

**F**  **R** **E**

FORUM FOR  
OSTEOPATHIC REGULATION  
IN EUROPE

EFESOET

EFESOET

EUROPEAN  
FRAMEWORK FOR  
**STANDARDS**  
**OF OSTEOPATHIC**  
**EDUCATION**  
**AND TRAINING**

*“If we want to create a higher education area based on mutual trust and understanding where qualifications can be recognised and valued, we should have a common understanding of what quality means.”*

**Jan Figel**

**European Commissioner for Education, Training, Culture and Youth**

## Forum for Osteopathic Regulation in Europe

The **Forum for Osteopathic Regulation in Europe (FORE)** brings together national Registers and Competent Authorities for osteopathy across Europe.

FORE’s mission is to protect European patients, promote confidence in osteopathic professionals and be at the forefront of healthcare regulation.

As different countries are currently at various stages of recognition / regulation, the work of FORE is fundamental if the osteopathic profession is to successfully face increasing challenges in Europe. One such challenge is increasing mobility of professionals and patients across Europe<sup>1</sup>. FORE welcomes increased freedom of movement, but this should not be at the expense of patient safety and quality of care.

For this reason FORE is working to improve information exchange and develop a consensus on standards of osteopathic education, training and practice across Europe.

<sup>1</sup> Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications



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## Introduction to EFSOET

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Based on the Quality Assurance Agency for Higher Education's subject benchmark statement on osteopathy<sup>2</sup>, the European Framework for Standards of Osteopathic Education & Training (EFSOET) describes the nature, characteristics and standards expected of osteopathic training programmes.

Europe is characterised by a great diversity of education and training institutions and systems - osteopathy is no exception. Such a richness and variety of European osteopathic education and training can be seen as an important asset, but only if patients are receiving consistently high standards of osteopathic care across Europe.

At a general educational policy level, several initiatives have been taken to strengthen cooperation and increase the transparency of qualifications and lifelong learning across Europe. This includes the Bologna Process<sup>3</sup>, which is an intergovernmental initiative to create a European Higher Education Area (EHEA) by 2010 - promoting mutual recognition of qualifications, demonstrating transparency of systems (such as the transfer of academic credits<sup>4</sup>) and easing the mobility of staff and students across higher education in Europe. This brings increasing opportunities for the movement of osteopaths around Europe that requires a shared understanding of the educational standards and learning outcomes required in each country, not only to facilitate access to labour markets but also to strengthen patient safety.

<sup>2</sup> Subject benchmark statement. Osteopathy. Quality Assurance Agency for Higher Education, 2007. <http://www.qaa.ac.uk>

<sup>3</sup> <http://www.ond.vlaanderen.be/hogeronderwijs/bologna>

<sup>4</sup> A credit transfer system is a systematic way of describing an education programme by attaching credits. The definition of credits in higher education systems may be based on different parameters, such as student workload, learning outcomes and teaching hours.



## Purpose

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EFSOET is intended as a template, to inform those considering national regulatory systems on a voluntary basis. No part of this Framework should be read in isolation from the recommendations made in the whole document. EFSOET is designed to be considered as an integrated whole, leading to the successful achievement of the purposes described below.

Whilst this Framework has no legal basis and is not designed to override national law, its purpose is to:

- guide the design of osteopathic programmes across Europe and to provide a reference for their monitoring and evaluation.
- help to achieve consistency of standards across higher educational institutions delivering osteopathic degree programmes in Europe.
- assist students' understanding of the abilities and qualities needed as an osteopathic graduate.
- describe the osteopathic education process in terms of the outcomes that graduates will be expected to demonstrate. This is consistent with the approach advocated by the Qualifications Framework of the EHEA<sup>5</sup> (as part of the Bologna Process) and the European Qualifications Framework for Lifelong Learning<sup>6</sup> adopted by the European Parliament and Council.
- increase awareness of osteopathic education amongst other healthcare and related professions to encourage inter-professional education and collaboration.
- highlight the distinctive nature of osteopathy as an academic subject.

