

the osteopath

Future of Osteopathy
Discussion document enclosed



FUTURE

Developing the profession

- > Osteopathic practice standards
- > Osteopaths' Opinion Survey
- > GOsC fee reduction
- > Regional conferences 2012



General
Osteopathic
Council



General
Osteopathic
Council

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Key GOsC services

**Freephone helpline
for osteopaths** **0800 917 8031**

**Communications and Osteopathic
Information Service** **ext 242 / 222 / 228**

Enquiries about conferences, workshops and events, *The Osteopath*, GOsC websites, Certification Mark, the media, NHS, publication orders (including GP consent forms and off-work certificates), presentation material, Regional Communications Network, consultations, NCOR.

Professional Standards **ext 238 / 235 / 240**

Enquiries about continuing professional development, osteopathic education, standards of practice, Assessments of Clinical Competence, Recognised Qualification process.

Finance and Administration **ext 231**

Enquiries about registration fees, VAT, payments.

Public Affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 229 / 256**

Enquiries about annual renewal of registration, updating your Register details, non-practising status, practising abroad, graduate registration, retiring/resigning from the Register, professional indemnity insurance.

Regulation **ext 224 / 249 / 236**

Enquiries about the *Code of Practice* for osteopaths, dealing with patient concerns, ethical guidance and consent forms, fitness to practise, Protection of Title.

Governance **ext 246**

Enquiries about Council members and meetings, GOsC Committee business.

Chair / Chief Executive and Registrar **ext 246**

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the osteopath

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Developing the profession

Tim Walker, GOSc Chief Executive and Registrar

How should the osteopathic profession develop over the next decade? What needs to be done to facilitate that development? And who should lead the different aspects of this development? These are three questions that form part of a debate that the GOSc is initiating along with other key organisations within the profession.

Since statutory regulation for osteopathy was put in train over 20 years ago, there have been huge changes in healthcare, in regulation and in the profession itself. Last year the Government started a process of reform which, over time, will lead to further changes in regulation alongside changes to the NHS, and which in turn could have a profound effect on the osteopathic profession. As part of this process, the Law Commission published proposals in March that will result in major changes to the powers and duties of the GOSc, if implemented as planned, from 2015 onwards.

Over the past year we have been meeting with osteopathic organisations and many individual osteopaths, talking to them about these issues and thinking about how the GOSc should respond to this changing environment. As a result, the GOSc Council has now published a document called *UK osteopathy: Ten questions for the next ten years* to start a wider debate within the profession. We are really pleased that having approached the British Osteopathic Association (BOA), the Council of Osteopathic Educational Institutions (COEI) and the newly formed Osteopathic Alliance (see article on page 24), all have agreed to be partners in taking these discussions forward.

The discussion document, enclosed with this issue of *The Osteopath* and published on the GOSc public website and on the **o zone**, does not attempt to answer the questions it poses. It doesn't seek to suggest that what it contains is a definitive list of issues facing the profession. And it doesn't seek to ascribe particular roles to particular institutions. But it does clearly state that if the issues it describes are to be addressed, this must be done by and through the will of the profession and not by the GOSc acting alone. As a statutory regulator with powers and duties laid down in legislation, our role can be to facilitate the development of the profession where we can, but we should not presume to lead every aspect of that development.

Another key assumption in the document is that if the osteopathic profession is to grow and thrive, then some of the differences in views and philosophy must be put to one side. A small profession cannot afford to invest its energies in disputes and disagreements which diminish the whole. That does not mean that the profession should not continue to embrace diversity – simply that we believe it must recognise the need to pull together to move forward.

Working in conjunction with the BOA, the Osteopathic Educational Institutions and specialist groups, we are offering this year's GOSc Regional Conferences as a unique opportunity for osteopaths across the country to come together to consider and



debate the priorities for the profession's development (see pages 10 and 11 for further information about the programme). Also enclosed with this issue of the magazine is a related discussion paper prepared by the BOA (see *A structure fit for the future of osteopathy – core issues and key questions*). This year's regional events offer all osteopaths an opportunity to add their views to this very important discussion. We hope too that over the course of the year, osteopaths will debate this issue in their regional groups and that they will give their feedback either directly to us or via the BOA or specialist groups.

Why we are debating the future direction of the profession can be encapsulated in a quote from AT Still: *Let us not be governed today by what we did yesterday, nor tomorrow by what we do today, for day by day we must show progress.*

Osteopathy is your profession, so join in the debate and have your say.



How do you rate the GOsC?

At the end of March, we sent out the 2012 Osteopaths' Opinion Survey, which will monitor your awareness of regulatory issues and seek your opinion on the effectiveness of GOsC communications.

This is an anonymous survey to ensure we understand the needs of the profession and help osteopaths to be fully engaged in all activities that provide for the effective regulation and development of osteopathic practice in the UK.

We will be seeking your feedback on how you communicate with us, how we communicate with you and what we can do to improve the services we provide.

The Osteopaths' Opinion Survey 2012 can be returned to us in writing and is also available

to complete online via the **o zone**. Survey responses will then be analysed and the outcome reported to you in due course. We hope to give an indication of the feedback at the regional conferences taking place between April and July (see pages 10 and 11 for further details).

For further information on the survey, contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: seldred@osteopathy.org.uk.

Revalidation round-up

At the beginning of the year, those osteopaths taking part in the revalidation pilot were asked to provide feedback to KPMG about their experiences of collecting evidence – what they did, how long it took, whether it was useful and whether they learned anything. This feedback will help us to properly understand the benefits, costs and proportionality of the implementing the proposed scheme.

In total, 374 participants submitted a response, which represents a 79% response rate. Initial findings indicate that:

- > Almost 40% of osteopaths responding said that they thought the pilot had improved their quality of care (although there is no evidence to corroborate this).

Around 35% of respondents were neutral on this issue.

- > Around 45% of respondents said that the training sessions provided by the GOsC were exactly the preparation they needed.

Around 35% of respondents were neutral on this issue.

- > Nearly 75% of respondents said that the GOsC provided them with all the support they needed as part of the recruitment process.

Around 15% of respondents were neutral on this issue.

- > Approximately 80% of respondents said that they had used at least one of the tools for generating evidence (available in the *Revalidation Pilot Participation Manual*) in the last three months.

Thank you to those of you who took the time to complete the KPMG survey and reflect on your experiences. The next data collection window is 16 to 27 April 2012, and we will let you know the results of this survey in an upcoming issue of *The Osteopath*.

For further information on the proposed revalidation scheme or the pilot, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: revalidation@osteopathy.org.uk. Alternatively, visit the 'Revalidation' section of the **o zone: www.osteopathy.org.uk/ozone/my-registration/revalidation.**

GOsC fee reduction

The GOsC Council agreed at its March meeting that it would implement a 10% reduction in the main rate of registration fee this year. The current fee of £750 will reduce to £675. This reduction follows the consultation we held with the profession in February on options for changes to the registration fee.

In total, 785 osteopaths responded to the consultation, which equates to around 18% of the profession. We asked for your views on whether we should reduce only the highest fee or implement a smaller reduction across all fee levels. Sixty-one per cent of respondents favoured a reduction in the highest fee, reducing the annual retention fee from £750 to £675. We also received a number of written comments along with responses to the consultation questionnaire. These comments, along with our replies, can be found on the **o zone**.

The fee reduction will be introduced on 9 May 2012, which allows time for the new fee rules to gain Privy Council approval and to enable as many osteopaths as possible to benefit as quickly as possible; over 2,000 osteopaths have an annual renewal date of 9 May, with the remaining majority renewing in the following months.

If you have any questions regarding the registration fee, please contact the Finance Department on 020 7357 6655 ext 231 or email: finance@osteopathy.org.uk.

Osteopathic practice standards

Professionalism

The *Osteopathic Practice Standards* state that 'osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner'. But what does this mean for your day-to-day practice? Here, and in the June/July issue of *The Osteopath*, we look at some of the practical elements of Theme D – Professionalism, which sets out the following standards:

- D1 You must consider the contributions of other healthcare professionals to ensure best patient care.
- D2 You must respond effectively to requirements for the production of high-quality written material and data.
- D3 You must be capable of retrieving, processing and analysing information as necessary.
- D4 Make sure your beliefs and values do not prejudice your patients' care.
- D5 You must comply with equality and anti-discrimination laws.
- D6 Respect your patients' rights to privacy and confidentiality.
- D7 Be open and honest when dealing with patients and colleagues and respond quickly to complaints.
- D8 Support colleagues and cooperate with them to enhance patient care.
- D9 Keep comments about colleagues or other healthcare professionals honest, accurate and valid.
- D10 Ensure that any problems with your own health do not affect your patients.
- D11 Be aware of your role as a healthcare provider to promote public health.
- D12 Take all necessary steps to control the spread of communicable diseases.
- D13 Comply with health and safety legislation.
- D14 Act with integrity in your professional practice.
- D15 Be honest and trustworthy in your financial dealings, whether personal or professional.
- D16 Do not abuse your professional standing.
- D17 Uphold the reputation of the profession through your conduct.
- D18 You must provide to the GOSc any important information about your conduct and competence.

Acting professionally – handling patient complaints

Standard D7 says that you should be 'open and honest when dealing with patients and colleagues and respond quickly to complaints'. Having established procedures in place will help you to deal with patient concerns quickly and efficiently, and could improve the way in which you manage your practice.

Complaints procedures should be readily accessible and simple to use. Make it easy for patients to tell you if they have concerns, so that you can deal with potential problems at an early stage. Adhering to very formal procedures or accepting only written complaints may put patients off and could even exacerbate the problem.

If a concern is raised or complaint made, acknowledge it quickly and say when you will respond to it. But be realistic about your timescale – it may be that you can respond immediately, within a few days or you may need a week or two. This will depend on the nature of the concern or complaint and how it has been raised with you. It is important to manage your patients' expectations.

Allow patients to express their concerns. Remain open-minded about the cause of their concern and what they would like as a solution. Hold back your opinion and listen, without interrupting. Ask questions for clarification and show that you understand what their concerns are.



Consider your options for resolving the complaint. These include explaining what has happened and why, explaining how you will try to ensure that it does not occur again, and what action you are taking to put things right. You should also offer an apology or refund, if appropriate. When responding to the complaint, be friendly and factual, use non-technical language and avoid emotion. Focus on what will be done to improve things. Keep a clear written record of the concerns raised and the response given.

Reflect on what you have learnt from the concerns raised and implement any improvements that you may have identified.

Who can help you when a complaint is made?

