

# **Annual Report**

## **May 2013 - 2014**

**Dr Dawn Carnes**

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## **I. Director's Summary**

This year has highlighted the need for continuity and commitment to driving research forward, not only in financial terms but for disseminating knowledge and skills and building on our human resources.

The osteopathic profession has many bright and enthusiastic practitioners and students who want to make a difference to their patients, however our consensus study about osteopathic research priorities showed that there is still a lack of awareness about research findings that play an important part in promoting good practice. NCOR still has work to do to make sure that information is available, accessible and easy to apply to practice.

An initial priority for NCOR was to improve the dissemination of information to the profession. Our website goes from strength to strength, it is more populated with material and access has increased from around 2,000 views up to 11,000 at its peak.

Carol Fawkes, NCOR's senior researcher, continues her PhD about patient reported outcomes from osteopathic services. She has been seeking the views of practitioners and patients, the phone app technology has been developed and the survey questions are ready to be piloted from March 2014 onwards.

In November 2013 NCOR recruited an additional researcher Tom Mars for one day per week but unfortunately we lost Elena Ward this year who will be moving into secondary education work. NCOR will miss her enthusiasm and diligence. In her place we recruited Austin Plunkett who has three years postgraduate experience and a background in IT.

We have finished the development of our two new services for patient incident/adverse event reporting. These web based platforms will capture data from practitioners and patients. These will be launched in and promoted throughout 2014.

During the last year we explored the potential of becoming a registered charity (succeeding in late May 2014) and hope incorporation will open up opportunities for NCOR to start generating income for investment into future osteopathic research.

We continue to strive for excellence and we look forward to working with our stakeholders on the future priorities and focus for research for the osteopathic profession.

## II. Background

The role of NCOR is to promote for the public benefit the advancement of education and the promotion of good health in particular but not exclusively by:

- (1) Leading and facilitating osteopathic research development in the UK, including developing a comprehensive and cohesive research strategy providing both direction and coordination of osteopathic research.
- (2) Representing the osteopathic profession on matters relating to the osteopathic evidence base and research development. Acting on behalf of the profession, in a research context, to the media, the public and patients, policy-makers, the inter-professional research community, other health professions and healthcare regulators.
- (3) Providing a forum for osteopathic educational institutions (OEs) through which to forge consistent standards in research governance, to share expertise, achieve economies of scale, and foster undergraduate and postgraduate research collaboration. Promoting research capacity and scholarship.
- (4) Providing osteopaths, the public and patients, healthcare professionals, and the research and academic community with a recognised, high quality and accessible resource of research-related information concerning the distinctive body of knowledge within osteopathic practice.
- (5) Improving awareness of osteopathic research development amongst osteopaths and the wider community. Establishing links and build networks within the research fraternity, nationally and internationally, with a view to development through collaboration. Formulating and foster strategies for attracting funding for osteopathic research development.
- (6) Providing systems relevant for grants governance and research governance for the benefit of all stakeholders.
- (7) Fostering and disseminating outputs from osteopathic audit, evaluation, and research activities.

Dawn Carnes took over as NCOR director May 1<sup>st</sup> 2012 on a 36 month contract. NCOR consists of the Director (20 days a year), a senior research fellow Carol Fawkes (3 days a week), and two research assistants Elena Ward (3 days a week) and Tom Mars (1 day a week).

### NCOR objectives set in 2012

Short term objectives (within one year)	Medium term objectives (within term of contract)	Long term and Ongoing objectives
1) Re-organise personnel in NCOR to optimise human resources against costs ( <i>completed</i> )	1) Explore the potential for an online standardised data collection tool	1) Liaison, collaboration and networking ( <i>links established proposal submitted to OIA</i> )
2) Seek funding for a PhD and register a PhD ( <i>completed</i> )	2) Explore the potential for an online patient reported outcome data collection	2) Raising funds ( <i>BSO OsteoMap, GOsC website, BOA Phone app, OEF PhD</i> )

