Academy of PHYSICAL MEDICINE

Transcript

335 – Practice-Based Research Networks with Daniel Bailey

Steven Bruce
Good afternoon. Great to be with us for another 45 minutes of lunchtime learning. And what do we got for you today? Well, today is all about research and how we ourselves can play a role in that research. My guest is Daniel Bailey. He's a PhD osteopath. He's a research fellow at ncore, the National Council for osteopathic research. So obviously, the slant is going to be very firmly towards osteopathy. But really, it doesn't matter whether you yourself are an osteopath, like chiropractor, or physio, or any other health care professional, the topic will be useful because the principles can be applied anywhere. At least that's what I assume. So let's find out. Daniel, welcome to the show. I know we've been for quite a lengthy chat before the show started. But obviously, I suppose you better tell us what PBR ins are all about, first of all,

Daniel Bailey
so PBRN, or practice based research network is essentially a collection of clinicians or clinics who work together with an overseeing organisation, which in this case will be n corp, but might often be a university or the academic institution. And the purpose is to conduct research that is highly relevant to clinical practice. So particularly the clinical practice of those clinicians that are part of the PBRN.

Steven Bruce
So were those clinics have a common interest? Or would it just be a bunch of clinics who say, hey, let's get together and produce some data,

Daniel Bailey
a common interest in as much as they want to try and learn more about their own clinical practice, and gather more data, which is going to be of benefit to patients. But the exact topic of that research will vary. So PBRNs will continually be conducting different studies. So some studies may be of interest to some members, but not to all and so you can choose to take part in which ones you want. And the idea of particularly our PBRN is that the members themselves will have a say in what research we actually conduct. So they'll be able to say the things that they want to know more about their practice, and perhaps need some more information from and then we can try and design a study to get that information and provide those answers for

Steven Bruce
the for them. So those those clinics which are participating, they don't decide the subject of the research that's done by in this case in core is that there

Daniel Bailey
are two approaches that there's what's called the top down, which is where the university or ankle might say we want to do this research, please, could we use you or your clinics to gather that data? But then there's also the bottom up approach where we say to clinicians, look what's important to you at the moment? What answers do you need to clinical practice? How can we provide more information to help you with your patients? And then they give us those questions. And we'll try and turn it into a research study that we can conduct within the PBRN to get those answers. Have you got any of these going on at the moment. So I'm not with our PBRN. We're just starting that at the moment. And so there are other PBR ends that exist and studies are ongoing. But for the N core research network, which we're just starting, we just launched it at the I O convention. We're trying to get as much expression of interest from osteopaths as possible. And then the next step will be to send everyone who sends an expression of interest a survey. And the purpose of that survey is to gather as much information about our potential members as possible, so that we have an understanding of what the capacity of our PBRN is going to be. So do we have enough after your past with paediatric interest to conduct some research into paediatrics, for example,

Steven Bruce
which is desperately needed, isn't it? Because we're not allowed to advertise that we treat children?

Daniel Bailey
Exactly, exactly. Yeah. So we're hoping that the PBRN can start to address some of these issues. And so this survey is really going to help define what osteopathy is because it's going to be describing what osteopath to do. And so we can sort of say what patient groups are we seeing how often are we seeing them? How are we helping them and then we'll know what research is really feasible, but also we're aiming to publish that research outside of osteopathy so that we can read We start to communicate with other healthcare professionals and say look, this is what osteopathy is doing. This is what osteopathy looks like in the UK at the moment.

Steven Bruce
So I'm guessing this isn't the brainchild of Incore. I'm guessing these things have happened elsewhere. Have they got a proven track record of success?

Daniel Bailey
Yeah, absolutely. So they originally started in general practice. And it was really a group of general practitioners who were seeing lots and lots of children with Measles is sort of in the mid 1900s. And in that country, it was in Europe that the the paediatricians are saying, Look, you shouldn't be seeing these these children with Measles is very much a specialist thing. It should only be coming to the paediatricians. And so these GPS got together, they did some data collection to show really how much of their patient base was these children with measles to say, look, we have a really important role in in looking after this part of the community. And that was really the first kind of evidence generated in PBIS. To say, Look, this is the part of practice that's important to these patients. And but yes, they've they've existed in lots of other countries. For osteopathy. This will be the first one for osteopathy in the UK. There's one that's just been started recently for chiropractors in the

Steven Bruce
chiropractors have beaten us to it.

