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Bridgen, Andy

Perceptions of podiatrists and physiotherapists working together

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### BACKGROUND

Physiotherapists and podiatrists are working closer together in musculoskeletal services than ever before. The Musculoskeletal Services Framework (2006)<sup>1</sup> called for a shared care approach in the management of musculoskeletal conditions.

Allied Health Professionals (AHPs) have been challenged to be open to change "in the way they work, in the roles they play and in the care they give"<sup>2</sup>. It has been suggested that changes to healthcare delivery will mean that the current structure of professions may not be sustainable<sup>3</sup>.

### AIMS

To study podiatrists and physiotherapists working together in musculo-skeletal clinics to see how Government initiatives<sup>2</sup>, have influenced clinicians' roles, their understanding of inter-professional working, changes to their practice and subsequent improvements in patient care.

### METHOD

A qualitative method explored physiotherapists' and podiatrists' experiences of working together.

**SAMPLE:** Purposive sampling selected participants who were physiotherapists (n=2) and podiatrists (n=2) that worked together in a joint musculoskeletal clinic.

**DATA COLLECTION & ANALYSIS:** Semi-structured interviews followed by a focus group of the participants. The data was analysed using Colaizzi's procedural steps to create a sound framework for analysing data<sup>4</sup>.



### DISCUSSION OF THE MAIN FINDINGS

The main themes uncovered after data analysis were;

#### CURRENT ROLES

There was mutual respect and appreciation of the other profession's skills. The participants believe there is equal status between the professions. There was reinforcement of the traditional roles, but an emphasis on a team approach to make the best use of the different skills of each profession.

*Phys 2: I could do it better because I've got more experience*

There was clear differentiation between the value of training and the value of experience. They had become experts not just through training but through experience and this was of greater value.

#### ROLE OVERLAP

There was an admission that some skills are generic. Both could undertake treatments that are traditionally seen in the others' role.

It was acceptable to cross professional boundaries if requested by the other profession. Comments made by both professions on this issue show that in the future this could be an area of conflict. Previous studies have all found that professions accept role overlap only on their own terms<sup>5</sup>.

#### ROLE EXPANSION

The need and motives for professions to work outside of their normal role was questioned.

*Phys 1: I think, you know, to have everybody doing the same thing is just stupid*

There was a view that present roles should be maintained and there was resistance to change. Negative comments were expressed about the future suggesting general unease about government initiatives in this area. The participants see themselves as guardians of the best interests of the professions and their clients.

#### FUTURE OF THE TEAM

All participants viewed their work within the team as positive and believed they had improved patient care. Concerns were raised over the future of the team due to concerns with NHS funding. There was a consensus that government initiatives are looking to reduce the status, power and autonomy of professions in the modernised NHS.

#### CONFLICT WITH THE MEDICAL PROFESSION

The view was held that health professionals are learning to work together but that doctors are not part of this process. The participants felt there was a lack of equality between AHPs and doctors. This led to negative views and attitudes towards the medical profession being expressed.

*Pod 2: they never engage so you're stuck with a medical model at the top*

These views draw attention to the concerns that the participants have with GP commissioning.

### CONCLUSIONS

These participants feel they have extended their scope of practice and have learnt from working with another profession. They felt that working together had improved patient care by reducing patient waiting times.

They advocated strongly a team approach that utilises the skills of each profession to give the patients the best treatment.

Issues of role overlap and blurred boundaries arose between physiotherapy and podiatry. Since the benefits and motivation for change to therapist roles have not been justified in the participants' eyes, there was a strong sense of a resistance to any change.

A power imbalance between themselves and the medical profession was revealed.



### REFERENCES

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