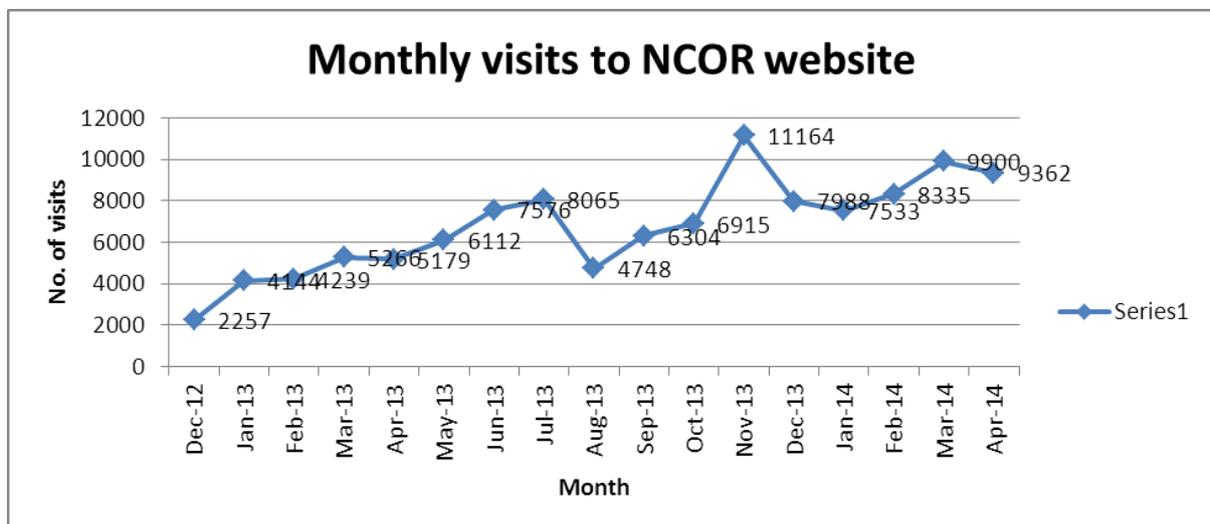
<p>3) Commission a website re-development and build (completed)</p> <p>4) Oversee the Delphi research priorities consensus study (in progress)</p>	<p>process (initiated and in progress)</p> <p><b>Additional objective</b></p> <p>3) Patient and practitioner adverse events and incident reporting (initiated and in progress)</p>	<p>3) Dissemination of research (website and presentations)</p>
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### III. Key Achievements

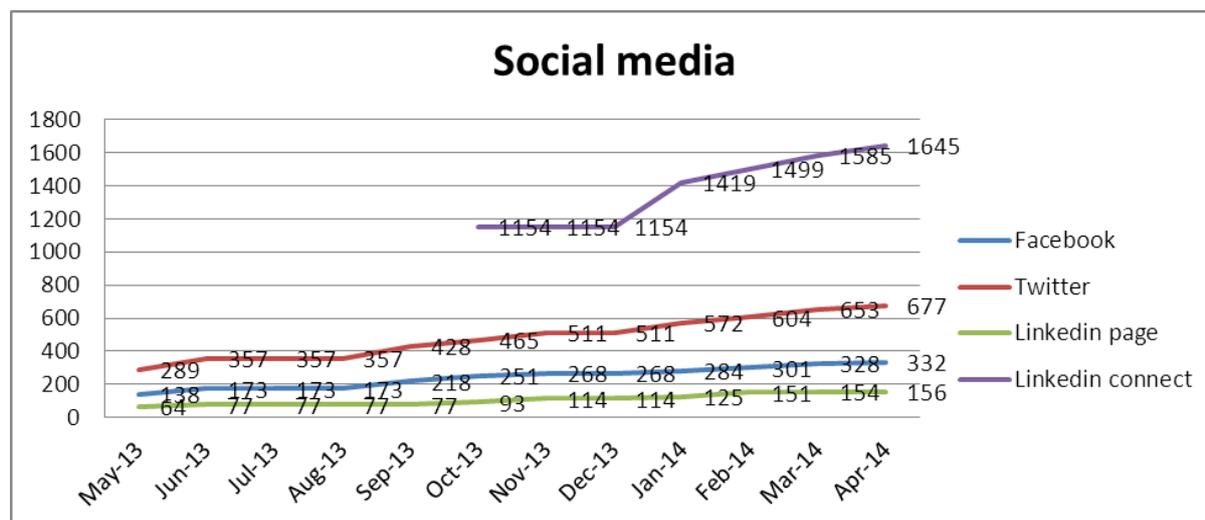
#### 1) NCOR website development and maintenance

