

# Exploring scholarship in osteopathic education: A qualitative study of faculty perspectives at a United Kingdom institution

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## Abstract

**Purpose:** To explore faculty perspectives on scholarship activity within a United Kingdom (UK) osteopathic educational institution, identifying key barriers, facilitators and opportunities for development.

**Methods:** A qualitative study utilising focus group methodology was conducted with ten faculty members from an osteopathic programme at Swansea University. Participants were purposively sampled to ensure diverse clinical and teaching experience. The 90-minute focus group was conducted via Microsoft Teams, recorded and transcribed. Data analysis employed reflexive thematic analysis following Braun and Clarke's six-phase approach: familiarisation with data, generating initial codes, constructing themes, reviewing themes, defining themes and producing the report. To enhance methodological rigour, two researchers independently coded the initial transcripts before resolving discrepancies through discussion. The COREQ checklist guided the reporting process.

**Results:** Five major themes emerged: existing research culture, staff development, student development, institutional considerations and future directions. Key barriers included limited protected time for scholarship, staffing constraints and administrative challenges. Facilitators included enthusiasm for research engagement and potential collaborative opportunities within the broader university. The study revealed significant challenges in balancing teaching and clinical

commitments with scholarship activities whilst highlighting opportunities for developing student research and cross-disciplinary collaboration.

**Conclusions:** This first exploration of scholarship within an osteopathic educational institution reveals challenges common across healthcare education whilst highlighting profession-specific considerations. Findings suggest the need for structured approaches including protected time allocation, mentorship programmes and enhanced institutional support. Strategic collaboration with other healthcare disciplines emerged as a potential solution for advancing scholarship.

**Keywords:** osteopathic education, scholarship, faculty development, qualitative research, professional development, healthcare education, academic practice

## Implications for Practice

- Osteopathic Educational Institutions need to establish protected time and structured support mechanisms for faculty scholarship to address the current challenges of balancing teaching, clinical, and research commitments.
- Strategic collaborations between osteopathic programmes and broader university departments should be fostered to enhance research capacity, share resources, and create opportunities for cross-disciplinary scholarship.
- Clear pathways for converting student research into publications need to be developed, with formal mentorship programmes to support both faculty and students in scholarly activities.
- Investment in faculty development programmes specifically tailored to scholarship skills is essential for building research capacity within osteopathic education and enhancing evidence-based practice.
- Regular inter-institutional dialogue should be established to share best practices and create collaborative scholarship opportunities across the profession.

## Introduction

The terms 'scholarship' and 'scholarly work' feature prominently in educational, research and clinical practice literature. However, their interpretation and application vary considerably across academic awards and professional contexts. This raises the question: what do these terms signify to educators and healthcare professionals (HCPs) who engage in education, healthcare, research, or combinations thereof?

Smith and Walker (2021) observe that the term 'scholarship' frequently appears in teaching-focused career pathways, noting its prevalence in promotion criteria for teaching-oriented routes[1]. The

significance of scholarship extends beyond teaching, proving vital for research activities and clinical practice, particularly concerning professional advancement [2,3].

A persistent debate surrounds the role of scholarship in academic, research and clinical positions [4]. Boyer working closely with Rice established the foundation for this discourse through their seminal research, which gathered data from 5,000 participants across various higher educational institutions [5]. Their longitudinal approach enabled observation of temporal changes in institutional values. In the foreword to the 1989 Carnegie report, Boyer concluded that higher education required "a reward system that reflects the diversity of our institutions and the breadth of scholarship" [5]. This position received support from two-thirds of faculty members, who advocated for more comprehensive methods of evaluating scholarly performance beyond publication metrics.

