Quality in Osteopathic Practice
A report on patient experience, evidence, impact, training and regulation of osteopathic practice in the UK

March 2021
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In 2017, NHS England recognised osteopathy as an Allied Health Profession, marking the inclusion of osteopaths as part of the allied health workforce and of the contribution that they can, and do, make to patient care.

Osteopaths are a highly trained, statutorily regulated health profession that makes a real difference to the lives of the patients they care for, with the potential to support the delivery of wider UK healthcare and community services.

A recent report by an independent panel of leading NHS healthcare experts highlighted that osteopathy is still poorly understood by NHS commissioners in terms of the contribution they could make within NHS service models. The report, which drew from a range of good practice cases where osteopaths were incorporated within NHS multidisciplinary teams, suggests that osteopaths are underused in the NHS despite the positive experiences of these teams.

We are keen to be better known and more widely deployed.

The *NHS Long Term Plan* advocates for patients “more options, better support and properly joined-up care at the right time in the optimal care setting”, and points to a looming workforce crisis in the NHS, particularly in primary care.

Development plans from across the NHS are emphasising the opportunities for Allied Health Professionals, including osteopaths, to help transform musculoskeletal care pathways; from *AHPs into Action*, which says that the mobilisation of Allied Health Professionals can result in significant savings and *Prevention Better than Cure*, which promotes self-management and social prescribing, to the *NHS People Plan*, which looks for opportunities to better support the healthcare workforce.

We hope this report, which brings together existing research and evidence, helps convey how we can harness the raft of skills and tools from osteopathic practice, both within and alongside the NHS, to help improve patient outcomes and build capacity in the service. We look forward to a closer relationship with our broader healthcare family.

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“*It is clear that Allied Health Professionals already contribute significantly to our health services, but they could do more with wider acceptance, involvement and extension of their roles across the healthcare system. A few osteopaths already work in NHS primary care and in specialist MSK teams with significant success, but could do much more.*”

*Role of osteopaths as AHPs within the NHS*

Maurice Cheng
CEO, Institute of Osteopathy
Executive summary

This report recognises that the prevalence of musculoskeletal (MSK) problems constitutes a burden on individuals, the UK economy and the NHS alike. Increasing numbers of patients with MSK conditions, along with declining GP numbers, are a concern: the NHS Long Term Plan anticipates a primary care workforce capacity crisis and calls for Allied Health Professionals (AHPs) to be better used. Harnessing the clinical expertise of osteopaths, particularly in MSK in primary and secondary care may be a solution.

- Patients report a good experience of osteopathic care. Data from studies, surveys and Patient-Reported Outcome Measures (PROM) show that osteopathic patients are satisfied with their care.

- Outcomes for patients are positive and safe. A significant number of studies demonstrate the effectiveness and efficacy of osteopathic care in several areas, principally MSK. Osteopathic interventions are shown to be similarly safe to exercise-based therapy for similar conditions.

- Osteopaths are highly trained healthcare professionals, with designation protected in law. The training and professional standards of osteopaths are recognised to be equal to other AHPs, with an equivalent status in NHS England.

- Osteopaths are effective First Contact Practitioners (FCPs), managing MSK problems without requiring GP intervention, reducing onward referrals, and achieving positive outcomes for patients.

- The osteopathic profession understands that it must do better at describing its work to the public and wider healthcare family. Osteopaths’ skills, knowledge and experience are not yet well or widely understood.

Six weeks after treatment, 98.8% of patients said their experience of osteopathy was ‘good or very good’

96.4% of patients said they were ‘satisfied or very satisfied’ with osteopathic care

National Council for Osteopathic Research. Patient Reported Outcome Measures data 2020

About osteopathic practice

Osteopaths use a range of complex interventions involving multiple components; manual ‘hands-on’ therapy, psychological support, exercise and general health advice. The patient-centred package of care provided by osteopaths is designed to relieve or manage pain, as well as to enable self-management, so supporting patients to stay active and maintain general health. As the Institute of Osteopathy (iO) Patient Charter puts it:

“Your osteopath will provide treatment and care that reflects your needs. This includes explaining your diagnosis and the proposed treatment, as well as how to manage your condition and help prevent recurrence.”

Routinely, osteopaths take a patient-centred approach to care in the provision of a healthcare plan. The approach is in line with Public Health England’s 2015 guidance, All our Health, which recommends health professionals look at the whole person when assessing and advising patients.
# Osteopathy's value to the NHS and social care services

Osteopaths are a statutorily regulated, Allied Health Profession. They are primarily musculoskeletal experts, offering a multimodal package of care, centred on the patient, to relieve or manage pain, keep active and maintain general health.