The contents of EFSOET will be kept under review and revised as necessary. Where possible we have indicated if national requirements may provide for more or less stringent measures.

This document underpins FORE's European Framework for Codes of Osteopathic Practice (EFCOP)<sup>7</sup> and European Framework for Standards of Osteopathic Practice (EFSOP)<sup>8</sup>. Collectively, the aim of this collection of documents is to:

- help the osteopathic profession achieve recognition and regulation where this doesn't already exist.
- provide patients with a standard of osteopathic care, no matter where they might seek treatment in Europe.

<sup>5</sup> The Framework for Qualifications of the European Higher Education Area. Bergen, May 2005

<sup>6</sup> Recommendation of the European Parliament and the Council of 23 April 2008 on the establishment of the European Qualifications Framework for lifelong learning (2008/C111/01)

<sup>7</sup> European Framework for Codes of Osteopathic Practice. FORE, 2007.

<sup>8</sup> European Framework for Standards of Osteopathic Practice. FORE, 2007.

## Section 1: Background

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1. The primary aim of an osteopathic education provider is to educate students to become safe and effective osteopaths who are fully capable of working autonomously in a variety of clinical settings as primary contact healthcare practitioners.
2. Most students of osteopathy will aspire to a career as practising osteopaths. For this reason osteopathic programmes have a very strong vocational element with a high integration of clinical content. Most course components will be core and compulsory, but there will still be some opportunities for students to select their own areas of study.
3. Maintaining safe and competent osteopathic practice is an ongoing process and it is, therefore, important to note that graduation marks the start of a continuing professional learning path.
4. Students of osteopathy must not only acquire knowledge and understanding, but also highly developed clinical skills and appropriate professional attitudes. Osteopathy places the patient at the centre of student learning, integrating theoretical learning with practical osteopathic technique and osteopathic clinical skills. The patient is a partner in their osteopathic care and centrally involved in decisions relating to their health. For these reasons, the importance of closely supervised student experience in a dedicated osteopathic clinical environment is emphasised strongly.
5. Higher education institutions providing osteopathy degrees should achieve and maintain standards set by the relevant national Register / Competent Authority in order for programmes to be awarded accredited status. In order to develop and offer degree programmes in osteopathy, educational institutions should also achieve national standards consistent with this European Framework for Standards of Osteopathic Education & Training (EFSOET). However, it is important to recognise that there are a variety of ways in which this may be attained and, therefore, EFSOET seeks to encourage educational diversity and innovation by not being too prescriptive in order to encourage development.
6. EFSOET aspires to combine the needs of various stakeholders to achieve ownership, consistency and credibility for a common standard for pre-registration osteopathic education and degrees in osteopathy across Europe. This is intended to reduce duplication and confusion that might otherwise occur with several different reference points. As educational provision for osteopaths should comply with national standards based on the European Framework for Standards of Osteopathic Practice (EFSOP)<sup>9</sup> agreed by FORE, EFSOET makes frequent cross-reference to these standards and both documents should be considered together.

<sup>9</sup> European Framework for Standards of Osteopathic Practice. FORE, 2007.



7. The major benefits of a Europe-wide education and training framework for osteopathy are as follows:
- emphasis on the integral nature of the relationship between academic clinical practice and professional regulation of osteopathic education within higher education.
  - a credible reference point for osteopathic pre-registration education that is understood and owned by the relevant major stakeholders.
  - an explicit framework for guiding curriculum design and assessment programmes.
  - explanation of the capabilities and attributes of osteopathic graduates, emphasising the unique contribution osteopathy has to make in an integrated healthcare environment, and to increased choice for patients.
  - identification of the particular characteristics of osteopathy that make it a distinct clinical healthcare profession.
8. EFSOET sets out the threshold standards necessary for graduates in osteopathic practice. This Framework will support and inform the development of a graduate able to fulfil the requirements of a professional in osteopathy and meet national standards of proficiency, based on EFSOP<sup>10</sup>. The development of this European Framework for Standards of Osteopathic Education & Training presents an ideal opportunity to provide greater clarity for the nature and scope of osteopathy at the graduate stage while emphasising the importance of effective osteopathic patient care.
9. EFSOET aims to achieve a balance between outcomes for degree level and the requirements of professional accreditation, thereby integrating the academic and professional perspectives for osteopathy.

