

A tender proposal to the General Osteopathic Council to develop guidance in the management of health impairments and disability in osteopathic education, training and practice

Submitted by Prime R&D Ltd, January 2011

Introduction

1. Prime Research and Development Ltd is pleased to have the opportunity to submit a proposal in response to the General Osteopathic Council's invitation to tender for a project to develop guidance for the management of health impairments and disability in osteopathic education, training and practice.
2. The proposal includes:
 - our understanding of your requirements (p1)
 - our proposed approach to the work (p3)
 - our curriculum vitae (p..)
 - an estimate of costs (p..)

Our understanding of your requirements

3. The General Osteopathic Council (GOsC) is the statutory body responsible for regulating the practice of osteopathy in the United Kingdom.¹ Its primary responsibility is to protect the public by maintaining a register of those who meet its Standards of Proficiency² and requirements for Continuing Professional Development, and who comply with its Code of Practice and Standard of Proficiency. It is responsible for investigating and adjudicating complaints about a registrant's fitness to practise.
4. In its corporate plan the GOsC committed to providing information to Osteopathic Education Institutions (OEIs) on "*how they can effectively comply with their equality duties under anti-discrimination law*".³ To meet this objective the GOsC wishes to commission work to develop detailed guidance for OEIs, and for students, about the management of impaired health and disability in both osteopathic education and independent practice.
5. The proposed guidance is to encompass legal obligations arising from recent legislation (the Equality Act 2010) and is to be located in the context of the wider equality and diversity legislative framework. The guidance will help to

¹ As set out in the Osteopaths Act 1993.

² Ten education institutions provide education and training in osteopathy culminating in 'recognised qualifications' that confer eligibility for registration with the GOsC.

³ General Osteopathic Council, Corporate Plan 2010-2013, (objective 3.3).

clarify the Council's position regarding people with disabilities and health conditions in the osteopathic profession.

6. The main purposes of the guidance are to:
 - ensure that students (and prospective students) are made aware of their rights and of the scope to undertake osteopathic education and to pursue a career in osteopathic practice;
 - ensure that OEIs are aware of their legal obligations and the GOsC's requirements and expectations;
 - encourage OEIs to widen participation by being more innovative in identifying and implementing ways to assist and support students whose health or abilities are impaired.
7. To achieve these aims the guidance will need to be clear and accessible, citing selected examples and cases to illustrate key points and best practice. It should encompass the full range of potential issues that might confront OEIs and provide advice about the formal processes for assessing compliance with competence and conduct standards. The guidance should also refer to additional sources of information and advice.

Deliverables

8. The project is to deliver:
 - a. a scoping report, which is to include an outline of the methods to be used to undertake the research (which are to include proposals to engage with OEIs to fully understand the way that osteopathy is taught, learned and practised in the work place);
 - b. guidance for publication on the new Equality Act 2010 setting health and disability issues within the wider equality and diversity legislative framework;
 - c. guidance for publication about managing impairments and health conditions in osteopathic education and clinical placements, including illustrative case examples, plus clarification of the GOsC's position regarding people with disabilities and health conditions in the profession in respect of its statutory duties, and consideration of the issues posed by students who are able to reach the required outcomes with considerable reasonable adjustments in the clinic but who may experience difficulties in practising independently where the same support is not available;
 - d. guidance for publication on formal processes for assessing compliance with competence and conduct standards;
 - e. guidance for publication on sources of further information and advice;

- f. proposals for effective implementation, which should include a training session for one nominated member of each of the ten OEIs about the completed guidance and advice about further implementation mechanisms.

Proposed approach

9. Our analysis is that the project breaks down into three distinct phases. We set out below the main purpose of each phase, the principal activities planned, together with key milestones and anticipated outputs.
10. The project would commence in March and conclude at the end of September 2011. However the timetable we have proposed for each phase is provisional because we recognise that adjustments may be required to ensure that outputs correspond with GOsC meetings, the activities or key dates for OEIs or other key decision points.