- > Professional indemnity insurers: it is very important that you inform your professional indemnity insurer at the earliest opportunity. You should provide them with full details and follow their advice on how best to manage the matter.
- > British Osteopathic Association (BOA): the BOA provides advice and guidance to its members on how to respond to patient complaints, as well as a mediation service.
- > Your colleagues: it is important that everyone who works in your practice has a good understanding of your procedures for responding to patient concerns and complaints. Practice staff need to know how to handle a complaint that is made to them and who to refer it to if they are unable to deal with it.
- > Other osteopaths: if you work alone your patient may not feel comfortable raising their concerns directly with you, so consider working with another osteopath to manage complaints.

Further information

We will soon be publishing supplementary guidance on how to respond to patient concerns and complaints, which will be available to download via the **o** zone. You may also like to refer to:

- > NCOR Adverse Events Project No. 3 – *Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints.*
- > *A guide to better customer care*, which is published by the Department of Health and available on their website at: www.dh.gov.uk.

What do patients complain about?

Recently published research looking at frequency and character of complaints made by patients about osteopathic care greatly helps our understanding of why patients complain, who they complain to and what causes their complaint to escalate. Keener awareness of these triggers will help practitioners avoid these circumstances or better manage problems when they arise.

Part of the GOSc-commissioned Adverse Events project looking at risk associated with osteopathic care, the 'CONDOR' study combined and analysed quantitative and qualitative data gathered from the GOSc, the professional indemnity insurers and the British Osteopathic Association to provide for the first time a comprehensive 'picture' of patient complaints. The findings are now available in full on the GOSc public website at: www.osteopathy.org.uk/resources/research/Adverse-events-studies.

Analysing the complaints made by patients between 2004 and 2008 (351 in total), the researchers found these fell into the broad categories of clinical care (68%) and conduct/ communication issues (21%).

- > Over 40% of the complaints were made because of an adverse event. This included complaints about a cause of injury, pain, increased pain or other adverse health effects following osteopathic treatment.
- > Around 10% of the complaints related to boundary issues. This included complaints about inappropriate comments made by osteopaths, inappropriate touching of patients, lack of privacy for patients, and circumstances where patients felt they had been financially exploited.
- > Over 8% of the complaints were about inappropriate diagnoses, which included a failure to diagnose or refer the patient, or a lack of examination or clinical testing of the patient.

What triggers a patient complaint?

The research identified circumstances that commonly trigger a patient complaint. These include:

- > Persistent pain or neurological symptoms following a manipulation or pain in another area of the body, caused by treatment.
- > Ineffective treatment or treatment that did not meet the patient's expectations.
- > Inappropriate comments or conduct – an osteopath using unprofessional or inappropriate language or displaying an unprofessional or inappropriate attitude.
- > Failure to maintain appropriate professional boundaries.

Who do patients complain to?

Patients will more often make complaints about clinical care to the osteopath. Complaints about conduct and communication issues were more likely to be made to the GOSc.

Why do complaints escalate?

The report explains that the way the osteopath reacts to any complaint made directly to them or their clinic is crucial. Prompt, polite and appropriate responses are likely to lead to a rapid resolution of the complaint. Angry or delayed responses are likely to escalate the complaint. The report recommends that osteopaths should consider training in handling complaints to equip themselves with the skills needed to respond well to patients who might complain.

D9: Keep comments about colleagues or other healthcare professionals honest, accurate and valid

So what do you *really* think of your colleagues?

How many times have you seen a patient that has been treated by another osteopath or healthcare professional and wondered, *What were they thinking?* You may even have said as much to the patient and warned them not to see the osteopath in the future. It's all too easy to justify this approach with the thought that you are acting in the best interests of the patient to protect them from harm – but is this always the case? There is a thin line between constructive criticism and inappropriate comments.

Osteopathy is a vibrant and diverse healthcare profession which offers a range of different treatment techniques tailored to the individual patient. It is only human nature to believe your own practice to be better than that of your peers or other healthcare professionals, but this can lead to conflict. This commonly occurs when professionals make inappropriate comments, verbally to colleagues or patients, or by publishing views on Internet blogs or in print.

By making disparaging, unsubstantiated remarks about colleagues in front of patients and peers, you are in reality destroying patient trust in the osteopathic profession. It can also leave you open to the risk of legal action for defamation.

So what should you do? Osteopaths should always feel they can question the performance of their colleagues. This is part of the role of the professional – to ensure that others, as well as the profession, continue to develop and improve the quality of care for the patient. But this should be achieved within the realms of appropriateness, professionalism and courteousness, and without malice or ill intent. It should also be conducted in the right setting.

As a guide, you should:

- > Critique actions and not people – one incident should not lead to a generalisation about a colleague and the way they practise or the views they hold.

- > Do things for the right reasons – comments should only be made if you genuinely have concerns or criticisms about the practice or views of another osteopath or healthcare professional that are fair and justified. You should always have respect for your peers, irrespective of whether you agree with their healthcare philosophy or practice.
- > Don't make it personal – as a professional, you should not use comments to settle a personal vendetta or redress a perceived slight.
- > Consider the appropriate forum for your feedback – public comments in earshot of patients and colleagues are most likely not the appropriate forum. Care should also be taken when posting criticism on public internet forums where it is accessible to all.
- > Are you the right person to be giving feedback? Minor comments or disagreements can be raised face to face with the individual (or possibly the practice manager if you work in a group or multidisciplinary practice). If you have serious concerns about an osteopath or other healthcare professional in terms of competence, health or ethical practice, you have a duty to report your concerns to the employer, the appropriate regulator or the police, depending on the severity or the immediacy of the concerns (this is explained further in the guidance for Standard C9).
- > If you are responding to postings on the Internet or articles in journals, your responses should be considered and constructive in their criticism. They should not be worded as an attack on an individual.

It is important for osteopaths to maintain public confidence in healthcare in general. Unsupported or unjustified comments about your own professional association, regulator or another healthcare profession can be equally as damaging when conducted in the public arena.



What concerns should be raised with the GOSc?

Standard C9: Act quickly to help patients and keep them from harm

While many of the concerns or complaints raised by patients can be managed without the involvement of the GOSc, there are some that will need to be referred to the GOSc straightaway. Patients should always be given the opportunity to raise their concern with the GOSc. You should also take steps to protect patients if you believe they are at risk of harm.

Allegations of the following nature should always be referred to the GOSc:

- > Acts of dishonesty, indecency, violence, drunkenness or drug abuse.
- > Conducting a personal relationship with a patient.
- > Failing to obtain consent for examining or treating a patient.
- > Incompetence.

To raise your concerns with the GOSc, please contact the Regulation Department on 020 7357 6655 ext 224 or email: regulation@osteopathy.org.uk

Avoiding the pitfalls of the digital age

Marcus Dye, Professional Standards Manager

As a patient, you have certain expectations of your healthcare professional. I am no different in that respect. So it was of some interest to me when a friend directed me to the Facebook profile of an osteopath they know, which contained some rather revealing images. My friend observed that she would have some trepidation in booking an appointment with this particular osteopath, as she would not feel comfortable sharing personal details with someone who was apparently less than discreet in their own personal life.

Standard D17 requires osteopaths to 'Uphold the reputation of the profession through your conduct'. The guidance for this standard (page 25 of the *Osteopathic Practice Standards*) says that this may include 'maintaining the same standard of professional conduct in the online environment as would be expected elsewhere'.

I am not advocating that professionals, and more specifically healthcare professionals, should forego a private life or disengage with the online world. But with professional autonomy comes personal responsibility for our actions. And in the case of healthcare professionals, it is important to consider the impact that your personal life has on your professional life and how you portray yourself to your patients and the public.

Social media websites, such as Facebook, Twitter, Google+ and Friends Reunited, are no longer the preserve of teenagers. They are increasingly used by a wide section of society for a variety of different purposes. But social media websites are also being used for quick and easy background checks by prospective employers, or in the case of healthcare professionals, by their patients.

The ease with which online profiles can be set up on social media websites and the often confusing array of security options available to separate your public information from your private information can pose problems, especially for the less tech savvy among us.

The Nursing and Midwifery Council (NMC) has recently used statistics from Facebook

to calculate that around 355,000 nurses, midwives and health visitors are currently registered with Facebook, equating to roughly 50% of the NMC Register. If the same percentage applies to osteopaths (and a quick trawl of the internet would suggest that this is highly likely), that would mean some 2,250 osteopaths are currently communicating via Facebook. And this does not take into account other social media websites. Given further information from the Office for National Statistics (2010) that each Facebook user is connected to an average of 130 other users or 'friends', you can see that osteopathy potentially has a large online presence in the UK.

This increased online activity means that we are now far more exposed to public scrutiny, and professionals need to be aware of the potential dangers and pitfalls of this online community. It is useful to think about some high-level principles when using social media, such as:

- > What is the purpose of your social media profile? You may wish to consider separating your personal profile from the one you use for professional purposes to promote your practice. In this way, you can tailor the content and usage of the different sites to different audiences.
- > What information can be seen publicly? Social media websites can be a great way to share personal photos, comments or views. But do you really want to share all of this information publicly? Again, you should consider the audience for any information you post – do you really want your patients to see what you did at the weekend? Remember, unless you review your settings, this information can be viewed, copied and stored by anyone that has access to your profile.
- > Be careful when accepting invitations to link your profile to others. It is not appropriate for healthcare professionals to use their personal profiles to connect with current or future patients as this can often blur the professional boundaries between the patient and the professional. You wouldn't pursue

inappropriate relationships in your day-to-day life, so this is no different online. It would, however, be appropriate to link a professional practice profile with your patients if the sole purpose is to provide information about the practice.

- > Confidentiality – this should be maintained in the same way you would maintain confidentiality in other areas of your professional life. It is certainly not appropriate to post pictures of patients online or discuss details of your patients or colleagues on your profile.

Some legal precedents regarding inappropriate use of social media are outlined below, but many more exist and can be found through a quick search of the Internet:

- > Registered nurse Timothy Hyde was struck off the NMC Register for pursuing an inappropriate relationship with a former patient via Facebook.
- > The *Guardian* newspaper recently reported that out of the 336 cases heard by the General Teaching Council for England (GTCE) in the last year, 43 featured issues concerning social networking or email. These cases saw 18 teachers struck off and 14 suspended; in reality, these figures may be much higher as only the most serious misconduct cases referred to the GTCE will be heard.
- > In the US, Dr Alexandra Thran was fired from her job and reprimanded by the state medical board in Rhode Island for posting comments about a patient on Facebook. Although the posting didn't include the patient's name, there was sufficient information for the local community to identify the patient.

Social media websites offer extensive guidance on how to use the sites and how to ensure your privacy settings are appropriate. It is well worth taking the time to read this guidance when considering your own social media profiles.

