



Council
29 January 2014
Development projects funding proposals

Classification	Public
Purpose	For decision
Issue	The paper asks for decisions from Council on funding for two of the eight development projects being undertaken under the auspices of the Osteopathic Development Group.
Recommendations	<ol style="list-style-type: none">1. To agree to award a grant of £7,200 to NCOR for the adverse events component of the evidence development project.2. To agree to award a grant of £29,500 for the advanced clinical practice project, subject to the conditions set out in paragraphs 28 and 29.
Financial and resourcing implications	These are set out in the paper.
Equality and diversity implications	None identified.
Communications implications	The award of grants for any of the development projects will be published in <i>the osteopath</i> magazine.
Annexes	<ol style="list-style-type: none">A. Evidence development projectB. Advanced clinical practice project
Author	Tim Walker

Background

1. During the course of 2013, the Osteopathic Development Group (ODG) – comprising representatives of the British Osteopathic Association, Council of Osteopathic Educational Institutions, National Council for Osteopathic Research, Osteopathic Alliance and the GOsC – has been working on a number of projects aimed at supporting the development of the osteopathic profession.
2. Details of this work were provided to Council at its June 2013 meeting and, in addition, project initiation documents for each of the eight development projects have been published on the GOsC website at:
<http://www.osteopathy.org.uk/about/our-work/Developing-the-profession/>
3. At the same meeting, Council agreed an approach to providing grants support for development projects, based on a clear set of criteria, using accrued reserves for this purpose.
4. This paper provides details of two projects that are considered to be well enough developed and suitable for support, and seeks agreement for grants assistance for these projects.

Discussion

5. Council agreed high-level criteria for providing funding for projects. These were:
 - a. Developmental: the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.
 - b. Public and patient benefit: the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.
 - c. Cross-professional applicability: the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
 - d. Collaboration: initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
 - e. Clarity of outcome: projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.
6. In addition, it was stated that proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which

the lead osteopathic organisations will oversee project management. An application for funding should identify the process by which any agency or other organisation will be selected.

7. The two projects are described briefly below.

Evidence development project

8. The evidence development project is being led by the National Council for Osteopathic Research (NCOR).
9. The project has a number of separate components. These are:
 - a. Establishing and maintaining online research resources, including relevant literature/reviews
 - b. Disseminating evidence to support promotion of osteopathic healthcare and integration into wider public health provision
 - c. Collecting feedback from osteopathic patients via a national online and phone based facility (PROMs)
 - d. Creating an adverse event reporting mechanism.
10. The first two activities are the continuation of existing work by NCOR, including the use of material generated by the GOSc-funded adverse events projects.
11. The third project is to introduce validated patient reported outcome measures (PROMs) into the osteopathic profession. This substantial piece of work is being funded by the British Osteopathic Association.
12. The final part of the project relates to the reporting of adverse events and the completion of two web sites for this purpose: one for patients and one for practitioners. It is solely for this component of the overall project that funding is sought and which is set out at Annex A.
13. This initiative mirrors a similar activity undertaken within the chiropractic profession which, like the osteopathic profession, does not have access to a national patient incident reporting system. It is hoped that this project will encourage a more mature and reflective approach within the profession to openness and reflection on adverse events and also support the duty of candour among osteopaths.
14. A substantial part of the work required has already been completed in the form of two pilot projects carried out by undergraduates working with NCOR at Queen Mary University London. However, the individuals involved are not available to build on the pilot work to a stage where the websites can be operationalised. The grant will allow NCOR to engage a web company to complete the task.

15. The Executive is very supportive of this element of project as it brings to a conclusion a long-standing commitment to an effective exploration of the risks associated with osteopathic practice. The GOsC committed approximately £202,900 to the four adverse events projects from 2009-2012.
16. In addition, it is very positive that this activity (not just the two web sites but the additional resources around risk) now sit independently of the GOsC within NCOR and are 'owned' by the profession.
17. The project will be overseen by Dr Dawn Carnes, the Director of NCOR, and by the NCOR Council. In addition, there is an adverse events working group with wider membership on which the GOsC is also represented.
18. Given the size of the grant and the limited nature of the projects it is not suggested that any conditions are placed on these grants beyond an expectation that the project will be concluded this calendar year. The GOsC will ask NCOR to enter into an appropriate contractual relationship with their supplier and we will release the funds to the supplier as they are required.
19. A formal report on the outcomes will be provided to Council in due course.

