



WestminsterResearch

<http://www.wmin.ac.uk/westminsterresearch>

Clinical training in complementary therapies for the 21st century.

Brian Isbell

School of Integrated Health

This is an author-formatted, electronic version of an article published in *Complementary Therapies in Nursing and Midwifery*, 9 (2). pp. 83-89, May 2003. The definitive version in *Complementary Therapies in Nursing and Midwifery* is available online at:

[http://dx.doi.org/10.1016/S1353-6117\(02\)00145-2](http://dx.doi.org/10.1016/S1353-6117(02)00145-2)

The WestminsterResearch online digital archive at the University of Westminster aims to make the research output of the University available to a wider audience. Copyright and Moral Rights remain with the authors and/or copyright owners. Users are permitted to download and/or print one copy for non-commercial private study or research. Further distribution and any use of material from within this archive for profit-making enterprises or for commercial gain is strictly forbidden.

Whilst further distribution of specific materials from within this archive is forbidden, you may freely distribute the URL of the University of Westminster Eprints (<http://www.wmin.ac.uk/westminsterresearch>).

In case of abuse or copyright appearing without permission e-mail wattsn@wmin.ac.uk.

Clinical Training in Complementary Therapies
for the 21st Century

By Brian Isbell

PhD, BSc, Osteopath, MRN, MILT, MRSC, CBiol, MIBiol

Chair of the Department of Complementary Therapies

University of Westminster

School of Integrated Health

115 New Cavendish Street

London W1W 6UW

Tel.: +44(0) 20 7911 5036

Fax: +44(0) 20 7911 5028

Email: isbellb@westminster.ac.uk

Abstract

Over the past six years an innovative portfolio of degree courses in complementary therapies has been developed at the University of Westminster. In 1996, when the first three courses of the BSc Scheme were validated, the high quality clinical experience needed to consolidate the academic and practical skills was planned. The opening of the unique multidisciplinary Polyclinic in 1998 marked the beginning of an exciting clinical training and research dimension to the University's complementary therapies provision. The Polyclinic represents a unique opportunity for integrated medicine, not only with other health care professionals but also between complementary therapies.

The rationale for the creation of the Polyclinic is discussed. The development of the integrated medicine theme of the Complementary Therapies Scheme and its consolidation within the clinical experience for the students is described. The further enrichment of the students' clinical experience with placements in other health care settings is also described.

The development of the clinical provision is discussed including clinical governance, the management structures, and influence of nursing and midwifery, introduction of supervision for the clinic tutors, data collection and plans for the future.

Clinical Training in Complementary Therapies for the 21st Century

The Context

Evidence of the recent growth in provision of complementary therapies courses within UK Universities is clearly indicated by the rapid rise in the number of institutions offering programmes, from less than five to almost thirty over the past five years. This growth has primarily been in response to the perceived need identified by universities and private institutions of complementary therapies courses, as well as student demand. As most students now pay tuition fees and are frequently faced with a loan to replay at the end of their studies they are more discerning. They will therefore expect a course to be not only comprehensive but to provide good career opportunities. Some higher education institutions have followed the success of others that first entered the arena and were seen to attract significant numbers of high quality, mature students at a time when recruiting students to science courses was proving difficult.

The publication of the Foundation for Integrated Medicine's discussion document in 1997 (Foundation for Integrated Medicine 1997) described the essential components for education and training provision that would facilitate a more integrated approach to health care in the UK where complementary therapists would work alongside other health care professionals. The House of Lords Select Committee on Science and Technology (House of Lords 2000) drew attention to the need for quality education and training to

ensure complementary therapists were better prepared to work with other health care professionals. A vital component of quality provision is therefore clinical experience that facilitates the application of knowledge and skills to practice and integration.

The BSc Scheme which is the portfolio of courses that have been developed within the School of Integrated Health at the University of Westminster has been described previously (Isbell B 2001). The provision includes six degrees (acupuncture, herbal medicine, homeopathy, nutritional therapy, therapeutic bodywork and the eclectic, complementary therapies course). As these courses normally recruit mature students frequently wishing to make career changes, following a recent review, each of the BSc Honours degrees is now offered in both a full and part-time mode. It is evident that the availability of part-time degree courses is satisfying the need for students to remain in their current employment while they retrain in the therapy of their planned new profession. Apart from the BSc acupuncture course there are Qigong Tuina and herbal medicine diplomas to provide a more complete coverage of the traditional Chinese medicine system. As all the courses are modular in nature, practitioners may complete modules as part of the continuing professional development required by their registration body or to extend their skills. Currently there are approximately 400 fulltime and 150 part-time students on the courses. Part-time and short course numbers are continuing to grow at a steady rate. The recent Quality Assurance Agency assessment score of 23 out of 24 for the School's courses confirmed the quality of provision by an external agency. This judgement reinforced the belief of the School's staff that future developments or

increases in student numbers should be carefully managed to ensure they do not compromise quality.

