



Subject Benchmark Statement

Osteopathy

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About this Statement

This document is a QAA 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. Subject Benchmark Statements are an established part of the quality assurance arrangements in UK higher education, but not a regulatory requirement. They are sector-owned reference points, developed and written by academics on behalf of their subject. Subject Benchmark Statements also describe the nature and characteristics of awards in a particular subject or area. Subject Benchmark Statements are published in QAA's capacity as an expert quality body on behalf of the higher education sector. A summary of the Statement is also available on the QAA website.

Key changes from the previous Subject Benchmark Statement include:

- a revised structure for the Statement, which includes the introduction of cross-cutting themes of:
 - equality, diversity, and inclusion
 - accessibility and the needs of disabled students
 - education for sustainable development
 - employability, entrepreneurship, and enterprise education
- a comprehensive review updating the context and purposes, including course design and content to inform and underpin the revised benchmark standards.

How can I use this document?

Subject Benchmark Statements are not intended to prescribe any particular approaches to teaching, learning or assessment. Rather, they provide a framework, agreed by the subject community, that forms the basis on which those responsible for curriculum design, approval and update can reflect upon a course and its component modules. This allows for flexibility and innovation in course design while providing a broadly accepted external reference point for that discipline.

They may also be used as a reference point by external examiners in considering whether the design of a course and the threshold standards of achievement are comparable with those of other higher education providers. They also support professional, statutory, and regulatory bodies (PSRBs) with the academic standards expected of students.

You may want to read this document if you are:

- involved in the design, delivery, and review of courses in Osteopathy.
- a prospective student thinking about undertaking a course in Osteopathy.
- an employer, to find out about the knowledge and skills generally expected of Osteopathy graduates.

Relationship to legislation

The responsibility for academic standards lies with the higher education provider that awards the degree. Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them by their relevant funding and regulatory bodies. This Statement does not interpret legislation, nor does it incorporate statutory or regulatory requirements.

The status of the Statement will differ depending on the educational jurisdictions of the UK. In England, Subject Benchmark Statements are not sector-recognised standards as set out under the Office for Students' [regulatory framework](#). However, they are specified as a key reference point, as appropriate, for academic standards in Wales under the [Quality Assessment Framework for Wales](#) and in Scotland as part of the [Quality Enhancement Framework](#). Subject Benchmark Statements are part of the current quality arrangements in Northern Ireland. Because the Statement describes outcomes and attributes expected at the threshold standard of achievement in a UK-wide context, many higher education providers will use them as an enhancement tool for course design and approval, and for subsequent monitoring and review, in addition to helping demonstrate the security of academic standards.

Additional sector reference points

Higher education providers are likely to consider other reference points in addition to this Statement in designing, delivering, and reviewing courses. These may include requirements set out by PSRBs and industry or employer expectations. QAA has also published [Advice and Guidance](#) to support the [Quality Code for Higher Education](#), which will be helpful when using this Statement - for example, in [course design](#), [learning and teaching](#), [external expertise](#) and [monitoring and evaluation](#).

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in [QAA's Glossary](#). Sources of information about other requirements and examples of guidance and good practice are signposted within the Statement where appropriate.

1 Context and purposes of an Osteopathy degree

Context

1.1 Osteopaths are primary healthcare practitioners who specialise in diagnosis, management, treatment and prevention of a variety of disorders and the way these can compromise the health and well-being of the individual. Osteopathy in England is one of the Allied Health Professions.

1.2 Osteopaths use a combination of management strategies, including person-centred tools, hands-on techniques, and rehabilitation exercises. They advise on self-help measures. Osteopaths can develop areas of specialist and general practice through postgraduate training, as well as train in other therapeutic interventions to use as adjunct therapies for osteopathic care.

1.3 Osteopaths are trained to be primary healthcare practitioners who can work in a wide range of healthcare settings and practice environments (including in private, public and charitable settings). Most members of the profession practise within extended primary care and community settings. This means that they can undertake an initial consultation with any patient. This includes taking a case history, performing a clinical examination of the patient, formulating a list of differential diagnoses and a working diagnosis and plan with the patient, and undertake, treatment where appropriate. Osteopaths work in partnerships with patients and are trained to refer patients to other healthcare professionals when they are not the most appropriate professional to manage an underlying condition or when collaborative care with another healthcare professional is recommended.

1.4 All educational 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 community settings. Osteopathic education in the UK is delivered by a range of higher education providers:

- institutions that are single subject providers with taught degree awarding powers or offering degrees validated by a UK university
- providers delivering Osteopathy as one of several health professional degree programmes, or
- further education colleges delivering degree programmes validated by a UK university.

Purposes and characteristics of an Osteopathy degree

1.5 Osteopathic students follow an extended degree course, combining academic and hands-on clinical work. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the UK. By law (the Osteopaths Act 1993), only those registered with the GOsC are entitled to call themselves osteopaths and practise osteopathy in the UK. A student wishing to study in the UK to become an osteopath must gain a qualification recognised by the GOsC and approved by the Privy Council. All Recognised Qualifications (RQs) must deliver the GOsC's [Osteopathic Practice Standards \(OPS\)](#). RQs should also align with the GOsC's guidance, including the Graduate Outcomes and Standards for Education and Training which sets out the outcomes that will help graduates to demonstrate that they meet the OPS. The [Professional Standards Authority](#) oversees the GOsC as well as nine other health professional regulatory bodies.

1.6 Once qualified and registered with GOsC, osteopaths can practise independently. Thus, it is critical that throughout pre-registration education osteopaths are prepared for autonomous practice at the point of graduation. This requires them to develop both the skills

and criticality to integrate into the osteopathic and wider health community to provide effective patient care, and the reflexivity, insight and ability to keep themselves up to date with evidence (including clinical guidelines) and fit to practise.