Recommendation 1: to agree to award a grant of £7,200 to NCOR for the adverse events component of the evidence development project.

Advanced Clinical Practice project

20. Currently there exists no common framework for the pathways by which osteopaths develop their clinical skills post registration. Despite this, there is increasing prevalence of osteopaths claiming advanced clinical practice skills and a growing demand amongst patients for a reliable means of identifying osteopaths with higher level capability.
21. An alternative option of the GOsC developing supplementary registers or annotating the main register with advanced practice information is not open at present as this approach was ruled out by the CHRE in their 2009 advice on advanced practice¹ to the UK health departments. As yet it is unclear as to whether or how this will be reflected in the Law Commissions' Bill.
22. The Advanced Clinical Practice project will address these issues by investigating the nature of advanced clinical practice in osteopathy, defining the need for an ACP framework and developing a suitable framework that can be used by the profession and its institutions, and provide a clear benefit to the public.
23. This project is being led by the Osteopathic Alliance (OA) and the Council for Osteopathic Educational Institutions (COEI).

¹ <http://www.professionalstandards.org.uk/docs/psa-library/advanced-practice---advice.pdf?sfvrsn=0>

24. The four phases of the project are set out in the funding request at Annex B. The two major elements of the funding request are for the use of an external consultant to undertake the bulk of the work including the consultation. In addition funding is sought to allow the project manager (an osteopath) to be supported for one day a month out of practice for the duration of the project.
25. Financial support for the project is also being provided by the BOA who are currently funding the work of the project manager (£1200) and through in-kind support from other team members projected to have a value of at least £13,800.
26. It should be noted that the external consultant to undertake the project has not yet been identified but a process has been agreed for the appointment which will include input from the GOsC.
27. The Executive is supportive of this project which we think, on completion, will provide an invaluable additional pillar of public protection albeit on a voluntary basis independent of the regulator. However, we also recognise that this approach will not be without its detractors within the profession and has a potential risk of failure.
28. If Council is minded to support the proposal it is suggested that a number of conditions should apply:
 - a. The oversight of the project by the ODG needs to be well documented and progress reports made available for Council.
 - b. That the GOsC has oversight of the tendering and contractual relationships with the independent consultant and others involved in the funding and delivery of the project.
 - c. That the release of funding for each phase of the project is subject to satisfactory delivery of the agreed objectives and that the contractual arrangements are such that the project can be terminated if the objectives are not met.
29. In addition, if significant variations arise in the costs or timescales of the project as a result of the tender process and the advice of the independent consultant, then the Chair should be consulted as to whether further review by Council is required.
30. Council will be kept informed on the progress of the project through regular reports.

Recommendation 2: to agree to award a grant of £29,500 for the advanced clinical practice project, subject to the conditions set out in paragraphs 28 and 29.



NCOR Supporting Osteopathic Research

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December 2013

Funding request GOsC

Development of the Profession Projects

Evidence development

Request made by: Dawn Carnes, Director NCOR

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Background and context

Developing the evidence base for osteopathy is one of the eight projects designed to advance the osteopathic profession. We are aware that we need to develop the evidence base for osteopathy to: promote ourselves in the wider health care community; inform treatment decisions; ensure our patients can make informed choices about their care; and ultimately optimise patient care and improve patient choice of services.

The evidence project is focused on four project areas:

- i) Establishing and maintaining online research resources, including relevant literature/reviews
- ii) Disseminating evidence to support promotion of osteopathic healthcare and integration into wider public health provision
- iii) Collecting feedback from osteopathic patients via a national online and phone based facility
- iv) Creating an adverse event reporting mechanism

NCOR utilised financial resources arising from income generated from previous NCOR conferences and under-spend to redesign and develop the NCOR website. This has helped us achieve a much improved online research resource and has enabled us to disseminate information more widely (projects i and ii).