Daniel Bailey
They have, I believe, well, well done the chiropractors, I believe there's still yet to actually be any research started. But they have sort of begun with the infrastructure of a PBR and like ourselves, you know what the topic is for that. And so traditionally, the first study really is a data collection of the members to really get an idea of what your feasibility is. Because as I say, there's no point saying we want to do a study in paediatrics, and you find out you've only got one clinic who actually sees any children and you're PBRN so you really need to understand what your members are doing before you can start to design any studies. But Australia probably has the most successful one. They managed to get half of the profession to register for their PBR in in Australia. So this is an organisation called a Ryan. And there's a very successful chiropractic PBR in in America, that's probably some excellent research. So yeah, these exist for all forms of health care, dentistry, general practice physiotherapy medicine, and because the benefit is there collecting the data from the patients of the actual clinics. So it's going to be from the patient seeing osteopaths rather than a setting up a very artificial research study. In a university hospital, for example, where the patients that are going there aren't really like the patients we see in community based practice in osteopathy. So translating that research from a hospital based university study, to osteopathic practice can be quite difficult.

Steven Bruce
It sounds as though it's really talk about RCTs being the gold standard of double blinded, placebo controlled RCTs where we've been the gold standard in research, but of course, I've long sort of thought and I don't think I'm alone in this that say if you if you take a piece of research as well, what happens if you manipulate this joint that doesn't reflect what goes on in practice? Whereas this sounds like more of a pragmatic research where you say people come in and then they go out, did they get better? Rather than what did you actually do in the treatment?

Daniel Bailey
Exactly RCTs had their place but in reality, start to finish you're talking 10 years and at least a million pounds, and RCTs have their problems. You know, they don't necessarily always reflect what's happening in clinical practice. osteopathy is a very nuanced discipline. It has lots of subtleties. osteopath practice very differently even within one clinic different osteopath might practice differently. So trying to break down osteopathy into its component parts, and then investigate those separately, isn't ever really going to provide useful data to how an osteopath works in clinical practices that

Steven Bruce
make it equally difficult to do the research though, because if you take a dozen clinics, and you say, well, these clinics all treat children, you don't know that any of them treat in the same way. Some might be entirely cranial sacral. Some might do something else, visceral or soft tissue or even manipulation in some in some cases. Doesn't that mean that your research is not really going to be representative of what an osteopath, whatever that is can do for children?

Daniel Bailey
It depends what the purpose of the research is for if we're looking at research to really try and help osteopaths understand how their treatment is affecting children, then, yes, we need to be quite

specific about what techniques they're doing to try and really evaluate the action of those. If we're trying to produce research to take to funding bodies in government to say, look, this is where you need to be spending your money on on health care. They're just interested in the outcomes and whether people get better, they're less interested in how the patients got better. So we might just want to be looking at outcome measures of of improvement over time. The exact nuances of what treatment was done is not going to be important in that kind of research. It really depends on the focus. Simon has just sent in a related question and his words are like Nervous is a big ask, but I'd love to have some research done for baby treatment. My name is a difficult areas of research, but is there anything that can be done, but it doesn't sound like it's any more difficult than any other aspect of a PBRN. To me, whether it's babies or otherwise, I mean, the most challenging thing with research is always getting participants. You know, that's the that's one of the biggest challenges. But with a PBRN. The aim is that you've always got a source of data source of patient data and a source of clinician data. So if we have enough osteopaths that register, who we're seeing paediatric patients, then we have a resource where we can start to collect data. And it can be as simple as giving them a validated problem, patient reported outcome measure, you give it them at the start of the treatment during and at the end of the treatment. And then afterwards, we can analyse that data, and we can produce some nice valid data that says, Look, these patients did or did not get better during this course of treatment.

Steven Bruce
So I'm gonna use the term powerful is this research going to be I mean, in terms of your outcomes, is, do you think it's going to be enough to convince the general medical world let's take babies, which is an area of big contention, we're not allowed to say we can treat colleagues? So let's maybe there's a question we can think of for colic. And I know we first have to define what colic is, and which type of colic it is, and where it's that sort of stuff. How many people would you need to contribute, you think, to that sort of research to show something meaningful at the end of it either positive or negative?

Daniel Bailey
So I mean, for a PBRN to operate, we'd need

Steven Bruce
I've just got to stop because somebody said wants a PBRN. And we didn't say this at the beginning, we didn't care. So stands

Daniel Bailey
for practice based research network. Yeah. So it's research that's taking place in the kinds of practices that it aims to actually inform and provide

Steven Bruce
that will satisfy Paul who asked that question. And so

Daniel Bailey
the college research question, so yeah, what we do is we'd have to design a study. I mean, if you're talking about power in terms of statistical terms, then that's really going to come down to actual numbers of patients. And and that's something that you have to you have to calculate prior to a study. But, you know, a PBRN would need to have 15 clinics or clinicians across four locations in order to qualify as a PBRN. And that really is all it would take. Because if why is that number so

important, that's just the number that's been determined to be represented enough to create Besides, there's going to be of some some use, and that's the minimum threshold to be able to register your organisation as a PBRN. But

