

Strategic Plan 2015 – 2018

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1. Background

Since May 2012 significant changes have been made to NCOR.

A priority for NCOR was to improve the dissemination of information to the profession about osteopathic relevant research. In October 2012 NCOR recruited an additional researcher to manage this and other miscellaneous projects.

Carol Fawkes, NCOR's senior researcher, is doing a PhD developing facilities for collecting and disseminating information about patient reported outcomes from osteopathic services. She has been seeking the views of practitioners and patients, phone app technology has been developed and the survey questions are currently being piloted. This project will generate osteopathy data about how patients respond to treatment and how satisfied they are, thus providing useful evidence about osteopathic care.

December 2012 saw the launch of the new NCOR website and our engagement with social media. This facility is available to osteopaths, osteopathic students, patients, educators and all those interested in research salient to osteopathy. Our website and social media usage continues to expand, showing increased engagement with our services.

In autumn 2014 we will be launching our new services for adverse event and patient incident reporting. We have two new websites: PILARS (Patient incident learning and reporting system) for osteopaths and student to report actual and potential incidents for others to learn from, and PREOS (patient reported experiences and osteopathic services) for patients to report their experiences of treatment and care both good and bad. These data capture platforms have been built as an education facility to help the profession reflect and improve on practice.

In November 2013, NCOR was awarded a contract to evaluate the new 'OsteoMap' programme being run by the British School of Osteopathy and funded by the Department of Health. This meant we were able to recruit an additional researcher, Tom Mars, for one day per week.

In June 2014, NCOR became a registered charity, opening up opportunities for NCOR to start generating income for investment in future osteopathic research.

In January 2014, the Director of NCOR explored with the Osteopathic International Alliance (OIA) the potential for undertaking collaborative international research. Together, NCOR and members of the OIA have established an International Osteopathic Research Network (chaired by Dawn Carnes) to compile existing literature about osteopathic competencies, patient reported outcomes and major research projects being conducted around the globe relevant to osteopathy.

In February 2014, we completed a survey of osteopaths and published a paper outlining the research priorities proposed by osteopaths. This will enable us to focus our research in the future. Therefore, it is now essential to consider NCOR’s strategy for the next 3 years.

This document is intended to outline how we propose to build on our achievements from 2015 – 2018.

2. Key aims for the future 2015 – 2018

a. Ongoing commitments

To promote for the public benefit, the advancement of education and the promotion of good health, in particular but not exclusively by the objectives shown in column 2 Table 1. The final column indicates the operational and strategic tasks for 2015 – 2018. The items in black are those that are undertaken by NCOR already, those in red italics are projects that would require additional funding.

Table 1. NCOR Objectives

Area	Objective	Current and Future (red)
Development	Leading and facilitating osteopathic research development in the UK, including developing a comprehensive and cohesive research strategy providing both direction and coordination of osteopathic research	Continuing the development and implementation of existing projects <i>Using the Delphi consensus study findings to prioritise studies for targeting research funding</i> Day to day management of NCOR activity; responding to enquiries
Representing the profession	Representing the osteopathic profession on matters relating to the osteopathic evidence base and research development. Acting on behalf of the profession, in a research context, to the media, the public and patients, policy-makers, the inter-professional research community, other health professions and healthcare regulators	Actively seek opportunities for NCOR representation on relevant panels, development groups and professional advancement bodies, as opportunities arise Respond to requests about research as they arise and create a FAQ section about osteopathy the profession can use when discussing osteopathy in the wider health care arena

Promoting research capacity and scholarship	Providing a forum for osteopathic educational institutions (OEIs) through which to forge consistent standards in research governance, to share expertise, achieve economies of scale, and foster undergraduate and postgraduate research collaboration	Four charity member meetings per annum Encourage and coordinate cross-OEI research <i>Raise funds for a new PhD studentship (2017)</i>
Dissemination of relevant research	Providing osteopaths, the public and patients, healthcare professionals, and the research and academic community with a recognised, high quality and accessible resource of research-related information concerning the distinctive body of knowledge within osteopathic practice	Continue to update the website and use social media to inform the profession and others of relevant work Set up a blog
Collaboration with a view to raising funds	Improving awareness of osteopathic research development amongst osteopaths and the wider community. Establishing links and build networks within the research fraternity, nationally and internationally, with a view to development through collaboration. Formulating and foster strategies for attracting funding for osteopathic research development.	Continue to work with the OIA as chair of the International Osteopathic Research Network Explore fund raising opportunities: <ul style="list-style-type: none"> • <i>NCOR conference</i> • <i>CPD online</i> • <i>Identify key projects to raise funds for</i> <i>Undertake ad hoc research projects</i>
Research governance	Providing systems relevant for grants governance and research governance for the benefit of all stakeholders.	Update research governance guidance as required and continue to advise in this area
Research projects and professional development	Fostering and disseminating outputs from osteopathic audit, evaluation, and research activities.	Continue with: The PROMS project Developing the PILARS and PREOS sites <i>Initiate a systematic review centre for osteopathic relevant research</i>