1.7 While most osteopaths are self-employed either in group practice or as sole practitioners, some osteopathic practices offer salaried positions, and some osteopaths work directly in the NHS and within NHS-funded services, although funding and organisation are subject to change. Osteopaths may also work in occupational health in the public and private sectors, in undergraduate and/or postgraduate education and in research. Newly qualified osteopaths sometimes join a group practice to facilitate the transition to independent practice.

1.8 Osteopathy features in rigorous, independent assessment approaches to appraise multidisciplinary healthcare based on latest evidence, notably for back pain. These include Clinical Standards Advisory Group, European Back Pain Guidelines and the National Institute for Health and Clinical Excellence (NICE) Non-specific low back pain (Guidelines NG59 2016, reviewed 2018).

1.9 The [National Council for Osteopathic Research](#) (NCOR) aims to improve the osteopathic evidence base by fostering research, increasing research capacity and capability within the osteopathic profession, and raising the profile of osteopathic and osteopathic-relevant research findings.

1.10 Osteopathy is a global profession. However, regulation, education and the role of osteopaths vary greatly from country to country. The European Committee for Standardisation (CEN) publishes a [European Standard on Osteopathic Healthcare Provision](#). This sets out the requirements and recommendations regarding the delivery of osteopathic education and training, facilities and equipment, and an ethical framework for the good practice of osteopathy for those countries without any regulatory provisions in Europe.

Osteopathic practice

1.11 Osteopathic practice seeks to blend a contemporary clinical knowledge base with practical and communication skills and a critical understanding of osteopathic principles. Osteopathic practice involves the use of therapeutic skills, to help the patient by using an individual package of care most suited to their needs and preferences, in line with regulatory requirements.

1.12 Practice is, therefore, characterised by the following features:

- Emphasis is on the person and not on their condition. This has been a longstanding tenet for osteopathy and should inform the osteopathic approach to care. It involves viewing the person as having an integrated blend of influences that combine to affect health.
- The intention to support the intrinsic health-maintaining and health-restoring capabilities of the individual person. This involves the consideration of biopsychosocial and other contextual factors that may influence health and well-being. Osteopathic interventions may be aimed at a patient's primary health issue while supporting the person more generally. It may be undertaken instead of or in addition to other health interventions, within the limits of the practitioner's training and competence.
- An understanding of the wider healthcare environment and ability to refer to and collaborate effectively with other healthcare professionals to provide an individualised and cohesive approach to patient care.

- Osteopathic diagnosis includes a thorough case history and assessment which may include a behavioural, biomechanical, attitudinal, palpatory and clinical examination, as appropriate to the individual patient. Clinical reasoning informs the application and interpretation of findings and is underpinned by contemporary clinical knowledge alongside an understanding of wider influencing factors and the person's individual experience.
- Working in partnership with the person to support their needs and preferences through active listening and clear, individualised communication.
- Tailored intervention and advice based on informed consent and mutually agreed goals, encompassing a range of technical treatment modalities and approaches. These include appropriately applied osteopathic techniques, exercise and rehabilitation, lifestyle advice, coping strategies, and other advice or education to support the patient to understand and manage the cause, where this can be identified, and contributing factors of their impaired well-being, and to optimise health.
- A reflective approach to practise, including a commitment to life-long learning.

Equality, diversity and inclusion

1.13 Osteopathy, as an inclusive learning community, has a collective responsibility to embed equity, equality, diversity and inclusion within all institutions, processes, curricula, and pedagogies. This responsibility to go beyond the minimum expectations of equality ensures an equitable community that recognises learners' difference in prior experience and opportunity and can help to remedy systemic disadvantages in the subject, for example: through widening participation agendas to ensure economic disadvantage does not hinder a student's access, experience or outcome; countering the underrepresentation of marginalised groups inclusive of, and beyond, those with protected characteristics as defined by the [Equality Act 2010](#); adopting a zero-tolerance approach to discrimination and harassment, including everyday microaggressions; ensuring access for neurodiverse community members; and closing structural awarding gaps. All participants in the community will need to engage, reflect and change to uphold this responsibility and duty, which will impact education, student participation, population health, and patient care perspectives.

1.14 All involved in osteopathy should foster an inclusive learning community encompassing a range of participants, such as students, academics, professional staff, patients, visitors and external partners to counter systemic disadvantage. Equity, diversity and inclusion require a strong commitment and concerted action to build an inclusive environment where opportunities are open to all and where everybody can reach their full potential without fear of harassment, prejudice or discrimination. Contemporary legacies of systemic disadvantage, for example, racism, classism, ableism, homophobia and patriarchy, must therefore be acknowledged and countered by fostering an inclusive learning community encompassing a range of participants, such as students, academics, professional staff, patients, visitors and external partners. This could include, for example, the provision of diverse osteopathic educational methods to address the challenges of EDI and access.

1.15 Osteopathic undergraduate and postgraduate studies should continually critically interrogate the language, perceptions, and entrenchment of dominant systems of thought, within concepts of knowledge and power. Recognition and commitment to agency, equal rights and inherent dignity of all humans form the foundation of social justice. Equity is positioned as an ethical consideration of each person's multiple identities and experiences and a fundamental human right in relation to supporting and advocating for anti-oppressive knowledge generation and practice.

1.16 The following core values underpin osteopathy's inclusive learning community: an ethics of care towards patients, students, educational faculty and members of the public embracing and valuing plurality of knowledges and experiences; respect for a range of perspectives and lifestyles; attentiveness to the opportunities and challenges raised by decolonial imperatives; and solidarity in recognising and addressing injustice. These values should be integrated throughout the curriculum and not be siloed within individual modules and/or sub-disciplines. This will enhance the contribution that studying osteopathy can make to realising transformative justice across education and healthcare, and supporting osteopathic students to engage with health inequalities, social determinants, and varied patient populations (Office for Health Improvement and Disparities 2022; Bambra et al. 2023; NIHR 2021; Versus Arthritis 2019; Rashbrook 2019).

