

The development of an audit tool to identify referral patterns among osteopaths

NCOR BRISTOL RESEARCH HUB

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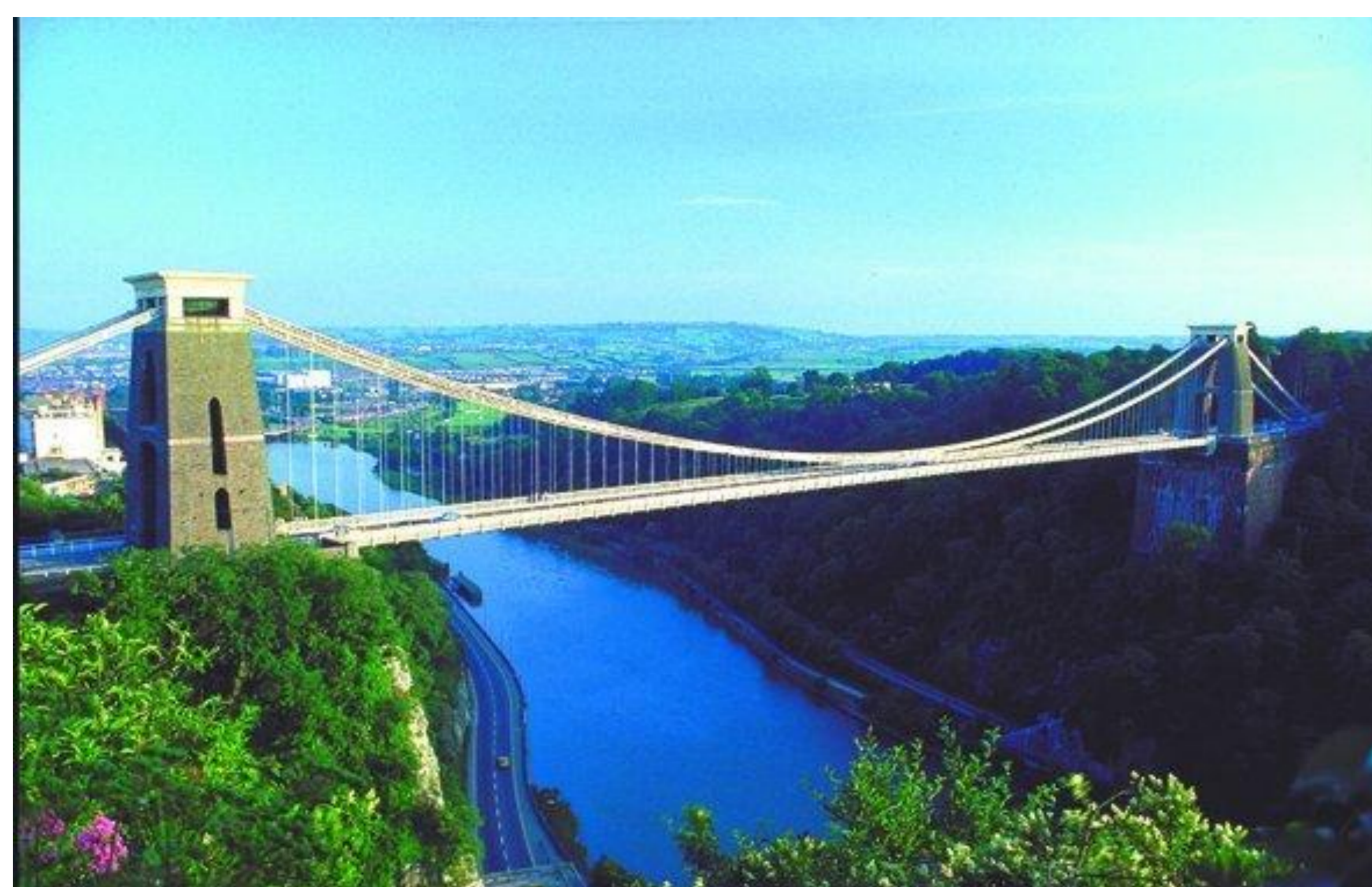


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Introduction

Inter-professional co-operation appears to have steadily increased during the past decade. However, no information has been published to support this view. This study has attempted to develop an audit tool to identify the professional groups to whom osteopaths refer, the reasons for referral and the mechanism of referral.