Phase 1: Preliminary scoping exercise

11. This phase of the project would be undertaken during March through to the middle of May 2011.
12. The purpose of phase 1 will be to:
 - review the legislation to identify obligations and requirements of relevance to the GOsC and/or to OEIs;
 - identify and evaluate existing sources of information about the management of health impairments and disability;
 - consult with GOsC officers to establish the most appropriate means of engaging with OEIs and identifying practitioners who are practising safely and effectively with an acknowledged health impairment or disability;
 - produce a Scoping Report drawing together essential information and setting out proposals for furthering the work.
13. This phase will involve predominantly desk research, telephone interviews where necessary, and liaison and discussion with GOsC officers. In particular we would wish to clarify what, if any, data the GOsC holds about practitioners who practise successfully with an acknowledged health impairment or disability (or how such information might be obtained), and how best to approach these individuals during the second phase of the project to learn about their experience and the adjustments that have been made to enable them to practise.
14. A substantial part of phase 1 will involve identifying and evaluating existing sources of information about the management of health impairments and disability (including, for example, other health professions regulators, higher education funding bodies, the Equalities Challenge Unit, the Quality Assurance Agency for Higher Education, National Union of Students, Skill -

National Bureau for Students with Disabilities, Equality and Human Rights Commission, the Department for Employment and Learning, and disability charities). This will recognise the recent differences that have been identified between health professions regulators with some being subject to the public sector equality duty under section 149 of the Act and some not;

15. The output from this phase of the project will be a Scoping Report. It will set out an overview of the legislative framework and the likely implications for the GOsC and OEIs, relevant learning from other bodies, and detailed proposals for phases two and three of the project, including a provisional outline for the proposed guidance.⁴

Phase 2: Data collection and analysis

16. Subject to GOsC approval of the proposals set out in the Scoping Report, phase 2 would be conducted during the latter part of May and through June and July 2011.
17. The purpose of phase 2 will be to:
 - engage with OEIs to explore the challenges and opportunities encountered in assessing and managing health impairment and disability amongst students (and prospective students) in order to understand the issues about which guidance is most needed;
 - identify (actual and suggested) strategies for managing and supporting students with health impairments or disabilities, and to examine the range of innovative adjustments that can be made to enable such students to undertake clinical work during training and when in independent practice;
 - identify potential case examples (as illustrations of both commonplace and challenging situations, and of innovative solutions);
 - identify examples of individuals with health impairments and disabilities where it would be difficult for them to train and function as an osteopath and the reasons for this;
 - explore with osteopathic educators how best to assess compliance with standards of competence and conduct;
 - follow-up any practitioner contacts from phase 1 who are practising successfully with an acknowledged health impairment or disability.
18. We plan to conduct a workshop with representatives of each of the ten OEIs and with any practitioners identified in phase 1. If it proves problematic to recruit practitioners to the workshop (because of the opportunity cost involved), we would aim to conduct telephone interviews with them. However we have assumed that representatives from OEIs will be willing to attend a

⁴ An important task will be to establish whether deliverables b, c, d and e are to be discrete publications (as implied in the specification), or whether some all are better presented in combination.

workshop without remuneration because of their status and responsibilities as approved institutions.

19. To minimise costs we hope that it would be possible to use either the GOsC offices or the premises of one of the OEIs for the workshop (or to negotiate time during a pre-planned OEI fora meeting, if such events occur), but we would take advice from GOsC officers during phase 1 about whether or not any intra-institution sensitivities might militate against meeting in an OEI (in which case we would endeavour to find an alternative low-cost venue).
20. The workshop will be followed-up with telephone interviews with participants, and any additional contacts suggested during the workshop (including any current students who have impaired health or disabilities) to clarify, elaborate and further explore issues and potential case examples. OEIs will also be invited to submit relevant policies and other documentation.
21. The resource envelope for the project precludes OEI site visits to interview staff and students but we do not rule this out if it transpires that doing so is the only means of gathering data of appropriate depth and quality (especially for case examples); but we would need to adjust other planned activities accordingly.
22. Data from the workshop, subsequent interviews and documentary evidence will be collated and analysed to inform development of guidance in phase 3. Where it is appropriate to do so, we envisage testing key elements of our findings and conclusions with selected informants.
23. There will be no formal output from this phase of the project but we would undertake to keep GOsC officers apprised of progress. We would submit a short update towards the end of phase 2 (the end of July 2011) to confirm that the project has progressed as planned and that sufficient data has been collected to populate the core elements of the proposed guidance framework set out in the Scoping Report.