1.17 The core values underpinning osteopathy's inclusive learning community aligns with, and encourages, curricula design principles that stimulate critical thinking informed by a variety of progressive theoretical perspectives and educational research. These include, but are not limited to, theoretical perspectives from critical theory, critical race theory, decoloniality, disability studies, feminist, queer, and science and technology studies. The application of critical theory is relevant to, and should be applied across, the osteopathic discipline and curricula content. The core values also promote anticipatory design and practices, which are considerate of the particularities associated with sites of learning, for example, online, face-to-face, in technique class, in the clinic, paying close attention to those that may have historically been less inclusive.

1.18 Effective anticipatory design and practice in osteopathy acknowledges the importance of providing a supportive cultural and institutional context for teaching, learning and research, within which participants are encouraged to embrace intellectual, methodological, and practical challenges. Effective anticipatory design and practice also enhance the individual and collective capability to work with the discomfort associated with encountering alternative perspectives, learning new knowledge, and gaining new skills. This requires osteopathy's inclusive learning community to develop and promote techniques to care for the self and others, as part of a sustained consideration for emotional, mental and physical wellbeing.

1.19 The following questions are the type that might be posed in assuring that Osteopathic programmes take account of EDI:

- How are different demographics represented across the osteopathic educational institution, staff and students? How do these compare to the national averages?
- Are there discrepancies in progression and attainment between osteopathy students with different demographics?
- Who has been consulted to help understand and act positively on these differences?
- Who has been consulted to help shape institutional/programme policies?
- What is the feedback from people who have experienced discrimination either formally or informally?
- Is recognition given to the contribution of developments in osteopathic education or practice across different cultural backgrounds?

Accessibility

1.20 Osteopathy is increasingly accessible to students from a variety of educational backgrounds. It is recognised that prior to entering their course, students will not have been exposed to osteopathy through formal education, but rather through a personal encounter by themselves or someone around them during a visit to an osteopath.

1.21 The availability of part-time and full-time modes of study provides access for a wide range of students, particularly those who may not be geographically close to a campus or who may not be able to study full-time. Where a course is offered in different modes, care is taken to ensure a broad parity of experience for all students.

1.22 The combined use of digital/virtual, face-to-face, synchronous, or asynchronous teaching and learning can provide opportunities for knowledge sharing and skills acquisition that are fair and accessible to all. Students' engagement with face-to-face or online learning environments and teaching activities (including assessment) will not always be equal or consistent due to several factors. For example, students may have personal commitments, such as caring responsibilities, that prevent them from attending scheduled lectures. Alternatively, they may need to make reasonable adjustments to ensure that they can access and engage with learning materials, for example if they have specific disabilities, special educational needs or limited access to digital resources or bandwidth due to geographical or economic conditions. Wherever possible, all modes of teaching, learning and assessment will be underpinned by a concern for accessibility, which can be achieved in a variety of ways. These include captioning of recorded lectures, recording of synchronous content, accessible design of virtual learning environments; it is for subject specialists to determine the most appropriate means of promoting fair and equitable access to learning and removing barriers to success. Supportive measures have to be enacted without compromising the regulatory framework that supports patient safety and well-being.

Education for Sustainable Development (ESD)

1.23 Osteopathic training has at its core a view of the person as a whole, within their broad context. Training aims to develop knowledge of sustainable development within the osteopathic profession, while placing the profession in its historical and cultural context, in terms of both the origins of theory and its social and community provision. Courses invite critical examination of professional infrastructures and dominant discourses (about mental illness, research, recognised treatments) and their capacity to deliver public health and well-being in relation to current social, economic and political issues and constraints. This will involve a reflective and reflexive learning attitude to envision a trajectory for osteopathy and its graduates that will sustain and grow holistic benefits for individuals and those around them, including their community.

1.24 All eight of the UNESCO [sustainability competencies](#) (systems thinking; anticipatory; normative; strategic; collaboration; critical thinking; self-awareness; integrated problem-solving) are considered essential for the sustainability of osteopathy. The qualified osteopath within their professional and working context requires the practical operation of all the competencies in the delivery of their professional services. The learning environment for osteopathy therefore requires these competencies to be manifested and exemplified within the learning facilities and course curricula.

1.25 To develop learning environments that promote sustainable development, undergraduate osteopathic training aims to contextualise theoretical learning and professional provision at a practice level within the social, economic and political arena, and promote the employability of their graduates. Engendering personal and social responsibility for the well-being of others and themselves should be a developmental aim. More

information on education for sustainable development can be found in the [QAA](#) and [Advance HE](#) guidance.

Enterprise and entrepreneurship education

1.26 With expanding population healthcare needs, osteopathic provision continues to evolve and increase in demand in both the private and public sectors, including paid positions for osteopaths across community, voluntary, charitable and statutory sector services.

1.27 Osteopathy graduates can collect, analyse and manipulate a range of quantitative and qualitative data and should understand the commercial as well as practical value of their skillsets and be able to articulate and demonstrate them to potential employers and in plans for self-employment, private practice or further study. They should also be encouraged to develop self-awareness of their own enterprising and entrepreneurial capabilities in osteopathy, as well as the motivation and self-discipline to apply these flexibly in different ways and in changing contexts. This might include recognising themselves as being creative or resourceful; translating ideas into actions; prepared to challenge assumptions through critical investigation and research.

1.28 Developing an entrepreneurial mindset means becoming:

- self-aware of personal development and social identity
- motivated to achieve personal ambitions and goals
- self-organised, flexible and resilient
- curious towards new possibilities for creating value
- responsive to problems and opportunities by making new connections
- able to go beyond perceived limitations and achieve results
- tolerant of uncertainty, ambiguity, risk and failure
- sensitive to personal values, such as ethical, social, diversity and environmental issues.

