Council
27 July 2014
Development projects funding and update

Classification	Public
Purpose	For decision
Issue	The paper asks for an additional sum to be added to the grant made for the advanced clinical practice project following the conclusion of the tender exercise. The paper also updates on the status of other GOsC-funded projects.
Recommendations	1. To note the successful completion of the grant funded element of the evidence development project. 2. To agree to award an additional grant of £8,700 for the advanced clinical practice project. 3. To note the update on the mentoring project.
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 *the osteopath* magazine and on our website.
Annexes	A. Tender response from Health Academix B. Request for additional funding from project group
Author	Tim Walker

Background

1. At its meeting on 29 January Council agreed to award a grant of £29,500 for the advanced clinical practice project and £7,200 for evidence development project being undertaken under the auspices of the Osteopathic Development Group.

2. At is meeting on 1 May, Council agreed to the award of a grant of £12,262 with an in-principle decision on a grant of a further £20,000 for the mentoring project.

3. 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/

4. This paper provides updates on all three of the projects and seeks agreement for additional funding for the advanced clinical practice project.

Discussion

Evidence development project

5. The evidence development project is being led by the National Council for Osteopathic Research (NCOR).

6. 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.

7. 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. This is the work for which Council made a grant of £7,200.

8. The development of the two web sites has now been completed and they may be viewed at www.ncorpilars.org.uk and www.ncorpreos.org.uk.

9. In the first instance the sites are being piloted in a live environment and being used within osteopathic educational institutions each of which is identifying a 'project champion' to encourage their use. A more formal launch of the sites will take place once any initial teething problems have been resolved.

10. The project incurred a small overspend of £300 which the Chair of Council authorised for payment as it was within the 10% margin agreed by Council in January.

Advanced Clinical Practice project

11. The Advanced Clinical Practice project aims to investigate 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.

12. This project is being led by the Osteopathic Alliance (OA) and the Council for Osteopathic Educational Institutions (COEI).

13. The two major elements of the initial funding request were for the use of an external consultant to undertake the bulk of the work including the consultation. In addition funding was granted to allow the project manager (an osteopath) to be supported for one day a month out of practice for the duration of the project. The amount envisaged for the consultants was £20,000.

14. Financial support for the project is also being provided by the BOA who have funded part of the work of the project manager (£1,200) and through in-kind support form other team members projected to have a value of at least £13,800.

15. Council will recall that concerns were raised at its January meeting as to whether the figure of £20,000 was sufficient to undertake the work required and whether suitably qualified consultants could be identified for that amount of money. It was recognised by the project team and the Executive that this was a new initiative and that we would be testing the market to see whether the amount allocated was in fact sufficient.

16. In addition, Council agreed that if significant variations arose 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.

17. There was good level of interest in undertaking this work although all parties thought that the budget was insufficient and that some additional funding would enable a better outcome from the work. The result of the tender process was the identification of Health Academix as the most suitable team to support this work. Their response to the tender is provided at Annex A.

18. Discussion with the project team (to which the GOsC's Head of Professional Standards is an adviser) has identified areas where additional funding would improve the quality of the final product. The project team has therefore submitted a request for additional funding as set out in Annex B.

19. The amount requested is more than the 10% margin agreed by Council and would raise the total grant from £29,500 to £38,300.

20. The four components of the additional funding request are:

    a. A website review which aims to understand the nature of the advanced practice claims being made currently by osteopaths.

    b. Additional input from the senior academic on this project, Dr Nicola Gale.

    c. Attendance at Institute of Osteopathy conventions for the purposes of consultation and engagement.

    d. Formal presentation of the final project results to Council and ODG members.

21. The Executive is supportive of this request for additional funding.

    a. We are particularly supportive of the web survey work which was an innovative proposal which emerged from discussions with the tenderer. Grounding thinking in the narrative of the websites – enabling an understanding of what osteopaths actually say to patients – will enable the team to better understand and connect to osteopaths and patients supporting the development of advanced clinical practice in a 'bottom up' rather than a 'top down' way.

    b. The academic framework for the proposal is important as it allows a degree of independence and challenge, but also potentially provides a mechanism to support consensus.

    c. Engagement is critically important for the project, and this has formed a key part of the discussions in relation to the original proposal. The IO conference will have a range of delegates there and will provide an ideal opportunity for the project team to engage more deeply with a diverse range of osteopaths to obtain feedback on their thinking.

    d. Finally, the presentation of the project results to both the ODG and Council will ensure that both groups have an opportunity to probe the research team directly and gain a fuller picture of the report.

