Osteopathy Practice-based research networks: examples from Australia and New Zealand

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UTS:ARCCIM

CRITICAL METHODS, TRANSLATIONAL RESEARCH

UTS

UNIVERSITY OF TECHNOLOGY SYDNEY

PRACTICE-BASED RESEARCH NETWORKS

"A group of ambulatory practices devoted principally to the primary care of patients, and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care"

Davis et al (2012) J Healthcare Leadership 4:107-116

Formal collaborations between community-based practices and academic institutions

Produce research findings that are relevant to clinicians and more easily assimilated into everyday practice

Promotes both 'bottom-up' and 'top-down' research

Enables examination of a broad range of research questions and employment of diverse research methodologies

THE ROLE OF PRACTICE-BASED RESEARCH NETWORKS

- Naturalistic setting
- Naturalistic practice
- Real world clinicians
- Real world patients
- Real world treatments
- Particularly important for clinicians outside of the system

ACORN
Australian Chiropractic Research Network

IRCNAC
International Research Consortium of Naturopathic Academic Clinics

PRACI
Practitioner Research and Collaboration Initiative

AMRIT
Ayurvedic Medicine Research Initiative
Connecting • Understanding • Growing

ORION
OSTEOPATHY RESEARCH & INNOVATION NETWORK
Growing research through connecting practice

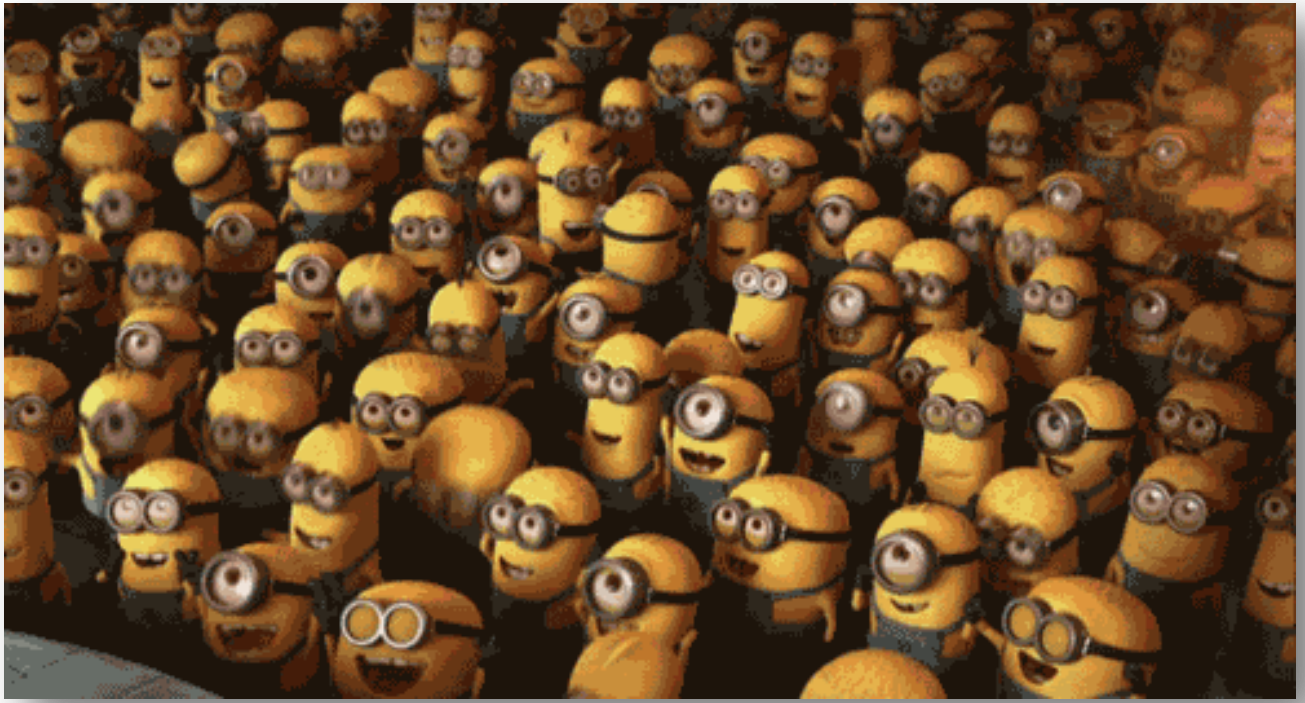
ORCNZ-ARCCIM
The Osteopathy Research Connect New Zealand Project.