Boyer subsequently proposed broadening the definition of scholarship beyond traditional boundaries to encompass clinical and service activities [6]. His framework delineated four distinct yet interconnected dimensions: the scholarship of discovery, integration, application and teaching [4]. To differentiate scholarly teaching from the scholarship of teaching, Shulman established three essential criteria [7]:

1. The work must be made public
2. The work must undergo peer review and critique according to accepted standards
3. The work must be reproducible and provide foundations for future scholarship

Whilst these theoretical frameworks provide valuable insight, contemporary educational settings face significant challenges in implementing scholarship effectively. These challenges include adapting to varied delivery methods, meeting evolving student expectations and managing financial constraints [8, 9]. The osteopathic profession in the United Kingdom (UK) serves as an exemplar of such educational evolution, having undergone substantial transformation over four decades.

The profession has progressed from an unregulated status with limited educational provision to achieving statutory regulation through the 1993 Osteopaths Act [10]. This transition established the General Osteopathic Council and fostered the development of a unified professional body, the Institute of Osteopathy [11,12]. Contemporary osteopathy now represents one of the 14 registerable Allied Health Professional (AHP) titles in England [13], with practitioners working across diverse settings including research, occupational health, education and the National Health Service (NHS).

Educational provision has evolved through new courses, flexible learning pathways, and curricula modifications to accommodate master's and bachelor's programmes. The shift towards university-

based education has introduced additional considerations regarding student attainment and career progression metrics [14, 15]. These developments have occurred against the backdrop of the Covid-19 pandemic, necessitating rapid adaptation of educational delivery whilst maintaining robust pastoral support.

Parallel to educational developments, the profession has witnessed significant advancement in research capabilities. The establishment of the National Council for Osteopathic Research in 2003 elevated the profile of evidence-based practice, building upon pioneering work in this field [16,17]. This has yielded increased research output from individual researchers and institutional teams, alongside enhanced research capacity within the profession [18,19]. Evidence-informed practice has become integral to clinical training and continuing professional development (CPD) requirements post-registration [20].

Despite these positive developments, a discrepancy persists between aspirations for scholarship and available opportunities, particularly within Osteopathic Educational Institutions (OEIs). This study focuses specifically on examining faculty perspectives on scholarship within a single osteopathic educational institution in Wales, UK.

## **Methods**

### Study Design and Sample

A qualitative methodology was undertaken to explore key barriers and facilitators to scholarship activity, alongside insights into implementing positive change. Qualitative research encompasses various approaches, including focus groups [21], which can generate richer data through dynamic participant interactions than individual interviews [22]. This methodology enables participants to present individual perspectives whilst engaging with others' viewpoints, often leading to refined responses through peer dialogue [23].

Purposive sampling identified eligible participants from faculty members teaching on the osteopathy programme at Swansea University. Inclusion criteria specified current teaching engagement and provision of informed consent. Potential participants received email invitations accompanied by a Participant Information Sheet (PIS), consent form and contact details collection form.

### Data Collection

The focus group was convened via Microsoft Teams© to facilitate geographical flexibility [24], with facilitators establishing protocols for confidentiality, data usage participant roles, and discussion format. The 90-minute session underwent video and audio recording with automatic transcription.

Post-session anonymisation assigned pseudonyms to protect participant identities. The research team consisted of two experienced qualitative researchers (JDR, D.Prof.(Ost), male; CF, PhD, DO, female) with respective experience of 10 and 20 years in qualitative research methodology and focus group facilitation. Both researchers were employed at different institutions than the participants, with no hierarchical relationship to them. One researcher (JDR) was leading questioning whilst the other (CF) recorded field notes and posed supplementary queries. The topic guide drew from existing scholarship literature. The lead researcher (JDR) had no prior relationships with participants beyond professional acquaintance at academic conferences and meetings. One member of the team (CF) trained with two of the focus group participants. Participants were informed that the study aimed to understand challenges and opportunities in scholarship activities within osteopathic education, with the goal of developing recommendations for enhancing scholarly engagement. The third author (PS, PhD, female) contributed to the conceptualisation and manuscript preparation but was not involved in data collection.

