



Council
9 February 2022
National Council for Osteopathic Research (NCOR) funding proposal:
Practice-based research network

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| Classification | Public |
| Purpose | For decision |
| Issue | To consider a proposal from the National Council for Osteopathic Research (NCOR) to fund the development of a Practice-based research network. |
| Recommendation(s) | To consider funding the development of a Practice-based research network. |
| Financial and resourcing implications | <p>Funding for this activity (across a three-year period) would come from reserves and can offset the financial underspends arising through the pandemic.</p> <p>The funding proposal cost is £50k per year.</p> |
| Equality and diversity implications | The Practice-based research network would be available to all osteopaths and there would be no barrier to entry based on any protected characteristic. |
| Communications implications | The decision of Council, and the rationale for the decision, will be communicated to the Director of NCOR. |
| Annex(es) | None. |
| Author | Matthew Redford |

Key messages from paper:

- The National Council for Osteopathic Research (NCOR) is the body set up to advance, facilitate and disseminate osteopathic and osteopathic relevant research, in order to promote practice that optimises patient care.
- The new NCOR Director, Dr Jerry Draper-Rodi, wishes to build upon the success of NCOR by developing a Practice-based research network (PBRN) which is the collaboration between clinicians and academics aiming to foster research in everyday clinical practice.
- There are similar networks of this nature internationally - Australia, New Zealand, USA - but not in the UK in osteopathy. There are existing PBRNs in the UK in several health disciplines.
- The enhancement of research capacity in this way would require funding. The GOsC is in a position to support this activity.
- The funding proposal would cover a three-year period. The cost per year is £50k.
- The GOsC has criteria for assessing funding proposals - previously agreed in 2013 - which remain relevant today. These were last used by Council in 2021. The Chief Executive considers that the proposal meets five out of six funding criteria; however, that the project is of significant benefit to warrant investment.

Background

1. The National Council for Osteopathic Research (NCOR) is the body set up to advance, facilitate and disseminate osteopathic and osteopathic relevant research, in order to promote practice that optimises patient care. NCOR is co-funded by the GOsC, the Institute of Osteopathy (iO) and osteopathic education providers.
2. Dr Jerry Draper-Rodi was appointed as NCOR Director from November 2021 taking over from Professor Dawn Carnes who stood down after a long and successful period as NCOR Director.
3. Following appointment as Director, Dr Draper-Rodi has begun to articulate his vision for the future and how NCOR can develop and support the growth of research capacity within the profession. The development of a Practice-Based Research Network (PBRN) is central to that vision.

Discussion

What is a Practice-Based Research Network (PBRN)?

4. PBRNs are collaborations between clinicians and academics aiming at fostering research in everyday clinical practice. They are a mechanism to invite clinicians to participate in research, and to understand what clinicians do in their clinics with their patients. There are several osteopathic PRBNs around the globe,

including in Australia (Osteopathic Research Innovation Network - ORION), New Zealand (Osteopathy Research Connect-New Zealand - ORC-NZ) and the USA (CONCORD-PBRN and DO-Touch.net).

5. PBRNs link and support interested osteopaths with researchers and academics who have skills in research methods, statistics, data management and patient care. PBRNs can operate in a 'top-down' or 'bottom-up' approach, or a mixture of both and ideally, networks and their members benefit mutually from their association. Patient involvement in projects is also an important feature something which PBRNs would encourage.

What is the problem that a PBRN would solve?