1.29 Therefore, employability, enterprise, and entrepreneurship education (EEE) support the development of professional behaviours, attributes and competencies that are likely to have a significant impact on the graduate in terms of the development of a successful and ethical career in osteopathy, whether employed or self-employed. Osteopaths' ethical, person-centred, and forward-looking entrepreneurship are key components of their professional practice and professionalism, regardless of the settings and sectors in which they practise. They are also essential focuses for preparing osteopathic students for the changing environments and opportunities they will encounter throughout their careers and how to optimise their professional agency, resilience, and well-being in this context.

1.30 Behaviours can include showing personal agency and taking responsibility for own effectiveness; communicating at an advanced level with individuals and groups; showing ability to pivot and adapt to changing contexts and opportunities; thinking strategically; balancing and managing risk; working collaboratively and independently where required.

1.31 Attributes can include being reflective, reflexive, flexible and adaptable; being curious and open-minded to emerging contexts and opportunities; being imaginative and innovative; being proactive and having the confidence to take the initiative; being determined, persistent and resilient to work with challenges; being interested in networking and making things happen and having a mindset for independent practice.

1.32 Competencies for employed or self-employed practice can include career planning; strategic thinking; advanced interpersonal communication skills; creative problem-solving and decision-making skills; project management skills; negotiation and influencing skills; understanding marketing processes; strong understanding of legal and ethical frameworks; demonstrable ability to practice professionally and ethically; financial and business management acumen; and digital literacy.

1.33 Developing digital competency and transferable skills should include using digital technology to communicate ideas creatively, innovatively and accessibly to enhance academic success and employability.

1.34 The development of such professional knowledge, skills and competencies in osteopathy should be a key aspect of curriculum design and might be achieved across the duration of a training programme. Learning outcomes, teaching, and learning activities and authentic assessment for employability, enterprise and entrepreneurship may be explicit within dedicated modules and embedded across modules.

1.35 The engagement of external speakers or representation from the profession and alumni to enrich teaching and offer first-hand experience is recommended. Exposure to a variety of osteopaths will develop awareness of the working context and could enhance the competencies of graduates to deal with market forces and promote themselves ethically as an osteopath upon graduation.

1.36 Assignments which, for example, ask students to consider the context of contemporary practice, evaluate their own fit with existing private clinics, develop marketing brochures for services, and research the legal implications of private practice will help students develop evaluative and business skills and an appreciation of the marketplace.

1.37 Students might also benefit from initiatives which offer the opportunity to work independently and collaboratively with placement and service providers, employers and other external stakeholders that support the profession. This might include researching financial support and funding organisations, insurance providers, website developers with ethical digital competency, all aspects of finding a space to work from and tax and legal services.

1.38 A key focus of training for professional skills development is the availability of supervised osteopathic practice within the osteopathic educational institutions' clinics. In addition to learning therapeutic skills, student clinical placements can provide a suitable environment to act as a bridge in the development of an entrepreneurial mindset and provide the opportunity to gain professional skills to enter the realm of osteopathic service provision with confidence and competency.

1.39 These course experiences offer students and graduates the opportunity to explore various professional career pathways in therapeutic practice, service development, education, or research. In the context of workplace uncertainty and flexible working patterns and careers, the development of behaviours, attributes, and competencies for EEE help strengthen a 'can-do' confidence, characterised by a creative questioning approach and a willingness to take considered risks. Beyond employment, EEE provides competencies to help students lead a rewarding, self-determined professional life, well placed to add social, cultural, and economic value to society through their osteopathic careers. The development of a clear career pathway will raise students' aspirations, support osteopaths' personal development and meet the needs of different market environments.

2 Education and training

2.1 The osteopathic education community has evolved a common approach that enables all graduates to express the capabilities set out in the [OPS](#) and accompanying Graduate Outcomes and Standards for Education and Training provided by GOsC.

2.2 Education is based on evidence-based pedagogy, curriculum design, and delivery. It includes 'feed forward' feedback for student development and student self-assessment to enhance self-awareness and professionalism.

2.3 This approach combines academic and theoretical learning framed around progressive levels aligned to the UK Quality Code for Higher Education ([Quality Code](#)), including procedural, propositional and psychomotor knowledge centred in an osteopathic clinical framework. The applied practical and clinical reasoning skills should robustly support osteopathic clinical decision-making and safe, effective practice ensuring continuing student fitness to practise. Furthermore, supervised clinical experience is essential to the development of osteopathic skills. Autonomy in learning is also required to enable and ensure lifelong learning and reflective practice. Knowledge of the healthcare environment in the UK, business and regulatory requirements are sufficient to enable graduates to work independently.

2.4 An osteopathic pre-registration course has a strong focus on the acquisition of the technical skills required for using osteopathic diagnostic and treatment approaches, underpinned by the principles of osteopathy. 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 requirements of osteopathic practice.

2.5 As befits a primary healthcare profession, it is important that osteopathic students graduate with comprehensive knowledge and demonstrate understanding of anatomy, physiology and pathology, as well as acquiring excellent communication and interpersonal skills to liaise with both patients and other health professionals. Osteopathic teaching and learning should emphasise patient-centred care, including a comprehensive understanding of psychosocial factors, to support and guide the patient journey.

2.6 Students' critical awareness is developed by acquiring familiarity with a range of clinical reasoning frameworks or models to support osteopathic practice.

Awarding level

2.7 Many aspects of pre-registration osteopathic training reflect the degree-level qualification descriptors in The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS) ([Qualifications Frameworks](#)), particularly those requiring decision-making in complex and unpredictable professional circumstances.

2.8 Osteopathic bachelor's (Level 6) and integrated master's (Level 7) pre-registration programmes are usually taught over four years for full-time, and five to six years for part-time programmes. Postgraduate and pre-registration master's level programmes (Level 7) are delivered over two years.

3 Knowledge, understanding and skills

3.1 The nature of osteopathic undergraduate study is multifaceted. Degrees in osteopathy cover a broad curriculum and include:

- cognitive, conceptual, and perceptual learning
- practical, manual and palpatory skills
- generic skills such as effective communication and collaborative working, both with osteopaths and other professionals
- problem-solving
- reflective practice
- use of information and communications technology
- patient and practice management and leadership skills
- applying research and critical reasoning.