PBRN LANDSCAPE FOR MANUAL THERAPIES

Name	Geographical coverage	AHRQ registration*	Membership/ specialty	Size	Funding
ACORN	National/ Australia	Yes	Chiropractors	> 1680	Chiropractors' organization of Australia
CONCORD PBRN	National/ US	Yes	Osteopaths	> 20	Osteopathic Research Centre at Texas College of Osteopathic Medicine
CSRN	International/ US-based	Yes	Chiropractic scoliosis specialists	> 50 centres	CLEAR scoliosis institute
DO-Touch.NET	National/ US	Yes	Osteopaths	159	A.T. Still University
ICON/ unnamed PBRN	National/ US	No	Chiropractors	Unknown	Unknown
ICPA PBRN	International/ US-based	Yes	Chiropractors/ paediatrics	3500	ICPA
PRACI	National/ Australia	Yes	Complementary medicine practitioners including manual therapists	>1000 (~700 manual therapists)	Endeavour College of Natural Health

Summary of Manual Therapy Practice-based Research Networks Globally [source: Lee et al., 2019 [28]]

INTRODUCING ORION AND ORC-NZ



osteopathy AUSTRALIA

osteopaths NEW ZEALAND
Ngā Mātanga Whenua o Aotearoa

ORION and ORC-NZ Project Aims

- To advance broad rigorous scientific investigation to inform the osteopathy profession and patient care in Australia/New Zealand
- To conduct research in osteopathy that is Australia/New Zealand practice and practitioner relevant
- To help facilitate critical research capacity and help produce a sustainable research culture in Australia/New Zealand osteopathy
- To accommodate and encourage osteopathy research network building and collaborations across Australia/New Zealand and beyond
- To facilitate closer engagement and communication between osteopaths and researchers in Australia/New Zealand and beyond

Project Design

- Phase One: Preparation, design and promotion
- Phase Two: Practitioner recruitment, data collection
- Phase Three: Sub-study/EOI process
- Maintenance of database @ ARCCIM

A SIGNIFICANT GLOBAL RESOURCE

ORION: 992 / ORC-NZ: 253

Australia: 44.7% / NZ: 48.7%

Australasia: 45.3%

Global: 7.7%

ORION AND ORC-NZ MEMBER CHARACTERISTICS

Practitioner characteristics	ORC-NZ (n=253)	ORION (n=992)
	n (%)*	n (%)*
Gender		
Female	134 (46.6)	576 (58.1)
Male	118 (53.0)	416 (41.9)
Other	1 (0.4)	0
Age in years [mean (SD)]*	45.4 (12.0)	38.0 (10.9)
Country qualified		
England	129 (51.0)	-
New Zealand	101 (39.9)	-
Australia	19 (7.5)	-
Other	4 (1.6)	-
Years in practice [mean (SD)]*	15.3 (10.6)	11.4 (9.0)
Highest osteopathic qualification		
Diploma	40 (15.9)	-
Advanced diploma	2 (0.8)	9 (0.9)
Bachelor (or Double Bachelor) degree	66 (26.2)	214 (21.6)
Postgraduate certificate or diploma	17 (6.8)	61 (6.2)
Masters degree	119 (47.2)	681 (68.7)
Other (includes PhD)	8 (3.2)	27 (2.7)
Occupational role		
University or other teaching	23 (9.1)	116 (11.7)
Clinical supervision of students	19 (7.5)	150 (15.1)
Clinical supervision of associates	40 (15.8)	
Professional organisation involvement	43 (17.0)	107 (10.8)
Research	19 (7.5)	54 (5.4)
Volunteer	46 (18.2)	159 (16.0)
Regionality of primary practice		
Urban	224 (88.5)	820 (82.7)
Rural	59 (22.1)	212 (21.4)
Remote	4 (1.6)	11 (1.1)

