding bodies. The Quality Code does not interpret legislation nor does it incorporate statutory or regulatory requirements. Sources of information about other requirements and examples of guidance and good practice are signposted within the subject benchmark statement where appropriate. Higher education providers are responsible for how they use these resources.⁶

Equality and diversity

The Quality Code embeds consideration of equality and diversity matters throughout. Promoting equality involves treating everyone with equal dignity and worth, while also raising aspirations and supporting achievement for people with diverse requirements, entitlements and backgrounds. An inclusive environment for learning anticipates the varied requirements of learners, and aims to ensure that all students have equal access to educational opportunities. Higher education providers, staff and students all have a role in, and responsibility for, promoting equality.

Equality of opportunity involves enabling access for people who have differing individual requirements as well as eliminating arbitrary and unnecessary barriers to learning. In addition, disabled students and non-disabled students are offered learning opportunities that are equally accessible to them, by means of inclusive design wherever possible and by means of reasonable individual adjustments wherever necessary.

⁶ See further the *UK Quality Code for Higher Education: General Introduction*, available at: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=181.

About this subject benchmark statement

This subject benchmark statement refers to bachelor's degrees with honours and master's degrees in osteopathy.⁷

This version of the statement forms its second edition, following initial publication in 2007.⁸

Note on alignment with higher education sector coding systems

Programmes of study which use this subject benchmark statement as a reference point are generally classified under the following codes in the Joint Academic Coding System (JACS):

B110 (Anatomy, Physiology and Pathology) and B310 (Osteopathy).⁹

Summary of changes from the previous subject benchmark statement (2007)

The osteopathic community have worked to develop a consensus about the detailed academic and practical requirements for osteopathic education described in this osteopathy benchmark statement. This was first published in 2007. Since then there have been changes to osteopathic education (all osteopathic educational institutions now offer master's degrees in osteopathy with an increasing focus on research), regulatory requirements, patient expectations, health policy and delivery in the countries of the UK as well as the establishment of the osteopathic academic community (the Council of Osteopathic Educational Institutions).

Key changes to this document include:

- increasing emphasis on osteopaths working in partnership with patients
- further detail about the master's and research elements of osteopathy degrees
- increasing focus on evidence-based practice and educational theory
- increasing recognition that the osteopaths are part of the wider health community working in partnership with patients
- increased recognition of professionalism and the duty of candour.

This revised subject benchmark statement in osteopathy aims to provide a flexible framework in describing the nature and content of osteopathic pre-registration courses and is designed to encourage innovation and excellence in the delivery of osteopathic education. It builds on the osteopathy benchmark statement from 2007, recognising changes in the educational landscape and in the delivery of healthcare and health policy across the UK, as well as changes to standards set by the statutory regulator, the General Osteopathic Council (GOsC).

The statement has been revised by an expert group, convened by QAA, comprising all higher education providers in osteopathy as well as key professional associations and representatives of GOsC, along with student, employer and lay input.

⁷ Bachelor's degrees are at level 6 in *The framework for higher education qualifications in England, Wales and Northern Ireland* (2008) and level 10 in the *Scottish Credit and Qualifications Framework* (2001), and master's degrees are at level 7 and level 11 respectively.

⁸ Further information is available in the *Recognition scheme for subject benchmark statements*, available at: www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=190.

⁹ Further information about JACS is available at: www.hesa.ac.uk/content/view/1776/649/.

The target audiences for this subject benchmark statement and its purposes for those respective audiences are as follows.

- Students and prospective students: to assist their understanding of the abilities and qualities that higher education providers are seeking to develop in osteopathic graduates.
- Those involved in quality assurance of qualifications including external examiners and GOsC review visitors: to provide a reference to assist in achieving consistency of standards across higher education providers delivering degree programmes in osteopathy.
- Higher education providers: to guide the design of osteopathic programmes and to provide a reference for their monitoring and evaluation.
- Other health professionals: to enable an understanding of osteopathic education to support better integration and interprofessional education and collaboration within the wider academic community.
- Employers: to assist their understanding of the attributes and capabilities of graduates of osteopathy.
- Patients: to inform them about the content of osteopathic education and training.

The framework ensures that patients are at the centre of osteopathic education and practice and is situated within the wider context of the health and social care environment.

The framework permits and encourages innovation and diversity in course design and development, teaching and learning approaches and quality assurance to deliver graduates capable of autonomous, safe and effective practice within the wider healthcare environment, meeting statutory requirements.