An independent transcriber processed recordings stored on password-protected University College of Osteopathy (UCO) servers, accessible to the research team.

### Data Analysis

The research team verified transcription accuracy through comparison with audio recordings.

Analysis employed reflexive thematic analysis following Braun and Clarke's approach, selected for its systematic yet flexible framework that aligns with the exploratory nature of this study [25]. This approach was chosen over other qualitative analytical methods (such as framework analysis or content analysis) because it enables deep engagement with latent meanings while acknowledging the researchers' active role in theme construction. The six phases of analysis comprised: familiarisation with data through repeated reading, generating initial codes inductively from the data, constructing candidate themes, reviewing themes against the dataset, defining and naming themes, and producing the final analysis. Each phase was documented through detailed analytical memos to maintain transparency of decision-making. Video and audio recordings provided additional clarity where needed. To enhance trustworthiness, researchers employed reflective strategies to identify and transparently acknowledge potential influence of personal beliefs on data interpretation.

Following Braun and Clarke's recommended process for ensuring coding reliability, researchers (CF and JDR) independently generated initial themes before comparing and resolving inconsistencies through discussion [25]. Data saturation was achieved after analysis of eight participants' responses,

with the final two participants' data confirming existing themes without generating new ones. Final themes emerged through collaborative synthesis of the coded data, with member checking employed to enhance trustworthiness. The research team maintained reflexive journals throughout the analysis process to document their analytical decisions and potential biases.

### Ethical Considerations

The University College of Osteopathy ethics committee provided approval (Ref:18052022). Given the limited pool of faculty members, particular attention focused on protecting participant anonymity. Implementation of Kaiser's confidentiality maintenance methods ensured sensitive handling of identifiable information [26]. The Participant Information Sheet detailed intended audience and dissemination plans, enabling informed participation decisions. The National Council for Osteopathic Research provided financial support for the study.

### **Results**

Of the 14 faculty members invited to participate, ten agreed to join the focus group. Four declined due to clinical or personal commitments, with no withdrawals after initial agreement. The ten faculty members participated in the July 2022 focus group, with eight convening in a university space and two joining remotely. Both facilitators (JDR and CF) joined the meeting remotely. This hybrid approach accommodated clinical commitments while aligning with established qualitative healthcare research approaches [21,22] The sample demonstrated diversity in clinical experience and gender distribution (Table 1).

Table 1. Participant Characteristics

<b>Participant characteristic</b>	<b>Values</b>
<b>Gender of participants</b>	Male (n=3) Female (n=7)
<b>Time since graduation</b>	Range: 2 – 34 years
<b>Time working at Swansea University</b>	Range: <1 year – 11 years
<b>Ethnicity</b>	White British (n=10)

Staff reported a range of different roles with four involved in theoretical teaching and clinical teaching, while the other six participants delivered ad hoc modules, but their roles were mainly clinical supervision. Thematic analysis yielded five distinct themes with associated sub-themes (Table 2). These encompassed existing research culture, staff development, student development, institutional considerations and future directions.

Table 2. Summary of Themes and Sub-themes

Themes	Sub-themes
1. Existing research culture	1.1 Previous strategies tried
	1.2 Faculty practice to develop scholarly work
	1.3 Tackling practical issues
	1.4 Lack of communication with recent graduates and developing dissertations
2. Staff development	2.1 Time management and planning
	2.2 Staffing requirements, potential, and wellbeing
	2.3 Training needs and strategies for staff development
	2.4 Mentorship and support
	2.5 Value
3. Student development	3.1 Variation in research activities
	3.2 The research and publication process
	3.3 Research embedded into practice
	3.4 Developing champions among recent graduates
4. Institutional considerations	4.1 Integration/reciprocity within the medical school and with other HCPs
	4.2 Integration within the University
	4.3 Signposting and networking
5. Moving forward	5.1 Identification of opportunities
	5.2 AHP status and other HCPs
	5.3 Transferable skills
	5.4 Communication

### Theme 1: Existing Research Culture

This theme explored established and emerging scholarship initiatives within the faculty. Participants recognised the training was a great opportunity for students born in Wales to study osteopathy within a highly regarded university and described various approaches to developing scholarly activity amongst staff and students, whilst acknowledging practical constraints.

