

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

Haidar Ramadan

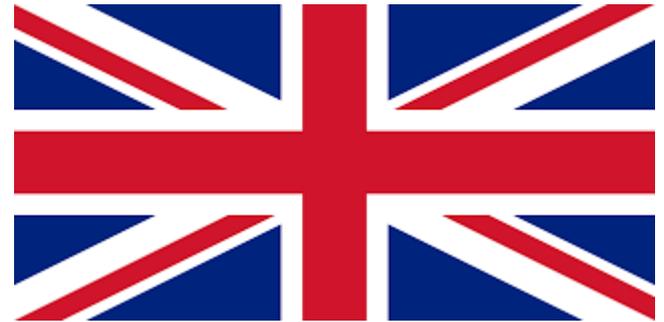


# Osteopathy in the UK

---

- 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



# Why AHP status is important to Osteopathy

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

**NHS**

*Health Education England*



**NHS**

*Leadership Academy*

# 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

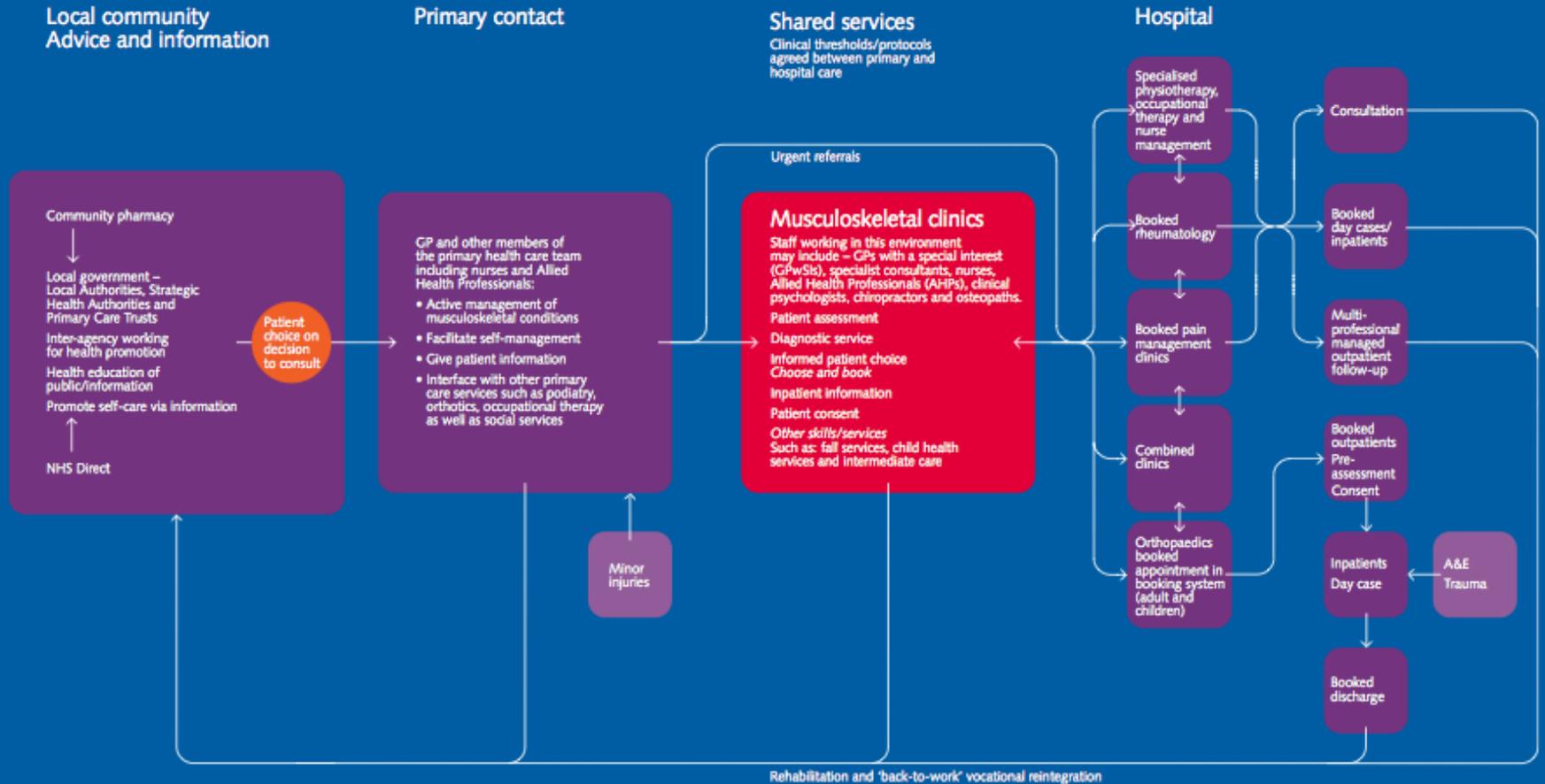


# The NHS Journey

---

- 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

# Musculoskeletal Services Framework



# MCATs not a great start

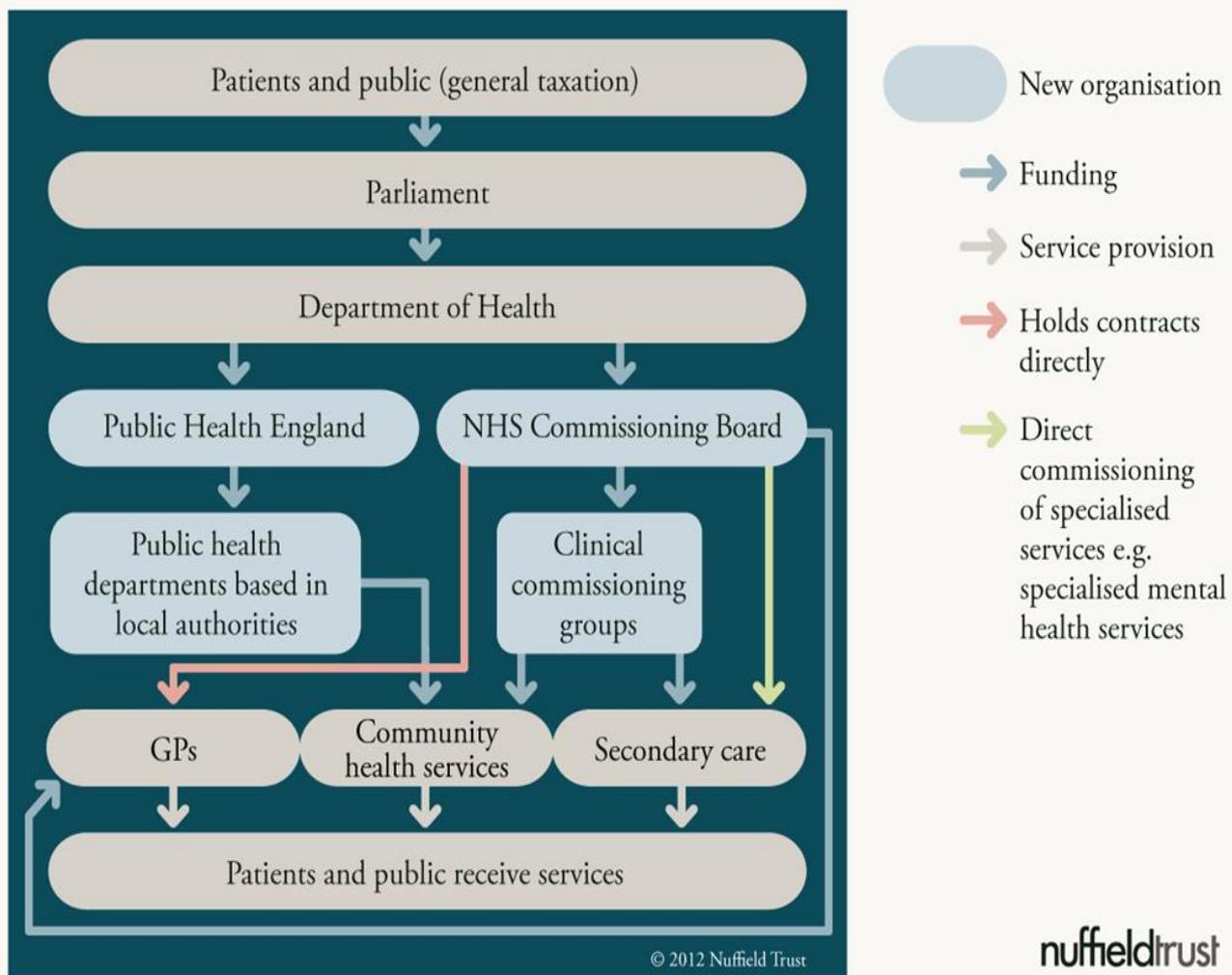
---