Phase 3: Drafting guidance and a final report

24. The final phase of the project will be undertaken during August and September 2011. Any revision to the guidance requested following submission at the end of September would be undertaken during October 2011.
25. Phase 3 will comprise a synthesis of data collected during phases 1 and 2 and preparation and drafting of the guidance. Where it is appropriate to do so, and subject to the agreement of GOsC officers, we will test aspects of the guidance with selected informants to ensure that it is clear, accessible and useful. We would also suggest that we gain the views of the Equality Challenge Unit at this stage who, in similar work for the GCC, checked the contents to confirm its consistency legislation.

26. We will also prepare outline proposals for implementation, including what training might be required to inform OEIs of the guidance and to secure their commitment to its implementation.⁵ We have found in similar work for another healthcare regulator that there is a lot of expertise on the implementation of equality guidance within existing Higher Education Institutions particularly those which are university-based as most, if not all, now have specialist units which consider and take forward these issues across the student body. Effective implementation might hence better come from joint learning approaches between OEIs than from outsiders such as ourselves who will by nature only have partial insight to the issues and decisions that OEIs have to make. We would seek to establish this during our work with OEIs to inform these recommendations.
27. We believe that there would also be value in seeking to gain a Plain English kite-mark for the guidance. We have not been able to include this in our cost proposals due to the tight resource requirements but our understanding is, that as long as the Word Centre⁶ is provided with a clearly worded document, the total additional cost for this work would be approximately £1000 including VAT.
28. The output from this phase will be the final report, supplied as an electronic, Word version of the report as well as fourteen hard copies. We anticipate that the report will serve as overarching and organising framework for the draft guidance, which would in essence be the core content and form the bulk of the submission.

Project management, liaison and associated issues

29. Overall responsibility and accountability for leading and delivering the project will rest with Lindsay Mitchell, Director of Prime Research and Development Ltd. Lindsay will be responsible for liaising with the GOsC and will be the first point of contact for all matters relating to the conduct of the project. However, in terms of mitigating risk, we would emphasise that a particular strength of our proposal is that, in extremis, either member of the team is sufficiently experienced (and would adjust other commitments) to assume full responsibility and ensure delivery of the project.
30. Primary responsibility for agreeing and attending GOsC Committee meetings will rest with Lindsay Mitchell, but we would wish to reserve the option of fielding either or both members of the team according to the issue(s) to be addressed. We have in particular found from experience that joint presentation of project findings has been welcomed by project commissioners.
31. We acknowledge that intellectual property rights will rest with the GOsC.
32. Prime R&D Ltd is registered with the Information Commissioner to handle personal data under the Data Protection Act.

⁵ Provision of such training as might be recommended falls outside this proposal and could be offered subject to negotiation.

⁶ The organisation used by both the GMC and GCC for this kind of work.

Curriculum vitae

33. Brief curriculum vitae are annexed to this proposal. The team comprises of Lindsay Mitchell and David Moore, both of whom are experienced in working with health professionals and with health professions regulators. More specifically, Lindsay has recently successfully completed a similar project for the General Chiropractic Council in her role as their Education Officer. The team has a track record of delivering high quality products to time and within budget.

Cost estimates

34. This table below outlines how we have apportioned time for the project and assessed the associated costs. Consultancy days are charged at £600 per day for both consultants. Travel and subsistence is given as a percentage estimate of consultancy costs. Prime R&D Ltd is registered for VAT so this has been included in the charges.

Phase and activity	Consultancy Days
<i>Phase 1: Preliminary scoping exercise</i> a. review the legislation b. identify and evaluate existing sources of information about management of health impairments and disability; c. consult with GOsC officers; d. produce a Scoping Report drawing together essential information and setting out proposals for furthering the work	2.5 days @ £600
<i>Phase 2: Data collection and analysis</i> a. Workshop with OEIs b. Telephone and email follow-up c. Collation and analysis of information	6 days @ £600
<i>Phase 3: Drafting and finalising report</i> a. Synthesise data to produce draft guidance b. Test with key stakeholders as agree with GOsC c. Refine and produce as final report	4 days @ £600
Sub-total	12.5 days @ £600 - £7,500
Travel and subsistence estimated @ 10%	£750
Sub-total	£8,250
VAT @ 20%	£1,650
Total proposed cost	£9,900.00

35. The contracting organisation will be
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Conclusion

36. This tender proposal sets out our initial thinking on how best we could meet the GOsC's specification for this work. However the plans should not be regarded as immutable. If invited to undertake the project we would wish to discuss our proposals with the commissioners and to have an opportunity to refine our plans to ensure that they are practicable and best meet the GOsC's requirements for this work within the resources available.

