

Quick Guide to osteopathy as a workforce supply solution



About this quick guide

This quick guide is designed to support the clinical leads, workforce leads, operational managers and any senior leaders who are involved in workforce development in NHS provider departments to understand the value that osteopaths can bring to productive NHS services and facilitate best use of the multi-professional workforce.

The aim is to enable continued transformation towards a system in which workforce planning and deployment is centred around capability-based recruitment in the spirit of the NHS Long Term Plan, emerging HEE Strategic Workforce Plan and other national strategies.

Notable benefits include:

- 1) Supporting the development of evidence-based workforce plans
- 2) Enable NHS workforce leads, clinical leads, and operational managers to understand the full range of capabilities of their osteopathic workforce and where osteopaths could fill skills shortages and gaps
- 3) Assist NHS commissioners to, where appropriate, develop contracts that support the inclusion of osteopaths into the inter-professional NHS team
- 4) Identifying the professional development pathways available to osteopaths and the training required to support this
- 5) As a resource for osteopaths who are interested in an NHS career.

This guide was developed and tested with a variety of service leaders, clinicians and other experts from across the NHS and the osteopathic profession based on the principles of co-production. Interviews with these stakeholders have been conducted independently to ensure that their insight has been captured accurately and without bias. Case studies are also included throughout the report to illustrate where osteopaths are already evidencing impact throughout the NHS.

Contents

Page

<u>Introduction</u>	4
<u>About osteopathy</u>	5
<u>Electronic Staff Records (ESR) coding</u>	7
<u>NHS osteopathic post-registration internship</u>	8
<u>Professional support for NHS osteopaths</u>	9
<u>How are osteopaths currently contributing?</u>	10
<u>Support from the Institute of Osteopathy (iO)</u>	13
<u>References</u>	14

Introduction

In order to implement the ambitions of the [NHS Long Term Plan](#), and NHS [People plan](#), recent workforce modelling has identified a need to significantly increase the number of trained clinicians working in the NHS over the next few years. However, the NHS Long Term Plan acknowledges the fact that over the past decade NHS workforce growth has not kept up with the increasing demands required to facilitate this transformation.

This situation results from a number of factors:

- Placement capacity for undergraduate AHP students is struggling to keep up with demand
- The UK's exit of the EU has limited the pipeline of new doctors, nurses and AHPs coming to work in the UK from Europe
- Limited numbers of Band 5 entry level graduate job opportunities for AHPs further reducing the workforce pipeline.

In addition, the NHS England (NHSE) [2022/23 priorities and operational planning guidance](#) emphasises that the COVID-19 pandemic has had a significant impact on the delivery of care and has extended the time people are having to wait for treatment. It commits the NHS to rise to the challenge of addressing the backlogs that have grown during the pandemic through a combination of expanding capacity, prioritising treatment and transforming the delivery of services, investing in the workforce to do this, especially in primary care.

To ensure sustainable workforce supply in the future, one solution suggested in these strategies would be to recruiting from a truly interprofessional workforce. Expanding recruitment to include less traditional, regulated healthcare professional with appropriate degree level training and appropriate capabilities and competency in the area of practice would encourage the development of a more flexible, adaptable workforce and supports the delivery of the highest quality of care for those we serve.

The NHS Long Term Plan suggests that Allied Health Professionals (AHPs) can significantly support the demand profile the NHS faces. The 2017 NHSE [AHPs into Action](#) strategy adds that developing the skills of AHPs further to enable them to lead in health and support future health and wellbeing service delivery should be a priority area, and this would include osteopaths.

In this quick guide, we identify the ways in which osteopaths are already researching, innovating, and evaluating the impact of their contribution within the NHS in line with the 'enhanced foundations' outlined in the [AHP Strategy for England 2022 - 2027](#) which build on the priority areas identified in 'AHPs into Action'. We also consider the potential benefits that osteopaths could bring to supporting NHS delivery.

“For the skills and capability of the 14 allied health professions to be fully realised, people accessing, and commissioning services need to understand each profession and the collective offer of the whole AHP community.”