Regional conferences 2012

The GOsC will be hosting a series of six regional conferences for osteopaths across the UK between April and July. These meetings are an important opportunity for us to hear your thoughts on regulatory developments and the wider issues facing the profession.

The programme will be split into two parts: the morning session will aim to assist you with some of the practical aspects of applying the new *Osteopathic Practice Standards* in your everyday clinical practice. We will focus primarily on communicating effectively to patients the benefits and risks of osteopathic treatment, with guest speakers offering some useful guidance.

During this session we will also invite you to consider what would enhance your current continuing professional development and we will share some of the revalidation pilot experiences to date.

In the afternoon, we will widen the horizon: we are offering these events as an

unprecedented opportunity for osteopaths across the UK to work together as individuals and organisations to debate and seek consensus on the future of osteopathic practice – priorities for development and what’s needed to achieve these goals. During this session, we will explore the issues identified in the GOsC’s document *UK osteopathy: Ten questions for the next ten years* and debate these with the audience and other osteopathic stakeholder organisations. This discussion will be led by a panel of senior representatives of the GOsC, the British Osteopathic Association, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance (see page 24 for details of this newly-formed organisation).

These meetings could be the most important osteopathic events of the decade.

Dates and locations

The schedule of meetings is set out below. Attendance is free but it is necessary to register your intention to attend, the take-up has already been strong so please get in touch as soon as possible to guarantee a place.

Booking your place

To reserve your place at one of these conferences, please complete and return a booking form to us by the booking deadline (see dates below). A form has been included in this issue of *The Osteopath*, or you can book online via the **o** zone. Reservations are on a first come, first served basis.

Reservations can be cancelled up to 14 days prior to the meeting – but in the event of failure to cancel at least 14 days before, or non-attendance, delegates will incur a £35 charge.



Regional conferences 2012 – dates and venues

Venue	Date	Booking deadline
Murrayfield Stadium, Edinburgh	Sunday 29 April	Check availability
Hilton Bristol Hotel	Saturday 12 May	Friday 27 April
Hilton Birmingham Bromsgrove	Saturday 26 May	Friday 11 May
Epsom Downs Racecourse	Saturday 16 June	Friday 1 June
Manchester United Football Club	Saturday 30 June	Friday 15 June
Holiday Inn London Elstree, Borehamwood	Saturday 14 July	Friday 29 June

GOsC regional conferences programme

8:45-9:45am Registration and coffee

9.45 Welcome and introductions: Introducing the new GOsC Chair

Alison White, newly appointed Chair of the GOsC, introduces herself and the aims of the day



Morning session: The *Osteopathic Practice Standards* 2012

10-10:15am Communication and patient partnership – introducing the new *Osteopathic Practice Standards*

Velia Soames, GOsC Head of Regulation and **Kellie Green**, Regulation Manager, advise on key elements of the new Standards, which come into effect in September 2012

10:15-11am Risks and benefits: adverse events and outcomes in UK osteopathy – what should we be telling our patients?

Steven Vogel DO, Vice Principal (Research and Quality), the British School of Osteopathy. Editor, *International Journal of Osteopathic Medicine*



Important new data from the Clinical Risk Osteopathy and Management study, including the frequency and character of minor and major adverse events

(Scotland Conference presenter: Tamar Pincus, Professor in Health Psychology, PhD)

11:20am-12pm Communicating benefits and risks effectively to patients

Pippa Bark, Principal Research Fellow, University College London

Today's patients expect detailed information on the pros and cons of treatment. This is an opportunity to consider how best to integrate risk information into practice, ensuring common sense prevails

12-12:15pm Joint panel question and answer session

Pre-lunch session: Continuing fitness to practise

12:15-12.55pm Osteopathic CPD – making the scheme work better for you

Fiona Browne, GOsC Head of Professional Standards, and **Marcus Dye**, Professional Standards Manager lead a discussion of the strengths and weaknesses of the current system of CPD, how it could be reformed and provide an update on revalidation

12.55-1pm Chair's closing remarks

Afternoon session: Future-proofing UK osteopathy



2-4pm Steered by independent Facilitator **Mark Butler**, Director of the People Organisation, senior representatives of UK osteopathy's primary organisations lead an interactive audience discussion exploring priorities for the development of the profession in the decade ahead

4-4:30pm Summary and close

Fitness to practise report 2011/12

Resolving issues involving osteopaths' fitness to practise is an integral part of the GOSc's duty to regulate the profession, thereby protecting the public and the profession's reputation. The following report of the GOSc fitness to practise committees covers the period from 1 April 2011 to 31 March 2012.

The statutory committees, generically referred to as the fitness to practise committees, are the Investigating Committee, Professional Conduct Committee and Health Committee. The Health Committee had no cases to hear this year, and so this report focuses on the Investigating Committee and Professional Conduct Committee.

Investigating Committee

The Investigating Committee (IC) consists of osteopathic and lay members. When a formal complaint about an osteopath is received by the GOSc, it is the duty of the IC to examine the evidence and decide whether there is a case for the osteopath to answer. Allegations fall into the four categories below and it is not uncommon for one complaint to contain many allegations:

- > Unacceptable professional conduct.
- > Professional incompetence.
- > A relevant criminal offence (conviction).
- > Ability to practise is seriously impaired due to a mental or physical condition (health).

From 1 April 2011 to 31 March 2012, the IC met on five occasions and considered 18 cases. The IC concluded that seven cases should be heard by the Professional Conduct Committee. The decisions are outlined in the table below (left).

Professional Conduct Committee

The Professional Conduct Committee (PCC) also consists of osteopathic and lay members. It considers cases that are referred from the IC where there is a case to answer in relation to an osteopath's conduct, competence or conviction of a criminal offence. The PCC's role is to decide whether the allegations made are proved. This takes place at a public hearing, unless there is a good reason to hear the allegations in private. Both parties (the osteopath and the GOSc) are permitted to attend the hearing and put forward their case.

From 1 April 2011 to 31 March 2012, the PCC considered 12 new cases and imposed the sanctions set out below (right).

Review hearings

When the PCC imposes a Conditions of Practice Order or suspends an osteopath from the Register (a Suspension Order), it may decide to review the case before the Order expires. During the period of this report, the PCC reviewed one Suspension Order and four Conditions of Practice Orders.

Interim suspensions

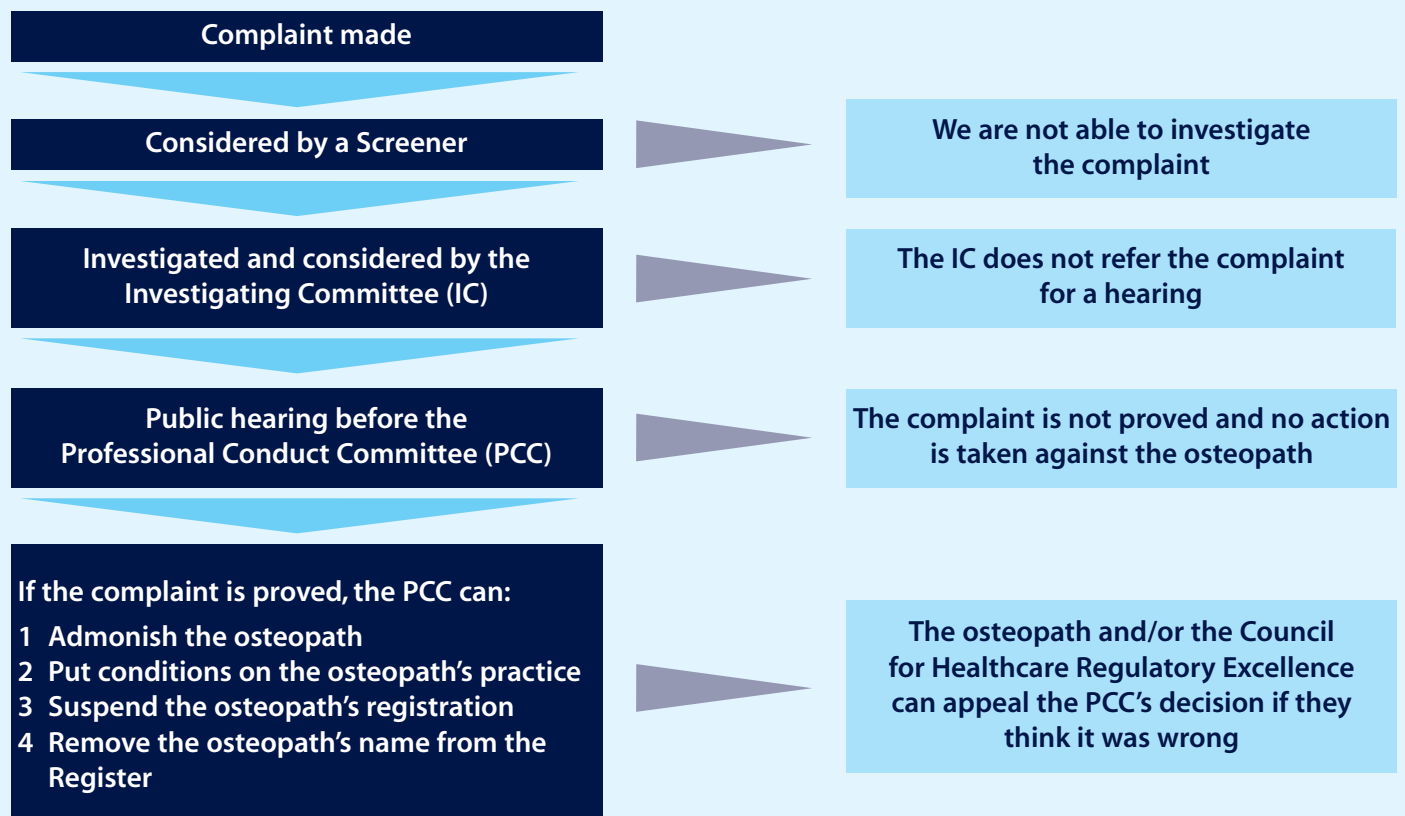
The IC and PCC will, if it is necessary to protect members of the public, order the Registrar to immediately suspend an osteopath's registration. The suspension is likely to remain in place during the investigation of a complaint, unless there is a change in circumstances.

Interim suspension is used only in relation to the most serious allegations, and the PCC exercised this power on two occasions between 1 April 2011 and 31 March 2012.