Steven Bruce
you could do 15 clinics within quarter of a mile of each other in London. Would that

Daniel Bailey
count theory as opposed to the difficulty then is we can't then start to generalise the results to populations outside of London. So ideally, we want clinics to take part in the whole country. And yet, we just need to choose how we want to measure progress in patients, there's likely to be various different validated measures to be able to track progress from the perception of how mum thinks they're doing to have the baby, you know, symptoms, monitoring changes in symptoms, and then we can produce evidence and publish that to show efficacy for osteopathic treatment. If, if, if that's the case, but because it's been conducted in the osteopathic practices, the way the Osteopath do it, there's probably more chance of it showing success rather than trying to create an artificial, artificially based study in a setting. That's not how care is actually being delivered. When

Steven Bruce
you say showing success, you mean success of the research, not necessarily the success of the treatment? Because we can't presuppose that, though.

Daniel Bailey
So you know, we can't, we can't conduct research to prove an assumption, we have to just conduct the resort research and see what results we get. But, you know, there's more chance that it's going to show the results that osteopaths would expect, if it's measuring the treatment as it's delivering in practice. As soon as you start to try and change that delivery, and you just say, Look, just do this one technique and we'll see if that one technique works, then then you're not actually assessing osteopathic care anymore, because, you know, there was so many different factors and you know, all these contextual factors of how the case delivered

Steven Bruce
your misconception that all we do is manipulate a joint click a joint

Daniel Bailey
you know, the caregiving begins as soon as the patient arrives and and all these things, particularly in something like colic where it's very much about the relationship between the parents and the child, not just the actual issues the child has, you know that the contextual factors of clinical practice are going to be hugely important there. Try and reduce that to just a technique. It's more likely to not have any impact as we are used to seeing the impact in clinical practice.

Steven Bruce
Yeah. How onerous is this going to be for the practitioners taking part and for their patients as well? And I asked because I remember when we had our long ago, we had our NHS contract, they wanted feedback on how things had gone and I looked at the Bournemouth questionnaire and I took a look at this now that I can't give that to patients because it's just it's it's a horribly complicated and daunting thing to fill in, it takes forever. The questions are probably designed by experts, but not

with the user in mind. So what we don't want is practitioners put off by the thought that I'm going to spend half my day doing paperwork to support this research.

Daniel Bailey
Absolutely. And we're acutely aware that that taking part in research is burdensome. If it's not your job, then it is very much something you're giving your time to do. So this is something we're really thinking a lot about as to how we can reduce that burden both on on osteopaths or clinicians and to patients. One of the things we're developing at the moment is a browser plugin, so a Chrome plugin. So this is a piece of software that sits in your Chrome browser. So when you open your clinico software, for example, that's the software we're working with the moment it will attach itself to clinic out. And with, obviously, your patient's consent and your approval, what it will be able to do is start to pull information from your patients clinical notes. So it will then also ask you to ask a series of additional questions. So for example, a pain score, how long the patients had the problem, what the location of the problem is, and what it can then do is it can match that data to existing data that clinic who is already collecting, such as date of birth, how many appointments they've had the patient's sex, for example. And within just a few clicks, and maybe 30 seconds of additional questioning, over a period of several treatments, we can actually start to collect quite a rich amount of data, which has been completely unbeknownst to the patient and probably taking you as a clinician an extra 30 seconds. And then the software will be able to send automated text messages to the patient to ask what their current pain score is every week, for example, so that data can continue to be to be collected without the Osteopath intervention.

Steven Bruce
Are you looking at other connected software than clinical? Yeah, so

Daniel Bailey
we've started with clinical because our research showed that this was one of the most popular ones. But as most of the clinic software is now sitting in the cloud, and are used through a browser, with relatively simple modification, this this existing plug in software should be able to use for be able to be used with lots of the software products. Have

Steven Bruce
you approached Jane because I have a particular interest in Jane being in this, this,

Daniel Bailey
we're still in, we've got the plugin up and running. And we're now going to enter a testing phase with clinic. And then once once we've got it up and running with clinic, I will be looking to roll it out to other other clinics, software packages. But that's just one thing that we're looking at the you know, some studies, it might simply just be having to hand a patient piece of information about the research study that they take away. And then the patient can can totally engage with that on their own time. And it the Osteopath will have nothing more to do with it. So there'll be a variety for those who want to get more involved. It might be that we get a small collection of osteopath, and we conduct a systematic review. So we actually start to look at data that's already been collected, but try and merge it into a more useful piece of research that helps inform practice and that might be more time consuming piece of work for osteopathy. We're interested in learning a bit more about research. But for others, it might be as simple as handing out a piece of information to the patient's takeaway for them to consider if they want to take part. Are

Steven Bruce
you finding it difficult to attract practitioners into the research world?