- 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

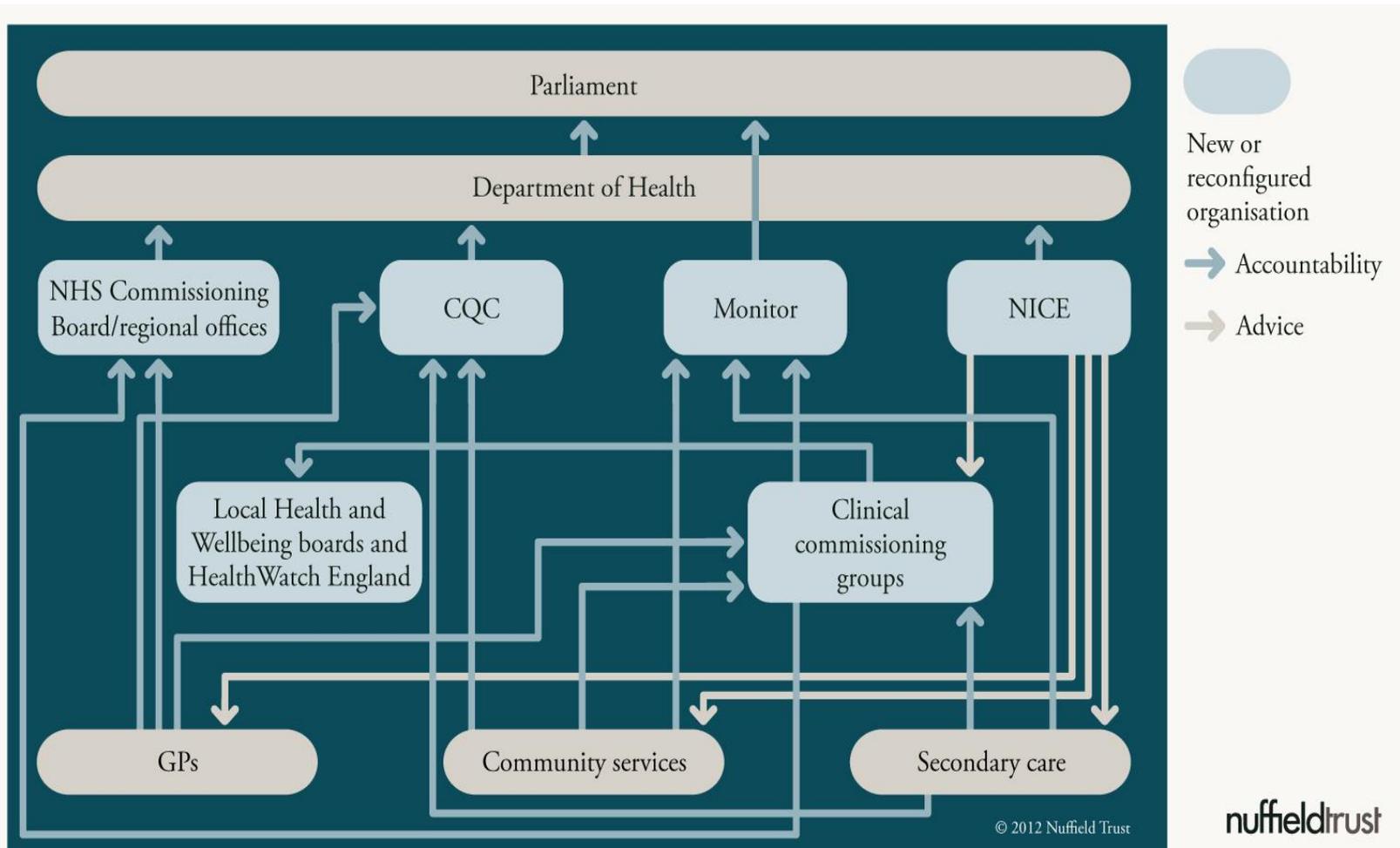


KEEP  
CALM  
you're doing a  
GREAT  
JOB

# NHS big change funding



# NHS big change services



*The Musculoskeletal Services Framework*

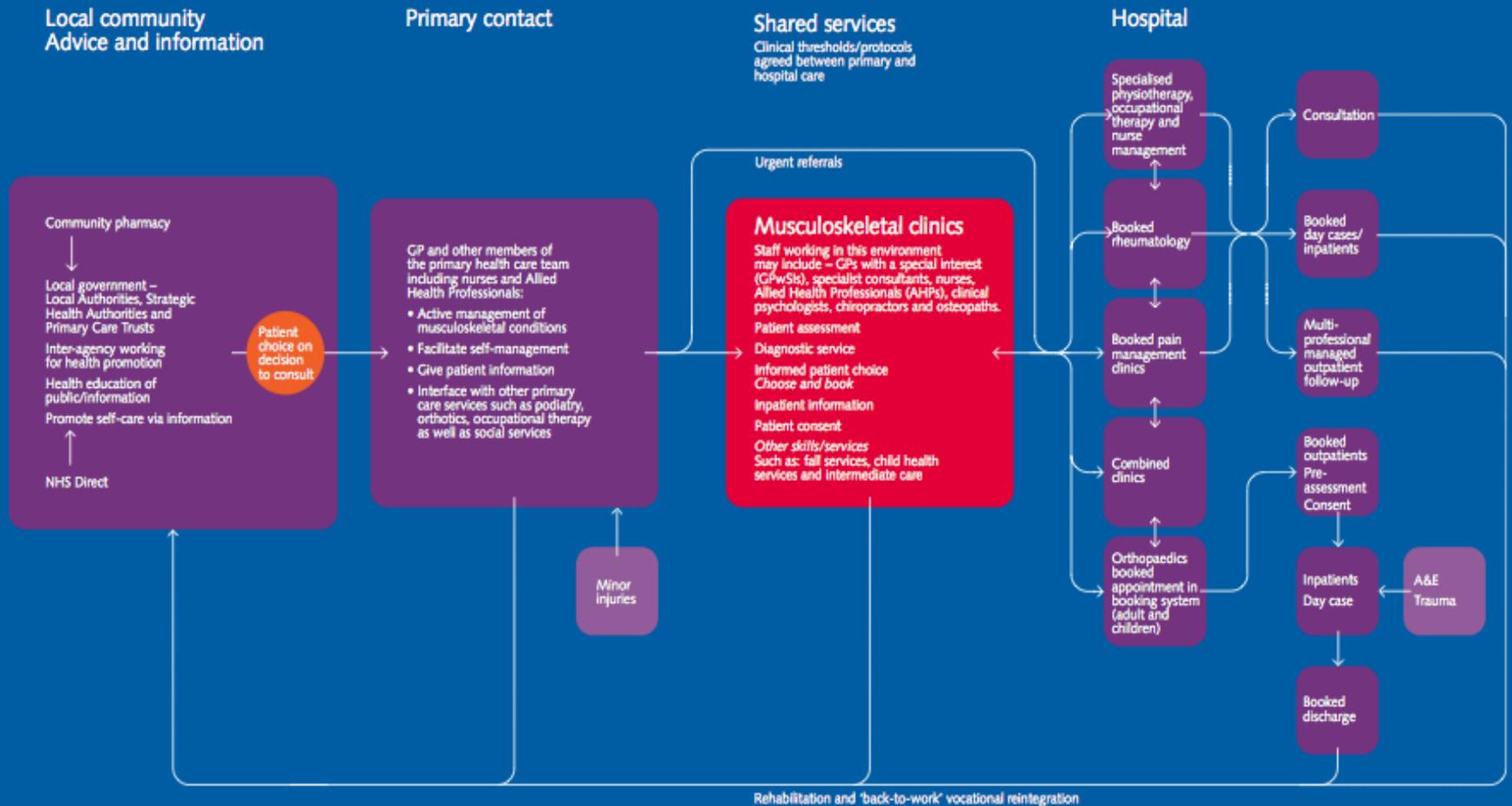
A joint  
responsibility:  
doing it  
differently

