



05/07/2023

Title: International survey among Practitioners and General Public defining Priorities in Research for Osteopathic Care (PROCare-Study)

Dear Prof. Vaucher,

Outcome: Approved Thank you for your application to the UCO REC. Your submission has been approved. You are free to begin your study.

There are some minor amendments detailed below, which do not stop you proceeding with your study, but please email me to confirm that you have addressed these together with final documentation.

Please refer to Table 1 on Page 2 of this document for information on the governance of requests for post-approval changes to projects.

If you have any questions or queries regarding your feedback then please do not hesitate to contact REC Secretary Oliver Thomson oliver.thomson@uco.ac.uk.

Yours sincerely,

Dr Oliver Thomson

p.p. Malcolm Morton

UCO Research Ethics Committee Chair.

The University College of Osteopathy Research Ethics Committee

Research Centre, Room 2.02, 275 Borough High St, London SE1 1JE. **Tel:** 0207 089 5330

Please direct all queries to UCO REC secretary **Mike Ford** (Michael.Ford@uco.ac.uk).



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APPLICATION FOR ETHICAL APPROVAL FOR A RESEARCH PROJECT

DECLARATION 1:

The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it. If the study is approved, I undertake to adhere to the details laid down in this proposal, the terms of the full application as approved and any conditions set out by the UCO REC in giving approval. I undertake to notify the UCO REC of any substantial amendments to those details proposed within and to seek favourable opinion before implementing the amendment. Finally, I undertake to abide by the ethical principles laid down by the Declaration of Helsinki and good practice guidelines on the proper conduct of research, as identified in the National Council for Osteopathic Research; Research Governance Framework.

| | | | |
|--|---|------|------------|
| Version 2.0 submitted after approval (05/07/2023) | | | |
| Applicant's name | Dr Paul Vaucher | Date | 05/07/2023 |
| Applicant's signature |  | | |
| Applicant's name | Dr Jerry Draper-Rodi | Date | 05/07/2023 |
| Co-applicant's signature |  | | |

History of amendments and modifications

| Version | Description | Modifications |
|------------------|--------------------------------|--|
| 1.0 – 14/06/2023 | Submitted for ethical approval | Original |
| 2.0 – 05/07/2023 | Responses to REC requests | <ul style="list-style-type: none"> • Improved explanations about open-ended questions in survey (section 3) • Provided more details on risks (section 12.1.11) • Improved information on how participants can be informed of outcomes (section 13.4) • Agenda has been updated. Survey is to be done in two phases: first in English than in other languages (section 8.2) • Amended version of the PIS (Appendix A) • Amended version of the questionnaire (Appendix B) • Amended version of the social-media promotion (Appendix H) |

Ethics application checklists

Questionnaire studies

| Ethics Approval Form type | All sections completed | Appendix |
|----------------------------------|---|----------------|
| Ethics form* | Yes <input checked="" type="checkbox"/> | – |
| PIS | Yes <input checked="" type="checkbox"/> | Appendix A |
| Survey | Yes <input checked="" type="checkbox"/> | Appendix B |
| Partner/gatekeepers' support | Yes <input checked="" type="checkbox"/> | Appendix C – F |
| Recruitment email text | Yes <input checked="" type="checkbox"/> | Appendix G |
| Recruitment advertising material | Yes <input checked="" type="checkbox"/> | Appendix H |
| Reminder email text | Yes <input checked="" type="checkbox"/> | Appendix I |

* Signed by applicant

1 APPLICATION DETAILS

1.1 Applicant (Principal Researcher).

Dr Paul Vaucher

1.1.1 Institution (if applicable)

Foundation COME Collaboration, Pescara, Italy

1.2 Co-applicant

Dr Jerry Draper-Rodi

1.1.1 Institution (if applicable)

Research Department, University College of Osteopathy, London, UK

National Council for Osteopathic Research, London, UK

1.5 Members of the oversight committee

| Name | Institutions |
|------------------------------------|--|
| Dr Oliver Thomson (a) | a) Research Department, University College of Osteopathy, London, UK |
| Dr David Hohenschurz-Schmidt (a,b) | |
| Dr Dawn Carnes (a) | b) Pain Research, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, London, UK |
| Steven Vogel (a) | |

1.6 Does this project have sponsorship from an individual, institution or organisation?

Yes No

1.6.1 If Yes, please provide details.

This study is sponsored by the UCO and financed by a grant obtained from UKRI, Enhancing Research Culture

1.7 Will the sponsor provide funding for this project?

Yes No

1.7.1 If Yes, please provide value of the funding and relevant further details.

Approximately £20,000 including the workshop organised in London

1.8 Which individual, organisation or institution will be responsible for the governance of this project

UCO

1.9 Which individual, organisation or institution will be responsible for assurance of delivery of this project

Dr Jerry Draper Rodi

1.10 Which individual, organisation or institution will be responsible for providing insurance cover for this project?

UCO

1.10.1 Have insurance documents included in the appendices?

Yes No

1.10.2 If, no, please provide reasons why the documents have not been included.

The study is covered by UCO insurance but does not include major risks as it is an online survey without any sensitive data (see section 12 below, Risk assessment, for more details).

1.11 Study title

International survey among Practitioners and General Public defining Priorities in Research for Osteopathic Care (PROCare-Study)

1.12 Methodology

Questionnaire.

Other. Please specify

Umbrella review for building the questionnaire
Survey
Two-day international workshop

1.13 Format.

Is this:

Research

Please provide justification for your selection

This survey collects information on views of research priorities that can be generalised.

1.14 Analysis.

Mixed methods. Please specify types of analysis

Quantitative data obtained from the rating scale is to be analysed using descriptive statistics to determine the mean ratings and standard deviations for each principal research priority and sub-domain. Additionally, subgroup analyses using regression analysis is to be conducted to compare the ratings between participants' identification as patients, osteopathic practitioners, policymakers, educators, or researchers. Qualitative data from the open-ended questions will be analysed using thematic analysis. Emerging alternative themes and patterns will be identified through iterative coding and consensus discussions among the research team. Validation and consensus of the entire process is to be obtained during a workshop grouping European osteopathic researchers organised by the UCO in July 2023.