Daniel Bailey
I think research is always a challenge. We did some background research where we did three focus groups with osteopaths around the country and we explored the barriers and facilitators to a PBRN. And I think what came across was a lot of people had had negative experiences of research at undergraduate level. I think, you know, when you're trying to be an osteopath, you want to be an osteopath, because you want to do clinical practice. And what you don't want to do is spend your time doing research. And so I think research lectures, were always a challenge for undergraduate students because it wasn't why they were there. They often weren't delivered by osteopath, so they weren't really made relevant to osteopathy. And so I think a lot of people get turned off research at a very early stage. It's

Steven Bruce
also such a hugely complex topic, isn't it? I remember when I embarked on an MSc sappy, didn't complete because there was various reasons. But I mean, one of the big topics and there was about assessing research and understanding the hierarchy of the different studies and how the data could be manipulated or influenced, and, and all that sort of stuff. The statistics alone is a specialist subject, all of that is enough to put people off, isn't it?

Daniel Bailey
Absolutely. And even now, you know, my statistic ability is very poor. And, you know, for for big studies, we will we will have to get in expertise to run the statistics, so we're certainly not expecting any osteopath to have to be doing anything along those lines. We really want the Osteopath to be a gateway to accessing their own data because we're interested to extract data about clinicians but also access to their patients because you know osteopathy in the UK has such a rich source of data from all its patients and it's quinine, which we're not really doing a lot with at the moment and it can benefit the professional enormously.

Steven Bruce
Joe has asked if we were to register to a clinic for PBRN and joson. She says that they're in your small, six or seven osteopath clinic, would you provide everything they needed eg the problems to give the information out that's needed? Absolutely.

Daniel Bailey
So you would register as an individual rather than a clinic. So you register, you go to the ankle website, and you just leave your name and email address, and then you're essentially entered into our database, and then you will receive the initial survey, so not very much needs to be done as an individual. So if everyone in that clinic wants to register, fantastic, but we'd only send one survey to one email address if they were to register. But yeah, that's simply an expression of interest. And then what that means is after you get the survey, if you complete the survey, you're essentially enrolled onto the PBRN. And then that means you're going to be involved in the communication about how research is going to take place, and you'll be invited to take part in studies. If you choose to take part in a study, then any training that's needed will be provided. And obviously, any resources that are needed are going to be

Steven Bruce

provided to in terms of juice clinic, whether it's six or seven people if Joe is the only one who fills in the form, that doesn't mean that the others won't be part of the research when it goes live, as it were. If they're if they've got cloud of cloud system, for example.

Daniel Bailey
Yeah, I mean, ideally, we'd like all six of those osteopath to register so that we can gather data on them as well, because they're all going to practice slightly differently have different areas of interest. And so that will just help inform our capacity as a PBRN if we know exactly what those six osteopath are doing. But yeah, if if the if it was it Joe registers, then yeah, if you will receive the information, and hopefully all the Osteopath want to get involved because that means you know, we'd be gathering a lot more patient days, which would be great. But yeah, I'd encourage osteopath to register individually if possible. Okay.

Steven Bruce
Perhaps one obstacle is the thought in the back of each practitioners mind Oh, my God, someone's gonna see what I'm doing. And I will be criticised for not being good enough. Because we all suffer from that, don't we that impostor syndrome? Is that is that a risk we run?

Daniel Bailey
In now? And but this is something that came up when we did our background research. Yeah. And there is a slight feeling of vulnerability that you're opening yourself up to this assessment. And, you know, not all the research is going to be about evaluating the effectiveness of treatment. We, we might do some research on whether osteopaths are at risk of burnout, for example, and we might do some surveying of Osteopathic practice, or the suggestions have been looking at why do patients discontinue treatment? So we'd actually be more looking at the patients and you know, Why have you stopped or how do osteopath determine the intervals between treatment appointments? So it's not all gonna be about effectiveness? And you know, who's to say what's right or wrong anyway, so we're really looking at the osteopathic practice to see what's actually happening and, and then we can look at what works and what doesn't. And if something isn't working that you're doing, then you know, I would think it's much better to be there made aware of it, and you can you can do something about it, but there's certainly going to be no criticism or, or blaming and shaming. That's that's certainly not the purpose.

Steven Bruce
And obviously, everything is confidential. At this stage. Let's say that we did a broadcast only a week ago on complaint against an osteopath, in the event that there's a complaint raised against somebody whose model the study, Could any of the data that you have gone to be required for investigation, or would it be of any use to them

Daniel Bailey
now everything would be given anonymously. So patients would only be given data anonymously, if osteopaths are being surveyed, they're not going to be provided anonymously. Now,

Steven Bruce
I'm gonna turn to the dinosaurs. Ashley, who obviously lives in a cage and beating off the cave beating off the dinosaurs from day to day system. So he actually, he says he doesn't use clinic software. He just does everything on paper, and lots of people do. Is that a bar to entry?