6. The translation of some of the research in osteopathy / manual therapy to practice can be challenging as the research is often conducted in specialist settings, whilst osteopathy is usually delivered in private practices with a limited number of osteopaths operating in each practice.
7. The establishment of a PBRN would help to resolve this challenge by collecting data in real-world osteopathic settings.
8. Osteopaths face clinical challenges daily for which there is often limited evidence. PBRNs offer a partnership in which osteopaths can individually or collectively raise questions that, with help from the academic team, can be assessed from data already collected, or start new projects to look at what is done.
9. Evidence relies on several forms of knowledge, including practitioners' expertise, patients' values and preferences, and evidence from robust methods. PBRNs can be used to contribute to three forms of evidence:
 - data from osteopaths can be collected to assess their expertise;
 - patients can be recruited to take part in PPI (Patient and Public Involvement) when research is being developed and/or in research projects; and,
 - for developing evidence with robust methods while educating osteopathic members of the PBRNs about robust and varied research approaches.
10. PBRNs could be used for a broad range of research methods in primary and secondary research e.g. undertaking a systematic review, survey development, practice-based data collection, and longitudinal cohort work as well as qualitative approaches. Additionally, it represents the opportunity to introduce osteopaths to the broad range of approaches and selecting the appropriate type of research method to answer a specific research question.
11. PBRNs are useful for conducting longitudinal studies but also randomised controlled trials (RCT), often perceived as the gold-standard in clinical research. Whilst there are limitations with some forms of RCTs (e.g. placebo controlled RCT), other forms may be more appropriate to evaluate osteopathic treatments (e.g. pragmatic RCTs where two interventions are compared to each other).

12. One major obstacle in osteopathy is that RCTs are very expensive (ca. £1,000,000 each) limiting building evidence in osteopathy. PBRNs can be a useful tool to design and recruit for RCTs and for example, CUTIES¹, the RCT in paediatric care, conducted at the moment at NCOR, is based on a similar model.

Who would PBRN benefit?

13. The establishment of a PBRN would benefit a range of stakeholders. A summary is provided below:

| Stakeholder | Benefit |
|-----------------------------|--|
| General Osteopathic Council | <p>One of the GOsC Strategic Plan goals is to 'support the osteopathic profession to deliver high quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.'</p> <p>The establishment of a PBRN would help osteopaths to take part in research projects and to keep up to date with the modern understanding and contemporary approaches to patient management. This would link directly to the GOsC Strategic Goal to support the profession to deliver high-quality care.</p> <p>Additionally, the PBRN would support osteopaths with achieving the GOsC CPD scheme. The PBRN would allow osteopaths taking part to be able to see the findings of the research to which they have contributed (in some instances osteopaths could see their own data e.g. a practice-based and national clinical audit), compare it with scientific standards and possibly with colleagues, which could be seen to meet the objective activity element of the CPD scheme.</p> <p>Further, the network will ultimately create a community of practitioners who will be able to share their experience with colleagues including for those who may be operating in isolation. This would help to foster engagement among the osteopathic profession while contributing to the evidence base for patient care.</p> <p>Finally, there are also patient protection benefits which would interest the GOsC. An advantage of collecting data from clinic practices with an effective tool to monitor and record adverse events (longitudinal studies being more suitable than RCTs) is a clearer picture of patient management effectiveness.</p> |

¹ CUTIES is looking at assessing the effectiveness of osteopathic care amongst infants.

| Stakeholder | Benefit |
|---------------------------------|---|
| Institute of Osteopathy | <p>The iO is interested in how the profession can develop, including through their work with the Osteopathic Development Group. The PBRN would offer new evidence regarding practice, career development and pathways for osteopaths.</p> <p>The Osteopathic Foundation (OF) also sits within the iO. The OF is a charitable trust set up to advance osteopathic practice by funding research. This PBRN infrastructure could support some research projects funded by the OF requiring the recruitment of osteopaths and/or patients.</p> |
| Osteopathic Education Providers | <p>Some OEIs already use Patient Reported Outcome Measures in their clinic. The PBRN would provide OEIs with data from real-world osteopathy in the UK to support their evidence-based training delivery and potentially guide discussions with students looking at differences between OEI's clinical data and outcome data from osteopaths in clinical practice.</p> <p>When students graduate, they can feel isolated. The PBRN would provide them with a network of peers and regular training. This would contribute to their further development of research and critical appraisal skills enhancing the application of research findings to patient care where appropriate.</p> |
| Osteopaths | <p>Osteopaths would have access to taking part in research, free regular training (counting towards their CPD), and would possibly be provided with summaries of their data to allow them to self-reflect on their practice and areas of possible development. Isolated osteopaths would get access to a network of other osteopaths allowing peer discussions and sharing good practice, despite geographical distance.</p> <p>Participation in the PBRN could be made explicit to patients emphasising the importance that their clinicians are research active, demonstrating to patients that they keep up-to-date with evidence, monitor closely their clinical performance, and their commitment to upholding high standards of patient care.</p> |
| Researchers | <p>The PBRN would be managed by NCOR and could be used by researchers whose projects would benefit from collecting data from practices and/or who would need to recruit osteopaths for a research study. These could include those projects where funding has been provided by the Osteopathic Foundation in addition to other peer-reviewed funded studies.</p> |

