

National Council for



Osteopathic Research

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Our Ref: NCOR/CR

Cooksey Review Secretariat
HM Treasury
4th Floor
1, Horse Guards Road
LONDON
SW1A 2HQ

Dear Sir/Madam,

Enclose a copy of the comments regarding the Cooksey review on behalf of the Chair, Professor Ann Moore, and stakeholders of the National Council for Osteopathic Research.

Yours faithfully,

A handwritten signature in black ink that reads 'C. A. Fawkes'.

Carol Fawkes
Research Officer

National Council for
NCOR
Osteopathic Research

Clinical Research Centre for Health Professions

Review of UK Health Research

The Cooksey Review

Responses to review questions

Question 1

Strengths of the MRC

- Large amounts of funds - £546,000,000 by 2007/2008.
- Focuses on medical research.
- Supports individual projects, large programmes of work, some research centres and MRC Institutes.
- Has a strong focus on basic research.
- Has a robust peer review system.

Weaknesses of the MRC

- Appears to favour basic research and has funded little applied clinical research and patient focused research.
- Is very medically dominated although it purports to support the full spectrum of health research.
- Allied Health Professional, osteopathic and chiropractic research is supported, but funding for this type of research is in the minority and it is difficult to break into the successful funding stream unless the individual or group is allied to a department ranked highly in the 2001 RAE exercise.

Strengths of the NHS R&D

- Completely focused on NHS Trust grants on a formulaic basis which has helped to develop some areas of non-medical research.
- There is a huge budget of over £700,000,000 a year.
- Encourages collaboration between NHS Trusts and university departments.

Weaknesses of the NHS R&D

- As time has progressed, pressures of the RAE and the need for NHS Trusts to develop portfolios of research, has meant that universities and NHS Trusts have had difficulty in finding middle ground in terms of who would be the major grant holder.
- It looks now as though the Department of Health funding will only be available to “outstanding individuals” working in “world class departments” which could mean that some essential research being conducted by other less

highly rated individuals is marginalised and also that capacity and capability building is reduced.

- NHS R&D has supported capacity growth for some individuals but it is clear that to actually create a healthcare environment where all health care is evidence based is going to need a large workforce of researchers who are researching into practice on a day to day basis. These researchers may not be cutting edge researchers, but will contribute to the development of a sound database which can fuel rigorous well founded research questions and stimulate the proper methodological developments needed in order to support fundamental healthcare on a day to day basis.
- The emphasis both the MRC and the NHS R&D have placed on randomized control trials, has been counter productive for many areas of practice where fundamental research questions need to be answered, which can inform the design of rigorous well founded RCTs, and that can also inform the development of large patient focused/therapist focused research projects.
- The complementary therapy professions, including osteopathy, would benefit from their own dedicated research council so that at least a sum of money could be earmarked for the work that is desperately needed in these areas.

Question 2

The key challenges facing health research in the next decade will be:

- To create enough evidence on which to fully base all aspects of healthcare. This is the biggest challenge and the government needs to be aware of the evidence based practice gap that faces the osteopathic profession and members of the Medical Profession, particularly in the areas of healthcare delivery.
- Creating an environment where university staff, staff from the NHS and practitioners in private practice can obtain funding on an equal footing, acknowledging and utilising the research support facilities and expertise which exist within university departments, and are not necessarily medically orientated.
- The government could help to achieve these scenarios by fully engaging with representatives from all health professions and not just members of Research Councils, the Medical Profession and Directors of Medical Research Charities who already have sufficient funds. We believe it is very unfortunate that for example, the NIHR Faculty Implementation Group has no representative at all for any of the Allied Health Professions or complementary therapy professions. It would be an unthinkable scenario to have this degree of under representation in other contexts.

Question 3

Priorities for health research:

- Increase the amounts of patient focused research.
- Increase the amount of applied clinical research using a spectrum of appropriate methods and methodological approaches.
- Fund only clinical trials which are fully based on sound and necessary underpinning research which has identified:
 - Patient profiles suitable for investigation.
 - Optimum frequency, dosage and duration of treatment.

And which include strong interventions based on current contemporary practice and which utilise appropriately qualified staff. In addition these trials should be informed

by experts in each field of practice under investigation, and it should be a requirement of any submitted proposal that such expertise is made evident. This would be in order to prevent flawed research from taking place.

- Funding should be removed for all ill conceived and all ill thought through randomised control trials which do not appear to fulfil the criteria above.

