



Council
1 May 2014
Mentoring project – application for funding

Classification	Public
Purpose	For decision
Issue	The paper asks for a decision from Council on funding for the mentoring project being undertaken under the auspices of the Osteopathic Development Group.
Recommendations	<ol style="list-style-type: none">1. To agree to award a preliminary grant of £12,262 for the mentoring project, subject to the conditions set out in paragraph 20.2. To agree in principle to an award of up to £20,000 for the pilot stage of the project subject to successful completion of the preliminary stages.3. To allow for a margin of up to 10% within the tender price without further reference to Council.
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.
Annex	Mentoring project funding request
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. Council awarded two grants at the January 2014 meeting. This paper provides details of a further project that is considered to be well enough developed and suitable for support, and seeks agreement for grant assistance for this project.

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.

Mentoring project

7. The GOsC has a long-standing interest in understanding the preparedness for practise on new graduates. In 2012 we published GOsC commissioned research in this area which pointed to the difficulty new registrants encounter in accessing high quality professional support once they leave their osteopathic educational institution (Freeth et al, 2012). These difficulties are particularly acute in, but not limited to, new registrants who go into sole practice early in their professional lives.
8. All new registrants graduate from their undergraduate education as clinically safe and competent practitioners. However, once new registrants leave the supportive environment of their osteopathic educational institution, they are largely left to find their own way into practice. This has always been problematic due to the lack of a professional career structure but the problems appear to have been magnified by the difficulties encountered due to the recent economic downturn.
9. In their summary, Freeth et al state that study participants commonly reported gaps in business and entrepreneurial skills, patient management skills and interpersonal and communication skills.
10. Discussions about the development of the profession at the 2012 regional conferences also identified that a mentoring system would be of considerable interest to more recently qualified osteopathic practitioners.
11. The mentoring project has a number of objectives, including:
 - a. To research, design and implement a mentoring programme to be available, in the first instance, to all new registrants on a voluntary basis
 - b. To make recommendations for the use of personal development plans or other aspects of reflective practice and/or professional development 'tools'
 - c. To identify the most important areas on which mentoring might focus including but not limited to communication, clinical and business development skills
 - d. To consider delivery methods including the use of new technologies
 - e. To ensure that the mentorship is sufficient flexibility to be provided by multiple organisations and using various media
12. The initial project sponsor for this work was Adrian Barnes, Chair of the Council for Osteopathic Educational Institutions (COEI). This role has now been taken on

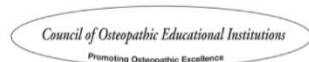
by Tracy Stokley of behalf of COEI. Tracy is the clinic manager for the College of Osteopaths and has a longstanding interest in mentoring having completed her master's dissertation in this area and having supported the Freeth study (see above).

13. The five phases of the project are set out in the funding request at the Annex. The major element of the funding request is for the use of an external consultant to undertake the work required up to and including conducting a mentoring pilot.
14. At this stage although the project team is seeking to identify a suitable consultant to undertake all of the work, the funding request is only for the preliminary, desk research and survey stages. We anticipate a further detailed funding request for the pilot stage but, until recommendations from the earlier stages have been received, it is not yet possible to identify the costs of the pilot. A notional figure of £20,000 has been identified for the pilot stage.
15. For the first three stages (up to the commencement of the pilot) the anticipated total cost is approximately £16,000 and the application for support from the GOsC is for £12,262.
16. Financial support for the project is also being provided by the BOA who are currently funding the work of the project manager (£2,000) and through in-kind support from other team members projected to have a value of £1,800.
17. 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.
18. The Executive is supportive of this project which we think has the potential to enhance patient safety and patient experience for those seeking treatment and care from recently qualified osteopaths. It also has the potential to develop a more cooperative and supportive culture within the profession which supports our objectives around continuing fitness to practise.
19. It is also helpful to consider the risk perspective here. Newly registered osteopaths are able to practice without restriction and without supervision. At the moment outside of informal mentoring relationships there is no support for them in practice. Embedding high-quality mentoring throughout the profession is likely to be a lengthy process, but taking initial steps in this direction is only likely to make a positive contribution to enhancing patient safety and quality of care.
20. 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 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.
21. 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.
22. Council will be kept informed on the progress of the project through regular reports.

Recommendations:

- 1. To agree to award a preliminary grant of £12,262 for the mentoring project, subject to the conditions set out in paragraph 20.
- 2. To agree in principle to an award of up to £20,000 for the pilot stage of the project subject to successful completion of the preliminary stages.
- 3. To allow for a margin of up to 10% within the tender price without further reference to Council.



