



General
Osteopathic
Council

Osteopathic Development Group Mentoring Project Project Initiation Document

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1 Introduction

1.1 Purpose of this document

The purpose of this document is to define the scope and approach for the Osteopathic Development Group (ODG) project – Mentoring.

2 Project definition

2.1 Background

Representatives of BOA, COEI, GOsC and the OA were all involved in discussions about the development of the profession at a series of Regional Conferences during the Spring and early Summer of 2012. The conferences took place at six venues around the UK. During the conferences, it became apparent that a mentoring system would be of considerable interest to the more newly-qualified osteopathic practitioner.

All new registrants graduate from their undergraduate education as clinically safe and competent practitioners. However, once new registrants leave the supportive environment of their OEI, 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 current economic downturn.

Evidence gathered as part of the GOsC commissioned 'Preparedness to Practise' research, points to the difficulty new registrants encounter in accessing high quality professional support once they leave their OEI (Freeth et al, 2012 www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf). These difficulties are particularly acute in, but not limited to, new registrants who go into sole practice early in their professional lives.

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.

N.B. Mentoring is a recognised method of enhancing knowledge and skills in professionals at all levels of achievement and experience. However, previous discussions within the development group have focussed only on mentoring for novices. Given the likely lack of resources available from within the profession, it may be wise to concentrate on mentoring new registrants as the first phase of this project.

2.2 Aim

To provide the opportunity for new practitioners to access high-quality mentoring to ensure that recent graduates are able to develop and sustain themselves in practice and do not become isolated.

2.3 Objectives

- To design a Mentoring programme to be available, in the first instance, to all new registrants on a voluntary basis.
- The programme may include recommendations for the use of personal development plans or other aspects of reflective practice and/or professional development 'tools'.

- Mentoring programmes normally seek to develop the mentee both professionally and personally. Given recent feedback about new registrants, the programme is likely to need to focus on aspects of communication skills, together with personal, clinical and business development skills.
- The project should consider the use of new technologies in the delivery of parts of this project. However, the concept of mentorship should not be 'owned' by any one organisation, so the project should include sufficient flexibility to be provided by multiple organisations and using various media.
- To recommend suitable mentor development/training/reward schemes.
- To recommend appropriate quality assurance mechanisms for monitoring the effectiveness of the mentoring provision, possibly with a sliding scale of peer mentorship (mentoring the mentors).
- To consider a second stage of mentoring provision for osteopaths, extending the scheme beyond the first few years of professional registration.

2.4 Critical Success Factors

Support from relevant stakeholder groups e.g. BOA, COEI, OA, Regional Societies, experienced practitioners in private practice.

That mentoring is to be recognised as legitimate part of CPD.

The Interrelationships between this project and Advanced Practice, Career Development, Leadership etc. would need to be clarified.

2.5 Scope

The initial phase will be restricted to registrants within their first 3 years in practice.

The programme should contain sufficient flexibility to allow modification for application to registrants with more experience of professional life at a later stage.

2.5.1 Out of scope

Initially, registrants with more than 3 years' experience of postgraduate osteopathic practice.

2.6 Constraints and risks

2.6.1 Constraints

Lack of resources is the most obvious constraint. All people currently involved in this project are doing so in their own time or in time 'borrowed' from other employment activities. Most people will be limited in the amount of time they are able to give to this project. Financial resources which could compensate individuals or their employers for time spent on the project are not readily available.

Technological and physical constraints are less likely to be major issues.

2.6.2 Risks

- The inability to gain support from regional members, other key stakeholders and experienced members of the osteopathic community
- Insufficient incentives for participating parties
- Lack of on-going funding and support of the project
- Alienation of people currently involved in informal mentoring
- Experienced osteopaths' memory of the PPP mentoring programme

3 Project methodology

1. Review recommendations contained in New Graduates' Preparedness to Practise (Freeth et al, 2012)
2. Review current (sketchy and diverse) mentoring provision available to new registrants from within the profession, including semi-structured focus group interviews/thematic analysis of COEI, OA, new graduate osteopaths and Regional Society representatives (the latter to be engaged, for example, through Regional Communications Network meetings and follow-up survey (via Survey Monkey)
3. Review mentoring provision in related professions through semi-structured interview/thematic analysis and desk research (consultation of CSP website for guidelines, contact BCA, contacts within optics and the NHS etc.)
4. Explore opportunities for external funding by GOsC for the employment of an expert in developing mentorship programmes
5. Explore methods of quality assurance to monitor the effectiveness of the mentoring provision
6. Explore any technologies that could enable mass participation and deliver cost efficiencies, as well as considering other modalities of dissemination that might be adopted to encourage accessibility and ingrain mentorship into the culture of osteopathy
7. Generate or commission the generation of a pilot mentoring scheme, including suggested tools and structures, for dissemination and comment by the profession through the same mechanisms described in point 2
8. Revise draft scheme in the light of feedback
9. Develop an implementation plan to include the recruitment of mentors and their training and communication of the importance and benefits of mentorship to all stakeholders
10. Monitor the effectiveness of the provision at 6, 12 and 24 months

4 Business case

4.1 Rationale and strategic fit

The variability of mechanisms and quality of support available to new registrants once they have left the OEI from which they graduate is perceived to potentially impact negatively on patient safety and quality of care. As such, all stakeholders have an obligation (especially given the recommendations of the Francis enquiry and Freeth *et al* (2012) to redress this. The project satisfies the strategic need of helping new registrants to cope with the demands of moving from a relatively supportive OEI environment into autonomous professional practice.

As a maturing profession there is need to show incoming graduates that they are supported through training and into their formative years of development.

4.2 Timescale

The pilot mentoring scheme should be developed within 12-18 months of commencement of the project. See also Project Milestones, below.

5 Project approach

5.1 High-level deliverables

Project phase	High level deliverables
3.3.1, 3.3.2, 3.3.3	A report on the detailed scope of the project together with an understanding of how osteopathy and related professions address the issues at present and the needs of new graduates, obtained from desk research and consultation
3.3.4, 3.3.5	An understanding of how the project can be funded, to include the costs of engaging experts in the field of developing mentoring schemes and/or technological means of enabling mass participation
3.3.6, 3.3.7	A draft mentoring scheme including QA mechanisms to be put forwards for consultation
3.3.8, 3.3.9	A revised mentoring scheme and implementation plan.

5.2 Project milestones

Deliverable	Phase	Milestone date
A detailed report on the scope of the project	1	February 2014
An understanding of funding options	2	April 2014
Initial draft scheme sent for consultation	3	August 2014
Revised scheme	4	January 2015
Recruitment of mentors	5	February 2015

5.3 Project plan

5.3.1 Phase 1: Detailed scoping

- To review Preparedness for Practice research findings (Freeth et al, 2012)
- To review mentoring schemes available within osteopathy, e.g. regional societies, postgraduate groups, OEIs, etc.
- To review mentoring schemes from other professions e.g. chiropractors, acupuncturists, physiotherapists, optics and the NHS etc.

5.3.2 Phase 2: Review of funding options

- To explore options for funding of the scheme, e.g. GOsC funding of an external consultant, BOA funding of technologies that could improve accessibility and enable mass participation

5.3.3 Phase 3: Completion of initial draft scheme

- Completion of documentation of draft scheme
- Distribution of draft scheme to relevant stakeholders for consultation
- Review of feedback

5.3.4 Phase 4: Implementation of Mentoring Scheme

- Completion of documentation, revised in the light of feedback
- Dissemination to relevant stakeholders
- Recruitment of mentors
- Review of effectiveness at 6, 12 and 24 months using mentee feedback