<sup>10</sup> European Framework for Standards of Osteopathic Practice. FORE, 2007.

## Section 2: Nature and context of osteopathic healthcare and education

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10. The osteopathic profession is a distinct healthcare profession with specific education and training requirements, and may be described essentially by the following:
  - Osteopathy emphasises a patient-centred, rather than a condition/disease-centred, system of healthcare.
  - Osteopathy is an autonomous system of primary contact healthcare that focuses on the diagnosis, management, treatment and prevention of impaired health, without the use of drugs or surgery.
  - Osteopaths, in close collaboration with the patient, seek to identify the causes of impaired health and restore the optimum functioning of the body, aiding its own intrinsic ability to heal. Diagnosis involves the use of a combination of specific osteopathic methods and conventional medical examination procedures. Treatment is based on the skilled application of osteopathic manual techniques tailored to the individual person, and reinforced by other self-help measures, such as guidance on diet, lifestyle and exercise. The approach emphasises the integration of the musculoskeletal system with other body systems and the influence that the impaired function of each has on the other, as well as the empowerment of patients in facilitating their own recovery to good health.
11. In seeking to operate within this framework, osteopathy has a distinctive approach to its education and training, and professional practice.

### Education and training distinctiveness

12. The European osteopathic community is working towards a common approach to the integrated provision of academic learning and clinical professional opportunities, seeking to combine the concern for high quality osteopathic clinical care for patients with the learning needs of osteopathic students. Such an approach requires a complex and distinct infrastructure of dedicated clinic outpatient facilities to underpin the closely supervised clinical learning experience for students.
13. An osteopathic pre-registration and degree programme will have a strong focus on the acquisition of the particular technical practical skills required for using diagnostic and treatment procedures, based on osteopathic principles. This is achieved by closely integrating academic learning and practical skill acquisition with their application in the dedicated and closely supervised outpatient clinical environment. This approach supports the central ethos of osteopathic healthcare which is to place patients and their needs as the focus of osteopathic intervention and to adopt an integrated solution to facilitating their return to optimum health, using a variety of methods tailored to individual requirements.



14. As befits a primary contact healthcare profession, it is important that osteopathic students will graduate with a detailed and comprehensive knowledge and understanding of the basic clinical sciences such as anatomy, physiology, nutrition, pathology and diagnosis. The teaching and learning in these areas will place emphasis on the osteopathic context, so that they are guided by the distinctive nature of osteopathic clinical practice, which is closely integrated with academic learning throughout the programme.
15. Students' critical reasoning abilities to practise osteopathy are nurtured by combining longstanding osteopathic healthcare principles with engagement in the latest healthcare research and approaches.
16. The broad nature of osteopathic undergraduate study may be illustrated by the following, which uses indicative terms to denote the type of topic areas that might typically be studied in an osteopathic programme.

**i) Scientific and professional underpinning studies:**

- Anatomy (gross, functional, integrated, applied, neurological, embryological, histological)
- physiology
- pathology
- neurology/neuroscience
- nutrition
- biochemistry
- peripheral and spinal biomechanics
- principles and philosophy of osteopathy
- palpatory skills and diagnosis
- osteopathic procedures (full range including structural, myofascial and functional)
- interpretation of clinical laboratory techniques
- exercise physiology
- pharmacology
- psychology/psychosomatics
- sociology
- clinic observation
- information and communications technology (ICT) skills
- emergency support skills/first aid
- health studies and other healthcare systems.

## **ii) Research studies:**

- Critical analysis
- evidence in practice
- research methodology (quantitative and qualitative)
- research ethics
- dissertation/research paper.