Daniel Bailey
No, absolutely not. So, you know, we have other than the initial survey, there are currently no studies planned. And it may be that a study would run for three to six months, it might be we have a couple of studies running at any one time. So the potential is there are going to be, you know, 123 or four studies a year that are running, and you will have the option to take part or not in any or all of those studies. So if it's a paediatric study, then obviously we're only going to be looking at osteopaths who have paediatric patients. If we do decide to use the plug in software, then yes, that might only be available to clinical users. But you know, this isn't just going to be one study, this is hopefully going to be multiple studies over a period of years. So some studies, you may be eligible for others, you may not, but they're all going to be voluntary as to whether you take part anyway. But then

Steven Bruce
I guess for those practitioners who are still on paper notes, it simply means that they will have to write something in addition, as opposed to letting the software send the data to you.

Daniel Bailey
Yeah, so you know, if we were purely doing a plugin based study, it may be that we would, we'd only be able to use clinico software uses at this point, and it might be the, you know, that's one of the questions in this survey, What software do you use, and if we only get three people come back or use clinico. We know that that study is not viable and so we'll have to design different studies. That's why this initial survey is so important because it really gives us the feasibility of what we can conduct. But know that there are many studies in which it wouldn't matter whether you had computerised software or not, it might be handing out a questionnaire to a patient. It might be the Osteopath completing a questionnaire because we're actually interested in data from the Osteopath. So there'll be many studies that they'll be able to be involved with and computerization of notes won't be a barrier.

Steven Bruce
I was just wondering as you would as you were talking about all that whether actually, there might conceivably be a difference between osteopaths who use software, and osteopath to do everything paper based, I don't know in the, in any part of their practice their outlook or the way they do business, you know, maybe maybe it takes longer during an appointment to fill in the paper, maybe you have more eye contact with a patient if you're writing rather than I don't know if that will influence the results. But the other question is, isn't there a lot of opportunity for the people providing the data to skew the results they get? Because we all want our clinics to look successful?

Daniel Bailey
That's always a risk. And that's something that weighs as the Organising body is the sort of academic involvement would have to look at in the design of study. So we're always looking at risk of bias. How can these results be affected? How can this data collection be affected? So yes, ultimately, it might be that for example, in the plugin, there is an option where you have to choose what your patient's current pain score is. And so maybe you could exaggerate the pain score or minimise the pain score to show an improvement. But, you know, we would design the study in such a way that there was no real benefit to the Osteopath in doing that because it would be data collected completely anonymously, no one would know it was their patient, which patient it was, or there was them, so there'd be no real benefit in them doing that. So we try to eradicate those sorts of risks through the design of the studies.

Steven Bruce
Yeah. salami. Olivia says, How long will the project run? I'm guessing she means each individual study, because assuming that you can get enough participants then PBRNs will go on indefinitely. Yeah,

Daniel Bailey
so the hope is that the PBRN will just be a permanent fixture from now on in. And you know, it may be that the membership profile changes people may choose they leave more people will join, and what what's called subsidies will continue to roll out you

Steven Bruce
selling it to students as well, at the moment you're getting into the college. We're exploring

Daniel Bailey
that because obviously, at some point, these students are going to become osteopath. We want them to be members of the PBRN. And it may be that we conduct some separate studies within the osteopathic education institutions, but they will be distinct studies. But now we'd encourage students osteopath to register as soon as they graduate. But at the moment, we don't have a separate facility for students to register, but we are in discussion with the FBI to do some separate research. But the Legos, the osteopathic education institutions, the colleges? Sure. So to go back to the question, the length of this, there'll be lots of separate studies and how long they take will vary. So if we do a systematic review with a group osteopath, that will probably take about six months, if we were doing more of a kind of longitudinal study looking at patient progress over a period of three to six months. Then once you start analysing the data afterwards, you perhaps looking at more of a 12 month study. But the osteopathic involvement of that might have just been for the first three months handing out information to patients and say please take part in the study. We then sort of do the heavy lifting of statistical analysis and writing research papers and disseminating it

Steven Bruce
isn't one of the challenges of this, however, that a lot of research studies compare this treatment with normal treatment. All you're going to get from this is what happens when people come to osteopaths you won't know whether it's better or worse than what happens when they go to see a chiropractor, or their GP or a physiotherapist or a sports massage therapist. How do you get that sort of data so that patients get the best treatment?

