



**The iO NHS post-registration
internship evaluation**

In association with:



East Sussex Healthcare
NHS Trust



Health Education England

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“The osteopaths who took part in the internship settled into the department quickly, integrating extremely well into our NHS MSK team. They were knowledgeable, professional, and added value to the team. We are now considering continuing the internship as part of our ongoing recruitment strategy.”

**Brian Gibbs, MSK Clinical Lead
ESHT MSK Services**

Executive summary

Background:

There is a need to significantly increase NHS staff recruitment, but workforce growth has not kept pace with demand. The UK's exit from the EU has had a detrimental effect on NHS recruitment from Europe.

Osteopaths train to degree level and are statutorily regulated. Over 80% of the profession are interested in working more closely with NHS colleagues. 27% are actively seeking NHS employment. As such, osteopathy has the potential to support existing NHS workforce supply.

Aim:

To evaluate the sustainability of a cost-neutral internship for osteopaths hosted in an NHS MSK outpatient department, East Sussex Healthcare NHS Trust (ESHT).

Method:

A mixed-method process evaluation using both quantitative and qualitative methodologies was employed. Participants were employed by ESHT under an honorary contract and underwent occupational health clearance, enhanced DBS and mandatory training before starting their placements. They attend the clinic one day per week for five months, managing their own list of NHS patients, participating in shadowing, mentoring and eLearning activities.

Results:

- Two osteopaths were successfully placed. Both completed their internship.
- Each Intern saw an average of 56.5 patients during the placement. Patients attended two sessions on average.
- 95% of patients reported being 'very satisfied' with the care that they received.
- 85% of patients suggested that they would be 'very likely' to recommend the service to friends and family (Friends and Family Test).
- 59% of patients reported their response to treatment to be 'much improved' (Global Impression of Change).
- No adverse events occurred during the placement.
- The intern and ESHT management experience was positive.
- Both osteopaths were subsequently successfully appointed to Band 6 roles by ESHT and the Internship continues as a sustainable programme.

Recommendations:

This service evaluation demonstrates that osteopaths can integrate well into the NHS multidisciplinary team in the spirit of the NHS Long Term Plan. 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.

Background

The NHS represents a national institution, providing access to high-quality patient care based on clinical need. Understandably, demand for NHS services is always high. In order to sustain the quality of care and future-proof services, the [Interim People Plan](#)¹ has identified a need to significantly increase the number of trained clinicians and support staff working in the NHS over the next few years. However, the [NHS Long term Plan](#)² acknowledges the fact that over the past decade workforce growth has not kept pace with service needs. While the NHS response to the COVID-19 pandemic has been nothing short of extraordinary, this and the impact of the UK's exit from the EU on recruitment from Europe has only complicated the situation further.

The NHS England (NHSE) strategy document [AHPs into Action](#)³ suggests that Allied Health Professionals (AHPs) could play a vital role in responding to these needs and that further developing their skills to enhance their breadth of capabilities would allow them to be better utilised, enabling them to lead change in health and support the transformation of healthcare services.

The profession of osteopathy was awarded AHP status by NHSE in 2017 partly as a way of recognising the potential that the profession could bring to NHS workforce supply in the future (for more information visit the [Institute of Osteopathy](#)⁴ website). This assertion is reinforced by a [review of NHS osteopathic practice](#)⁵ conducted by an independent panel of leading healthcare professionals, chaired by Professor Adrian Newland CBE and published in February 2020. In addition, over 80% of osteopaths who responded to a recent Institute of Osteopathy survey expressed interest in working more closely with NHS colleagues with 27% actively seeking NHS employment.

Osteopaths typically train for a minimum of four years to BSc (Hons) or pre-registration Masters degree level before applying to join the General Osteopathic Council (GOsC) statutory register. The GOsC is monitored in the same way as the other eight statutory health professional regulators across the UK and is required to ensure the same high level of patient safety.