The new website for the National Council for Osteopathic Research was launched in December 2012. NCOR website can be found on <http://www.ncor.org.uk>. We continue to use social media to inform followers about the latest research relevant to osteopaths, and other issues relevant to clinical practice as they become available. We are using Twitter, LinkedIn and Facebook to reach the osteopathic community as widely as possible. The number of visits to the site since the launch is presented in the graph below. A visit is when one person visits a site. They may look at multiple pages and files (hits) but their entire session counts as one visit.

Figures correct on 30<sup>st</sup> April 2014



Social media links and number of connections has been growing steadily as shown below.



#### Most visited pages in April 2014

Rank	Page	Address
1	Homepage	
2	Evidence for Osteopathy	/research/evidence-for-osteopathy/
3	Contrast bathing summary	/wp-content/uploads/2012/12/Contrast-bathing.pdf
4	Practitioner information – communicating benefit and risk	/practitioners/practitioner-information-communicating-benefit-and-risk-in-osteopathy/
5	Osteopathic relevant research	/research/research/osteopathic-relevant-research/
6	Research	/research/
7	Recent research	/research/recent-research/
8	Learning online – evidence based tutorials	/learning-online/evidence-based-tutorials
9	Learning online – evidence based tutorials	/learning-online/critical appraisal
10	Evidence based tutorials	/research/snap-shot-summaries

#### 2) Delphi research priorities consensus study

This study is complete and the paper is currently under peer review with the journal Manual Therapy (it has been accepted for publication subject to minor amendments). The key priorities identified are shown below.

## Summary of priority areas

<b>1. Effectiveness of osteopathic treatment for:</b>	<ul style="list-style-type: none"><li>• Neck pain</li><li>• Whiplash</li><li>• Headaches</li><li>• Radicular pain (including sciatica)</li><li>• Reducing episodes of low back pain (LBP)</li><li>• Acute LBP</li><li>• Chronic LBP</li></ul>
<b>2. Role of osteopathy in the management of:</b>	<ul style="list-style-type: none"><li>• Chronic widespread pain</li><li>• Musculoskeletal pain in pregnancy</li><li>• Elderly</li><li>• Spinal pain resulting from trauma</li></ul>
<b>3. Risk of osteopathic treatment:</b>	<ul style="list-style-type: none"><li>• Compared to pharmacological therapy</li><li>• In cervical spine manipulation</li></ul>
<b>4. Outcomes of osteopathic treatment:</b>	<ul style="list-style-type: none"><li>• Patient reported outcomes</li><li>• Effect on the neurological system</li></ul>

There is some outstanding work that needs to be considered by the NCOR stakeholders about what we do with the findings and how we should proceed with these identified priorities. Some of the priorities are already being addressed. Theme 1 Effectiveness of osteopathy for various conditions has been partially covered in our snap shots of evidence, however more formalised peer reviewed publications need to be considered. The NCOR stakeholders from the OEl's are aware of these. Theme 2 is an area where we need to consider existing evidence and apply it to osteopathy, we will consider focusing some resources in these areas in 2014-15. Theme 3 has largely been addressed in the GOsC commissioned work but we obviously have some way to go disseminating this information. Theme 4 Outcomes of treatment is being addressed through Carol Fawkes PhD and the national PROMS data collection work. The effect of osteopathy on the neurological system is a vast topic and needs focusing to specific research questions before any particular research project can be undertaken.

### 3) Adverse event learning and reporting platforms

These projects were not specified explicitly in our strategic plan but the need for these projects emerged from the adverse events projects dissemination team. We have developed two adverse events learning platforms one for collecting data from practitioners (PREOS) and one for collecting data from patients (PILARS).

