

EDUCATION COMMITTEE
16 MARCH 2011
PREPAREDNESS TO PRACTISE RESEARCH

<u>Classification</u>	Public
<u>Purpose</u>	For decision
<u>Issues</u>	This paper provides an update on the preparedness to practise research being undertaken by Professor Della Freeth, Dr Paul McIntosh and Dr Dawn Carnes of Barts and the London School of Medicine and Dentistry, Queen Mary University, London.
<u>Recommendations</u>	To endorse the progress of the preparedness to practise research.
<u>Financial and resourcing implications</u>	We have allocated a budget of £30 000 to pay for this work over the course of the 2010/11 and 2011/12 financial years.
<u>Equality and Diversity implications</u>	The ethical approval for the study has included a need to ensure that the study is conducted in a manner that values diversity and promotes equality.
<u>Communications implications</u>	Information about this project has been placed in the Osteopath and has been discussed at the Regional Communications Network meeting in November 2010. Information about the project is also regularly sent out in our e-bulletin. Information has also been placed on our website.
<u>Annexes</u>	Annex A – Preparedness to Practice Scoping Report.
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Background

1. On 14 December 2011, the Education Committee noted the Preparedness to Practice research.
2. This paper provides a brief update about the progress of the research.

Discussion

3. Ethical approval has now been granted for the study.
4. The study will examine the preparedness of osteopathic graduates for practice from the perspectives of:
 - New registrants to the profession (less than one year of registration);
 - Final year students of osteopathy;
 - Programme Directors and Clinical tutors from the Osteopathy Education Institutions (OEIs); and
 - Employers and colleagues of new registrants.
5. The investigation will include mapping perceptions of preparedness for practice, existing good practice and future needs in four themes:
 - Clinical skills and knowledge, including appropriate self-evaluation of competence;
 - Interpersonal skills (with a wide variety of patients and in relation to situations presenting varying degrees of challenge; interaction with osteopathy colleagues and other health care professionals);
 - Professionalism (including for example, recognising one's limited expertise and scope of practice, making appropriate referrals, valuing diversity, respecting confidentiality, commitment to patient safety and engaging in CPD) ; and
 - Entrepreneurial and business skills.
6. Mindful that some studies can become overly-focused on deficits, [the research team] will deliberately infuse the data collection and analysis for this study with the philosophical orientation of appreciative inquiry.¹ The appreciative inquiry approach first asks 'what works particularly well?' then asks 'what if the best there is occurred more frequently?' It seeks to promote collaborative development that will enable more people to have more positive experiences more of the time. It is not blind to deficits, but more importantly, makes a point of directing attention to envisioning a future that more fully realises current strengths.²

¹ Preskill H, Catsambas T (2006) Reframing evaluation through appreciative inquiry. Thousand Oaks, CA: Sage.

² Freeth D. et al, Extract from abstract presented to the GOsC / OEI meeting on 15 February 2011.

7. Professor Della Freeth, Dr Paul McIntosh and Dr Dawn Carnes presented to the recent GOsC / OEI meeting on 15 February 2011 to explain the detail of the study and to make initial contact with a view to determining how and when to approach key personnel and current students in the OEIs as part of the study.
8. Professor Della Freeth has also been liaising with Alan Currie, Head of MIS and Registration in order to explore how colleagues of newly qualified graduates may be identified.
9. In addition, we have received the names of a few volunteers who are keen to contribute their own experiences of working with newly qualified graduates in response to articles in the Osteopath and in our GOsC e-bulletin which have been passed to the research team.
10. The study is progressing well.
11. A scoping report is attached at Annex A for the Committee to consider and endorse. The report updates the original tender document noted by the Committee at their last meeting.

Recommendations:

12. To endorse the progress of the preparedness to practise research.

A mixed methods study of Osteopathic Graduates' Preparedness for Practice

Scoping Report March 2011

**Della Freeth³
Paul McIntosh
Dawn Carnes**

Queen Mary, University of London (QMUL)

The study will examine the preparedness of osteopathic graduates for practice from the perspectives of:

- New registrants to the profession;
- Final year students of osteopathy;
- Programme Directors and Clinical tutors from the Osteopathy Education Institutions (OEIs); and
- Employers and colleagues of new registrants.