[Allied Health professions \(AHPs\) Strategy for England 2022 - 2027](#)

About osteopathy

Osteopaths are highly trained AHPs who are well known for expertise in the evaluation, diagnosis and management of the entire musculoskeletal (MSK) system and its relationship with other systems in the body.

Osteopaths provide a patient-centred package of personalised care which will vary depending on the individual needs of the person being treated. This will often include manual therapy, where indicated as well as rehabilitation exercises, self-management, screening and general health promotion advice in line with Making Every Contact Count.

In addition to a well-deserved reputation for experts in MSK health, osteopaths will often undertake post-registration training to enable them to contribute in other specialist areas of practice such as chronic pain management or workforce health, amongst others. NHS providers should consider where osteopaths could also be used appropriately as part of the available workforce in non-MSK roles. For more information regarding the full scope of competence of osteopathic practice, contact the Institute of Osteopathy (iO).

In this section we review osteopathic training, regulation and quality assurance.

Regulation

Osteopaths are regulated by law by the General Osteopathic Council (GOsC), one of the nine statutory healthcare regulators in the UK (which also includes the General Medical Council, Nursing and Midwifery Council, Health Care Professionals Council and others). The GOsC is monitored in the same way by the Professional Standards Authority and is required to ensure the same high levels of patient safety as other health professional regulators.

In order to register with the GOsC, an osteopath must complete a Recognised Qualification (RQ) degree level training programme. They must also undertake regular Continuous Professional Development once qualified in a variety of priority areas including communication, consent, safety and quality in practice, professionalism, objective feedback on practice as well as knowledge, skills and performance.

The fact that osteopaths are regulated by GOsC and not the HCPC should be reflected in the Job Descriptions and Personal Specifications of any NHS job advert that osteopaths will be eligible to apply for and should not act as a barrier to recruitment.

To find osteopaths working in your area, [search the GOsC register](#).

Insurance

It is a regulatory requirement that all osteopaths working in private practice must maintain their own Medical Malpractice and Professional Indemnity Insurance. However, it should be noted that if employed by the NHS, the osteopaths would be

covered under the NHS Vicarious Liability insurance in the same way as all other NHS employees are.

Training

Osteopaths are required to complete a minimum of four-year training before qualifying for registration, most typically at BSc (Hons) or pre-registration Masters degree level.

In order to prepare them to become primary healthcare providers upon qualifying, the courses include an emphasis on equipping students with the capabilities required for independent practice (including self-awareness, understanding of personal scope of practice and current competence, taking responsibility and demonstrating accountability for decisions and actions).

They are trained to deliver the full suite of clinical examinations within their scope of practice (abdominal, cardiovascular, respiratory, neurological and cranial nerve testing etc.) and to have the capability to correctly identifying 'red flag' presentations which may be indicative of more serious pathology that might masquerade as an MSK condition (such as cancer, fracture, infection, rheumatological issues and visceral referral patterns). They are also trained to know when it would be appropriate to refer onward to the most suitable healthcare colleague for further investigation and treatment as part of the multidisciplinary team.

Students are also required to manage their own list of patients under supervision in the dedicated Higher Education Institution clinic for over two years of the course, ensuring that they are competent and confident to do so upon graduation.

Flexible working

Many qualified osteopaths will already operate a portfolio career working in several part-time roles to make up the working week. As such, osteopaths can offer flexibility to NHS service provision by offering part or full-time cover depending on service need.

Quality

Quality is defined in statute as being composed of three main dimensions: safety, clinical effectiveness and patient experience. There is good evidence that osteopathy fulfils these criteria as well as offering excellent return on investment in an NHS setting.

- **Patient experience** – a national Patient Reported Experience Measures study including over 3,000 completed data sets suggests that over 96% of patient are 'satisfied' or 'very satisfied' with their osteopathic care and have high levels of confidence in their osteopath.
- **Effectiveness** – a national study reviewing standardised and validated Patient Reported Outcome Measures indicates that over 89% of patients report improvement within one week of osteopathic treatment and over 96% report improvement within six weeks.