22. The additional grant would bring the total cost to use a team of high quality academic consultants to support the project to £28,700. It is worth noting that this is considerably less than work previously commissioned by the GOsC, for example the current effectiveness of regulation research and the preparedness to practise research commissioned in 2010. This factor combined with the testing of the market, which took place as part of the tender process, suggest that the revised figure above still represents good value for money to the GOsC.

Mentoring project

23. The tender period for consultants to support the mentoring project opened on 10 June 2014 with a closing date of 7 July 2014. Six responses were received from a range of organisations and individuals. Interviews are due to take place on 18 July. An oral update will be provided at the meeting.

Recommendations:

1. To note the successful completion of the grant funded element of the evidence development project.

2. To agree to award an additional grant of £8,700 for the advanced clinical practice project.

3. To note the update on the mentoring project.

Commissioner

The General Osteopathic Council

Development of an Advanced Clinical Practice Framework in Osteopathy

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Provider Health Academix Ltd: Company Number: 07064576

Project Management and research

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Literature Searches

Health Services Management Centre (HSMC) library support services

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Development of an Advanced Clinical Practice Framework in Osteopathy

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1. Background and overview

This project is one of eight interrelated projects that are being commissioned by the General Osteopathic Council's Osteopathic Development Group (ODG). For the purposes of this project the ODG has defined ACP as 'a level of expertise significantly beyond the standard of practice required for entry onto the Register'. Currently osteopathy is a flat profession whereby practitioners enter primary care practice after successful completion of training at a recognised Osteopathic Education Institution. Qualified practitioners are predominantly self-employed, though there is some limited NHS osteopathic provision and third party payment. Many work as sole practitioners, although some osteopaths work as part of group practices. Only a small minority work within 'multi-disciplinary team' environments (as the term would be understood in the NHS).

The issue of Advanced Clinical Practice (ACP) was identified during a series of regional consultations that took place in 2012. These highlighted concern within the profession about the increasing number of osteopaths making claims in relation to advanced levels of clinical practice or expertise in the treatment of specific patient populations/conditions and specific techniques. Ensuring that practitioners do not make false or exaggerated claims is a concern across all health professions. The issue has remained topical as additionally, there is a perceived increase in the number of patients seeking a reliable means for identifying osteopaths with higher levels of capability.

Currently there is no common framework for ACP within osteopathy. Osteopaths develop their clinical expertise through a range of pathways and it is acknowledged that the nature, content and quality of post-graduate training available from diverse providers varies widely (as does CPD). Unlike other health professions there is no equivalent to a Royal College or Charter to provide and maintain high standards in ACP. Without a common framework it is impossible to evaluate the quality of post-graduate training or the level of advanced practice achieved. The main areas of practice in which ACP is developing, albeit in an *ad hoc* fashion, are paediatric osteopathy, veterinary osteopathy and cranial osteopathy. Were such a framework to exist, this would have the potential to promote high quality training, raise clinical standards and enable patients to identify practitioners with expertise relevant to their needs. A project into a possible framework for ACP would inform other work being undertaken by the ODG, particularly in relation to the identification of clear career pathways for practitioners, as these are currently not well defined.

It is acknowledged that there is no statutory duty for the General Osteopathic Council to establish standards for ACP, nor is there an intention, currently, to extend osteopathic regulation to ACP, develop supplementary registers or include ACP information on the main Register. Concerns have been voiced within the profession that were identification of advanced clinical practice to become a reality, whilst recognising that all osteopaths will improve and extend their range of technical competences as their career develops, a legitimate concern is that ACP introduces the potential implication that osteopaths without ACP status were less competent or somehow lacking.

The debate on the relative merits and disadvantages of organically developing voluntary informal specialist interest groups as compared to mandatory engagement with the formal regulatory structures that would need to be in place is likely to resurface. A pragmatic concern is whether the osteopathic profession, with 4817 Registrants is large enough to require or be able to support

ACP, not least of all as GOsC has reduced registrants' fees and any fee rise needed to support ACP would be politically undesirable when all healthcare regulators are supposed to be looking to ensure value for money.