Methods

A literature search was conducted to identify earlier work carried out to investigate inter-professional referral^{1,2,3}. Electronic databases including PubMed, CINAHL, AMED, OSTMED and PEDro were searched. A draft audit tool was created by members of the Bristol research hub to gather information concerning referral patterns by osteopaths. A series of focus groups were held to facilitate this process; the tool was piloted for two weeks, refined, piloted for a further two weeks and final amendments were made. The audit tool was then piloted during a three month prospective period. Information obtained from the audit was examined using EXCEL and the results are shown in the adjacent columns.

Results

The audit identified that the commonest age for referral was 50 to 59 years (Figure 1). The distribution of referrals between sexes was only marginally higher for women (51%) than men (49%) as shown in Figure 2.

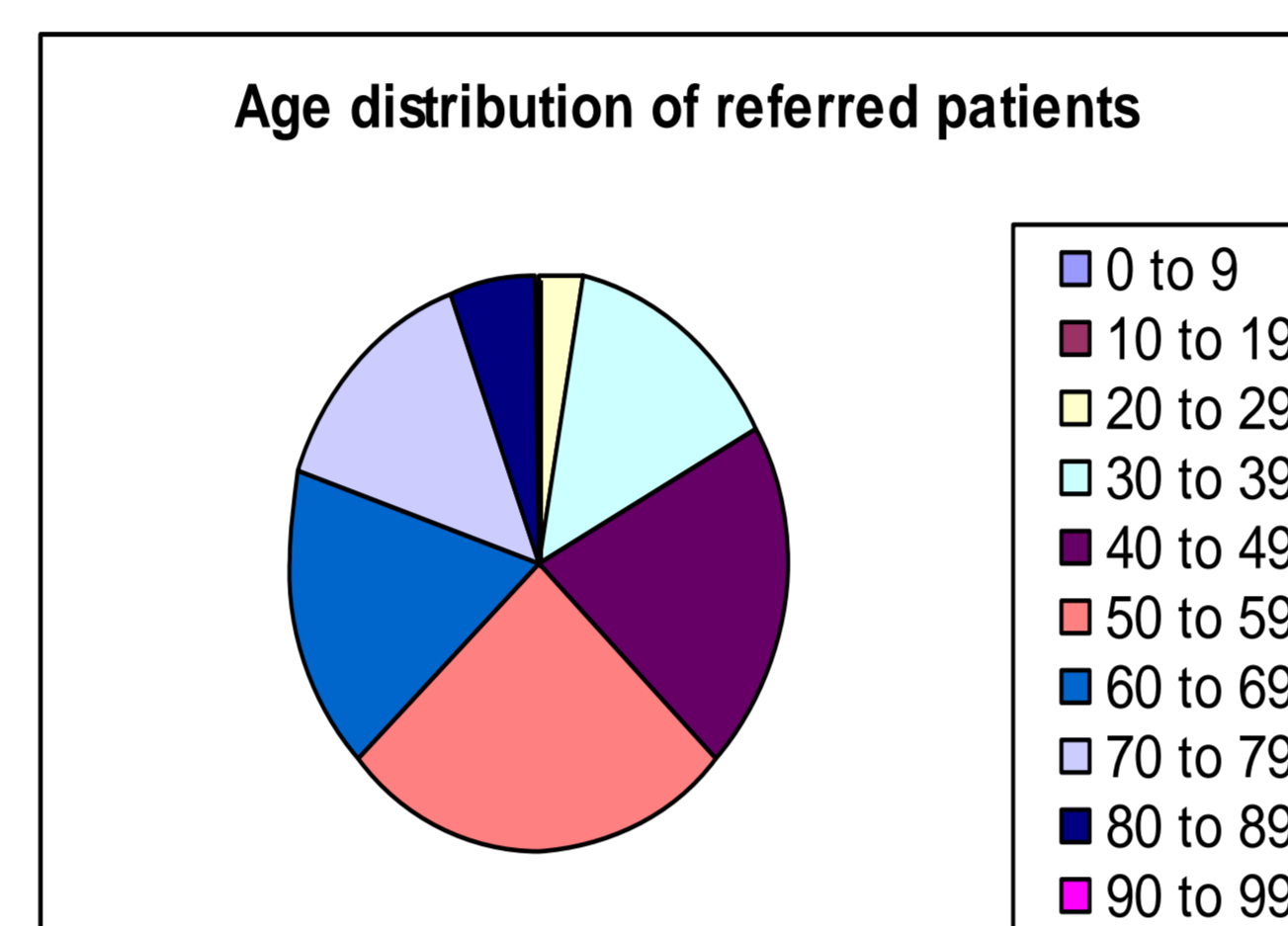


Figure 1

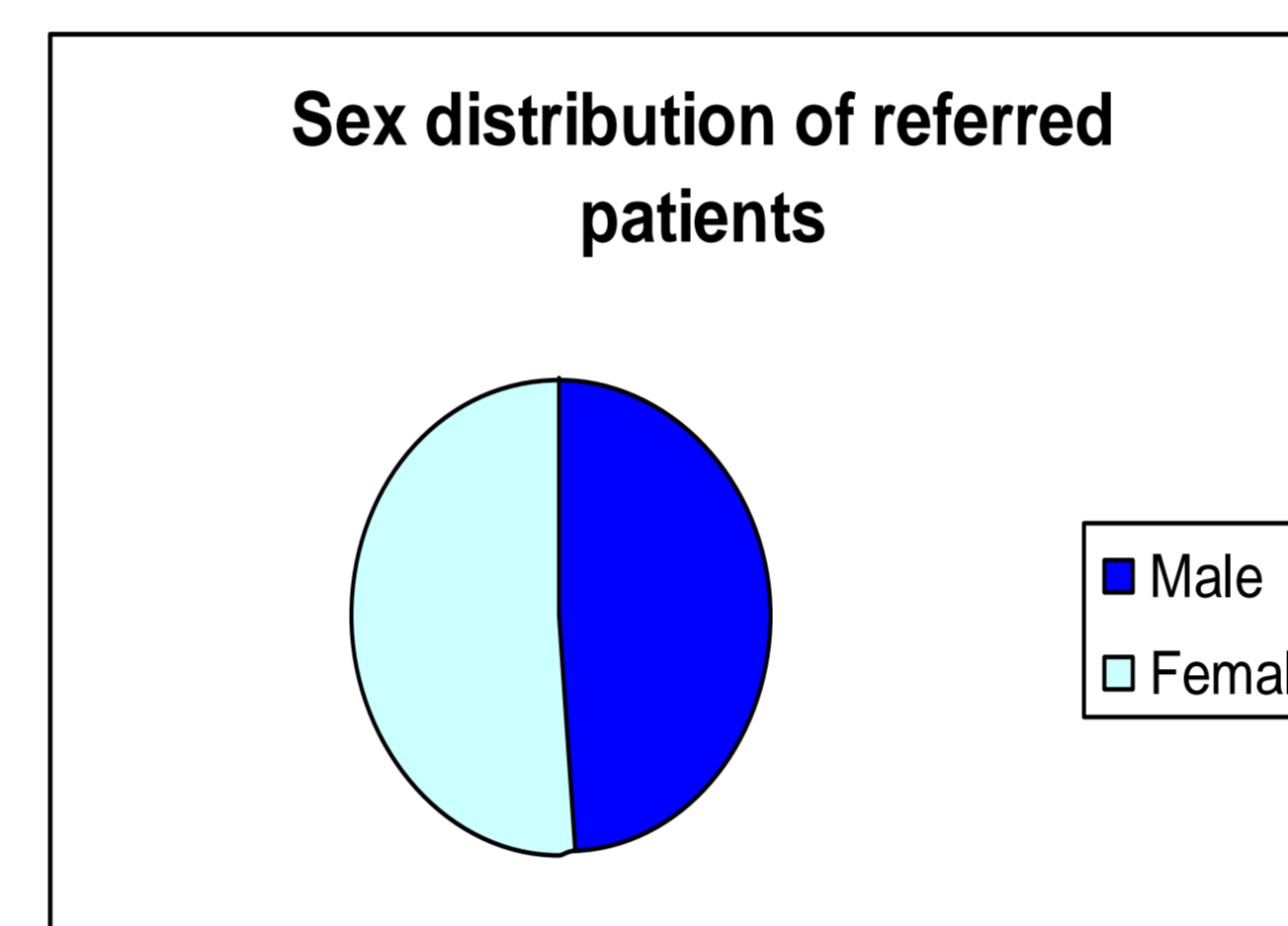


Figure 2

General practitioners and medical consultants were identified as the health professionals who received most referrals from osteopaths (46%) as shown in Figure 3. The most common mechanism for referral was through formal written communication as shown in Figure 4. The commonest reason for referral was identified as the investigation of a suspected pathological process. Referrals described as "other" included opinions from occupational health: osteopathic referrals included those to a colleague for a second opinion or to a cranial osteopath.