IC decisions		
Allegation	Case to answer	No case to answer
Unacceptable professional conduct	4	3
Professional incompetence	0	0
Unacceptable professional conduct and/or professional incompetence	2	8
Conviction	1	0
Health	0	0
Total cases considered	7	11

PCC-imposed sanctions			
	Unacceptable professional conduct	Professional incompetence	Conviction
Removed	0	0	0
Suspended	1	0	0
Conditions of practice	3	0	0
Admonished	4	0	1
Not proved	3	0	0
Total	11	0	1

Complaints procedure



Appeals

The osteopath and the Council for Healthcare Regulatory Excellence (CHRE) can both appeal a PCC decision. There was one appeal made during the period of this report, which will be heard later this year.

What happens when a complaint is made?

The diagram at the top of this page illustrates the procedures followed when a complaint is made about an osteopath.

Who makes complaints?

Anyone who has a concern about an osteopath's fitness to practise can raise it with the GOSc. The graph on the right shows the source for the 18 complaints considered by the IC between 1 April 2011 and 31 March 2012.

How long does it take the IC to consider a case?

This will depend on the nature and the complexity of the case. The GOSc has

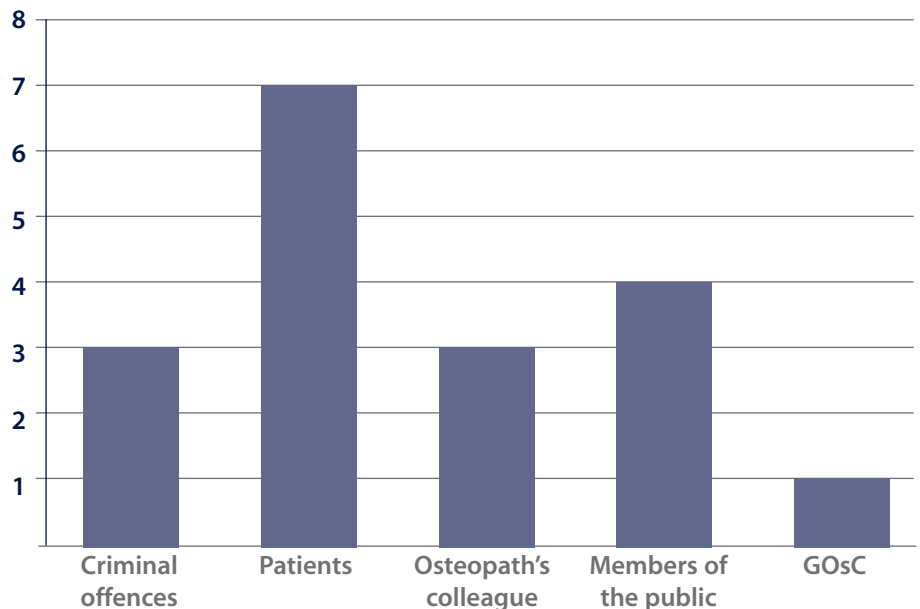
targets for completion of the main stages of the fitness to practise process. These are:

- > Consideration by the IC within 17 weeks (four months) of receipt of complaint.
- > Hearing by the PCC within 39 weeks (nine months) of referral by the IC.
- > Total time taken from receipt of complaint to conclusion – 56 weeks (13 months).

From receipt of complaint, it took an average of 15.6 weeks for cases to be considered by the IC. For the 12 cases that were concluded by the PCC, it took an average of 68.8 weeks from the start of the case to its conclusion. This was higher than usual because of two particularly lengthy cases.

For further information on any of the issues raised in this report, contact the Regulation Department on 020 7357 6655 ext 236 or email: regulation@osteopathy.org.uk.

Sources of complaints



GOSc Council members retire

With the appointment of a new Chair and Council members from 1 April this year, Professor Adrian Eddleston, Fiona Walsh and Robin Shepherd have retired from the GOSc Council.

Fiona has served on the GOSc Council for 11 years, having made a valuable contribution to the development of osteopathic standards. This is also while practising as an osteopath within the private and public sectors, and undertaking a number of academic and clinical teaching roles within the UK and internationally. Before the advent of the the GOSc, Fiona was the last Chairman of the General Council and Register of Osteopaths – a voluntary register in existence before

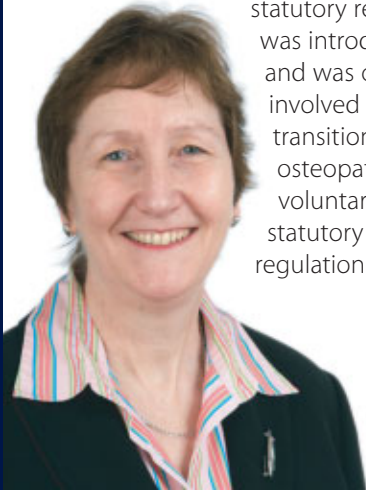
statutory regulation was introduced – and was closely involved in the transition of osteopathy from voluntary to statutory regulation.

Robin has been on the GOSc Council since 2002 and has served on numerous committees looking at a range of regulatory issues, including fitness to practise and communications matters. In addition to having worked as an osteopath in private practice and the NHS, Robin has taught undergraduate and post-graduate training courses associated with osteopathy, presented at medical conferences, had a number of papers published in professional journals and used his

well-honed chairing skills at a number of GOSc and wider osteopathic events.

Adrian has also served on Council from 2002 and has been Chair since 2009. He also chaired a number of committees and working groups overseeing a wide range of regulatory matters. Before becoming involved in osteopathic regulation, Adrian qualified in medicine and became Professor of Liver Immunology and a consultant physician at King's College Hospital, and held a number of posts including Dean of the Guy's, King's and St Thomas' Medical School, Chair of

Bromley Primary Care Trust and Vice-Chairman of the Management Committee of the King's Fund.



We extend to Adrian, Fiona and Robin our heartfelt thanks and best wishes for the future.

Protecting the title, protecting the public

A practitioner in Swindon has been found guilty of falsely claiming to be an osteopath when not registered with the GOSc. On 5 March 2012, Mr Darren Tilley of Nythe, Wiltshire was fined a total of £1,000 and ordered to pay costs of £854. The charges related to information contained on a receipt provided by Mr Tilley to a patient and his website advertising services.

Mr Tilley has been aware since October 2003 that he is not entitled to describe himself as an osteopath. Despite receiving warnings from the GOSc that he should cease describing himself as an osteopath, Mr Tilley continued to deliberately mislead the public.

Since the passing of the Osteopaths Act 1993, the title 'osteopath' has been protected by law. Under Section 32(1) of

the Act, it is a criminal offence for anyone to claim, expressly or by implication, to be any kind of osteopath, unless registered with the GOSc. The GOSc is the only statutory regulator in the UK that registers qualified osteopaths and sets standards of osteopathic practice and conduct.

Patient safety is the primary purpose of restricting the use of the osteopathic title

to those registered with the GOSc. The GOSc ensures that the practitioners on its Register are safe and competent osteopaths who follow strict codes of conduct.

If you are aware of anyone falsely claiming to be an osteopath, please contact the Regulation Department on 020 7357 6655 ext 249 or email: regulation@osteopathy.org.uk.

In Council

29 March 2012 – 75th meeting of the General Osteopathic Council

The agenda and all related papers can be found on the GOsC public website.

GOsC REGISTRATION FEE

Council was presented with the findings of the fee consultation held in February. In total, 785 responses were received, with 61% favouring Option 1 – a 10% reduction of the highest registration fee. As a result, and following a recommendation by the Finance and General Purposes Committee, Council agreed that the highest registration fee should be reduced by 10% and that this would come into effect on 9 May 2012 (see page 5 for further information).

BUDGET AND BUSINESS PLAN

Council approved the GOsC Business Plan and Budget for 2012-13. The year will also see further work on cost savings and the development of a new three-year Corporate Plan for 2013-2016.

LAW COMMISSION CONSULTATION

Council considered the Law Commission report on the regulation of healthcare professionals, a project commissioned by the Department of Health that is expected to lead to a new consolidated Act of Parliament covering the current nine healthcare professional regulators (although not a merger of the regulators). The main areas under consideration are: governance, maintenance of registers; standard setting for education, training and practice; fitness to practise; and the role of the Privy Council (which currently approves all GOsC rules and appointments). The consultation closes on 31 May and the GOsC response will be published on our public website.

DEVELOPMENT OF THE PROFESSION

Council agreed to publish *UK Osteopathy: Ten questions for the next ten years*, a paper developed by the GOsC to encourage discussion on the future development of the profession. A copy of this document has been sent out to all osteopaths with this issue of *The Osteopath* and we invite your feedback and engagement in debating the issues raised (see page 4 for further

information). The debate will be supported by a panel discussion with representatives of the British Osteopathic Association, Osteopathic Educational Institutions and specialist societies at the six regional conferences being held across the UK between April and July.

INTERNATIONAL AFFAIRS

Council received an update on the work the GOsC is undertaking in Europe and internationally. This includes: the proposed merger of the Forum for Osteopathic Regulation in Europe (FORE) and the European Federation of Osteopaths (EFO); the development of a European Standard of osteopathy with the European Committee for Standardisation; and the Memorandum of Understanding on reciprocal arrangements with the Australian and New Zealand regulators.



Future Council meetings

- > Tuesday 17 July 2012
- > Wednesday 10 October 2012
- > Thursday 13 December 2012

Meetings begin at 10am at Osteopathy House. Agendas and papers for the public session are available at www.osteopathy.org.uk, 7 to 10 days before the meeting.

For further information, contact Marcia Scott, on 0207 357 6655 ext 246 or email: mscott@osteopathy.org.uk.

Should the CPD cycle be extended to three years?

We are keen to find out your thoughts on possible changes to the current continuing professional development (CPD) scheme. Should the cycle be extended to a three-year or even six-year cycle to recognise the hours of learning that many of you undertake in addition to the required 30 hours? Would the introduction of mandatory or core CPD contribute to the enhancement of standards of practice?

The GOsC has produced a CPD Discussion Document to generate debate on ways to improve the scheme to support the continued standards of care for patients of osteopathy. This year-long consultation runs alongside the revalidation pilot to ensure that the schemes are complementary, so that together they help you to demonstrate that your practice is meeting current standards and expectations and also to help you to develop your practice in a way that best suits you.

Please share your thoughts with us by completing the response form on our public website (www.osteopathy.org.uk/about/our-work/consultations-events/Consulting-you/). The deadline for responses is September 2012.

For further information, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: cpd@osteopathy.org.uk.

IJOM Plus readership survey: what you told us

Osteopaths have had access to an online package of Elsevier journals, including the *International Journal of Osteopathic Medicine* (IJOM), since February 2011.

We wanted to find out what you think about this valuable research resource, how you are using it and whether you had any suggestions for improving the package – it is important that the IJOM Plus package continues to add value to your practice.