The engagement of members of the profession and consultation with key stakeholders and the wider profession throughout will be vital to the development of a suitable framework and implementation plan, and is consistent with GOsC's approach to its developmental projects. Patient and public interests must be central to the development of this project and thus, their involvement will be crucial to ensure that the needs of patients are addressed. The proposed project will include thorough research and a systematic evaluation of proposed ACP models to ensure that the framework developed is one which serves patients' interests whilst meeting the needs of the osteopathic profession.

In order to tailor the consultation to GoSC's needs, it will be necessary to frame the project within the specific context of osteopathic regulation and practice in the UK, the broader development of healthcare professionals (many of whom practise extended roles), and the intersection of regulation with workforce/professional development. We believe that a nuanced understanding of the political dimensions of this process will provide GOsC with a targeted evidence base to make recommendations which will respond to concerns around patient safety, acceptability, training and supervision, and models for ACP.

Comparisons will be made with healthcare more broadly, particularly in respect of the process for reaching consensus on defining scope of practice and development of ACP frameworks, including any training issues, public engagement, the management of change and professional opposition. In investigating the need for additional infrastructure, the project will examine regulated professions who have developed ACP e.g. medicine and dentistry. We see this as distinct from developments in other professions such as nursing and pharmacy, who have developed and taken on extended roles, as distinct from specialist registration.

Given osteopathy's global presence, the project will evaluate developments relating to ACP in osteopathic professions in other countries. In Australia, for example, the profession is currently developing processes to facilitate clinically focussed skills acquisition / activities through Clinical Interest Groups (CIGs) and putting mechanisms in place for osteopaths to credential their particular clinical interests and skill sets. The aim there is to support the CPD and career development needs of osteopaths and complement the scope of practice advanced standing objectives established by the Osteopathy Board of Australia. The OBA has stated that it is unlikely that this will result endorsements or specialist registration in Australia but the CIGs are seen to be the first step on the path to developing sufficient differentiation and/or specialisation in practice to merit endorsements on osteopathic registration. It is uncertain whether at this point in UK osteopathic development, a robust evidence base exists to support the creation of specialisms, but this is something which may emerge from clinical interests groups.

We acknowledge that this project will be closely aligned with the mentoring and career development projects that are being developed concurrently by the ODG. We appreciate the guiding principles for the project that have been identified by the ODG in relation to: 1. demonstrating what is distinctive about osteopathy and support the capacity of the profession to promote itself, 2. building individual capability and capacity, enabling osteopaths to use their skills in their practice and for the benefit of the profession 3. Support the creation of sustainable leadership and a robust infrastructure for osteopathy by helping osteopathic organisations in

building their corporate capability, 4. Neither restricting practice nor preventing a broad approach or disenfranchise any group within the profession.

We also acknowledge that the collection of evidence needs form 'a cornerstone of a compelling development agenda' and that the ODG development activities 'embrace the role that individual practitioners' interpersonal and clinical skills play in determining the quality and outcomes of patient care.' We are committed to ensuring that the development of any ACP scheme takes account of the principles detailed in Right Touch Regulation (CHRE 2010) [1]. We affirm that the intellectual property rights rest with the contracting organisation on behalf of the Osteopathic Development Group and that rights to publication will not be unreasonably withheld.

2. The aims of the project

The aim of this project is to develop a suitable framework for advanced clinical practice (ACP) in osteopathy. The project will explore the various pathways through which osteopaths gain advanced levels of clinical practice and specialist training. The framework is intended to enable professionals and the public to discern the merit of any claims to ACP status. A wide variety of models for ACP will be considered, including those employed in other healthcare professions. The relative merits of the models and appropriateness to the osteopathic profession will be systematically evaluated in consultation with key stakeholders and the wider osteopathic profession. The evaluation will inform recommendations on an appropriate framework. The project also has the potential to make the training pathways for osteopathic career development more transparent and encourage Registrants to reflect on their CPD needs, which in turn would be expected to have a direct impact on the quality of care.