Prime Research and Development Limited
January 2011

Lindsay Mitchell

A social science graduate and qualified teacher, Lindsay Mitchell has a background in occupational and educational research, design and development with a focus on competence-based approaches for the last thirty years. Following eight years of research and development in the public education sector, Lindsay joined *Prime Research and Development Ltd* in 1988 (previously BSD Ltd) and became one of its directors in 1989, and the sole director in 2002. Prime R&D Ltd is an independent research and development company that focuses on the links between individual, organisational and service effectiveness. The majority of Lindsay's work has been in the public sector with a particular focus on health and health care, and the development, assessment and regulation of healthcare professionals. In her role as Education Officer for the General Chiropractic Council, Lindsay was responsible for developing the GCC's *Guide on becoming a chiropractor for disabled people*, 2010.

Recent consultancy work includes:

- Facilitation and analysis of consultation on revalidation for the chiropractic profession, General Chiropractic Council (2010 – 2011)
- Appraisal of delivery options for the revalidation of pharmacy professionals, Royal Society of GB, (2010)
- Development of competences and associated guidance for Advanced Level Practice in Infection Prevention and Control, Infection Prevention Society with the four UK Government Health Departments (2010)
- Expert advice on the development of Advanced Level Nursing: A Position Statement – a publication from the Department of Health (2010)
- Development of a Level 1 qualification in Health Literacy, Department of Health (DH) and the Department of Business Innovation and Skills (BIS) (2009 – 2010)
- Expert advice on alignment and links with competences, standards and accreditation, National Centre for Smoking Cessation and Training (2009 – 2010)
- Scoping the training needs of different groups in the workforce who influence obesity, Cross-Government Obesity Unit (2010)
- Development and testing of accreditation standards, National Examining Board for Dental Nurses (2010)
- Facilitation of stakeholder consultation processes on the structure of the register and revalidation, General Optical Council (2009 – 2010)
- Educational advice and support, General Chiropractic Council (2007 ongoing) – this has included the development of
- Review of the GCC's Degree Recognition Criteria, General Chiropractic Council (2009 - 2010)
- Development and implementation of the NHS Knowledge and Skills Framework to support career and pay progression - a key part of implementing Agenda for Change Pay Modernisation, NHS Staff Council – KSF Group (2000 - 2010) – *initially contracted to the Department of Health, then Modernisation Agency and now NHS Employers*
- The use of the NHS KSF / employer appraisal systems in the revalidation of non-medical healthcare professionals, Department of Health (2008 – 2009)
- Production of a review and report on the impact of the NHS Knowledge and Skills Framework and Statutory Regulation on Learning for Progression in the NHS, Department of Health Widening Participation Unit (2005 – 2006)
- Technical advice and support in relation to the development of competences, qualifications, training and development, and other workforce issues, Health Trainer Central Programme Team, Department of Health (2005 – 2010)
- Development of standards and a process for regulating public health practitioners and advanced practitioners, UK Public Health Register (2008 – 2009)
- Development and testing of the Public Health Skills and Career Framework, Skills for

Health (2006 – 2008)

- Mapping health improvement / public health roles across the Swansea health economy, Wales Centre for Health / Skills for Health (2006)
- Development of European Standards for Dental Technology, Fédération Européenne et Internationale des Patrons Prothésistes Dentaires (FEPPD), (2005 – 2007)
- Identifying the prior learning that can be accredited when individuals enter the Integrated Police Learning and Development Programme (England and Wales) from other identified programmes and the production of guidance for the scheme to be rolled out across the UK, Skills for Justice (2006)

Publications include:

- L Mitchell (1988) "New contexts and new forms of, assessment: assessment in the workplace" in Sally Brown (ed) Assessment: a changing practice, Scottish Academic Press.
- L Mitchell (1989), The Definition of Standards and Their Assessment in J W Burke (ed) Competency Based Education and Training, Falmer Press.
- L Mitchell (1991), Competence Standards in Boak G, Developing Managerial Competences: The Management Learning Approach, London, Pitman 1991
- L Mitchell (1993), Outcomes and National (Scottish) Vocational Qualifications in in J W Burke (ed) Outcomes and the Curriculum, Lewes, Falmer Press, 1994
- B Mansfield and L Mitchell, (1996), Towards a Competent Workforce, Gower Press, Aldershot
- L Mitchell and M Coats (1997), The functional map of health and social care in J Ovreteit, P Mathias and T Thompson (eds) Interprofessional Working for Health and Social Care, Macmillan Press Ltd, Basingstoke
- L Mitchell and A Masterson, 2002, Developing Competences for Advanced Practice, in P McGee Advanced Nursing Practice 2nd edition, Balliere Tindall, London.
- A Masterson and L Mitchell, 2003, What is Higher Level Practice? History, domains and context, in Higher Level Practice for Nurses S Hinchcliff and R Rogers with K Manley, Arnold, London
- Rosalind Harrison and Lindsay Mitchell, 2006. Using outcomes-based methodology for the education, training and assessment of competence of healthcare professionals in Medical Teacher, volume 28, No: 2, 2006, pp 165-170, Taylor and Francis
- George Boak and Lindsay Mitchell, 2009, Competence Frameworks in UK healthcare: lessons from practice, Journal of European Industrial Training Volume 33 No:8/9 2009

David Moore BA MA RMN RGN DipN STDip RNT

David has worked as an independent consultant since 2004 following a successful career spanning more than thirty years in the health and education sectors, latterly as a Senior Civil Servant in the Department of Health. In addition to professional advisory work, David provides consultancy to organisations wishing to research, develop or evaluate health-related workforce issues.

Projects with health-related bodies demonstrating knowledge and expertise relevant to the GOsC brief specification include:

Consultant on a project, with Prime Research and Development, to consult on methods of revalidation for pharmacy professionals; for the RPSGB/GPhC (2010).

A project exploring the potential use of patient feedback and complaints in registrant revalidation, commissioned by the General Optical Council (2010).

Development of a strategy statement for clinical skills development and learning through simulation for the health professions, for NHS West Midlands SHA (2009).

A project exploring the potential use of employer appraisal in registrant revalidation, commissioned by the General Optical Council (2009).

Consultant on a project for the Faculty of Public Health to map and scope provision and assessment of education and training for public health practitioners across the UK against the Public Health Skills & Careers Framework (2008-2009).

Consultant on a project with Prime Research & Development Ltd to examine use of the NHS Knowledge and Skills Framework in the revalidation of health professionals, commissioned by the Department of Health (2008-09).

Development of a commissioning specification for a review of the organisation and delivery of postgraduate medical education, for NHS West Midlands SHA (2008).

An analysis of workforce issues and challenges arising from the work of 'Darzi' clinical pathway groups, for the Workforce Deanery, NHS West Midlands (2008).

Consultant on a project to develop a suite of National Occupational Standards (competences) for Health Protection, commissioned by Skills for Health (2008).

Consultant to a project to develop a national competence framework, linked to the NHS KSF, for aspects of oral health, with Prime Research and Development Ltd (2006 - 2008).

Consultant to a project to develop a national competence framework, linked to the NHS KSF, for infection control in healthcare; with G Boak (2006 - 2007).

A country-wide review and consultation culminating in the publication 'Vision and Values: A call for Action on Community Nursing', for The Queen's Nursing Institute (2006).

Grant Assessor for the Burdett Trust for Nursing - completing more than 120 independent reviews of research and project proposals, ranging from £20K to £500K (2005-present).

An international policy review of examination and assessment for registration, commissioned by the Nursing and Midwifery Council (2005).

A policy review and national consultation on a framework for planning, commissioning and delivering learning beyond registration, for the Department of Health (2004).

A health policy analysis and pre-registration midwifery education review commissioned by the Nursing and Midwifery Council (2004).