ORC-NZ (n=253)		ORION (n=992)*	
Northland	11 (4.4)	Australian Capital Territory	17 (1.7%)
Auckland	75 (29.6)	New South Wales	263 (26.5%)
Bay of Plenty	27 (10.7)	Northern Territory	2 (0.2%)
Waikato	27 (10.7)	Queensland	89 (9.0%)
Manawatu	11 (4.4)	South Australia	18 (1.8%)
Wellington	30 (11.9)	Tasmania	22 (2.2%)
Nelson	13 (5.1)	Victoria	559 (56.4%)
Canterbury	24 (9.5)	Western Australia	32 (3.2%)
Otago	15 (5.9)		
Other regions	25 (9.9)		

Practice characteristics	ORC-NZ (n=253)	ORION (n=992)
	Mean (SD)	Mean (SD)
Patient care hours	27.5 (11.1)	28.2 (11.8)
Patient visits	32.3 (22.4)	37.0 (18.3)
	n (%)	n (%)
Practice in more than one location	84 (33.2)	347 (35.0)
Practice with other health professionals	185 (69.8)	-
Osteopath	139 (78.5)	643 (64.8)
General practitioner	17 (9.6)	72 (7.3)
Specialist doctor	5 (2.8)	31 (3.1)
Podiatrist	17 (19.6)	147 (14.8)
Physiotherapist	34 (19.2)	144 (14.5)
Exercise physiologist	4 (2.3)	124 (12.5)
Occupational therapist	4 (2.3)	19 (1.9)
Psychologist	34 (19.2)	191 (19.3)
Massage therapist	80 (45.2)	501 (50.5)
Chiropractor	10 (5.7)	-
Acupuncturist	68 (38.4)	188 (19.0)
Naturopath	29 (16.4)	193 (19.5)
Dietician	6 (3.4)	72 (7.3)
Nutritionist	18 (10.2)	78 (7.9)

