

# The Practice

WHAT'S HAPPENING ON THE GROUND?



## ART THERAPISTS

These autonomous clinicians use the transformative power of art and imagination to help people communicate, express and explore issues. These may include emotional, behavioural or mental health problems, disability, a life-limiting condition, neurological conditions or physical illness.

**British Association of Art Therapists**  
[baat.org](http://baat.org)



## DIETITIANS

Dietitians assess, diagnose and treat nutritional and dietary issues, often part of multidisciplinary teams. They translate the most up-to-date public health and scientific research on food, health and disease into practical guidance about food choices, working at both individual and wider public health levels.

**British Dietetic Association**  
[bda.uk.com](http://bda.uk.com)



## DRAMATHERAPISTS

As both clinicians and artists, dramatherapists draw on their knowledge of psychotherapy to use theatre as a therapeutic process. Through creativity, insight, imagination, learning and growth, they help people explore challenging aspects of life, including processing trauma.

**British Association of Dramatherapists**  
[badth.org.uk](http://badth.org.uk)



## MUSIC THERAPISTS

These practitioners use live music – instruments or singing – to help people create a musical language that reflects their emotional and physical condition. This enables connection to the inner self and to those around them, and can improve wellbeing, self-confidence and independence.

**British Association for Music Therapy**  
[bamt.org](http://bamt.org)

# AHPs: what you need to know



## OPERATING DEPARTMENT PRACTITIONERS

ODPs provide support during perioperative care, including preparing anaesthetic drugs, equipment and instruments, and supporting surgical teams during operations. Much of this role involves patient-centred care – while the patient is in theatre and throughout recovery.

**College of Operating Department Practitioners**  
[odpcareers.codp.uk](http://odpcareers.codp.uk)



## OSTEOPATHS

Osteopaths use non-invasive treatments including physical manipulation, stretching and massage to increase the mobility of joints, relieve muscle tension, enhance blood and nerve supply to tissues, and encourage a patient's own healing mechanisms. They are the only allied health profession not regulated by the HCPC; their professional body is also their regulator.

**General Osteopathic Council**  
[osteopathy.org.uk](http://osteopathy.org.uk)



## OCCUPATIONAL THERAPISTS

Trained in the assessment and treatment of physical and psychosocial functional problems, which may be due to accident, illness or disability. Their interventions – often conducted as part of a multidisciplinary team – enable people to participate in their chosen activities of everyday life, including caring for themselves and others, working, learning, playing and socialising.

**Royal College of Occupational Therapists**  
[rcot.co.uk](http://rcot.co.uk)



## ORTHOPTISTS

Orthoptists diagnose and treat defects in eye movement and problems with how the eyes work together in binocular vision. Issues may be caused by a range of underlying conditions, including diabetes, hypertension, endocrine dysfunction, cancer, trauma, neurological episodes or stroke. Extended scope orthoptic practitioners work in specialities including glaucoma, cataract and macular degeneration.

**British and Irish Orthoptic Society**  
[orthoptics.org.uk](http://orthoptics.org.uk)

Not member organisations of the Allied Health Professions Federation

KEY



Autonomous



Diagnosis



High-risk conditions

A quick guide to England's 14 allied health professions and associated Allied Health Professions Federation membership bodies, including each practitioner's main duties and how their roles may interact.



### PARAMEDICS

Senior ambulance professionals who attend medical emergencies, paramedics are responsible for urgent and unscheduled care, which can include conducting a detailed assessment of a patient's condition, initiating a management plan and giving essential treatment. Treatment ranges from defibrillation, spinal and traction splints and intravenous drips, to administering oxygen and a range of drugs.

**College of Paramedics**  
[collegeofparamedics.co.uk](http://collegeofparamedics.co.uk)



### RADIOGRAPHERS

These patient-centred clinicians provide care during screening, treatment and monitoring. Their work is vital for delivering fast and reliable diagnoses.

Diagnostic radiographers produce high-quality images to diagnose injury or disease. They are responsible for providing safe and accurate imaging examinations and often the resulting reports.

