

# **NCOR**

## **Annual report** **May 2012-13**

**Dr Dawn Carnes**

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## **Summary**

NCOR has had a productive year from May 2012. Significant changes have been made, most notably we have seen: the new director, Dawn Carnes establish herself within the Osteopathic community and Carol Fawkes, NCOR's senior researcher, take on a PhD as part of her role developing facilities for collecting and dissemination information about patient reported outcomes from osteopathic services. A priority for NCOR was to improve the dissemination of information to the profession about osteopathic relevant research. In October 2012 NCOR recruited an additional researcher Elena Ward to manage this and other miscellaneous projects. December 2012 saw the launch of the new NCOR website and our engagement with social media. This facility is available to osteopaths, osteopathic students, patients, educators and all those interested in research salient to osteopathy. In 2013 and 2014 we will be launching and testing our new services for adverse event reporting and the capture of data from patients about the reported outcomes of their treatment and the services they are offered by osteopaths.

### **I) Introduction**

Dawn Carnes (DC) took over as NCOR director May 1<sup>st</sup> 2012. A 36 month contract was signed between the GOsC and QMUL and was dated from 1<sup>st</sup> May 2012.

The first meeting of the NCOR Council chaired by DC was 25<sup>th</sup> April 2012, at this meeting the council discussed the role of NCOR and the needs of osteopathy that could be fulfilled via NCOR. This meeting laid the foundations for the 3 year strategic plan (2012-2015).

Management board was convened 14<sup>th</sup> June 2012 to ratify the strategic plan.

### **II) NCOR objectives as set out in the strategic plan were:**

#### **Short term objectives**

- 1) Re-organise personnel in NCOR to optimise human resources against costs
- 2) Seek funding for a PhD and register a PhD for an Osteopathic relevant research project
- 3) Commission a website re-development and build
- 4) Oversee the Delphi research priorities consensus study being undertaken by researchers from the University of Brighton and the University of Birmingham.

## **Medium term objectives**

- 1) Explore the potential for an online standardised data collection tool
- 2) Explore the potential for an online patient reported outcome data collection process

## **Long term and Ongoing objectives**

- 1) Liaison, collaboration and networking
- 2) Raising funds
- 3) Dissemination of research

## **III) Progress since May 2012**

### **Short Term objectives**

#### **1) Re-organisation of NCOR**

We undertook a re-shuffle of personnel working hours. The Research Officer, Carol Fawkes (CF), changed from 4 to 3 days per week; we recruited a junior researcher for 3 days per week, Elena Ward, and she started with NCOR on 22<sup>nd</sup> October 2012. The administrator's contract expired prior to DC taking over as Director of NCOR, this was not renewed.