As such, osteopathy represents a highly trained, regulated healthcare profession that would be willing and able to support existing NHS workforce supply should the opportunity arise.

Osteopaths typically train for a minimum of four years to BSc (Hons) or pre-registration Masters degree level before applying to join the General Osteopathic Council (GOsC) statutory register.

There are also potential financial benefits of investing in such a programme. An economic analysis commissioned in 2016 by Health Education England (HEE) calculated that a managed programme of support and development for new graduates that encourages staff retention could save the NHS between £1.5 and £2 million per year.

Providing osteopaths with experience of NHS pathways and culture through the delivery of a post-registration internship would allow osteopaths to demonstrate the value they bring to workforce supply as part of the existing NHS workforce.

Aims and objectives

This pilot aimed to evaluate the sustainability of a cost-neutral internship for osteopaths delivered over a five-month period hosted in an NHS MSK outpatient department. This would allow osteopaths to consolidate their understanding of NHS policies, systems and culture, enhancing their confidence sufficiently to allow them to successfully apply for NHS employment thereafter. It would also encourage them to build resilience and set realistic expectations of NHS practice which may reduce attrition in the long term.

This approach will support NHS provider departments to test out this service model to ensure they have the right staff with the right skills in the right place at the right time.

The first evaluation of an NHS osteopathic internship in the UK, successful delivery of this pilot would support the ambitions of the NHS Long Term Plan and AHPs into Action strategies.

Pilot description

Who?

The pilot was project managed by the Institute of Osteopathy (iO), in collaboration with East Sussex Healthcare NHS Trust (ESHT).

The iO is the professional body representing two-thirds of UK osteopaths and aims to ensure that patients can expect the highest possible standards of care from the osteopaths that serve them.

ESHT is a fully integrated acute and community healthcare provider, delivering safe, compassionate and high-quality care to half a million people throughout East Sussex. These extensive services are provided by 7000+ members of staff working from acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites and in people's own homes.

When?

Project set-up took approximately three months with contract negotiation and agreement between HEE, the iO and ESHT taking place between December 2021 and February 2022. The internship placements took place between February and July 2022 when the effects of the COVID-19 pandemic were still being felt and some NHS staff in the team were still redeployed. A five-month pilot was agreed upon in line with the recommendations of the [Capital Nursing Internship Framework 2020](#)⁶.

Where?

Two internship placements were hosted by ESHT in their NHS MSK outpatient departments in Hastings and Eastbourne.

What?

Participants were employed by ESHT on an honorary contract. They were expected to attend the clinic one day per week for five months and manage their own list of NHS patients for half a day (one session) in the busy NHS team. For the second half of the day, they were encouraged to participate in a variety of self-directed activities including shadowing other AHP in the clinics, receiving interprofessional mentoring and supervision from Advanced Practice physiotherapy colleagues, accessing the eLearning-for-health portfolio, as well as being encouraged to complete a reflective practice record. In addition

to the internship, the interns sought private employment on the other days of the week which the interns were responsible for arranging for themselves.

In the spirit of AHPs into Action, and to enhance their understanding of the value of developing Advanced Practice competencies in line with the [Multi-professional Framework for Advanced Clinical Practice in England](#)⁷, they were also required to complete the NHS Leadership Academy Edward Jenner programme and collect standardised and validated Patient Reported Outcome Measure and service audit data to evaluate and evidence the impact of their contribution.

The participants were not expected to pay a fee to participate. They did not attract placement tariffs as they were not undergraduate students. The iO provided consultancy throughout the project.

A internship prospectus which included a role description that identified a list of key responsibilities was provided to all applicants.

Governance

The internship was advertised through all iO communication channels as an unpaid CPD opportunity. Applicants registered their expressions of interest by submitting a CV and covering letter to ESHT. Shortlisted candidates participated in a virtual ESHT interview using MS Teams to assess their appropriateness for the internship prior to being appointed and to enable them to experience an NHS interview process.