Therapeutic radiographers plan and deliver radiotherapy to treat cancer.

**Society of Radiographers**  
[sor.org](http://sor.org)



### PHYSIOTHERAPISTS

MSK specialists often found in multidisciplinary teams, who use therapeutic exercise and other physical approaches to promote, maintain and restore physical, psychological and social wellbeing. Physios work with patients to optimise their functional ability and potential, including rehabilitation and stabilising deteriorating conditions. They play a vital public health role in reducing sickness absence.

**Chartered Society of Physiotherapy**  
[csp.org.uk](http://csp.org.uk)



### SPEECH AND LANGUAGE THERAPISTS

SLTs provide life-improving treatment, support and care, to children and adults who experience difficulties with communication, eating, drinking or swallowing. This tailored support ranges from treating life-threatening swallowing problems during recovery from stroke, to supporting adults with acquired neurological communication difficulties return to work.

**Royal College of Speech and Language Therapists**  
[rcslt.org](http://rcslt.org)



### PROSTHETISTS AND ORTHOTISTS

Members of both professions are extensively trained in mechanics, biomechanics and material science, along with anatomy, physiology and pathophysiology.

Prosthetists work with patients who are missing a limb, and design prostheses that replicate the structural or functional characteristics of that absent limb. This may be caused by congenital loss, diabetes, reduced vascularity, infection or trauma.

Orthotists correct problems with nerves, muscles and bones using a range of aids. They may create orthoses that, among other things, help to mobilise people, eliminate gait deviations, reduce falls, prevent pain and facilitate the healing of ulcers. Patients may have conditions including diabetes, arthritis, cerebral palsy, stroke, MSK injuries or trauma.

**British Association of Prosthetists and Orthotists**  
[bapo.com](http://bapo.com)

Compiled from sources including NHS England, 2022 and Health Education England, 2022



### PODIATRISTS

Podiatrists lead in the promotion and facilitation of foot and lower-limb health and function, aiming to keep people active and pain-free throughout their lives.

As autonomous clinicians, they provide essential assessment, diagnostics, evaluation, prevention and management of both acute and chronic conditions. Increasingly, podiatrists are working as first contact practitioners and in multidisciplinary teams, seeing patients with high-risk conditions.

Other areas of specialism include MSK, wound care, surgery, diabetes, paediatrics, dermatology, sports injury, vascular disease and rheumatoid arthritis.

**Royal College of Podiatry**  
[rcpod.org.uk](http://rcpod.org.uk)



Independent prescribing



Physical treatments



Psychological therapy



Surgery

# SHATTERING SILOS

Effective multidisciplinary teamworking across the allied health professions is key for seamless patient care. What benefits are there for those they treat, and the workforce as a whole?

Words Anna Scott

In 2018, dietitian Rachael Brandreth and speech and language therapist Carrie Biddle launched AHPs Day, a social movement recognising and celebrating the impact of the 14 distinct allied health professions.

'I believe there has been no better time to be an AHP – with more visible AHP leadership in trusts and systems across the country, and teams thinking differently about how their workforce can look,' Rachael says.

AHPs form the third-largest clinical workforce in the NHS, with around 185,000 engaged in practice across all health and social care settings (NHS England, 2022a). Last June, NHS England published their 2022 to 2027 strategy for England, *AHPs Deliver*.

This acknowledges the essential role AHPs play in supporting the NHS to meet current and future demand. 'Optimising care' is one of its central tenets – to be achieved in part by cross-profession working.

While podiatrists may work in multidisciplinary teams or with individual fellow clinicians, the Allied Health Professions Federation (AHPF) encourages collaboration on a far wider scale. The AHPF represents 12 professional bodies – including the College, which works closely with the AHPF at CEO, policy and education levels. 'Cross-working optimises patient outcomes

and supports interdisciplinary education and understanding, reducing costs and unnecessary duplication,' says Paul Chadwick, the College's clinical director.