**NHS**

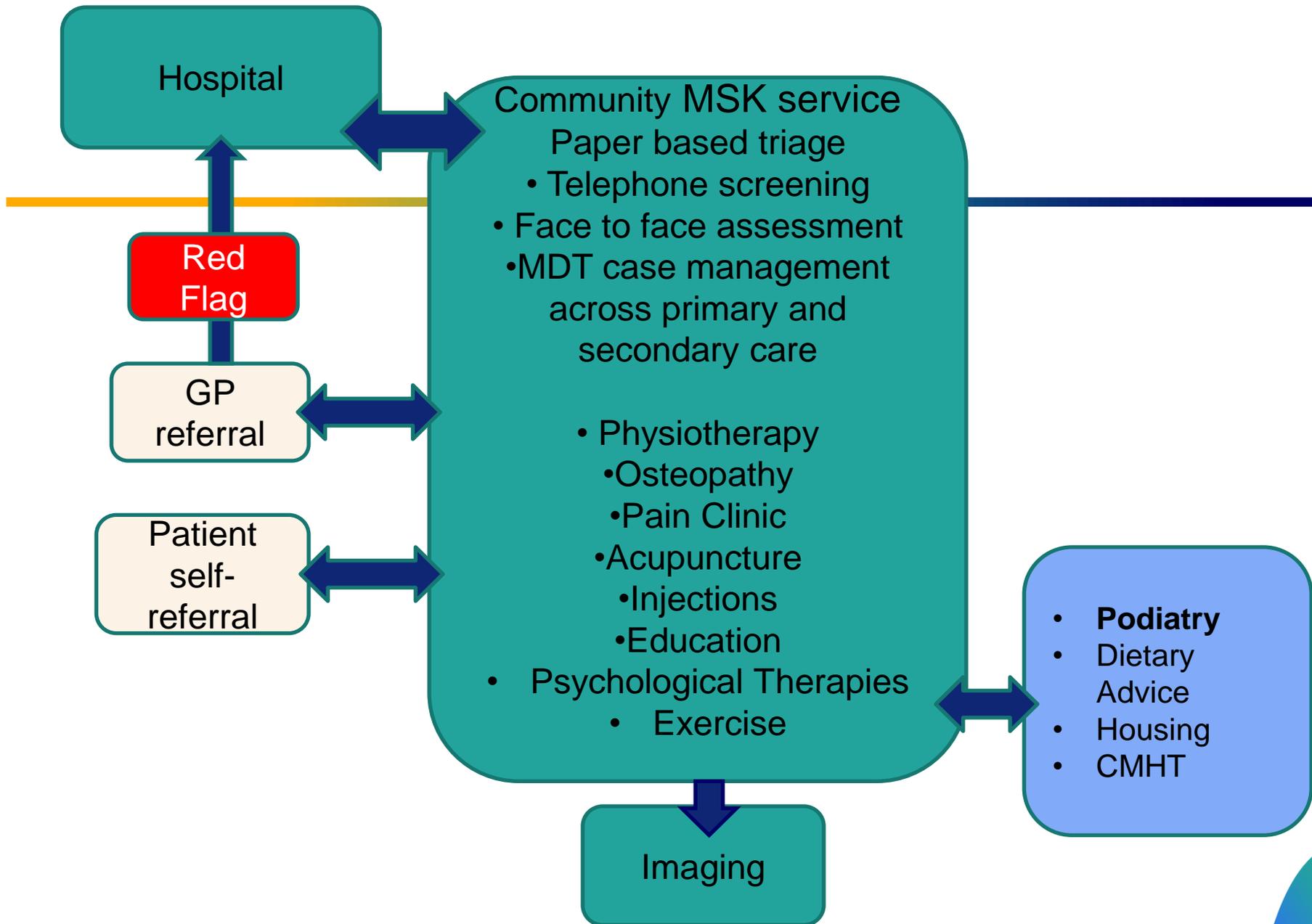
**National Institute for  
Health and Clinical Excellence**