#### PREOS

A patient reporting platform has been developed; this will run in parallel with the PROMS data capture facility. This platform will be called PREOS – Patient Reported Experiences of Osteopathic Services. It will be a learning resource for osteopaths so they can see how patients perceive and report events. NCOR will ensure anonymity of all reports. This platform is now live on [www.ncorpreos.org.uk](http://www.ncorpreos.org.uk)

## **PILARS**

A practitioner reporting site has been developed and will be piloted by practitioners. This resource will be known as PILARS – Patient Incident Learning and Reporting System. The platform will not only focus on adverse events, but will allow osteopaths to upload information about difficult situations experienced in practice with the aim that other practitioners can learn from the way they dealt with these situations. This platform is now live on [www.ncorpilars.org.uk](http://www.ncorpilars.org.uk)

In January 2014 we applied for funding from the GOsC to complete these projects and transfer them onto a public server for use by osteopaths and the general public. This funding was agreed for ~£7,500. This work forms part of the osteopathic development of the profession work and contributes to achieving our goals as outlined in the overall objectives of the raising the evidence base for osteopathy.

### **4) Patient reported outcome measures (PROMS) – Development of an IT solution for data capture**

This project is being led and conducted by Carol Fawkes under the supervision of Dr Dawn Carnes and Dr Robert Froud as part of an NCOR sponsored PhD. Funds are being provided by the BOA to pay for the development of the soft ware to capture patient reported outcomes. This is a bespoke system that will include a mobile telephone application (Phone App) so that patients can report outcomes via their mobile phones. This system will also facilitate the collection of some audit information. Supplementary preparatory work is on-going to inform the PROM database development.

Other professions are also conducting work in this area: Arthritis Research UK is in the process of commissioning a study to develop and test a musculoskeletal PROM (M-PROM) which could be used by all healthcare professional involved in the management of patients with musculoskeletal symptoms. We expect that this will eventually form part of our outcomes. NCOR are stakeholders in this project.

There is a lot of work involved with this to get the system secure, and there are issues around password protection and tracking patient responses back to practitioners whilst maintaining practitioner anonymity within the database. This means setting unique identifiers that are linked to GOsC registration numbers via sophisticated software that can transpose the identifier back to an osteopath's registration so they can view summary data collated from responses from their own patients. We hope to be piloting this facility in July 2014. In the meantime we have created a section on the website for information about data collection, and PDFs of patient measures widely used in research and clinical practice.

### **5) BSO OsteoMap evaluation**

The BSO have started providing OsteoMap to patients at the BSO and delivered their first training programme for tutors. The first evaluation report has been submitted to the steering group and the Department of Health.

### **6) Dissemination of research information**

**Adverse events projects:** NCOR have been actively involved with the GOsC, BOA, OA, COEI and researchers who conducted the research projects, in the development of material and dissemination strategies for information arising from the adverse events projects. The practitioner learning resource material was uploaded onto our website in November 2013.

**Publications – Masterclass – Audit:** This has been published in the *International Journal for Osteopathic Medicine* (IJOM).

**Masterclass – Critical Appraisal** in production for *International Journal for Osteopathic Medicine* (IJOM).

**Delphi study** – Rushton A, Fawkes C, **Carnes D**, Moore A. A modified Delphi consensus study to identify UK osteopathic profession research priorities. *Man Ther.* 2014 May 9. pii: S1356-689X(14)00078-2. doi: 10.1016/j.math.2014.04.013. [Epub ahead of print]

**Articles:** NCOR continues to supply articles and press releases for both *The Osteopath* and *Osteopathy Today*.

**Snapshot summaries:** These can be found online; they give readers a summary of current research. We present the summaries in a form that makes the findings relevant to clinical practice. There are currently a range of summaries online; we will be adding to this throughout the coming year and hope that osteopathic students and osteopaths will contribute to this work.

**News Bulletins:** We provide a research bulletins every month via the GOsC.

## Conferences/talks

### **The Osteopathic International Alliance Conference (January 2014) – Dawn Carnes**

#### **OEs (throughout the year) - Dawn Carnes, Carol Fawkes and Elena Ward**

NCOR has visited Leeds Met, BCOM, SIOM, BSO and ESO to give talks about NCOR, our resources and the evidence base for osteopathy.