We carried out a readership survey between 1 December 2011 and 31 January 2012, which was sent to all osteopaths with the December/January issue of *The Osteopath* and was also available on the **o** zone.

Here, we bring you an overview of the survey results.

Awareness and use

We received 425 replies, a response rate of 9.2%. Encouragingly, 69% of respondents were aware that there is free online access to IJOM, but less encouragingly only 46% of those who answered the question 'Have you accessed IJOM online?' had done so. Of those who gave reasons for not accessing the journal online, 36% cited their preference for a paper version and difficulty reading journals online; 28% were unaware of the online access to IJOM; and 10% were not interested.

When asked how useful it is to have access to IJOM online, 84% of respondents found it useful or very useful.

Only 43% of respondents were aware of the additional journals you have access to as part of the IJOM Plus package, with another 14% aware that they have access to some but not all of the package journals. Of these additional journals, *Manual Therapy* was judged to be the most useful (by 61% of respondents), followed by the *Journal of Bodywork and Movement Therapies* (60%), *The Spine Journal* (60%), *Medicine* (56%), *Clinical Biomechanics* (55%) and the *Journal of Manipulative and Physiological Therapeutics* (55%).

How and why

We asked how you read IJOM and 61% of respondents browse every issue, 6% read every issue from beginning to end and 28% read some but not all issues. The vast majority of respondents (84%) read IJOM because it keeps them abreast of osteopathic research. It is found to be useful in clinical practice by 58% of respondents, useful for CPD by 48% and useful for conducting research by 18%.

When asked how often you read content from the other package journals, 37% said they occasionally read them; 25% read them monthly; 10% read them weekly and just 1% have a daily read. Just over one-quarter of respondents say they never read any of the other journals.

Accessing IJOM Plus

When asked how easy it is to access the IJOM Plus package, 58% of respondents find it easy or very easy to get to the journals. However, we are concerned that 21% of respondents found it difficult or very difficult to access IJOM Plus and that another 21% said they had not been able to access the package. We are currently looking in detail at respondents' comments about access to the journals and considering how we might provide more help and facilitate greater use of the journals.

For further information on the survey results or the IJOM Plus package, please contact Margot Pinder, Web Manager, on 020 7357 6655 ext 228 or email: mpinder@osteopathy.org.uk

Preparing students for practice

The GOSc has published new guidance for students and Osteopathic Educational Institutions (OEl)s to ensure the appropriate and consistent management of behaviour that indicates students may not be fit to practise.

Registration with the GOSc requires osteopaths to practise in accordance with our standards of practice and hold a Recognised Qualification (RQ).

OEl)s are responsible for ensuring that only students who are capable of practising to these standards, without supervision, are awarded an RQ. The new guidance outlines the role of the OEl in relation to student fitness to practise and suggests a suitable framework for the management of fitness to practise issues.

Alongside this, we have also published guidance on the management of health and disability for students and OEl)s. This was developed by external experts in equality and health education, having held focus groups and interviews with OEl)s and clinical faculty with a focus on the student experience.

The following guidance is available to download via the **o** zone:

- > *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*
- > *Student Fitness to Practise Guidance for Osteopathic Educational Institutions.*
- > *Students with a Disability or Health Impairment: Guidance for Osteopathic Educational Institutions.*
- > *Student Fitness to Practise Guidance for Applicants and Students with a Disability or Health Impairment.*

For further information, contact Joy Bolt, Professional Standards Officer, on 020 7357 6655 ext 238 or email: jbolt@osteopathy.org.uk.

Law Commission reviews the regulation of healthcare professionals

The Law Commission is undertaking a review of the legal framework for health and social care professional regulation. This extends to the powers and duties of all the UK professional regulators, including the GOsC.

This project, commissioned by the Department of Health, will lead to a new consolidated Act of Parliament covering the current nine regulators.

The consultation paper makes provisional proposals with the aim of simplifying and modernising the law, and establishing a streamlined, transparent and responsive system of regulation, although it makes no recommendation to change the number of regulators.

The areas covered in the consultation include:

- > The registration and renewal of registration of professionals, student registers, registration appeals, protected titles and protected functions.
- > How the regulators oversee the quality of pre-registration and post-registration education and training.
- > How the regulators set standards for professional conduct and practice, and

ensure ongoing practice standards (for example, through revalidation).

- > The investigation and adjudication of fitness to practise cases.
- > The role of the Council for Healthcare Regulatory Excellence.
- > The governance arrangements of the regulators, including the size and composition of Councils.
- > The systems through which the regulators can be held to account, including the roles of the Privy Council (which currently approves all GOsC rules and appointments), Government and Parliament, and duties to consult the public.

This consultation is open for three months from 1 March 2012 and the Law Commission is keen to hear the views of all interested parties.

The consultation paper and summary document are available on the Law Commission website at:
http://lawcommission.justice.gov.uk/areas/Health_care_professions.htm.



Patient experiences used to improve services

The Department of Health has published new guidance on patients' experience of NHS services, which may be helpful to osteopaths working both within and outside the NHS.

The *NHS Patient Experience Framework* provides a common evidence-based list of what matters to patients, and can be used to direct efforts to improve services. For example, it can be used to help define what questions to ask patients in surveys and in real-time feedback.

The framework lists eight elements which are critical to the patient's experience of care, including:

- > Respect for patient-centred values, preferences and expressed needs.

- > Information, communication and education.
- > Emotional support.

The framework is available to download via the Department of Health website at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132786.

Further guidance on patient experiences has also been published by the National Institute for Health and Clinical

Excellence (NICE), including a new quality standard.

The NICE quality standard provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care. The aim of the quality standard is to provide the NHS with clear guidance on the components of a good patient experience, and is again a useful tool for

osteopaths working both within and outside the NHS.

The quality standard and guidance are available on the NICE website at: www.nice.org.uk/guidance/qualitystandards/patientexperience/home.jsp and www.nice.org.uk/cg138.



Reporting new developments in sacroiliac imaging and lymphatic pump techniques in the latest IJOM

Nicholas Lucas MHS (Osteo) and Robert Moran MHS (Osteo), Co-editors of IJOM

Pain in the region of the sacroiliac joint (SIJ) is common in patients presenting to osteopaths. A range of hypotheses have been proposed to explain the origin of this pain and a variety of physical examination tests devised to identify relevant clinical dysfunction or injury. Physical examination of the SIJ can be broadly considered in two categories: examination procedures that are intended to reproduce a patient's familiar symptoms ('provocation tests'); and procedures intended to detect joint dysfunction. Textbooks in osteopathy have tended to focus on evaluating the SIJ from the perspective of somatic dysfunction (rather than symptom reproduction) and describe the use of palpation and motion testing to evaluate joint range of motion, perceived quality of movement, tissue texture change, end feel and other characteristics. The findings of research into physical examination methods for SIJ dysfunction are not encouraging and raise doubts about the clinical utility of these procedures.



Other approaches to SIJ assessment have been developed that rely less on palpation and more on the extent to which symptoms can be reproduced using combinations of procedures that ostensibly stress various structures.

In reality, practitioners tend to develop their own variations and idiosyncrasies, and research into the practice of UK osteopaths suggests that practitioners combine components of both dysfunction and symptom reproduction in assessing the sacroiliac region. Careful consideration of the anatomy of the sacroiliac region reveals that both intra- and extra-articular structures may be involved in symptom generation and it has been suggested that more localised pain may involve more superficial extra-articular structures.

structures, it might be developed as a useful tool to investigate entrapment neuropathy or other neurogenic causes of localised posterior pelvic pain.

Ultrasound imaging has been gaining considerable attention amongst clinicians and clinical researchers in the manual medicine arena over the last decade because it offers an accessible and reasonably priced option that, in the hands of a skilled sonographer, can provide high-quality images and measurement of a wide range of anatomical structures. Moreover, ultrasound can provide real-time insight into function (such as vascular flow), and it is this technical functionality that McGrath and colleagues are exploiting to gain further insight into the structure and function of this region. We look forward to seeing further developments in this area as the group continues their ongoing investigations.

A particularly interesting development has emerged from the findings of anatomical studies that reveal a close relationship between branches of the dorsal sacral rami and myofascial structures of the sacroiliac region. In this issue of the journal, osteopath and clinical anatomist Chris McGrath and colleagues present the findings of a 'proof of concept' study using Doppler ultrasound to provide images of the vascular signature of the dorsal sacral rami. They reason that if ultrasound is able to provide imaging of these delicate

Staying in the region of the pelvis, this issue includes an article on anterior hip pain that is of direct clinical interest. It is well recognised that pain perceived in the anterior aspect of the hip can originate from tissues local to the hip, or from remote structures such as the spine and viscera. One of the difficulties in diagnosis of hip pain comes from the multitude of possible diagnoses to consider.



Notwithstanding more sinister causes, anterior hip pain might be attributed to osteoarthritis of the hip, iliopsoas dysfunction or even dysfunction of the thoracolumbar junction. It may also be blamed on iliopsoas bursitis, SIJ dysfunction or spinal referred pain, amongst other conditions. Uncertainty in arriving at an appropriate working diagnosis is lessened when we can draw on data regarding the utility of diagnostic tests and historical features. In order to even consider the possibility of a diagnosis, we first have to be aware of the possibility of the condition.

Chakraverty and Snelling, in their brief review of anterior hip pain, remind us of 'femoroacetabular impingement' as a potential cause of anterior hip pain. They provide data regarding the potential anatomical predisposing factors for impingement syndrome and its radiological features. Also covered in this issue is clinical presentation and management options, including discussion of osteopathic management and a brief overview of surgical options. We hope that readers will find the article of direct use in clinical practice and welcome short review papers on clinical topics.

Finally, in this issue we wish to highlight an interesting review by Lisa Hodge on the topic of osteopathic lymphatic pump techniques to enhance immunity in the treatment of pneumonia. While lymphatic pump techniques were initially developed with clear objectives in mind, what is not clear from the literature is if they operate in the way intended. Lymphatic pump techniques have been of interest to osteopaths as far back as Still's era and appear to be attracting greater research interest from basic and clinical researchers in the US, such as Hodge's group and others. Do lymphatic pump techniques actually mobilise the lymphatic system and cause clinically relevant movement of lymphatic fluid? Do they induce any change in immune function and is this likely to bring about positive changes? Do patients who receive lymphatic pump techniques improve in clinically meaningful ways, such as shorter hospital stays, faster return to work, or reduced need for antibiotic therapy. Dr Hodge's short review addresses these questions and draws attention to this fascinating field.

IJOM Plus – what's new?