NCOR has also secured financial assistance from the British Osteopathic Association (BOA) to develop an online and phone application to collect patient reported outcome data (project iii above). For this project Queen Mary University of London (QMUL) and NCOR also secured a PhD opportunity to help realise the aims of this project. This aspect of the project is due to be operational in mid-2014.

The adverse events reporting mechanism project iv, builds on previous work funded by the GOsC. Over the last eight years the GOsC, NCOR and its collaborators have worked hard to gather and develop information about risks in osteopathy. This was achieved through four adverse events projects funded by GOsC between 2008 and 2012 looking at incidence and prevalence of adverse events and complaints and claims against osteopaths.

It is particularly timely to consider this work again in the light of the Francis Report and the recent response from the Health Secretary Jeremy Hunt [<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response> accessed 28.11.13].

The response says that:

The professional regulators will develop new guidance to make it clear professionals' responsibility to report 'near misses' for errors that could have led to death or serious injury, as well as actual harm, at the earliest available opportunity and will review their professional codes of conduct to bring them into line with this guidance.

The reporting of near misses is an important aspect of patient safety and, while patients obviously have a right to be informed of the risks of harm, in the context of the osteopathic profession it is important for there to be a mechanism for feeding back learning from near misses to the profession itself, particularly in the absence of a body like the National Patient Safety Agency to undertake such a task.

The project: Adverse event/patient incidents reporting

As part of continuing our understanding about risks and safety of osteopathic treatment, NCOR has developed, with the support of, and in conjunction with the computer sciences department at QMUL, two adverse events learning and reporting platforms:

- i) one for patients: PREOS – Patient Reporting of Experience of Osteopathic Services and
- ii) one for practitioners: PILARS – Patient Incident Learning And Reporting System.

Our **aims** are to:

- i) To develop a website for osteopaths to use as a learning platform to collect and comment on patient incidents and potential patient incidents (near misses) occurring with patients being treated with osteopathy.
- ii) To develop a patient focused system that allows patients to report their experiences (both good and bad) of osteopathic treatment, this would be an open (but regularly monitored) website for both patients and practitioners to learn from.

These two online platforms will:

- a) Show that we take the recommendations of the Francis Report and the Health Secretary seriously and that we recognise the importance of learning from mistakes and near misses
- b) Provide osteopaths with a learning interface to reflect on their own and practice of others
- c) Provide a facility for patients to feedback their experiences, good and bad, to the profession to ultimately improve the patient experience and outcomes associated with their osteopathic treatment
- d) Provide opportunities for osteopaths to incorporate this into both continuing professional development and re-validation
- e) Link the data from the platforms into the learning curricula of the osteopathic education institutions to promote good practice at the outset of osteopath's careers
- f) Disseminate our learning to others to promote good practice in other professions.

There are two further factors that are important, NCOR is not part of the GOSc or the BOA, this independence is crucial to the success of these platforms and engaging osteopaths. NCOR will oversee, maintain and monitor these platforms in accordance with the QMUL's research governance and data protection protocols. We will also ensure anonymity and security of information. All data will be

protected and stored on the university's secure server in a domain with security access exclusive to NCOR.

The development and piloting of these patient incidence reporting platforms has already been undertaken. This was achieved with the support and contribution of QMUL and using the information and recommendations arising from the GOsC funded adverse events projects.

Two QMUL students undertaking their B.Sc. degrees devised these adverse event/patient incidence reporting platforms as part of their final year projects. These 'platforms' consist of a website, a user interface allowing people to input data, and a background database where the information/data is stored and can be analysed (See appendix B for specifications).

NCOR provided the material, structure and detailed specification for the platforms and the students have done the bulk of the coding and development.

Both students passed their degrees and have moved on. We are now in a position where we need to launch these platforms into the osteopathic and public domains, however they need a little more work to get them from student projects to the standard required for wider public and professional use. We have transferred 'the code' (the programming instructions) that creates the platforms from the QMUL student server onto the main QMUL server and we are now in a position where we need to invest in some specialist IT expertise to operationalise and 'polish' these systems.