The review group extend their thanks 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.

1 Introduction

1.1 Osteopaths specialise in the diagnosis, management, treatment and prevention of musculoskeletal and other related disorders. Treatment is hands-on and often involves skilled manipulation of the spine and joints, and massage of soft tissues or a range of other osteopathic approaches. Some osteopaths may choose to use adjunct treatments such as acupuncture. Self-help measures and advice on exercise may be offered to assist recovery, and prevent recurrence or worsening of symptoms.

1.2 Osteopaths are trained to be first contact practitioners. This means that they are able to undertake an initial consultation with any patient. This includes taking a case history, performing an examination of the patient, formulating a differential diagnosis and undertaking treatment where appropriate. Osteopaths are trained to refer patients to other healthcare professionals when they are not the most appropriate professional to manage an underlying condition (although they may still provide treatment to the individual referred).

1.3 Osteopathic education in the UK is delivered by a range of higher education providers including those delivering osteopathy as one of a number of health professional courses and single subject providers providing degrees validated by UK universities along with higher education courses delivered within a further education setting. All providers offer both academic training and substantial hands-on clinical training in dedicated clinics attached to their institution. Some also offer a range of satellite clinics within general practitioner practices or other settings.

1.4 Most osteopathic training is undertaken at degree level. Osteopathic students now follow a four or five-year degree course, combining academic and hands-on clinical work. Qualifications generally take the form of a bachelor's or master's degree in osteopathy (see Appendix A: Qualifications in osteopathy). Now almost all osteopathic higher education providers offer master's degrees reflecting an increasing focus on research and evidence-based practice in undergraduate osteopathy courses. The only exception to this is one 'membership' qualification offered as an adjunct for qualified medical doctors registered by the General Medical Council.

1.5 By law (the Osteopaths Act 1993), only those registered with GOSc are entitled to call themselves osteopaths. GOSc maintains the UK Statutory Register of Osteopaths, a register of those trained and qualified to practise osteopathy in the UK. In order to register as an osteopath, a student must gain a qualification recognised by GOSc and approved by the Privy Council. Therefore, all UK 'recognised qualifications' must demonstrate the GOSc *Osteopathic Practice Standards*.¹⁰ GOSc are also publishing *Guidance for Osteopathic Pre-registration Education* which sets out the professional expectations of osteopathic education and registration.

1.6 Once qualified and registered with GOSc, osteopaths are able to practise independently (although most newly qualified osteopaths decide to join a group practice as they make the transition into practice). Thus it is critical that during pre-registration education osteopaths are prepared for autonomous practice at the point of graduation and have the skills to integrate into the osteopathic and wider health community to provide care for patients effectively, and the insight and ability to keep themselves up to date and fit to practise.

¹⁰ www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf

2 Nature and context of osteopathic healthcare and education

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

- Osteopathy is a patient-centred rather than a condition/disease centred system of healthcare.
- Osteopathy is the autonomous discipline of primary contact healthcare that acknowledges that normally the living body is a self-renewing, self-regenerating, self-recuperating, self-maintaining system, within the confining influences of environment and genetic predisposition.
- Osteopaths, in close collaboration with the patient, seek to identify what has compromised this self-maintaining system and allowed ill-health and disease to develop, instead of the system resolving challenges to health normally.
- Diagnosis involves conventional examination procedures in addition to a highly developed sense of touch known as palpation, to interpret the body's response to the breakdown of its health and restorative mechanisms.
- Treatment includes approaches and procedures based on the palpatory findings, tailored to the individual person and reinforced by other self-help measures, such as guidance on diet, lifestyle and exercise.
- Osteopaths recognise the impact of the environment as well as genetic predispositions on health and well-being.
- The approach emphasises the integration of the whole body, 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.

Osteopathic practice

2.3 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.

2.4 The following principles guide osteopathic practice:

- the body is a unit
- structure and function are interrelated
- the body possesses self-regulatory mechanisms
- the body has the inherent capacity to defend and repair itself
- when normal adaptability is disrupted, or when environmental changes overcome the body's capacity for self-maintenance, disease may ensue
- rational treatment is based on the previous principles.

2.5 Practice is, therefore, characterised by the following 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 affect 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 manually applied osteopathic techniques, lifestyle advice, coping strategies, and other advice to enable the patient to understand the cause and contributing factors of their impaired well-being.
- An emphasis on the integration of body structure and structural tissues 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.