	ORC-NZ (n=253)				ORION (n=992)			
	Often	Sometimes	Rarely	Never	Often	Sometimes	Rarely	Never
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Conditions treated								
Neck pain	249 (98.4)	4 (1.6)	0 (0.0)	0 (0.0)	971 (98.0)	20 (2.0)	0 (0.0)	0 (0.0)
Thoracic spine and rib pain	225 (88.9)	27 (10.7)	1 (0.4)	0 (0.0)	909 (91.7)	80 (8.1)	2 (0.2)	0 (0.0)
Low back pain	249 (98.4)	4 (1.6)	0 (0.0)	0 (0.0)	977 (98.7)	10 (1.0)	1 (0.1)	2 (0.2)
Hip pain	173 (68.4)	76 (30.0)	3 (1.2)	1 (0.4)	744 (75.2)	236 (23.8)	8 (0.8)	2 (0.2)
Knee musculoskeletal disorders	126 (49.8)	116 (45.9)	11 (4.4)	0 (0.0)	491 (49.7)	456 (46.2)	38 (3.9)	3 (0.3)
Ankle musculoskeletal disorders	97 (38.3)	120 (47.4)	36 (14.0)	0 (0.0)	333 (33.7)	501 (50.7)	150 (15.2)	5 (0.5)
Foot musculoskeletal disorders	74 (29.3)	119 (47.0)	60 (23.7)	0 (0.0)	294 (29.7)	484 (48.9)	207 (20.9)	5 (0.5)
Shoulder musculoskeletal disorders	207 (81.8)	45 (17.8)	1 (0.4)	0 (0.0)	801 (81.0)	176 (17.8)	10 (1.0)	2 (0.2)
Elbow musculoskeletal disorders	60 (23.8)	140 (55.6)	49 (19.4)	3 (1.2)	251 (25.5)	558 (56.6)	170 (17.2)	7 (0.7)
Wrist musculoskeletal disorders	45 (17.9)	126 (50.2)	79 (31.5)	1 (0.4)	188 (19.0)	469 (47.4)	325 (32.9)	7 (0.7)
Hand musculoskeletal disorders	33 (13.2)	100 (39.8)	114 (45.4)	4 (1.6)	121 (12.3)	352 (35.7)	482 (48.9)	30 (3.1)
Postural disorders	132 (52.6)	89 (35.5)	30 (12.0)	0 (0.0)	675 (68.3)	261 (26.4)	52 (5.3)	1 (0.1)
Degenerative spine disorders	123 (49.0)	95 (37.9)	31 (12.4)	2 (0.8)	599 (60.6)	324 (32.8)	66 (6.7)	0 (0.0)
Headache disorders	219 (86.6)	33 (13.0)	1 (0.4)	0 (0.0)	892 (90.1)	95 (9.6)	2 (0.2)	1 (0.1)
Migraine disorders	104 (41.1)	126 (49.8)	22 (8.7)	1 (0.4)	400 (40.5)	518 (52.4)	69 (7.0)	1 (0.1)
Spinal health maintenance	121 (48.0)	98 (38.9)	31 (12.3)	2 (0.8)	458 (46.4)	378 (38.3)	136 (13.8)	16 (1.6)
Chronic or persistent pain	127 (50.2)	108 (42.7)	18 (7.1)	0 (0.0)	630 (63.7)	310 (31.3)	47 (4.8)	2 (0.2)
Tendinopathies	76 (30.2)	129 (51.2)	44 (17.5)	3 (1.2)	410 (41.5)	477 (48.2)	96 (9.7)	6 (0.6)
Temporomandibular joint (TMJ) disorders	35 (13.8)	116 (45.9)	98 (38.7)	4 (1.6)	183 (18.5)	504 (51.0)	291 (29.5)	10 (1.0)
Non-musculoskeletal disorders	41 (16.3)	92 (36.5)	77 (30.6)	42 (16.7)	126 (12.9)	262 (26.7)	318 (32.5)	274 (28.0)
Populations treated								
Children (up to 3 years)	72 (28.8)	76 (30.4)	51 (20.4)	51 (20.4)	156 (15.8)	217 (22.0)	304 (30.8)	311 (31.5)
Children (4 to 18 years)	89 (35.3)	129 (51.2)	33 (13.1)	1 (0.4)	270 (27.3)	545 (55.0)	168 (17.0)	8 (0.8)
Older people (65 year or over)	168 (66.4)	81 (32.0)	4 (1.6)	0 (0.0)	572 (57.7)	369 (37.2)	48 (4.8)	2 (0.2)
Maori/Australian Indigenous*	39 (15.4)	141 (55.7)	71 (28.0)	2 (0.8)	7 (0.7)	105 (10.6)	547 (55.3)	331 (33.4)
Pregnant women	75 (29.6)	134 (53.0)	43 (17.0)	1 (0.4)	344 (34.7)	534 (53.9)	108 (10.9)	5 (0.5)
People with sports-related injuries	131 (51.8)	104 (41.1)	18 (7.1)	0 (0.0)	501 (50.6)	432 (43.6)	53 (5.4)	4 (0.4)
People with work-related injuries	164 (64.8)	81 (32.0)	8 (3.2)	0 (0.0)	-	-	-	-
People with traffic-related injuries	68 (26.9)	136 (53.8)	45 (17.8)	4 (1.6)	-	-	-	-
People receiving post-surgical rehabilitation	35 (13.8)	125 (49.4)	84 (34.3)	6 (2.4)	79 (8.0)	456 (46.1)	396 (40.0)	58 (5.9)
Non-English speaking ethnic groups	12 (4.8)	60 (23.8)	105 (41.7)	75 (29.8)	33 (3.3)	153 (15.5)	457 (46.2)	346 (35.0)
Treat patients with ACC reimbursement	223 (88.1)	23 (9.1)	0 (0.0)	7 (2.8)	-	-	-	-

*Data reports treatment of Maori populations for ORC-NZ and Australian indigenous populations for ORION