2 Institutional oversight

| | |
|--------------------------------|---|
| Name | Dr Jerry Draper Rodi |
| Institution (if applicable) | Research Department, University College of Osteopathy, London, UK |
| Address | 275 Borough High Street, London SE1 1JE |
| Phone | 0207 089 5330 |
| Email | Jerry.Draper-Rodi@uco.ac.uk |

Brief statement of relevant qualifications and experience (any information relevant to the current application e.g. previous experience/research in the field, training):

Dr Jerry Draper Rodi is Dr Paul Vaucher's manager for this project. He has extensive experience in running academic research, has a professional doctorate, and is director of NCOR. His publications are available at the following link: <https://orcid.org/0000-0002-1900-6141>

2.3 Involvement with other institutions

| Institution | Type of involvement | Letter attached |
|-------------|---|---|
| EFFO | Supporting the trial and sending invitations to members for their contribution. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| SuisseOsteo | Supporting the trial and sending invitations to members for their contribution. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| COME | Supporting the trial, validating the translations, and sending invitations to members for their contribution. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| NCOR | Supporting the trial and sending invitations to members for their contribution. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

3 RELATED APPLICATIONS

3.1 Have you ever made any related applications to other Ethics Committees?

Yes No

In compliance with the Declaration of Helsinki, this study is seeking Ethical Approval from the UCO REC. By UK and European standards, this study does not require ethical approval as it is anonymous, does not collect any sensitive data and does not recruit participants from health services. In Switzerland, the Federal Act on Research involving Human Beings exempts requirements for Ethical Approval for anonymised collected non-sensitive data (Human Research Act, HRA, Art.2, alin.2, sect. c). In France, it is exempted by Article R1121-1 under the conditions stated in MR-004; NOR CNIL1818709X. Exemption for ethical approbation for this type of survey was also verified for Germany, Austria, Italy, Spain, and Portugal.

(Note that if you have already been granted Ethics approval by a University or REC you are unlikely to need further formal review, but UCOREC must be sent a copy of the application and the approval.)

4 AIMS AND OBJECTIVES OF THE PROJECT

4.1 Please briefly state the aim(s) of your project. This statement should be no more than 100 words.

This study aims to investigate views on research priorities in osteopathic care among osteopathic practitioners and the general public including patients. It also aims to understand of how priorities are set by different populations (i.e., general public, practitioners, educators, researchers, policy makers) and how these choices are influenced by different perspectives (i.e., values and beliefs, experience as a user, practitioners' insights, professional identity, public health, or funding opportunities).

4.2 Based on your aims, please specify your objective(s) for the project. This section should briefly describe a month by month description of the key elements of your research project that you will need to complete to achieve your research aims.

| Steps | Objective | Status |
|-------|---|----------------------------------|
| 1 | Review the literature for studies on research priorities | Completed |
| 2 | Using thematic content analysis, extract and analyse content of studies to structure and propose a taxonomy for research priorities | Completed |
| 3 | Based on the identified structure, build a survey questionnaire | Completed |
| 4 | Obtain face validity from five osteopathic researchers | Completed |
| 5 | Translate and receive feedback from bilinguals on quality of translation (19-23/06/2023) | July-August 2023 |
| 6 | Test questionnaire feasibility and obtain feedback from 10 osteopathic practitioners and 10 public representatives | Completed |
| 7 | Have osteopathic partners invite members to participate and monitor entries | UK July, Europe August 2023 |
| 8 | Run the public survey | UK July 2023, Europe August 2023 |

| | | |
|----|--|---|
| 9 | Overview data and write short report on UK data | July (pre-report), September 2023 (full report) |
| 10 | Discuss topic and find consensus on priority during UCO workshop | 19–20/07/2023 |
| 11 | Analyse data | September 2023 |
| 12 | Deliver manuscript with full results | October 2023 |

5 **PRINCIPAL AND SECONDARY RESEARCH QUESTIONS.** These should be phrased as clear and achievable research questions given your aims. These should not be statements or repetition of the title of your research project.

| |
|---|
| <p>Principal question:</p> <ul style="list-style-type: none"> • What are the research priorities for osteopathic research as viewed by osteopathic practitioners and the public? <p>Secondary questions:</p> <ul style="list-style-type: none"> • Are priorities related to participants identification as patients, osteopathic practitioners, policymakers, educators, or researchers? • Are priorities related to criteria responders used to set their priority? • Are priorities related to country policies regarding osteopathic care? |
|---|

6 **JUSTIFICATION**

Please provide a justification for the research by drawing on relevant literature and developing an argument why your proposed topic is an important area to investigate. Highlight what you anticipate your investigation will add to current knowledge in the field based on what we know already. This should be a concise summary of the existing literature to motivate your study. This section should explain the relevance of your topic, the current evidence relating to your topic and what your research study will add to existing knowledge.

| |
|--|
| <p>In the field of healthcare and in osteopathic care, research plays a fundamental role in advancing knowledge, improving clinical practice, and enhancing patient outcomes[1]. Identifying the priorities for research is crucial for directing resources towards areas that have the potential to make a significant impact.</p> <p>Traditionally, research priorities in healthcare have largely been determined by researchers, funding agencies, and policymakers with only 9% of research priority documents actively involving stakeholders[2]. For example, when setting research priorities, World Health Organisation documents rely mostly on expert researchers' opinions (86%) and literature reviews (52%)[3]. In 2007, a UK-based Thinktank workshop defined the top for recommendations for setting priorities for non-pharmaceutical musculoskeletal research[4]. The consensus was to focus on implementation, develop national musculoskeletal research networks, develop more innovative trial designs, include more patient-individualised outcomes, develop core sets of outcomes for comparison across trials, include cost-analysis within trials, and focus on studies that advance clinical trial methodology. While this type of initiative brings valuable expertise and insights, there has been a realisation that research agendas should also incorporate the perspectives of those who directly experience and deliver healthcare services[2,5]. Patients and osteopathic practitioners possess first-hand knowledge of the daily challenges faced in clinical practice. Their</p> |
|--|

involvement in setting research priorities ensures that studies address real-world issues and have direct relevance to patient care[6].

In 2014, a Delphi consensus study found osteopathic practitioners to focus research priorities on clinical effectiveness, patient safety and risks related to treatment, role and scope of osteopathic practice, and outcomes of care as a result of osteopathic treatment[7]. Most of these topics were however well addressed by research at the time revealing important barriers to knowledge transfer. Like for other physical practitioners[8], osteopaths' have positive attitudes towards Evidence Based Practice (EBP), but have difficulties engaging with research due to their moderate skills in EBP and their limited use of EBP in their practice[9–12]. Embedment of research in routine health practice can be favoured by research culture in osteopathic education, and clinicians' engagements and involvement in research[13]. Setting priorities and contributing to research nevertheless fosters a sense of ownership and promotes the uptake of research findings, leading to improved bidirectional knowledge transfer and improved healthcare quality and outcomes[14,15].

Equally important is the inclusion of patients in shaping research[16,17] including when setting research priorities. Patients bring a unique perspective, grounded in their lived experiences with healthcare conditions, treatments, and outcomes[18]. Their insights into the outcomes that matter most to them, the research questions that arise from their experiences, and the gaps in current knowledge can significantly influence research directions. Engaging patients in research priority setting not only ensures that studies are patient-centred but also empowers individuals to actively participate to shape the care they need most. Their involvement fosters collaboration, shared decision-making, and co-creation of research projects[5].

The involvement of practitioners and patients in the research process contributes to greater accountability, transparency, and trust in the integration of osteopathic care within the healthcare system[19], as decisions are informed by the voices of those who are directly affected by the outcomes of the research. For all these reasons, there is a need to update and investigate public and practitioners' views on research priorities in osteopathic care.