ESHT required applicants to have successfully completed a recognised university degree in osteopathy. They were also required to maintain their own professional indemnity insurance at all times during the internship and registration with the GOsC at their own expense. They were also covered under the Trust vicarious liability insurance for the duration of the internship.

Before starting their placement, the participants received an honorary contract from ESHT and signed an iO internship agreement to set expectations, though it was made clear that this in no way rendered them an employee of the iO or ESHT. The iO's employer's liability, public liability and professional indemnity insurances were reviewed and it was found that the existing cover was sufficient to cover the project without the need for increased premiums.

The interns underwent occupational health clearance, received an enhanced DBS and were required to complete the following mandatory training:

eLearning:

- Fire Safety
- Information Governance
- Equality, Diversity and Human Rights
- Health, Safety and Welfare
- Infection Control L2
- Moving and Handling L1
- Conflict Resolution
- Preventing Radicalisation
- Safeguarding Think Family Level 3 Webinar
- Mental Capacity Act
- Deprivation of Liability Safeguarding

Practical Training

- Moving and Handling L2
- Resuscitation

Research methods

How?

A mixed-method process evaluation using both quantitative and qualitative methodologies was employed. The participants collected activity data on pro-forma documents daily, including new and returning patient numbers. They also collected adverse event data at every follow-up session.

Patients were requested to complete an anonymous satisfaction questionnaire that included the Friends and Family Test based on the [NHSE guidance regarding the Friends and Family Test](#)⁸ after their first session. They were also asked to complete a Global Impression of Change score on their last session.

An independent researcher was recruited to conduct semi-structured interviews with the interns and the NHS Clinical Lead who hosted the interns to determine their experience/satisfaction with the placement.

The pilot was not formally classified as research. Data were collected in line with a service evaluation audit. As such, ethics approval was not required.

Results

Two osteopaths were successfully placed. Both completed their internship.

- **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. The number of patients seen each session was limited initially by COVID-19 precautions but built up quickly over the placement so that patient lists were full after the first two months. Patients on average attended 2 appointments.
- **Patient satisfaction:** 100% of patients were satisfied with the care they received from the osteopaths. 95% of patients (n=38) reported being 'very satisfied' with the care that they received. The remainder reported being 'fairly satisfied'.
- 100% of patients reported that they would be likely to recommend the service to friends and family if they needed similar care or treatment (Friends and Family Test). 85% of patients (n=33) suggested that they would be 'very likely' to with the remainder reporting 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% (n=10) of patients reported their response to treatment to be 'much improved' with the remainder reporting that their response was 'slightly' improved.
- **Safety:** No adverse events occurred during the placement.

The intern's feedback

The intern experience was good. Both of the interns suggested that their NHS colleagues had been very welcoming, their NHS manager, colleagues and the iO had been very supportive, the placement was very well organised and they felt that the skills they developed, and the training they received would be very helpful in supporting their future NHS career. This view was vindicated as both osteopaths were subsequently interviewed and successfully appointed to Band 6 roles by East Sussex Healthcare NHS Trust.

Both candidates suggested that they were very satisfied with the programme and would be very likely to recommend the placement to an osteopathic colleague if they were interested in an NHS career.

Intern's motivations: Interns identified the following motivations for participating in the programme – an enthusiasm to work in a more challenging setting which gave them an opportunity to learn and develop themselves professionally. They felt that the internship offered them protected time to focus specifically on enhancing their clinical skills and patient care outside of the restraints of the private practice business model. They were drawn to the more supportive team-working environment that the NHS provides, as well as the benefits of NHS employment and career progression opportunities.

Intern's views on the benefits of the programme: Having participated in the programme, the interns felt that they had a better understanding of NHS pathways, protocols, systems and policies enabling them to communicate more effectively when discussing NHS treatment options with patients. They felt that this helped them to set more realistic patient goals and expectations and build a more effective patient partnership. They felt that this understanding would help them in their future NHS careers but would also be valuable to other osteopaths working in the private sector. They saw a greater number, diversity and complexity of patients than they had anticipated, including post-operative and more chronic patients than in private practice, and they felt that this would inform their future practice.