## **iii) Clinical/professional studies:**

- Differential and clinical diagnosis and clinical problem solving
- clinical methods and procedures
- case history-taking
- communication skills
- professional ethics
- clinical dietetics
- ergonomics
- gynaecology and obstetrics
- paediatrics and osteopathic care of children
- rheumatology
- orthopaedics and trauma
- osteopathic care of the elderly
- radiological diagnosis and clinical imaging
- dermatology
- osteopathic sports care
- applied clinical osteopathy (full range of osteopathic procedures, including structural, myofascial and functional)
- osteopathic evaluation and patient management (including reflective practice)
- professional practice management (including medico-legal issues and business issues)
- case analysis studies.

## **iv) Osteopathic clinical practice:**

- Closely supervised clinical practice in suitable clinical environment(s) where effective tutoring, monitoring and student assessment can take place.



## Distinctiveness of Osteopathic Practice

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

## International perspective for Osteopathic Standards

19. Whilst the focus of this Framework document is on Europe, osteopathic training has an increasingly international element.
20. Graduates of osteopathic programmes in Europe practise as osteopaths in many parts of the world and these programmes attract students from many places worldwide. As a relatively young, emerging profession internationally, standards of osteopathic education and practice are at variable stages of evolution in different countries.
21. The increasing globalisation of higher education has meant 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.
22. As the momentum for increased mobility both in Europe and elsewhere becomes greater, it is likely that countries will become more interested in frameworks that communicate the learning outcomes for educational programmes in order to facilitate the accreditation of professional practice. The European Framework for Standards of Osteopathic Education & Training should assist national organisations in contributing to the development of educational standards not only on a European, but also a wider international level.
23. Osteopathic organisations worldwide have been working together to develop the osteopathic profession globally. To date this has manifested in the drafting of World Health Organization (WHO) guidelines on basic training and safety in osteopathy - EFSOET is designed to be consistent with these guidelines.



## Section 3: Knowledge, understanding and skills

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

### Key characteristics of Osteopathic Graduates

26. Graduates in osteopathy should be able to demonstrate the qualities of an autonomous patient-focused practitioner who is caring, empathetic, reflective, trustworthy, professional, confident, inquiring, integrative and competent, and who has a high level of practical skills and problem-solving ability. They should possess a highly developed knowledge and clinical ability to integrate multiple factors in taking a comprehensive overall approach to the health needs of the individual, and should exhibit the responsible professional attitudes consistent with being a healthcare practitioner.
27. On the path to developing these characteristics, competent students will have developed core knowledge, understanding and skills, as indicated below, in order to inform patient evaluation and management and to be safe and competent practitioners on graduation. The outcomes provided in the sections below describe the general expectations of the osteopathic graduate. More detailed capabilities that need to be demonstrated to become registered as an osteopath in a particular country are provided by specific national standards based on the European Framework for Standards of Osteopathic Practice (EFSOP)<sup>11</sup>.

### Knowledge and understanding

28. Graduates will demonstrate a knowledge and understanding of:

#### Patient-focused care

- the importance of placing patients at the centre of osteopathic care in a therapeutic partnership with the osteopath where they are informed about and contribute to decisions taken about their care.
- the appropriate professional attitude and behaviour consistent with being a healthcare practitioner.

<sup>11</sup> European Framework for Standards of Osteopathic Practice. FORE, 2007.

## **The principles and scientific basis of osteopathy**

- osteopathic history and philosophy and its distinctive perspective on healthcare.
- the reciprocal relationship of structure and function that underpins the osteopathic approach to healthcare.
- the relative and absolute contra-indications of osteopathic treatment modalities.
- the range of complexity implicit in the social and psychological contexts of health, and the influence these may have on osteopathic treatment outcomes.
- the role of osteopathic intervention in assisting adaptation of structure and function during disease or periods of ill health.
- principles of health promotion and preventative care.
- the normal structure and function of the major body systems and how they interrelate and vary between individuals.
- the normal changes in structure and function during the stages of growth, development, maturity, reproduction and ageing.
- how and why structure and function may be compromised and how this may be recognised.
- pharmacology, main categories of drugs used, and their beneficial and adverse effects.
- principles of nutrition and dietetics.
- the application to osteopathy of relevant principles and theories from biomechanics, physics, exercise physiology/science and ergonomics.
- the principles of paediatrics relevant to the safe and effective osteopathic care of children.
- the limitations of medical and osteopathic treatment modalities.