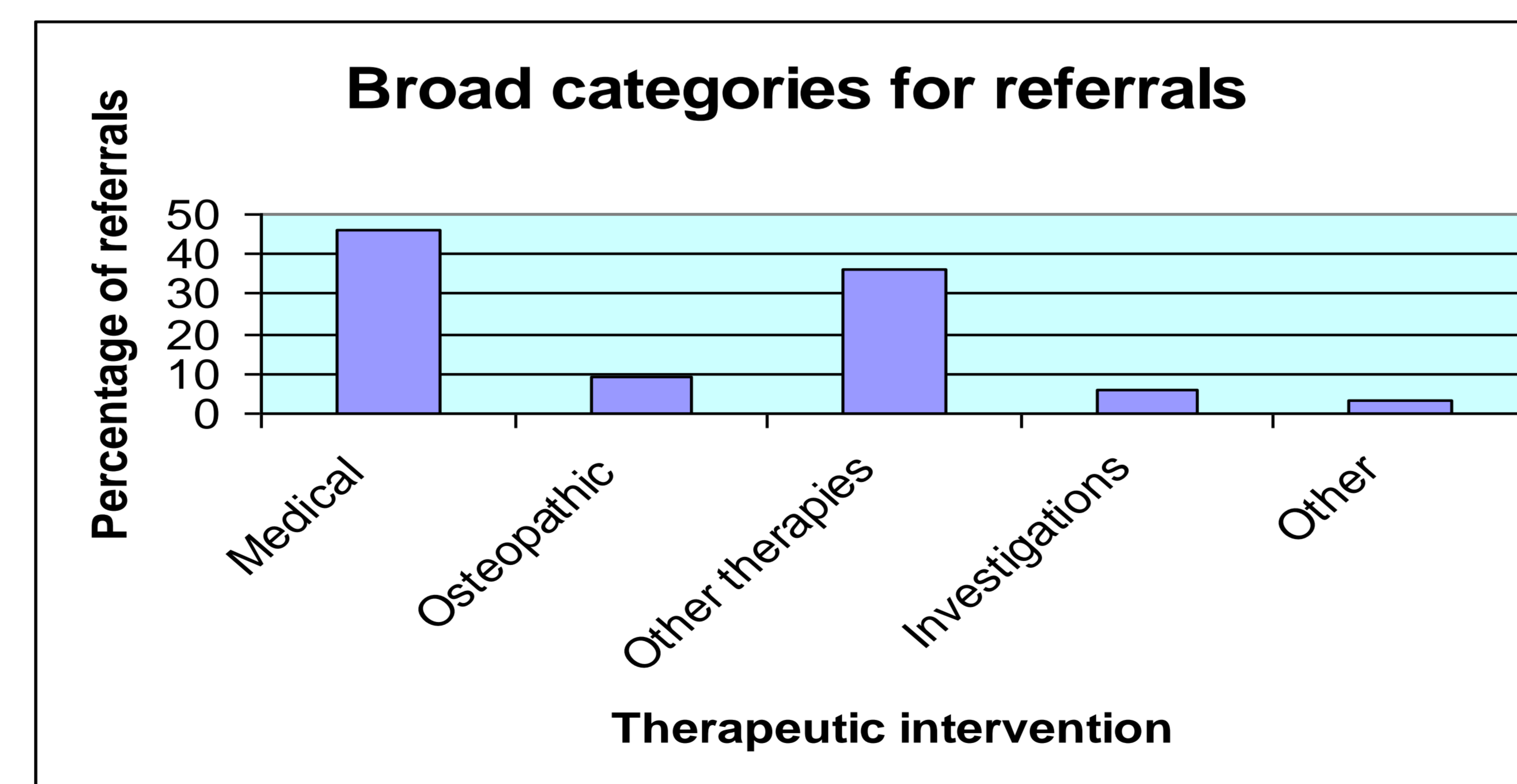


Figure 3. Broad categories of referrals by osteopaths.

Written	Verbal	Telephone	Written and verbal	Other
43.9%	31.7%	12.2%	9.8%	2.4%

Figure 4. Methods of communication with other health care practitioners

More detailed examination of referral patterns identified the individual professional groups or therapies to whom referrals were made. These are shown in Figure 5 below.