References

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- 2 Grill C. Involving stakeholders in research priority setting: a scoping review. *Res Involv Engagem* 2021;**7**:75. doi:10.1186/s40900-021-00318-6
- 3 Terry RF, Charles E, Purdy B, *et al*. An analysis of research priority-setting at the World Health Organization – how mapping to a standard template allows for comparison between research priority-setting approaches. *Health Res Policy Sys* 2018;**16**:116. doi:10.1186/s12961-018-0391-0
- 4 Foster NE, Dziedzic KS, Windt DAVD, *et al*. Research priorities for non-pharmacological therapies for common musculoskeletal problems: nationally and internationally agreed recommendations. *BMC Musculoskelet Disord* 2009;**10**:3. doi:10.1186/1471-2474-10-3
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- 7 Rushton AB, Fawkes CA, Carnes D, *et al.* A modified Delphi consensus study to identify UK osteopathic profession research priorities. *Man Ther* 2014;**19**:445–52. doi:10.1016/j.math.2014.04.013
- 8 Mota Da Silva T, Da Cunha Menezes Costa L, Garcia AN, *et al.* What do physical therapists think about evidence-based practice? A systematic review. *Manual Therapy* 2015;**20**:388–401. doi:10.1016/j.math.2014.10.009
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7 METHODS

- 7.1 Give a full summary of the purpose, design and methodology with a detailed description of what will happen to the participants and *in what order*.

The survey is to be administered online using a secure survey platform (Qualtrics – UCO has a licence for this platform). Gatekeepers (see appendices C – F) will directly invite their members to take part in the survey. Participants are to be given access to the survey through a common link. No identification is required nor collected, including IP addresses, and the research team will not collect or receive information on the members from the gatekeepers.

Participants are to answer an anonymised 5–10-minute online survey. Consent is sought before they begin. There is no follow-up. Gatekeepers will send one email with the invitation (See PIS (Appendix A) and invitation email (appendix G)) followed with one reminder (see appendix H – email reminder). Gatekeepers will not know whether their members took part in the survey. For participants who decided to take part, once the questionnaire completed, they will not be contacted and their participation will be finished.

- 7.2 Provide detailed description of any equipment/measurement (e.g. questionnaires) you are planning to use in the study with justification for the choice of equipment/measurement used. For interview or survey studies, this section should describe the topics to be addressed and how interview questions or the survey items will be developed and piloted. For survey studies, this section should describe the number of items and the response scale to be used.

In place of a mixed design including a qualitative round to establish a master list of priorities, an umbrella literature review was done to identify current published lists and then reach an agreement with a panel of experts and patient representatives on the list to be used for this survey. This approach is believed to be sufficient in view of limitations in time and funding[20].

Pubmed was searched for publications from 1998 to 2023 using the keyterms “research priorities”, “Delphi” or “Survey”, “Primary care” or “General practice” or “Chiropractic” or “Physiotherapy” or “Osteopathic” or “Sport medicine” OR “Patients” or “Stakeholders”, by a single researcher. Inclusion criteria were publication after 1997, the survey had to concern priorities in research in public health, primary care, physiotherapy, osteopathic or chiropractic care, or sport medicine, and the study had to investigate priorities globally and not specifically for a condition. On May 28.05.2023, PubMed listed 136 articles of which 12 were retained[7,21–31]. Forward and backward tracking identified an additional four studies[32–35]. From these 16 studies, data was extracted on the methods used to define the master list of priorities, on the surveyed population and on the categorisation used for listing research domains and subdomains within each study (**Table 1**). Content interpretative thematic analysis[36] was then used to identify underlying taxonomy for organising research priorities. Data analysis was done on Taguette 1.4.1.

Within the literature, there seems to be two overlapping systems of classification for health research priorities: one is more person/service related, the other is more health condition/disease related. Given osteopathic care is person-centred rather than disease centred, it was chosen to focus on the first system. This made it possible to label and categorise 246 known priorities into six principal research domains, 26 subdomains, and 66 examples of research topics. Research priorities were summarized into a model called the Eye for Priorities in Research for

Osteopathic Care (**Figure 1**). Missing examples were completed using ChatGPT to suggest associated terms and then revised by five expert osteopaths. Construct and content validity for this taxonomy was also obtained from the same five osteopaths and five patients. Feasibility and acceptability are to be tested by 10 osteopathic practitioners and 10 patients.

The survey comprised five main sections (see appendix B):

1. Principal Research Domains Priority Assessment: Participants are presented with a list of sub-domains derived from the literature review and are asked to rate the importance of each sub-domain within on a Likert scale, ranging from 0 (not important at all) to 4 (absolutely essential). Participants are asked to rate the importance of each of the six Principal Research Domains: Process of care, Healthcare management, Population Health, Education, Basic science, and Methodology.
2. Research Sub-domain Priority Assessment: Using the same method, participants are presented with a list of sub-domains derived from the literature review and are asked to rate the importance of each sub-domain within each of the six principal research domains.
3. Topic priorities and Open-Ended Questions: This section aims to capture nuanced perspectives and emerging themes that may not have been covered in the umbrella review. Participants are asked to select three relevant topics within each Principal Research Domain and eventually add any other comments or suggestions.
4. Assessing criteria used to set priorities: Participants are asked to report what importance they accorded to different criteria when expressing their views on research priorities.
5. Demographic Information: Participants were asked to provide demographic details, including age, gender, country with most experience with osteopathic care, and feelings of belonging to different representation groups (patients, practitioners, stakeholders, educators, researchers).

Validation and consensus of the entire process is to be obtained during a workshop grouping European osteopathic researchers organised by the UCO in July 2023.

References

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7.3 Please provide **a detailed description** of the proposed statistical or qualitative analysis.

Quantitative data obtained from the rating scale is to be analysed using descriptive statistics to determine the mean ratings and standard deviations for each principal research priority and sub-domain. Additionally, subgroup analyses using regression analysis is to be conducted to compare the ratings between participants' identification as patients, osteopathic practitioners, stakeholders, educators, or researchers. The same type of analysis will be used to test differences between countries depending on the professional status within these countries, and differences depending of what criteria responders used to set their priority. Qualitative data from the open-ended questions were analysed using thematic analysis. Emerging alternative themes and patterns were identified through iterative coding and consensus discussions among the research team.

7.4 Project duration (Month and Year).

From: To:

8 RECRUITMENT

8.1 Will electronic media (email or the internet) be used to recruit participants or solicit the return of any survey instruments or information from participants?

Yes No

If yes, copies must be included in appendices of this form

8.2 What methods will be used to recruit participants? Please state sampling method, e.g. convenience sample, purposive sample. How will potential participants be made aware of the study, e.g. poster, email.

A convenient sampling method is to be used.

Osteopathic practitioners: Osteopathy Europe / EFFO members, SuisseOsteo members, COME members, NCOR members are to be invited using E-mails from each organisation with a unique link for the online survey. The survey will be open two weeks. A first phase will be run in the UK for English speakers in July, a second in the rest of Europe, Brazil and Canada in August.