3.2 The broad regulatory framework of the [OPS](#) is combined with these so that the whole enables a comprehensive preparation of graduates for professional practice as osteopaths.

3.3 Fundamental to the study of the subject is the integration and application of knowledge and skills for safe and effective patient engagement, and the development of learner autonomy.

The key characteristics of graduates in Osteopathy

3.4 An osteopathic graduate can demonstrate the qualities of a safe autonomous patient-focused practitioner who:

- is competent, with a high level of practical skills, including manual therapy skills, and problem-solving ability covering a variety of approaches to support different patient presentations
- demonstrates a developed knowledge base and clinical ability to allow them to integrate multiple factors in taking a comprehensive overall approach to the health needs of the individual
- is caring, empathetic and trustworthy, with the ability to work in partnership with the patient
- is professional, with attitudes, values and behaviours consistent with being a healthcare practitioner, including consent, safeguarding and candour
- is reflective, self-aware, inquiring and committed to life-long learning
- appreciates the role of osteopathy in treating patients of all ages but is aware of the limitations of the scope of osteopathic practice, particularly in the context of their own knowledge and capabilities.

3.5 Competent students will develop core knowledge, understanding and skills and will have capability to apply these to patient evaluation and management, graduating as safe and rounded practitioners. The following outcomes describe the more detailed clinical, 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 [OPS](#) and accompanying Graduate Outcomes and

Standards for Education and Training provided by GOsC.

3.6 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

- i A detailed and integrated knowledge of human structure and function, with emphasis on the neuro-musculoskeletal system, sufficient to recognise, identify and critically differentiate between normal diversity and abnormal anatomical structures and processes in the living body.
- ii Contemporary scientific and medical knowledge of human disease sufficient to inform clinical judgement regarding clinical examination and palpatory findings, and to recognise disorders that require referral for more investigation or additional professional support.
- iii Knowledge of human psychology and sociology, relevant to the acquisition and maintenance of health, and appreciation of individual needs, values and beliefs, sufficient to provide a context for clinical decision-making and patient management.
- iv Knowledge of pain neurophysiology and psychosocial influences and the impact these have on the patient and their clinical presentation.
- v Understand the role of touch within treatment and how this can influence patients' responses to the application of osteopathic techniques.
- vi Recognise that the presenting problem may mask underlying health concerns that involve physical and behavioural aspects.
- vii Knowledge to select, effectively apply and monitor an appropriate range of osteopathic techniques and management approaches specific to the needs of the patient, acknowledging any relative and absolute contraindications.
- viii Knowledge and understanding of concepts relating to research methodologies, demonstrating the ability to critically appraise and evaluate the quality of quantitative and qualitative clinical research sufficient to inform clinical decision-making and patient management.

b) Concepts and principles of osteopathy

- i A critical understanding of principles and concepts of osteopathy and how these may inform rational clinical decision-making activities.
- ii An understanding of models of health, disease and illness and how these inform a critical consideration of practical patient care and management.
- iii A critical awareness and adaptation of principles, perspectives and practice of other relevant healthcare professions.
- iv An understanding of how osteopathic principles are applied through different osteopathic treatment and management approaches and how to select or modify techniques to meet the needs and preferences of an individual patient.

c) Professionalism and therapeutic relationships

- i Understand different models relating to therapeutic relationships.
- ii Demonstrate the elements and boundaries of a therapeutic relationship with the appropriate skills to form an appropriate partnership with the patient.
- iii Show self-awareness to identify potential boundary issues, and to manage these effectively, ensuring ongoing standards of care for the patient.
- iv Deal with unfamiliar situations or uncertainty effectively and efficiently, applying duty of candour and the self-awareness to manage the case with integrity.
- v Justify acceptable management strategies to cope with ethical issues likely to confront a practitioner.
- vi Maintain patient confidentiality and act only with the informed consent of the patient or other individual able to consent on the patient's behalf, except in cases where safeguarding concerns would override this.
- vii Adopt appropriate strategies for physical and psychological self-care during interactions with patients to maintain a high standard of professional effectiveness.

d) Communication skills

- i Understand the range and forms of human communication and their strengths and limitations with the skill to move between these different approaches with patients and colleagues, adapting appropriately to the individual they are dealing with.
- ii Skilled in relating, integrating and responding to information and data acquired by verbal and non-verbal means, either face-to-face or using telehealth and online meetings.
- iii Developing a comprehensive vocabulary to translate palpatory experiences to appropriate language to clearly communicate with colleagues, other professionals and patients.
- iv Speak with a critical reasoned perspective about osteopathy, its relative limitations, strengths and potential, appraising research, opinion and anecdote to make sense of therapeutic claims to further inform patients.
- v Skilled in digital literacy consistent with the 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 information technology for research and clinic-related purposes
 - the ability to manage and present financial and other data needed for compliance with legal requirements
 - the ability to analyse quantitative and qualitative data for audit and related purposes.

e) Identification and evaluation of the needs of the patient

- i Demonstrate effective and efficient completion of a detailed case history of the patient and an analysis of the patient's presenting complaint.