| Stakeholder | Benefit |
|-------------|---|
| Patients | <p>PBRNs can collect data in different ways, including inviting patients to contribute feedback on their care through completion of patient reported outcome measures (PROMs) or their experience (Patient Reported Experience Measures or PREMs), or by participating in qualitative research (e.g. being involved in 1-to-1 interviews or focus groups).</p> <p>The PBRN would give a voice to patients to shape osteopathic evidence and practice. By further developing evidence in osteopathy, it can be expected that practice will ultimately become safer and more effective.</p> |

What are the deliverables that a PBRN would generate?

14. It is projected that the PBRN would generate a range of deliverables including:

- A system to collect data from individual private clinical practices (6 months)
 - Planning and piloting: ca. 4 months
 - Finalising: ca. 2 months
- A platform to conduct research in real world clinical settings (6 months)
 - Based on a recent survey of practice management software products most used by osteopaths in the UK, a list of application programming interfaces (API) will be developed to allow NCOR to access data from clinics taking part in the PBRN
 - System embedded in the platform to provide each osteopath a summary of their data and access to the PBRN average data
- Research projects designed by, or with, clinicians (from month 4 onwards)
 - Meetings between the research team and osteopaths to define research priorities, in line with the Osteopathic Development Group research priorities identified in 2021.
- A community of osteopaths (from month 4, and mostly month 6 onwards)
 - Providing a forum where osteopaths, for example, can discuss research projects, share their experience in taking part, or identify possible research questions.
- A platform accessible to NCOR stakeholders (from month 12 onwards - once enough data collected to maintain anonymity)

- Summary data accessible to NCOR stakeholders to support the profession's development and evidence-based education in the OEIs.
 - Training for osteopath members to make the best use of the network (from month 4 onwards)
 - Each research project will come with some training for the osteopaths to explain clearly what is expected from them and/or their patients, the potential risks and benefits, and implications.
 - Written communication will also offer regular training opportunities.
 - Training in confidentiality principles and support in developing their clinical policies aligned with the PBRN policies.
 - Greater engagement of osteopaths in the research process.
 - The opportunity for osteopaths to participate in research while not having the responsibility to conduct a research project without support.
 - Developing research capabilities in the profession by developing skills and encouraging further capacity building for osteopaths interested in applying to national funding programmes for research training.
 - Development of regional groups of PPI (NB: not included in current budget).
 - Quality assurance provided from setting up policies amongst participative clinics could ultimately develop a network of practices where osteopathic and other AHPs students could do placements from (NB: not included in current budget).
15. The recruitment of experts, team members and the database development (including an API to collect data from practice management software) are estimated to take approximately six months. Recruitment of osteopaths and clinics will then start.
16. NCOR's research hubs will be an ideal group to start recruiting from, and it is planned that over time it will expand to be available to the rest of the profession. A year after starting to develop the PBRN, the database should be established, members recruited and the PBRN should then be operational and ready to start to collect data.

How would a PBRN be established?

17. To develop a PBRN, NCOR will need to recruit new team members:
- A coordinator at 0.5 FTE
 - A research support staff member at 0.1 FTE
 - An IT consultant to build the database and the APIs. This will mainly be in the first six months, with some ongoing work to maintain the database and APIs.