### 1.1 Previous strategies

Journal clubs emerged as a primary scholarly activity, though scheduling posed significant challenges:

“We've tried various journal clubs, and with various different people. but I think it was like 5 o'clock. so, it was just trying to get the students to stay or staff to stay after hours”.

“Yes, I think time restraints with anything of this kind, less come and .... how to just get everybody in one place.”

The educational value of these sessions was recognised:

“Looking at different papers and looking at the strengths and weaknesses of papers, how to read a paper that was quite useful”.

### 1.2 Faculty practice to develop scholarly work

Various participants mentioned that they were aware of students in every cohort whose work could be developed further for publication but achieving this could be quite challenging among a small body of staff with multiple responsibilities. The lack of clear process and the benefits for both staff and students to doing this were highlighted also. However, this was considered as a way to facilitate the start of developing a publication track record for staff and students.

“It's difficult, I think.... with a clear pathway it makes it easier. After that 4th year completion, this is what we do at this stage. This is what we're going to do, and we need it completed by then .... so it doesn't then just get washed over and then inevitably not happen.” Career development incentives were noted:

“If it was a case of you will have your name here and it will open up further opportunities in research. I knew other institutions would offer teaching positions based on publication.”

### 1.3 Tackling practical issues

Participants highlighted staffing challenges related to varied working patterns and clinical commitments. Technology adoption offered potential solutions as this had become an embedded part of the programme during the years of the Covid pandemic.:

Working patterns vary. Yeah, some five days a week. The rest of us are just 1,2,3, or 4 days a week.”



“We could try to use more online digital forums to get everybody together....so it doesn't require people to be physically in the same room, or even physically at the same time. That would work with the different working patterns...running clinics as well as teaching.”

“That would work with the different working patterns that we all have”

Administrative support limitations were cited:

“I think we don't have any admin support now .... no, we have zero admin support as a team.”

“So it was from the midwifery department. So I'll find out how they administer that now, but.. but they are busy running PhD programs, they're engaged in research. So I think that part of their budget.”

Recruitment challenges stemmed from wage disparities with private practice and geographical pressures due to capacity of staff were also discussed:

"Private practitioners earning £40-45 per half-hour versus our £17 hourly rate... recruitment depends heavily on educational interest."

Bureaucratic issues around the recruitment process were identified as a source of frustration.

“The university don't make it easy for the recruitment process. They'll probably take between three to six months to put a job to advert and then when we do get people applying for the job they come because they really excited to be part of university and all of the things that have to offer. And then they quickly realise can't even attend any of the research skills courses or anything because you're scheduled in from the minute you start.”

#### 1.1 1.4 Lack of communication with recent graduates and developing dissertations

The participants discussed the practical issues of trying to work with recent graduates who were focussed upon starting their clinical careers with the attendant challenges of practice life.

“I think when students have graduated and you're asking them to commit to further research, just search or editing that can be a real problem .... really hard to engage without having a university tie.”

However, participants also recognised that having publications from former students could inspire later cohorts:

“And harvesting work from your third and 4th year students .... that would be the way to inspire further research going forward.”

## Theme 2: Staff Development

Staff development emerged as crucial for delivering high-quality osteopathic education, particularly given the challenges of managing a small staff cohort with expanding student numbers.

### 2.1 Time management and planning

Participants emphasised the importance of thinking strategically and planning ahead:

“Maybe with scheduling we could have once a year a gathering where we try and get everyone. So all of us who are running clinics as well as teaching could join.”