The product

Two websites will be available for use by all registered osteopaths and their patients, independent of the BOA and the GOsC.

The Osteopath's site, PILARS, will allow osteopaths to review incident information, comment on incidents and add new incidents/near misses onto the website for others to learn from. This website will be limited to osteopaths only.

The patient reporting web site, PREOS, will be open to the general public, it will be monitored closely by NCOR. No information will be put in the public domain until it has been reviewed by NCOR. This is to protect patients and osteopaths where there is any sensitive or patient or practitioner identifiable information in the text.

The web u.r.l.s. will be www.preos.org.uk and www.pilars.org.uk. These domains have already been purchased. They can be linked to other websites for ease of access. We will have a page dedicated to these sites on the NCOR site. The only ongoing direct overhead costs for this service is the host fees of around £10.00 each per annum.

NCOR staff will manage the sites and produce reports for the profession to use.

Financial request

We are requesting funding of £5,925 +VAT for the final phase and launch of PILARS (Patient Incident Learning And Reporting System) and PREOS (Patient Reporting of Experience of Osteopathic Services).

KukiVentures (www.kukiventures.com) developed the new NCOR website and we would like to continue our collaboration with them as they host our site and know the structure and scope of our site.

KukiVentures also quoted for this part of the work in the original tender which went out to three organizations. KukiVentures represented the best value for money for this particular aspect of the website development in addition to the main website development. We have developed a good working relationship with KukiVentures and would like them to continue working on our site, we are confident that they have the expertise and will deliver on this project as they have on the previous project with us.

The breakdown of costs provided by KukiVentures for the work is: Senior PHP Web Developer (programmer) = 15 days @ £395 per day (to develop the bespoke database for Practitioners [10 days = £3,950] and Patients [5 days = £1,975] for data collection and reporting etc) = £5,925 + VAT.

Appendix A

Summary: Fulfilling the GOSc criteria for funding

Developmental

The learning platforms will play a large part in continuing professional development, revalidation and student and registered osteopathic learning. Osteopaths will be able to use and access the web based systems 24 hours a day, we hope that it will encourage reflective practice and help raise awareness of patient safety and good practice.

Public and patient benefit

The patient feedback mechanisms that exist are those set up individually by practitioners for their patients, or when patients make complaints to the GOSc and or insurers. This new online system would be available to all osteopathic patients nationwide and allow them to report their experiences both good and bad. The system would clearly state that all information is anonymised prior to publication and that the site is used for education purposes only and not for formal complaints. The information about patient experience would be fed back to the profession, this in turn will encourage practicing osteopaths and osteopathic students to reflect on their own practice standards and service delivery and the information will be used to inform education institutions on aspects of their curriculum that may need enhancing.

Cross-professional applicability

Both learning platforms will be available to all registered osteopaths, final year students and all osteopathic patients. NCOR will promote these platforms and provide regular reports to the profession about the information being collected on them.

Collaboration

To date, in order to get the platforms to their current stage of development we have collaborated with the chiropractors who gave us access to their learning platforms called CPiRLS, In the future we have agreed to share summary reports and learn from the manual health care profession in a wider context. Eventually we would hope to publish a paper about these reporting systems so that other health care professions nationally and internationally can learn from us.

In addition we have already collaborated with and received support from QMUL IT services and QMUL computer science department who provided us with the students who have done the initial scoping and programming, they would like to continue working with NCOR in the future on other projects.

We are continuing the work funded by the GOSc and are now implementing recommendations as a result of this work.

We have received funding (£24,000) from the BOA to develop the online and phone app for collecting PROMS which forms part of the larger project.

We have secured funding to finance a PhD on the back of the PROMs project from the OEF NCOR holding account.

We would like collaborate with KUKI Ventures to finalise the platforms, KUKI Ventures developed our website and would be interested to continue developing our site with these two new projects.