There is good evidence that manual therapy reduces pain and disability, while improving function and range of movement for MSK problems including osteoarthritis, low back pain, neck pain, shoulder dysfunction, cervicogenic headaches, and in pregnancy-related back and pelvic pain.

Research suggests that the integration of several treatment approaches, as practised by osteopaths, maybe the most effective management strategy.

- **Patient safety** – is of paramount importance. Barts and the London School of Medicine and Dentistry looked at five systemic reviews regarding the type of manual therapy used by osteopaths and concluded that the profession deserves the very safe reputation it has developed. All osteopaths must complete an RQ degree level training programme and be registered with the statutory regulator for osteopaths ensuring high levels of patient safety.
- **Cost effectiveness** – osteopathic practice demonstrates excellent cost-effectiveness, especially in primary care where there is seen to be a return on investment of up to £2.30 for every £1 invested in the osteopathic service (see case study 2, below).

Conclusion

With over 5,000 osteopaths registered in the UK – a significant proportion of whom have indicated an active interest in either part or full-time NHS employment - osteopaths represent a flexible, available and highly trained workforce that is willing and able to support NHS workforce supply when the opportunity arises.

For more information, read the [Quality in Osteopathic Practice report](#) 2022.

“We were having a particularly difficult time recruiting at Band 6 level. We were aware that other Trusts had worked with osteopaths, so we thought, let’s open it up [to osteopaths]. It was about being flexible and casting the net as wide as we could to get people with the most appropriate skills rather than their profession. We recruited from the best candidates, and it adds to the richness of the team. It’s been a really positive experience for us, and it’s been easier than we thought it would be.”

Chris Mercer, Consultant Physiotherapist and MSK Clinical Lead, Brighton and Hove

Electronic Staff Record coding

In order to reflect the fact that osteopaths are increasingly supporting NHS workforce supply, new osteopathic occupational codes have recently been added to the NHS Electronic Staff Record (ESR). Ensuring that AHPs such as osteopaths are assigned the correct occupational codes is a Health Education England priority area as it supports accurate capacity and demand planning and vacancy rate reporting with potential implications for resourcing and budgeting.

As such, **when recruiting osteopaths to an NHS team, it is imperative to ensure that the Workforce Lead or Workforce Analyst responsible for ESR in the HR team select the most appropriate occupational code** and are aware that

osteopaths are AHPs and are a regulated healthcare professional requiring registration with the General Osteopathic Council.

The appropriate occupational code and/or area of work include:

- Manager in Osteopathy – S0V
- Therapist in Osteopathy – S1V
- Assistant Practitioner in Osteopathy – S5V
- Student/Trainee in Osteopathy – S8V
- Assistant in Osteopathy – S9V

To reflect the fact that osteopaths are increasingly being successfully appointed to First Contact Practitioner and Advanced Practice roles, an additional 'Advanced Practitioner osteopath' job roles has also now been developed.

For clarity, it is the job role which allows the identification of the various roles within osteopathy, and other professions. For example, the Occupation Code S1V is currently used for Osteopaths and Osteopath Advanced Practitioners, both of which have their own job role. Therefore, both staff groups will be recorded with the Occupation Code S1V but can be identified by their specific job roles.

It should be noted that some of the large private providers that deliver NHS contacts will not use the NHS ESR or currently record occupational codes in the same way in their own HR system.

For more information, see the [NHS Occupational Code Manual](#) and the guide [How to ensure allied health professions are coded correctly](#).

“Our journey employing osteopaths started 10 years ago. Osteopaths now make up around 15% of our MSK team. They bring a fresh approach and they have excellent clinical and communication skills. We’ve now changed the name of our department to ‘MSK Assessment and Rehabilitation Service’ to be a bit more inclusive.”

Sally York, Deputy Associate Director for AHPs at Sussex Community Foundation Trust

NHS osteopathic post-registration internship

NHS provider departments continue to experience challenges in recruitment. As a result, the NHS Long Term Plan recognises that existing staff are feeling the strain and that the current vacancy rate is unsustainable.