Pressures on having to run the student clinic full time was discussed:

“I've got someone who I know who works in the sports and science in the Bay campus. They then can do research for three months in the summer, whereas we're still running clinics. I think it comes back to when you're looking at other programmes. But you know, I think it's the fact that because it's so labour intensive, the clinic that it's almost like apart from perhaps a couple of weeks at Christmas and a week at Easter [we're working].”

### 2.2 Staffing requirements, potential, and wellbeing

Some staff expressed keen interest in research engagement, describing various strategies for fulfilling this aspiration, among which was attending the research and scholarship activities in different departments:

“I wanted to pursue some research, so I joined a different research group and in a different department in the university because it was much more engaging”

Staffing coverage presented ongoing challenges:

“If we do any courses... if it's during term time, to get time off we have to find somebody to cover our clinic time ..... we have to do this not somebody else .... so we all put off doing any courses during teaching time”.

### 2.3 Training needs and strategies for staff development

Some participants described inspiring initiatives from other departments:

“So every month they had a speaker from a different part of the world that did the research and ..... the talks were available online and that made it much more engaging.”

Ideas were discussed for the department or, on a smaller scale, for the course staff.

“If you had that as well as a conference at the end .... where you've got something you're working towards, it gives us something to kind of build up to.”

## 2.4 Mentorship and support

Participants highlighted mentorship gaps and areas requiring additional support:

“So we’ve got our current job structure... so we're covering teaching, the academic and the clinic supervision. There isn't an ethos or approach that gives members of staff protected time to dedicate [to scholarship].”

## 2.5 Value

Several participants discussed their aspirations for research and following in the path of previous colleagues. Lack of insight concerning different research approaches and publication process were identified as requiring support for the staff cohort to add value to their professional development, the course delivery, and the wider profession. There were reflections on how the process is a more embedded part of other professions:

“Obviously the gold standard, what we all aspire to, what we would all like to achieve is to get research published so that it is then shared out within the osteopathic community, the healthcare community and so on. And something that I struggle with is that I quite simply don't know the actual pathway.”

“And when you look at our colleagues at the medical school and colleagues in midwifery... it's so embedded within the structure of the course”.

## Theme 3: Student development

### 3.1 Variation in research activities

Participants discussed the changing requirements of the research component of the course. There had also been a different emphasis on teaching research skills as part of the curriculum, but this had changed with staff turnover.

“A few years ago, wasn't it, when we had someone else, they were helping teaching some of the research skills that they (the students) would need.”

Publication success created some cohort dynamics challenges:

“Some of the undergraduate studies ..... they would try and publish some of those, but it made it a bit discordant because some of the students felt that their dissertations weren't as valuable as they weren't going to be published. And so that that had kind of issues in itself.”

### 3.2 The research and publication process

Students' unfamiliarity with publication processes was noted, though research potential existed:

“They understand if I would get something published I need first of all produce a draft. How do we then what's the process? I don't know what the link is between doing that and getting it to a publication. Getting it to an editor and saying right, can we publish that? So is that something that maybe you can help educate us even if it's just literally a how to do this document? How would you what are the steps?” “They quite simply don't know the actual pathway. But I think it was almost like when they had their proposal. I think perhaps that particular research at the time that I thought OK, that's good. I can develop this, I can get my name on that also as well as the research for the benefit of the student. Recently they (the students) have been quite keen on it.”

### 3.3 Research embedded into practice

Discussion centred on curriculum research assessment, including literature review requirements and word count considerations:

“So initially it was 10,000 words. Yes. They were dropped to 6000 .... there's a fair bit of information you can cut down for some who want to be published. In some publications like in body work movement [The Journal of Bodywork and Movement Therapies] they want 3000 words. So the students have to cut that down. We don't do that, they do it and then we add our name on.”

### 3.4 Developing champions among recent graduates

Participants recognised sensitivities around student publication opportunities, the potential for discouraging students was emphasised:

“I think the slightly human quality .... if you're a student and you see one student being told, well, I think we could publish this dissertation but you're not asked, it's a bit like not being asked to the party. And it doesn't mean that your dissertation isn't good standard, it just means it maybe wasn't, a good topic. But it's just the human nature of, you know, you just feel that yours wasn't good enough if you weren't asked.”