## Patient experience

96.4% of patients say they are 'satisfied' or 'very satisfied' with osteopathic care.

Osteopathic patients also report a high level of confidence in their osteopath as their healthcare professional.

## Effectiveness

After 1 week, 89.5% of osteopathic patients report some level of improvement in their symptoms.

At 6 weeks, 96.2% of osteopathic patients report improvement or recovery.

There is good evidence for manual therapy reducing pain and disability, while improving function and range of movement for MSK problems including 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, may be the most effective management strategy.

## Cost effectiveness

89% of First Contact Practitioner Osteopaths’ patients were discharged without need for onward referral.

Osteopaths have been shown to bring a return on investment of up to £2 in primary healthcare, and up to £12 in occupational health settings, for each £1 invested in osteopathic interventions.

## NHS workforce solution

Osteopaths are highly trained Allied Health Professionals, with particular expertise in musculoskeletal care.

70% of osteopaths want to work in the NHS, and many already do so.

As Allied Health Professionals, osteopaths could be used far more in primary healthcare settings to effectively manage MSK cases, to ease the load on GPs and other NHS colleagues, as part of the NHS workforce supply.

First Contact Practitioner Osteopaths manage 97% of cases independently.

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Quality in Osteopathic Practice report - March 2021
Patient experience

Osteopathic practice has a patient-centred approach that places the wellbeing of patients at the heart of care. Patients respond well to this tailoring of care to the individual, an approach increasingly recognised in NHS and wider healthcare settings and in research, particularly for musculoskeletal (MSK) problems.

*Prevention Better than Cure* and the *NHS Long Term Plan* signal a shift from treating to preventing illness, promoting the health of the whole individual and giving patients agency in their healthcare, for example through social prescribing, echoing the osteopathic, patient-focussed approach to health.

Expectations and patient experience

Implicit in the patient-centred approach is the need to closely monitor patients’ expectations, experiences, and satisfaction with their care. Being able to provide feedback about their care is seen as very important by patients².

Two studies by the General Osteopathic Council (GOsC), the osteopathic profession’s statutory regulator, into patient expectations of osteopathic care, including national patient and public perceptions studies, have found high levels of confidence and satisfaction with osteopathic care³,⁴. The 2015 study found that osteopathic patients place a high level of trust in their osteopath compared with other health professionals in different fields (GOsC and YouGov)⁴.

Studies in 2013 showed that 71.4% of osteopathy patients in the general population⁵, and 88.7% of patients attending a teaching clinic reported a good experience of osteopathic care⁶.

Data collected using a Patient-Reported Outcome Measurement app (PROM) across the osteopathic profession between 2017 and March 2020 indicates that six weeks after treatment, 94.5% of patients felt that their experience of osteopathy was very good (98.8% good or very good) and 88.6% of patients reported themselves to be very satisfied (96.4% satisfied or very satisfied). Developed by National Council for Osteopathic Research (NCOR), the osteopathic PROM app collects data from osteopaths independent of practices, reducing bias and allowing osteopaths to compare their practice summary data to that of their peers.

![Level of confidence in a range of health professionals](chart.png)

Accessibility

Demands made on an increasingly stretched healthcare system mean that waiting times for patients can be considerable, and surveys suggest they are increasing for key access points including GP appointments. AHPs into Action indicates that direct access to Allied Health Professionals (AHPs) can improve access to care, reduce waiting times and reduce costs; pilot studies into osteopaths working as First Contact Practitioners (FCPs) in GP practices are bearing this out, needing less GP involvement, fewer referrals into secondary care, and shorter waiting times for referrals (see case study p.8).

70% of osteopaths responded to a recent Institute of Osteopathy survey that they would like to work in the NHS – there is a willing workforce available.

We know that timely access to care is important to try to effect as good an outcome as possible. Research taken from the NCOR PROM app shows that 39% of patients who visited an osteopath had been experiencing symptoms for 13 weeks or more, but 75% of people were seen within three days of requesting a private osteopathic appointment. MSK FCP studies show similarly short waiting times, where almost all patients were seen in 1-7 days, compared with average waiting times for non-urgent GP appointments which, according to a 2019 survey of GPs, are reported to be 14.8 days.

The time dedicated by osteopaths to each patient is valued highly: in the 2015 GOsC public perceptions research, taking time to listen and understand was ranked the 4th most important factor in enabling trust, behind qualifications, quality of advice, and regulation. An osteopathic consultation is comprehensive, including a full medical history, discussion of concerns and symptoms, and a physical examination. FCP pilot studies including Morely and Ker (2019) show strong patient satisfaction results, particularly noting that patients feel listened to and appreciate increased access to services. This time and access helps develop positive patient partnerships that support shared decision-making for improved outcomes.