Each year approximately 10% of the intake are nurses or midwives. Through the process of Accreditation of Prior Learning doctors have also completed degrees of the BSc Scheme. The presence of a wide range of healthcare professionals on the courses enriches the learning experience. In Isbell B (2001) the nature of the clinical training provided within the Polyclinic, for the students of the Complementary Therapies Scheme, was outlined.

What is the Polyclinic?

The Polyclinic is a multidisciplinary clinic that offers a wide range of complementary therapies (Table 1). Within the clinic students of the BSc Scheme actively participate in developing observation and practical skills, under the close supervision of experienced practitioners. Students therefore not only share the learning environment of the common core modules of their degree courses, but also gain the experience of working alongside those practising other complementary therapies within the Polyclinic. Medical practitioners have observed, worked and researched in the clinic to gain insight into the nature of this unique multidisciplinary complementary therapies clinic. The value of the Polyclinic has also been recognised by the community with patient demand satisfying the needs of the expanding clinic.

Why develop a Polyclinic?

At the time of the establishment of the BSc Scheme of complementary therapies degrees, the clinical experience for students was provided by the institutions that were collaborating. However it became evident, that the enrichment the students gained from sharing the learning environment of their academic and practical skills would be consolidated by the development of a multidisciplinary clinic. Since the establishment of the Polyclinic in 1998 the clinic has grown steadily as the range of therapies available, numbers of students on the Scheme, patient numbers, as well as the hours needed to meet the requirements of the professional bodies have increased. Currently eleven clinic rooms, of various sizes are used flexibly for different therapies and are linked to seminar rooms for the relaying of treatment sessions by means of audio-visual links. There is a dispensary within the clinic where herbal medicines may be prepared. Other accommodation includes the reception, an information technology room/student workroom, student common room, as well as accommodation for visiting tutors, researchers and doctors, the clinical director, clinic manager and technician, patient records and equipment storage rooms. The Polyclinic has grown steadily in a ground floor location within the University where stepwise expansion has been possible. The expansion was planned and has kept ahead of the demands. The economy of scale offered by this multidisciplinary clinic enables the high costs of running the clinic, with its high tutor to student ratio, to be supported. The patient data handling and research opportunities of the Polyclinic are now beginning to be exploited and it is evident will provide a wealth of opportunities in the future.

What is special about the clinic tutors?

The clinic tutors are employed as fractional posts committing two or three days a week to the School of Integrated Health while the remainder of the week is devoted to working as self employed practitioners and/or within NHS settings. The students therefore are supervised by tutors currently in practice, who are able to enrich the learning environment with reference to recent cases and draw on up to date clinical skills. The majority of the clinical tutors are also involved in providing the academic and therapy skills learning environment for the students. This dual role for the staff ensures continuity of provision for the students where recent teaching may be consolidated by clinical experience.

The Management Structure

The clinic tutors have the responsibility for the quality of clinical care for the patients as well as ensuring students maximise the learning opportunities from their observation or practice in the clinic. A Senior Clinic Supervisor is responsible for the management and organisation of each team of tutors for a therapy. Supervisors meet at least monthly, to share good practice as well as to identify specific issues that require attention. The Clinic Executive is the management group that through its fortnightly meetings is responsible for ensuring that issues arising in the therapy teams or meetings of supervisors are responded to. In addition, the Executive is responsible for the management of strategic and operational matters including clinical governance, resource planning, and staff

development as well as overseeing the strengthening of the multidisciplinary and integrating activities of the Polyclinic. Members of the Executive are also on the Management Team of the School of Integrated Health, ensuring issues are effectively responded to. To ensure that everyone is clear about the responsibilities of the positions within this management structure comprehensive job descriptions have been written. For the academic and skills components of the degree courses there are external examiners and advisers as well as moderators for practical assessments. In a parallel way a Quality Assurance Panel has been established to ensure external adviser input contributes to the evaluation of the developing clinical governance.

Clinical Governance

One of the main reasons frequently given for the introduction of clinical governance into the NHS was because of concern over an apparent decline in standards (Scally G and Donaldson LJ 1998, Swage T 1998). In addition the publication of The Patient's Charter in 1992 (Department of Health 1992) and The Citizen's Charter in 1993 (Department of Health 1993) had lead to an increase in public awareness of healthcare provision which has been facilitated by the media. These pressures have encouraged healthcare providers to evaluate and develop provision to meet the needs of patients who are more and more seen as clients.