## Theme 4: Institutional considerations

### 4.1 Integration/reciprocity within the medical school and with other HCPs

Learning from the initiatives within different departments was discussed and how they could be applied to the osteopathy programme.

“Lots of research activity happens in the midwifery department. So I'll find out how they administer that, but they are running PhD programmes, they're engaged in research. So I think that part of their budget and time includes this. Their influence is immense.”

“Yeah. So they value research and then like, you know, encourage people through time and a budget.”

### 4.2 Integration within the University

Previous collaborative attempts were discussed:

“So a few years ago, probably about three or four years ago we had the whole of the department and midwifery and nursing everybody together and their big thing for that meeting was about collaboration. They were very much about interprofessional collaboration. Wouldn't it be great if the midwives could get together with osteopaths and we could look at latching breastfeeding. We did start trying to put that together to one of the midwives but unfortunately they moved abroad.”

Frustration was expressed about lack of ambition within the department in moving potential collaboration and integration forward:

“But again, there just wasn't an appetite higher up the chain for us to do that because we don't have a paediatric clinic anymore. But I know for example, we've got [*name of a member of staff*] in the university who's kind of one of the country's best experts on breastfeeding and latching. And again, you know, it would be great if we had the time to ... to do something like this, given the specialisms that are all within the university.”

“We saw this in other departments ...making it... built this and looking at the research across the country and the world and getting people to kind of talk and share that good practice.”

### 4.3 Signposting and networking

The team's varied research capabilities presented challenges. Recent graduates demonstrated familiarity with research processes, while some experienced staff members, whose training predated

research emphasis, showed less familiarity with research and publication processes. Clear need emerged for resource signposting and network development across clinicians, teaching staff and researchers:

“How do we get there then? I don't know what the link is between doing research and getting it to a publication. Getting it to an editor and saying right, can we publish that? So, is that something that maybe you can help with even if it's just literally a how to do this document? How would you, what are the steps? Who were the people you need to talk to?”

## Theme 5: Moving forward

### 5.1 Identification of opportunities

Programme staff demonstrated enthusiasm for skill development despite varying research experience. There were also some financial considerations:

“Perhaps something scheduled like conference once a year and you give enough people notice.”

“Let's say we do a paper every month as well.”

“From my experience of working and talking to people in other department, there seems to be much more of a ... a drive or much more of a value put on research and therefore time and finances dedicated to that.”

### 5.2 AHP status and other HCPs

Participants compared osteopathic practice opportunities between England and Wales, particularly regarding AHP status and NHS employment prospects:

“I've never taken it seriously and we were looking at what jobs this morning for the graduates, it's 4 pages of NHS jobs for osteopaths, 72 positions, but not over in Wales.

We don't have allied health professionals, we were asked whether we wanted it to work towards it by Matthew Rogers. Numbers were interested.”

The programme's unique position within the university received attention:

“I think that segues nicely into something which before we haven't mentioned, which is the political climate that sits behind osteopathy because we're pretty much a branch on our own. There's the Faculty of Medicine and even the Health Sciences programmes, nursing,

midwifery there, which are commissioned programmes, and they get money from the government to do that. We're separate but we have been successful.”

### 5.3 Transferable skills

Some participants discussed NHS Wales engagement initiatives, expressing interest in grant programmes supporting evidence development. While institutional support needs were acknowledged, broader patient benefits were highlighted:

“I've learned that that there is a huge amount of support in Wales and the task might not have been so daunting as I thought it was, but it's that access to support was not made available through the university.”

This highlighted needs for improved signposting to institutional and national Welsh resources.

### 5.4 Communication

Communication could take a range of different forms. The description of osteopathic management could lead to some case study publications.