Self-management and social prescribing

Self-management plays an important role in facilitating the ability and confidence of patients to manage their long-term condition, with wider beneficial outcomes.

A randomised clinical trial by Taylor et al. (2016) involving osteopaths, which included a self-management programme for chronic low back patients, showed that patients had sustained beneficial effects at 6 months for depression, social integration, anxiety, self-efficacy and acceptance.

Increasingly, these ‘softer’ health outcomes such as wellbeing, quality of life and coping (which includes self-efficacy and self-management) are being included in evaluating care for patients, despite some challenges in measuring them.

70% of osteopaths would like to work in the NHS

iO survey 2020

First Contact Practitioner Osteopaths saw 99% of their patients in 1-7 days.

Osteopathic Foundation, Introducing osteopaths to primary care - the role of the First Contact Practitioner. A pilot evaluation. 2020
Case study

First Contact Practitioner Osteopath

Four GP practices in Wandsworth and Lambeth took part in a pilot study to test osteopaths as First Contact Practitioners (FCPOs). As patients’ first point of contact within a GP practice, the FCPOs were to establish an accurate diagnosis and management plan, with joined-up pathways of care. The study found that:

• 89% of patients were completely discharged with advice/exercise recommended by the FCPOs (studies with other AHP FCPs have reported figures between 60%-97%)
• Only 3% of cases required GP input, with 97% of cases managed independently by the FCPO
• 99% of patients were seen in 1-7 days
• 94% of patients agreed that they would recommend the service to friends or family

The study concluded that FCPOs are effective in independently managing MSK conditions, whilst providing appropriate triage and management. The benefits of the role extended beyond primary care by reducing the demand on intermediate/secondary care services and accelerating the patient pathway with excellent patient satisfaction.
Research, evidence and impact of osteopathic practice

Osteopathy is recognised as a complex intervention involving multiple components (including manual ‘hands-on’ therapy, psychological support, exercise and general health advice designed to support self-management) and, as a result, research into the efficacy of osteopathic practice can be challenging.

However, there is good quality evidence for the effectiveness of manual therapy in reducing pain and disability as well as improving function and range of movement in a variety of musculoskeletal conditions, as well as migraines and cervicogenic headaches. Studies into other conditions and treatments continue on the basis of promising early results.

Musculoskeletal problems

MSK conditions cause more than 28 million days of sickness absence each year\(^4\), account for 30% of GP consultations in England\(^6\) and cost the NHS an estimated £5bn\(^{16}\). Enabling access to MSK FCPs such as osteopaths is a priority in the NHS Long Term Plan, helping patients see the right professional at the first appointment.

A review by Clar et al. in 2014 examined the clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions. The review showed that the sort of techniques that osteopaths may use (including manipulation and mobilisation) were effective for adults with low back pain, migraine, headache caused by muscle and joint issues in the neck, dizziness and several joint conditions including shoulder pain (rotator cuff disorder)\(^{27}\).

Ten studies and official guidelines published since 2010 recommend manual therapy and exercise as a treatment for patients with neck pain\(^{10}\), and further research supports the use of manual therapy with exercise in improving pain and function in the shoulder\(^{17}\). There is also evidence from four studies since 2014 supporting osteopathic manual treatment for pelvic girdle and low back pain during pregnancy and post-partum\(^{17,20}\).

Multiple studies into migraine and cervicogenic headaches show beneficial effects of manual therapies\(^{17,28-31}\), including a 2018 study by Coulter et al., which showed improvements in “pain intensity, pain frequency, disability, overall impact, quality of life, and cranio-cervical range of motion in adults with tension-type headache”\(^{21c}\).

Low Back Pain

The UK’s National Institute for Health and Care Excellence (NICE), along with other international bodies, recommends manual therapy as part of an overall package of care for those with low back pain and sciatica, along with encouraging patient self-management, psychological support and exercise, which osteopaths routinely provide\(^{22a-d}\).

Two large high quality randomised controlled trials have shown that the type of interventions offered by osteopaths are beneficial and have sustained effects on pain and function over one year for low back pain\(^{22e-f}\), and six meta-analyses since 2012 have drawn similar conclusions\(^{18f, 18i, 22g-j}\).

