Osteopathic Practice Committee
19 September 2013
Osteopathic Practice Standards Evaluation

Classification	Public.
Purpose	For noting.
Issue	To provide the Committee with an overview of the Osteopathic Practice Standards Implementation evaluation project.
Recommendation	To note the OPS implementation evaluation plan.
Financial and resourcing implications	None.
Equality and diversity implications	None.
Communications implications	None.
Annex	Evaluation Plan for OPS Implementation Strategy
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Background

1. Under the General Osteopathic Council Business Plan for 2013, Section 2.2, we have outlined the need to 'embed the role of the *Osteopathic Practice Standards* (OPS) as the core principles and values for good osteopathic practice and high standards of professionalism.'. One of the specific activities that we have agreed to complete in order to achieve this is: 'Evaluate the effectiveness of the implementation strategy for the OPS for all stakeholders and identify further evaluation activities or further actions required to embed the OPS, to feed back into the other work of the GOsC'.

2. At the Education Committee (now known as the Education and Registration Standards Committee) meeting of 27 November 2012, the Committee considered a draft proposal for the evaluation. It considered the initial evaluation plan and suggested two other forms of data collection, namely consideration of OPS references since 1 September 2012 to ascertain whether there was an increase in references and a review of Fitness to Practise cases over the same period to see if the types of cases changed during this time period.

3. Since the meeting, the plan has been refined to produce an updated evaluation plan which is annexed to the paper. The OPS was first published on 1 September 2011 and it was a full year before it came into effect on 1 September 2012. The evaluation will focus on the period 1 September 2011 to 31 August 2013 giving a data set which spans a year either side of the implementation date, accounting for the work that we undertook in preparation of the implementation and the support work we have undertaken in the year following implementation. The exception to this will be data collected from consultations on the OPS document when it was nearing completion as these will prove useful in indicating awareness of the changes that were due to take place to the standards.

Discussion

4. The objective of this paper is to inform the newly formed Osteopathic Practice Committee (OPC) of the work related to the OPS implementation evaluation.

5. Next steps will involve the collection of the various pieces of information outlined and the production of a report on the findings for the OPC at its meeting of 27 February 2014.

Recommendation:

To note the OPS implementation evaluation plan.

Evaluation Plan for OPS Implementation Strategy

Objectives	Questions	Information Required	Work to be undertaken (based on information currently available)	Gaps in information and potential further work
Raising awareness of the OPS with all relevant stakeholders	Are osteopaths aware of the Osteopathic Practice Standards and what these are?

Are Osteopathic Educational Institutions (pre-registration) aware of the Osteopathic Practice Standards and what these are?

Are osteopathy students/new graduates aware of the Osteopathic Practice Standards and what these are? | Data on the percentage of each stakeholder group that is aware of the Osteopathic Practice Standards

Data on receipt of communications on the OPS

Data on the understanding of the content of the Osteopathic Practice Standards

Data on any change in practice as a result of the introduction of | Review of CPD submissions since 1 September 2012 – sample methodology to be decided and agreed. To ascertain whether osteopaths are making reference to the OPS linked to CPD which would help identify awareness by osteopaths.

Figures collated on website traffic to the OPS support pages to indicate awareness of the OPS by osteopaths.

Review references to the OPS in social media and other online sources – qualitative data to indicate awareness by osteopaths, osteopathic and other organisations.

Review data on completion of current e-learning module on OPS support page to identify awareness by osteopaths.

Results of pilot of future e-learning module, which may indicate awareness by osteopaths.

Review of data/feedback from GOsC | Gap – understanding of patient awareness of OPS.

Gap – understanding of the role of the patient in delivering education and students meeting the OPS.

Gap – knowledge of experience of other organisations since the OPS was introduced.

Potential for questionnaire to other key organisations/stakeholders to investigate whether they have promoted OPS or know of increased awareness/implementation among their own stakeholders – may be qualitative or quantitative.

Development of further e-learning resources and analysis of engagement with these. |