Public and patients: Consumer associations and patient representative organisations in UK, France, Switzerland, Belgium, Italy, Germany and Spain are to be contacted to invite the totality or a random sample of their members to participate. The invitations are sent using social media, E-mails or newsletters. The survey is to remain open for three weeks, from July to mid-August 2023 with an eventual reminder sent twice at the beginning of each week.

8.3 From what groups are the participants to be drawn (e.g. general public, specific cultural groups, special interest groups, students, geographical groups, etc.)?

Osteopathic practitioners & general public

8.3.1 Inclusion criteria (including justification):

- Understand English, French, German, Italian, Spanish, Portuguese, or Dutch.
- Be 18 years of age or over.

8.3.2 Exclusion criteria (including justification):

None

8.4 How many participants will be involved in the research project?

We estimate a response rate of about 5% for osteopaths. This corresponds to approximately 1000 osteopaths. For the general population, we expect 500 responders.

8.5 How did you determine your sample size?

It is a convenient sample with all those responding being included.

8.6 Will participants be allocated to groups at random?

Yes No

8.7 Will the participants be minors (under age 16)

Yes No

8.8 Suffer from learning disabilities that could affect their ability to provide informed consent?

Yes No

If 'yes' please provide further details (see guidance notes)

8.9 What is the relationship between the participants and the researcher (friend, family, employee, employer, teacher, student, colleague, peers etc.)? Should a relationship exist, what strategies will be used to reduce the risk of coercion?

None

8.10 Cultural Issues

Are members of a particular ethnic, societal or cultural group the principal participants or a sub-group of the research?

Yes No

9 REIMBURSEMENT

9.1 Is there any expense/reimbursement involved in participating?

Yes No

If yes, please justify this and describe how will this be implemented

10 INFORMED CONSENT

10.1 Will a Participant Information Sheet be available for participants to keep?

Yes No

- 10.2 Please state and justify how long participants will have to decide whether or not to participate in the study. How long will the cooling off period be between agreeing to participate and participation in the study?

Participants will have a two-week cooling off period.

- 10.3 Will a signed record of consent form be obtained?

Yes No

Please justify if written consent is not to be obtained.

Consent is obtained within the survey. However, this consent is anonymous and is not signed. This is an opinion survey without any health data or personal information. The responses are provided without anyone knowing who responded apart from the participant. Participants are informed they can stop the survey anytime, they can always refuse to answer any question, and they can use their link and access to the information part of the survey anytime they want.

- 10.4 Will there be a copy for the participants to keep?

Yes No

(Usually not needed with questionnaire studies: information sheet may state consent is assumed by return of a completed questionnaire. However, if the study involves participants completing measures on multiple occasions, consent is required to send participants a second questionnaire by email or post).

- 10.5 Relevant Participant Information Sheets and consent forms attached?

Yes No

A copy of the PIS will be included in the survey

11 LOCATION

- 11.1 Please select the appropriate description of your planned procedure and location for data collection and recruitment. More than one may need to be selected.

| | | |
|--------|---|------------------------------|
| 11.1.1 | Face-to-face interviews on UCO premises, recruitment of UCO staff, students or patients by email or poster. | Yes <input type="checkbox"/> |
| 11.1.2 | Face-to-face interviews with osteopaths at their practises, recruitment by email or letter. | Yes <input type="checkbox"/> |
| 11.1.3 | Remote interviews (phone, Skype, FaceTime etc.), recruitment by email or letter. | Yes <input type="checkbox"/> |
| 11.1.4 | On-line questionnaire, recruitment of UCO staff, students or patients, recruitment by email or letter. | Yes <input type="checkbox"/> |
| 11.1.5 | On-line questionnaire, others, by email or poster. | Yes <input type="checkbox"/> |

| | | |
|---------|---|---|
| 11.1.6 | Experimental study on UCO premises, recruitment of UCO staff, students or patients by email or poster. | Yes <input type="checkbox"/> |
| 11.1.7 | Questionnaire, interview study or experimental study with participants recruited using social media or through an external organisation (e.g. a sports club). | Yes <input checked="" type="checkbox"/> |
| 11.1.8 | Face-to-face interviews at a location that is not the UCO. This includes face-to-face interviews of patients at osteopaths' practises. | Yes <input type="checkbox"/> |
| 11.1.9 | Experimental study at a location outside of UCO premises. | Yes <input type="checkbox"/> |
| 11.1.10 | Other (please describe below). | Yes <input type="checkbox"/> |
| | | |

11.2 **If you responded yes to any of 11.7-11.10, copies of letters authorising data collection must be included in the appendices of this form.**

12 RISK ASSESSMENT

12.1 Please select the relevant risks associated with your study.

12.1.1 Causing participants physical damage, harm or more than minimal pain?

Yes No

12.1.2. Manual handling of participants, vigorous physical exercise, or physical activity from which there is a likelihood of accidents occurring?

Yes No

12.1.3 Asking participants to undress or partially undress, photographing participants or other procedures that may compromise personal privacy?

Yes No

12.1.4 Intrusive physiological or psychological interventions or procedures?

Yes No

12.1.5 Inducing psychological stress, anxiety or humiliation? Will a measure of anxiety be used? Will participants' opinions, skills or knowledge be judged with reference to some form of criteria?

Yes No

12.1.6 Questioning of participants regarding sensitive topics, such as beliefs, painful reflections or traumas, experience of violence or abuse, illness, sexual behaviour, illegal or political

behaviour, or their gender or ethnic status? This includes questioning practitioners about their healthcare beliefs and clinical practices

Yes No

12.1.7 Deception or conduct of research without participants' full and informed consent? This includes use of sham or placebo interventions and phrasing of the description of the study to blind participants to full aims of the study.

Yes No

12.1.8 Vulnerable groups of people, for example people under the age of 18 years, people with learning disabilities or mental health problems?

Yes No

12.1.9 Groups where permission of a gatekeeper is normally required for access to its members, for example ethnic groups?

Yes No

12.1.10 Access to records of personal or confidential information?

Yes No

12.1.11 Please provide details of the methods that will be used to minimise the risk of harm relating to EACH of the boxes ticked above.

12.1.6. During the survey, participants will be questioned on sensitive topics, such as professional priorities. The research team that can be contacted by the participants are all healthcare practitioners and senior academics with experience in managing research participants. Anonymity should be preserved. Given the survey data is to be made publicly available, it is possible for someone with existing nominal datasets to try and link answers provided within the survey with their own data. To prevent this, we have constructed broad fields describing demographic characteristics. This makes it more difficult to link answers to specific individuals. However, some people might have such specific characteristics (e.g., only male educator in osteopathy that practices in Mali) that they can be identified. If this is an issue to participants, they are asked to simply answer "Prefer not to answer" when providing their demographic data.

12.1.9 The research team will not have direct access to participants' contact details so each organisation (Osteopathy Europe/EFFO, NCOR, SuisseOsteo, COME) will act as the gatekeeper for their own organisation.

12.1.12 What arrangements have been made for insurance and treatment arising from harm to participants while conducting the research? This should be marked 'not applicable' if no treatment will be given.

