# Beyond undergraduate research: the case for audit or prospective clinical trials becoming a compulsory part of Osteopathic post graduate Revalidation

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Osteopathy (alongside other manual therapies and healthcare) is joining an increasingly regulated and evidence based medicine world

- Regulation: Is this a good thing?
- Evidence is useful – backs up claims
- Regulation is here to stay
- BUT – Osteopathy is currently not a great fit in an Evidence based medicine world

February 2007, WHO undertook a Consultation regarding the WHO Guidelines on Basic Training and Safety in Osteopathy.

The report – "Benchmarks for Training" was finally published in 2010.

The International Osteopathic Alliance (OIA) have just published their Stage 1 Status Report on osteopathy (Mar 2012) One purpose was to ensure high national standards for training and practice of osteopathy throughout the world – standard curricula, core competencies, practice standards

FORE and EFO are working on developing a European Standard with CEN (European Committee of Standardisation) to collectively develop and agree EU-level standards on services, like a 'CE' mark shows a service conforms to the European standard (Conformité Européen).

Once OIA publish their Stage 2 document, which will include "practical evidence" for osteopathic treatment, will this make it harder for us to practice outside of what there is currently evidence for?

- GPs do things they have no evidence for – eg: neck pain – no proven drugs
- Osteopaths can do things we don't have evidence for
- BUT we can't tell people what that is!
- In UK, no claims on ANY transportable or web based medium (eg: for treatment of colic) unless we have evidence (Advertising Standards Authority, UK)

Majority of pharma / medical device trials funded by industry
Trials for physical / verbal therapies, surgery, lifestyle advice funded by university (PhDs) and by government funding

## Who does Osteopathic research?

- educational establishments – students, staff
- organisations (Sutherland Cranial College, National Council for Osteopathic Research)
- individuals

- UK + European osteopathic schools have traditionally been independent / isolated
- UK physiotherapy schools traditionally within medical / hospital environment
- More physiotherapists do PhD's than osteopaths in the UK
- USA: greater tradition of osteopathic research ? more traditional medical environment

Clinician-scientist programmes were established in the UK in the mid-1980s to support clinically orientated individuals performing basic research.
This initiative was launched by the UK government to allow clinicians to develop postdoctoral research programmes while simultaneously engaged in clinical practice – we have one Research Fellowship in the UK.

## How does undergrad research affect publication rate?

- Has teaching undergrads or post-grads research methodology had an effect?
- Has post-graduate research publication improved?
- Does an MSc qualification have any effect on publication of papers?

- Sutherland Cranial College ran a "digging for gold" study day to enable practitioners to develop tools for critical appraisal and publication of case study reports
- SCC followed this up with further articles and offers of support
- To date – no case study published as result in peer reviewed journal

## We are not that good at doing / participating in research

Licciardone, 2007:

- 1997: "evidence base for OMT was virtually non-existent"
- As of end 2006: ClinicalTrials.gov database identified 6 ongoing RCT involving OMT and 5 trials completed or no longer recruiting subjects

### Fawkes, June 2011

- International Cranial Academy presentation and NCOR OCF research summary
- Paucity of RCT's, cohort studies, single case studies or case series

### Jäkel & von Hauenschild

- J Am Osteopath Assoc. 2011 "Therapeutic effects of cranial osteopathic manipulative medicine: a systematic review"
- Strict inclusion criteria: only 7 RCT's and 1 observational study found

### Hollis King, Aug 2012:

- JAOA editorial "much more research has been done that suggests benefit for the clinical application of cranial OMM"
- only quotes 4 extra research papers plus 2 papers by Viola Fryman

### clinicaltrials.gov 2012

- search term "osteopathic" in intervention field identified 49 ongoing / completed / no longer recruiting subjects clinical trials involving OMT from Sept 2007 to date

### ESO, BCOM, BSO list published papers by staff

- Considerably more than 50% of these were presentations at conferences with little constraints or on aspects of anatomy, dietary interventions or other
- Few were publications in peer reviewed journals

### In 2004, the NCOR used their SDC tool to survey the UK osteopathic community

- < 10% voluntary participation rate (342 practitioners (9.4% of the UK profession)
- SCC modified SDC: all mSCC members and pathway students invited to contribute
- SCC – response rate of 30% (79 osteopaths)

### SCC data collection exercise:

- Good survey response rate compared to many
- BUT: highly motivated group with pressure from ASA

## The solution?

- lack of funding
- hard for individuals to contribute if self employed
- hard for individuals to take on PhD or significant research – little support

Engendering evidence

- contributing meaningful clinical data should become a compulsory part of osteopathic revalidation
- this can be done simply and cost effectively

## The future

- if we maintain the status quo, then we will have a very slowly growing data pool
- this may eventually affect the way we practice osteopathy
- a small evidence base is already having an effect on physiotherapy practice in the UK
- Osteopathy is likely to be brought under the same umbrella as physio for regulation
- In the UK, we can't claim to treat certain conditions – this has already affected how patients perceive us and who comes for treatment
- In the UK, health insurance companies are already attempting to dictate treatment (BUPA)

if contributing meaningful clinical data is made a mandatory part of revalidation – then osteopathy's future might be very different

Comparisons with other industries:

- low level laser therapy
- cognitive behavioural therapy
- acupuncture

**We need a radical solution:** consider compulsory contribution of clinical data as a possible 'emergency solution' until there is both sufficient clinical data to data-mine for evidence and there are more traditions of publication by osteopaths in peer reviewed journals