**EVIDENCE-BASED  
MEDICINE**

# Musculoskeletal Services Framework



# MSK Pathway



# Team Structure

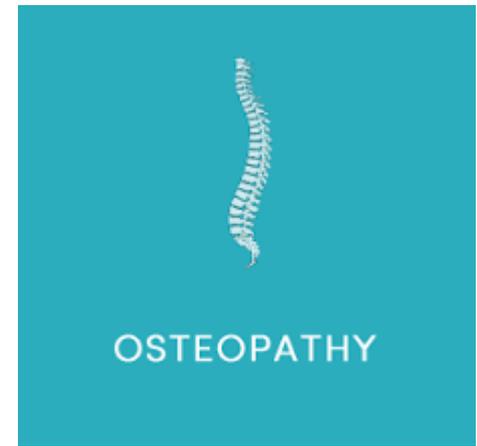
---

## 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

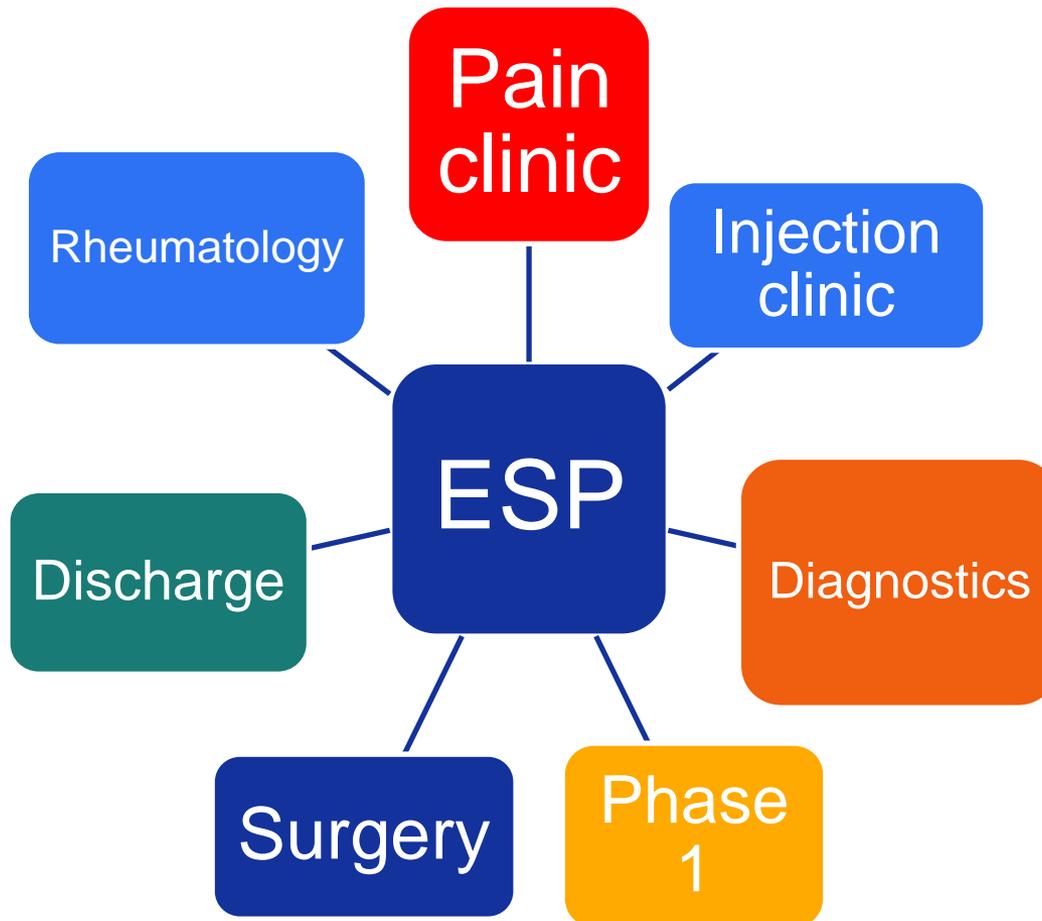