	ORC-NZ (n=253)				ORION (n=992)			
	Often	Sometimes	Rarely	Never	Often	Sometimes	Rarely	Never
Topics discussed with patients								
Diet/Nutrition	104 (41.3)	118 (46.8)	29 (11.5)	1 (0.4)	375 (37.9)	465 (47.0)	142 (14.3)	8 (0.8)
Smoking/Drugs/Alcohol	32 (12.8)	132 (52.8)	80 (32.0)	6 (2.4)	179 (18.1)	454 (45.9)	324 (32.7)	33 (3.3)
Physical activity/fitness	219 (86.9)	29 (11.5)	4 (1.6)	0 (0.0)	886 (89.4)	99 (10.0)	6 (0.6)	0 (0.0)
Occupational health and safety	109 (43.3)	101 (40.1)	36 (14.3)	6 (2.4)	506 (51.2)	374 (37.8)	95 (9.6)	14 (1.4)
Pain counselling	55 (22.0)	106 (42.4)	79 (31.6)	10 (4.0)	264 (26.6)	411 (41.5)	266 (26.8)	50 (5.1)
Stress management	141 (53.8)	103 (39.3)	18 (6.9)	0 (0.0)	489 (49.4)	410 (41.5)	85 (8.6)	5 (0.5)
Nutritional supplements	66 (26.3)	119 (47.4)	52 (20.7)	14 (5.6)	252 (25.4)	446 (45.0)	247 (24.9)	46 (4.6)
Medications (including for pain/inflammation)	92 (36.4)	131 (51.8)	22 (8.7)	8 (3.2)	391 (39.5)	475 (48.0)	115 (11.6)	9 (0.9)
Treatment techniques used								
Strain/Counterstrain	66 (26.9)	76 (31.0)	61 (24.9)	42 (17.1)	420 (42.4)	324 (32.7)	180 (18.2)	66 (6.7)
Muscle energy techniques	151 (59.9)	68 (26.9)	24 (9.5)	9 (3.6)	788 (79.5)	154 (15.5)	34 (3.4)	15 (1.5)
High velocity low amplitude/spinal manipulation	155 (61.3)	45 (17.8)	30 (11.9)	23 (9.1)	632 (63.8)	231 (23.3)	86 (8.7)	42 (4.2)
Peripheral joint manipulation	136 (53.8)	72 (28.5)	31 (12.3)	14 (5.5)	393 (39.7)	347 (35.1)	212 (21.4)	37 (3.7)
Soft tissue techniques	221 (87.4)	15 (5.9)	11 (4.4)	6 (2.4)	848 (85.7)	85 (8.6)	46 (4.7)	11 (1.1)
Myofascial release	154 (60.9)	62 (24.5)	23 (9.1)	14 (5.5)	612 (61.8)	266 (26.9)	79 (8.0)	33 (3.3)
Cranial techniques	128 (50.6)	68 (26.9)	31 (12.3)	26 (10.3)	233 (23.5)	219 (22.1)	213 (21.5)	325 (32.8)
Facilitated positional release	62 (24.8)	78 (31.2)	49 (19.6)	61 (24.4)	166 (16.8)	298 (30.1)	314 (31.8)	211 (21.3)
Needling techniques	12 (4.7)	4 (1.6)	4 (1.6)	233 (92.1)	234 (23.6)	165 (16.7)	51 (5.2)	540 (54.6)
Visceral techniques	58 (22.9)	98 (38.7)	69 (27.3)	28 (11.1)	98 (70.0)	272 (27.5)	411 (41.5)	210 (21.2)
Lymphatic pump	24 (9.5)	93 (36.8)	97 (38.3)	39 (15.4)	84 (8.5)	316 (31.9)	415 (41.9)	176 (17.8)
Autonomic balancing	52 (20.8)	59 (23.6)	59 (23.6)	80 (32.0)	157 (15.9)	190 (19.2)	216 (21.8)	427 (43.1)
Biodynamic techniques	49 (19.4)	34 (13.5)	47 (18.7)	122 (48.4)	155 (15.6)	94 (9.5)	156 (15.7)	586 (59.1)
Functional techniques	115 (45.5)	85 (33.6)	42 (16.6)	11 (4.4)	270 (27.3)	335 (33.8)	251 (25.3)	135 (13.6)
Balanced ligamentous tension/Ligamentous articular strain	120 (47.8)	67 (26.7)	46 (18.3)	18 (7.2)	349 (35.2)	279 (28.2)	213 (21.5)	150 (15.1)
Exercise prescription or advice	198 (78.3)	46 (18.2)	8 (3.2)	1 (0.4)	733 (74.0)	218 (22.0)	35 (3.5)	4 (0.4)
Chapmans reflexes	10 (4.0)	18 (7.2)	54 (21.5)	169 (67.3)	24 (2.4)	78 (7.9)	190 (19.2)	698 (70.5)
Shockwave therapy	2 (0.8)	6 (2.4)	2 (0.8)	242 (96.0)	18 (1.8)	35 (3.5)	27 (2.7)	910 (91.9)
Ultrasound therapy	1 (0.4)	3 (1.2)	3 (1.2)	245 (97.2)	27 (2.7)	32 (3.2)	50 (5.1)	880 (89.0)
TENS or other electrotherapy	6 (2.4)	3 (1.2)	6 (2.4)	234 (94.0)	19 (1.9)	25 (2.5)	67 (6.8)	879 (88.8)
Instrument-assisted manipulative techniques	0 (0.0)	2 (0.8)	3 (1.2)	247 (98.0)	2 (0.2)	11 (1.1)	20 (2.0)	956 (96.7)
Instrument-assisted soft tissue mobilisation	2 (0.8)	7 (2.8)	9 (3.6)	234 (92.9)	12 (1.2)	29 (2.9)	37 (3.7)	912 (92.1)
Trigger point therapy	73 (29.1)	75 (30.0)	43 (17.1)	60 (23.9)	258 (26.1)	353 (35.7)	184 (18.6)	195 (19.7)
Sports taping	25 (9.9)	57 (22.6)	85 (33.7)	85 (33.7)	122 (12.3)	330 (33.3)	311 (31.4)	227 (22.9)
Breathing retraining	63 (25.2)	108 (43.2)	54 (21.6)	25 (10.0)	-	-	-	-

