

Institution: University of Brighton
Unit of Assessment: A3 Allied Health Professions, Dentistry, Nursing and Pharmacy
Title of case study: Advancing policy and practice in the physiotherapy and osteopathy professions ICS [4]
1. Summary of the impact

The University of Brighton's sustained musculoskeletal research programme has, through the development of novel standardised data collection tools, improved data capture, communication, policy and business planning at local practitioner level and at organisational/regulatory body levels (e.g. Physio First, the private physiotherapy practitioner group of the Chartered Society of Physiotherapy (CSP) UK and the General Osteopathic Council (GOsC)). Secondly, research findings from a study exploring patients' expectations have significantly informed the recent revision of the GOsC's osteopathic practice standards and a new revalidation scheme for osteopaths. Thirdly, as a result of studies identifying research priorities for the physiotherapy profession, changes have occurred in the direction and focus of research funding applied by the CSP's charitable trust.

2. Underpinning research

MOORE has led on the development and use of a range of standardised data collection (SDC) tools for musculoskeletal clinical practice over the last 18 years. Work has focused on physiotherapists in the NHS and private practice as well as osteopaths in private practice. The SDC tools were developed using consensus (nominal group) techniques, followed by a series of comprehensive pilot studies validated by in-depth data collection and analysis work in each case. In addition, clinicians' experiences of using the tools have been captured using qualitative methods.

Early work in the mid-1990s was carried out within an NHS Trust in the south of England, together with 14 collaborative trusts. When the tool was developed, it was utilised for audit purposes by physiotherapists across the south east of England. Five full reports of SDC work between 1996 and 2010 were published on the University of Brighton's website immediately following each study completion and individual reports were circulated to participating NHS hospital trusts for information and use. This highly innovative work led to investment in a programme of work by Physio First, which has approximately 4,200 members in the UK. A set of new tools was then developed for the organisation, which has since been utilised for eight national snapshot surveys (available to Physio First members).

A profession-specific standardised data collection tool was developed using similar principles and processes for the osteopathic profession between 2008 and 2010. Following piloting, a national survey took place where 1,603 data sets were collected from 350 osteopaths across the UK, utilising the developed osteopathic-specific tool [reference 3.1]. A full report on this work was published by the General Osteopathic Council on its website in September 2010. In each case the data generated from the use of the SDC tools and in the range of snapshot surveys has been used by professional organisations, for example, Physio First, and in the case of osteopathy, has been used by the regulator GOsC. The development of the SDC tools in each case has been seen as the foundation for future research developments, as the data collected identified a cluster of research questions that need to be answered in each of the disciplines.

The identification of highly relevant research questions was important in relation to MOORE's roles as, firstly, Chair of the National Council for Osteopathic Research (NCOR) between 2003 and 2012, and her leadership role as Director of the Allied Health Professions Research Network (AHPRN) from 2004, together with her Research Lead position at the Chartered Society of Physiotherapy from 2008 to date.

A related study carried out between 2009 and 2010 and funded on a competitive basis by the GOsC consisted of a mixed methods approach exploring patients' expectations of osteopathic care in private practice. The study commenced with an extensive systematic review of the literature followed by a number of qualitative interviews involving a range of patients across the UK [3.2]. Both components informed the development of a survey tool to gain wider information about patients' expectations of osteopathy. The survey tool was piloted and the tool was then

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used to collect data on patients' expectations from 1,700 patients across the UK [3.3]. The full report of this study was, however, published much earlier on the GOsC's website in May 2011 and some of the findings were utilised earlier by the GOsC following discussions during group meetings with key stakeholders.

Acknowledging the need for more rapid growth in the evidence base supporting physiotherapy practice, MOORE collaborated with Rushton (Birmingham University) between 2007 and 2009 [3.4]. Utilising a Delphi process involved experts from 22 member organisations worldwide belonging to the International Federation of Musculoskeletal physiotherapists (IFOMPT). This project set out to identify a set of researcher priorities for the international community of musculoskeletal physiotherapists. A follow-on project was carried out to develop a set of research priorities for the physiotherapy profession within the UK [3.5]. The study again utilised a Delphi process, this time involving experts from the 46 speciality areas within physiotherapy, together with patient and user representatives. MOORE (in her role as Research Lead for the CSP), Rushton and Rankin (Research Officer for the CSP) collaborated in the project. Four expert panels and a total of 200 expert practitioners, users and other stakeholders, took part in the UK-wide study. Priorities were developed for cardio-respiratory, neurology, musculoskeletal and health and wellbeing areas of UK physiotherapy practice. A total of 127 research priorities were developed for the profession UK-wide. The study took place between 2010 and 2011 and a full report was published on the CSP's website in 2011.