#### **BOA convention (October 2013) – Dawn Carnes**

Presented an overview of evidence for osteopathy

#### **Complimentary, Alternative and Allied Health, Portugal (September 2013) – Dawn Carnes**

Presented an overview of evidence for osteopathy and the UK research model for NCOR

#### **Nottingham Spine Unit – Carol Fawkes**

#### **Arthritis UK, M-PROM stakeholders – Carol Fawkes**

## **7) Advice and guidance**

**Information requests and advice** – we get many requests (73 formal enquiries were logged between May 2013 and Feb 2014) for information and advice about research.

## **8) Raising funds, income generated**

**BSO 2013-2015:** Evaluation of chronic pain service OsteoMap for BSO (~£21,500)

**GOsC March 2014:** Analysis of claims and complaints arising from insurers, GOsC and BOA (~ £1,000)

**GOsC January 2014:** PILARS and PREOS sites (£7,500)

## **9) International developments**

Last year NCOR submitted a proposal to the OIA suggesting that NCOR host an international research collaboration (March 2013), this resulted in Dawn Carnes being invited to speak at the OIA conference in Austin, Texas (January 2014). At this meeting the International Osteopathic Research Network was launched and Dawn Carnes was appointed chair. The first task is to establish an agreed mission statement and objectives for the group. A network of interested researchers has already been established.

Dawn Carnes was also appointed convenor for the research parts of the OIA conferences

## **10) Miscellaneous developments**

### **Future of the Profession**

NCOR were one of the five bodies contributing to the development of the profession initiative. NCOR's role is to develop the evidence base and relevant research for osteopathy.

### **Regional hubs**

The regional hubs continue, there five active regional hubs. Hub meetings are run via Skype or teleconference where possible.

### **Staff training and Development**

Please see a list of training and development events attended by Carol Fawkes and Elena Ward. The NCOR staff, including Tom Mars (recruited November 2013), continue to work hard and apply themselves adeptly to their roles, their contribution to NCORs achievements in the last two years cannot be underestimated. NCOR has a strong team which I hope will go from strength to strength.

## **IV. The Future – what needs to be done**

### **1) Securing core funding for the next three years**

Build on the excellent work we have done so far we need support and commitment from the profession to allow for continuity maintaining our established resources and enhancing and acquiring others.

Our new charitable status will allow us flexibility and the opportunity to raise more funding to invest in osteopathic research.

### **2) Dissemination of information**

We need to continue to make research more user friendly and disseminating this information through the website, social media, OEI talks and conference presentations. We would like to explore the potential of using other web platforms such as Wikipedia and other network forums. In addition we need to make sure that our information is updated regularly and that information is current and topical.

### **3) Raising the potential of publication of undergraduate research**

We have the potential to do publishable research by utilising our Masters degree students, we would like to focus some efforts with our stakeholders who are OEI research educators and also the NCOR research hub members. We would like to run a strategy day to determine best

practice and training and development needs. Once these are identified NCOR would like to be in a position to fulfil the training needs and facilitate best research practice to promote good quality research especially focused on Masters level research.

**4) Patient incident reporting platforms**

Now we have these platforms we need to promote their use so that we can gain valuable insights and information to feedback to the profession as a learning mechanism to promote good practice and appreciate patient feedback. We need to develop user material and recruit 'champions' within the OEs to generate reports, interaction and interest.

**5) Patient Reported outcomes measures**

Again once these have been piloted we will need to promote and launch this service there is tremendous business potential that we would like to exploit as well.

**6) New research projects for the profession**

Building on the work of the Delphi consensus study we need to consult with key stakeholders about the future needs of the profession and the different professional groups and what type of research might benefit them. We need to determine a strategy and actions that we need to take to achieve the aims of the future strategy.

**7) Fund raising**

This will largely be determined by point 6, if we have a focus and a specific tangible project we are more likely to raise funds against it. NCOR would like to be in a position to explore fundraising opportunities to enable us to undertake more research.

**8) Expanding the role of the Director of NCOR**

The demands on the Director's time are more than the 20 days remunerated, to do the job well, and enhance and maintain NCORs profile nationally and internationally the post-holder needs to do a minimum of one day per week.