	Are GOsC Registration Assessors aware of the Osteopathic Practice Standards? Are osteopathic organisations such as the BOA aware of the Osteopathic Practice Standards? Are other organisations aware of the Osteopathic Practice Standards? Are other Healthcare Professional organisations aware of the Osteopathic Practice	the Osteopathic Practice Standards Data on the practical demonstration of knowledge of the Osteopathic Practice Standards, i.e. through assessment Data from OEIs relating to mapping of course learning outcomes and assessment to the new OPS and the implementation of changes including communication to staff/students Award of RQs – any noticeable drop in awards	customer service survey, original OPS consultation response, GOsC regional conferences, consultation on supplemental guidance on consent to ascertain how many osteopaths/other organisations are engaging with GOsC and are aware of changes to standards. Review of data collected by Communications/Professional Standards/Regulation department on telephone calls and letters regarding OPS may indicate raised awareness by osteopaths and others. GOsC reports from osteopathic educational institutions will indicate the awareness of the OPS in educational context. Data on attendance and feedback forms from our direct talks to students in the second and final years will indicate awareness of osteopathy students. Participation data from Student FTP research will indicate awareness of osteopathy students. Review of publications in other media such as professional magazines, i.e.	Need to explore if types of contacts are filtered and recorded in the GOsC correspondence data. May require a more formalised research project on references to OPS in CPD returns Could undertake specific survey/research asking these questions through GOsC website or focus groups Further research to establish integration of standards into postgraduate courses Seek feedback from newly registered students on their understanding of OPS as part of a regular customer service questionnaire issued to evaluate their 'registration experience'. Would need to explore feasible with Registration department. Review of participation and feedback data from 2013 assessor training and appraisal.

	Standards? Are Patients and Patient groups aware of the Osteopathic Practice Standards? How effective were the methods of communication used and were they suited to the	following introduction of new OPS	*Osteopathy Today,* will indicate awareness by other organisations Review of recent CPD course advertisements through our resources page may indicate a greater application of OPS to course outcomes as discussed previously with CPD/postgraduate training providers. Participation and analysis data of Revalidation Pilot will bolster awareness in osteopaths information – this includes participation of assessors. Data on participation in assessor training and feedback from the training sessions will indicate awareness of registration assessors. Data on assessments completed following introduction of OPS will indicate awareness of OPS in registration assessors.	
Improving the quality of patient care through a greater understanding of the OPS and	Have osteopaths demonstrated a greater understanding of the Osteopathic Practice	Data on visits to Data from OEIs relating to mapping of course learning	Review of CPD submissions since 1 September 2012 – sample methodology to be decided and agreed. To ascertain whether osteopaths are making reference to the OPS linked to CPD which would help identify implementation in practice.	

| how standards apply to practice | Standards since the implementation of the strategy?

Has patient care improved since the implementation of the strategy?

How effective were the different methods used to generate practical understanding of OPS, i.e. e-learning strategy for osteopaths, training for GOsC Registration Assessors | outcomes and assessment to the new OPS and the implementation of changes including communication to staff/students

Award of RQs – any noticeable drop in awards following introduction of new OPS

Data from GOsC processes | Review references to the OPS in social media and other online sources – qualitative data to may indicate understanding and implementation

Review of results of e-learning activities on OPS support pages may indicate understanding and implementation of the new OPS

Results of survey on usefulness of e-learning to osteopaths will indicate the effectiveness of the method of delivery

Results of pilot of future elearning module will provide feedback on effectiveness of this learning tool.

GOsC reports from osteopathic educational institutions will indicate the application of the OPS in educational context

Participation data from Student FTP research will indicate application of OPS for osteopathy students.

Review of publications in other media such as professional magazines, i.e. *Osteopathy Today,* will indicate implementation of OPS by other | |

			organisations, dependent on nature of article. Review of recent CPD course advertisements through our resources page may indicate a greater application of OPS to course outcomes as discussed previously with CPD/postgraduate training providers. Review of data collected by Communications/Professional Standards/Regulation department on telephone calls and letters regarding OPS may indicate raised awareness and implementation of OPS. Data from feedback forms from our direct talks to students in the second and final years may indicate thoughts on implementation (qualitative only). Consultation on revision of GOsC assessments and evaluation of Assessor training programmes indicates Review of data from the Revalidation Pilot will provide information on how the OPS was applied to this process – to be scoped.	

			Data on assessments completed following introduction of OPS will indicate implementation of OPS in registration assessors.	
Delivering a range of resources which are useful, accessible and used by a range of stakeholders	How useful are the resources which GOsC has produced for each stakeholder? How accessible are the resources? Have the resources been used by a wide range of stakeholders?	Data from GOsC processes	Figures collated on website traffic to the OPS support pages to indicate accessibility of the OPS by osteopaths. Review of results of e-learning activities on OPS support pages may indicate accessibility of resources. Results of survey on usefulness of e-learning to osteopaths will indicate the effectiveness of the method of delivery Results of pilot of future elearning module will provide feedback on effectiveness of this learning tool. Consultation on revision of GOsC assessments and evaluation of Assessor training programmes Reviewing feedback forms from our direct talks to students in the second and final years Reviewing feedback forms from our Regional conferences will indicate	

			usefulness of presentation of OPS. Osteopaths telling us directly through Customer Service survey on whether OPS implementation methods useful. Participation and analysis of Revalidation Pilot – feedback may provide indication of whether resources are useful	