b. Osteopathic Systematic Review Centre.

We would like to set up a centre for systematically reviewing literature evidence relevant to osteopathy. We currently do not have the funds or resources to carry out large scale research projects, however systematic reviews are relatively cheap and light on resources but have the potential to produce robust and credible research evidence relevant to osteopathy. The Director of NCOR, with the backing of Queen Mary University of London, has the skills, expertise and infrastructure to carry out reviews, but we would need another member of staff to coordinate and conduct the research under the supervision of the Director of NCOR.

Based on the UK Delphi Study and the OIA International Osteopathic research Network aims, we suggest the priority for Year One is to review the evidence surrounding manual therapy for the care and treatment of children.

This would involve raising money during 2015 to recruit an extra member of staff for 2 years. The cost of this would be a researcher salary 2 days per week, so that an osteopath could take on the challenge and still practise. The incumbent would probably need training in systematic reviewing and we would need funding to send them on a Cochrane review course.

We suggest two years to reap the benefit of the investment in training, but as raising funds is always challenging we could review this to a 12 month or 18 month placement.

	Year 1	Year 2 (2% inflation)	
Res Ass 4 Basic Salary	£31,520	£32,150	
NI	£2,409	£2,849	
Super Annuation	£5,044	£6052	
Overheads	£12,500	£12,750	
Total	£51,473	£53,801	
40% FTE	£20,589	£21,520	
Training course	£5,000		
Total costs	£25,589	£21,520	£47,109

c. Increase NCOR leadership time to one day per week

NCOR now needs more senior-level expertise and management input if it is to maintain and expand its role within the UK and international osteopathic profession and the wider health care community.

The Director role at NCOR has expanded since 2012. There are now three members of staff to manage, in addition to PhD supervision. The creation of NCOR as a charity will also increase the Director's management responsibilities and the need to attend more meetings. Regular meetings

include: NCOR meetings (3 management /trustee meetings, 4 stakeholder member meetings per year and weekly team meetings), a COEI meeting, an OEF meeting, OIA meetings via teleconference (~6 per year) and Osteopathic Development Group meetings (~4-6 per year). In addition, the Director also delivers talks to the schools (3 per year) and will represent the profession as requested by member organisations. The director is also required to complete an annual report and accounts and an interim report and prepare strategy documents and seek additional funding for NCOR.

NCOR needs to become less reliant on contributions and more self-funded. Raising funds will require more senior level project management. To date, the NCOR Director has brought in additional funding worth £67,000: PhD (OEF) £15,000; OsteoMap Evaluation (BSO/Dept Health) £22,500; PROMS app (iO)£22,000; PILARS and PREOS funding (GOsC) £7,500. However, there are other potential sources of funding that need exploring (see fund raising section below).

Due to increased management time, the level of research activity undertaken by NCOR and the potential new systematic review centre, the role now requires the Director to spend a minimum of one day per week working for NCOR.

The Director role is currently based on a commitment of 20 days per annum; this attracts an £8,000 honorarium. To maintain and enhance the role NCOR plays in the profession, we would like to increase the Director’s commitment to one day per week, with an appropriate increase in the honorarium. Paying an honorarium avoids NI, SA and QMUL overheads. Based on the Director’s current salary paid through QMUL, the additional one day per week equates to an **additional £2,700 per annum**, increasing the honorarium to £10,700.

3. Current funding

The existing funding arrangements pay for a part-time researcher, an assistant researcher (both 60% FTE) and 20 days honorarium for the Director. This funding covers the day to day running of NCOR. New initiatives will require extra funding.