Education and training

2.6 The osteopathic education community has evolved a common approach that enables all graduates to express the capabilities set out in the *Osteopathic Practice Standards* published by GOsC. This approach combines academic and theoretical learning framed around progressive levels aligned to the Quality Code, including procedural, propositional and psychomotor knowledge centred in a clinical framework. The applied practical and clinical reasoning skills need to be robust to support clinical decision making, effective practice and continuing fitness to practise. This is accompanied by autonomy in learning to enable and ensure life-long learning and reflective practice. Knowledge of the healthcare environment in the UK, business and regulatory requirements are sufficient to enable graduates to work independently. Furthermore, supervised clinical experience is essential to osteopathic practice.

2.7 An osteopathic pre-registration programme has 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 a dedicated and closely supervised outpatient clinical environment, in the context of the distinctive principles and philosophy of osteopathy. This places patients and their needs as the focus of osteopathic intervention, and adopts an integrated solution to facilitating their return to optimum health, using a variety of methods tailored to individual requirements.

2.8 As befits a primary contact healthcare profession, it is important that osteopathic students graduate with a detailed and comprehensive knowledge and understanding of the basic clinical sciences such as anatomy, physiology and pathology, as well as excellent communication and interpersonal skills to liaise with both patients and other health professionals that they may communicate with as part of the patient journey. The teaching and learning in these areas places emphasis on, and is integrated with, the osteopathic context, so that they are guided by the distinctive nature of osteopathic principles and concepts applied to clinical practice within the context of the patient journey.

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

2.10 Students are familiar with a range of clinical reasoning frameworks or models to support their application of osteopathic principles.

Master's level

2.11 Throughout the curricula of osteopathic programmes leading to eligibility for professional practice in the UK, there are many aspects that reflect elements of the master's level qualification descriptor in *The framework for higher education qualifications in England, Wales and Northern Ireland* and *The framework for qualifications of higher education institutions in Scotland*, particularly those requiring sound judgement in complex and unpredictable professional circumstances.

2.12 Master's degrees in osteopathy may be considered broadly to be of two types.

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

2.13 Key considerations in designing a master's programme in osteopathy are as follows.

- 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 may 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 2.12), master's degree components may be embedded across 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 common to both types of programme.
- There should be an appropriate amount of study and assessed work at master's level that is sufficient to demonstrate achievement of the master's criteria in the FHEQ. Generally this would require at least the equivalent of one academic year of assessed study at master's level.

International context

2.14 Graduates of osteopathic programmes in the UK practice 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.

2.15 Apart from in the UK, well developed systems for educational accreditation and osteopathic practice regulation exist in Australia, Canada, New Zealand, and an increasing number of European countries. In the USA, osteopaths mirror orthodox physicians and may use surgery and pharmacological interventions in their repertoire. The increasing globalisation of higher education has led to many countries seeking to attract students to

their systems of higher education with the consequent challenges associated with comparing qualifications and educational and professional accreditation standards.

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 (both within osteopathy and with other health professionals), problem solving, reflective practice, the use of information and communications technology, 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 subject 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 is able to demonstrate the qualities of an autonomous patient-focused practitioner who is caring, empathetic, trustworthy, professional, confident, self-aware, inquiring, integrative and competent, and who has a high level of practical skills and problem solving ability. They possess a highly developed knowledge base and clinical ability to integrate multiple factors in taking a comprehensive overall approach to the health needs of the individual, and exhibit the responsible professional attitudes consistent with being a healthcare practitioner. They are suitably equipped to treat patients of all ages, and from all walks of life.

3.3 On the path to developing these characteristics, competent students develop core knowledge, understanding and skills, in order to inform patient evaluation and management, and to be safe and competent practitioners on graduation. The following outcomes describe the more detailed academic and practical expectations of the osteopathic graduate. They are designed to demonstrate the professional capabilities that are needed to become registered as an osteopath in the UK as set out in the *Osteopathic Practice Standards* and accompanying *Guidance for Osteopathic Pre-registration Education* (currently under development) provided by GOsC.

3.4 On successful completion of their studies, students will have developed the following core knowledge, understanding and skills.