Daniel Bailey
Yeah, so that would be more along the randomised controlled trial design that you're discussing where you're comparing different arms of a trial. So you'd have a no treatment or a standard treatment versus an intervention. And that's very much an RCT. And these will be more observational studies, longitudinal studies where we're really just following patients over a period of time. Or there might be surveys wherever either surveying patients or surveying osteopath. And because a lot of tools are available now. And these tools are often the patient reported outcome measures or proms. They're essentially questionnaires really, but they've been validated, which means that the questions are actually measuring something tangible and reliable, that can be repeated. So often will use the same tools that have been used in other studies. So we actually get comparable data and we can say, Well, look, the scores in this study, were favourable to the same

tool used in a different study for different interventions that there is the ability to compare across interventions by using these validated tools.

Steven Bruce
You mentioned the term observational study there and of course, whenever I read With any researcher, the first criticism that will come up is this as an observational study, therefore it is at the lowest end of research material is that your perception of observational studies or these new tools make it a little bit more substantial. Yeah,

Daniel Bailey
there is a hierarchy, there is a hierarchy, with systematic review sitting at the top. And so, you know, systematic reviews are something we'd be looking at doing. And that's where you sort of bring together lots of separate research studies, whether that's lots of separate RCTs or systematic reviews, lots of similarities. Yeah. So as you can see systematic reviews sits at the top of the hierarchy studies and these kinds of observational studies or cohort studies, and then the number five, a little bit a little bit

Steven Bruce
lower, some people won't be able to read this sort of systematic reviews here critically appraise topics, critically appraised individual articles RCTs. I didn't realise RCTs would be so low with low down to be honest. Then cohort studies which included observational studies, case control studies or reports and then background background info an expert or premium Yes,

Daniel Bailey
yeah. So that's not to say that they don't have value just because they said lower down in the pyramid. And, and that's not to say that they're not going to bring useful clinical information. And the you know, the issue with randomised controlled trials is they conducted in a setting that is not the same as where the care is actually delivered. So immediately, they lose that generalizability to osteopathic practice. Whereas if you've conducted the research in an osteopathic clinic, it's highly translatable to osteopathic practice and you can immediately read the paper and go yes, that's how I practice that's going to make a difference to what I do is as a clinician, and

Steven Bruce
when you say systematic reviews, are we talking Cochrane style?

Daniel Bailey
So Cochrane is a very high quality systematic reviews that focus on clinical topics. So yeah, they can be sort of seen as the gold standard of systematic reviews, if you like. But no, not all systematic reviews are Cochrane Reviews. So essentially, you would ask a clinical question, and then you would search the available research. And then you would try and bring all that available research together to answer that clinical question. So ultimately, the PBRN has has two options. We can either go out and gather new data from our from our members, or we can use our members to help examine existing data in the form of a systematic review, to try and answer a question that's meaningful to them as

Steven Bruce
clinicians. Yeah. More questions from the audience, if I may, Nikki says you can shorten the form of questionnaires or focus on key topics, which makes it easy for parents and clinicians. And he had to

do that for another research product project. And that's fair enough because that's exactly what I did for our NHS problems. I just looked at the form of questionnaire and turned it into a what I thought was a much more sensible reporting mechanism. Kim says, I think a recent research on hip problems for example, in the hip presents with pain to an osteopath, and which presents with a problem on X ray. And if the treatment of an osteopath treating the pelvis improves the outcome. So an idea from Kim, they're looking at different aspects of examining your hip and treating hip. I guess it's early early days, we're just not proposing topics for the reviews, we need to get all the names on the list first.

Daniel Bailey
That's it. But now we want people to think of things we want people to suggest ideas because you know, the purpose of the PBRN is is to benefit osteopaths. And so it's no good as producing research that osteopaths have no interest in. So we do want to make this for its members. But yeah, we will have ideas as well to offer and it's because of the rich data that osteopathic practice has in the UK. It's also very desirable to external research bodies as well. So as I said earlier, the hardest thing in research is getting participants. So there will be lots of research organisations, whether that's in public health, musculoskeletal services, who potentially would like to use the osteopathic PBRN to gather information for their own research studies. And the benefit of this is that they're going to be disseminating that research to a much wider audience than just ask the opposite. And so this helps to communicate what osteopathic practice is doing in the UK to a much wider audience which helps to promote the profession. And that's worked really successfully in Australia with the PVR. And they've got over there as much research done there is actually through non osteopathic research organisations as it is osteopathic

Steven Bruce
given that you aren't going to get 100% of the profession to enrol in this. Once you're you have a target number two make this a worthwhile project.

Daniel Bailey
So as I said, the baseline is 15 osteopath across four locations, but we know we'd hoped that we get many more than that we could. We've currently had around 100 expressions of interest. We will send surveys to all of those and then the number of surveys we get back is really how many members we're going to have. So obviously all those 100 Probably won't return the survey. But even if 50% did we've got enough have to start to conduct meaningful research.