Intern's valued: Upon reflection at the end of the placement, the interns suggested that they especially valued the opportunity to work as part of a team and the support that they had received from colleagues. Being able to ask for help when they experienced challenges enabled them to enhance the care that they were able to provide to their patients. They received mentoring from Advanced Practice colleagues as well as treating patients alongside physiotherapy colleagues in the regular MSK setting which enabled them to develop an understanding of the benefits of interprofessional working in both pathways. They valued the flexibility of the programme which was built around their individual learning needs. Both felt that they were welcomed as part of the team and given the appropriate amount of responsibility for their clinical caseload. They were asked for feedback on the process and their opinions were valued. Experience of the NHS application and interview process was also a valuable learning opportunity.

Challenges experienced by interns: The main challenges encountered revolved around difficulty getting access to mandatory and IT (SystemOne) training prior to beginning the placement, though they acknowledged that this was mainly due to disruption caused by COVID restrictions. They recognised that private practice work is different to working in an NHS context and suggested that future interns should be cognisant of this from the start and the importance of being adaptable and open-minded to learning. They would have valued more opportunities to shadow other related departments in the same hospital but acknowledged that timetable clashes and COVID restrictions had made that difficult. In future, being introduced to a named contact in those departments that they could follow up with themselves would facilitate this. Flexibility regarding the length of the placement to reflect the level of experience of the intern (five to six months for a new graduate but perhaps shorter if the candidate had more post-registration experience) was seen as desirable. There was also a suggestion that more provision of NHS placements for osteopaths at the undergraduate level, even for students who were not considering working in the NHS, would be of great value.

The departmental Clinical Lead's feedback

This was also positive:

"This low-risk pilot was a no brainer for us. We were having lots of challenges in terms of recruitment because of COVID and the changing health landscape. We initially met with the iO because there was a body of osteopaths in this region that wanted to gain some sort of access to NHS employment. Lots of our neighbouring Trusts have employed osteopaths very successfully and we were told by their Clinical Leads and Consultant Physios that they wish they'd done it sooner.

The internship has worked well. I was a little bit taken aback by the osteopaths in terms of their passion for wanting to join the team. They've fitted in extremely well. They've been hugely professional. They have a different perspective and bring professional diversity to the workforce. It's early days, but the early signs are good, and my hope is that they continue to bring different skills to the team.

I would absolutely recommend other NHS teams consider recruiting osteopaths to support their workforce supply issues. I would definitely be open to employing more osteopaths. It's the 21st century and we need to think laterally about recruitment and be open-minded."

**Brian Gibbs, MSK Clinical Lead
ESHT MSK Services**

The internship has now become a sustainable part of the ESHT's recruitment process.

Recommendations

This interdisciplinary service evaluation demonstrate that osteopaths can integrate well into the NHS multidisciplinary team in the spirit of the NHS Long Term Plan. To realise the full potential for osteopathy to support existing NHS workforce supply, a critical next step would be to better incorporate such NHS clinical placement experience into osteopathic pre-registration training provision. These placements should also attract the same placement tariff funding that other AHP professions enjoy which would in turn encourage parity between professions.

It also supports one of the ambitions of the [Allied Health Professions \(AHPs\) Strategy for England 2022 – 2027](#)⁹, to raise the profile of all 14 professions, particularly the professions whose offer may not be well-known, such as osteopaths.

Learning from this pilot could inform the development of similar MSK osteopath internships elsewhere in the country. Indeed, this model could be used to evaluate where osteopaths could utilise their competencies, within their scope of practice, to support services that are less well known for utilised osteopaths, such as chronic pain management, occupational health and others. It may also represent a swift and inexpensive mechanism for inspiring clinicians who are already qualified, experienced and working in the private sector to consider an NHS career. Exploring such innovative workforce supply solutions would support the mobility of staff allowing services to respond to changing demands with flexibility and agility, which in turn may also support service COVID recovery.