The evaluation of patient needs and expectations are a major aspect of the clinical governance of the Polyclinic. For this reason patient satisfaction questionnaires are used to evaluate the quality of service from the patients' perspective. It is considered that

patients would be able to help shape policy, direction and well as facilitating accountability and therefore the establishment of a Polyclinic User Advisory Committee is being pursued. Documentation procedures for incidents, complaints and accidents enable the Clinical Executive and Quality Assurance Panel to monitor the effectiveness of action. From a teaching and learning perspective it is vital that high standards are demonstrated throughout the clinic's provision so that students learn good practice by example. The Clinic Executive oversees the clinical governance of the Polyclinic. Within the School of Integrated Health there are several nurses and doctors with clinical management experience, this resource is invaluable in ensuring that the clinical governance of the Polyclinic may be informed by good practice within the NHS. The Quality Assurance Panel evaluates the development of the clinical governance of the Polyclinic. Key aspects of the clinical governance are shown in Table 2.

The Complexity of Workloads

The clinical tutors and senior clinic supervisors have to manage complex workloads. The majority of staff must not only satisfy the continuing professional development needs of their professional complementary therapies body but as teachers have a commitment to developing their teaching skills. The development of the research activities within the clinic places yet a further demand on the tutors. To ensure the School is able to assist tutors make appropriate contributions to all three commitments and to ensure their expertise and enthusiasm is appropriately utilised, an annual staff development appraisal system has been implemented. Balancing the competing aspects has to be carefully

managed to ensure that the individual's skills are matched to their responsibilities in the Polyclinic.

Clinical Supervision for Tutors

All clinic tutors within the clinic are confronted with the complexity of attempting to balance the dynamic of patient, student, teacher, assessor and the organisational needs of the clinic. Such a complex dynamic is extremely difficult to manage. For this reason a clinical supervision project has been established for tutors within the Polyclinic. The School of Integrated Health has been allocated funding under the Teaching Quality Enhancement Fund (TQEF) to offer clinical supervision to all of the clinical tutors. This one-year project is to be evaluated to establish if from the clinic tutors perspective, it is worthwhile and beneficial to continue. The aims of the clinical tutor supervision project are listed in Table 3. Funding from the Learning and Teaching Support Network (LTSN) will be employed for independent researchers to evaluate the project. If the results clearly indicate that the clinic tutors wish to continue the supervision then the evidence of the evaluation will be used to advocate for funds to continue the project as an ongoing, integral part of clinic tutor support.

Data Collection

The potential of the wealth of data for research that would be available from the operation of this unique multidisciplinary complementary therapies clinic provision for the community has always been evident. However, as explained previously there are many competing demands on the tutors and it has proven difficult to obtain the

compliance of all staff and students in the collection of data. However, the incorporation of the activity of data collection and entry into the learning outcomes of the clinic modules of the courses is improving the level of compliance.

Outcome measurement

There has been a proliferation of outcome measures since the late 1980s (Epstein 1990). Outcome measurement of the therapies is currently assessed in the clinic using the MYMOP (Measure Yourself Medical Outcome Profile) (Paterson 1996). MYMOP has been used in a variety of settings (Paterson & Britten 2000). One difficulty that has arisen in the introduction of MYMOP is compliance by the clinical tutors and students of all therapies. Some of the initial concerns that were expressed included; the use of MYMOP disturbs the ethos of the consultation, that it is an additional administrative burden and it is not holistic in its approach as it is based on the measure of symptoms. However, the value and confidence in MYMOP and how it is used has grown steadily. There is more confidence in MYMOP being able to provide a focus to enhance patient-practitioner communication as well as understanding of where the patient wants to get to in their treatment. In addition as sufficient MYMOP data is now accumulating it can be seen to be of great value for both undergraduates and postgraduates projects. There is still some concern over the effectiveness of MYMOP as the first consultation is so crucial for its validity, in addition for some therapies the outcome may not be fully realised over the treatment and measurement period. The effectiveness of MYMOP and use of other outcome measures are being kept under review by the Clinic Executive and Quality Assurance Panel of the Polyclinic.

Clinical Experience for Integrated Healthcare

The presence of nurses, midwives and doctors on the course, as well as the multidisciplinary nature of the provision of the BSc Scheme ensures that students gain the experience of working alongside those studying other therapies as well as with other healthcare professionals. In addition, to ensure that students are better prepared for working in an integrated medical environment there are opportunities to observe complementary therapists working in hospitals, health centres and GP practices. The placements enable students to gain insight into the caseload, organisational structures and to meet colleagues working in other health care sectors and agencies. Groups of medical students have visited the Polyclinic to gain insight into the nature of provision. In addition some doctors have joined in clinical teaching sessions. It is hoped that these vital activities of preparing students for working in the integrated medical provision of the future may be further developed.