General
Osteopathic
Council

Matthew Rogers
ODG Programme Coordinator / Mentoring Project Manager
Mobile: 07 525 333 761
Email: matthew@osteopathy.org

Osteopathic Development Group Mentorship Project

GOsC Funding Request

Request made by: **Matthew Rogers, Mentorship Project Manager**
 Tracey Stokley, Mentorship Project Sponsor
 Marcus Dye, Consultant

Contents

Introduction	Page 2
Background and Context	Page 2
Project Aims	Page 2
Project Methodology	Page 2
Project Deliverables and Timeframe	Page 3
Project Management	Page 4
Funding	Page 4
GOsC Funding Rationale and Request	Page 5

Introduction:

The pathways through which osteopaths develop their clinical skills post registration are diverse, yet at present there is no common support framework for mentorship of new graduates. The GOsC commissioned Preparedness to Practise research project (Freeth et al¹) has reinforced this observation and highlights the need for development in this area.

Background and context:

The Osteopathic Development Group (ODG) is a proactive initiative designed to facilitate the growth and promotion of modern osteopathy. The multiple stakeholder steering group is composed of the Council of Osteopathic Educational Institutions (COEI), the Osteopathic Alliance (OA), the National Council for Osteopathic Research (NCOR) and the General Osteopathic Council (GOsC), with contributions and secretariat support from British Osteopathic Association (BOA). This venture is specifically designed to benefit individual osteopaths, the public and the profession as a whole, initially through eight different project streams, agreed upon by all parties at six regional conferences. During these conferences, it became apparent that a mentoring system would be of considerable interest to the more newly qualified osteopathic practitioner in order to address difficulty that new registrants encounter in accessing high quality professional support once they have left university.

Although it is understood that these graduates are clinically safe and competent practitioners, after qualifying, they are generally left to find their own way into practice. This has always been problematic due to the lack of a professional career structure but the problems appear to have been magnified by the difficulties encountered due to the current economic downturn. These difficulties are particularly acute in, but not limited to, new registrants who go into sole practice early in their professional lives.

Mentoring is a recognised method of enhancing knowledge and skills in professionals at all levels of achievement and experience. However, given the likely lack of resources available from within the profession, the scope of this project has been constrained developing a programme for mentoring new registrants.

Project Aims:

A high-quality mentorship programme for new graduates would ensure that recent graduates are able to develop and sustain themselves in practice and do not become isolated. It could promote high quality training, raise clinical standards and promote a culture of lifelong learning within the profession. 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 in osteopathy will be systematically evaluated to ensure that the framework developed is fit for purpose.

Project Methodology:

The Mentorship project consists of five phases.

- Phase 1 - Funding application
- Phase 2 - Research tender
- Phase 3 - Completion of initial pilot scheme
- Phase 4 - Revision and consultation
- Phase 5 - Implementation

Phase 1 (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:

¹ Prof Della Freeth et al, 2012. *New Graduates' Preparedness to Practise Research Report*, [online] Available at: http://www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf [Accessed January 2014].

- Appoint Project Team (complete)
- Finalise Project Initiation Document (complete)
- Secure funding (in progress)

Phase 2 (~ 8 months)

The aim of Phase 2 is to gather the necessary background information (to be conducted by an external consultant with expertise in the field of setting up mentorship programmes) to inform the development of a suitable and sustainable Mentorship programme for new graduates. This will be summarised in a detailed report for consideration by the Project Team and ODG steering committee. The key objectives for this phase are:

- Tender and appointment of contractor to produce detailed scoping
- To review Preparedness for Practice (Freeth et al, 2012¹)
- To review mentoring schemes available within osteopathy through consultation
- To review mentoring schemes from other professions
- To review methods of delivery and the cost implications of each

Phase 3 (~ 14 months)

The aim of Phase 3 is to evaluate the recommendations of the research and develop a draft Mentorship scheme which can then be piloted. The key objectives of this phase are:

- Review recommendations and decide upon best fit approach
- Compile documentation accordingly and produce a draft scheme for piloting
- Piloting of the draft scheme
- Review the results

Phase 4 (~ 5 months)

The aim of Phase 4 is to evaluate the feedback from the pilot and consult with all relevant stakeholders before further revising the programme and developing the final draft. The key objectives for this phase are:

- Completion of documentation, revised in the light of feedback including recommendations for startup costs and continuing support costs
- Presentation to and consultation with relevant stakeholders
- Secure support and further funding for implementation of scheme as required

Phase 5 (~ 6 months)

The aim of Phase 5 is implement the programme and begin to implement high quality mentorship for new graduates. The key objectives for this phase are:

- Identification of potential mentors
- Communicate to all stakeholders
- Review of effectiveness at 6, 12 and 24 months using mentee feedback

Project Deliverables and timeframe:

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

Deliverable	Phase	Milestone date
Acquire project funding from GOsC	1	May 2014
Tender and appointment of contractor to undertake detailed scoping of project	2	May – June 2014
Research and development of options for initial draft scheme pilot	2	July 2014 – December 2014
Approval of initial proposals for piloting	3	January 2015
Conduct mentoring pilot	3	February 2015 – January 2016

Evaluation of pilot	3	February – March 2016
Approval of revised proposals for consultation and preparation of documents	4	April 2016
Consultation on revised proposals for mentoring	4	May-July 2016
Evaluation of consultation	4	August-September 2016

Project Management:

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

ACP Project Team		
Project Sponsor	Tracey Stokley (previously Adrian Barnes)	COEI
Project Manager	Matthew Rogers	BOA
Team Member/consultant	Marcus Dye	GOsC
Team Member/consultant	Mentorship expert TBA	External

The Project Sponsor will supervise the project on behalf of COEI and report progress to the ODG board quarterly. The Project Manager will be responsible for overseeing the day to day running of the project, be available as the osteopathic contact for the researcher 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 mentorship will be appointed to deliver the project. An invitation to tender will be circulated through existing organisational contacts and professional/industry media both within and outside of the healthcare arena. 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 Marcus Dye (GOsC). A contract for delivery will be agreed with the successful applicant.

Funding:

The costings of this project will be split into three funding streams as follows:

- 1. Phase 2 Research funding stream - £16,064.00 (of which a request is being made to GOsC for 12,262.00)**
- 2. Phase 3 Pilot funding stream – notional £15,000-£20,000 dependent on outcome of Research phase**
- 3. Phases 4 and 5 Implementation funding stream – costs to be determined on outcome of pilot**

Further detail of the three funding streams is provided in the budget at Appendix 1

The Mentorship project is jointly led by COEI and the BOA, with input from the GOsC, oversight from the ODG and additional support from the NCOR where required. It is proposed that the funding burden is shared across these organisations. Consultation and collaboration with educational institutions and practitioners is inherent to the development of this project and fundamental to its success.

Rationale for requesting GOsC funding:

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

Developmental

Though the exact nature of the mentorship programme to be delivered is subject to successful completion of phase 1 – 4, the intention is to support high standards of clinical practice and postgraduate training for new graduates. A serendipitous outcome might be that this programme is expected to influence graduate osteopaths at an early stage, encouraging Continuing Professional Development and life-long-learning to be seen as a more positive factor in that individual's professional development and not as a burden. This is seen as a key facilitator to the proposed format of the GOsC's continuing fitness to practice proposals which would rely on such a culture shift. This is expected to have a direct impact on the quality of osteopathic care.

Public and patient benefit

It is intended that this project will encourage the culture of reflective practice, peer collaboration and life-long-learning in the profession and embed this in new graduates at an early stage. As this is expected to have a direct impact on the quality (where quality is defined as Safety, a positive patient experience and clinical effectiveness²) of osteopathy, it will also directly benefit patient care.

Cross-professional applicability

The project will address the full spectrum of new graduate mentorship requirements and address some of the issues and concerns raised in the New Graduates' Preparedness to Practise (Freeth et al, 2012). Although, in the first instance, this project is targeted at new graduates alone, it is intended in the long term to influence the attitude of the whole osteopathic community, encouraging the adoption of reflective practice, peer collaboration and life-long-learning. In addition, the reports produced following the research and piloting phases will make recommendations for rolling out mentorship across the profession once the new graduate programme is established, so that all UK osteopaths can benefit from this initiative.

GOsC funding request:

Funding is sought from GOsC initially for the first funding stream to support the research phase. The amount requested is £12,262.00 to cover the essential operational costs of phase 2 of the project. This includes the recruitment costs, consultant fees and travel expenses for the Project Team and where face to face meetings are required. The costs of the Project Consultant will also be borne separately. The table below summarises these costs.

GOsC Funding	
Recruitment costs	£1000.00
Research consultant	£10,912.00
Travel	£350.00
TOTAL	£12,262

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.

² Department of Health, 2008. *High Quality Care For All: NHS Next Stage Review*, [online]

Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085826.pdf

Annex to 15

The GOsC is also asked to agree in principal the second funding stream, although commitment to this funding will not be sought until the outcomes of the first phase are clearer and a budget for the second funding phase is agreed.

Partner Funding

Partner funding contributions are detailed in the table below. The Project Sponsor has agreed to offer her time as a contribution in kind on behalf of COEI. Across the entire project, this is projected at approximately 11 person days. In order to get the project up and running, the BOA has agreed to fund the Project Manager for the entirety of the project, which is estimated at 25.5 days work. This funding commitment has already begun.

Partner Funding	
BOA	£2,002
COEI	£1,800
GOsC	£12,262

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 facilitate consultation with the profession through its website and annual convention. COEI members will also offer the benefit of their expertise with extensive advisory input throughout.