Steven Bruce
And we'll put this up on the screen as well. But in order to register interest, people need to go to n corp.org.uk, forward slash PBRN. And that's just an expression of interest at this stage. But we have the merrier, this is going to be in the

Daniel Bailey
know coming commitment, you leave your name, you leave your email address, you'll get a registration email back, and then you'll probably get a newsletter about where the projects up to within a few weeks. And then as soon as we've finished designing the survey, testing, it got ethical approval, we'll distribute the survey, hopefully, early part of next year. And then it'll be quite a lengthy survey, because there's a lot of information we need. And then we'll let you know, if you've completed and return that survey, you're effectively enrolled on the PBRN. But there's still no commitment, you know, it's still optional to take part in any of the subsidies.

Steven Bruce
I do hope you if you can keep us informed here at a pm about it. Every time we get the opportunity, we can push this stuff out. Because you've talked about people getting newsletters as well, we all know that an awful lot of that stuff will go straight into spam and will never be seen. So anything we can do to help raise it. So his profile, we'd be very happy to help with that. I got a question from Christina, and here who says all their safeguards if the internet is lost for a period of time, and I suspect that that's not going to be an issue, but you will have she's talking about you're getting data from clinico and perhaps other platforms?

Daniel Bailey
Yes. So the any, you know, the data is recorded live, and then it's stored in secure servers. So you know, as much as if you lose internet connection in your clinical practice, you can't access clinico, then obviously, you're not going to be able to upload and load data. But once that data has been collected, it's safely stored. So yes, an internet, an internet loss would mean you couldn't collect data. But any data you'd already collected would be perfectly safe.

Steven Bruce
Well, I imagine clinic goes the same, but I know that with Jane, if the internet were to go down, you can carry on writing your patient notes. Obviously, you can't refresh your diary and things like that with new patients. But you can refresh it, you keep going keep writing your patient notes and collecting the data. And as soon as the internet is restored, then it all gets uploaded to the cloud. So it wouldn't be lost, it would just be delayed.

Daniel Bailey
That's it. Yeah. So these are the sorts of things we need to test in this next phase with the with the plugin. But again, that's just going to be one option that we've got for the subsidy. So that's not to say that all studies are going to involve this. But you know, each study will be different and involve different elements. But this was just one thing that we wanted to design to reduce the burden of data collection on the Osteopath, because we know that's a real off putting concept. Do

Steven Bruce
you happen to know where chiropractors would go to register their interest for their own PBR. And

Daniel Bailey
the acronym for it is crunch. And if you Google that chiropractic PBRN crunch, then you do get taken to the website? I'm not sure. And I think you can, I think you can register there and not some PBRNs have a closed registration period where you have to register within a certain time, and then they might open that up again, others it's just open registration constantly. So I'm not sure of the exact structure of who's running this. I don't know. I think it's attached to one of the universities, one of the institutions that teaches but it's pretty easy to find on Google.

Steven Bruce
We had some chiropractic researchers on the show some time back and I think I mentioned crunch then. It is quite a king. He's quite

Daniel Bailey
embryonic at this point.

Steven Bruce
Well, hopefully the registration is still open then for that. Yeah, I will try to find out and I'll send it out in an email tomorrow together with a handout of your slides of which that was only one that we saw a minute ago. Yeah. And links to doing all this. While we're on the topic of chiropractors, what what's the state of play in research between osteopathy and chiropractic? And take this wherever you want to go with in

Daniel Bailey
terms in terms of do you mean, collaboratively or?

Steven Bruce
Well, you and I were talking before we went live that actually there's going to be probably a lot greater collaboration between certainly the U Co. And what is currently I didn't even the ACC anymore as we've got another LEC letter in the acronym Health Sciences. While they were there give me a new name. But But since they became a university, they become a something else, the chiropractic college in Bournemouth and UCL from London, there's going to be a greater collaboration with them for whatever reason, potentially potentially, there's

Daniel Bailey
going to be a merger. And hopefully what this will mean is that there is additional resources, particularly with research, you know, that only means greater strength in conducting research. And as a lot of the aims and objectives of research in chiropractic and osteopathy are going to be closely aligned. It will hopefully open up more research opportunities with those two successful organisations where strings

Steven Bruce
and numbers and as I've said to you, and as I've said to our audience over many, many occasions, while I don't I don't think osteopathy and chiropractic are exactly the same. There are so many similarities, we should be working much more closely together than certainly the tutors that my own colleagues suggested when I was there when it was like there was quite a bit of hostility towards chiropractors, which I think He's

Daniel Bailey
certainly the patients that they see have a lot of similarities are identical and really the patients that we're interested in

Steven Bruce
and so yeah, and there are plenty of patients to go around. So we shouldn't feel too threatened by these things should we? Claire has asked how the system would work with abbreviations would note needs to be written out in full if they're going to be taken up electronically.