# Phase One



# Phase Two

---



# 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



*Health Education England*



# 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

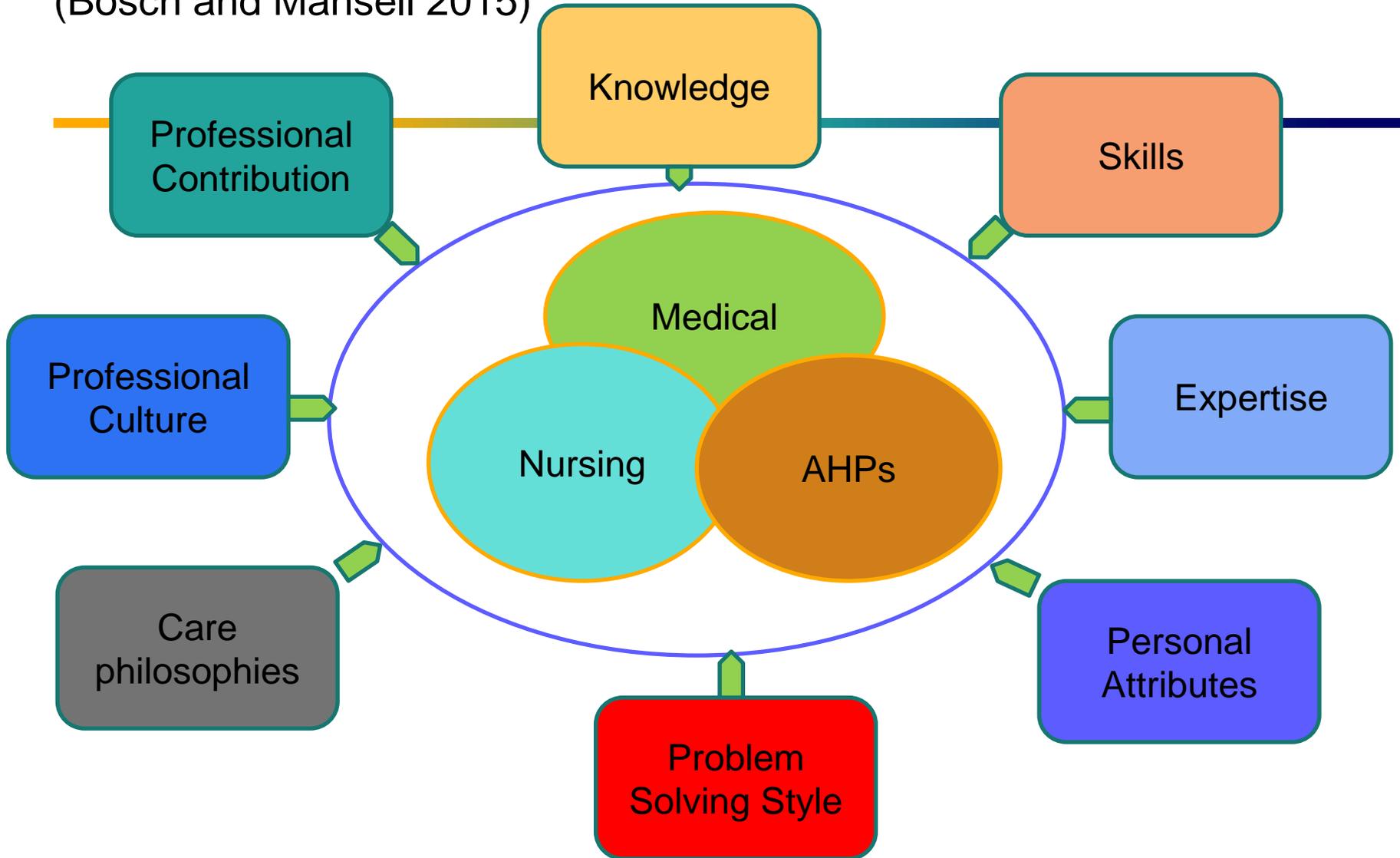
(Nancarrow 2013)