Question 4

- See question three above but begin by involving all Health Professions who are sincerely interested in improving the quality of Health and Social Care for members of the public and not just those researchers who are labelled as “world class” (which has yet to be defined) and who appear to wish to control research funding to a large degree.
- Not to involve the widest range of Health Professions in these activities will be a false economy in the end and may lead to a divided Health & Social Care workforce i.e. those professions who have full research underpinning and those who do not (we wonder if in the longer term this could be a government ploy to reduce the credibility of some of the professions within healthcare).
- It is important for many Health Professions to start at the beginning in terms of production of their sound evidence bases i.e. utilising tools for example, standardised data collection, qualitative research studies which seek opinions from clients, patients and staff, single case studies and pragmatic studies which can inform larger and more robust randomised clinical trials as necessary.
- It is also necessary to invest in basic scientific research which underpins many of the interventions and strategies employed by members of the Health & Social Care workforce. For each professional group the balance needs to be thought through carefully on an individual basis and this can only be done with full consultation with nominated expert representatives from each profession.
- As professional practice begins to be fully underpinned by research then research can be widened to incorporate inter-disciplinary research.

Question 5

- In our experience (osteopathic perspective) a number of large clinical trials that have been funded for example, the “UK Beam Trial” have had very little impact on practice as the findings are largely unequivocal. If this study had been better informed then perhaps it would have produced more impact.
- In order to increase the uptake of evidence hospital staff need more time to access evidence.
- There needs to be recognition that it is only relatively recently (i.e. mid nineties) that professions like osteopathy became graduate entry courses. This means that currently a large proportion, say 50% of the osteopathic workforce qualified pre-degree course status and these individuals may not necessarily have the skills to fully understand and interpret research papers, and it will not necessarily be part of their normal culture to regularly update their knowledge of the evidence. It may well be that this situation is affecting uptake of evidence such as there is on a large scale.

- For those who already have the acquired research skills there is often scepticism about new emerging research findings, especially if they seem to have emanated from what are considered to be “dubious” research activities. Such research will inevitably not be adopted into practice as it lacks credibility.

Question 6

- Inter-disciplinary research is already occurring in most universities. Mapping existing facilities, frameworks, research centres and national networks would help to enable cross disciplinary links.
- The discipline hopping awards offered by the EPSRC were interesting, but again very highly competitive, and because of the small number awarded are unlikely to have a large impact on developing cross disciplinary work.
- The real challenge is to enable large numbers of researchers to meet, challenge each other’s views and assumptions, develop shared visions and missions in relation to research directions. This can only be done by personal contact; we have considerable doubts about the virtual nature of the NIHR which appears to be based largely on professional elitism.
- We believe that there could be a lot of strength in mapping what research networks already exist and what research collaborations already exist and there is a need to capitalise on these collaborations by investing more locally in research activities, building capacity and capability and utilising local expertise within universities and also within the NHS. We believe there is also a role for locally identified research priorities. Widening the access to such research networks to complementary therapy practitioners e.g. osteopaths would also be a helpful development.

Question 7

One suggestion for encouraging translation, entrepreneurship and innovation in health research:

- To improve public services would be to offer an annual round of Health Innovation Awards, perhaps one for each NHS Trust with its university partner in relation to locally determined problems identified by staff and/or patients/clients or local osteopathic practitioners thus creating partnership in both identifying innovation needs and in the innovation itself.

Question 8

See answers to questions three and four.

Question 9

In many other countries for example, Australia and Hong Kong there are large government grants which appear to be more freely available to Health Professionals other than those within the Medical Profession. It would help to have identified sums of money in an appropriate ratio for all Health & Social Care Professions determined by fully informed discussions with appropriate expert representatives of each of these.

Question 10

We believe that merging MRC and DH/NHS R&D funding could effectively reduce the amounts of funding available, particularly to university departments which are non medically based, and who therefore do not have clinical/academic appointments. We

would strongly welcome the development of clinical academic career pathways for the members of the osteopathic profession who work within the NHS.

Question 11

We are not convinced of the merits of the new Connecting for Health NHS IT System, because of the issues raised recently in the media, but we believe it is essential for all Health Care Professionals to be able to access basic IT facilities within their work place settings and to be given the time to do so.

Question 12

We would suggest regional devolvement of all funds, employing a facility which enables NHS and university partners in health related research areas to bid for funds on an equal basis utilising partnerships across the sectors as and when appropriate.