Funding arrangements for the period 2012 – 2015 were based on contributions from GOsC, OEF, iO and the osteopathic educational institutions. Funds allocated to NCOR and managed by Queen Mary University of London were £91,500 per annum, covering outgoings as shown below.

There have been no inflationary increases in funding over the last 3 years.

	Year 2012		
Staff costs		Income	
Researcher 1	£23,091	GOsC	£25,000
Researcher 2	£21,297	iO	£20,000
Overheads @60%	£26,633	OEF	£25,000
Director Honorarium (20 days per annum)	£8,000	Schools	£21,000
Travel	£5,000		
Training	£2,000		
Incidentals / equipment	£3,979		
Total	£90,000		£91,500

The figures, however, do not reflect the full financial state of NCOR, as we have secured additional funding and expenses over the 3-year period and salaries have been subject to inflationary increases.

Projected annual budget 2013 - 2014

	Out	In
Researcher 1	26,790	
Researcher 2	23,384	
Honorarium	8,000	
Travel	5,833	
Overheads	28,349	
BCOM		2,500
Brookes		2,500
BSO		2,500
COET		2,500
LCOM		1,500
Leeds		2,500
LSO		2,500
SIOM		2,500
Swansea		2,500
ESO		2,500
OEF		25,000
GOsC		25,000
iO		20,000
Total	£91,356	£94,000

The funding for NCOR, however, over the three years from 2015 to 2018 is uncertain. We are aware that both Leeds Met and Oxford Brookes osteopathic schools are closing in 2016 and 2017, causing our income to drop by £5,000. In addition, NCOR would like to resource another member of staff to set up a systematic reviewing centre.

4. Proposed funding

We suggest there are a number of options for future funding:

- i) Stay as we are
- ii) Increase member contributions to cover inflationary increases and the loss of Leeds and Oxford Brookes
- iii) Increase member contributions to cover inflationary increases, the loss of Leeds and Oxford Brookes and additional Director time
- iv) Increase member contributions to cover inflationary increases and additional Director time, and raise external funds to cover the systematic reviewing centre.

There have been no stakeholder funding increases in the last three years. NCOR urgently need additional contributions to cover inflationary increases and accommodate the shortfall in funding that will result from the loss of Leeds and Oxford Brookes.

We request that the larger contributors invest an additional £1,500 per annum and the smaller contributors an additional £300. This would generate an additional annual income of £6,600.

To fund the systematic reviewing centre, we would need to identify external opportunities for fundraising. Ideas are set out in the table below and further ideas are presented in the appendix.

Fundraising strategy for 2015

Activity	Estimated amount
1) One day Research CPD conference NCOR ran 2 one-day conferences 4 years ago and raised £18,000. We would hope to repeat this exercise and think we could realistically raise £20,000.	£20,000
2) Asking osteopaths to raise money on our behalf Fund raising through sponsored sporting events and other challenges. One person has the potential to raise £500.	£7,500
3) Osteopathic research interested organisations If we choose our systematic reviews wisely and in line with the aims and needs of the OIA, they may donate some funds.	£5,000
4) Developing on-line learning modules We have potential to develop some key skills learning modules that manual therapists (across a range of professions) can download for a fee, and once the module is successfully conducted and completed, the user can print off a certificate for CPD purposes. We would aim to develop one new module per annum. By promoting at least 100 downloads at around £20 each, this could potentially raise £2,000	£2,000
5) PROMs By late 2015, we would hope to be in a position to advertise and sell the patient outcome summary information to practices. In 2015, if 100 osteopaths engage in the new system, we could potentially charge each a fee of £10 per information download, generating £1,000	£1,000

Appendix

Alternative funding sources

There are a number of potential additional funding sources for NCOR and these are explored individually below.

1. *Commercial income generation*
 - a. The most obvious source here is from the development of the PROMs tool for osteopaths – whether through usage charges or licence fees – both in the UK and overseas. It is suggested that a business model for the PROMs tool needs to be developed as soon as possible, with external support as necessary.
 - b. In addition, there is real potential to raise funds from online learning modules, webinars and CPD courses.
 - c. One-day conference applying the latest research to clinical practice.
2. *Grants from trusts and foundations* – there is prospect of external funding from such sources and this must be explored further. However, any such grants would almost certainly be for project work and not for the funding of core infrastructure or overheads.
3. *Fundraising from individuals within the profession* – the assumption within the profession to date has been that resources like NCOR are free to use and that there is no individual responsibility to provide support. The range of resources available to practitioners is now far greater and it may be possible to appeal successfully for financial support to ensure this important resource can be maintained and further developed for the profession's use. A cheap, practical means of appealing to the profession for funding would be via the website and NCOR e-bulletins, requesting small annual contributions to support NCOR's work.
4. *Fundraising by individuals within the profession* – there appears to be no real culture at present with the profession of raising money for osteopathic causes but there may be potential here. This could range from sponsored sports or other activities to other approaches such as consultation fee top-ups, e.g. asking osteopaths to add a voluntary donation of £1 to each patient consultation fee to support research.