A more flexible, interprofessional workforce may help to address such challenges and utilising osteopaths as part of the available workforce has proven to be effective at supporting workforce supply at Band 5 – 9 level in various locations across the country.

Not all osteopaths get exposure to an NHS setting at undergraduate level and facilitating this after graduation can be a significant enabler makes it easier for osteopaths to apply for NHS jobs.

In response, the iO delivered a HEE-funded and endorsed project to evaluate the sustainability of a cost-neutral post-registration internship hosted in an NHS MSK outpatient department that allows osteopaths to demonstrate insight regarding NHS policies, systems and culture sufficiently to successfully apply for NHS employment.

- **Overall activity:** The osteopaths saw an average of 56.5 patients each during their placements, of which an average of 25.5 were new patients. Patients on average attended 2 appointments.
- **Patient satisfaction:** 95% of patients reported being 'very satisfied' with the care that they received from the osteopaths.

85% of patients suggested that they would be 'very likely' to recommend the service to friends or family if they needed similar care or treatment (Friends and Family Test). The remainder reported that they would be 'likely'.

- **Patient Reported Outcome Measures:** 100% the patients who completed their course of treatment reported an improvement in their condition as a result of treatment (Global Impression of Change). 59% of patients reported their response to treatment to be 'much improved'.
- **Safety:** No adverse events occurred during the placement.
- **Participant experience** – Interns experience of the programme was excellent with all candidates rating their overall satisfaction as 'very good' and suggesting that they would be 'very likely' to recommend the placement to an osteopathic colleague if they were interested in an NHS career. The experience of the NHS service management was also very positive.

The pilot evidenced that osteopaths can integrate well into an interprofessional NHS acute and community provider service. All the osteopaths that took part in the program were subsequently interviewed and successfully appointed to Band 6 roles by the Trust. The internship has now become a sustainable part of the Trust's recruitment process.

To realise the full potential for osteopathy to support existing NHS workforce supply, such NHS placements should be incorporated into osteopathic pre-registration training provision. These placements should attract the same placement tariff funding as other AHP professions to encourage parity between the professions.

For more information, [read the full report](#).

Professional support for NHS osteopaths

When employed in the NHS, osteopaths should have access to the same degree of appraisal, mentoring and training as any other AHP. This can be conducted by other clinicians in an NHS context and does not need to be delivered by a fellow osteopath. This type of interprofessional working has the potential to enhance the overall skillset within the team in the spirit of the NHS Long Term Plan.

Should the osteopath wish to supplement this professional support with mentoring from an osteopathic colleague, the iO provides a [mentor matching platform](#) which is free to access.

“By better supporting and developing staff, NHS employers can make an immediate difference to retaining the skills, expertise and care their patients need.”

NHS Long Term Plan

How are osteopaths currently contributing?

One of the ‘enhanced foundations’ of the ‘Allied Health Professions (AHPs) Strategy for England 2022 - 2027 is that AHPs should demonstrate a commitment to researching, innovating, and evaluating the impact of their contribution. In the spirit of this strategy, the Institute of Osteopathy has conducted a number of [service evaluation reports](#) to demonstrate where osteopaths are already adding value and have the potential to further support NHS service transformation.

Case study 1 – Integration of osteopaths into a multidisciplinary team managing chronic lower back pain in primary care

Back pain care is often fragmented with different professions offering “silos of care” making it difficult for GP colleagues to be sure which service to refer to. To address this, a single point of entry to a multidisciplinary back pain pathway, including osteopaths, delivered in a primary care environment was set up by Plymouth Community Back Pain Service and was shown to be clinically effective and cost-efficient. The service collected standardised and validated outcome and experience measures for 19 years.

- **Outcome** - Oswestry Disability Index score: average improvement at discharge 16.4% (where 10% change is clinically meaningful). Visual Analogue Scale: average improvement at discharge 2.7 (where the minimum clinically important difference is 1 point change)
- **Satisfaction** - 92% of patients rated their confidence in the service and treatment as ‘very good’ or ‘excellent’.