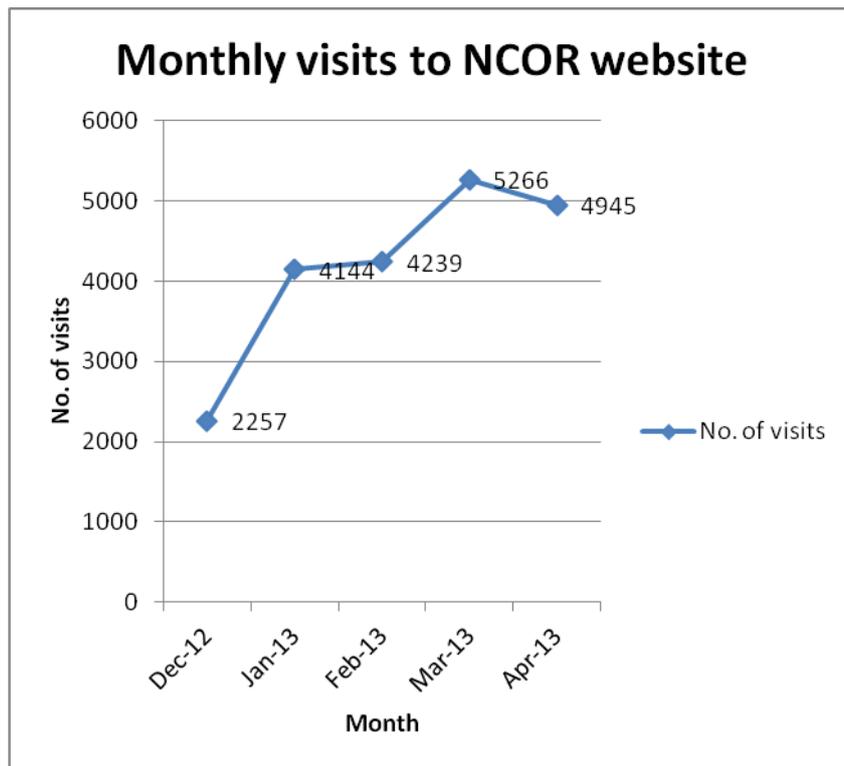
#### **2) PhD studentship**

DC registered a PhD with Queen Mary University of London and Barts and The London School of Medicine and Dentistry (outline summary attached). The PhD commenced in January 2013 and is full-time for three years. It is supervised by Dr Dawn Carnes and Dr Rob Froud. Both will be mentored by a senior medical and health researcher Professor Stephanie Taylor at the Centre for Primary Care and Public Health. The PhD will be funded by money retained by the OEF (currently £18, 832.85). Carol Fawkes will undertake the PhD. The aim of the PhD is to develop, test and implement a patient reporting outcome facility appropriate for use by osteopaths and their patients.

#### **3) NCOR website re-development and launch**

The new website for the National Council for Osteopathic Research was launched in December 2013. NCOR website can be found on <http://www.ncor.org.uk>. In addition to the information held on the website, we are using 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, are presented in the graph below. The number of visits to the old site per month were typically in the 100s rather than 1,000s. 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 Tuesday 30<sup>th</sup> April 2013



Facebook ([www.facebook.com/NCORnews](http://www.facebook.com/NCORnews)) likes: **136**

Twitter ([www.twitter.com/NCOR\\_UK](http://www.twitter.com/NCOR_UK)) followers: **274**

LinkedIn (Company page) (<http://www.linkedin.com/company/national-council-for-osteopathic-research>) followers: **61**

There appears to be little overlap of users, i.e. those that are following us on LinkedIn are not following us on Twitter. The number of connections has been growing steadily.

We have also recently opened a LinkedIn member account, which will allow us to directly connect with osteopaths and other professionals.

#### **4) Delphi research priorities consensus study**

This study is being coordinated and run via University of Brighton; the principal investigator is Prof. Ann Moore.

The first round of the Delphi study has been conducted. The second round took place in November 2012. The study was delayed and deferred as key contributors expressed an interest in being involved, and the team felt their contributions were worth incorporating for the sake of completeness. The content of the final round is currently being discussed. The results of this study should be published in June/July 2013.

## Medium term

### 5) Adverse event learning and reporting platform

These projects were not specified explicitly in our strategic plan but the need for this project emerged from the adverse events projects dissemination team. We created two projects for QMUL undergraduate IT students to develop two adverse events learning platforms one for collecting data from practitioners and one for collecting data from patients.

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.

A patient reporting platform is also being 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 currently being piloted.

### 6) Patient reported outcome measures (PROMS) - Commissioning the development of an IT solution for data capture

This project is being led and conducted by Carol Fawkes under the supervision of Dawn Carnes and Dr Robert Froud. Funds are being provided by the BOA to pay for the development of the software to capture patient reported outcomes. This will be a bespoke system that will include a mobile device application (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 ongoing to inform the PROM database development. This is included in Appendix 1.

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 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 at the end of the year. 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.

## Long term and ongoing

### 7) 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. Materials will start to be

disseminated from around June 2013. A phased strategy for highlighting the availability of the resources being created has been agreed by NCOR, the BOA, the GOsC, and the researchers involved.

**Publications - Masterclass – Audit:** This has been written and submitted and is being considered for publication with the *International Journal for Osteopathic Medicine (IJOM)*.

**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.

**Register of research interested osteopaths:** We put out a call in February 2013 requesting people to contact us if they were interested in getting involved in research. A register of areas of special interest in research will be added to the website.

## 8) Conferences / talks

**The International Conference for the Advancement of Osteopathic Research (ICAOR):** DC delivered the key note lecture at this conference. Title: Making research relevant. CF delivered a presentation on the findings from the national pilot of the standardised data collection tool, and stood in for Professor Ann Moore to deliver her presentation on the findings of the study looking at patients' expectations of osteopathic care.

**OEIs:** NCOR have offered to speak at each OEI about NCOR and research.

**Regional network meeting:** DC introduced the regional network representatives to the website and the strategic goals of NCOR for the next 2 years.

