Osteopathy as an Allied Health Profession (AHP): Lessons from MDT work in the UK NHS

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Osteopathy in the UK

- 4844 UK registered osteopaths practicing in the UK

- 90% of osteopaths are self-employed and work in the private sector

- Small number of osteopaths work in the NHS

(GOsC 2018)
What is an AHP

• 14 professions
• Degree level professions
• Professionally autonomous practitioners
• Provide system-wide care to assess, treat, diagnose across varied settings
• 30% of the work force at the NHS

(NHS 2018)
Why AHP status is important to Osteopathy

- Recognition
- Leadership in NHS
- Funding for research
- Health Education England
- Funding for Post Grad studies (MSc, PhD)
The NHS Journey

• Started Year 2000 by working with local GP

• Team of 10 osteopaths based in the community

• All patients are GP referrals only

• Patient choice and experience
The NHS Journey

• 2007 Joint clinics for complex cases with physiotherapy and podiatrist ½ a day a week.

• 2009 Community MCATs clinic (MSF 2006)
  • ESP
  • Osteopath
  • Physiotherapist
  • Podiatrist
  • GP WSI and Rheumatologist
MCATs not a great start

• 3 different organisations
• 3 different IT systems
• 5 different professions with 5 different clinical leadership
• Little or unknown tested pathways in the UK
• No clear objectives
NHS big change funding
NHS big change services
The Musculoskeletal Services Framework

A joint responsibility: doing it differently

EVIDENCE-BASED MEDICINE

National Institute for Health and Clinical Excellence
MSK Pathway

Community MSK service
- Paper based triage
- Telephone screening
- Face to face assessment
- MDT case management across primary and secondary care
  - Physiotherapy
  - Osteopathy
  - Pain Clinic
  - Acupuncture
  - Injections
  - Education
  - Psychological Therapies
  - Exercise

- Podiatry
- Dietary Advice
- Housing
- CMHT

Hospital

Red Flag

GP referral

Patient self-referral

Imaging
Team Structure

Phase 1
- Physiotherapist
- Osteopaths
- MSK Podiatrist
- Occupational Therapist
- Healthcare assistants
- Extended Scope Practitioners (Osteopaths, Physiotherapist)
- Psychologist

Phase 2
- Extended Scope Practitioners (Osteopaths, Physiotherapist)
- Sport Medicine Doctor
- Orthopaedic consultant
- Pain consultant
- Rheumatology consultant
- Clinical Psychologist consultant
Phase 0ne

- Osteopathy
- Physiotherapy
- Over 50 activities
- Weight management
- Pain clinic Education
- Exercise classes
- X-ray
- Hydrotherapy
- Acupuncture
- Podiatry
Phase Two

- Pain clinic
- Injection clinic
- Rheumatology
- Diagnostics
- Discharge
- Surgery
- Phase 1
Team Structure and Supervision

- Supervision trees
- Weekly 2 hours in-service training
- Complex case discussion
- Joint assessments
- 1:1 Supervision
- Clinical rotation
Organisational support  (Klinar 2013)

- Clear Structured supervision trees
- Communication
- Explicit spaces and time for attending
- Informal communication
- Locating team members to encourage and facilitate opportunistic encounters
Multidisciplinary Vs. Interdisciplinary

Interdisciplinary team a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.

(Nancarrow 2013)
The Role of Manual Therapist

MSK core capabilities framework for first point contact practitioners

- Patient centred approach
- Assessment, diagnosis & treatment
- Condition management and prevention.
- Professional development
Challenges for Osteopathy

- Perception (knowledge, skills, safety)
- Hierarchical
- Team Structure and clinical supervision
- Advanced practice and Specialisation
- Musculoskeletal Core Capabilities Framework NHS
Osteopathy role and scope of practice

- Non specific treatment for non specific presentations
- Chronic diseases
- Chronic pain
- Multi-site complex patients
- Manual therapy
Why it is important for Osteopathy
Necessity of interdisciplinary team work
(Nancarrow 2013)

The need for interdisciplinary team work is increasing as a result of a number of factors including:

• Ageing population
• complex needs associated with chronic diseases;
• skills and knowledge required to provide comprehensive care to patients;
• increasing specialization within health professions
• continuity of care
• Cost
Interprofessional collaboration in healthcare (Bosch and Mansell 2015)

- Key strategic drive for health reforms.
- Enhance quality of care.
- Reduce risk and improve safety.
- Improve clinical outcomes.
- Provide patient centred care
Characteristics of a good interdisciplinary team
(Nancarrow 2013)

1. Leadership and management
2. Communication
3. Personal rewards, training and development
4. Appropriate resources and procedures
5. Appropriate skill mix
6. Climate
7. Individual characteristics
8. Clarity of vision
9. Quality and outcomes of care
10. Respecting and understanding roles
Different but shared approach
(Bosch and Mansell 2015)
Factors influence collaboration and patient care (Van Dongen et al 2016)
Clinical leadership competency framework

Leadership framework overview diagram

- Creating the Vision
- Setting Direction
- Improving Services
- Managing Services
- Demonstrating Personal Qualities
- Working with Others

Delivering the Service

Delivering the Strategy

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The Future
Any Questions?
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