Not applicable

12.1.13 Has this issue been addressed in the Participant Information Sheet?

Yes No

13 ETHICAL ISSUES

- 13.1 What ethical issues do you see with this project and how do you intend to address them? Please address issues of beneficence (or utility), non-maleficence, autonomy, and justice

Beneficence: The project aims to explore osteopaths' and members of public's views on research priorities. The project aims to highlight how researchers can best serve the profession and public.

Utility: The last research priority exercise was conducted in 2014 in the UK and research has advanced since so an update on research priorities is required.

Non-maleficence: Participants eligible to take part in this study will have a two-week cooling off period before each study phase.

Participants will be reminded before taking part in the survey that they can decide to withdraw from the study without needing to provide any explanation. Participants will also be reminded that all data are anonymised to minimise the risk of anxiety that their identity will be known.

Autonomy: Recruitment material will only be sent in a written format by email to avoid direct coercion. The information sent will detail the purpose and content of the study. It will allow participants to make informed decisions about whether or not to take part in the study. Participants will be allowed enough time to decide to take part or not in the study (two weeks cooling off period). All normal professional safeguards will be in place and risks of coercion or persuasion have been minimised.

Confidentiality: Data gathered from the survey will be analysed anonymously.

Integrity: The research team has no conflicts of interest in this study. No financial gains or favours for family and friends are expected.

Justice: Participant invited to take part in the survey will not be selected on the basis of their class, socioeconomic status, or race.

Methodological limitations: The main risks are due to methodological limitation. The findings may not be generalizable to all osteopathic practitioners and patients, as participants were recruited through convenience sampling. Even if forward and backward tracking were used, limiting the search to a single database (PubMed) could have contributed to missing out some published research on the topic. Furthermore, article selection, data extraction, and content analysis including categorisation and labelling were done by a single researcher. Given the high level of subjectivity in this type of analysis, the final categorisation is likely to be highly biased by the views of this researcher. Lastly, the survey focused on identifying research priorities and did not explore the underlying reasons or perspectives driving these priorities in-depth.

13.2 Does any member of the research team, host institution or sponsoring agency have any financial or other conflict of interest in the outcome of the project?

Yes No

13.2.1 If yes, please provide details.

The investigator and members of the oversight committee are all osteopathic researchers. If priorities are in their field of research, this could increase their chance of obtaining future funding.

13.3 Does the study require a change in the current care and treatment of the participant? For example, withholding of pain medication. If yes, please explain and justify.

No

13.4 How will the result of the study be made available for the research participants and communities from which they are drawn?

Participants are informed that results should be made available publicly through an open access publication in 2024 that can be found using the keyword "PROCare". Protocol, data, data analysis, and report are to be deposited under a CC license on Zenodo, a data registry. If a publication is to be issued, it will be likely made open access.

13.5 What have you done to address issues of confidentiality, e.g. participants' data?

Data is collected without researchers being able to know who the participants are.

13.6 What have you done to address issues of anonymity, e.g. participants' identities?

Demographic questions are scarce and are asked using broad categories to prevent identification. IP identification from computers or from other devices are not collected.

13.7 Medical research or research involving human tissues or body fluids

13.71 Does the research involve the collection or use of human tissues or body fluids?

Yes No

If yes, what procedures will be used? Where and how will the material be stored?

13.72 How will the material be disposed of (if applicable)?

13.73 Does this research involve any invasive or intimate procedures, exposure to infection, the use of drugs, or constitute a clinical trial?

Yes No

If yes, please describe the safeguards that will ensure against infection, damage, or risk to health.

If yes, please provide details of the person(s) who will conduct the procedures, their relevant qualifications and insurance to cover the procedures.

13.8

Conflicts of interest. Are there any potential conflicts of interest in undertaking the proposed research for the applicant or any other person involved in this study?

Yes No

14 DATA ACCESS

Proposed storage and access to files, disposal and storage upon conclusion

Consent Forms

14.1 Who will have access to the Consent Forms?

(Please indicate N/A if consent forms are not needed for your study).

N/A: The consensus procedure is obtained without participants giving their identity. Answers to the consent procedure is made available to the public.

14.2 How will you ensure that the Consent Forms are protected from unauthorised access?

(Please indicate N/A if consent forms are not needed for your study).

N/A: They do not contain any sensitive data and do not link the participants to their identity.

Data

14.3 Who will have access to the data? Please address both raw data and anonymised data to be used in analyses.

The data is to be made publicly available on a registry (www.zenodo.org) under a Creative Common BY-NC-SA license.

- 14.4 Are there plans for future use of the data beyond those already described, e.g. publication in an academic journal, presentation at an academic conference?

Yes, furthermore, the data can be re-used for non-commercial purposes by third parties. Participants are informed of this before answering the questionnaire.

- 14.5 How and where will the data be stored both by the researcher during the study and after the study is completed?

All information is stored on the survey server during data collection. It is then copied on a secure cloud accessible to the investigator. This data is then analysed, and all documentations are made available in total transparency using a Creative Common BY-NC-SA license.

Please email an electronic version to researchethics@uco.ac.uk



University College of Osteopathy

— The PROCare Survey —

This document provides the information needed for you to provide your consent to answer an online survey on Priorities in Research in Osteopathic Care. To complete the questionnaire, use the following link:

https://ucosurvey.qualtrics.com/jfe/form/SV_0NBYIsVuwVcoCQS



Who is behind this survey?

The [University College of Osteopathy](#) (UCO), in collaboration with the [EFFO](#), [SuisseOsteo](#), [NCOR](#) and [COME](#), have organised this survey. This survey was approved by a recognised Research Ethical Committee in the UK (UCO REC 05/07/2023).

Why should I take part?

This survey aims to investigate public and practitioners views about research priorities for osteopathic care. Your view on this topic is important. Sharing your views will help understand, develop and provide care that is more in line with your priorities. It will help funding organs, institutions and researchers shape their research agendas in line with stakeholder needs.

What will I have to do?

You are invited to contribute to a short survey that should take about **10 minutes** to complete. It consists of 24 closed questions. Most of them ask you to rate your interest for different research domains and topics. You can also optionally propose your own topics. To participate, you need to be able to understand English, and be 18 years of age or older.

Who will know who I am?

No one except yourself should be able to tell! The survey is anonymous and we do not collect your IP address or any other information on your personal identity. However, if your profile is specific enough (e.g. you are the only male osteopathic educator from a specific country), it might be possible that the collected data makes you recognisable by someone who already knows you. If you wish to guarantee your anonymity, do not hesitate to use the "Prefer not to answer" option when describing yourself. This survey follows UCO's data security policy and is run using "Qualtrics", a secure web-based survey system that guarantees your information is collected anonymously without anyone being able to track your entry back to you other than from the demographic data you entered into the survey yourself.

What is my data to be used for?

The collected information is for research purposes only. It will be used to describe and categorise research priorities and have a better understanding of how priorities are set by different populations (i.e., general public, practitioners, educators, researchers, policy makers) and how these choices are influenced by different perspectives (i.e., values and beliefs, experience as a user, practitioners' insights, professional identity, public health, or funding opportunities). Your response, along those of others, will also be synthesised and used for public presentations and publications. By answering the questionnaire, you implicitly agree for your data to be used as described above.