Supporting the application of NICE guidance

As primary healthcare clinicians who are trained to identify red flags and conditions that may require onward referral, as well as deliver a package of care that can include manual therapy, health advice and exercise prescription, osteopaths are well placed to support early screening, advice and/or management and care in line with NICE guidance for certain conditions.
Osteopaths can support the application of NICE guidance for conditions including:

- Osteoarthritis (CG177): advice and individualised self-management strategies, including exercise and weight management. Manipulation and stretching as an additional treatment, particularly for osteoarthritis of the hip
- Rheumatoid Arthritis (NG100): advice, tailored stretching and strengthening exercises for those with hand symptoms
- Osteoporosis (CG146): screening and preventative advice, including social prescribing
- Spondyloarthritis (NG65): screening, early identification and onward referral
- Low back pain and sciatica (NG59): screening for red flags and pathological causes. Use of manual therapy and exercise as part of a package of care for management

Costs and benefits

AHPs Into Action details some of the ways better access to AHPs could result in significant savings to the NHS, including reducing inappropriate admissions and unnecessary care costs, as well as enabling faster diagnostics and earlier interventions in primary care for some conditions or purposes. The FCPO pilot project suggests that osteopaths as First Contact Practitioners for MSK complaints is cost-effective for the NHS (see case study on p.10), and studies suggest returns of £0.81-£2.37 for each £1 investment in FCP services\(^2\). Two studies into providing osteopathic care at work to reduce sickness absence have shown significant reductions in days lost to sickness during the study period, and considerable cost savings to the employers\(^24,25\), indicating that employing osteopathy is a cost effective approach in an occupational health setting. More direct access to MSK specialists such as osteopaths could also help the NHS manage its own MSK-related sickness absence more efficiently, in support of the NHS People Plan\(^1\).

96.2% of patients reported improvement six weeks after osteopathic treatment

NCOR PROM data, 2020

Patient Reported Outcome Measures

Findings from current data, collected across the UK and across all complaints and interventions, indicates that one week after treatment, 36% of patients reported that they were completely recovered, with 49.3% reported being much improved, and 36.6% slightly improved. After six weeks, 11.0% of osteopathic patients reported they were completely recovered, 63.9% much improved, and 21.3% slightly improved.

How have your symptoms changed since beginning osteopathic treatment?

![Graph showing symptom changes over time]

Source: NCOR PROM data, 2020

Osteopathic practice effectively reduced the number of work days lost to sickness by 25%, and resulted in a saving of more than £31,000 over the 4-month pilot study at Swansea University

Swansea University pilot study (2011), quoted in iO case report, 2019
Case study
Community Low Back Pain Service

For 19 years, Plymouth Community Back Pain Service has delivered a sustainable primary care service with measurable outcomes run by a multidisciplinary team including GPs, osteopaths, cognitive behavioural therapists and physiotherapists.

The initial point of contact for referred patients is with one of three osteopaths or two physiotherapists. Osteopaths triage, treat and organise appropriate imaging. Interventions include CBT and a 6-week exercise programme, encouraging and building skills for self-management. The GP role includes administration of caudal epidural injection for radicular pain.

The study concluded that most low back pain and sciatica can be safely and effectively treated in specialised multidisciplinary community clinics.
Safety in manual therapy

Since 2008 GOsC and NCOR have driven new research and meta-analyses to evidence the relative risks and benefits of osteopathic practice, as patients expect of all health interventions.

A 2010 systematic review of literature, by Carnes et al., identified 60 articles with information about adverse events following manual therapy. The review found that while mild adverse events such as muscle soreness, aching and headaches affected around 40-50% of patients after treatment, most of these resolved entirely within 24 hours. Major adverse events such as death, strokes, and neurological problems occurred only very rarely; estimated at 1:1,000,000. As such, the review concluded that osteopathic practice is safe, with a risk profile similar to exercise, and lower than for drug therapies such as the long-term use of anti-inflammatory medication\(^{26a}\).

Four further reviews since 2010 have concluded that the risk of serious adverse events with manual therapy is very low\(^{17,22h-i,26}\).

“The risk of major adverse events is very low, lower than that from taking medication.”

Carnes D. et al. Adverse events in Manual Therapy, 2010\(^{26a}\)
Case study
Secondary spinal care unit

The Spinal Unit at Queens Medical Centre in Nottingham was a recognised national and international referral centre for chronic and complex spinal pathologies. Many of those attending the unit either did not need or could not have spine surgery, and therefore required conservative management of their condition. The centre employed osteopaths at consultant level for over 14 years and delivered multimodal, non-pharmacological care, comprising standard osteopathic manual therapy, rehabilitative exercise and pain neuroscience education.

Over the 6-year study period there were clinically significant improvements in pain, function and health-related quality of life in this complex patient group, with data supporting the use of osteopaths to deliver a conservative spinal service.