There are three potential schemes we think may be viable:

- a. Clinic donations based on patient numbers: Practices could opt-in to this scheme. We could email them an estimated 'pro-forma' invoice each month/quarter, which they can amend with accurate patient numbers. If we get the OEIs and GOsC involved with promoting this, we could then raise awareness among graduating students and, potentially, encourage college clinics to join the scheme.
 - b. Patient donations: Clinics could ask each patient if they wish to make a £1 contribution per treatment.
 - c. Regular contributions from clinics: Asking all clinics to donate e.g. £3 per month. Setting up BACS/direct debit scheme may assist this.
5. *Fundraising from the public* – NCOR's profile is not sufficiently high to warrant any conventional public appeal, however it may be worth exploring techniques such as 'crowd sourcing' to raise money for osteopathic research, for example using a platform such as crowd funder (www.crowdfunder.co.uk). If a suitable project can be identified, then this may well appeal to

the kinds of individuals who support this type of high volume/small value fundraising approach.

- a. JustGiving is ongoing – it's an always-available means of donating to NCOR as a whole.
- b. Crowd-funding should be per-project. So we may launch a project to raise funds for e.g. the centre for systematic reviews or just a single systematic review (eg cranial osteopathy for children).

Crowd-funded projects require a lot of effort. The best projects are supported by lots of other activity, such as videos on YouTube, regular social media updates etc.

At the moment, there is no identified resource within NCOR for fundraising and the Management Board should consider how external expertise or advice might be obtained. It may be that within the profession that there exists expertise in this area and this must be further explored. It is also recognised that there probably needs to be a more formal NCOR 'business plan' which incorporates income generation rather than simply an activity plan containing research-related items.

6. High net-worth individuals. Again an unlikely source of income, but it might be worth identifying well-off individuals who are affiliated with osteopathy. They may potentially be interested in donating by the following means:
 - a. Payroll giving. Donations are eligible for tax relief.
 - b. Estates and legacies. Donations left in a will can reduce Inheritance Tax since they are not included in the valuation of an estate.
 - c. Income Tax relief. Shares (or land, or buildings!) given to a charity, or sold to a charity at less than their value, are eligible for Income Tax relief.
 - d. Capital Gains Tax relief. Profit from the sale of any assets attracts Capital Gains Tax relief when the asset is given or sold to a charity.
7. Donations via other channels:
 - a. text messaging
 - b. PayM (e.g. Barclay's PingIt)
 - c. BACS (accepting direct debits)

We should be capable of accepting donations via as many channels as possible. This ensures any 'barriers to payment' are minimal. Of course, publicity will still be key.

8. All agreed donation channels will be permanently listed and kept updated at <http://www.ncor.org.uk/donate>
9. Fundraising efforts by all of us. Sponsored sports events etc

Other thoughts:

- All our 'media packs' should include materials about donating. For example, the postcards we distribute at events will include a postcard asking for donations, pointing people to <http://www.ncor.org.uk/donate>
- We ought to say public thanks to our donors regularly. We can take a lead from other charities such as Cancer Research, BHF, etc. A coordinated online campaign might be nice, with regular (e.g. quarterly?) updates on all channels (website, osteopathic media, Twitter, Facebook, YouTube, Just Giving, Crowdfunder etc) saying a 'big thank you' to all supporters.

- There are potential issues with resourcing. As mentioned in item 6, a fundraising expert would be very useful. Also, several other suggested activities would require ongoing work – e.g. crowd-funding as mentioned above. Other suggested activities would require some initial work to set up, but hopefully minimal-to-zero ongoing maintenance work – e.g. BACS set up; clinic contributions schemes; etc.

We would like to thank our funders for their support to date and encourage thoughts, suggestions and feedback from our stakeholders on funding opportunities.