3. Resources and capacity

The team are highly experienced in the field of health research, with particular expertise in health policy, professional development within mainstream and complementary medicine, clinical governance, and Patient and Public Involvement and Experience (PPIE). For this project, Health Academix have partnered with the University of Birmingham. Recent research by Dr Nicola Gale is particularly relevant to this project. She studied career development for osteopaths in a project funded by the UK Economic Social Research Council (ESRC) entitled *Putting embodied knowledge into practice: a follow up study of graduates from complementary medicine training courses*. [2] [3] We have a track record of successful delivery of research projects for the Department of Health, national regulatory bodies, charitable bodies and professional associations. Brief CVs with relevant publications are attached and also summarised below.

Jane Wilkinson: Director, Health Academix, undertakes research and development projects in relation to professional development relating to clinical governance, and innovative healthcare service redesign and evaluation. Formerly Jane was the Director of a specialist professional development unit at the University of Westminster, and was involved in a major Department of Health and King's Fund project relating to policy, standards and governance for complementary and alternative medicines in NHS primary care. Jane has a 15 year research background in PPIE for a range of academic institutions and organisations, including; the King's Fund, the National Primary Care Research and Development Centre, the Medical Research Council, and the Policy

[1] http://www.professionalstandards.org.uk/docs/psa-library/right-touch-regulation.pdf?sfvrsn=0
[2] http://www.esrc.ac.uk/my-esrc/grants/ES.J002828.1/read
[3] http://www.esrc.ac.uk/my-esrc/grants/ES.J002828.1/outputs/Read/eb3b53f6-d250-4a79-ab95-a1ee0f6099e6

Studies Institute. Her most relevant recent project was a survey of registered Osteopaths practicing Osteopathy in the Cranial Field commissioned by SCCO.

Dr Nicola Gale is an experienced health sociologist, who works in interdisciplinary health research where she has brought her sociological perspective and skills to projects in fields of health services research, public health, primary care, community-led and complementary health care. She has undertaken two major pieces of research with osteopaths, investigating both their training and their career development (see CV for publications related to these projects). She works at the Health Services Management Centre, based at the University of Birmingham, which among other things is part of the consortium of academic, commercial and third sector organisations that runs the new NHS Leadership Academy (the biggest HR investment in the NHS to date). She is responsible for co-leading the research and teaching cluster around patient experience and public involvement in health care. As well as the ESRC, her funding has come from the Wellcome Trust and National Institute for Health Research.

Prof Kate Thomas has 30 years' experience of academic health services research at The Universities of Sheffield and Leeds. She has published approximately 40 primary research papers in peer reviewed journals. Recent research projects as an affiliate of Health Academix include a qualitative evaluation of a long-term conditions self-management programme and a survey of registered Osteopaths practicing Osteopathy in the Cranial Field. She has recently completed a two-year research consultancy for the University of Sheffield as co-applicant on a MRC methodology research project and is currently working as a consultant on a project exploring the potential for utilising financial incentives to improve breast feeding rates in localities with very low breast feeding rates. Kate has previously held the several high profile research commissioning roles including: NIHR Health Services Research Programme (2009–2011), NIHR Health Technology Assessment Programme (2003–2009), National Cancer Research Institute Complementary Therapies, Clinical Studies Group (2004–2007), Department of Health Research Capacity Development, and the Advisory Committee on Research Training Fellowships (2002-2004).

3. Methodology

<u>Phase 1 - Information gathering and research</u>

The aim of Phase 1 is to gather the necessary background information to inform the development of a suitable ACP framework. Key objectives for Phase 1 are:

1.1 Establish a steering group with key stakeholders

The Health Academix team will work in close collaboration with the ODG project team to identify, make contact and conduct informal interviews with key stakeholders who are willing to form a steering group for the project throughout the two year process. This will also involve patient/public representatives to establish robust PPI from the outset.

1.2 Review existing research relating to ACP in osteopathy and literature in other fields

Scope: Review the current infrastructure for ACP in osteopathy, including quality assurance and accreditation of current ACP training and review frameworks for ACP in other professions. Searches will be conducted using appropriate inclusion and exclusion criteria to capture the following areas: (1) Osteopathy scope of practice and advanced clinical practice (worldwide), (2) UK regulated health professions, developments in dentistry and other relevant professions that have identified Advanced Clinical Practice. (3) Patient information needs and issues relating to identification of expertise.