WHAT NEXT? PUBLISH RESULTS

nature publishing group npg

Scientific Reports

WHAT NEXT? SECONDARY ANALYSIS

Secondary analysis of the survey data

1. Characteristics of osteopathic workforce
2. Characteristics of osteopaths who discuss lifestyle factors with their patients
3. Osteopaths' interest in prescribing medicines
4. Characteristics of osteopaths for the management of sports-related injury
5. Osteopaths' referrals patterns to and from general practitioners

Complementary Therapies in Medicine 43 (2019) 125–130

Contents lists available at ScienceDirect

Complementary Therapies in Medicine

journal homepage: www.elsevier.com/locate/ctim

Prevalence and profile of Australian osteopaths treating older people

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ARTICLE INFO

Keywords:
Osteopathy
Chronic pain
Health workforce
Gerontology
Aged care

ABSTRACT

Objectives: To explore the characteristics of the Australian osteopathy workforce who participate in the management of older patients with musculoskeletal complaints.
Design: Secondary analysis of a cross-sectional survey of osteopaths.
Setting: The Osteopathy Research and Innovation Network (ORION), an Australian practice-based research network.
Main outcome measures: The demographic, practice and treatment characteristics of osteopaths who identify as 'always'or 'often' treating patients aged 65 years or over.
Results: Over half (58%) of total participants (n = 992) indicated often treating older people and this was associated with referral patterns with other health professionals and a non-urban practice location. Osteopaths providing care to older people were more likely to discuss diet/nutrition and medications, and provide pain counselling. Osteopaths who treated older adults were more likely to treat shoulder musculoskeletal disorders, degenerative spine disorders, chronic or persistent pain, and tendinopathies.
Conclusions: A substantial proportion of Australian osteopaths treat older adults frequently. The potential value and impact of osteopathy in managing the health needs of an ageing population warrants close examination from both researchers and policy makers.

WHAT NEXT? SUBSTUDIES!

Submit Expression of Interest

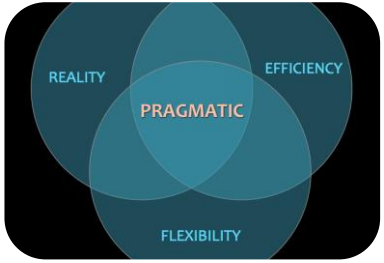
Response to Expression of Interest

Ethics approval

Member identification

Member recruitment

WHAT NEXT? SUBSTUDIES



Pragmatic clinical research

Observational research

Qualitative research

Case reports and single-subject research

SUBSTUDIES IN PROGRESS

Leach et al. BMC Health Services Research (2019) 19:498
https://doi.org/10.1186/s12913-019-4329-1

BMC Health Services Research

RESEARCH ARTICLE Open Access

An investigation of Australian osteopaths' attitudes, skills and utilisation of evidence-based practice: a national cross-sectional survey

Matthew J. Leach[1,2], Tobias Sundberg[2,3], Gary Fryer[4*], Philip Austin[5], Oliver P. Thomson[6,7] and Jon Adams[2]