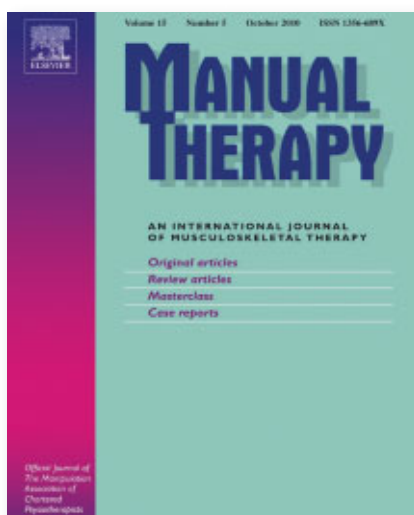
As part of the IJOM Plus package, you also have free online access to six other research journals, including *Manual Therapy*. Here, we highlight an article that we think may be of interest to you in the latest issue of the journal*.

Chiari Malformation Type I, presenting as scapulothoracic pain: A case report

Worth DR, Milanese S. *Manual Therapy*. 2012;17:172-174

Chiari malformation is a term used to describe deformities of the hindbrain. Four types of malformation have been identified, but Chiari Malformation Type 1 (CM-1) is the most prevalent, with a range of one per 1,000 to one per 5,000 individuals. This case report presents information concerning a 38-year-old patient with persistent scapulothoracic pain, which was resistant to a variety of physical interventions; her symptoms were identified as being caused by a CM-1.

The authors highlight the very clear need to listen carefully to the patient's full symptom picture, including aggravating factors. Throughout the course of the patient's consultations, diagnoses had been made and accepted as plausible explanations of the symptoms despite the fact that clear flags were present. Fortunately, the patient was referred appropriately and the CM-1 underwent surgical reduction with significant symptom resolution.



Evaluation of outcome measures for use in clinical practice for adults with musculoskeletal conditions of the knee: A systematic review

Howe TE, Dawson LJ, Syme G et al. *Manual Therapy*. 2012;17:100-118

Knee pain is one of the most common musculoskeletal conditions (6% of people aged over 30 years report symptoms). No core set of outcome measures (OMs) exists to determine whether treatment for knee pain patients is effective, economical or appropriate for its setting. This systematic review examines studies addressing management of osteoarthritis, ligament injuries, meniscal lesions and patellofemoral pain. The review assesses OMs for their capacity to measure what they state, to measure change or to give prognostic information. Questionnaire-based and equipment-based measures were assessed; their feasibility for use in clinical settings was evaluated also.

In total, 10 outcome measures were identified with appropriate quality and breadth when measured against the OMERACT filter. Five were condition-specific, one was for the lower limb generally and the remainder could be applied to a wide range of knee conditions.

To read the article in full, log on to the o zone and visit the 'Research journals' page under the 'Research' section in 'Resources'. From here, you can also access the *International Journal of Osteopathic Medicine*.

*This summary was supplied by Carol Fawkes, Research Development Officer, National Council for Osteopathic Research (NCOR).

Ankle joint replacement – a summary of reviewed literature

Carol Fawkes, Research Development Officer, National Council for Osteopathic Research

The papers reviewed in this article do not attempt to represent a review of the entire literature on ankle joint replacement. These papers were discussed by members of the Bristol research hub at their January meeting: they have been summarised to provide some helpful information for clinical practice.

Ankle joint replacements represent an area of the literature with which the group were unfamiliar, but they had begun to encounter patients who had undergone, or were about to undergo, this procedure.

Facts and figures

The ankle joint is primarily a rolling joint articulating with high congruence; it is composed of three articulations including the tibiotalar, the fibulotalar and the fibulotalar joints¹. The bony anatomy, ligaments, joint capsule and muscular and tendinous structures crossing the joint afford the ankle stability; it is an efficient and resilient joint that, surprisingly, is less frequently affected by degenerative changes when compared with the knee and hip joints.

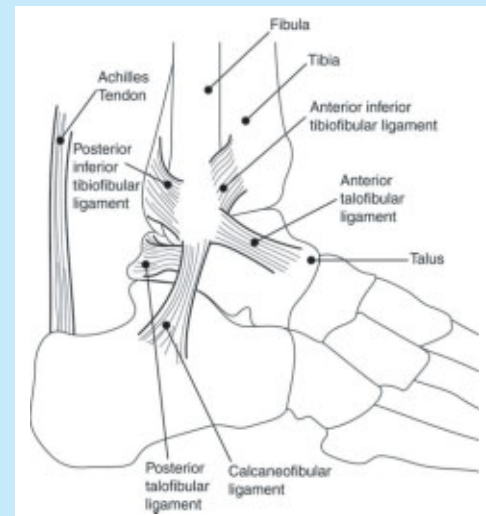
The ankle experiences different contact area, load and cartilaginous cover compared to other weight-bearing joints^{2,3,4,5,6}.

Ankle motion occurs in the sagittal, coronal and transverse planes⁷. The ankle externally rotates approximately 6° with dorsiflexion and internally rotates 1° with plantar flexion^{8,9}. Mean ankle range of motion has been identified from cadaveric studies to be 14.7° of dorsiflexion, 28.2° of plantar flexion, 13.8° of inversion and 5° of eversion¹⁰.

What are the indications for an ankle joint replacement?

End stage osteoarthritis is one of the indicators for ankle joint arthrodesis or replacement. When arthritic changes occur in the ankle joint, they are graded by the Kellgren-Lawrence Scale, which represents variations ranging from minor osteophytic lipping (Grade I) to severe joint space narrowing, sclerosis and bony contour changes (Grade IV)¹¹. Early stage management includes non-steroidal anti-inflammatory prescription, corticosteroid injections, foot and ankle orthoses, rocker bottom shoes, ankle support braces and weight loss. Minor surgical techniques include ankle arthroscopic debridement and ankle distraction using an external fixator. Other interventions have included osteochondral grafts but problems with immune reactions have limited its use in clinical practice⁸.

Ankle arthrodesis remains the 'gold standard' in the management of ankle arthritis, despite the negative effect this can have on gait, accompanied by a noticeable



Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) <http://images.niams.nih.gov/searchresults.cfm>

reduction in walking speed (16%), increase in oxygen consumption (3%) and reduction in gait efficiency (10%)¹².

Total ankle replacements (TARs) were first attempted in the 1970s but poor outcomes led to reduced interest in them as a means of managing ankle symptoms and disorders¹. Early versions of TAR involved implants with two separate parts: one part was inserted into the distal tibia and the second was placed on top of the talus. Current TARs consist of three components: metal implants are placed in the distal tibia and in the talus, and a polyethylene insert is placed in-between the metal implants¹³.

Absolute contraindications to ankle arthroplasty include:

- > Active infection.
- > Vascular compromise.
- > Avascular necrosis of the talus.
- > Significant peripheral neuropathy⁸.

Relative contraindications include:

- > Previous infection.
- > Ligamentous instability.
- > Subluxation of the talus.
- > Mechanical malalignment¹⁴.
- > Young, active patients.
- > Marked osteoporosis.

	Ankle	Knee	Hip
Contact area under 500 newtons of load	350mm ²	1,200mm ²	1,100mm ²
Force experienced under ambulation as a multiple of body weight	5.5 times body weight	3 times body weight	3-6 times body weight
Thickness of cartilage covering articular surface	1mm-1.7mm	1mm-6mm	0.32-2.53mm for the femoral head 0.95-3.13mm for the acetabulum

> Osteonecrosis of the talus^{1,15}.

Additional considerations include whether degenerative changes are present in joints above and below the ankle joint, and in the contralateral ankle joint¹⁵.

Park et al cited their own exclusion criteria for surgical candidates, including:

- > Aged less than 50 years.
- > History of poor compliance with previous interventions.
- > Heavy smokers.
- > Uncontrolled diabetes with the presence of neuropathy.
- > Significant ankle instability.
- > Angular deformity greater than 10-15°.
- > Vascular insufficiency.
- > Obesity (patients weighing greater than 250lb).
- > Significant bone loss.
- > Avascular necrosis.
- > Previous history of infection⁷.

What does the procedure involve?

The patient is supine for the procedure. The superficial peroneal nerve is identified and protected throughout¹. An anterior approach via the tibialis anterior and extensor hallucis longus is the most commonly utilised surgical technique.

The principle aim of surgery is to restore mechanical alignment of the joint and, in more recent approaches, promote ligamentous balancing⁹. To facilitate this, debridement of osteophytes, synovial tissue and excessive capsule is carried out¹. Gastrocnemius recession or percutaneous Achilles tendon release can be undertaken also to allow 5° of dorsiflexion to occur¹.

What types of joints are available?

There are multiple types of total ankle replacement designs. One of the most commonly used is the Scandinavian Total Ankle Replacement (STAR) which is an uncemented, unconstrained, congruent cylindrical replacement¹⁶.

How is success assessed?

Gougoulis et al (2010) conducted a systematic review addressing the success of current ankle replacements¹⁷. They identified 13 Level IV studies which had reported a total of 1,105 total ankle replacements¹⁸. Different types of implant design were used across studies including Agility (N=234), STAR (N=344), Buechel-Pappas (N=153), HINTEGRA (N=152), Salto (N=98), TNK (N=70) and Mobility (N=54)¹⁷.

Success was assessed in the studies using a range of outcome measures; one of the most frequently occurring was the Kofoed score^{13,17,19}. Additional measures of success include the survivorship of the implants, failure rates, functional outcome, range of motion, residual pain after TAR, patients' satisfaction rates and the presence of radiographic loosening¹⁷. The review identified that residual pain was common (27-60%), superficial wound complications occurred in up to 14.7% of patients, deep infections occurred in up to 4.6% of ankles and ankle function improved after TAR. The reviewers concluded that it was not possible to identify a superior type of replacement from the data available¹⁷.

What is the evidence for comparison with joint fusion?

Arthrodesis of the talotibial joint alters the normal function of the hindfoot. This produces an early heel-off, and other kinematics can become worse when walking barefoot or at increased speed. These changes produce strain on adjacent joints in the foot and can contribute to the development of degenerative changes. TAR has the advantage of maintaining joint motion and reducing the stress on the midfoot and subtalar joints¹⁸.

Arthroplasty compared with arthrodesis

No prospective randomised controlled trials have been published comparing directly these two procedures. However, a 2007 meta-analysis reviewed 10 arthroplasty studies, with 39 for arthrodesis²⁰. The headline findings are tabulated below:

	Arthroplasty	Arthrodesis
Implant survival rate (5 years)	78%	N/A
Implant survival rate (10 years)	77%	N/A
Revision rate	7%	9%
Commonest reason for revision	Loosening subsidence (28% of cases)	Non-union (65% of cases)
Non-union	N/A	10%
Amputation rate	1%	5%



The reviewers concluded that both procedures yielded equivalent and satisfactory results²⁰.

