



General  
Osteopathic  
Council

# Osteopathic Development Group Advanced Clinical Practice Project Project Initiation Document

Author	Nick Woodhead/Liz Hayden/Ben Katz (OA)
Version	0.8
Status	Final Draft
Date	29 Oct 2013
Document title	Advanced Clinical Practice Project PID

## Document History

Version	Date	Description of Change	Author
0.1	<b>20 May 2013</b>	Initial Draft	NW/LH
0.3	<b>12 Jun 2013</b>	Revised initial draft	NW/LH
0.4	<b>14 Jun 2013</b>	Revised draft	NW/LH/BK
0.5	<b>7 Jul 2013</b>	Revised draft	NW/LH/BK
0.6	<b>8 Jul 2013</b>	Revised draft	NW/LH/BK
0.7	<b>30 Sep 2013</b>	Revised draft	NW/LH/BK
0.8	<b>29 Oct 2013</b>	Revised draft	NW/LH/BK

## Table of Contents

1	Introduction .....	3
1.1	Purpose of this document.....	3
2	Project definition.....	3
2.1	Background .....	3
2.2	Aims.....	4
2.3	Objectives.....	4
2.4	Critical Success Factors .....	5
2.5	Scope .....	5
2.5.1	Out of scope.....	5
2.6	Constraints and risks.....	6
2.6.1	Constraints.....	6
2.6.2	Risks .....	6
3	Project methodology.....	6
4	Rationale and strategic fit.....	6
4.1	Timescale .....	7
5	Project approach .....	7
5.1	High-level deliverables .....	7
5.2	Project milestones .....	7
5.3	Project plan .....	7
5.3.1	Preliminaries .....	7
5.3.2	Phase 1 – Information gathering.....	7
5.3.3	Phase 2 – Evaluation of possible models .....	8
5.3.4	Phase 3 – Consultation.....	8
5.3.5	Phase 4 – Final proposal and implementation plan .....	8

## 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 – Advanced Clinical Practice.

## 2 Project definition

For the purposes of this project, 'Advanced Clinical Practice' will be defined as a level of expertise significantly beyond the basic standards required of all osteopaths by the General Osteopathic Council's *Osteopathic Practice Standards*.

### 2.1 Background

There has been a steady increase during the past two decades in osteopaths claiming advanced levels of clinical practice or expertise. Such claims are now commonplace, both in general osteopathic practice and within defined areas of practice such as the treatment of specific patient populations and the use of particular technical approaches. Though it should be noted that these areas are covered in osteopaths' basic training and, by virtue of their registration, they will have a basic level of competence in them, the implication of such claims is a level of clinical skill, underpinning knowledge and capability, which exceeds the competence set out in the professional regulatory standards (Standard of Proficiency embodied in the *Osteopathic Practice Standards*).

During this time there is perceived to have been a growing demand amongst patients for a reliable means of identifying osteopaths with higher level capability. This has become increasingly important against the background of a marked rise in claims of expertise in osteopaths' promotional materials. However, there is currently no common framework within which patients or practitioners can evaluate claims of advanced clinical practice.

Within the profession, there has been a growing recognition that osteopaths develop clinical expertise through a variety of pathways, including but not limited to clinical experience, reflective practice, self-guided study, mentoring, apprenticeships and formal training. There is a wide range of postgraduate training available from diverse providers, including members of the Osteopathic Alliance, members of the Council of Osteopathic Educational Institutions (COEI), individual osteopaths and providers external to the profession. The nature and content of the training varies widely, even within particular areas of practice, as do course structure, teacher training and assessment practices. The lack of a common framework may present a challenge for both practitioners and patients to judge the quality of the training on offer and the level of clinical practice achieved.

A common framework for advanced clinical practice in osteopathy could promote high quality training, raise clinical standards and help to ensure that patients are able to find the practitioners best able to meet their needs. However, if such a framework is to be developed, the form it might take will need to be thoroughly explored. One thing is clear: the GOsC has no statutory duty to establish standards for advanced clinical practice and neither the GOsC nor the Government see the extension of formal regulation to advanced clinical practice as desirable. Any framework that is to be developed will need to be owned by the profession. It should emerge from a consensus

amongst the diverse groups that constitute the profession and be subject to continual review by them.