## Efficient collaboration

Molly Chilvers-Smith is a private, community-based podiatrist in Essex. She works with osteopaths, prosthetists, orthotists and occupational therapists among other healthcare practitioners. In her experience, interaction between AHPs depends on a podiatrist's specialism and sector.



References are available to view online by scanning this QR code



‘I connect with AHPs to prevent silo working and create networks for referrals, but also for their input when a patient’s care is out of my scope, or to solidify or agree with a treatment I am proposing,’ Molly says. Having ‘confidence in your capability and contribution’ as a podiatrist, along with self-leadership and leadership that extends to others, are good skills to have in these scenarios, she adds.

Sam Bhide, an advanced practice physiotherapist working in London, says physios refer patients to podiatrists for advice on biomechanics, exercises, and education; podiatrists refer to physios for professional opinions. Referral systems vary across acute, community and primary care settings – and can be electronic or paper – but once a referral has been made, Sam will meet up with an AHP in person or online for collaborative working.

Sam recently diagnosed and treated a 50-year-old patient for plantar fasciopathy, while also referring him

to a podiatrist for advice and nail issues. ‘This reduced the patient’s anxiety of waiting for two referrals – he was reassured. He was managed effectively between the two teams.’

Dietitians and podiatrists’ caseloads also overlap, Rachael says. ‘Whether it’s having enough protein for wound healing, eating well and reducing malnutrition in frailty or dietary complexities for those experiencing lower-limb complications of their diabetes, our worlds have a lot of commonalities.’ She adds that working in tandem with other AHPs allows for creativity – in terms of how conversations with patients are conducted, and just working a bit differently than normal.

### Skills transfer

Cross-profession working succeeds because AHPs already have the right skills, says Michelle Thurman, principal podiatrist for Tameside and Glossop Integrated Care NHS Foundation Trust’s high-risk foot team. AHPs in her organisation



## Words matter

‘Every profession has its own terminology,’ says Susan Matthews. ‘In podiatry we have acronyms and abbreviations that we use regularly, and it is easy to forget that sometimes they might mean something else to another profession, or other AHPs don’t know what they stand for.’

One of the most important aspects of cross-working is ensuring everyone understands the language used – to enable communication between professionals, and with the patient.

Crossover might be greater in more closely linked professions: Sam Bhide says that most of the assessment terminology used by physios and podiatrists is similar. ‘If not, this can be specified during referrals, which is crucial for the benefit of all stakeholders,’ she adds.

In other cases, terminology might differ and some reading up may be required. Treat this as an opportunity to learn from others, and don’t be afraid to ask for clarification.

## ‘Understanding each other’s scope of practice is important’



**Susan Matthews** is a vascular specialist podiatrist working in the Manchester Leg Circulation Service – a podiatry-led community service commissioned to assess

people suspected of having peripheral arterial disease (PAD). It triages people to exclude or confirm a diagnosis of PAD and then works with the patient to agree an individual cardiovascular clinical management plan.

This could include making recommendations to GPs to optimise cardiovascular protective medication and supporting patients to make lifestyle changes like giving up smoking and increasing cardiovascular exercise. It can also include referral to community or cardiac rehabilitation exercise programmes. These teams are multidisciplinary, including occupational therapists, physiotherapists,

exercise therapists and cardiac nurses.

‘Traditionally, cardiac rehab teams would only support people who had had a cardiac event such as a heart attack, or an operation like a bypass. This is a shift in the traditional paradigm, as people who have PAD are at risk of having heart attacks and strokes,’ she says.

‘We had to work together to understand the needs of this cohort of patients,’ she adds, explaining that the two teams – her own and the exercise support teams – shadowed each other to understand what each is trying to achieve and develop and agree pathways together.

‘Getting to understand each other’s scope of practice is essential,’ she says. ‘We discuss the sort of exercises our patients need, and have agreed pathways of what happens to patients enrolling on the exercise programme. We then review the patient after they have completed the programme.’

include orthoptists, diagnostic radiographers and operating department practitioners.