Daniel Bailey
So what I mean, as far as the plugin goes, what the plugin actually sucks out of clinic out is only the standardised information. So its date of birth, it's the dates that the patient attended for the appointment. And the plugin then presents you with a series of questions that have dropped down menus, because we need to take standardised data. So now it's not going to be sucking up your clinic notes and information that you've typed in, it's only going to be extracting very standardised digital

scores for pain or outcome in some way. Exactly. And then it offers us some additional questions, which is just really simple drop down menus. Currently, it's pain score, one thing we're looking at is what healthcare professionals the patient has seen before they see the Osteopath, because that's something we're quite interested in. So there's a little drop down option there, what their current pain scale is, and then that gets asked every time so that we can obviously see how the pain scale improves through the course of the treatment, what location in the body their symptoms are. So this just standardises the kind of information you're already taking. But it just makes it very easy, standardised form, and then what we're also adding on to that is a dashboard. So what this will do is it will present all the data that you've taken using the plugin in a really simple dashboard format, which is going to be great for clinical audit. So it will say, you know, after you've used it for a couple of months, it'll say, there'll be a nice little pie chart that says this is the breakdown of your patients, you know, 30% have knee pain 40% back pain. And then this is the trajectory of their pain scores, the average pain scores over six months. And

Steven Bruce
this is fantastic, isn't it? Because it helps with that irritating objective activity that we have to do in clinic. It's an objective activity done for bang, there's your so another great, great outcome from this. I've got a long question or a long observation, I don't know which yet from Peters field. Whoever it is, it's Carolyn, Carolyn says my practice has been receiving a good referral rate from the midwifery team at a local hospital for the pandemic to now, patients preferred infants presenting with latching and circling issues, which may or may not include tongue tie and the need for assessment, her practice, which our practice does, she attended the Incore PBRN demo trial day at Oxford during 2022. And I've had some wonderful support from any call since thank you to Dr. Jerry and Carol forks. In helping me to develop a study practice based research. I'm not yet there, but almost a little further help almost almost a little further help required please. So it's a bit of a shout out for em core and and that type of research and the help that they're going to get from you guys in getting this stuff done.

Daniel Bailey
But anyone who's interested in doing research, whether that's with the PBRN or not, they can approach and in court and you know, that's part of our remit is to give support to osteopaths who want to conduct research. And so we often support individuals, such as the one you just talked about, who are conducting their own research, but, you know, we'd like those individuals who are interested in research to be part of the PBRN. Because, you know, the the questionnaire that we're sending out will ask a lot of questions that would be really useful. So we asked around, do you receive referrals from other healthcare practitioners? So yes, that would be a really interesting clinic, they're getting a lot of midwifery referrals. So that would then open up a whole set of studies we could conduct about working with midwife teams, for example. So that's why that initial survey is so important, because it tells us what we can realistically achieve. Yeah. Well,

Steven Bruce
you know, I've never treated babies myself, really, really things but I can't help I can't help feeling quite excited about the the opportunity that we might finally get some research, which hopefully will show that our treatments work. But one way or another, we might come up with an answer to this age old question of whether the intangible stuff that practitioners do with tiny children that is actually beneficial to them. You know, in everything I hear from paediatric osteopathy is that yes, the outcome measures are good, but we haven't got anything to satisfy the wider medical community. And we

Daniel Bailey
know it is it is a challenge. And a lot of it comes down to the design of the study the tools that you use, how are you measuring that progress, but also how the care was delivered? It was the care actually delivered in a way that it's delivered in clinical practice. And

Steven Bruce
actually, the requirement from the Advertising Standards Agency is that you can claim somebody on your website provided your evidence to back up what you do. Well, this is the evidence that we need for that. And for other things. There are lots of things we're not allowed to say we can treat on under Advertising Standards rules, but yeah, very quickly, is there anything else that we haven't covered in this discussion that you think is important

Daniel Bailey
to know? I think we've articulated most things, but I think you know, there's such a diversity of osteopathy in the UK. Really, we want to say that if if you want what you do as well To pass, they'd be represented in how osteopathy is discussed and articulated to the profession, the public and, and wider healthcare world. And please get involved with the PBRN will push

Steven Bruce
it for you definitely. And we'll make sure that the link is available. Thank you, Daniel. That's been it's been great, very informative. Indeed, I didn't think I would enjoy discussion about research, but I really have it's been great. Hopefully, that's also provided some food for thought for you. If you think it's something that you're prepared to help with, then do follow that link is on the screen that n cor.org.uk forward slash PBRN. I mean, this could be really profession changing for us and we will find out the link for chiropractors, I'll send that out as well. You know, this is about bringing our practices our treatments, our disciplines together rather than driving wedges between them. Bear in mind as Daniel has said, you will only be registering your interest at this stage, you're not committing yourself to anything. You really could be doing something useful to help the profession.