## 2.2 Aims

The purpose of this project is to explore the pathways through which osteopaths attain advanced levels of clinical practice, with a view to developing a framework within which such claims may be evaluated by patients and practitioners alike. A wide variety of models will need to be considered, including those in use in other professions. The relative merits of these models and their appropriateness to the osteopathic profession will be systematically evaluated so that recommendations can be made about what kind of framework will best serve patients' interests while meeting the needs of the osteopathic profession. There will be extensive consultation with key stakeholders and the wider profession throughout.

## 2.3 Objectives

1. To survey the pathways through which osteopaths attain advanced levels of clinical practice
2. To evaluate the need for a common framework for advanced clinical practice
3. To explore possible models for this framework and any implications on patient safety, professional standards and career development
4. To develop a consensus within the profession about the nature of advanced clinical practice, the need for an advanced clinical practice framework, and the form such a framework might take
5. To develop a plan for implementation, agreed by all relevant stakeholders

### **Principles underpinning the development of the scheme:**

The Project Team is committed to ensuring that the development of any scheme takes account of the six principles articulated in the CHRE (now PSA) document *Right touch regulation* ([www.professionalstandards.org.uk/docs/psa-library/right-touch-regulation.pdf](http://www.professionalstandards.org.uk/docs/psa-library/right-touch-regulation.pdf)), i.e. that it is **targeted** at the specific issues identified above, **proportionate** to the needs of patients and not burdensome for practitioners, **consistent** and fair in the way it impacts upon the profession, has the **agility** to adapt to the future changes in the professional environment and the needs of stakeholders and is **transparent** and **accountable** in the way it is developed and applied.

## 2.4 Critical Success Factors

- Profession-wide support at all levels
- Support from public and other relevant professional organisations
- Stakeholder engagement and support amongst providers of advanced osteopathic training and other relevant groups
- Sufficient financial and material resources to support a working group (including secretariat support from the BOA Development Manager)
- Advisory input from educational/regulatory experts (including exploration of the approach taken in other relevant professions and the advantages/ disadvantages of these)
- Recognition amongst practitioners that there is benefit to participating
- Public awareness and recognition of any scheme developed

## 2.5 Scope

- The project will explore possible frameworks for advanced osteopathic clinical practice. This may include standards frameworks, accreditation, advanced clinical practice registers, and quality assurance of advanced clinical training, amongst others. The possible benefits and risks will need to be evaluated carefully
- The project focus will be profession-wide, but at a level appreciably beyond recently qualified practitioners
- All pathways to advanced clinical practice will be considered, including clinical experience, reflective practice, self-guided study, mentoring, apprenticeships and formal training
- Participation in any scheme developed will be entirely voluntary

### 2.5.1 Out of scope

- Newly qualified practitioners
- Aspects of osteopathic practice not directly related to clinical practice (e.g. business management and business development – these may fit better within the Mentoring or Career Development projects)
- Non-osteopathic clinical training (e.g. adjunctive therapies, prescribing rights, etc.)
- Defining curricula for advanced training/CPD
- Requiring advanced clinical training to be referenced to HE validated awards
- Restricting osteopathic practice by defining minimum standards or establishing compulsory registers for osteopaths using particular approaches or working with specific patient populations (any form of recognition granted by the scheme should not constitute a requirement for working in a particular field – the minimum standards for osteopathic practice are set out by the OPS)
- Defining limits to the scope of osteopathic practice

## 2.6 Constraints and risks

### 2.6.1 Constraints

- Availability/time available to contribute on the part of project team and board members
- Availability of support from BOA Development Manager
- Financial resources to cover costs on the part of those involved (e.g. travel expenses, time out of practice)
- Stakeholder availability for consultation
- Professional engagement with consultation
- Financial and communication resources to manage consultation