Clarity of outcome

Two tangible products will result from this project, we already have already purchased the web domains and once the platforms have been fully developed they will be available for use once activated. NCOR will monitor and manage the platforms and produce regular reports for the profession to be disseminated via profession wide publications and osteopathic educational institutions. The ongoing costs are minimal and will be financed by NCOR.

Appendix B

Requirements/specification: PILARS

Aim: To develop a website for osteopaths to use as a learning platform to collect and comment on patient incidences and potential patient incidences (near misses) occurring with patients in the profession.

1) Anonymity

The osteopaths must be guaranteed anonymity and must be untraceable by other users

2) Login required

All osteopaths must be given a login username and password so that only registered Osteopaths can access the database

3) Database

The information must be collected in a database so that the national council for osteopathic research can analyse the data

4) Data queries

The developer needs to devise some simple data queries so that the users can see what type and nature of adverse events are being reported

5) Number of users

There are potentially 4,800 users

6) Other similar platforms

CPiRLS: as used by the chiropractors and the National Patient safety Agency website

7) Interface

The interface the osteopaths will be presented with should be user friendly i.e. easy to navigate.

It should contain information about the site, about type adverse events, summary about the type and nature of adverse events being reported, entering data, entering comments, Links to other relevant sites, A page of relevant research articles.

8) Entering data

Using the drop down menus and choices similar to the CPiRLS website to enter information about the adverse events.

9) Comments boxes

All osteopaths registered to the site should be able to make comments on the event reported.

Requirement/specification: PREOS

Aim: ii) To develop a patient focused system that allows patients to report their experiences (both good and bad) of osteopathic treatment, this would be an open (but daily monitored) website for both patients and practitioners to learn from.

1) Anonymity

Patients must be guaranteed anonymity and must be untraceable by other users

2) Clearly specify the nature of the site as a research tool NOT a complaints procedure

Patients can be guided to the site but we must make it clear that this is a site to report events so we/osteopaths can use it as a learning platform to improve practice for other patients

3) Database

The information must be collected in a database so that the national council for osteopathic research can analyse the data

4) Data queries

The developer needs to devise some simple data queries so that the users can see what type and nature of adverse events are being reported

5) Number of users

There are potentially thousands of users, there are 4800 registered osteopaths who treat on average 30 patients per week

6) Other similar platforms

CPiRLS: as used by the chiropractors to report adverse incidents they experience via their patients as practitioners and the National Patient safety Agency website: see patient reporting only

7) Interface

The interface the patients will be presented with should be user friendly i.e. easy to navigate.

It should contain information about the site, about type adverse events, summary about the type and nature of adverse events being reported, entering data, entering comments, Links to other relevant sites, A page of relevant research articles.

8) Entering data

Using the drop down menus and choices similar to the CPiRLS website to enter information about the adverse events.

9) Comments boxes

All patients using the site should be able to make comments on the event reported.



General
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15 January 2014

Osteopathic Development Group Advanced Clinical Practice Project

GOsC Funding Request

Request made by: Ben Katz, ACP Project Manager
Nick Woodhead/Liz Hayden, ACP Project Sponsors
Matthew Rogers, ODG Programme Coordinator

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Introduction

The pathways through which osteopaths develop their clinical skills post registration are diverse, yet at present there is no common framework for Advanced Clinical Practice (ACP)². The growing demand amongst patients for a reliable means of identifying osteopaths with higher level capability and the increasing prevalence of osteopaths claiming ACP highlight the need for development in this area.

Background and context

In early 2012, the General Osteopathic Council (GOsC) and the British Osteopathic Association (BOA) produced discussion documents aimed at initiating a debate about the future of the profession. In response to feedback during a round of regional consultations that followed, the BOA, the Council of Osteopathic Educational Institutions (COEI), GOsC, the National Council for Osteopathic Research (NCOR) and the Osteopathic Alliance (OA) formed the Osteopathic Development Group (ODG) to further the development of the profession. The ACP project is one of eight planned by the ODG.³

The GOsC's discussion document "Ten questions for the next ten years", published in April 2012, asks:

- Who should lead the development of specialty standards [...] for osteopaths, and what form should these take?
- How should quality in osteopathic practice be defined and who should take the lead in setting the quality agenda?
- How can the osteopathic profession promote and sustain high-quality clinical and professional leadership in practice and teaching?