Electronic, hand searches and grey literature: The team will work with the *Health Services Management Centre (HSMC)* library support services in undertaking all literature searches and sourcing relevant articles and books. [4] Systematic reviews will be identified via the Database of Abstracts of Reviews of Effectiveness (DARE) and the databases listed below using a methodological filter for systematic reviews. We will identify primary studies using bibliographic subscription databases: Cochrane EPOC Group Specialised Register, MEDLINE (OVID), EMBASE (BIDS or OVID), Health Star (OVID or BIDS), Health Management Information Service (HELMIS), Social Sciences Citation Index and IBSS (International Bibliography of Social Sciences). Open access databases will also be searched. The review team will adapt the MEDLINE strategy for subscription databases and translate MeSH (Medical Subject Headings) terms to the controlled vocabularies of those databases as appropriate. We will apply shorter, less complex strategies to open access databases and search web sites for grey literature because these search interfaces do not usually support complex Boolean or other operators. We will also hand search relevant journals from 2004 to 2014 and explore grey literature which may be particularly helpful in relation to category (3).

Key reports: We will also examine key reports on osteopathy scope practice and ACP including consultation on the scope of practice[5] and practice standards [6] [7]and other related documents such as the QAA Benchmark Statement for Osteopathy [8] and the outputs of the current GOsC Draft Guidance for Osteopathic Pre-registration Education. [9]

Data analysis: A framework for data analysis will be developed by Jane Wilkinson and Nicola Gale. Nicola Gale has published an article on the use of this method in interdisciplinary health research in the journal *BMC Medical Research Methodology* (see CV for details). Data analysis will then be undertaken primarily by Jane Wilkinson. Best practice research methodology will be employed in relation to data collection and analysis, data extraction and management.

1.3 Engagement of key stakeholders

The osteopathic profession: The Health Academix team will work in close collaboration with the project manager to establish personal contact and a small number of semi-structured interviews with key stakeholders including: representatives of GOsC and, the Association of Professional Development Colleges (APDC) which is comprised of: Osteopathic Centre for Children; Sutherland Cranial College; Osteopathic Pelvic, Respiratory & Abdominal Association; Institute of Classical Osteopathy; Sutherland Society; Society of Osteopaths in Animal Practice; Osteopathic Sports Care Association; Rollin E Becker Institute; British Osteopathic Association (BOA). The wide range of providers of post-graduate training will also be identified and include members of the Osteopathic Alliance (OA), the British School of Osteopathy (BSO) and other Members of the Council of Educational Institutions (COEI), NCOR, individual osteopaths and those external to the profession.

Patient and Public Involvement: The project team will also contact relevant patient involvement groups already engaged in supporting GOsC and BOA and Regional Societies and representatives of other patient/condition specific groups such as Back Care and Arthritis Care and seek advice from INVOLVE and National Voices to ensure effective patient and public participation. We will also ask the stakeholder group to identify other relevant parties. The process of PPI throughout the

[4] http://www.birmingham.ac.uk/facilities/hsmc-library/index.aspx
[5] http://shapingosteopathy.org/gosc-consultations/practice-framework/scope-of-practice/
[6] http://shapingosteopathy.org/category/gosc-consultations/practice-standards

[7] http://www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf
[8] http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Osteopathy07.pdf
[9] http://www.osteopathy.org.uk/about/our-work/consultations-events/Osteopathic-preregistration-education-guidance

whole project will be informed by the extensive experience of the team. Initially we will consult with one active group to gain feedback on development of the opinion survey which would be disseminated to the other groups. We would then have a participating group of patients and would consult with them as appropriate.

1.2 Design of surveys

The review of the literature and design of surveys will be enhanced through key stakeholder interviews. Stakeholders will be engaged throughout the process in feeding back on the design of the proposed surveys. We propose engaging one active patient involvement group in the design of the patient/public survey. External resources such as Bristol Online Surveys [10] or Survey Monkey[11] will be used to gather online responses to the surveys. We will make use of University of Birmingham institutional subscriptions.

1.3 Survey of osteopaths' views and behaviours in relation to ACP

As a result of phase 1.1 and 1.2 a survey will be designed to capture the views of practitioners in relation to the development of an ACP framework and existing pathways through which they attain to ACP. Nicola Gale will provide expert input into the development of this aspect of the work. The surveys will also investigate any problems and challenges to implementation of an ACP framework.

1.4 Survey of patient’s needs in relation to information about ACP

An opinion survey will be generated and sent to a purposive sample of patients from the various patient representative groups so as to inform the development of a framework. Kate Thomas will provide expert input into the development of this aspect of the work. The means by which responses are collated will need to be established in response to patient/public feedback during phase 1.1 and 1.3.