**OSEAN conference:** DC attended this and made some useful contacts and promoted the work of NCOR.

## 9) Advice and guidance

**OCC project – Scope of practice and PROMS** -NCOR were commissioned to do a scoping project and plan an implementation schedule for a project within the OCC about scope of practice and patient outcomes. This work has been completed and the report submitted to the OCC and the BOA for final consideration.

**SCC Colic Trial** – NCOR were asked to comment on the protocols of 2 studies bidding to run an RCT on osteopathy in the cranial field for infantile colic. Detailed feedback was delivered about both projects to the SCC.

**Information requests and advice** – we get many requests (46 logged since November 2012) for information and advice about research. Requests range from meeting delegates and students from osteopathic schools from overseas, giving talks, advice about publications and manuscripts, PhD ideas, help with analysing data, help with research ideas, requests for funding, and how to do audit. We also respond to requests from the BOA for up to date evidence for press releases and for osteopathic cases under legal review. We have worked also to supply information and feedback on documentation being prepared by the OIA for discussion with the WHO.

**BOA film** – DC was interviewed for a BOA initiative: a film promoting osteopathy for back pain. DC gave an overview of positive evidence for treatments used by osteopaths treating back pain.

## 10) Raising funds

We have managed to generate some income and divert funds over the last year

### **Evaluation of chronic pain service for BSO (~£24k)**

The BSO successfully bid for DH funding to set up a chronic pain clinic; NCOR contributed to the proposal and will conduct the evaluation of the service.

### **PROMs data collection development (£23,800)**

The BOA have very kindly agreed to fund this study as an integral part of Carol Fawkes PhD

### **PhD Funding for PROMS study (£18,500)**

Funds generated from previous NCOR events held with the OEF have been allocated to Carol Fawkes PhD

### **OCC project proposal re: collecting audit and PROMS data (£1,800)**

This was funded by the BOA and NCOR and the OCC collaborated on this project. We used an external consultant to conduct devise a plan to conduct a scope of practice study and a PROMS data collection study.

### **Website redevelopment (leftover money from previous NCOR years) (£7,500)**

### **NCOR Stakeholders**

LCOM are welcomed back to NCOR and provide additional finance to us.

### **PROMS**

We are exploring the potential of generating income by providing osteopaths with information about their own patients' feedback.

## 11) Miscellaneous developments

### **Future of the Profession**

NCOR were one of the 5 bodies contributing to the development of the profession initiative. NCOR will play a big part in developing the evidence base and relevant research for osteopathy.

### **International development**

NCOR submitted a proposal to the OIA suggesting that NCOR host an evidence synthesis centre (March 2013).

### **Regional hubs**

The regional hubs continue, there 4 active regional hubs. Their activity in the last 12 months has focussed on looking at literature chosen by hub members, and relevant to clinical practice. This has included work on hip replacement, knee replacement and appropriate after care from an osteopath's perspective. Studies have been examined on the use of back supports in the general population, and during pregnancy, evidence for the use of different types of pillows and mattresses, the use of manual approaches to respiratory conditions, and chronic pain management. The Exeter hub has completed a study looking at the profession's views on career progression and a draft paper is being reviewed currently.

Hub meetings are run via Skype or teleconference where possible. Discussions are on-going with groups of osteopaths in Oxford, and Hertfordshire to see how they can be supported to set up journal clubs. Discussions are ongoing about trying to re-start the Glasgow hub using e-media to allow input while reducing travel by participants.

## IV) Finance

### Projected Budget: 3 years 2012 - 2015

Cost	Year 1	Year 2	Year 3
Researcher 1	23,091.00	24,870.00	26,790.00
Researcher 2	21,297.00	22,315.00	23,384.00
Overheads QMUL	28,349.00	28,349.00	28,349.00
Honorarium	8,000.00	8,000.00	8,000.00
Additional expenses	5,000.00	5,000.00	5,000.00
<b>Totals</b>	<b>£85,737</b>	<b>£88,534.00</b>	<b>£91,523.00</b>

### Summary Accounts May 2012-April 2013

	Income £	Outgoings £
Qtr 1 GOSC*	14,900	
Qtr 2 transfer**	7,500	
Qtr 2	20,500	
Qtr 3	20,500	
Qtr 4	20,500	
Researcher 1		17,318.25
Researcher 2		10,648.50
Honoraria		8,000
QMUL overheads		9777.68
Expenses		8,161.11
	<b>£83,900</b>	<b>£53,905.54</b>

\*in the first quarter of the contract, CF was not officially transferred to QMUL from Brighton until Aug 1<sup>st</sup>. Brighton invoiced GOSc separately for CF and the NCOR administrator, GOSc paid for this and took it out of the quarterly payment for QMUL. (Brighton do not appear to have invoiced for their overheads just staff costs).

