

The case for establishing an Australasian integrative medicine practice-based research network

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Up to 70% of the population in Australia and New Zealand use complementary medicine, often alongside their conventional healthcare.¹⁻³ This integration is mostly patient-driven and ad hoc, with many patients self-selecting and not discussing the use of complementary medicines with their doctors.⁴ Together with the growing use of complementary medicine in the community, there has been the emergence of integrative medicine, where conventional medicine is combined with evidence-based lifestyle, natural and complementary medicine interventions, to deliver holistic, patient-centred care (Box 1).⁵

General practice interfaces with integrative medicine, as is demonstrated by the The Royal Australian College of General Practitioners' (RACGP's) Specific Interests Integrative Medicine Working Group and the inclusion of integrative medicine in the RACGP's *Curriculum for Australian general practice – 2016*.⁵ Although the exact number of doctors who practise integrative medicine in Australasia is unknown, many primary care clinics in Australia have self-identified general practitioners (GPs) practising integrative medicine or using complementary medicines in their clinical practice.^{6,7} GPs may also be working within an integrative medicine

multidisciplinary team, which may include complementary medicine practitioners.⁸ In a nationwide survey of Australian GPs, around one-third self-identified as practising integrative medicine and the majority (86%) of non-integrative medicine GPs had recommended complementary medicine use to their patients in the past 12 months, with 9% 'frequently' recommending complementary medicine.^{6,7}

Although the evidence for some individual complementary medicines is building, there remains ongoing scepticism about the practice of integrative medicine, which necessitates further evaluation.⁹ A coordinated approach, such as an integrative medicine practice-based research network (IM-PBRN), could help to build much needed national and international research capacity in this field.

Two of the largest integrative medicine professional bodies – the Australasian Integrative Medicine Association (AIMA) and the Australasian College of Environmental and Nutritional Medicine (ACNEM) – represent integrative medicine practitioners from Australia and New Zealand. Existing professional networks offer the opportunity to identify and engage integrative medicine practitioners and clinics in the two countries. Binational research would offer the extra advantage of evaluating models of integrative

medicine care in different healthcare systems and with different traditional Indigenous healing practices.

A PBRN is a group of affiliated ambulatory services that collaborate, usually with academic institutions, to conduct clinically relevant research and promote its translation. In Australia and New Zealand, the majority of PBRNs are in the primary care setting. Primary care research is important. Research conducted in secondary care settings cannot always be generalised or may not be relevant to GPs and their patients. In response to the need for more primary care research, Australian PBRNs have undertaken a broad range of research activities, including clinical trials, health services, implementation research, guidelines and education research.¹⁰ Some of these PBRNs have a narrow focus, such as a clinical topic, or only drive one large project, whereas others support a wide range of research activities and outputs.

Although some PBRNs in Australia are multidisciplinary, including a recently established PBRN for complementary medicine practitioners,¹¹ there are no PBRNs in Australia or New Zealand conducting research that is relevant to the practice of integrative medicine.¹⁰ Internationally, there is only one example of an IM-PBRN, BraveNet, which is based in the US.¹²

An Australasian IM-PBRN that is affiliated with, or administered by, one or more academic institutions could help support a wide range of research that critically and rigorously examines the practice of integrative medicine to inform clinical practice and policy in Australia, New Zealand and other countries. Along with conducting its own research, the network could facilitate other research projects by identifying members who are 'research ready' and collaborating with existing PBRNs.¹³ Although the majority of members who belong to the various integrative medicine professional bodies in Australasia are GPs, increasing numbers of specialist medical practitioners are also becoming members. An Australasian IM-PBRN could therefore enable research in primary and secondary care settings, including much needed health service research around integrated care models. Other potential benefits of the PBRN include collegiate support, building integrative medicine research capacity, education, training, standards and knowledge transfer.¹³

A formal conversation between stakeholders would further the establishment of an IM-PBRN. Academic

institutions, integrative medicine practitioners and patient representatives will need to meet and explore how to best action such a network. Ideally, the various professional bodies representing relevant medical practitioners would actively contribute to this discussion and help recruit members. Following provisional endorsement by stakeholders, a representative scoping committee could be formed to determine the network's purpose, its research governance and infrastructure requirements. PBRNs are not without their challenges.¹³ The proposed network should therefore learn from and collaborate with other PBRNs in Australia and New Zealand, including the Australian Primary Care Research Network (APCReN), which is a national support service for Australian PBRNs.¹⁰

In conclusion, Australia and New Zealand could benefit from an IM-PBRN that fosters high-quality, clinically relevant research to inform health service delivery and policy around integrative medicine. Both countries have strong primary care services, existing research networks and research capacity. As such, they are well placed to lead research in this emerging field of medicine.

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Box 1. Integrative medicine⁵

The Royal Australian College of General Practitioners (RACGP) defines integrative medicine as:

*... the blending of conventional and evidence-based natural and complementary medicines and/or therapies with lifestyle interventions to deliver holistic, patient-centred care. The overarching aim of integrative medicine is to use the most appropriate, safe, ethical and evidence-based modality(ies) available, with a particular focus on prevention and lifestyle interventions.*⁵

Examples of integrative medicine modalities in the RACGP's *Curriculum for Australian general practice – 2016* include:

- **mind–body medicine interventions** (eg mindfulness meditation, biofeedback, cognitive behavioural therapy and hypnotherapy)
- **biologically based therapies** (eg nutritional and dietary supplements, herbs and spices)
- **manipulative and body-based methods** (eg massage, manipulation, trigger point therapy, postural advice, yoga, Tai Chi and qigong)
- **medical acupuncture** (eg needles, laser, electroacupuncture, moxibustion, acupressure)
- **environmental medicine** (eg advice on exposure to allergens, pollutants, chemicals and sun; promoting a clean environment; responding to climate change).

Other areas of interest to GPs that are not in the scope of the RACGP curriculum statement, but are important for health professionals to have a basic understanding, include traditional healing systems (eg Chinese medicine) and Indigenous healing practices that have a potential role in providing culturally appropriate healthcare.

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