18. Within the current staff team, the Director's time will need to be increased from 0.2 FTE to 0.4 FTE. The Director currently works full time between NCOR and his other role; however, it will be possible from summer 2022 to add one day a week for the direction of the PBRN.
19. Communication channels will be established to ensure there are regular exchanges with the PBRN osteopaths, which will be in the form of emails, newsletters, blogs, social media and a member forum. These channels will be key to building a community among PBRN osteopath members. Additional communication channels could include podcasts and participation in webinars. This would allow members of the PBRN to present using these channels and enhance development of communication skills for wider and larger audiences.
20. Currently NCOR run monthly research hubs with regional groups and the NCOR Director anticipates that these groups will be ideally positioned for recruiting osteopaths. Osteopaths who take part have an interest in research and may be ideal candidates to pilot the PBRN. Upon entry to the PBRN, training will be provided to explain what a PBRN is and the benefits of taking part.
21. It is planned that local osteopath champions will be recruited from these groups to maximise uptake from osteopaths and ensure continuity in their involvement. To maintain engagement with the PBRN, free regular training in research skills will be provided for osteopaths.
22. Initial projects will involve some cross-sectional and longitudinal studies to support osteopaths in developing their skills in PBRN, and to start developing evidence in osteopathy. Once a larger pool of osteopaths is formed, more complex projects may be conducted, possibly in line with the OF grants awarded.
23. Projects will be decided by the osteopaths and the research team to ensure that they are meaningful to clinical practice, are robust academically and that evidence informs practice and practice informs research.

What resources are required to establish a PBRN?

24. To establish a PBRN would require an investment over at least a three-year period, with year one focusing on the set-up and infrastructure required for the PBRN, with years 2 and 3 for research activity.
25. The current NCOR resources would not cover this work, and therefore, additional resources required would include:

| Resource | Summary of responsibilities ² |
|----------------------------|---|
| Director level | <ul style="list-style-type: none"> • Role would cover operational responsibility for the PBRN and would be the individual accountable for management of the network. • Role would ensure that proposed projects are evaluated in light of the network's research focus and mission, resources, and other concurrent projects. |
| Coordinator, support staff | <ul style="list-style-type: none"> • Role responsible for the day-to-day operations of both the network and the projects within the network including being the infrastructure administrator, maintaining communication across the network. |
| App development | <ul style="list-style-type: none"> • Development of an Application Programming Interface (API) enabling applications to exchange data and functionality easily, securely and in compliance with GDPR. |
| Research consultancy | <ul style="list-style-type: none"> • PBRN projects require statistical consultation and methodologic expertise. This expertise can be in the form of academic or private-sector researchers who are members, or non-member experts, who are retained by formal consulting arrangements. |
| Other | <ul style="list-style-type: none"> • There would be other associated costs such as around communication and networking (face-to-face or online meetings). |

26. The annual budget for the project has been costed at **£49,940**. A detailed budget underpins the project costing but has not been provided within this paper due to its operational nature.

GOsC Funding criteria

27. In 2013, Council agreed criteria which should be applied if funding proposals are under consideration. The criteria, which remains relevant and was last used in 2021, is set out as follows:



- a. **Developmental:** the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.
- b. **Public and patient benefit:** the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.





² A more detailed analysis of roles and responsibilities is in place. These have been summarised in the table within the paper.

- c. **Cross-professional applicability:** the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
 - d. **Collaboration:** initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
 - e. **Clarity of outcome:** projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.
28. In addition, it was stated that proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which the lead osteopathic organisations will oversee project management. An application for funding should identify the process by which any agency or other organisation will be selected.

Assessment of PBRN proposal against funding criteria

29. An assessment of the proposal against the funding criteria is provided below:

| Criteria | Assessment against proposal | Executive view on whether criteria met |
|----------------------------|---|---|
| Developmental | The proposal to establish a PBRN represents a new development for the osteopathic community in the UK which would seek to drive up research capacity. Funding would support the establishment of an osteopathic PBRN in the UK, ensuring the UK osteopathic profession is better aligned with developments internationally. |  |
| Public and patient benefit | Enhancing research capacity within the profession can be directly linked back to the GOsC Strategic Plan goal to 'support the osteopathic profession to deliver high quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.' |  |