---

- 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)

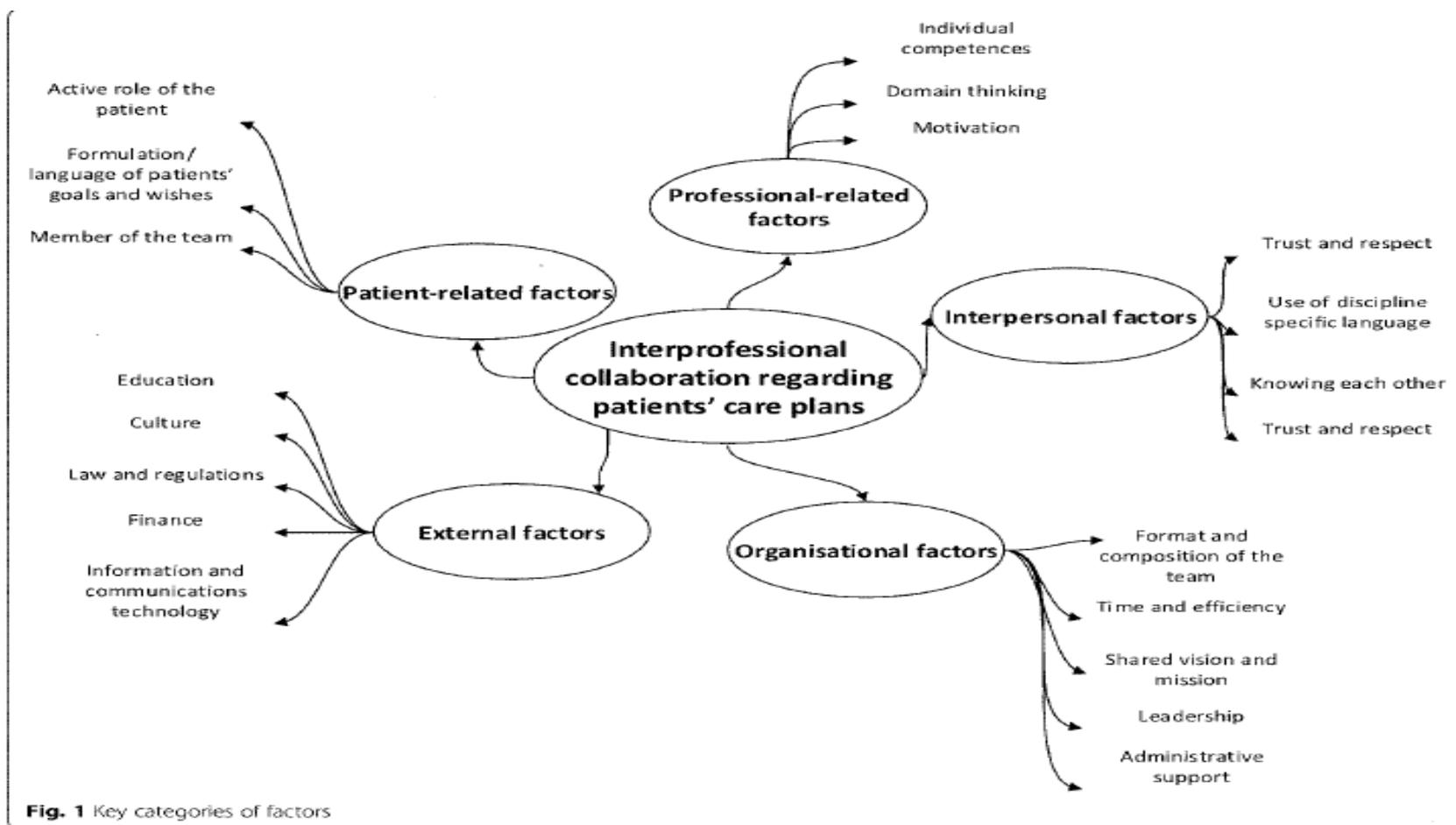


Fig. 1 Key categories of factors

# Clinical leadership competency framework

Leadership framework overview diagram



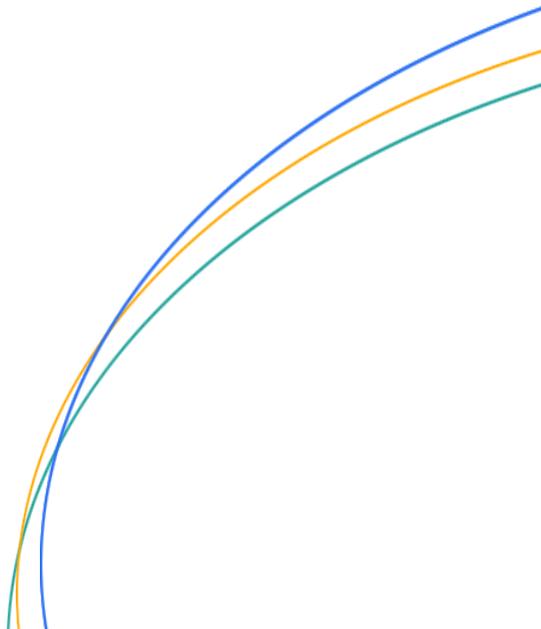
# The Future

---



Any Questions?

---



# References:

---

- Susan A Nancarrow, A Booth, S Ariss, T Smith, P Enderby, and A Roots. 2013. Ten principles of good interdisciplinary team work. *Hum Resour Health*. 2013; 11: 19.
- <https://www.socialworkhelper.com/2014/01/14/multidisciplinary-vs-interdisciplinary-teamwork-becoming-effective-practitioner/>
- DOH 2006, The Musculoskeletal Services Framework: A joint responsibility doing it differently Department of Health UK.
- GOsC 2018. <https://www.osteopathy.org.uk/home/>
- NHS 2018, NHS England Allied Health Professions. <https://www.england.nhs.uk/ahp/>
- NHS 2018, Leadership Academy. <https://www.leadershipacademy.nhs.uk>
- Health Education NHS England 2018. <https://hee.nhs.uk/>
- [Brennan Bosch](#) and [Holly Mansell](#). 2015. Interprofessional collaboration in health care. *Can Pharm J (Ott)*. 2015 Jul; 148(4): 176–179.
- Ivana Klinar. 2013 Physicians' attitudes about interprofessional treatment of chronic pain: family physicians are considered the most important collaborators. *Scand J Caring Sci*; 2013; 27; 303–310