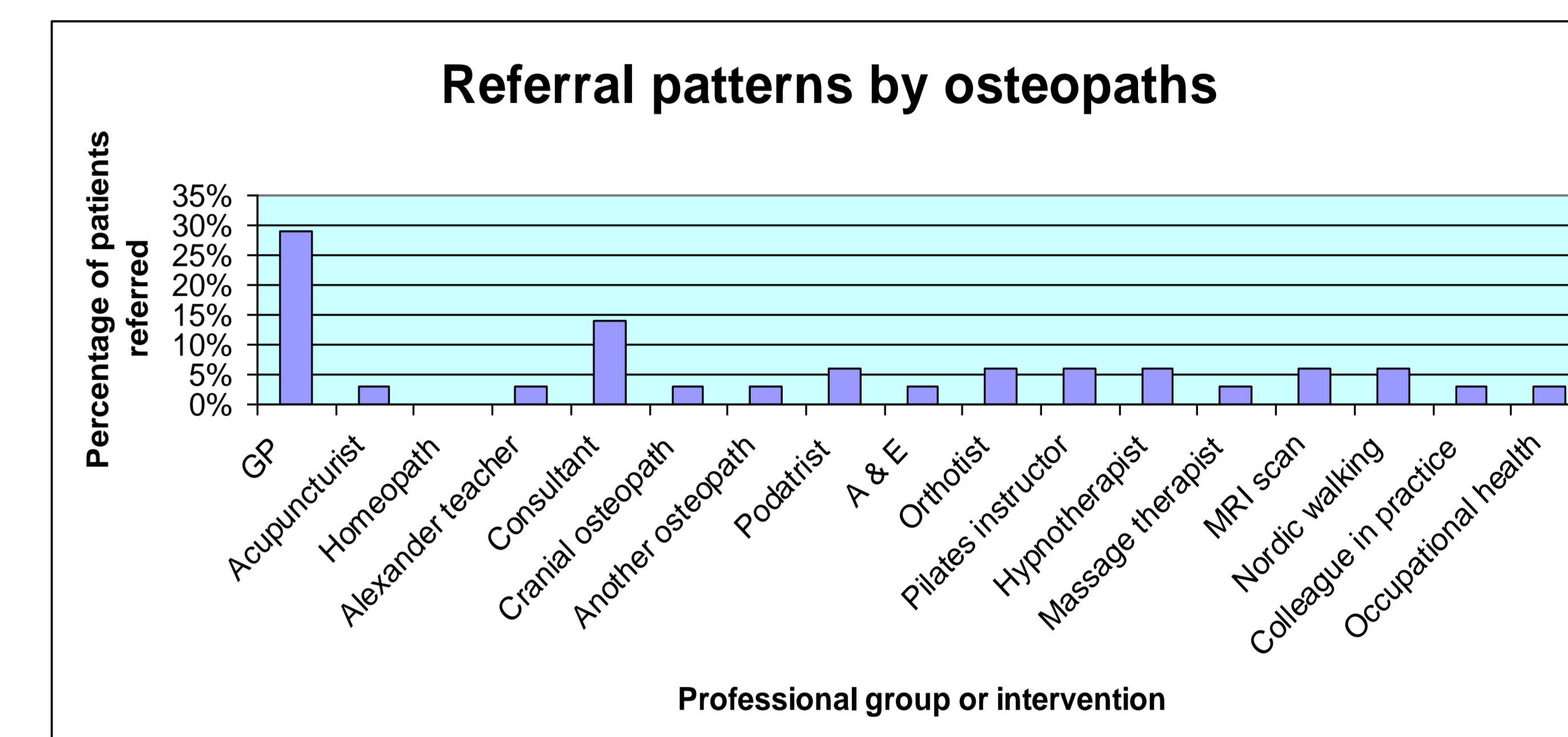


Figure 5. Specific professional groups to whom osteopaths refer patients

Conclusion

Although osteopaths function as independent health care professionals, patient referrals are made to a variety of other health care practitioners. Clarity of diagnosis and referral for different treatments within the patient management process was consistently identified. Referrals for investigation using MRIs and the recommendation of Pilates classes and hypnotherapy were also identified. The findings in this study underline the priority patient safety and wellbeing holds for practising osteopaths.

Ethics

Advice was sought concerning the need for ethics permission for this study; direction was given that permission for the creation of an audit tool and the audit of referrals was not necessary.

Funding Acknowledgements

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References

1. Simpson JK. A study of referral patterns among Queensland general medical practitioners to chiropractors, osteopaths, physiotherapists and others. *J. Manipulative and Physiol Ther.* 1988;21(4):225-31.
2. Thomas KJ, Nicholl JP, Fall M. Access to complementary medicine via general practice. *Br J Gen Pract.* 2001;51(462):25-30.
3. Wharton R, Lewith G. Complementary medicine and the general practitioner. *British Medical Journal (Clin Res Ed).* 1986;292(6534):1498-500.