The Influence of Nursing and Midwifery

Several of the staff of the School of Integrated Health have backgrounds in nursing and midwifery. These staff have made invaluable contributions to the development of the teaching and learning strategies for both the academic and clinical components of the provision.

This expertise within the School has not only lead to the establishment of the clinic tutor supervision project but also the formation of a reflective practice research group.

The Future

Although much has been achieved with respect to the establishment of structures, procedures and documentation, the further development of the clinical governance of the Polyclinic is essential. The development of common high standards of clinical teaching and assessment has been addressed in a recent review of the BSc Scheme and the development of a common portfolio for the therapies of the clinic. Careful management of the implementation of these new developments will be needed to ensure best practice is adopted by all therapies. The greater involvement of patients is needed in the shaping of the policies of the Polyclinic and the development of the accountability of the clinic to its users. The staff development of clinical tutors including the provision of supervision is a current priority.

As the data collection systems evolve, MPhil/PhD students and researchers will be able to utilise the information available. The strengthening of the research activities of the School by the recent appointment of a fulltime Research Director has led to the formation of research groups that are actively bidding for funding for clinic based projects.

The nurses, midwives and doctors on the courses, the nature of the multidisciplinary teaching and clinical activities and the external placements, prepare the students for working within an integrated medical system. However, stronger links with nursing and

medical schools would facilitate student and staff exchange to enable all to be better prepared for the health provision of the future.

Acknowledgements

The staff and students of the School of Integrated Health, especially Hal Andrews the Clinic Manager, Peter Davies the Head of School and David Peters the Clinical Director for their invaluable contributions to turning a dream into a reality.

References

Department of Health 1992 The Patient's Charter: Raising Standards. The Stationery Office, London

Department of Health 1993 The Citizen's Charter. The Stationery Office, London

Epstein A 1990 The outcomes movement – will it get us where we want to go? New England Journal of Medicine 323: 266-270

Foundation for Integrated Medicine 1997 Integrated Healthcare- a way forward for the next five years. The Foundation for Integrated Medicine, London (ISBN 1 85717 173X)

House of Lords 2000 Sixth Report of the House of Lords Select Committee on Science and Technology. HL Paper 123, Stationery Office, London

Isbell B 2001 Complementary therapies courses for the 21st century. *Complementary Therapies in Nursing & Midwifery* 7: 90-94

Paterson C (1996) Measuring outcomes in primary care: a patient generated measure, MYMOP, compared with the SF-36 health survey. *British Medical Journal* 312:1016-1020

Paterson C, Britten N (2000) In pursuit of patient-centred outcomes: a qualitative evaluation of the 'Measure Yourself Medical Outcome Profile' *Journal of Health Services Research and Policy* 5: 27-36

Scally G and Donaldson LJ (1998) Clinical governance and the drive for quality improvement in the new NHS in England *BMJ* 317: 61-65

Swage T (1998) Clinical care takes centre stage *Nursing Times* 94 (14): 40-41

Table 1 Therapies currently available within the Polyclinic of the University of Westminster

Acupuncture

Aromatherapy

Chinese Herbal Medicine

Chiropractic

Cranisacral Therapy

Homeopathy

Massage

Naturopathy

Nutritional Therapy

Osteopathy

Qigong Tuina

Therapeutic Bodywork

Western Herbal Medicine

Table 2 Key components of the Clinical Governance of the Polyclinic

Accountability

- Clinic Executive and School Management Team accountable
- Senior Clinic Supervisors monitor effectiveness of their clinics
- Reports from Senior Clinic Supervisors & Clinic Executive to Quality Assurance Panel and School Management Team
- Polyclinic User Advisory Committee

Management of Performance

- Critical incidents
- Complaints
- Staff support
- Team building

Management of Risk

- Policies
- Procedures
- Systems

Quality Improvements

- Continuing professional development
- Audit
- Measure Yourself Medical Outcome Profile
- Supervision for clinic tutors

Table 3 The Aims of the Supervision for the Clinic Tutors

The aims of the project are:

- To provide a safe space to reflect upon issues that arise from working within the Polyclinic
- To facilitate interdisciplinary learning and excellence in healthcare
- To support the personal and professional development of clinic tutors
- To safeguard standards of practice
- To develop congruence between theory and practice by reflecting what the students are doing in the practitioner development theme of their courses
- To develop reflective skills of clinic tutors
- To model reflective learning, a major aim of the BSc Scheme.

The Prince of Wales with staff and students in the dispensary during the formal opening of the University of Westminster Polyclinic

(photographer Dom Dibbs)

A student lead consultation in the Polyclinic

(photographer Mike Ellis)

A student preparing herbal medicines in the Polyclinic dispensary

(photographer Mike Ellis)