- ii Recognise the relative importance of the psychosocial context of the patient's presenting complaint and the role of shared decision making in treatment planning.
- iii Identify the needs of the patient and facilitate specific clinical investigations or other referrals as required.
- iv Conduct a thorough and ongoing evaluation of the patient, which may include a biomechanical, psychosocial, attitudinal, palpatory and clinical examination, as appropriate and sensitive to the individual's presentation.
- v Generate several hypotheses to explain the patient's presenting complaint, to aid the formulation of a treatment plan or onward referral, including an accessible explanation of the working diagnosis.
- vi Recognise the characteristics and consequences of non-verbal communication and issues around protected characteristics and socioeconomic status as they may impact on the patient's health.
- vii Generate complete and accurate records of the outcomes of the patient evaluation.

f) Critical acquisition, use and enhancement of the notion of palpation

- i A critical appraisal of the therapeutic value of touch and palpatory influence within diagnosis and treatment.
- ii Awareness of the need for ongoing communication with the patient around the use of touch and palpation for confirmation of findings and to ensure patient consent and comfort.
- iii The relevant use of criticality to recognise and understand the structure and function of the tissues during palpation as part of the evaluation process.
- iv The use of palpation both as a complementary diagnostic, and therapeutic technique to provide reassurance to patients.
- v Demonstrate a sensitivity in using palpatory skill, with an awareness of its limitations and recognise ongoing opportunities for enhancing development of these practical skills.
- vi Make accurate, consistent and appropriate records of palpatory findings in parallel with objective measures and patient reported outcomes.
- vii Use palpation in conjunction with other evaluation methods to inform a working diagnostic hypothesis and ongoing treatment plan.

g) Planning, justifying and monitoring osteopathic treatment interventions

- i Perform a detailed analysis and reflection on information gathered during patient history taking and evaluation.
- ii Generate and justify a set of hypotheses for the aetiology of the patient's presenting complaint.
- iii Establish how to inform the patient or person with parental responsibility or guardianship of findings and discuss potential courses of action.
- iv Consider appropriate courses of action based on a rational and shared decision-making process which includes a critical consideration of personal limits of competence and the likely effects of osteopathic treatment.

- v With the consent of the patient, or person who can consent on their behalf, make referrals to other healthcare professionals for further investigations if required.
- vi Formulate a treatment plan and prognosis that includes monitoring the effect of treatment during and after its application over the course of planned interventions.
- vii Identify and reflect on the obstacles to progress and to plan and take appropriate action.

h) Conducting osteopathic treatment and patient management

- i Demonstrate an awareness of, and ability to select from, the wide range of indirect and direct osteopathic technical approaches as appropriate to the patient and informed by available best evidence.
- ii Demonstrate awareness and application of a range of patient management approaches developed in conjunction with the patient, considering individual preferences and needs.
- iii Rationalise indications and contraindications of using specific osteopathic techniques or their modification.
- iv Adapt osteopathic approaches and justify or amend its mode of use further in relation to the feedback received as a patient-centred intervention.

i) Evaluation of post-treatment progress and change

- i Monitor spontaneous changes to recognise and record adverse reactions to osteopathic treatment, and initiate appropriate responses, including referral when appropriate.
- ii Maintain an open-minded and inquiring approach to treatment outcomes.
- iii Record evaluation findings and their interpretation accurately, legibly and accessibly in the case notes of an individual patient.
- iv Gather and organise a comprehensive range of qualitative and quantitative data, outcome measures and evidence relevant to the response of an individual patient to an osteopathic intervention.

j) Advice and support for the promotion and maintenance of healthy living

- i Operate with a critical appreciation of the key concepts and organisation of health education and health promotion in the UK and overseas.
- ii An understanding of the significance and potential effect of psychosocial, cultural, and socioeconomic factors in helping patients to make informed choices about their personal healthcare maintenance.
- iii Work in partnership with the patient to identify self-care activities, that may include dietary advice, exercise and lifestyle adjustments.
- iv Offer realistic advice concerning the location and effective use of local healthcare promoting activities consistent with community, cultural and ethnic values.
- v Care for their own health and well-being and follow due diligence with the appropriate procedures to manage communicable diseases.
- vi Identify potential benefits and limitations of referring an individual patient to other healthcare practitioners or processes.

k) Personal and professional skills development with a self-reflective framework

- i Be committed to lifelong learning through reflective and active approaches to skills and knowledge acquisition.
- ii Be critically aware of the level of practical skills and clinical knowledge required to deliver the expected standards of care.
- iii Be able to reflect on personal and professional strengths and limitations to plan and enact ongoing self-directed professional development and learning.
- iv Be able to record reflective activities around clinical practice, evidenced through a professional portfolio, sufficient to demonstrate continuing professional development for the professional statutory body.
- v Evidence of critical problem-solving skills to a level that informs and guides the interpretation of clinical and other data and contributes to effective clinical reasoning and decision-making.
- vi Evidence of engagement in peer-review, facilitating respectful feedback and discussion with colleagues that enables collaboration in group activities relevant to the development of the individual and the profession.
- vii Self-care and self-awareness sufficient to consistently maintain an acceptable standard of care for a patient.
- viii The attitudes and skills necessary to comply fully with continuing fitness to practise standard requirements to maintain registered status.
- ix The ability to contribute to and/or understand research and other scholarly activities to support personal and professional development.

l) Professional identity, accountability, ethics and responsibilities

- i Understand the concept and significance of statutory regulation authorised by Parliament.
- ii Abide by the professional standards outlined in the OPS and other guidance issued by the General Osteopathic Council and other appropriate bodies.
- iii Practise osteopathy safely, competently, and effectively in accordance with the law. This includes, for example, compliance with consent, safeguarding, equality, diversity and inclusivity, data protection and health and safety legislation.
- iv Act quickly to prevent harm. Appropriate action may include managing the situation by oneself, discussing with a colleague, or reporting to another appropriate authority or body. Acting in all circumstances where patient safety may be at risk will include, for example:
 - disclosing and apologising to patients and discussing and agreeing how to make things better
 - being aware of and complying with the legislative framework and principles in relation to safeguarding vulnerable adults and children
 - acting in circumstances where colleagues' actions may be putting patients at risk of harm or financial loss
 - taking appropriate action where practitioner health may impact on the ability to practise safely