\*\*the transfer was from outstanding unspent money whilst NCOR was being managed at Brighton. This money was used for the website redevelopment.

## Expenses May 2012 to April 2013

<b>Item</b>	<b>Amount</b>
<b>Travel</b>	
Rail travel to Exeter hub meeting	£84.60
Taxi to venue	£6.50
Travel re OSEAN conf	£168.18
OSEAN subsistence	£27.89
Travel for filming BOA	£33.10
<b>Conference fees</b>	
BOA conf x 2	£200.00
OSEAN conference	£270.00
<b>IT</b>	
Website redevelopment	£5934.00
Domain names x2	£41.88
SPSS software	£41.00
<b>NCOR meetings</b>	
Lunch	£32.66
<b>PhD</b>	
First instalment	£1321.30
<b>Total</b>	<b>£8,161.11</b>

There was an under-spend in 2012 -13, this was partially because of the handover from Brighton to QMUL and because we had allowed for staff costs for researcher 2 for the whole year. Researcher 2 (EW) did not join NCOR until 22nd October 2012 (hence a saving of nearly 6 months' salary outgoings).

### Gantt Chart of key milestones and objectives

Below is the original Gantt chart for NCOR June 2012. The re-organisation of NCOR and the website development have been completed. The standardised data collection work and the PROMS project are ongoing and more complicated than we originally anticipated (see appendix 1). We have also undertaken additional projects, most notably the adverse event reporting platforms and the snapshot summaries, these do not appear on the chart. The Delphi Consensus study has been delayed. A new Gantt chart will be presented to the management board to be ratified for 2013-14.

**Gantt Chart – Key Milestones and objectives**

Objectives / Projects	2012			2013				2014				2015	
	May/ Jun	Jul/ Sept	Oct/ Dec	Jan/ Mar	Apr/ Jun	Jul/ Sept	Oct/ Dec	Jan/ Mar	Apr/ Jun	Jul/ Sept	Oct/ Dec	Jan/ Mar	Apr/ May
Sign contracts between QMUL and NCOR (GOsC)	May												
Annual report and Review (March)				Mar				Mar				Mar	
<b>Re-organisation of NCOR</b>													
Change research officer contract to 3 days per week (Aug 1 <sup>st</sup> )		Aug											
Write job description, get evaluated at junior researcher level													
Advertise and recruit junior researcher		July											
Seek funding for PhD studentship(s)													
<b>Website</b>													
Website commissioning													
Website development and build (populate)													
Review current website content and identify areas of work													
Website launch													
Maintaining and development of website													
<b>Standardise Data Collection</b>													
Investigate database platforms and appropriate data collection survey software (with PROMS work below)													
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>Review of progress</b>				Jan			Nov						

<b>Research priorities (consensus study)</b>													
Findings published													
Implementation of findings													

## **Appendix 1**

### **Additional activities being undertaken as part of PROM database development**

A scoping exercise is being undertaken to identify outcome measures in current use in musculoskeletal care.

A systematic review is on-going to assess the developmental strength, validity and reliability testing, and sensitivity to detect change on outcome measures in musculoskeletal care.

A survey will be undertaken to identify levels of awareness and current use of outcome measures in osteopathic practice.

A number of focus groups will be held with practising osteopaths to identify the information they would like to be collected via an online system, and what concerns/fears or barriers they perceive to exist around this innovation. Osteopaths will also be asked their views on the level of data analysis they feel would be useful for practice.

A number of focus groups will be held with osteopathic patients to identify what they regard to be acceptable concerning use of outcome measures in osteopathic practice, and what practical issues they might face in completing outcome assessments.

All of these stages are in process, and ethics applications (where relevant) are being prepared to move these projects forward. Each stage will inform the development of the database to make it evidence-based, and reflect due concern to the needs of patients and the profession.