'AHPs are excellent communicators,' she says. 'I've long observed this among my podiatry colleagues when listening to their consultations, and this is not unique to our profession, nor to our interactions with patients. AHPs are problem-solvers and have a natural propensity towards innovation and collaborative working.'

However, getting the opportunity to meet is essential. Physiotherapists, occupational therapists, speech and language therapists and dietitians often start their careers in acute settings; by contrast, podiatrists might only enter acute settings once they specialise.

'Starting your career within an acute setting gives newly qualified AHPs many more opportunities to work with, learn from and appreciate the roles of other AHPs. Multidisciplinary discussions often happen as standard practice in hospital environments,' says Michelle.

'AHPs based in the community don't get the benefit of this close contact unless formal placements are arranged. Having reduced exposure to other professions at an early stage in a person's career runs the risk of perpetuating the issue of these professions being poorly understood and under-utilised.'

Sam agrees: 'The earlier in their career a physiotherapist works with colleagues from other professions, the better. This increases exposure and instills a better multiprofessional work ethic.'

Rachael says AHP training provides many transferable skills that can be used in other clinical specialities and non-clinical roles. But, she warns, some settings can lead to professions becoming siloed. 'I believe that there is more to be done for person-centred ways of working, where we share our knowledge with

## 'A clear community is beginning to develop among the professions'



**Michelle Thurman** was seconded from Tameside and Glossop high-risk foot team to be a lead on the 2021-22 National AHP Workforce Supply Project, organised by Health Education England.

After scoping a number of areas of workforce development, the project leads submitted an 18-month workforce plan to target areas where the AHP workforce needs support, including apprenticeships, returning to practice and international recruitment.

They are also developing an AHP skills prospectus, designed to create clearer pathways and make education and training more accessible for AHPs. 'During this time, it was clear a real community was beginning to develop among the professions,' she says.

Michelle offers the following advice for better multidisciplinary working:

- Shadow other professions to improve your understanding and appreciation for their

skill-sets. Contact local private practitioners or ask your AHP workforce lead (if your trust has one).

- Ask to participate in multidisciplinary teams, including private practices that employ different AHPs. This is also an opportunity to showcase podiatry.
- Invite other AHPs to spend time in your clinics. See if there is a local AHP forum you could join, to network with colleagues and stimulate conversations around working together.
- Offer placements to students on AHP courses outside podiatry. Link with education or training departments or practice education facilitators in local NHS trusts to help make arrangements.
- Change the culture around having learners on placement. Placements are often rearranged when work pressures are high, but students are the future of the workforce. Invite them in, show them what you do and make them excited to join you.

each other and act as "consultants" to enable consistent messages to be given throughout someone's health and care journey,' she adds.

### Benefit for patients

The NHS is experiencing a significant backlog in secondary care that will take 'years' to clear, including patients who have had referrals delayed, cancelled or refused because of a lack of capacity (British Medical Association, 2022). Multidisciplinary working is one way that NHS England aims to tackle the elective care backlog (NHS England, 2022b).

'Where possible, joint appointments allow a person to tell their story once and it saves time for the person and their carer,' Rachael says. 'I believe patient time is an undervalued currency. While a podiatrist is completing an intervention or procedure, the dietitian could be doing dietary counselling, thus benefiting the patient, and giving the professionals a more holistic view.'

Molly agrees. She is currently undertaking a master's in advancing practice in community health and wellbeing at Queen Margaret University in Edinburgh, during which she has highlighted the work AHPs can do to offer a more patient-centred approach to care. 'AHPs have an opportunity to support GPs in the management of their service user's holistic health,' she says, adding that this might include triaging services.

She embraces multidisciplinary working by proactively contacting AHPs in her area: 'We go to lunch for regular catch-ups and support and keep in touch via emails for referrals.'

As with all alliances, AHPs derive mutual benefits from working together, as well as enhancing patient experiences and outcomes. 'Working together, we can have our voice heard, which is important for driving pathway transformation and workforce agendas. We can develop and support each other,' Rachael says. The 14 allied health professions are strongest together. 