Key researchers:

Liz Bryant:	Research Officer (Aug 2004–July 2006), Research Fellow (Aug 2006–to date).
Vinette Cross:	Senior Research Fellow (Sept 2005–to date).
Carol Fawkes:	Research Officer (Feb 2004–July 2012).
Matthew Hankins:	Lecturer (Feb 2000–Aug 2002), Senior Lecturer (Sept 2002–Mar 2005).
Janine Leach:	Senior Research Fellow (May 2004–Dec 2013).
Anne Mandy:	Senior Lecturer (Aug 1991–Aug 1999), Senior Research Fellow (Sept 1999–Aug 2005), Principal Research Fellow (Sept 2005–Mar 2009), Reader (Mar 2009–to date). Director of Postgraduate Studies (Sept 2011–to date).
Ann Moore:	Principal Lecturer (Sept 1991–July 1998), Professor of Physiotherapy (July 1998–to date).

3. References to the research

- [3.1] FAWKES, C.A., LEACH, C.M.J., MATHIAS, S. and MOORE, A.P. (2013) A profile of osteopathic care in the United Kingdom: a national pilot of standardised data collection. *Manual Therapy*. DOI:10.1016/j.math.2013.09.001. [Quality validation: leading peer-reviewed journal].
- [3.2] CROSS, V., LEACH, C.M.J., FAWKES, C.A. and MOORE, A.P. (2013) Patients' expectations of private osteopathic care: a qualitative study, *Health Expectations*. DOI:10.1111/hex.12084. [Quality validation: leading peer-reviewed journal].
- [3.3] LEACH, C.M.J., MANDY, A., HANKINS, M., CROSS, V., FAWKES, C.A. and MOORE, A.P. (2013) Patients' expectations of private osteopathic care in the UK, Part II: a national survey of patients. *BMC Complementary and Alternative Medicine*, 13 (122). DOI:10.1186/1472-6882-13-122. [Quality validation: leading peer-reviewed journal].
- [3.4] RUSHTON, A. and MOORE, A.P. (2010) International identification of research priorities for postgraduate theses in musculoskeletal physiotherapy using a modified Delphi technique. *Manual Therapy*, 15 (2), pp.142–148. DOI: org/10.1016/j.math.2009.09.003. [Quality validation: leading peer-reviewed journal].
- [3.5] RANKIN, G., RUSHTON, A., OLIVIER, P. and MOORE, A.P. (2012) Chartered Society of Physiotherapy's identification of national research priorities for physiotherapy using a modified Delphi technique. *Physiotherapy*, 98(3), pp.260–272. DOI: 10.1016/j.physio.2012.03.002. [Quality validation: leading peer-reviewed journal]

4. Details of the impact

Impact of the standardised data collection projects: Individual practitioners engaged in the original piloting of the SDC tool have continued to use it in their practices as evidenced by statements from private practitioners. Since its development, the tool has been adapted and used by MOORE, BRYANT and Olivier for eight UK-wide snapshot surveys. The impact on the individual practitioner participants was explored in a series of qualitative interviews that showed that the use of the tool enhanced reflective practice, identified continuing professional development needs, improved goal setting with patients and was useful for business planning. The recent Chair of Physio First has indicated that the work has changed the organisation's perception of how they can use data to best effect and they are currently using the data to inform tendering processes with the NHS and to use with insurance companies (sources 5.1, 5.2). The incorporation of the tool into practice enabled a number of snapshot surveys to be undertaken in key identified areas, and the electronic data can be analysed centrally. In 2013-14, data will be collected using a newly developed web-based tool allowing practitioners to view their own data in relation to national data to benchmark their own practice against others. The success of the work since 1996 led to a request for a commissioned, peer-reviewed Masterclass article that summarises work to date (MOORE, BRYANT, Olivier (2013) Development and use of standardised data collection tools to support and inform musculoskeletal practice. *Manual Therapy Journal*, 17(6), pp.489-496).

The development of a specific osteopathic SDC tool and subsequent data collection has provided much-needed information on the daily profile of osteopathic practice in the UK for the GOsC, the British Osteopathic Association and up to 4,000 individual practitioners (5.3). The 65 topic areas included in the tool are of relevance to day-to-day practice and include patient profiles, symptom profiles, therapeutic history, outcomes of previous treatments, management of the case outcomes and cost of treatment. Impacts stated by individual practitioners indicate that it increases their reflective practice, provides information for insurers and for tender preparations. Osteopathic education institutions have used the data to inform student/patients interactions and to assess clinical outcomes and activities. For osteopathic regulator GOsC, the development has been invaluable as it has drawn on the data to produce information for members of the public and patients as well as for NHS commissioning agencies, parliamentarians and policymakers. The GOsC also utilise this information when in contact with representatives of the media and for discussions with private healthcare providers, for example, BUPA, Health and Wellbeing UK. It has also used this information to inform other healthcare regulators and the Council for Health Care Regulatory Excellence. The Council also uses the data to provide osteopathic students and those planning to become osteopathic students with information about the characteristics of osteopathic practice in the UK. The final report of the study has been used by a consultancy company (KPMG) to inform cost-benefit analysis of the GOsC's re-validation scheme.