- reporting relevant and appropriate information about conduct or competence to the regulator.
 - v Respect and uphold patient dignity, autonomy and confidentiality.
 - vi Disclose and justify actions to others when appropriate.
 - vii Take responsibility for maintaining professional boundaries and uphold high standards of personal and professional conduct, and the integrity of the profession.
- m) Intra and inter-professional collaboration and cooperation**
- i A critical understanding of the delivery of healthcare provision in the UK and overseas and the contribution of osteopathy within the context of one of the Allied Health Professions in NHS England and as primary healthcare practitioners.
 - ii 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.
 - iii Demonstrate a critical evaluation of the current claims of osteopathic practice in the UK and overseas.
- n) Operating an efficient and effective environment for the provision of osteopathic healthcare**
- i Understand financial and practice management operational details in accordance with legal and ethical requirements, including health and safety standards, and employment legislation and any other relevant guidance or applicable laws.
 - ii Understand the role of audit in monitoring the quality of practice and the ability to contribute to the generation of operational and strategic plans.
 - iii Maintain patient records and information in compliance with legal and ethical requirements of confidentiality and peer support.
 - iv Generate effective and high standards of contact with external agencies, including referrals to other healthcare professionals within and outside of the NHS, insurance companies and public service organisations.
 - v Demonstrate knowledge of business skills necessary to establish a viable osteopathic business that prioritises patients over profit.

4 Teaching and learning

4.1 Teaching and learning strategies employed on osteopathy degree courses prepare students for professional practice that is reflective of Graduate Outcomes and Standards for Education Training (GO-SET) and the four themes of the [OPS](#) as set out by the General Osteopathic Council.

4.2 Knowledge, skills and experience are progressively accumulated throughout the duration of the course. The teaching and learning experience will be a critical and reflective approach to osteopathy with consideration of osteopathic concepts and principles and personalised care for patients. Students will be equipped with reflective, leadership, peer review and lifelong learning skills. The integration of theoretical and practical knowledge and skills prepares students to work autonomously as an osteopath in professional practice. Teaching and learning methods reflect the diverse learning styles of students, delivered in a sustainable and inclusive way.

4.3 Teaching and learning strategies in osteopathy are evolving and are likely to include innovative teaching methods determined by individual higher education institutions to achieve the learning outcomes. Teaching and learning strategies can be supported by research informing current best practice and procedures to reflect up-to-date knowledge in the osteopathic and health sector.

4.4 Supervised clinical learning opportunities form a key part of the teaching and learning experience for osteopathy students in outpatient clinics attached to their institution or satellite clinics in other community settings. The clinical and practical education environment reflects the scope of practice as set out in the GO-SET and OPS. Exposure to general and specialist population case studies enhances the breadth and depth of the student experience and their preparation for practice. Typical patient populations that might be included, but not limited to, would range from paediatric to the older adult, and the life stages between, including pregnancy, maternity and parenthood. Ultimately the aim is to enable students to work with a diverse range of patients, including those with varying socioeconomic backgrounds, co-morbidities and health status, as well as varying race and ethnicity, gender identity, disability and sexual orientation.

5 Assessment

5.1 Assessment strategies should support students in their development as practitioners and ultimately should enable students to demonstrate that they have met the OPS. Only students who meet these standards are permitted to graduate.

5.2 Assessment strategies should reflect the range and depth of competence required to meet the OPS and relate to real-life situations and practice where possible, to better prepare students for postgraduation and lifelong learning. Experienced and qualified educators and practitioners should play a central role in developing assessment strategies, which should also be supported by the patient voice.

5.3 A diverse range of assessment tools should be utilised, to support students in their learning and development, and to support a range of learning styles and differences. These should be valid and reliable, providing a transparent and supportive pathway for student progression and achievement. Central to assessment strategies should be the use of formative and summative assessments, and the involvement of peers, patients, educators and external expertise where appropriate.

5.4 Assessment of students should reflect the increasing complexity of their studies and responsibilities, and the requirements of meeting the OPS. This should support students as they move from novice to competent practitioner, where they will need to be able to manage clinical uncertainty and demonstrate the qualities and competence of an autonomous healthcare practitioner, capable of working in a range of environments.

6 Benchmark Standards

Introduction

6.1 This Subject Benchmark Statement sets out the minimum threshold standards that a student will have demonstrated when they are awarded an honours degree in Osteopathy. Demonstrating these standards over time will show that a student has achieved the range of knowledge, understanding and skills expected of graduates in Osteopathy.

6.2 Most students will perform significantly better than the minimum threshold standards. Each higher education provider has its own method of determining what appropriate evidence of this achievement will be and should refer to Annex D in The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies.

6.3 Osteopathy incorporates a holistic and person-centred approach to primary healthcare. Osteopaths recognise inherent self-regulatory and self-healing mechanisms which support health. Through detailed case-history taking, clinical assessment and palpatory findings, diagnosis and treatment consider the interrelationship of multisystemic factors, biopsychosocial and lifestyle contributors which may affect well-being.

6.4 Osteopathic pre-registration courses provide an academic education integrated with at least 1,000 hours of supervised clinical practice which prepares students for osteopathic practice as autonomous, primary healthcare professionals. They develop a student's understanding and application of the concepts, knowledge, skills and behaviours required to be able to meet osteopathic practice standards to provide safe and effective, patient-centred care, ensuring the health and well-being of patients and maintaining public confidence in the profession. Students are also introduced to an appropriate level of skills which support the sustainability and development of practice life, including in research, business management, technology and leadership, as well as an awareness of Osteopathy's contribution to healthcare provision in the UK. At the point of graduation, osteopaths understand and can demonstrate the expected professional standards and responsibilities as outlined in the OPS' themes of Communication and Patient Partnership, Knowledge Skills and Performance, Safety and Quality in Practice, and Professionalism.

6.5 Osteopathic training provides students with a critical appreciation of osteopathic principles, development of therapeutic touch, and application of the technical skills of osteopathic treatment approaches needed for practice. These are underpinned by a solid foundation in the application of anatomy, biomechanics, physiology, pathology and behavioural sciences required to clinically and osteopathically assess, diagnose and manage a variety of clinical presentations, including complex co-morbidities, acute and chronic presentations, considering biopsychosocial factors throughout the patient's lifespan. Courses embed the development of self-awareness, self-appraisal and learning strategies which support the acquisition, progression and application of experiential clinical learning, research skills and effective patient partnership with critical reflection, leading to an integrated appraisal of the patient. Emphasis throughout is placed on the patient being at the centre of osteopathic care.