Where will my data be stocked and who will have access to it?

The collected anonymous data and all the study material is to be made publicly available under a Creative Common BY-NC-SA license (i.e. no commercial use and derived material under CC license) on Zenodo under the project name "PROCare".

How can we access to the study results?

Social media and professional associations will inform of the results when the publication of the study will be made available (first term of 2024). General public can access to the publication by searching the term "PROCare" and "Osteopathic" in a generic search engine (e.g. PubMed, Google Scholar).

Are there any risks?

This study does not collect any sensitive information about you. There is no known risk of participating and the questionnaire was tested and approved by practitioners and patients. Some practitioners with distinct profiles in countries with very few osteopaths could be identified. If these participants wish to preserve their anonymity, they are recommended not to answer to some of the demographic questions (i.e. age group, country).

Do I have to contribute?

You are of course free to accept or refuse to participate or stop answering the survey at any point. To withdraw from the process, simply close your browser window.

What if I have a question or concern?

Before starting the survey, feel free to post your questions or concerns to the study investigator (Dr Paul Vaucher) at the following address: paul.vaucher@osteopole.ch

What if I have a complaint?

Complaints and direct concerns about the study you prefer not to communicate directly to the investigator can be sent to UCO's Research Deputy Vice Chancellor, Steven Vogel (Steven.Vogel@uco.ac.uk).

PROCare - English

Online version can be previewed at the following link: [Preview](#)

Start of Block: Section 0 – Information & Consent



— The PROCare Survey —

Thank you for your interest in answering this online survey that will help understand your views on research priorities in osteopathic care.

Who is behind this survey?

The [University College of Osteopathy](#) (UCO), in collaboration with the [EFFO](#), [SuisseOsteo](#), [NCOR](#) and [COME](#), have organised this survey. This survey was approved by a recognised Research Ethical Committee in the UK (UCO REC 05/07/2023).

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Do I have to contribute? You are of course free to accept or refuse to participate or stop answering the survey at any point. To withdraw from the process, simply close your browser window.

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Before starting the survey, feel free to post your questions or concerns to the study investigator (Dr Paul Vaucher) at the following address: paul.vaucher@osteopole.ch

What if I have a complaint?

Complaints and direct concerns about the study you prefer not to communicate directly to the investigator can be sent to UCO's Research Deputy Vice Chancellor, Steven Vogel (Steven.Vogel@uco.ac.uk).

Q0 Before continuing, please choose one of the options below:

- I have read and understood the information above, I have been given the chance for further clarifications, and **I agree to participate.** (1)
- I have already participated to this survey (2)
- I would rather not participate. (3)

Skip To: End of Survey If Consent = I have already participated to this survey

Page Break

Display This Question:

If Consent = I would rather not participate.



Q0.1 We would be very grateful if you could let us know why. Please check all possible answers that apply to you.

- I do not have enough time (1)
- I don't really see the point of this survey (2)
- I cannot fully trust how the data is to be used (3)
- I have concerns about anonymity (4)
- I have had previous bad research experience (5)
- Other (Please specify) (6)

Prefer not to answer (999)

Skip To: End of Survey If Reason for not participating , I do not have enough time Is Displayed

Page Break

Display This Question:

If Consent = I have already participated to this survey

Exit Thank you for noticing you have already taken part! There is no need for you to continue. Please click on the "next" button.

Skip To: End of Survey If Thank you for noticing you have already taken part! There is no need for you to continue. Please... Is Displayed

End of Block: Section 0 – Information & Consent

Start of Block: Section 1 – Principal research domains

Section 1 – Principal research domains

Please indicate the level of importance you attribute to each of the following principal research priorities in terms of maximizing the benefits people receive from osteopathic care.



Q1.1 Process of care

Defined as actions, steps, and interactions involved in delivering healthcare services to patients that encompasses the various activities and elements that healthcare providers undertake to assess, diagnose, treat, and manage patients' health conditions.

- Not important at all (0)
 - Of little importance (1)
 - Of average importance (2)
 - Very important (3)
 - Absolutely essential (4)
 - Prefer not to answer (999)
-



Q1.2 Healthcare management

Defined as the planning, organizing, directing, and controlling of resources, personnel, and operations within healthcare settings that involves strategic planning, financial management,

human resource management, quality assurance, risk management, policy development, and operational decision-making.

- Not important at all (0)
 - Of little importance (1)
 - Of average importance (2)
 - Very important (3)
 - Absolutely essential (4)
 - Prefer not to answer (999)
-



Q1.3 Population health

Defined as a systematic investigation of the health status, determinants, and outcomes of a defined group; with the goal of understanding the factors that influence health, and developing strategies to improve health outcomes at the population level.

- Not important at all (0)
 - Of little importance (1)
 - Of average importance (2)
 - Very important (3)
 - Absolutely essential (4)
 - Prefer not to answer (999)
-



Q1.4 Education research

Defined as the systematic investigation of teaching, learning, and educational practices within the context of healthcare professions and settings, with a focus on understanding how

educational interventions, strategies, and curricula impact the knowledge, skills, attitudes, and behaviours of healthcare learners, as well as their subsequent performance and patient outcomes.

- Not important at all (0)
 - Of little importance (1)
 - Of average importance (2)
 - Very important (3)
 - Absolutely essential (4)
 - Prefer not to answer (999)
-



Q1.5 Basic sciences

Defined as the study of fundamental biological processes, mechanisms, and structures that contribute to our understanding of normal human functioning and changes that occur in pathologic conditions.

- Not important at all (0)
 - Of little importance (1)
 - Of average importance (2)
 - Very important (3)
 - Absolutely essential (4)
 - Prefer not to answer (999)
-



Q1.6 Methodology in research

Defined as the systematic investigation and study of the methods, techniques, and processes

employed in scientific research with a focus on examining the principals, procedures, and tools used to gather, analyse, and interpret data in order to generate reliable and valid research findings.

- Not important at all (0)
- Of little importance (1)
- Of average importance (2)
- Very important (3)
- Absolutely essential (4)
- Prefer not to answer (999)

End of Block: Section 1 – Principal research domains

Start of Block: Section 2 – Importance of sub-domains

Section 2 – Importance of sub-domains

Within each principal research priority that were defined in Section 1, please indicate the level of importance you attribute to each of the following research domains in terms of maximizing the benefits people receive from osteopathic care.



Q2.1 When considering **Process of care**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|------------------------------|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Effectiveness Efficacy (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient safety (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient management (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decision making (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychology (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q2.2 When considering **Healthcare management**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|------------------------------|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Service user perspective (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional development (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost-effectiveness (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Service organisation (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality improvement (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Digital health (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q2.3 When considering **Population health**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|--------------------------------------|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Physical activities and mobility (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public awareness & education (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Epidemiology (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Distinct populations (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q2.4 When considering **Education research**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|-----------------------------|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Research culture (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge transfer (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Undergraduate education (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Continuing education (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q2.5 When considering **Basic Sciences**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|---|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Theoretical concepts (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Biomechanics, anatomy, and physiology (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Osteopathic manipulative treatment mechanisms (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Osteopathic diagnosis management plan (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q2.6 When considering **Methodology in research**, how important do you find each of these research priorities to be?