This pilot adds to existing evidence that suggests that osteopaths can significantly reduce pressure on primary care colleagues by providing safe and effective [First Contact Practitioner services](#) in a primary care NHS setting¹⁰. Benefits include providing support for other primary care colleagues, reduction in secondary care referrals, lower waiting times, excellent patient and peer feedback and excellent return on investment. The internship model may represent a method of scaling up such services at pace.

In future, it may be desirable to be flexible regarding the length of the internship for some candidates to take into account their individual needs and the requirements of the organisation. [Other studies](#)¹¹ have suggested between four to six months may be desirable.

A new 'e-Learning for Healthcare' package designed to support internship placements is currently in development. This training could desirably support future osteopathic internships.

The pilot methodology could be used in the evaluation of future initiatives involving other AHP colleagues that support return-to-practice and international recruitment.

It would be valuable to conduct further research to determine whether clearly setting the intern's expectations of NHS practice through the internship enhances retention long-term.

Conclusion

The internship evidences that osteopaths can integrate well into an interprofessional NHS acute and community provider service with good levels of satisfaction amongst patients, the interns and NHS host organisation management.

This pilot enhanced the intern's confidence, capability and capacity when working in an NHS setting and demonstrates that the internship model is a safe and effective way of evaluating the positive impact of integrating clinicians from diverse professional backgrounds into NHS teams. This has the benefit of adding flexibility to recruitment in such services in the spirit of the NHS Long Term Plan and is a sustainable method of supporting NHS workforce recruitment.

It would be desirable to better incorporate such NHS clinical placement experience into osteopathic pre-registration training programmes. These placements should attract the same placement tariff funding as other AHP professions.

Plan for spread

Several other NHS Trust are now looking to replicate the osteopathic internship programme.

Plans to further develop this collaboration to support the delivery of NHS 'taster-days' for osteopathic students and new graduates are being considered.

- The pilot was presented at the National Clinical Faculty Network on 30th March 2022.
- A news story and the full report has been published on the Institute of Osteopathy (iO) website and in the professional journal.
- It will be disseminated in the iO newsletter and in all iO social media channels
- A news story will be submitted for publication in the Arthritis and MSK Alliance newsletter.

Key contacts

- **East Sussex Healthcare NHS Trust:** Brian Gibbs, MSK Clinical Lead, brian.gibbs@nhs.net
- **Institute of Osteopathy:** Matthew Rogers, Head of Professional Development and project manager, matthew@iOsteopathy.org

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Appendix 1 – Internship self-reflection stationary

SWOT analysis:

Complete the table below thinking about your abilities as an NHS osteopath. Consider the areas where you are confident (strengths) and the areas that you may require more training (weaknesses), the opportunities that are available to you and the barriers to overcome.

STRENGTHS:	WEAKNESSES:
OPPORTUNITIES:	THREATS/BARRIERS:

Goal setting

Use this SWOT to set goals for each month and focus on the achievement of your overall aim(s). To have clear goals, it is recommended that you utilise the **SMART** technique. Each goal should be:

- S** Specific goals identify precisely what you hope to achieve
- M** Measurable to record success
- A** Agreed by candidate and supervisor to ensure commitment from both
- R** Realistic, they should be challenging but achievable
- T** Time phased, set a date to review progress and success

Detailed structured model of reflection

(To be used to record learning from events that happen at the clinic)

Candidate name: _____ Date: _____

Describe the event, what happened and how you responded

.....

.....

.....

How did it make you feel, and why?

What have you noticed about your behaviour from examining this situation?

.....

.....

.....

What went well?

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What could have been better?

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What would you now do differently, faced with the same situation?

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Describe what you learnt from this experience (learning outcomes)

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.....

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