For more information, read [The multidisciplinary team management of LBP and sciatica in primary care](#), 2019.

Case study 2 – First Contact Practitioner Osteopath role

It is estimated that between 25 - 30% of GP consultations in primary care relate to MSK presentations. However, the GP workforce is under pressure due to our aging population and a potential workforce shortage with some Clinical Commissioning Groups predicting that up to 26.1% of full-time equivalent GPs are due to retire in the next five years.

First Contact MSK Practitioners (FCP) have been introduced to provide a streamlined and cost-effective service, promoting self-management, enhancing patient care and reducing the strain on GP colleagues.

Osteopaths are now being recruited into FCP roles across the country and a recently published pilot study has demonstrated that osteopaths can provide this service safely and effectively in an NHS primary care setting with an excellent return on investment.

- **Outcome** - 97% of patients were managed independently by the FCP osteopaths without the need for GP intervention. Just 1% required referral to secondary care. This greatly reduced strain on primary and secondary care services. Over 75% of patients felt they had the confidence to self-manage their condition after seeing the FCP osteopaths and agreed that their condition had improved following the session. 78% of patients were successfully discharged with advice and exercises.
- **Satisfaction** - 94% of patients would recommend the service to a friend or family (NHS Friend and Family Test).
- **Value** - FCP services deliver a return on investment of up to £2.37 for every £1 spent. The service was so successful that all of the osteopaths delivering FCP care were employed by the NHS to continue doing so after the pilot ended.

As with other AHPs, osteopaths who choose to work in primary care are required to follow the [FCP and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice](#). To become advanced practitioners, they are assessed against the [Multi-professional Framework for Advanced Practice in England](#). This process reduces unwarranted variation.

For more information, read [Introducing Osteopathy to Primary Care](#), 2021.

“I really enjoy working in the NHS. I get the opportunity to help patients while advancing my leadership qualities and supporting the team by contributing to research and the education of others. The multi-disciplinary team is a great learning environment. I know of many other qualified and experienced osteopaths who would also like to work in the NHS.”

Daniel McCarthy, First Contact Practitioner and Advanced Practitioner NHS
osteopath

Case study 3 – Secondary care NHS non-medical Consultant Osteopath role

The Spinal Unit at Queen’s Medical Centre Nottingham is a recognised national and international referral centre for complex spinal pathologies. Many of those attending the unit either do not need or cannot have spine surgery, and therefore require conservative management of their condition.

For 14 years, the centre employed osteopaths at non-medical consultant level and delivered multimodal, non-pharmacologic care to patients with chronic and complex spinal pain comprising standard osteopathic manual therapy, rehabilitative exercise and pain neuroscience education. Nine separate standardised and validated outcome measures were collected including EQ5D and Oswestry Disability Index. **The osteopathic team was able to demonstrate clinically significant**

improvements in pain, function and health-related quality of life in this complex patient group.

- **Outcome** - 83.2% of patients reported that the intervention had 'helped' or 'helped a lot'
- **Satisfaction** - 96.2% of patients were 'satisfied' or 'very satisfied' with the care they received
- **Safety** - therapeutic complications were rare (1.2%-7%) and there were no serious adverse events.

Having osteopaths in the team reduced the need for surgery, reducing the risk of infection/complication and longer recovery times, and reduced costs for the system.

For more information, read [Measuring the positive quality impact of embedding osteopaths in a secondary care spinal unit](#), 2019.

Case study 4 – Osteopaths supporting clinical placements for other AHPs students

The Interim People Plan has identified a need to significantly increase the number of trained AHPs working in the NHS. However, the delivery of programmes at many of the pre-registration AHP higher education institutions (HEIs) have been severely disrupted by the shortage of practice-based education placements for their students, a situation that has been exacerbated by the COVID-19 pandemic. This has further disrupted the pipeline of new clinicians entering the workplace thus limiting the growth of the NHS workforce.