“So what how do we manage post injury like a patient the other day who came with a cranial anomaly. You can encourage the students to question the holistic management of patients and the medical management. So what is our part in that and what where do we draw the boundary between what we do and say the consultant and what he does? So I think it's really important and constantly reading and discussing that with people.”

Describing osteopathic management was also cited as important in informing students from other disciplines and addressing out-of-date views of the profession:

“We've been having extra students sitting in from the medical school. So we've been kind of open about letting some of their students come in to us to observe what we're doing, which is good for education. But there's not always that sort of reciprocation from the other way.”

“Some of the doctors teach there [at the medical school] trained before we were a registered profession. So they think we're still unregulated. Really that is something that we need to communicate.”

Participants acknowledged higher education funding pressures while emphasising community outreach benefits. Discussion included expanding student placement opportunities to give students more diverse opportunities:

“I think this has to be a way of trying to bring that across the university because it's a business, it's embedded in the community. We could translate this into student experience, we can get them out into the community.”

## **Discussion**

This qualitative investigation represents the first systematic exploration of scholarship within an osteopathic educational institution. It provides empirical evidence of challenges faced by osteopathic educators in developing scholarly activity, identifies profession-specific barriers differentiating osteopathic education from other healthcare disciplines, and establishes a foundation for evidence-based faculty development initiatives

The themes revealed both common healthcare education challenges and osteopathy-specific considerations. Participants noted scholarship's diminished priority amidst competing demands [27]. Organisational barriers were described within the course and the wider university in addition to lack of access to information sources or research facilities, challenging levels of bureaucracy, and specific frameworks. Limited time to pursue scholarship activities, challenges of filling roles if staff took time away for this purpose, and difficulties with supervision and collaboration were highlighted also [28,29,30,31]. Other issues cited included lack of opportunities and confidence in collaborating with other faculties to undertake cross-disciplinary research to benefit multidisciplinary students [27,32,33,34].

While healthcare professionals often produce significant output without protected time, removing barriers alone may not catalyse change [35]. Strategic thinking encompassing short-, medium- and long-term activities and aspirations often proves beneficial.

Small staff cohorts, such as the Swansea study participants, invariably operate at full capacity. Expecting individual staff members to organise conferences or arrange developmental activities proves unrealistic. Strong collaborative approaches become essential for activity sustainability.

The educational content of courses has been highlighted in the literature. Some authors highlight the value of research agendas identifying clinically relevant key topics and updating knowledge based on new research [36,37,38,39]. Strengthening research agendas through strategic roadmaps receives particular attention. This approach extends beyond individual institutions, emphasising networking and collaboration with other osteopathic educational institutions, sharing learning and good practice, and seeking strategic collaborations within host universities and other institutions where common interests exist [36]. This approach enhances output while reducing isolation and frustration



voiced by focus group participants. Lack of funding, mentorship, and scholarship recognition mechanisms remain commonly cited challenges across professions [35].

The literature suggests several approaches to address identified issues:

i. Reflecting upon current activities and skills

Rollins emphasised discovering individuals' academic grade expectations [33]. Identifying key skills in research, teaching, clinical care, supervision, and service provides baseline information and development direction. Career goal identification and requisite skill acquisition planning represent important initial steps [40].

ii. Considering future directions

Reflecting upon areas of interest and expertise proves valuable [41]. These may encompass individual or departmental interests but ideally benefit career development, student cohorts, the profession, and patients [42]. While numerous potential investigation areas exist within osteopathy, avoiding insularity remains important, considering national healthcare landscape and population needs [37,39]. The NHS Long Term Plan priorities and public health issues provide additional investigation opportunities [43,44].

iii. Getting started

Rollins advocated starting small to avoid overwhelming newcomers to scholarship [33]. Initial activities might include small grant applications, journal reviewing [45,46], or research ethics committee observation. Critical appraisal skill development supports both activities [40]. Writing development through goal setting [47,48] and consistent practice aids dissemination capability [48,49].