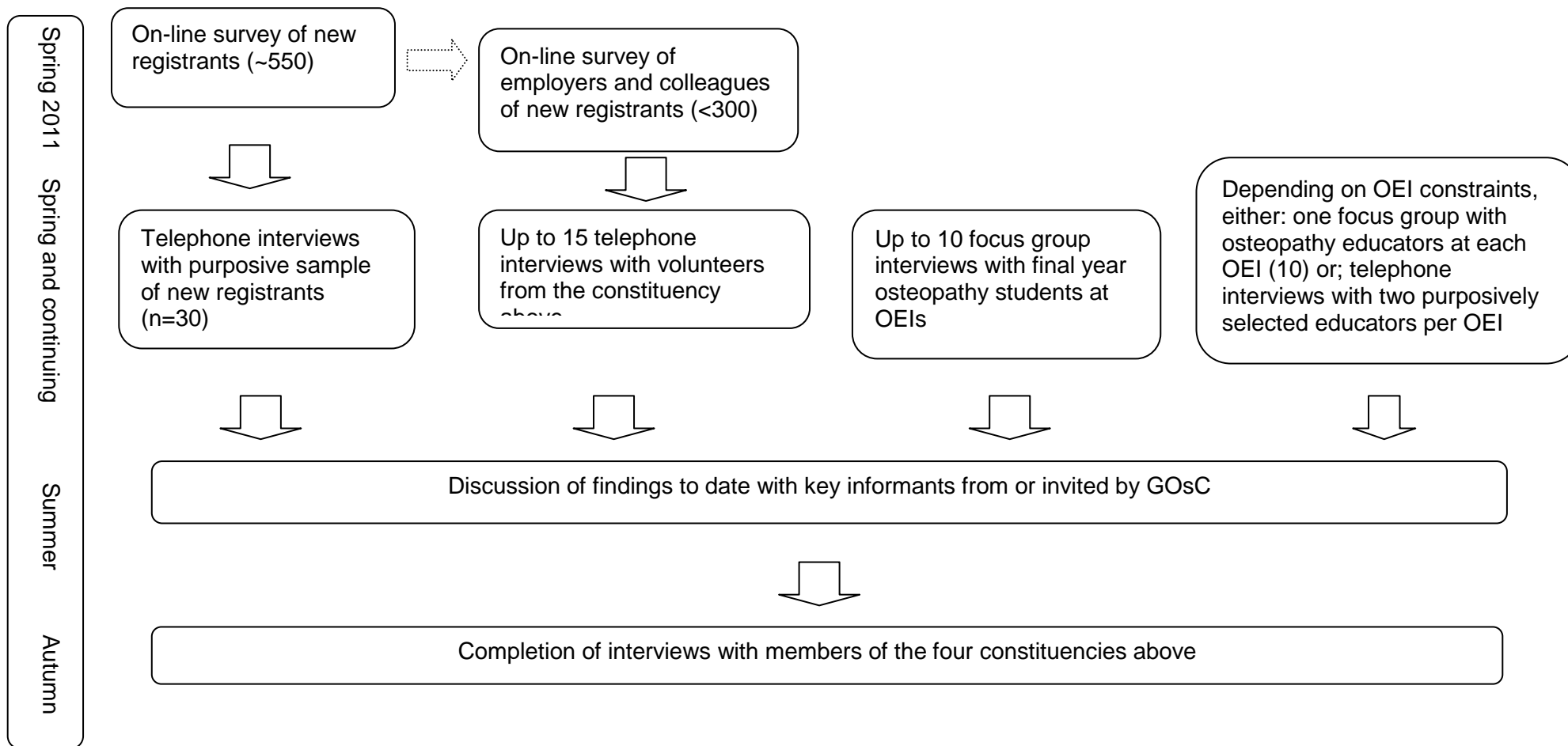
The investigation will include mapping perceptions of preparedness for practice, existing good practice and future needs in four themes:

- Clinical skills and knowledge, including appropriate self-evaluation of competence;
- Interpersonal skills (with a wide variety of patients and in relation to situations presenting varying degrees of challenge; interaction with osteopathy colleagues and other health care professionals);
- Professionalism (including for example, recognising one's limited expertise and scope of practice, making appropriate referrals, valuing diversity, respecting confidentiality, commitment to patient safety and engaging in CPD) ; and
- Entrepreneurial and business skills.

Figure 1 (overleaf) summarises the data to be collected and further explanation is provided on the following page.

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Figure 1: Data collection and sampling



1. New Registrants' Survey

'New registrants' will be defined as GOsC registrants who completed their Osteopathy degree in 2009 or 2010.