The way in which osteopathic placements are provided varies from most other AHPs in that they are delivered at dedicated on-site private MSK outpatient clinics. In response to the above-mentioned issue, the Institute of Osteopathy delivered an HEE-funded and endorsed Clinical Placement Expansion Project which offered sustainable clinical placements to undergraduate physiotherapy students in the outpatient clinics hosted by the osteopathic HEIs across London and the Southeast. Placements comprised of up to six-week blocks in osteopathy HEI clinics which were independently evaluated.

37 students were successfully placed and all completed the placements.

- **Satisfaction** - 83% of the physiotherapy students were 'satisfied' or 'very satisfied' with the placement. 75% said they would be 'likely' or 'extremely likely' to recommend the placement to a fellow student
- **Value** - The cost of providing practice education in this setting is equivalent to more traditional placements and is covered by the practice education tariff associated with other AHP and nursing students.

Both physiotherapists and osteopaths became more aware of each other's scope of practice. The placements have now become financially sustainable and the partnership will be continuing at the host locations.

The service evaluation proved that it is feasible to create a collaborative interprofessional environment that allows physiotherapy and osteopathic students to learn together independent of their professional background and

simultaneously increase placement capacity within the robust quality assured framework associated with an HEI.

For more information, read [Multi-professional Student Placement in Osteopathic Education Clinics: Evaluation Report](#), 2022.

Support from the Institute of Osteopathy

The Institute of Osteopathy (iO) is the professional body representing two-thirds of UK osteopaths and osteopathic students. By supporting, uniting, promoting and developing the profession at both local and national level for the benefit of the public, the iO aims to ensure that patients receive the highest possible standards of care from the osteopaths that serve them.

Improving the public's access to NHS osteopathy is a key priority for the iO. To support this, the iO provides consultancy advice to NHS providers and commissioners to facilitate the integration of Osteopathy into NHS services, including reviewing and developing osteopathic job descriptions, facilitating internships and shadowing opportunities.

“Certainly, osteopathy is a workforce that the NHS has not tapped into sufficiently given the pressure that the NHS is under currently. It’s a workforce that’s well trained, well qualified and very experienced.”

Christine Faulconbridge, former NHS Commissioner

References

AHPs into action, 2017

<https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

Allied Health Professions (AHPs) Strategy for England 2022 – 2027

<https://www.england.nhs.uk/wp-content/uploads/2022/06/allied-health-professions-strategy-for-england-ahps-deliver.pdf>

First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice

<https://www.iosteopathy.org/about-osteopathy/research-and-reports/>

General Osteopathic Council register

<https://www.osteopathy.org.uk/register-search/>

How to ensure allied health professionals are coded correctly, 2019

https://webarchive.nationalarchives.gov.uk/ukgwa/20210415201320/https://improvement.nhs.uk/documents/3772/AHP_guide_to_ESR.pdf

Introducing osteopaths to primary care - the role of the First Contact Practitioner, 2021

<https://www.iosteopathy.org/about-osteopathy/research-and-reports/>

iO mentor matching platform

<https://iomentoring.onpld.com/>

Measuring the positive quality impact of embedding osteopaths in a secondary care spinal unit, 2019

<https://www.iosteopathy.org/about-osteopathy/research-and-reports/>

Multi-professional framework for advanced clinical practice in England

<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Multi-professional student placement in osteopathic education clinics: evaluation report, 2022

<https://www.iosteopathy.org/about-osteopathy/research-and-reports/>

NHS Long Term Plan, 2019

<http://www.longtermplan.nhs.uk/>

NHS occupational code manual, 2021

<https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes>

2022/23 Priorities and operational planning guidance, 2022

<https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>

The multidisciplinary team management of LBP and sciatica in primary care, 2019

<https://www.ioosteopathy.org/about-osteopathy/research-and-reports/>

Quality in osteopathic practice report, 2022

<https://www.ioosteopathy.org/about-osteopathy/research-and-reports/>

“The profile of all 14 [AHP] professions needs to be raised, particularly the smaller ones whose offer may not be well-known. This will also support recruitment into the professions.”

Allied Health Professions (AHPs) Strategy for England 2022 - 2027