The ACP project evolved primarily from the question of specialty standards but ACP is believed to impact on the quality agenda and clinical and professional leadership also, since these are concerned ultimately with promoting high standards of clinical practice. The ACP project will address these issues by investigating the nature of advanced clinical practice in osteopathy, defining the need for additional ACP infrastructure and developing a suitable framework.

Project Aims

A common framework for ACP could promote high quality training, raise clinical standards and help to ensure that patients are able to find the practitioners best able to meet their needs. Patient and public interests are at the heart of this project and their input will be sought in Phase 1 and Phase 3. Engagement from the profession is also critical and there will be extensive consultation with key stakeholders and the wider profession throughout. A range of models from other professions will be considered. Their relative merits and their appropriateness to the osteopathic profession will be systematically evaluated to ensure that the framework developed is the best one to serve patients' interests whilst meeting the needs of the osteopathic profession.

Project Methodology

The ACP project consists of five phases.

- Preliminaries
- Phase 1 - Information gathering
- Phase 2 - Evaluation of possible models
- Phase 3 - Consultation
- Phase 4 - Final proposal and implementation plan

² For the purpose of this project, ACP is defined as a level of expertise significantly beyond the standard of practice required for entry onto the Register, as defined in the Osteopathic Practice Standards.

³ Developing the profession - ODG Joint Statement, February 2013.

Preliminaries (underway)

The aim of this phase is to establish the terms of reference for the project, secure funding and put a Project Team in place. The key objectives are:

- Appoint Project Team (complete)
- Finalise Project Initiation Document (complete)
- Secure funding
- Appoint consultant to deliver project

Phase 1 (~ 9-12 months)

The aim of Phase 1 is to gather the necessary background information to inform the development of a suitable ACP framework. This will be summarised in a detailed report for consideration by the Project Team. The key objectives for this phase are:

- Brief consultant
- Review existing research relating to ACP in osteopathy
- Survey patients' needs in relation to ACP
- Research osteopaths' views and behaviours, including existing pathways through which they attain to ACP
- Review existing osteopathic infrastructure, including quality assurance and accreditation of current ACP training
- Review frameworks for ACP in other professions
- Secure stakeholder and professional engagement

Phase 2 (~ 4-6 months)

The aim of Phase 2 is to evaluate possible models and generate a draft ACP framework. The key objectives of this phase are:

- Develop an evaluation matrix, including feasibility and benefits and risks for patients, osteopathic practitioners and the profession as a whole
- Evaluate possible components of an ACP framework
- Identify the most suitable elements and develop a draft framework

Phase 3 (~ 6-9 months)

The aim of Phase 3 is to consult with patients, the public and the profession to develop a consensus about the need for an ACP framework and the form it should take. A consultation document will be produced at the beginning of this phase and a report at the end. The key objectives for this phase are:

- Inform the profession
- Promote discussion
- Gather feedback
- Gain stakeholder and professional support

Phase 4 (~ 6-9 months)

The aim of Phase 4 is to produce a final ACP framework and an implementation plan. The key objectives for this phase are:

- Integrate feedback
- Finalise ACP framework
- Develop implementation plan
- Secure stakeholder commitment

Project Management

The ACP project is led by the OA with input from COEI and the BOA. The ODG will act as steering group/project board. GOsC and NCOR will offer advisory input and support as required. The project team has been appointed as follows:

ACP Project Team		
Project Sponsor	Liz Hayden & Nick Woodhead	OA
Project Manager	Ben Katz	BOA/OA
Team Member	Steven Bettles	COEI

The Project Sponsors will supervise the project on behalf of the OA and report progress to the ODG board quarterly. The Project Manager will be responsible for overseeing the day to day running of the project, coordinating input from the Project Team and managing stakeholder relations. The Project Team will meet in each phase to review progress and agree a plan for the next phase.