| Criteria | Assessment against proposal | Executive view on whether criteria met |
|----------------------------------|--|---|
| Cross-professional applicability | The establishment of a PBRN would be available to the whole profession and would provide benefits for all osteopaths. |  |
| Collaboration | <p>While at this stage it might be just the GOsC supporting the funding application for the PBRN, it is suggested that the importance of the project and its potential benefit for the development of research capacity within the osteopathic profession outweighs this element of the funding criteria. It may be that other organisations choose to co-fund the PBRN in the future; however, this is unknown at this stage.</p> <p>It is the opinion of the Chief Executive that in itself this is not a reason for rejecting the proposal outright; however, for transparency, the criterion is shown as not being met against its own definition.</p> |  |
| Clarity of outcome | <p>Setting up a PBRN will take time with the first year focusing on the establishment of the infrastructure to support the PBRN and recruitment of osteopaths. Once operational, initial projects will involve some cross-sectional and longitudinal studies to support osteopaths in developing their skills in PBRN, and to start developing evidence in osteopathy.</p> <p>The Council can choose to request update reports from the Director of NCOR at any given point to ensure it remains comfortable with the project evolution and that the project continues to have a clarity of outcome/purpose.</p> |  |
| Clarity of deliverables, | The project has a range of deliverables and is underpinned by a detailed budget |  |

| Criteria | Assessment against proposal | Executive view on whether criteria met |
|---|--|--|
| timeframe, costs, involvement of individuals. | with clear roles and responsibilities for those members involved in the project. | |

Should the GOsC fund the establishment of the PBRN?

30. There are different lenses through which Council can consider the question:

- Is the PBRN aligned with the GOsC's strategic ambitions and statutory responsibilities?
- Will a PBRN benefit the development of the osteopathic profession?
- Will a PBRN benefit patients and the public?
- Can the GOsC afford to fund the PBRN?

It is suggested that the answer to all of the above questions is yes.

31. GOsC has a statutory responsibility not just to regulate the profession of osteopathy but to develop it as well. While development of the profession is a multi-agency activity and not just something the GOsC can do in isolation, we are in a position of influence and have the opportunity to facilitate and support other bodies to move the profession forward.
32. As outlined earlier, the GOsC Strategic Plan clearly focuses on supporting osteopaths to enhance care that delivers patient protection, and ensuring that the practice of osteopathy has a greater evidence base to underpin it would be a significant step forward. The establishment of a PBRN would support our delivery of our statutory responsibilities and help us achieve our strategic goals.
33. The paper outlines where the PBRN can benefit the profession and patients and the public. There is currently no PBRN for UK osteopathy and we are behind our international neighbours in this regard. For evidence informed practice, which benefits the profession and patients, this is a gap to be addressed.
34. In terms of the financial lens, like many organisations over the last two years, the operational budget developed by the GOsC has been impacted by pandemic with many activities being conducted online rather than in-person, which has proven to be more cost-efficient.
35. As a result, GOsC has underspent against its budget and these have boosted the available general reserves. It is recognised that as a charity GOsC should not be building up unnecessary reserves, and for a relatively modest outlay of £50k each year over a three-year period, GOsC could afford to use reserves to fund the PBRN. The outlay of £50k per year would be equivalent to 1.99% of General

Reserve as at 31 March 2021 and is considered affordable by the Chief Executive.

36. If Council decides to support the establishment of the PBRN, it may wish to add in some caveats, such as funding each year being subject to approval based on a report from the Director of NCOR, or that funding is paid for against milestones to be agreed by Council. Such caveats may be discussed in more detail at the meeting.
37. While it is recognised that the GOsC funding criteria has not been completely met, i.e. the GOsC is currently the only funder, it is argued that this should not automatically lead to rejection of the proposal. The risk of not funding the development of the PBRN is considered higher than the risk of the GOsC being the sole funder for the next three-years.
38. The Director of NCOR can be encouraged to seek other sources of funding for future years; however, it is felt that funding is more likely to materialise in the future if others can see the clear and robust commitment to this project from the GOsC, and we should be prepared to lead.

Recommendation:

To consider funding the development of a Practice-based research network.