1.5 Analysis of findings

Results of the findings from the literature searches, steering group feedback, qualitative stakeholder interviews and surveys will be analysed using a combination of quantitative and qualitative databases. Qualitative feedback will be analysed thematically using an adapted version of the framework approach.[12] Framework is flexible in that it incorporates the ‘a priori’ issues covered in the semi-structured interviews and survey questions, but also allows new themes to emerge from the data. This methodology is frequently used in applied policy research.

1.6 Summary report

A draft report summarising the findings of phase 1 will be produced by the Health Academix team in collaboration with the project manager. This will include a report on the findings from the literature review, stakeholder engagement interviews and feedback from the initial stakeholder event and any consultation events. The report will be submitted to the steering group for feedback which will be incorporated into a final summary report for wider dissemination. Report writing will be undertaken primarily by Jane Wilkinson, in conjunction with other members of the team. Full search strategies developed and used in the review will be included in the final report. Where possible, we will make use of the 1:3:25 model for ensuring impact in reports. This involves a one

[10] http://www.survey.bris.ac.uk/support/about
[11] https://www.surveymonkey.com
[12] Ritchie J, Spencer E. Qualitative data analysis for applied policy research. In, Bryman, A. and Burgess, R.G. (eds.) Analyzing Qualitative Data. London: Routledge. 1994.

page outline of the main messages that have come from the research, a three page executive summary and 25 pages to present the findings and methodology used in a language that is clear and accessible to the non-research specialist. Technical appendices will be included where necessary.

The end of phase 1 report will include the following elements:

- Main messages
- Executive summary
- Background to the report
- Methodology for the surveys
- The full descriptive analyses relating to; results from the literature review number and spread of responses, qualitative feedback (patients/public and the profession), outcomes of the OP survey, outcomes of the PP survey
- A summary of the findings
- Suggestions and recommendations for phase 2
- Appendices showing the final data collection forms employed

Phase 2 - Evaluation of possible models

The aim of Phase 2 is to systematically evaluate possible models and generate a draft ACP framework.

2.1 Evaluation matrix

Utilising the information gathered through phase 1 of the project, an evaluation matrix will be developed, in consultation with the steering group and ODG team, to assess of the feasibility and benefits and risks for patients, osteopathic practitioners and the profession as a whole of different models of ACP.

2.2 Identification and evaluation of relevant components of an ACP framework

The results of phase 1 will also enable identification of the possible components of an ACP framework that will be included in a draft framework. This will involve an examination of how other frameworks have been implemented in other healthcare professions and mapping this against the expressed needs of patients and the osteopathic profession.

2.3 Discussion document

The Health Academix team will work in close collaboration with the ODG team to produce a discussion document based on the findings of phase 2.1 and 2.2. The Report will present the possible options for the development of an ACP framework and identify the advantages and disadvantages for patients and the profession.

The document will detail the evaluation matrix employed to assess the feasibility and benefits and risks of developing an ACP framework and the evaluation of each component and the development of a draft framework. Feedback will be sought from the steering group and incorporated prior to be disseminated to the wider stakeholder group.

Phase 3 – Consultation

The aim of Phase 3 is to consult with patients, the public and the profession to develop a consensus on the need for an ACP framework and the form it should take. The key objectives for

Phase 3 are to; inform the profession, promote discussion, gather feedback and establish, where feasible, consensus on the framework.

3.1 Discussion document

The team will produce a discussion document based on the findings of the end of phase 2 report. The report will present the possible options for the development of an ACP framework and identify the advantages and disadvantages for patients and the profession.

3.2 Developing consensus on an ACP framework

The resources available for the project will not support a comprehensive consensus building process such as Delphi. However, the team will ensure that sufficient stakeholder involvement is secured to enable us to work towards a consensus on a model that has the potential to succeed and will additionally identify divergent views and ensure sufficient flexibility to meet the needs of practitioners and patients.

A feedback form will be developed to capture feedback on the proposed framework and its components, including a means for stakeholders to rank the relevance of each element. Feedback will be collated by Health Academix and analysed using a thematic framework approach.