What is the evidence for joint complications and failures?

Reported complications include fracture of the medial malleolus, lateral malleolus and fracture of the posterior part of the tibial plafond. Additional complications include infection after wound healing, loss of tibial fixation and loosening of the prosthesis¹³.

Initial versions of TARs had problems with early failure, and revisions occurred in 41% of patients²¹. Failure of early versions was due to rapid bone loss or implant wear in the long term¹⁶. Advances in the design components of ankle replacements have led to increased interest in this procedure and failure rates for the newer designs have been quoted to be 3% per year.

Factors associated with early failure include wound infection, mis-sizing and malpositioning of the components, and poor osseo-integration²¹. Current designs maintain better pressure distribution and wear¹⁶.

Methods of dealing with early failure depend on their initial cause. Options broadly include a revision of the total ankle replacement, salvage fusion or amputation. Revision is contraindicated in the presence of active infection and poor vascular supply, and inadvisable where large bony defects are present which can contribute to increased incidence of malalignment. Revision TAR will preserve the joint's range of movement but has an increased rate of complication and failure. Fusion does provide pain relief and provides a stable platform for weight bearing²¹.

New Developments

A new design of TAR has been developed in which the shapes of the articular surfaces in the sagittal plane were chosen to be compatible with the function of the retained ankle ligament. Previous TAR designs focused exclusively on the geometry of the prosthetic components in relation to the morphological features of the intact articular surface of the talus²².

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Research studies – participants needed

Developing a career structure for osteopaths

Members of the Exeter research hub are investigating osteopaths' views concerning the development of a career structure for osteopaths. The survey link has been emailed to those of you who have an email address listed with the GOsC or the British Osteopathic Association.

If you have not received the link but would like to give your views on the development of a career structure for osteopaths, please visit: <https://www.survey-monkey.com/s/QVQ9LCY>.

If you are unable to complete the survey online and would like to participate, please contact Carol Fawkes on 01273 643 457.

Clinical reasoning research

As part of his PhD studies at the University of Brighton, Oliver Thomson is exploring the nature of clinical reasoning in osteopathy. Participation in the study would involve observation and video recording of a patient consultation and treatment session, and subsequent practitioner interview.

If you are interested in participating and would like further information, please email: O.Thomson@brighton.ac.uk.

Dr Dawn Carnes appointed Director of NCOR

The National Council for Osteopathic Research (NCOR) has announced the appointment of Dr Dawn Carnes as its new Director.

Dr Carnes is a Senior Research Fellow at Barts and The London School of Medicine and Dentistry and will take up the part-time post as NCOR Director, in addition to her current duties, in May. Dr Carnes will succeed Professor Ann Moore who has led NCOR since its inception.

Dr Carnes trained and worked as an osteopath before embarking on her research career which has focused on exploring the evidence and research in the field of musculoskeletal pain. She has also been involved with Tower Hamlets Primary Care Trust over the last four years and helped set up a community-based, primary care chronic pain management service.

Dr Carnes said: "I am delighted to have been appointed Director of NCOR. I am committed to the development of research that can be used to promote the role that osteopathy has to play in healthcare provision."

NCOR was set up by the General Osteopathic Council (GOsC), the British Osteopathic Association (BOA) and the UK Osteopathic Educational Institutions (OEIs) in 2003 to foster research and raise the profile of osteopathy research findings. It is jointly funded by the BOA, GOsC, the OEIs and the Osteopathic Educational Foundation.



As preparations are made for Dawn Carnes to take over the helm, representatives of NCOR's stakeholder organisations paid tribute to the invaluable contribution Ann Moore's leadership and expertise has made to NCOR, to UK osteopathy and to osteopathic research development.

NCOR research hub news

To encourage and facilitate widespread engagement in osteopathic research, NCOR developed a national network of research hubs.

Groups have so far been established in Exeter, Bristol, Leeds and Sussex (Haywards Heath).

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 (Monday to Thursday) or email:

c.a.fawkes@brighton.ac.uk.

> LEEDS

See www.ncor.org.uk for the next meeting date.

> EXETER

See www.ncor.org.uk for the next meeting date.

10am-12pm

Analysis of findings from a project to look at the profession's views on the development of a career structure for osteopathy.

> HAYWARDS HEATH

Wednesday 23 May 2012

7-9pm

Evidence for hip replacement and resurfacing surgery.

> HAYWARDS HEATH

Thursday 24 May 2012

Examining studies on running styles and orthotics.

Conference calendar

> 13-15 May

The 2nd International Conference on Integrative Medicine, Jerusalem, Israel

Further information can be found at www.mediconvention.com.

> 14-16 September

The 9th International Conference for Advances in Osteopathic Research (ICAOR), London

Further information can be found at www.bcom.ac.uk/research/icaor9. The deadline for submission of abstracts is 15 June 2012.

Meet the Osteopathic Alliance

An introduction to osteopathy's new postgraduate body



Stuart Korth DO

A diverse group of osteopathic institutions have recently come together to form a new alliance. The Osteopathic Alliance of Postgraduate Institutions is a representative body for the UK's independent postgraduate colleges. Driven by shared concerns about the future of the profession, we have joined forces. Our mission is to:

- > **Promote the highest standards of postgraduate osteopathic education.**
- > **Foster the breadth and diversity of osteopathic practice.**
- > **Safeguard the heritage of osteopathy by building on its living tradition.**

The Alliance comprises the leaders in many fields of postgraduate education. Our members stand for advanced, innovative practice, based on traditional osteopathic values. We already support a great many osteopaths in developing their clinical expertise; through our collaboration, we are raising the standards of postgraduate education.

Another reason for founding the Alliance was the gap in the infrastructure governing the profession in the UK. Whilst the GOSc is concerned with protecting the public, the British Osteopathic Association (BOA) with the interests of its members and the Council of Osteopathic Educational Institutions (COEI) with the education of osteopaths to graduate level, no organisation has existed to date that represents the innovators and special interest groups that are working to preserve, promote and foster osteopathy as outlined above. The Alliance fills that gap.

Healthcare policy is changeable and its fashions come and go, but the distinctive philosophy and principles that underpin osteopathy are unchanging. The Alliance is committed to ensuring that the spirit of osteopathy is not washed away in the tides

of healthcare regulation and educational reform. We are encouraged by the GOSc's initiative in promoting debate about the future of the profession and by the BOA's call for joint action in taking up the challenge. We welcome the opportunity to work cooperatively with these organisations and with COEI.

Through its various bodies, the Alliance provides much of the profession's CPD, making it pivotal to the health and development of the profession as a whole. Its members are the:

- > Foundation for Paediatric Osteopathy.
- > Institute of Classical Osteopathy.
- > Molinari Institute of Health.
- > Osteopathic Pelvic, Respiratory and Abdominal Association.
- > Rollin E Becker Institute.
- > Society of Osteopaths in Animal Practice.
- > Sutherland Cranial College.
- > Sutherland Society.

You can find the Alliance online at: www.osteopathicalliance.org.



Courses 2012

Courses are listed for general information. This does not imply approval or accreditation by the GOsC.

For a more comprehensive list of courses, visit the 'CPD resources' section of the o zone website – www.osteopathy.org.uk/ozone.

June

> 8-10

The speech of the embryo

Speaker: Dr Jaap van der Wal
Venue: Skylight Centre,
49 Corsica Street, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 9-10

A modern approach to muscle energy techniques

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 10

ENT problems in children – a practical approach

Speaker: Miranda Clayton
Venue: London School of
Osteopathy, London SE1 3BE
tel: 07792 384 592
email: osteokids@aol.com
website: www.mumandbaby-at-home.com/CPD

> 2

Knee joint masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 11-15

Osteopathy in the cranial field (module 2/3)

Speaker: Tim Marris
Venue: Priotzer Muhle,
Germany
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 12

Hip joint masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 16

Managing shoulder conditions using a process approach

Speaker: Professor Eyal Lederman
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 16-17

Visceral osteopathy: The skeletal and visceral pelvis

Speaker: Joanna Crill Dawson
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 16-17

Craniosacral therapy introductory weekend

Speaker: Michael Kern
Venue: Skylight Centre,
49 Corsica Street, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 16-17

Contemporary acupuncture in women's health: An integration of Western and traditional Chinese acupuncture

Speaker: Jennie Longbottom
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 29

Functional active release

Speaker: Robin J Lansman DO
Venue: British School of
Osteopathy, 275 Borough High
Street, London SE1 1JE
tel: 01628 624 544
email: practice@bodybackup.co.uk
website: www.functionalactiverelease.co.uk

> 30

Osteopathy in the cranial field

Speaker: Tim Marris
Venue: British School of
Osteopathy, 275 Borough High
Street, London SE1 1JE
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 30

Craniosacral therapy – introductory day

Speaker: Thomas Attlee
Venue: London
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

July

> 1

First aid appointed person day

Speaker: Steve Bruce DO
Venue: Movingartsbase,
134 Liverpool Road, Islington,
London N1 1LA
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 4

Cervical spine masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 8

The miserable baby – treating feeding and digestive disorders in babies

Speaker: Miranda Clayton
Venue: London School of
Osteopathy, London SE1 3BE
tel: 07792 384 592
email: osteokids@aol.com
website: www.mumandbaby-at-home.com/CPD

> 9-11

In reciprocal tension – membranes and principles (module 5)

Course director: Peter Cockhill
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 14

SCC – nature’s voice

Course director: Ashley Stafford
Venue: Columbia Hotel, London W2
tel: 01291 622 555
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 14-19

Craniosacral therapy – start of full professional training

Speaker: Thomas Attlee
Venue: London
tel: 020 7483 0120
email: info@ccst.co.uk

> 17

Kinesiology taping for the athlete masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 19

Advanced soft tissue technique masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
Tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 28

‘ENT problems in children – a practical approach’

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
tel: 07792 384 592
email: osteokids@aol.com
website: www.mumandbaby-at-home.com/CPD

> 28

Olympics special: Acupuncture for management of sports injuries

Speaker: Jennie Longbottom
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 8-9 Sept, 6-7 Oct and 17-18 Nov

Foundation acupuncture training course

Speaker: Jennie Longbottom
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 10-14

Osteopathy in the cranial field (module 2/3)

Speaker: Ana Bennett
Venue: Columbia Hotel, London W2
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 11-12

A modern approach to muscle energy techniques

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 15

Ear acuthery

Course director: Massih Yaghmaie
British School of Osteopathy, 275 Borough High Street, London SE1 1JE
email: massih@stairway2dao.org
website: www.stairway2dao.org

> 15-16

Craniosacral therapy introductory weekend

Speaker: Michael Kern DO
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 18

Kinesiology taping for the athlete masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 22

Pilates: The neck and shoulders in focus

Speaker: Susie Lecomber
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 28-30

Harmonic technique

Speaker: Professor Eyal Lederman
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

August

> 31 August-3 September

Advanced therapy masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

September

> 4

Spinal manipulation for the athlete masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

November

> 3

Hip joint masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: editor@osteopathy.org.uk.