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|------------------------------|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Methodology improvements (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outcome measures (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participatory research (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Section 2 – Importance of sub-domains

Start of Block: Section 3 – Specific research topic priorities

Section 3 – Specific research topic priorities

Using the list of suggestions within each principal research priority, please identify the **three** research topics you find most useful to improve osteopathic care. Among your choices, please feel free to add a topic by selecting the "Other" option and specify your topic of interest.



Q3.1 Process of care (choose three research priorities among all the following options)

Effectiveness | Efficacy

- Manual therapy (techniques) (1)
- Exercise (including adherence) (2)
- Psychosocial aspects of care (3)
- Self-management strategies (4)

Patient safety

- Monitor undesirable / adverse events (5)
- Nocebo effects (6)
- Prevention of patient safety incidents (7)
- Public reports on quality & safety (8)

Patient management

- Patient-centred care (9)
- Therapeutic alliance & communication skills (10)
- Patient engagement & advocacy (12)
- Health traditions & culture (13)

Decision making

- Reviews and statements (e.g., guidelines, evidence-based care pathways, checklists) (14)
- Clinical diagnosis (e.g., clinical predictive rules, functional & orthopaedic assessment) (15)
- Case explanation & subjectivity (21)
- Patient's involvement in the decision process (e.g., health literacy, info overload/retention) (16)

Psychology

- Psychology Informed Practice (17)
- Motivational approaches & goal setting (18)
- Mindfulness (19)
- Behavioural & cognitive approaches (20)

Additional choices

- Other (Please specify) (22) _____
- ☒ Prefer not to answer (23)



Q3.2 Healthcare management (choose three research priorities among all the following options)

Service user perspective

- Patient's preferences & priorities (1)
- Experience and perception of care (2)
- Holism (3)
- Burden of health costs (4)

Professional development

- Professional identity (5)
- Historical development of care & principals (6)
- Policy development (7)

Cost-effectiveness

- Cost-benefit analysis of services (9)
- Economic impact of improvement process (10)
- Cost-benefit analysis of administrative & regulation processes (12)

Service organisation

- Scope of practice (14)
- Access to care (e.g., availability, utilisation, barriers) (15)
- Practice evaluation (i.e. relevance of provided care) (21)
- Care coordination & multi-disciplinary dynamics (16)

Quality improvement

- Quality indicators (17)
- Process improvement (action research) (18)
- Culture of patient safety (19)

Digital health

- Electronic patient records (8)
- Continuous monitoring (e.g., heart rate, physical activities, pace) (13)
- Remote consultations (20)

Additional choices

- Other (Please specify) (22) _____
- Prefer not to answer (23)



Q3.3 Population health (choose three research priorities among all the following options)

Physical activities & mobility

- Sedentary lifestyle prevention (1)
- Behavioural change in physical activities (2)

Public awareness & education

- Community knowledge development (5)
- Health promotion (6)
- Public accessibility of evidence-based information (7)

Epidemiology

- Causes & evolution of conditions (including impact of climate change) (9)
- Prognostic & prediction (population risk assessment) (10)
- Profiles of common syndromes (12)
- Normative data collection (17)

Distinct populations

- Specific age groups (i.e. premature, infants, adolescents, adults, elderly) (14)
- Elite people (i.e. sports, dance, music, etc.) (15)
- Underrepresented groups (21)
- Maternal health (16)

Additional choices

- Other (Please specify) (22) _____
- Prefer not to answer (23)

Page Break _____



Q3.4 Education research (choose three research priorities among all the following options)

Research culture

- Research integrity / trustworthiness (1)
- Research governance & support (2)
- Climate for change (7)
- Critical thinking (17)

Knowledge transfer

- Evidence-based education (12)
- Best practices integration into clinical routine (5)
- Feedback and dashboards to guide performance (6)
- Educators' academic and clinical skills (21)

Undergraduate education

- Workforce preparation and competencies (9)
- Education program / methods efficiency (10)

Continuing education

- Clinical and professional demands for continuing education (14)
- Quality of training and education (15)

Additional choices

- Other (Please specify) (22) _____
- Prefer not to answer (23)

Page Break



Q3.5 Basic sciences (choose three research priorities among all the following options)

Theoretical concepts

- Models of care (1)
- Principle updates in line with evidence (2)
- Epistemological foundations (7)

Biomechanics, anatomy & physiology

- Movement analysis (5)
- Descriptive anatomy (6)
- Biomechanical factors in injury and pain (21)
- Pain physiology (17)

Osteopathic Manipulative Treatment mechanisms

- Neurophysiological effects of osteopathic manipulative treatment (9)
- Tissue alterations of osteopathic manipulative treatment (10)
- Neuroendocrine and immunological responses to osteopathic manipulative treatment (25)
- Psychophysiological aspects of osteopathic manipulative treatment (26)

Osteopathic diagnosis

- Mechanisms of investigations (14)
- Biomarkers and reference standards (15)

Additional choices

- Other (Please specify) (22) _____
- ☒ Prefer not to answer (23)

Page Break



Q3.6 Methodology research (choose three research priorities among all the following options)

Methodology improvement

- Innovative methods & research frameworks specific to osteopathic care (1)
- Data collection & management (2)
- Modelling complexity (7)

Outcome measures

- Psychometric properties (5)
- Patient-centredness (6)
- Cross-cultural validity (21)
- Clinical meaningfulness (17)

Participatory research

- Patient and carer involvement (9)
- Practitioner-based Research Networks (10)
- Ethics and data security (25)
- Practice-based research priorities (26)

Additional choices

- Other (Please specify) (22) _____
- Prefer not to answer (23)

End of Block: Section 3 – Specific research topic priorities

Start of Block: Section 4 – Criteria used to set priorities

Intro **Section 4 – Criteria for setting priorities**

This section explores the criteria you used when setting your priorities.



Q4

When expressing your views about research priorities, what importance did you assign to the following criteria?

Research is in line with...

| | Not important at all (0) | Of little importance (1) | Of average importance (2) | Very important (3) | Absolutely essential (4) | Prefer not to answer (999) |
|--|--------------------------|--------------------------|---------------------------|-----------------------|--------------------------|----------------------------|
| Your values and beliefs (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your experience as a user of healthcare services (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| What is experienced by practitioners in their day-to-day clinical activity (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your views on osteopathic professional identity (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public health priorities (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Funding opportunities (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Section 4 – Criteria used to set priorities

Start of Block: Section 5 – A bit about yourself

Intro **Section 5 – A bit about yourself**

The following section aims to collect demographic data to understand the characteristics and background of the surveyed population.

Q5.1 To which gender identity do you most identify?