An independent consultant with appropriate research skills and an interest in professional infrastructure development will be appointed to deliver the project. An invitation to tender will be circulated through existing organisational contacts and professional/industry media. Interested parties will be asked to submit detailed proposals and suitable submissions will result in interviews. Submissions will be reviewed by the Project Sponsors and Project Manager, with advisory input from the Matthew Rogers (ODG Programme Coordinator - BOA) and Fiona Browne (GOsC), who will also sit on the interview panel. A contract for delivery will be agreed with the successful applicant.

Costs

GOsC funding

Funding is sought from GOsC in the amount of £29,500 to cover the essential operational costs of the project.⁴ These include recruitment costs, the Project Manager's time⁵, consultant fees and travel expenses for the Project Team where face to face meetings are required. The table below summarises these costs.

GOsC Funding	
Recruitment costs	£500
Project Manager	£7,500
Consultant (incl. consultation/research)	£20,000
Travel	£1,500
TOTAL	£29,500

GOsC will hold the funds for the project. These will be released in a phased manner, linked to clearly defined project costs and deliverables. A minimum of 40% of the consultant's fees for each phase will be held back until completion to ensure delivery.

⁴ The timescales and budget outlined herein will be reviewed following the tender process. Any increase in budget above the levels indicated in this funding request will need to be approved by GOsC.

⁵ The Project Manager's time has been costed at £300/day, based on one day a month over 25 months.

Partner Funding

Partner funding contributions are detailed in the table below. With the exception of the Project Manager, the Project Team offer their time as a contribution in kind on behalf of the OA & COEI. Across the entire project, this is projected at approximately 46 person days.⁶ In order to get the project up and running, the BOA has agreed to fund the Project Manager for the preliminaries phase, which is estimated at 4 days work.

Partner Funding	
BOA	£1,200
OA/COEI	£13,800
GOsC	£29,500

Additional contributions

GOsC will also provide advice and support for a number of areas of project delivery, including drawing up the consultant's contract, soliciting public/patient input and producing a viable implementation plan. The BOA will provide administrative support through the ODG Programme Coordinator and facilitate consultation with the profession through its website and annual convention. OA and COEI members will also offer the benefit of their expertise with extensive advisory input throughout.

Funding rationale

The ACP project is seen to be in line with the GOsC Funding for Development Initiatives Policy as outlined below:

Developmental

Whilst it is too early to determine precisely what form an ACP framework should take, it is clear that it should promote high standards of clinical practice and postgraduate training. In addition, it is anticipated that it will clarify the training pathways open to osteopaths and encourage them to reflect on their CPD needs. This is expected to have a direct impact on the quality of osteopathic care.

Public and patient benefit

The development of an ACP framework is expected to benefit patients and the public by making it easier to identify osteopaths with higher skill levels in particular areas of practice. It is believed that this will provide reassurance to patients and improve patient safety and quality of care.

Cross-professional applicability

The project will address the full spectrum of ACP, including higher levels of general osteopathic practice as well as particular areas of practice such as paediatrics. It is expected to be of relevance to all registered osteopaths.

Collaboration

The ACP project is jointly led by the OA and COEI, with input from the BOA, oversight from the ODG and additional support from GOsC and NCOR. The funding burden is shared across these organisations as outlined above. Consultation and collaboration with educational institutions, practitioners and patients is inherent to the development of this project and fundamental to its success.

Clarity of timeframe and outcome

The deliverables for each phase of the project and their anticipated deadlines are outlined below:

⁶ Team Member time has been costed at £300/day.

Annex B to 11

Deliverable	Anticipated deadline
Preliminaries - Tender document	15 February 2014
Preliminaries - Appointment of consultant	15 April 2014 (+ 2 months)
Phase 1 - Summary report	15 January 2015 (+ 9 months)
Phase 2 - Draft ACP framework	15 May 2015 (+ 4 months)
Phase 3 - Consultation document	15 July 2015 (+ 2 months)
Phase 3 - Consultation report	15 November 2015 (+ 4 months)
Phase 4 - Implementation plan	15 May 2016 (+ 6 months)