Writing opportunities include peer-reviewed journals, professional media and internal documents. Turner et al. advocated recognising scholarship through educational material development [50]. Publication guidance typically exists through institutional intranets, journal guidelines [51,52] and publication guidance videos [53]. While open access publication costs remain significant, alternatives include limited access publication or pre-publication websites for sharing non-peer-reviewed work [54].

iv. Presentation and collaboration skills

Studies discuss presentation confidence development strategies. Patel et al. described "work in progress" (WiP) presentations [55]. This approach, common in clinical research groups, enables work discussion, feedback receipt, and guidance for development and dissemination [56]. Their

"incubator" sessions avoided conflicts with clinical or teaching commitments, offering weekly presentation opportunities. Such sessions facilitate work discussion and presentation skill development. Dhakal and Tornwall note case studies provide excellent scholarship introduction opportunities, potentially leading to publication [57]. As presentation skills develop, institutional meetings, seminars, and conference participation opportunities emerge [41], fostering valuable networks.

#### v. Mentoring

Various professions have developed and documented mentoring programmes [58]. Programmes exist within institutions and the osteopathic profession [59][ntoring - Institute of Osteopathy](#). OEI staff, as role models, might consider mentoring beyond educational and clinical delivery. While particularly valuable for early-career professionals, mentorship often continues throughout careers as specific expertise needs arise.

#### vi. Scholarship programmes and their evaluation

Literature describes various scholarship programmes, some profession-specific (e.g., nursing, psychiatry) [60,61,62], others institution-based or generic [63,64,65]. Programme refinement depends on funder, setting, and professional requirements. Clear goals and evaluation processes prove essential [62,66]. Literature describes delivery practicalities and benefits, including maintaining scholarship communities beyond programme completion [67,61].

#### vii. Funding

Funding has been frequently cited as a barrier to scholarship in the focus group and the literature. Funding barriers affect staff development, conference attendance, and research resource access. Many institutions offer pump-priming funding [68]. Literature describes similar competitive funding initiatives [69]. The Osteopathic Foundation offers small funding applications [70]. National programmes support research applications and career development [71,72]. Devolved nations offer various options, including Health and Care Research Wales and the Learned Society of Wales [73,74].

### Recommendations

1. Establish regular dialogue through the Council of Osteopathic Educational Institutions regarding protected time and staff development [75];
2. Seek support from the National Council for Osteopathic Research for funding applications and research development [76];
3. Develop structured mentorship programmes

4. Create clear pathways for converting student work into publications

5. Foster inter-institutional collaboration

### Strengths and Limitations

This is the first investigation of this type involving an osteopathic educational institution and the area of scholarship. The diversity of the participants ensured a range of experience and perspectives were contributed.

Several limitations warrant consideration. The lack of ethnic diversity among participants (all White British) potentially limits the transferability of findings to more diverse educational settings.

Secondly, whilst reflexivity was maintained through researcher journals and team discussions, the manuscript was shared with all participants prior to submission for their feedback, with no changes suggested. Thirdly, the single-institution focus, whilst providing depth of understanding, may not capture the full range of experiences across different osteopathic educational institutions. Future research should address these limitations through multi-site studies with more diverse participant populations.

### **Conclusion**

Scholarship support emerges as a cornerstone for developing skilled faculty, expanding potential recruitment pools, and advancing the evidence base for osteopathic education. This study's findings provide a robust foundation for developing targeted interventions to support scholarly activity within osteopathic educational institutions, whilst highlighting the need for systematic approaches to overcome identified barriers.

## Declarations

### **Author Contributions (CRediT):**

Conceptualisation: CF, PS and JDR

Methodology: CF and JDR

Investigation: CF and JDR

Formal analysis: CF and JDR

Writing - original draft: CF and JDR

Writing - review & editing: CF, PS and JDR

Project administration: JDRC

Funding acquisition: N/A

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