Interrogation of the GOsC registrants' database by a GOsC officer revealed 582 new registrants in the period June 2009 – December 2010. This captures all 2009 and 2010 graduates who had registered with the GOsC by the search date,⁴ but for various reasons includes some graduates from other years. These records will be cleaned to ensure that only graduates from 2009 and 2010 are included in the New Registrants' Survey (~550-560).

A questionnaire has been developed using Bristol Online Survey (BOS) software. After piloting and revision, access to the final survey will be via a web link. A pdf letter, introducing the study and providing the web link, will be prepared by the researchers and sent as a bulk email by the GOsC officer who has identified the 2009 and 2010 graduates from the database of registrants. Hard copy letters will be provided by the researchers for the small number of new registrants who do not have an email address on their GOsC record. These will be sent by the GOsC officer supporting this study.

Survey responses are collated within the BOS software and only accessible to the QMUL researchers. Since the surveys are anonymous we cannot target a reminder for non-respondents. Therefore a pdf letter will be sent as a bulk email after four weeks. This will thank those who have submitted questionnaire responses and remind non-respondents that the survey will remain open for a further four weeks.

The survey contains a mixture of closed questions (e.g. Likert scales) and open questions (with text boxes for brief free-text answers). There are sections for the four themes described on page 1 (clinical skills and knowledge, interpersonal skills, professionalism and entrepreneurial and business skills) and demographic and contextual data (e.g. OEI, prior healthcare qualifications, working alone or in group practice).

Data will be summarised and interpreted alongside other data strands and earlier research. Demographic and contextual variables may be used to partition the data set and examine any resultant patterns but care will be taken to avoid the potential identification of individuals, workplaces and OEIs.

We have agreed to investigate the feasibility of producing summary data for each OEI, only for release to the relevant OEI. However the potential for Freedom of Information requests must be recognised.

2. Interviews with New Registrants

Individual, audio-recorded telephone interviews with up to 30 new registrants will be conducted to provide richer data relating to the themes listed on page 1 and explored in the online survey. Interview questioning will be guided by the Appreciative Inquiry⁵ approach, which is not blind to deficits but makes a point of directing attention to envisioning a future that more fully realises current strengths.

⁴ 15 February 2011

⁵ Preskill H, Catsambas T (2006) Reframing evaluation through appreciative inquiry. Thousand Oaks, CA: Sage.

A purposive sample will be drawn from the list of new registrants identified for the online survey sample (see section 1 above). Sampling criteria will utilise fields within the GOsC database, for example year of graduation, geographical region, gender and OEI. Potential interviewees will be contacted by email or letter, as described in section 1 above and invited to respond directly to the researchers by returning a consent form. One reminder will be sent after four weeks.

Interview recordings will be transcribed by a confidential transcription agency that guarantees confidentiality to the levels required for NHS records and research. An inductive analysis of anonymous transcripts will be undertaken and themes triangulated with other strands of data collection and earlier research.

3. Online survey of employers and colleagues of new registrants

An online survey for employers and colleagues of new registrants is under construction. This mirrors the survey for new registrants. The records selected in section 1 above will be interrogated to identify other registered osteopaths at the same workplace addresses. The osteopaths thus identified will be invited to complete the online survey using the same procedure as described in section 1.

4. Interviews with employers and colleagues of new registrants

The procedure for identifying a purposive sample for this strand of data collection will mirror the procedures described in section 2; as will the procedures for collecting, transcribing and analysing the data. Up to 15 brief, individual, audio recorded interviews with employers and colleagues of new registrants will be conducted.

A small number of experienced osteopaths have volunteered to contribute to the study and pilot interviews will be conducted shortly, which will inform interviews with the purposive sample.

5. Focus group interviews with final year students

The ten OEIs have been approached. The majority have indicated a willingness to participate in the study and have identified a key contact for the study. Early dates for the focus group interviews are currently being sought. Dates are being identified when the final year students will be at the OEI for teaching and the timetable offers scope for a focus group. The link tutor at each OEI will be provided with a pdf letter of invitation to be sent to final year students. The approach to questioning, transcription and analysis will be as described in section 2.

6. Interviews with key OEI staff

Where possible face to face individual or group interviews with key OEI staff will be conducted during the visit for the student focus group. Otherwise telephone interviews will be offered. We will try to solicit the views of Programme Directors (or others with an overview of the curriculum) and tutors who support final year students in the dedicated training clinics. The approach to questioning, transcription and analysis will be as described in section 2.