## **Professionalism**

- the appropriate professional attitude and behaviour consistent with being a healthcare practitioner.
- legislation and ethical principles relevant to the practice of osteopathy, and the consequent obligations on the practitioner.
- professional codes of conduct relevant to the practice of osteopathy.
- the ethical principles, values and moral concepts inherent in the practice of osteopathy.
- their own strengths and shortcomings as practitioners, the need to seek help and advice when appropriate, and the need to enhance their skills through self-reflection and continued professional development.
- the principles, safety concerns and relevant national legislative considerations associated with osteopathic care during pregnancy and childbirth.
- the current role played by osteopathy in healthcare nationally and the development of osteopathy in Europe and internationally.
- the context of healthcare delivery today, including the functioning of national healthcare systems and the contribution of other therapies.
- the significance and responsibilities associated with professional registration / regulation
- Interprofessional collaboration.



## Skills

29. Graduates will demonstrate the skills necessary to:

### Patient-focused care

- act in the patient's best interests.
- integrate relevant high quality research evidence into their approach to diagnosis, treatment and giving advice to patients.
- respect the privacy and dignity of patients, and ensure that patient confidentiality is preserved.
- maintain a professional and rational approach to the osteopathic care of the individual, providing sound justification for decisions and actions.
- make an appropriate risk analysis in determining the most effective and appropriate therapeutic intervention for the benefit of the patient.
- listen effectively to patients.
- be aware of and be sensitive to cultural differences, and avoid prejudicing patient's care due to personal attitudes and beliefs.
- ensure that patients are fully informed in a manner that is understandable for the individual and involve patients in decisions about their care.

### Personal and transferable skills

- effectively manage time and resources, and prioritise clinical care.
- draw on a range of verbal and non-verbal skills to relate to patients empathetically.
- communicate effectively by written, electronic and oral means with patients, colleagues and other healthcare practitioners.
- gather, interpret and prioritise effectively large amounts of information, and formulate effective plans and act decisively as a result.

### Professionalism

- practise autonomously and work as part of a team.
- organise and manage their practice environment and its human, financial and physical resources.
- manage appropriately their own health and schedule so that it does not impact adversely on patient care.
- recognise that osteopathy is an evolving profession and contribute to its effective representation and development.

## **Osteopathic examination and diagnosis skills**

- take and record a case history which may be clearly understood by others and meet medico-legal requirements.
- sensitively conduct relevant medical and osteopathic clinical examination to assist in the assessment of the patient's physical and mental state.
- determine fine static and dynamic changes in tissues and joint movement by the appropriate use of observation, palpation and motion analysis.
- interpret relevant orthopaedic, neurological and other clinical tests.
- make appropriate referrals for radiographic and other clinical imaging examinations, such as Magnetic Resonance Imaging (MRI), and laboratory tests, and interpret the results of these.
- formulate a differential diagnosis and treatment plan from an osteopathic perspective, dealing appropriately with clinical uncertainty.
- apply effective strategies for clinical reasoning and problem-solving, and use appropriate professional judgement in making decisions.
- make appropriate referrals for and interpret the results of commonly used clinical investigations.
- formulate a prognosis and communicate this effectively to patients.

## **Osteopathic treatment and management skills**

- treat patients safely and effectively, drawing upon an extensive range of osteopathic manual and other techniques.
- identify relative and absolute contra-indications to osteopathic treatment.
- determine when referral of a patient may be required, and effectively manage this referral.
- critically evaluate the risks and outcomes of clinical interventions and treatment, and, where appropriate, use this information to modify the osteopathic care of patients.
- research, audit, monitor and evaluate the outcomes and processes that constitute good osteopathic practice.
- critically interpret research and incorporate it into their own practice.
- advise patients regarding appropriate lifestyle choices including the basis of a healthy diet, appropriate exercise, rest and preventative measures.