## V. Financial Accounts

### NCOR QMUL Grant Account May 2013 - April 2014

Description	IN £	OUT £
Invoiced to GOsC Qtr 1	20,500	
Invoiced to GOsC Qtr 1	20,500	
Invoiced to GOsC Qtr 1	20,500	
Invoiced to GOsC Qtr 1	20,500	
Brought forward from 2012	29,994.46	
Salary Researcher 1		41,409.08
Salary Researcher 2		32,890.99
Salary researcher 3		3,113.10
Director honoraria		8,000*
QMUL overheads		16,439.07
Adverse events website platform development <sup>§</sup>		3,175
Training		1,890
IT purchases (tablet and software)		259.54
Travel and other expenses		1,996.13
PhD fees		3,900
Totals	111,994.46	105,072.91*

\*excludes honoraria as invoiced to GOsC direct

<sup>§</sup>Yet to invoice GOsC for the additional payments for development ~£7,500

PROMS project: Clinvivo invoicing BOA direct

### NCOR Bank Account Oct 2013 – April 2014

Description	IN £	OUT £
001 14.2.14 Invoiced to BSO	7,500	0
Totals	7,500	

In 2014 with the move to charitable status, there will be a requirement for more formal accounts which will be presented to funders and stakeholders (as well as the Charity Commission).

## Appendices

### Gantt Chart of key milestones and objectives

Objectives / Projects	2014 Jan/ Mar	Apr/ Jun	Jul/ Sept	Oct/ Dec	2015 Jan/ Mar	Apr/ May
Sign contracts between QMUL and NCOR (GOsC)						
Annual report and Review (March)	Mar				Mar	
<b>Website</b>						
Maintaining and development of website						
<b>Adverse event reporting platforms</b>						
Investigate database platforms and appropriate data collection survey software						
Build and construct interface and database						
Pilot facility						
Launch facility						
Monitor data input and produce reports						
<b>Patient related outcome measurement</b>						
Write proposal						
Seek funding						
Assess PROMS						
Build and construct interface and database						
Pilot facility						
Launch facility						
Monitor data input and produce reports						
<b>Research priorities (consensus study)</b>						
Findings published						
Implementation of findings						
<b>PhD</b>						
Start						
9 month review						
18 month review		Jun				
Submission (Jan 2016)						

## Staff training and development

### Training undertaken April, 2013 and planned training to April, 2014

Date	Course title	Provider
Carol Fawkes		
17-04-2013	PhD Induction day 1	QMUL
18-04-2013	PhD Induction day 2	QMUL
25-04-2013	Reading critically and analytically	QMUL
03-05-2013	Project planning	QMUL
07-05-2013	Managing your PhD	QMUL
23-05-2013	Critical thinking	QMUL
30-05-2013	Time management for researchers	QMUL
01-07-2013 to 05-07-2013	Qualitative Research Methods	Oxford University
05-10-2013	BLAMMS conference	SMD, QMUL
14-11-2013	PROMs National Summit, London	Healthcare Events
03-12- 2013	Kings Fund PROMs research conference	Kings Fund
15-01-2014	Survey data analysis I – introducing descriptive and inferential statistics	Southampton University
15-17.1. 2014	Clinimetric training, Holland	<a href="http://www.emgo.nl">www.emgo.nl</a> .
27-28.3.2014	Questionnaire design	Southampton University
2– 5.4. 2014	Survey data analysis II – introduction to linear regression modelling	Southampton University
Elena Ward		
15.03.14	mEsh systematic reviews course	
08.05.2013	Writing for publication	
10.10.2013	Q Review (lecture capture software)	
03.02.2014	Project planning	
Sept 13 – Dec 13	10 lectures of the Epidemiology and Statistics module of the MSc Programme in International Health. The lectures included: Randomised Controlled Trials, Measures of mortality and morbidity, Sources of routinely collected data, Critical appraisal of numerical data, Normal distributions in statistics, Confidence intervals, odds ratios and adjusted odds ratios, P-values, survival curves, Diagnostic tests, Correlation coefficient and regression coefficient, Multivariable regression analysis, Cohort studies, Measuring risk, Causality Clinical trials and synthesising results	