- Jerome van Dongen and Stephanie Lenzen. et al. 2016. Interprofessional collaboration regarding patients' care plans in primary care : a focus group study into influential factors, *BMC Family practice*, Vol. 17, p.58.
- Anne Croker, Franziska Trede and Joy Higgs. 2012. Collaboration: What is it like? Phenomenological interpretation of the experience of collaborating within rehabilitation teams. *Journal of Interprofessional Care*, 2012, 26: 13–20.
- François Chiochio, Paule Lebel and Jean-Nicolas Dubé. 2016. Informational role self-efficacy: a validation in interprofessional collaboration contexts involving healthcare service and project teams. *BMC Health Services Research* (2016) 16:153.
- I. Supper, O. Catala, M. Lustman, C. Chemla, Y. Bourgueil, L. Letriliart. 2014. Interprofessional collaboration in primary health care: a review of facilitators and barriers perceived by involved actors. *Journal of Public Health | Vol. 37, No. 4, pp. 716–727*.
- Britta Pape, Pernille, Staal Thiessen, Flemming Jakobsen and Torben Baek Hansen. 2013. Interprofessional collaboration may pay off: introducing a collaborative approach in an orthopaedic ward. *J Interprof Care*, 2013; 27(6): 496-500.
- Wei Wen Chong, Parisa Aslani and Timothy F Chen. 2013. Multiple perspectives on shared decision-making and interprofessional collaboration in mental healthcare. *Journal of Interprofessional Care*, 2013, 27: 223–230.