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30. It is preferable to focus on outcomes, as encouraged by the Framework for Qualifications of the European Higher Education Area<sup>12</sup>, however it is also useful to indicate what might be a suitable duration for an osteopaths' programme. As an approximate guide, the notional number of contact hours of study would be in the region of 4,000 – 4,800 of this total, osteopathic clinical training should account for no less than 1,000 hours. Whatever the length of training, it is important that the focus is on the quality of outcomes to be achieved by students. The guidance given for course duration should not be read in isolation of the recommendations made in the whole document.
31. With this in mind, it is the osteopathic community's experience to date that the duration of osteopathic education and training is 4-6 yrs full-time or the equivalent part-time, depending on national systems and cultures. Whilst the current approach may be towards the award of a bachelor's qualification, a move to a master's qualification might be more appropriate (see point 33).
32. For qualified healthcare practitioners, programmes may be delivered through two routes:
- Adaptation of existing full undergraduate pre-registration osteopathy programmes, based on credit given for prior qualification, learning and experience.
  - Dedicated conversion programmes.
- Both routes should have equivalent curricula; however conversion courses must:
- Develop graduates able to demonstrate the same minimum competences as graduates of the full undergraduate pre-registration osteopathy programmes, and
  - Provide osteopathic practical training equivalent to the full undergraduate pre-registration osteopathy programmes.
  - Provide supervised osteopathic clinical training in appropriate osteopathic clinical sites
- Entry to both routes is with a nationally recognised healthcare qualification.

## Master's level

33. Throughout the curricula of osteopathic programmes leading to eligibility for professional practice, there are many aspects that could already be considered to meet elements of Master's level qualifications, in particular those requiring sound judgement in complex and unpredictable professional circumstances.
34. There has been recent interest by the European osteopathic academic community in developing master's degrees in osteopathy, and these may be considered broadly to be of two types:
- i. an integrated and enhanced programme of study that is designed to prepare students for professional osteopathic practice leading to eligibility for registration as an osteopath
  - ii. a programme that extends the breadth and depth of osteopathic study beyond that required of a bachelor's (first cycle) degree in osteopathy. This study would occur following relevant professional registration as an osteopath.

<sup>12</sup> The Framework for Qualifications of the European Higher Education Area. Bergen, May 2005

35. It would be expected that a master's programme should identify outcomes consistent with the specific national requirements for a master's qualification in a particular country.
36. Key considerations in designing a master's programme in osteopathy would be:
- the depth and breadth of the programme of study. This may be achieved by including specific additional master's level topics or by extending topics already included at bachelor's level. Such topics might include specialist areas of clinical practice, advanced research, development for an educational environment, business and management development, and health policy and strategy development, for example.
  - for integrated programmes (as above) the masters' components should be integrated within the whole programme. This does not preclude earlier parts of a master's programme being taught together with a corresponding bachelor's programme. For example, the first two years may have modules that are mostly common to both types of programme.
  - an appropriate amount of study and assessed work at master's level that is sufficient to meet the master's criteria in a particular country. It is suggested that this would require at least the equivalent of one academic year of assessed study at master's level, and would include a minimum of 90 European Credit Transfer System (ECTS) credits at the second cycle (M) level in the Framework for Qualifications of the EHEA<sup>13</sup>.
  - an emphasis on the application of osteopathy in the professional context.

<sup>13</sup> The Framework for Qualifications of the European Higher Education Area. Bergen, May 2005



## Section 4: Teaching, learning, and assessment

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37. This Framework 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.
38. Decisions as to strategies and methods for teaching, learning and assessment, and details of programme content are for the individual national institutions to make. However, programmes should be designed to encompass a wide range of learning experiences in order to promote active learning across the curriculum. They should encourage progression in the acquisition both of knowledge and of skills and provide adequate opportunities to acquire independent learning skills thus laying the foundation for career-long professional development.
39. Teaching should be based on established knowledge and informed by contemporary evidence-based practice, as well as developments in educational theory. The interaction between teaching, professional practice, research and scholarship is a key element in the study of osteopathy. Students and staff need ready access to relevant published literature and ICT facilities. Osteopathic and clinical skills should normally be taught by practising osteopaths registered with the relevant national Register / Competent Authority.
40. Attention should be given to the quality assurance / control mechanisms to ensure standards of teaching, learning and assessment are maintained and further developed.