Impact of the patients' expectations of osteopathic care study: The GOsC has utilised the findings of the 'Expectations Study' to refocus public and patient information on the GOsC's website and in information given to patients and the public via emails and telephone calls. An information leaflet, aimed at members of the public and/or patients, was also published by the GOsC in 2012 based on the findings of the study. These findings have extensively informed development of the GOsC's corporate strategy (2013–2016) and the revised GOsC's osteopathic practice standards which were published in 2011 and took effect from September 2012. In combination, the findings have informed GOsC's new revalidation scheme for osteopaths. The full OPEN study report recommendations are being promoted to osteopaths and osteopathic education institutions as valuable continuing professional development opportunities.

In addition, data has been welcomed by healthcare providers such as BUPA and Health and Wellbeing UK and the OPEN study was commended by GOsC to other regulators and the Council for Health Care Regulatory Excellence. As an outcome of this, the chiropractic profession has now carried out a similar study exploring patient expectations of chiropractic care. The GOsC is now encouraging osteopaths to seek regular feedback from their patients and information from the project is also being disseminated to osteopathic education institutions to inform curricula design for pre-registration students (5.5 and 5.6).

Impact of the research priorities studies: Research priorities have been adopted by IFOMPT and are published on its website to guide the focus for Masters studies across the world. A range

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of IFOMPT member organisations utilise the priorities, some awarding funding to postgraduate students to build the musculoskeletal evidence base at a rapid pace. For example, in South Africa, three universities utilise the priority lists; currently 55 Masters students and one PhD student are undertaking their dissertations utilising 24 of the research priority areas (5.7).

The CSP research priorities have been incorporated into the Society's strategic plan (2013-17). The CSP's Charitable Trust is using the research priority list to inform allocations of research funding. The priorities have been shared with a range of grant-awarding bodies (eg Arthritis Research Council, the Stroke Association and the MS Society) leading to refocusing of research funding opportunities in line with the research priorities, dissemination strategies and educational programmes. The research has led to a more strategic distribution of funding by the CSP's Charitable Trust (£350k per year) and has been incorporated into ARC orthopaedic panel briefings. The CSP has prioritised two research topics, which have been selected for a special award funding in 2012-13. All physiotherapy research foundation applications are requested to map their application to the research priorities list. The Charitable Trust has also agreed funding for a Masters dissertation award that investigated one of the priority areas. The Stroke Association highlights CSP research priorities to all applicants of junior and senior Stroke Association research fellowship awards and the MS Society now welcomes applications for funded awards that cite the CSP research priorities. Arthritis Research UK clinical studies group on osteoarthritis modified its priorities to include studies on behaviour change/self-management, which were part of the musculoskeletal priorities (5.8, 5.9).

All physiotherapy Masters programmes throughout the UK were encouraged to promote the research priorities to their students by the CSP. Ten course leaders have signed up to this and the Charitable Trust now has funds available to support dissemination of research by Masters students who have explored one of the research priorities. The research priorities web pages have been visited 3,483 times during the period of January 2012 to end of August 2013 (5.8, 5.9).

5. Sources to corroborate the impact

- 5.1 Research film 'Building the evidence base for musculo-skeletal research' Available at: <http://www.brighton.ac.uk/research/films/musculo-skeletal.php?PageId=40>. [Accessed: 12 November 2013]. Includes impact evidence of Physio First Private Practitioners' organisation.
- 5.2 Testimonial available from the current Chair of Physio First Private Practitioners organisation and the Physiofirst Core Executive that confirms that the research has changed their perception and the use of data in tendering processes.
- 5.3 Testimonial available from Physiotherapy practitioners of SDC implementation into practice.
- 5.4 Evaluation report from General Osteopathic Council that confirms how this work informs discussions with health care providers, informs the commissioning process and provides information to potential students.
- 5.5 Evaluation report from General Osteopathic Council that confirms how the findings of the Expectations study have been utilised, including development of their strategy and revised practice standards.
- 5.6 'Osteopathic patient expectations study'. Report on the General Osteopathic Council website, available at: <http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Osteopathic-patient-expectations-study/>: [Accessed: 8 November 2013].
- 5.7 Testimonial available from IFOMPT confirming use of research priorities to inform guidance for the focus of Masters studies and confirmation of the numbers and universities involved.
- 5.8 'Chartered Society of Physiotherapy Research and Development Sub-committee' – research priorities project interim evaluation and final evaluation. Reports available on request that provide evidence of research priorities by Stroke Association, Arthritis Research UK clinical studies groups, Multiple Sclerosis Society and Empower.
- 5.9 Chartered Society of Physiotherapy Research Priorities. Available at: <http://www.csp.org.uk/professional-union/research/priorities/csp-research-priorities-project-2010>. [Accessed: 8 November 2013]. These highlight key areas in physiotherapy practice for future funding.