6.6 Students develop skills to critically engage with the three components of evidence-informed practice (clinical experience, research, and patient expectations). They are expected to be able to evaluate the clinical relevance of published research both within and outside of the profession, conduct audits, service evaluation and research for improving the quality of osteopathic practice and patient care, as well as for current professional issues. Osteopaths are expected to support and develop an effective evidenced-informed approach for patient care regardless of practice setting.

6.7 Throughout osteopathic education and practice, the aim is to promote a self-reflective, evaluative approach to critique on the quality of professional performance and osteopathic care within the limits of individual evolving skills, knowledge and experience. After graduation, Osteopaths continue to identify areas for individual continuous professional development (CPD), to deepen or extend their advancing capabilities to enhance osteopathic standards of practice. This places a strong emphasis on reflective, lifelong learning.

6.8 Osteopathic education courses are approved by the professional regulator, the General Osteopathic Council, through gaining Recognised Qualification (RQ) status which is reviewed regularly. This requires observing the General Osteopathic Council's Graduate Outcomes and Standards for Education and Training (September 2022) as well as demonstrating the effective delivery of the OPS which graduating students and registered osteopaths are required to meet throughout their careers.

6.9 Since these capabilities and themes can be mapped on to the descriptor for a higher education qualification at Levels 6 and 7 on Office for Students Sector-recognised standards, The Framework for Higher Education Qualifications in England, Wales and Northern Ireland and at Level 11 of the Scottish Credit and Qualifications Framework on The Framework for Qualifications of Higher Education Institutions in Scotland, pre-registration osteopathic courses currently satisfy bachelor's (Level 6) and integrated master's (Level 7) degree levels, although this is not a requirement of the General Osteopathic Council for RQ status.

Standards

6.10 To be awarded an honours degree in Osteopathy, a student will have demonstrated:

- development of a high level of interpersonal and communication skills to interact and communicate professionally, ethically and effectively, from an informed perspective with a diverse range of patients, peers and other healthcare professionals
- a critical understanding of osteopathic philosophy, principles and concepts and how these may inform rational clinical decision-making activities
- the acquisition of coherent and detailed knowledge and understanding of the interrelationship of biological, physical and behavioural sciences that underpin osteopathic practice and their clinical application throughout a patient's life
- the ability to undertake a clinical and osteopathic assessment process sufficient to assess a patient safely and effectively in order to make a working diagnosis and, in partnership with the patient, through shared decision making, formulate a treatment plan, taking into account their physical, biopsychosocial, cultural, equality and diversity needs, as well as their individual values, preferences and expectations
- a critical approach to the clinical and osteopathic assessment of a patient, using problem-solving and clinical reasoning skills, that draws upon the knowledge gained, including areas that might be incomplete, complex or unpredictable, to inform treatment and management planning
- the ability to critically select, to apply and justify the use of osteopathic treatment approaches specific to the needs of a patient, and to monitor and evaluate their effect during the patient's treatment plan, as well as guide and educate the patient, as needed, to support their treatment progression.
- an appreciation of the value of osteopaths' abilities to support patients' well-being throughout their lifespan and through changing public health considerations. This also includes the value of osteopathic care even when the patient may have a lifelong

illness or disability but can benefit from advice and treatment which supports palliation or well-being

- an understanding of the distinctiveness of osteopathic treatment approaches to patient care to effectively collaborate with other healthcare professions as and when needed, to ensure best patient and population health outcomes
- an appreciation and self-awareness of the limits of one's own competence, skills, knowledge and experience, within the fields of osteopathic practice, education and research, to seek further development through CPD, mentoring and shadowing opportunities or patient referral to another osteopath or healthcare professional, as appropriate
- an understanding and demonstration of the commitment to ongoing professional self-directed learning that informs osteopathic practice, monitors and develops the quality of osteopathic care delivered, and draws upon relevant contemporary advice and research
- an awareness and effective application of clinically relevant published research, clinical experience, and patient expectations to critically support and evaluate evidence-informed practice for ongoing development of osteopathic practice standards and contribution to patients' healthcare provision
- an understanding and demonstration of the ability to critically evaluate ones' own professional integrity, being mindful of probity, respect, self-care and duty of candour within osteopathic practice
- an ability to make decision in unfamiliar, complex and unpredictable professional circumstances, drawing on qualities such as leadership, resilience, commitment and accountability.

7 List of references and further resources

Bambra, C, K E Smith, C Nwaru, N Bennett, V Albani, A Kingston, A Todd, and F Matthews (2023) *Targeting Health Inequalities: Realising the Potential of Targets in Reducing Health Inequalities*, Newcastle: Northern Health Science Alliance.

NIHR (2021) *Multiple Long-Term Conditions (Multimorbidity): Making Sense of the Evidence*, NIHR Evidence https://doi.org/10.3310/collection_45881

Office for Health Improvement and Disparities (2022) *Health Disparities and Health Inequalities: Applying All Our Health*

Rashbrook, E (2019) *Health Matters: Prevention-A Life Course Approach*, Public Health England

Versus Arthritis (2019) *The State of Musculoskeletal Health 2019, Arthritis and Other Musculoskeletal Conditions in Numbers*

8 Membership of the Advisory Group

Membership of the Advisory Group for the Subject Benchmark Statement for Osteopathy 2024

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The third edition, published in 2019, was revised by QAA to align the content with the revised UK Quality Code for Higher Education, published in 2018. Proposed revisions were checked and verified by a member of the review group of the Subject Benchmark Statement for Osteopathy from 2014.

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Details provided below are as published in the second edition of the Subject Benchmark Statement.

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