1. ***Osteopaths' use and attitudes towards patient-reported outcome measures*** (Assoc Prof Gary Fryer, Victoria University; Dr Michael Fleischmann, Victoria University; Senior students)
2. ***Knowledge, attitudes and beliefs of osteopaths towards pain*** (Dr Kylie Fitzgerald, Victoria University; Dr Michael Fleischmann, Victoria University; Dr Brett Vaughan, University of Melbourne; Dr Phillip Austin, HammondCare)

SUBSTUDIES IN PROGRESS

Pilot data


Complementary Therapies in Medicine

journal homepage: www.elsevier.com/locate/ctim

evalence and profile of Australian osteopaths treating older people

ABSTRACT

Survey: Treatment approaches used by osteopaths for the management of pain in older patients

Research Grant

Pragmatic clinical trial: Effectiveness of osteopathic treatment for the management of pain in older patients

CROSS-PROFESSIONAL RESEARCH

Advances in Integrative Medicine 4 (2017) 22–30

Contents lists available at ScienceDirect

Advances in Integrative Medicine

journal homepage: www.elsevier.com/locate/aimed

Original Research Papers

Patient perceptions of patient-centred care, empathy and empowerment in complementary medicine clinical practice: A cross-sectional study

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ACORN Australian Chiropractic Research Network

PRACI Practitioner Research and Collaboration Initiative

ORION OSTEOPATHY RESEARCH & INNOVATION NETWORK
Growing research through connecting practice

THE ROLE OF PRACTICE-BASED RESEARCH NETWORKS

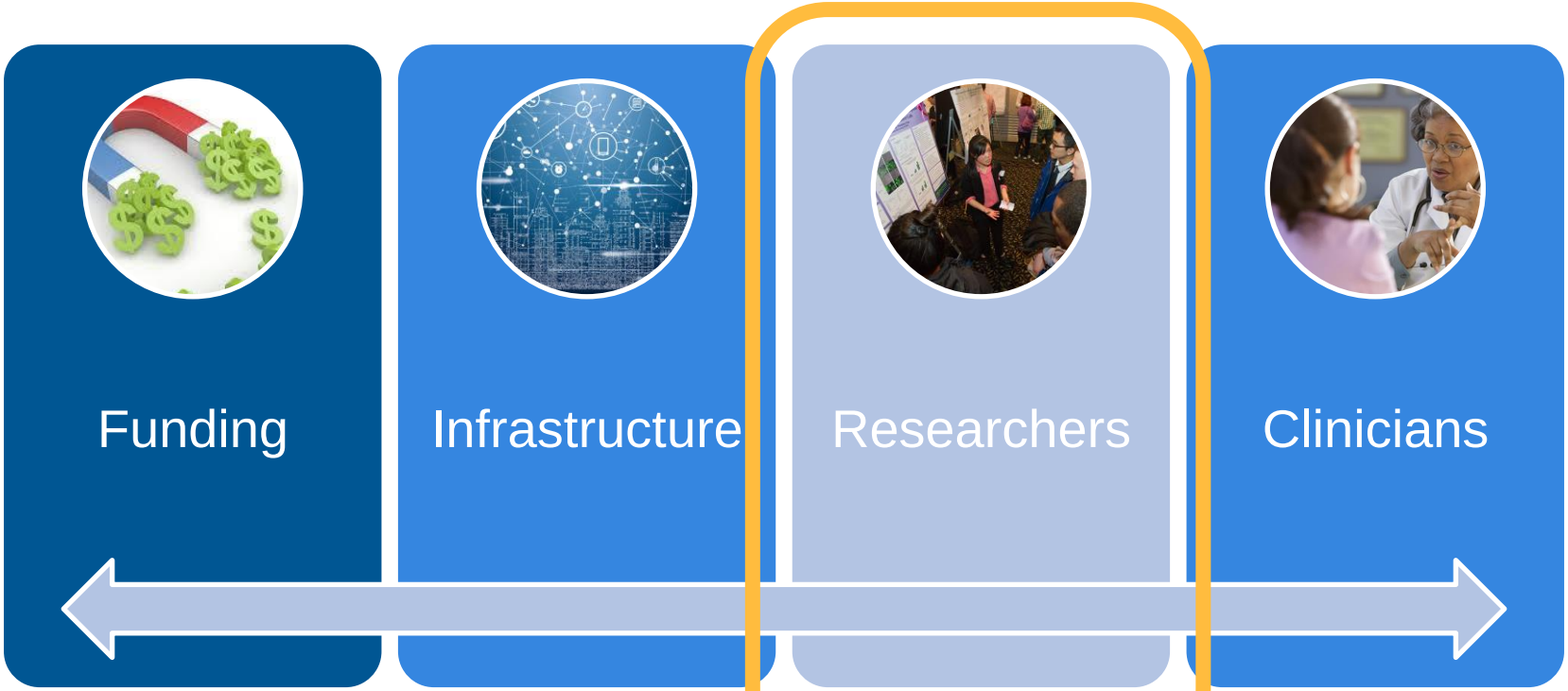
- Localised data increases translation and uptake
- Optimise osteopathic research resources
- Communities of practice