Ideally, a draft report would be presented during a stakeholder meeting prior to the production of an end of phase report so as to elaborate on the feedback gained and develop further consensus (this would tie in well with the Annual Conference held in October 2015).

3.3 End of phase 3 report

An end of phase report will be produced in collaboration with the project manager detailing the consensus phase of the project and will be disseminated to the steering group and wider stakeholder group for final feedback.

The end of phase 1 report will include the following elements:

- Main messages
- Executive summary
- Methodology
- The full descriptive analyses relating to; level of response to the consultation, key themes of the response
- A summary of the findings, including conclusions about the preferred model
- Suggestions and recommendations for phase 2
- Appendices showing the final feedback forms employed and the coding scheme used to generate the data file.

Phase 4 – Final proposal and implementation plan

The aim of Phase 4 is to produce a final ACP framework and implementation plan.

4.1 Integrate feedback into a finalised ACP framework

The team will analyse feedback from the consultation group using a thematic framework approach and integrate this into a finalised ACP framework.

4.2 Develop an implementation plan and advice about implementation

Utilising literature and data gathered in earlier phases of the project, we will highlight the potential enablers and barriers to implementation. The team will produce an implementation plan with accompanying advice in collaboration with the ODG team and steering group.

4.3 Securing stakeholder commitment to implementation

Stakeholders will have been engaged from the outset and throughout the lifetime of the project to ensure continued ownership of the project and outputs including the final proposal and implementation plan.

5. Costs and value for money

The project has been costed at a reasonable rate and realistic number of days based on preliminary research. Value for money will be ensured by virtue of the team's previous experience, and pre-existing familiarity with the literature and issues pertaining to professional development within the sector. Health Academix have secured a discount of 33% on standard daily rates for Dr Nicola Gale for this project. As the majority of work will be undertake by independent researchers, minimal university on-costs are included within the proposed budget. ODG have indicated that there will be support for organisation of stakeholder events and other meetings, minimizing the requirement for administrative support for the project team. Costs relating to travel to conferences and staff time for meetings (£3200) and related travel expenses (£310) have not been included in the proposed budget.

Project costs	**Phase 1**		**Phase 2**		**Phase 3**		**Phase 4**		**Total**
Staff costs	Days	Cost	Days	Cost	Days	Cost	Days	Cost	Cost
Jane Wilkinson	22	£ 4,400	10	£ 2,000	8	£ 1,600	23	£ 4,600	£ 12,600
Nicola Gale	2	£ 1,600	1	£ 800	1.5	£ 1,200	1.5	£ 1,200	£ 4,800
Kate Thomas	3	£ 1,200		£ -	0.5	£ 200	1	£ 400	£ 1,800
Library technician	2	£ 600		£ -		£ -		£ -	£ 600
Admin		£ 50		£ 50		£ 50		£ 50	£ 200
Total cost		£ 7,850		£ 2,850		£ 3,050		£ 6,250	£20,000

6. Demonstration of compliance with ethical principles.

The project will be submitted to the University of Birmingham's ethical review committee.[13]

7. Demonstration of compliance with data protection and information governance

The University of Birmingham has established procedures with regards to demonstrating compliance with data protection and information governance requirements.[14] The Health Academix team are fully knowledgeable about these requirements as each member of the team has extensive experience of working within Higher Education as research academics.

[13] https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/University-Ethical-Review.aspx

[14] http://www.birmingham.ac.uk/Documents/university/legal/data-prot-policy.pdf

8. Demonstration of awareness and compliance with equality legislation

The University of Birmingham has established procedures with regards to awareness and compliance with equality legislation and good practice.[15] The Health Academix policy on equality is attached in appendix 1.

9. Project management

The project will be managed using an adapted Prince 2 approach and run to strict deadlines to ensure the team achieve key milestones and deliverables. Jane Wilkinson will be accountable for delivery of the project and for managing risk. A library technician based at the University of Birmingham's HSMC will undertake the literature searches. Analysis will be undertaken by Jane Wilkinson with guidance from Nicola Gale and Kate Thomas. Nicola Gale and Jane Wilkinson will be jointly responsible for attending meetings and presenting on work undertaken. We are able to deliver the work in such a way as to cover for the contingency of illness during the project. In the unlikely event of members of the team being unable to work on the project, we will commission affiliates of Health Academix to undertake the work as necessary.