A Knowledge relevant to the safe and competent practice of osteopathy

- A detailed and integrated knowledge of human structure and function, with special emphasis on the neuro-musculoskeletal system, sufficient to recognise, identify and differentiate between normal and abnormal anatomical structures and processes in the living body.
- Knowledge of human disease sufficient to inform clinical judgement regarding palpatory and other clinical findings, and to recognise disorders not amenable to osteopathic treatment.
- Knowledge of human psychology and sociology, relevant to the acquisition and maintenance of health, sufficient to provide a context for clinical decision-making and patient management.
- Knowledge of the use of the principles of biophysics sufficient to understand the effect of forces acting within living matter, especially in the effective use of such forces in the application of osteopathic techniques.
- A secure understanding of why and how to enhance a personal understanding of human functioning throughout the student's professional life.

B Concepts and principles of osteopathy

- A secure and critical understanding of principles and concepts of osteopathy and how these inform and guide rational clinical decision-making activities.
- An understanding of models of health, disease and illness and how these inform a critical consideration of practical patient care and management.
- A critical awareness of principles and practice of other relevant healthcare approaches.
- An understanding of how osteopathic principles are expressed and translated into action through a number of different osteopathic treatment and management approaches and how to select or modify techniques to meet the needs of an individual patient.
- A commitment to considering the patient as a total being and recognising that the presenting problem may mask underlying health concerns.
- Exchange and use critically the perspectives and approaches of other healthcare professions.

C Therapeutic and professional relationships

- Justifiable and acceptable management strategies to cope with ethical issues likely to confront a practitioner.
- Deal with uncertainty effectively and efficiently without loss of professional self-confidence and the ability to manage the case.
- A range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations.
- Maintain high standards of care in situations of personal incompatibility with a patient.
- Maintain patient confidentiality and act only with the informed consent of the patient in compliance with the *Osteopathic Practice Standards*.
- Adopt appropriate strategies for physical and psychological self-care during interactions with patients to maintain a high standard of professional effectiveness.

D Personal and individual skills

- A level of spatial awareness and critical self-awareness compatible with the delivery of high standards of osteopathic care.
- A developed and refined appreciation of personal and professional strengths and limitations sufficient to promote a commitment to active and planned self-development.
- Evidence of problem-solving and thinking skills to a level that informs and guides the interpretation of clinical and other data, and contributes to effective clinical reasoning and decision making.
- Engage in self-directed learning activities as an integral part of professional osteopathic practice.
- Assist colleagues and others in personal change development activities.
- Apply theories and models of the processes associated with making professional judgements.
- Care for him/herself and to operate with an appropriate degree of self-protection consistent with maintaining an acceptable standard of care for a patient.

E Communication skills

- Work with the range and forms of human communication and their strengths and limitations in specific clinical encounters.
- Select and move between different forms of communication with patients and colleagues (osteopaths, health professionals and others) while maintaining a commitment to ethical values and considerations.
- Skill in relating, integrating and responding to information and data acquired by verbal and non-verbal means.
- Speak from an informed perspective about osteopathy, its limitations, strengths and potential.
- Critically evaluate research and other findings concerning the efficacy and application of osteopathic interventions to specific patient problems and the therapeutic claims of other healthcare disciplines.
- A level of skill in the use of information technology consistent with the effective and efficient management of a modern osteopathic practice including:
 - the ability to interact with other healthcare professionals
 - the production of written reports and presentations of high quality for referral and related purposes
 - the ability to use spreadsheets and information technology for research and related purposes
 - the ability to manage and present financial and other data needed for compliance with legal requirements
 - the ability to manipulate quantitative and qualitative data for audit and related purposes
 - the ability to demonstrate effective use of data access and retrieval facilities necessary for subsequent qualification activities, including continuing professional development and related purposes.

F Intra and inter-professional collaboration and cooperation

- A critical understanding of the delivery of healthcare provision in the UK and overseas and the contribution of osteopathy within this context.
- Explain the evolution and the current development of the NHS (with particular reference to the primary healthcare arena).
- A critical understanding of the specific claims of a range of conventional and non-conventional healthcare professions and how these relate to the practice of osteopathy.
- Demonstrate a critical evaluation of the current claims of osteopathic practice in the UK and overseas.
- Undertake operational relationships with osteopaths and other healthcare professionals, including making referrals.
- Participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare.

G Professional identity, accountability, ethics and responsibilities

- Understand the concept and significance of statutory regulation authorised by Parliament.
- Enact the personal professional role in terms of the expectation to practise osteopathy safely, competently and lawfully.
- Understand the legal responsibilities and commitments of an osteopath.