ADVANCING RESEARCH LEADERSHIP IN OSTEOPATHY: A NEW INITIATIVE FOR THE NEXT GENERATION OF OSTEOPATHIC RESEARCH LEADERS

Dr Amie Steel (on behalf of Distinguished Professor Jon Adams)

UTS:ARCCIM
CRITICAL METHODS, TRANSLATIONAL RESEARCH

CREATING RESEARCH CAPACITY



THE INTERNATIONAL OSTEOPATHY RESEARCH LEADERSHIP PROGRAM

- **Modelled on the *Oxford International Research Leadership Program***
- ***ARCCIM International Leadership Programs***
  - **3 programs established since 2014**
  - **39 fellows**
  - **Produced >100 peer-reviewed publications**
  - **Initiated internationally significant research projects**

osteopathy AUSTRALIA

Svenska Osteopatförbundet

PROGRAM AIM

Identify, ***nurture*** *and* ***support*** *future emerging researchers focused upon investigation of osteopathy and issues relevant to osteopathy with a view to helping* ***develop and lead*** *a sustainable international osteopathy research culture able to* ***meet the evidence needs*** *of patients, practitioners and policymakers.*

PROGRAM STRUCTURE

- Will run over a minimum of 3 years
- Will include ~12 successful Fellows
  - Australia = 6, Overseas = 4; +1 from Sweden; +1 from ?
- Those chosen for participation via competitive application with be known as Program “Fellows” and will attract Appointments as *Visiting Scholars* with the Faculty of Health, UTS
- Program Fellows will be required to participate in a annual residential (4-day visit) to be held at UTS, Sydney, Australia
- The program will cover the cost of accommodation (4 nights) for each Fellow as well as up to AUD$2000 reimbursement for direct economy flights and an invited Program dinner

RESIDENTIALS

- Speaker-led sessions on specific topics of expertise:
  - Research skills training
  - Networking
  - The art of getting published and cited
  - Successfully collaborating in multidisciplinary research teams
  - Other research development and career advancement support
- Fellow-led sessions on:
  - Challenges/opportunities they identify
  - Developing collaborative projects with appropriate design guidance and facilitation

DISTANCE MENTORING AND COLLABORATION

- Distance mentoring and support from senior researchers facilitating the program throughout the year
- Each Fellow will be expected to co-author and submit at least one peer-reviewed journal article with at least one other Fellow and/or Associated Program academic per annum while participating in the program
- Active research collaboration across the cohort and Program academics will be strongly encouraged

PROGRAM OPPORTUNITIES

Provides emerging osteopathy researchers a unique opportunity to:

1. mix and collaborate with senior researchers (with expertise in a range of relevant methodologies and disciplines)
2. The reflect and strategise in the context of both personal and professional development

PROGRAM OPPORTUNITIES

Provides the osteopathy profession a unique opportunity to:

1. Ensure that the osteopathy profession build upon current research successes and capacity to grow its ranks, initiatives and profile over coming years
2. Instill mentorship at the highest level necessary for planning and developing the broad evidence-base for osteopathic practice and use on the international stage
3. Promote and conduct collaborations across and beyond the profession in order to help strengthen and further grow the integration and standing of osteopathy within the wider health care teamwork and systems

ELIGIBILITY

Applicants must be either:

Application form and brief CV to be submitted to: rhiannon.derrig@uts.edu.au

institution/university or equivalent research-appropriate organization

Deadline for Program Fellowship applications is 1st February 2020

- The potential and commitment to further develop and contribute to the national and international field of critical osteopathy research

THANK YOU

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