### Teaching and learning

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

## Practical skills

42. The acquisition of practical osteopathic skills requires students to work on peers and, in turn, to experience taught techniques as 'models' prior to application in a clinical context. Palpation and osteopathic technique should be taught in specialist accommodation utilising appropriate equipment. Provision for students to view and assess their own osteopathic practical skill performance through the use of video recording and playback is ideal, but certainly regular tutor feedback in this area is critical. It is important that teaching and supervision in practical osteopathic technique skills is performed by suitably qualified osteopaths, registered with the relevant national Register or Competent Authority. The experience of the European osteopathic community is that the student to tutor ratio during practical sessions would normally be no greater than 10:1.

## Clinical education

43. Following graduation, students will normally register as osteopaths with the relevant national Register or Competent Authority and will 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 confidently to recognise pathologies for referral and contra-indications to treatment. Clinical education should aim to deliver the prescribed osteopathic healthcare competences within the framework of safe practice and efficacy as set out in the European Framework for Codes of Osteopathic Practice (EFCOP)<sup>14</sup>.
44. The clinical learning environment should be a focus for the integration and practical application of all theoretical, practical, and technical knowledge and skills across the programme. It should provide the student with a supportive, broad, progressive and well supervised environment in which to develop their clinical skills. Experiential high quality clinical learning arising from extensive periods of direct patient contact is central to the learning process. It is expected that students will undertake substantial supervised osteopathic 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.

<sup>14</sup> European Framework for Codes of Osteopathic Practice. FORE, 2007.

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45. It is recognised that the profession is at different stages of development across Europe. Nevertheless it would be expected that individual countries work towards achieving, within a reasonable timeframe, the following arrangements for osteopathic clinical education:
- adequate/appropriate learning opportunities for developing professional skills with real patients, paying due regard to case history taking, examination, evaluation and differential diagnosis, treatment and development of treatment plans, record-keeping, follow-up and referrals.
  - opportunities to integrate academic and theoretical learning and to develop practical skills within the therapeutic clinical encounter.
  - adequate numbers for each student of new, returning and continuing patient encounters and exposure to an appropriate range of presenting conditions.
  - appropriate staff student ratios within the clinical setting allowing for close supervision of patient encounters by tutors, and opportunities for clinical tutorials.
  - appropriate opportunities for junior students to learn from observation of more senior student practitioners and for senior students gradually to take over responsibility for their own lists and to develop autonomy in patient care.
  - appropriate settings for clinic education within a dedicated training clinic with adequate treatment and educational accommodation, and appropriate equipment and furnishings for high quality student experience and patient care.
  - appropriate clinical administrative infrastructures to support student learning and patient care.
  - arrangements for ongoing assessment and feedback from a variety of clinical tutors.
  - opportunities to develop practice management skills.
  - effective mechanisms for monitoring individual student clinical attendance, caseloads, and patient list profiles.
  - effective mechanisms for ensuring that high standards of osteopathic care and the safety of patients are maintained by guiding, developing and monitoring the professional conduct of students treating patients.
  - Effective arrangements are required for addressing situations where students do not maintain appropriate professional conduct.

46. In order to achieve best practice, collective experience and opinion within the European osteopathic community indicates that these factors would be addressed by providing the following:
- a dedicated clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout rooms' / areas.
  - at any one time the clinical supervision ratio would be one tutor supervising a maximum of five students interacting directly with their patients. During a clinic session, the total number of students assigned as a group to one tutor during a clinic session would not normally exceed 10 (these would include the students treating and those observing the patient).
  - timetabled osteopathic clinic practice learning in the clinical environment of no less than 1,000 hours.
  - a sufficient number of new patients (some within the osteopathic community recommend at least 50) for each student during their osteopathic clinic experience where the student is taking the main responsibility for the patient's care. This includes taking the initial case history and examination, reaching diagnostic conclusions, and formulating and implementing an osteopathic care plan for the patient.
  - a mix of patient presentations and ensuring continuity of osteopathic care so that students may follow the progress of their individual patients.