- Abide by the ethical and other standards outlined in the *Osteopathic Practice Standards*.
- Justify actions to all individuals concerned when appropriate.
- Maintain the integrity of the profession and not bring it into disrepute by claiming qualifications, skills, experience or knowledge not possessed or with no right to use.

H Professional self-evaluation and development by means of reflective practice

- Be prepared to comply with continuing fitness to practise standards requirements to maintain registered status.
- Record the outcomes of self-monitoring and reflections on their clinical activities.
- Participate in, and contribute to, structured courses and conferences in relevant professional areas.
- Organise and participate in group activities relevant to the development and enhancement of osteopathy as a profession.
- Generate and submit self-audit reports to the standard which may be required by the statutory body from time to time.
- Contribute to research and other scholarly activities to promote personal professional development and that of osteopathy.

I Identification and evaluation of the needs of the patient

- Demonstrate effective and efficient completion of a detailed case history of the patient and an analysis of the patient's presenting complaint.
- Recognise the relative importance of the psychosocial context of the patient's presenting complaint.
- Identify the needs of the patient and facilitate specific clinical investigations as required.
- Conduct effective static, active and passive biomechanical assessment of the patient.
- Undertake a thorough, sensitive and appropriately detailed palpatory evaluation.
- Generate a number of hypotheses to explain the patient's presenting complaint to aid the formulation of a treatment plan or onward referral.
- Show sensitivity and the ability to consult effectively with the patient at all stages of the evaluation.
- Recognise the characteristics and consequences of non-verbal communication and issues of ethnicity, gender, religious beliefs and socio-economic status as they may impact on the patient's health.
- Generate complete and accurate records of the outcomes of the patient evaluation.
- Generate and discuss the content of referral letters and other forms of communication with professional colleagues.

J Acquisition, use and enhancement of the skills of osteopathic palpation

- A critical appreciation of the therapeutic value of touch and palpation.
- The relevant use of knowledge to recognise and understand the structure and function of the tissues during palpation.
- Advanced knowledge of the palpatory characteristics of the normal and abnormal functioning of discrete body tissues and systems.
- Use palpation selectively as part of the evaluation process.

- Use palpation effectively both as a diagnostic and therapeutic medium.
- Demonstrate a high level of palpatory skill.
- Make accurate and appropriate records of palpatory findings.
- Use palpation in conjunction with other evaluation methods before forming a diagnostic hypothesis.
- Use of palpation as a means of continuously monitoring the effects of treatment.

K Planning, justifying and monitoring osteopathic treatment interventions

- Perform a detailed analysis and reflection on information gathered during patient history taking and evaluation.
- Generate and justify a number of hypotheses for the aetiology of the patient's presenting complaint.
- Select an appropriate course of action based on a rational decision-making process which includes a critical consideration of personal limits of competence, the likely effects of osteopathic treatment and the patient's wishes.
- Use clinical reasoning to determine whether or not to treat the patient and if not, select the most appropriate course of action.
- Formulate a treatment plan and prognosis.
- Establish the means by which to inform the patient of findings and intended course of action.
- Enter into a formal therapeutic contract with the patient.
- Identify and reflect on the obstacles to progress and to plan and take appropriate action.

L Conducting osteopathic treatment and patient management

- Select and use a wide range of osteopathic techniques and patient management approaches.
- A thorough and critical understanding of the theory, principles and practice of osteopathy.
- Rationalise indications and contra-indications of using specific osteopathic techniques or their modification.
- Justify the selection and mode of use of an osteopathy treatment or approach for the care of an individual patient.
- Monitor the effect of treatment during and after its application.
- Adapt an osteopathic technique and justify its use in relation to the palpatory feedback received from the patient's tissues.

M Evaluation of post-treatment progress and change

- Gather and organise a comprehensive range of qualitative and quantitative data and evidence relevant to the response of an individual patient to an osteopathic intervention.
- Justify the decision to continue, modify or cease osteopathic treatment based upon the critical consideration of the evidence acquired during the evaluation of the patient and any other relevant factors.
- Recognise adverse reactions to osteopathic treatment and to initiate appropriate responses including referral when appropriate.
- An open minded approach and acceptance of treatment outcomes that does not conform to expectations but may offer deeper insight to the clinical meaning of the patient's presenting problems.