### 2.6.2 Risks

- Lack of resources available to the project team (careful resource management will be necessary)
- Difficulty of keeping to the time scale due to time constraints of project team (careful time planning will be required)
- Inability of stakeholders to reach agreement on key 'policy' initiatives for the project (early stakeholder engagement is essential)
- Lack of profession-wide support at consultation stage/lack of uptake of final scheme (key benefits will need to be communicated)
- Lack of public awareness of scheme (communication strategy will need to be developed) Project management structure

## 3 Project methodology

Preliminaries – Appointment of Project Team, budget, funding applications

Phase 1 – Information gathering (coordinated with Career Development project)

Phase 2 – Evaluation of possible models

Phase 3 – Consultation

Phase 4 – Final proposal and implementation

## 4 Rationale and strategic fit

Despite an increasing promulgation of claims of expertise from osteopaths, there is no common framework for advanced clinical practice in osteopathy. This may present a challenge for patients to evaluate which practitioners are best qualified to meet their needs and for practitioners to identify the most appropriate pathways for their development. This project aims to evaluate the need for such a common framework and explore the most appropriate model.

## 4.1 Timescale

Project phase	Timescale
<b>Preliminaries</b>	4-6 months
<b>Phase 1 - Information gathering</b>	9-12 months
<b>Phase 2 - Evaluation of models</b>	4-6 months
<b>Phase 3 - Consultation</b>	6-9 months
<b>Phase 4 - Final proposal</b>	6-9 months

## 5 Project approach

### 5.1 High-level deliverables

Project phase	High level deliverables
<b>Preliminaries</b>	<i>Person specification for and appointment of researcher, budget, funding applications</i>
<b>Phase 1 - Information gathering</b>	<i>Report summarising information gathered during Phase 1</i>
<b>Phase 2 - Evaluation of models</b>	<i>Discussion document for consultation with profession</i>
<b>Phase 3 - Consultation</b>	<i>Consultation report</i>
<b>Phase 4 - Final proposal</b>	<i>Implementation plan</i>

### 5.2 Project milestones

Deliverable	Phase	Milestone date
<i>Budget</i>	<i>Prelim.</i>	<i>10 Dec 2013</i>
<i>Funding applications</i>	<i>Prelim.</i>	<i>20 Dec 2013</i>
<i>Report summarising information gathered during Phase 1</i>	1	30 Oct 2014
<i>Discussion document for consultation with profession</i>	2	30 Feb 2015
<i>Consultation report</i>	3	30 Nov 2015
<i>Final proposal</i>	4	30 May 2016

### 5.3 Project plan

#### 5.3.1 Preliminaries

1. Budget
2. Assess costs and develop budget
3. Identify funding sources
4. Submit funding applications

#### 5.3.2 Phase 1 – Information gathering

To be undertaken by researcher with guidance from Project Team. Relevant stakeholder engagement and support will be essential to the success of Phase 1.

1. Inform the profession about the project, including giving advance notice that information gathering will be undertaken (linked to ODG-wide communication plan)
2. Review existing research relating to advanced osteopathic clinical practice (including GOsC studies)
3. Review claims of advanced clinical practice made by osteopaths
4. Survey patient needs in relation to advanced clinical practice including identifying practitioners with expertise in treating particular conditions or patient populations
5. Review the pathways through which osteopaths attain to advanced clinical practice
6. Review current advanced osteopathic training provisions, including academic, practical and clinical
7. Review quality assurance and accreditation of current training provisions
8. Explore frameworks for advanced clinical practice in place in other professions
9. Generate report summarising information gathered in Phase 1 for consideration by working group

### **5.3.3 Phase 2 – Evaluation of possible models**

1. Working group to review report and any other relevant information gathered
2. Working group to generate discussion document summarising possible frameworks for advanced clinical practice including feasibility and key strengths and weaknesses

### **5.3.4 Phase 3 – Consultation**

1. Undertake consultation exercise with key stakeholders and the wider profession
2. Synthesise report from responses to consultation exercise

### **5.3.5 Phase 4 – Final proposal and implementation plan**

Working group to consider consultation responses and develop proposals accordingly, including timescale for creation and implementation of proposed scheme