## Assessment

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

48. These assessment strategies will include:

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

49. Other assessment strategies and methods that may be employed include:

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

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

51. Quality assurance / control mechanisms for assessment should ensure external assessor review independent of the educational provider. This will provide a greater likelihood of consistent standards and will deter potential commercial exploitation of osteopathic education and training.
52. It is important that assessment strategies are regularly reviewed, with programme providers ensuring that best contemporary practice in this area is evaluated and applied where appropriate. In particular, emerging areas of professional practice that present challenges for assessment programmes, such as the ability to deal with clinical uncertainty and professional attitudes, require ongoing attention. The validity and reliability of assessment should be considered carefully. Assessment strategies should be robust and comprehensive, but they should also be proportionate so as not to place undue burden on student learning.
53. In order to enable students to develop effective learning strategies and to facilitate their self-reflective abilities, appropriate feedback mechanisms from assessments are required.



## Section 5: Standards

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### Academic and practitioner standards

54. Osteopathic programmes provide an academic education in osteopathy, but they also prepare graduates for professional practice as an osteopath. Graduates are entitled to apply for registration with the relevant national Register or Competent Authority, which should enable them to practise as autonomous primary contact practitioners. For this reason, it is important that graduates possess the abilities and characteristics necessary for independent professional practice, and that they are able to meet the standards of practice set out in EFSOP<sup>15</sup>.
55. The standards required must, therefore, encompass the academic and practice qualities which relate to the generic abilities required of a graduate, the osteopathic-specific knowledge, understanding and skills, and the abilities required by the professional practice standard.

### Professional standards of practice

56. It is essential that the outcomes for osteopathic graduates (see Knowledge and understanding, & Skills) are read in conjunction with EFCOP and EFSOP to provide the overall academic and practitioner standards required for graduation and eligibility for professional practice as an osteopath.

<sup>15</sup> European Framework for Standards of Osteopathic Practice. FORE, 2007.

## Appendix

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

- **Case history**

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

- **Osteopathic clinical examination**

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

- **Informing and involving the patient**

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

- **Osteopathic treatment and management**

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

Osteopaths work predominantly in independent private practice, but also in collaboration with other healthcare professionals. They also provide advice on health issues to the public, to industry and in special interest areas such as sport and child health.

This document was ratified by the following FORE members in 2008:

Associação de Profissionais de Osteopatia (PT)  
Associação e Registo dos Osteopatas de Portugal (PT)  
Association of Osteopaths in Ireland (IE)  
Consejo de los Osteópatas de España (ES)  
Consiglio Superiore di Osteopatia (IT)  
Danske Osteopater (DK)  
European Federation of Osteopaths  
Federação Portuguesa de Osteopatas (PT)  
General Osteopathic Council (GB)  
Irish Osteopathic Association (IE)  
Nederlandse Vereniging voor Osteopathie (NL)  
Norsk Osteopat Forbund (NO)  
Registre des Ostéopathes de France (FR)  
Suomen Osteopaattiliitto (FI)  
Suomen Osteopatiyhdistys (FI)  
Svenska Osteopatiförbundet (SE)  
Syndicat Français des Ostéopathes (FR)  
Groupement National Représentatif des Professionnels de l'Ostéopathie (BE)  
Nationaal en Representatief voor de Professionele Osteopaten (BE)  
Verband der Osteopathen Deutschland (DE)



© Forum for Osteopathic Regulation in Europe 2008  
c/o Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU  
United Kingdom  
Email: [foresecretariat@osteopathy.org.uk](mailto:foresecretariat@osteopathy.org.uk)  
Website: [www.forewards.eu](http://www.forewards.eu)