- Record evaluation findings and their interpretation accurately and accessibly in the case notes of an individual patient.
- Continuous and deliberate self-monitoring to identify the potential influence of unintended effects while conducting a treatment intervention.

N Advice and support for the promotion and maintenance of healthy living

- A critical appreciation of the key concepts and organisation of health education and health promotion in the UK and overseas.
- An understanding of the significance and potential effect of psychosocial and economic factors in helping patients to make informed choices about their personal healthcare maintenance.
- Assist patients to undertake and become committed to self-care activities including exercise and lifestyle adjustments.
- Offer realistic advice concerning the location and effective use of local healthcare promoting activities consistent with cultural and ethnic differences.
- Maintain their own health and care for their own health and well-being and follow the appropriate procedures to manage communicable diseases.
- Identify potential benefits and limitations of referring an individual patient to other healthcare practitioners.

O Operating an efficient and effective environment for the provision of osteopathic healthcare (some of these will be demonstrable within the college clinic; others will only be theoretical knowledge at the point of graduation)

- Comply with the legal requirements of operating a modern osteopathic practice with the necessary facilities for patient and staff comfort.
- Maintain financial and other practice operation details in accordance with legal and ethical requirements.
- Monitor the quality of practice and the ability to contribute to the generation of operational and strategic plans.
- Understand how to manage professional and support staff effectively and efficiently and in accordance with identified practice needs and in compliance with legal requirements.
- Maintain patient records and information in compliance with legal and ethical requirements of confidentiality and peer support.
- Generate effective and high standards of contact with external agencies including other healthcare professionals, insurance companies, and public service organisations.
- Demonstrate the entrepreneurial skills necessary to establish a successful osteopathic business.

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 While decisions as to strategies and methods for teaching, learning and assessment and details of programme content are for the individual higher education providers to make, programmes are designed to encompass a wide range of learning experiences so as to promote active learning across the curriculum. They are designed to encourage progression in the acquisition both of knowledge and skills, and to provide adequate opportunities to acquire independent learning skills, thus laying the foundation for career-long professional development.

4.3 Teaching and learning in osteopathy programmes takes place in a combination of the following contexts: lectures, workshops and seminars, tutorials, clinical experience and self-managed or self-directed learning. Students generally 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.

4.4 Teaching is 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, information and communications technology facilities, and the skills necessary to undertake research and scholarship. Osteopathic practical skills and clinical skills will generally be taught by registered practising osteopaths.

4.5 Students of osteopathy master a wide range of knowledge, skills and the conceptual basis of osteopathy, and are able to demonstrate an ability to integrate and apply their learning as safe and effective healthcare practitioners. In achieving this, students demonstrate empathy with and ethical behaviour towards patients, ethical conduct towards colleagues and others, and general behaviour consistent with that of an aspiring healthcare professional.

Practical skills

4.6 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 are taught using appropriate accommodation and equipment to facilitate practical work. 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 GOsC or with another UK health professional regulator. The experience of the members of both the original benchmarking group and the review 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

4.7 Following graduation, students normally register as osteopaths with GOSc and thereby become primary contact healthcare practitioners. It is therefore essential that clinical learning experience provides 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 aims to deliver the prescribed osteopathic healthcare competences within the framework of safe practitionership and effectiveness as set out in the GOSc's *Osteopathic Practice Standards* (2012).

4.8 The clinical learning environment is focused on the integration and practical application of all theoretical, practical, and technical knowledge and skills across the programme. It provides students with a supportive, broad, progressive and well supervised environment in which to develop their clinical skills. The clinical learning environment allows students to receive constructive and timely feedback on their performance from clinic tutors, patients and peers. 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.

4.9 Arrangements for osteopathic clinical education ensure there are:

- adequate 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 to allow 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 clinical 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
- policies and procedures in place in respect to GOSc regulations for patient safety.

4.10 The collective experience of the members of the benchmarking group and the review group representing the osteopathic academic community, and the intention to achieve best practice, indicates that these factors are 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 that would normally not exceed one tutor to four patient encounters at any point in time.
- For each patient encounter one student would normally take the lead in the care provided for the patient; other students may be present to observe the patient encounter and the total number of students assigned as a group to one tutor would not normally exceed 10.
- Timetabled osteopathic clinic practice learning in the clinical environment of no less than 1,000 hours.
- In order to develop sufficient clinical experience, each student would normally be expected to see a minimum of 50 new patients, 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.