- Female (1)
 - Male (2)
 - Transgender female (3)
 - Transgender male (4)
 - Gender-variant / Non-conforming (5)
 - Not listed (Please specify) (6)
-
- Prefer not to answer (7)
-

Q5.2 What age category do you belong to?

- <20 years of age (1)
- 20–34 years of age (2)
- 35–49 years of age (3)
- 50 – 64 years of age (4)
- 65–79 years of age (5)
- ≥80 years of age (8)
- Prefer not to answer (7)



Q5.3 In which country do you have the most experience with osteopathic care?

▼ Afghanistan (1) ... Prefer not to answer (1358)

Page Break

Q5.4 To what extent do you consider yourself representative of the following groups?

| | Not at all (1) | A little (2) | Somewhat (3) | To a considerable degree (4) | Totally (5) | Prefer not to answer (6) |
|--|-----------------------|-----------------------|-----------------------|------------------------------------|-----------------------|--------------------------------|
| User of osteopathic care (patient) (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provider of osteopathic care (practitioner) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decider for osteopathic policies (policy maker) (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educator in osteopathic training (lecturer, clinical supervisor, etc.) (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Researcher in osteopathic sciences (healthcare researcher) (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Section 5 – A bit about yourself

We thank you for your time spent taking this survey. Your response has been recorded.

From Jerry Draper-Rodi <Jerry.Draper-Rodi@uco.ac.uk>

☆ Yesterday

To Paul Vaucher, Sebastien Byrde, Streit Christian, Francesco Cerritelli, Dawn Carnes



Dear Dr Vaucher,

The National Council for Osteopathic Research (NCOR) supports the PROCare project and agrees to invite its members to contribute to the survey and send up to two reminders during the two weeks after its launch.

Regards,

Jerry Draper-Rodi
NCOR director

Dr Jerry Draper-Rodi (He/Him)

SENIOR RESEARCH FELLOW

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DIRECTOR

National Council for Osteopathic Research

<https://www.ncor.org.uk/>



From Dawn Carnes <Dawn.Carnes@uco.ac.uk>

☆ Yesterday

To Paul Vaucher, Sebastien Byrde, Streit Christian, Francesco Cerritelli, Jerry Draper-Rodi



Hi Paul

I can confirm that the Osteopathy Europe - Research Standing Committee are happy to support the PROCare project.

Kind regards Dawn Carnes (chair)

NB EFFO is now officially Osteopathy Europe



Dawn Carnes
PROFESSORIAL RESEARCH FELLOW

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From  Sebastien Byrde <sbyrde@hotmail.com>

  Yesterday

To Paul Vaucher, Streit Christian, Francesco Cerritelli, Jerry Draper-Rodi, Dawn Carnes



Dear Paul

The Swiss Federation of Osteopathy (FSO-SVO) will be honored to participate in that project, we will be glade to send to our members the information when it will be need.

Best regards

Sebastian

Sebastian Byrde Ostéopathe dipl. CDS-GDK
Président de SuisseOstéo- Fédération Suisse d'Ostéopathie

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From Francesco Cerritelli <fcerritelli@comecollaboration.org>

☆ 12:54 AM

To Paul Vaucher



Dear Paul,

The Foundation COME Collaboration supports the project. Thank you

Francesco Cerritelli, Ph.D.

President C.O.M.E. Collaboration | Centre for Osteopathic MEDicine Collaboration

Department of Neuroscience, Imaging and Clinical Sciences | University "G. d'Annunzio" - Chieti - Italy

Email: fcerritelli@comecollaboration.org | Web: <http://www.comecollaboration.org>

Appendix G – Recruitment E-mail to be sent by Gatekeepers

Subject: Invitation to Participate to a Survey on Priorities in Research For Osteopathic Care (PROCare project)

Dear member,

We hope this email finds you well. [Organisation name] is working in collaboration with the University College of Osteopathy to run a short survey that aims to identify the research priorities in osteopathic care. We are reaching out to you to invite you to participate in this important survey.

As a practitioner/patient, your valuable insights and perspectives play a crucial role in shaping the future of osteopathic research and evidence-based practice. By participating in this survey, you will have an opportunity to contribute to the identification of key areas of interest and inform the research agenda in osteopathic care.

We anticipate that the survey will take approximately 10 minutes to complete, and your participation is completely voluntary. Your insights will help advance the field of osteopathy, improve patient outcomes, and enhance the evidence base for practice.

Attached, you will find the Participant Information Sheet that provides more details on the survey.

To participate in the survey, please click on the following link:
https://ucosurvey.qualtrics.com/jfe/form/SV_ONBYIsVuwVcoCQS

Your contribution is greatly appreciated, and we sincerely thank you for taking the time to provide your valuable input. Should you have any questions or concerns, please do not hesitate to contact the Principal Investigator (paul.vaucher@osteopole.ch).

Thank you in advance for your participation, and we look forward to your valuable insights.

Best regards,

[Name of Gatekeeping organisation representative] [Gatekeeping organisation]

Appendix H – Recruitment advertising material for social media

 University College of Osteopathy

 COME
CENTRE FOR OSTEOPATHIC MEDICINE COLLABORATION

 NCOR

RESEARCH STUDY

PRIORITIES IN RESEARCH FOR OSTEOPATHIC CARE (PROCare Survey 2023)

English speaking patients and practitioners are invited to complete a 10 minute survey exploring their views on priorities for future research

 EFFO
EUROPEAN FEDERATION & FORUM FOR OSTEOPATHY

 Fédération Suisse d'Ostéopathie
Schweizerischer Osteopathieverband
Federazione Svizzera di Osteopatia





The PROCare Survey 2023


Calling all Osteopathic Practitioners / Patients!

We need your valuable insights! Help shape the future of osteopathic care research by participating in our survey on research priorities.

Share your perspective: As a practitioner or patient, your unique viewpoint is crucial in identifying the key areas of interest and informing the research agenda in osteopathic care.

 Convenient and confidential: The survey can be completed online, ensuring flexibility and privacy. Your responses will be kept **confidential** and analyzed in an anonymous manner.

 Quick and impactful: The survey will only take approximately **10 minutes** to complete, and your contribution will have a significant impact on advancing the field of osteopathy and improving patient outcomes.

 Join us now: Click the link below to participate and make your voice heard!

https://ucosurvey.qualtrics.com/jfe/form/SV_0NBYIsVuwVcoCQS

Feel free to reach the Principal Investigator at paul.vaucher@osteopole.ch if you have any questions.

Let's make a difference together!

#OsteopathicResearch #HealthcareSurvey #YourVoiceMatters

Appendix I – Reminder E-mail to be sent by Gatekeepers

Subject: Invitation Reminder to Participate to a Survey on Priorities in Research For Osteopathic Care (PROCare project)

Dear member,

This is just a reminder that there is only one week left for you to answer to the survey on Priorities in Research for Osteopathic Care. If you have not already participated, we invite you to do so by clicking on the following link:

https://ucosurvey.qualtrics.com/jfe/form/SV_ONBYIsVuwVcoCQS

Best regards,

[Name of Gatekeeping organisation representative] [Gatekeeping organisation]