10. Project risks and mitigations

Risks	Probability	Mitigations
Available literature out of date or of poor quality	Medium	Methodology will access multiple sources of information, including grey literature and will highlight reliability to assist ODG thinking. Highly competent researchers with direct experience of subject matter
Capacity within project team becoming compromised	Low	Substitute/additional team members will be found within project budget
Loss of data	Low	Regular back-ups of work
Lack of resources available to the project team	Med	Careful resource management
Difficulty keeping to time scales	Low	Ensure adherence to detailed gantt and regular feedback to ODG
Lack of profession-wide support and uptake	Med	Communicate key benefits ensure early and continued engagement. Support sought from training providers and other relevant groups. Requires support by the ODG and GOsC and other key stakeholders in developing effective dissemination
Lack of public awareness	High	Effective communication strategy developed and regular engagement of patient representatives. All 3 team members have extensive PPIE experience

The project team is aware that other developments may occur during the lifetime of the project (need to check), but does not consider that the wider external environment will impinge on delivery.

11. Project plan: key milestones and deliverables

A detailed Gantt chart can be found in appendix 2 with details of all project milestones and deliverables.

Deliverables

A draft phase 1 report will be prepared to a high standard in terms of written content and presentation and will be submitted to ODG and steering group for comments and suggested amendments prior to the production of the final phase 1 report. Following any amendments to the

[15] http://www.birmingham.ac.uk/university/about/equality/index.aspx

draft, a final written phase 1 report will be produced. A discussion document will be prepared and undergo the same process at the end of phase 2. A progress report will be produced at the end of phase 3 and a Final Report with recommendations will be produced at the end of phase 4 and made available in both paper and electronic format (in Word for Windows on disc).

ACP Project: Additional funding request

Additional funding is being sought for the ACP project, following revisions to the project plan agreed at an initial meeting on 9 June between the ODG project team and the research team, Health Academix. The ODG project team is satisfied that the revised project plan is a significant improvement and that the revised budget still represents excellent value for money. The proposed changes to the project plan are outlined below:

1. **Audit of practitioner websites.** One of the key assumptions that underpin this project is that there is an increase in the number of practitioners making claims with regards to advanced clinical practitioner status. However, very little is known about the types of statements/claims that practitioners are making. Health Academix suggested the inclusion of an audit of practitioner websites to identify the kinds of statements osteopaths are making. This will also shed light on practitioners' aspirations and interests and allow the researchers to investigate how patients respond to the different kinds of statements that they find. The ODG project team feel that this is an important aspect of the research. An audit of 5% of osteopaths' websites will give sufficient data. The additional staff costs amount to £3000.

2. **Input from Dr Nicola Gale.** Following adjustments to the research protocol agreed at the initial meeting between the ODG project team and the research team, Health Academix have identified that an additional 3.5 days of Dr Nicola Gale's time will be essential to ensure that she has sufficient input during the first two phases of the project. The ODG project team support this request. Dr Gale is the academic lead on the project, which will be conducted under the auspices of the University of Birmingham where she is based. Health Academix have secured a discount of 33% on Dr Gale's standard daily rate for the entirety of the project, ensuring value for money. Furthermore, minimal university on-costs are included within the proposed budget since independent researchers will undertake the majority of work. If the project were conducted entirely at the university, staff costs would be in the region of £85k. The additional costs amount to £2800.

3. **Attendance at iO conventions.** Additional funds are requested to cover costs relating to attendance at the iO conventions in October 2014/15. In their initial budget, Health Academix had costed for one researcher to present a paper at each of the conventions. However, the ODG project team feel it would be preferable to use the opportunity to obtain feedback from stakeholders and that it will be advisable to have all three researchers present so that this feedback can more fully inform the development of the project. Additional staff time will also be required to incorporate feedback from these events. The additional costs total £1300 in staff costs plus £53 in travel expenses.

4. **Final presentation.** Health Academix proposed an end of project meeting with GOsC Council members and the wider ODG. This will provide an opportunity to discuss the findings and any recommendations. The ODG project team supports this request as this will present an important opportunity to secure stakeholder commitment. The additional costs amount to £1,400 staff costs plus £114 travel expenses.

Audit of practitioner websites	£3000
Input from Dr Nicola Gale	£2,800
Attendance at iO conventions	£1,353
Final presentation	£1,514
TOTAL	£8,667