Assessment

4.11 In order to ensure that all the required learning outcomes are met and that students progress satisfactorily through the programme of study, a range of assessment strategies are employed, consistent with *Chapter B6: Assessment of students and the recognition of prior learning* of the Quality Code. Assessment strategies are driven by the learning outcomes.

4.12 The range of assessment strategies employed 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 vary but always include the requirement for students to demonstrate skills working with a range of new and continuing patients.
- In order to ensure comparability of practitioner standards for entrants to the profession, it is expected that a level of oversight is provided by an external examiner or external assessor sampling clinical and practical assessments, particularly those in the final year of study.
- Practical examinations in which students demonstrate their skills in selecting and performing a range of safe and effective osteopathic techniques.
- An extended piece of written work: normally related to osteopathic practice and including systematic enquiry, investigation, analysis and evaluation, and designed to demonstrate the student's ability to apply appropriate analytical methods, whether qualitative or quantitative, and to plan and carry out a research project.

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

osteopathic practice wherever possible and includes working with other health professions, for example, writing a referral letter.

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 presenting 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 is considered carefully. While assessment strategies are designed to be robust and comprehensive, they are also be proportionate so as not to place undue burden on students.

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

5 Benchmark standards

5.1 Osteopathic programmes provide an academic education which prepares students for professional practice. Generally programmes prepare students to deal with complex and uncertain clinical situations as autonomous practitioners. Consideration of a range of appropriate pathways for patient care involves, in each case, building a picture from the case history, examination and other findings. Osteopathic training also provides students with the ability to conduct research in order to adopt the most effective and evidenced-based approach for that care, both from within osteopathy as well as through inter-professional and inter-agency communication.

5.2 In training and upon professional registration, osteopaths also have to meet the *Osteopathic Practice Standards* (September 2012) as set by the General Osteopathic Council; these cover four themes of Communication and Patient Partnership, Knowledge Skills and Performance, Safety and Quality in Practice and Professionalism.

5.3 These capabilities and themes can be mapped across to the Level 7 descriptor as defined by *The framework for higher education qualifications in England, Wales and Northern Ireland* and the Level 11 descriptor of *The framework for qualifications of higher education institutions in Scotland* and, as such, many providers of osteopathic education deliver their qualification at master's level although this is not a requirement of GOsC.

Appendix A: Qualifications in osteopathy

Osteopathy education is generally delivered at degree level, either master's or bachelor's, although there are some exceptions. Example titles for qualifications are outlined below. Accelerated learning pathways for previously qualified healthcare professionals are also offered by most education providers.

Example titles at master's level:

- Master of Osteopathy
- Master of Osteopathic Medicine
- MSc in Osteopathy

Example titles at bachelor's level:

- Bachelor of Osteopathy
- Bachelor of Osteopathic Medicine
- BSc (Hons) in Osteopathy

Examples of accelerated learning pathways:

- Member of the London College of Osteopathic Medicine
- MSc in Osteopathy (pre-registration)

Other accelerated learning pathways are awarded the same degree title as the main programme.

Appendix B: Membership of the benchmarking and review group for the subject benchmark statement for osteopathy

Membership of the review group for the subject benchmark statement for Osteopathy (2014)

Dr David Gale (chair)	Quality Assurance Agency for Higher Education
Stephen Castleton	Oxford Brookes University
Bob Davies	Swansea University
Dr Ian Drysdale	British College of Osteopathic Medicine
Fiona Hamilton	London School of Osteopathy
Charles Hunt	British School of Osteopathy
Rachel Ives	College of Osteopaths
Rebecca Morrison	European School of Osteopathy
Dr Judith Neaves	London College of Osteopathic Medicine
Diana Pitt	Leeds Metropolitan University
Marcus Walia	Surrey Institute of Osteopathic Medicine
Stephen Hartshorn	British Osteopathic Association
Renzo Molinari	Osteopathic Alliance
Nicholas Woodhead	Osteopathic Alliance
Dr Catherine Kerfoot	Quality Assurance Agency for Higher Education

Employer representative

John Chaffey Body Balance

Professional, statutory and regulatory bodies

Fiona Browne General Osteopathic Council
Marcus Dye General Osteopathic Council

Student reader

James Lovatt University of Sussex

Membership of the original benchmarking group for osteopathy (2007)

These details are as published in the original 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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