In addition, 83.2% of patients reported that the intervention had ‘helped’ or ‘helped a lot’ and 96.2% of patients were ‘satisfied’ or ‘very satisfied’ with the care they received. Therapeutic complications were rare (1.2%-7%) with no serious adverse events.
Professional practice

Rigorous training and registration requirements, exacting standards of professional practice, research and governance ensure a high degree of competence and thoroughness to osteopathy, as with all established health professions. A recent report by an independent panel of leading healthcare experts identified that misunderstandings nevertheless remain among other health professionals and service managers about the safety, training and regulation of osteopathy, even after osteopaths have been designated Allied Health Professionals by NHS England.

Training

UK training leads to a bachelor’s degree in osteopathy (BSc Hons, BOst or BOstMed) or a Masters degree (MOst). Courses consist of four years of full-time study, five years part-time or a mixture of full and part-time study. The degree course includes anatomy, physiology, pathology, pharmacology, nutrition, biomechanics, diagnostic methods and at least 1,000 hours of clinical placements in a private MSK outpatient department.

Statutory regulation

The General Osteopathic Council (GOsC) regulates osteopathic practice, standards and training. By law, osteopaths must be registered with the GOsC and renew their registration annually, subject to conditions including: being appropriately insured, maintaining high standards of professional practice and meeting mandatory requirements for Continuing Professional Development.

Professional standards

The GOsC sets out the standards of practice and conduct expected of all osteopaths in their document, Osteopathic Practice Standards. Any osteopath registering with the GOsC must be compliant with these standards.

Professional body

Membership of the Institute of Osteopathy (iO) confers a level of quality and value of service and care to patients.

The terms and conditions of membership set out how members are expected to operate, in line with the values of the iO, assuring the public, patients and colleagues that members have the highest standards of integrity in their professional and personal conduct.

Patient Charter

To ensure osteopaths and their patients have the same expectations of osteopathic treatment, the iO has developed a Patient Charter to enable osteopaths to clearly communicate what a patient can expect at an osteopathic appointment.

Osteopaths are regulated by law; the title ‘osteopath’ is legally protected so only registered osteopaths may use the designation. Osteopathy is also recognised as one of the Allied Health Professions by NHS England. This gives osteopaths similar status to a radiographer or physiotherapist and guarantees patients the equivalent high level of care.
Conclusion

This report has been compiled to pull together the research data and evidence to support the wider acceptance of osteopaths to sustain NHS services in the face of the particular challenges we face in the UK. The work is ongoing, and so the evidence is constantly being reviewed and added to, and this report will be updated as more information become available.

The *NHS Long Term Plan* identifies significant workforce capacity issues, particularly in primary care. Around 30% of GP caseloads relate to MSK conditions. First contact MSK practitioners such as osteopaths provide a streamlined and cost-effective service, promoting self-management, enhancing patient care and reducing GP workload. The recent Osteopathic Foundation-funded pilot data supports the use of osteopaths for safe and effective FCP services in primary care.

The research detailed in this report demonstrates that patient satisfaction and confidence in osteopathic care is high. A large majority of patients report that osteopathic care has led to positive experience and outcomes.

Osteopathic practice is shown by research to be effective for patients with low back, shoulder and neck pain, headaches and migraine. Manual therapies are officially recommended by NICE for certain conditions. Data from the nationwide PROMs research has been very positive across all conditions and interventions. Studies are indicating cost savings to the NHS as well as employers and the wider economy from including osteopaths in workforce occupational therapy provision.

Evidence shows that manual therapy, which is a significant part of osteopathic practice, is a form of care as safe as exercise. Major adverse events are estimated at less than 1 in 1,000,000, far safer than pharmaceutical therapies such as long-term NSAID use.

While patient satisfaction and clinical effectiveness are well documented, more work needs to be done to communicate this more generally in society and in the wider health community, and instil confidence in those who have no direct experience of osteopathy.

The iO is engaged in several streams of work to increase the understanding of osteopathy’s potential as an Allied Health Profession, to include osteopaths in major initiatives in the NHS for the longer term, particularly in managing MSK conditions. With some patients waiting a considerable time for treatment, osteopathy offers an accessible and cost-effective pathway in partnership and in parallel with the NHS.
Further Reading

Useful Links

**AHPs into Action**

**General Osteopathic Council (GOsC)**

**NHS Long Term Plan**

**NHS People Plan**

**NICE Guidance**

**National Council for Osteopathic Research (NCOR)**

**Osteopathy: Research, reports and case studies**

**Prevention Better Than Cure**

**Public Health England, All Our Health**

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26. Safety in manual therapy

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