The resource is open to all osteopaths running courses for their colleagues.

CLASSIFIEDS

RECRUITMENT

KTB Physiotherapy is an established physiotherapy practice with multiple clinics. As part of our expansion plans KTB is looking to incorporate multi-professional working at our bigger practices with osteopathy and podiatry services alongside our successful physiotherapy and Pilates. We are looking to launch these new services in our newest practice in Bexley, north Kent. We are looking for experienced, skilled, hard working and enthusiastic osteopaths to rent a room on a full-time basis in our busy Bexley clinic or to work self-employed. We will encourage teamwork and cross-referrals and would be happy for the osteopath to attend our six weekly full-day training programmes organised for our physiotherapists. Applications to be emailed with a covering letter and CV to claire.ellis@pilatesandtherapy.co.uk.

Leeds Metropolitan University. Lecturer or Senior Lecturer in Osteopathy (a total of 2.0 FTE posts). This is an exciting opportunity for osteopaths to join an enthusiastic and dynamic team, committed to the development and delivery of a full-time qualifying Masters of Osteopathy programme at Leeds Metropolitan University. For further details please visit: www.leeds.met.ac.uk/jobs/index.htm. Closing date is 30 April 2012.

Assistant wanted for 1/2 days per week in friendly practice in attractive Cotswold market town. Applicants should have an interest in IVM work and treating children. The post will be open from June/July 2012 and will be a replacement for our outgoing practitioner. We aim to provide treatment for all the residents in our locality, and we use a mixture of cranial and structural approaches. Send CV to tet.ost@tiscali.co.uk.

Osteopath required (Staffordshire) 1-2 days per week from April with hours increasing in July due to maternity leave. Must be enthusiastic and have good structural skills. An interest in IVM and paediatrics an advantage. Please send CV and cover letter to info@leekosteopaths.co.uk.

COMMERCIAL

Unique D1 lease for sale Camden. Ground-floor surgery with two treatment rooms, reception and private patio. Ten seconds to parking, two minutes to railway, five minutes to buses, 12 minutes to tube. Available now due to relocation. Contact: stella.maris@me.com or 07773 770 359.

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GENERAL

Tax returns for osteopaths. Personal tax accountant (and practising osteopath) offering low fixed-fee returns. Discounted rates for all osteopaths. Special 25% discount for 2010 and 2011 graduates. Helping osteopaths from all over the UK. Call Chris 07586 534 089. www.taxtherapy.co.uk.

COURSES

Chiropractic and osteopathic upper and lower extremity adjusting course (90% hands on). Learn how to assess and use extremity manipulation for limb pain and quick sports injury recovery. Dates: Upper extremity weekend 20-21 of April. Lower extremity weekend 27-28 of April. Fee: £300. Location: Central London, Harley St. Contact Robbie Goodrum on 07541 838 651 or robphysio-osteopath@hotmail.co.uk. www.robbiegoodrum.com. Goodrum seminars 2012.

Foundation in acupuncture. This course combines Traditional Chinese Medicine, Western science and Western medicine to equip students with a general understanding of acupuncture and how it has evolved over the centuries. It will address a range of

conditions, which are seen on a daily basis. Students will be introduced to techniques showing how the best features of both traditional Chinese and Western approaches can be combined for the benefit of the patient. Study hours: 120. Dates: part 1 –14-15 July 2012, part 2 – 15-16 September 2012. Fees £595. For more information: 0115 9835 780 or visit: www.sobsart.com.

Acupuncture in the management of neck/shoulder and lower back pain. These two courses integrate physical therapy with Traditional Chinese and Western acupuncture. It is designed for practitioners who have completed an introduction/foundation course in acupuncture and would like to further develop their skills in the use of Western and Traditional Chinese acupuncture techniques in the management of acute and chronic neck, shoulder and lower back pain. Acupuncture in the management of acute and chronic lower back pain: £95, 16 June 2012. Acupuncture in the management of acute and chronic neck and shoulder pain: £95, 17 June 2012. For more information: 0115 983 5780 or visit www.sobsart.com.

Carl Todd Seminars – Corsham, Nr Bath. Instrument-assisted myofascial release 14-15 April, 17-18 November 2012. Intergrated functional release using muscle energy techniques: 12-13 May 2012. Advanced muscle energy techniques for Lumbar Spine and Pelvis: 22-23 September 2012. Advanced muscle energy techniques for cervical, thoracic spine, ribs and UEX, 27-28 October 2012. Course leader: Carl Todd MSc (Sport Med), BSc (Hons) Ost, DO, Cert Ed. Tel: 0845 899 0909 or email: reception@thecarltooddclinic.com. Visit www.thecarltooddclinic.com for further course information.

Paediatric CPD workshops for osteopaths. Learn the hands-on and management skills needed to treat the most common paediatric presentations in these highly practical one-day workshops. Venue: Central London. Cost £105. Saturday 21 April or Sunday 8 July 2012; 'The miserable baby – treating feeding and digestive disorders in babies'. Sunday 10 June or Saturday 28 July 2012: 'ENT problems in children – a practical approach'. For further information visit: www.mumandbaby-at-home.com or tel: 07792 384 592.

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British Osteopathic
Association

Queen's Medical Centre Nottingham
University Hospital NHS Trust

The BOA Osteopathic Fellowship

The BOA has reached agreement with the Queens Medical Centre in Nottingham to continue to sponsor the BOA Osteopathic Fellowship at the Queens Medical Centre for 2012/2013

The BOA is offering a second fellowship for a period of 12 months from September 2012 and the BOA will offer a grant for £12,000.00 for the year payable monthly.

The Role

- A unique opportunity to work as a member of the spinal studies and surgery team at the QMC for 2 days a week
- There is a developmental element to role which will involve observing surgery, clinical examinations and working in and with the allied departments
 - Working with the departmental osteopath and supporting their clinical interventions and diagnostic testing
- Support the data collection exercise already implemented by the current Fellow and prepare reports for the BOA on the value of osteopathy as part of the unit's approach to patient care
- The successful candidate will be offered the opportunity to build a network of contacts in other spinal surgical units to present the value of the approach adopted at the QMC
- The role will give access to outstanding training and CPD as well as important UK and international contacts

The person

- An interest in spinal osteopathy and the ethos of the NHS
 - An interest in research would be advantageous
- At least 2 years in practice as a registered and practising osteopath

Interested candidates should send their CV and a covering letter outlining the value they feel they would bring to the role to:
Michael Watson, Chief Executive, BOA, 3 Park Terrace,
Manor Road, Luton LU1 3HN or by e-mail to ce@osteopathy.org
to reach the office no later than 30 April 2012.

All candidates will be invited to an open day at the Spinal Unit on May 11 2012 and interviews for the role will take place shortly after.

Further details about this role are available at
www.nottinghamspine.co.uk



CPDO

2012

Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
25-26-27 April	Neuro-vascular manipulation of head, neck and cranium	<i>Jean-Pierre Barral</i>	Fully booked		
12-13 May	Positional release	<i>Leon Chaitow</i>	£265	£50	14
26-27 May	Integrative osteopathic technique: Thoracic spine, thoracolumbar junction, ribs and upper limb	<i>Prof. Laurie Hartman</i>	£265	£150	14
16 June	Managing shoulder conditions using a process approach	<i>Prof. Eyal Lederman</i>	£125	£125	7
16-17 June	Visceral osteopathy: the skeletal and visceral pelvis	<i>Joanna Crill Dawson</i>	£235	£150	14
16-17 June	Contemporary acupuncture in women's health	<i>Jennie Longbottom</i>	£255	£150	14
28 July	Olympics special: Acupuncture for management of Sports Injuries	<i>Jennie Longbottom</i>	£135	£135	7
8-9 Sep, 6-7 Oct, 17-18 Nov	Foundation acupuncture training course (3 weekends certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
22 Sep	Pilates: the neck and shoulders in focus	<i>Susie Lecomber</i>	£125	£125	7
28-29-30 Sept Start Friday 18.00	Harmonic technique	<i>Prof. Eyal Lederman</i>	£385	£200	20
6-7 Oct	Osteopathic technique: Cervical spine, CD and UEX	<i>Prof. Laurie Hartman</i>	£265	£150	14
20-21 Oct	Functional stretching	<i>Prof. Eyal Lederman</i>	£235	£150	14
27-28 Oct	MET in management of spinal, respiratory & pelvic dysfunction	<i>Leon Chaitow</i>	£265	£150	14
3-4 Nov	Basic visceral: The thorax	<i>Joanna Crill Dawson</i>	£235	£150	14
7-8-9 Nov	Advanced abdomen and pelvis	<i>Jean-Pierre Barral</i>	Fully booked		
17 Nov	Managing acute and chronic neck conditions – a process approach	<i>Prof. Eyal Lederman & Tsafi Lederman</i>	125	125	7
Evening courses & lectures 19.00-22.00 / 19.00-21.00					
24 May	How to treat: Frozen shoulder	<i>Prof. Eyal Lederman</i>	£45		3
25 May	Fascia research: What's new and relevant for manual therapists	<i>Dr. Robert Schleip</i>	£55		3
4 Oct	How to treat: Tennis elbow	<i>Prof. Eyal Lederman</i>	£45		3
25 Oct	How to treat: Whiplash injuries	<i>Prof. Eyal Lederman</i>	£45		3
9 Nov	Fascial fitness: Training principles for the collagenous tissue network	<i>Dr. Robert Schleip</i>	£55		3
15 Nov	How to treat: Impingement syndrome of the shoulder	<i>Prof. Eyal Lederman</i>	£45		3

Venue for courses:
Middlesex University, Archway Campus, Highgate Hill, London N19
 (Except for Barral's courses)

For more information and booking: www.cpdo.net

Or send payment to:
CPDO Ltd. 15 Harberton Road, London N19 3JS, UK
 Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net

50% discount available to students on most courses (see www.cpdo.net for further details)



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

For the full course list visit: www.bso.ac.uk/cpd or book online at www.bit.ly/bso_cpd

Emergency First Aid for Osteopaths

This course offers the minimum level of first aid certification recommended by the Health and Safety Executive. It is a common complaint that traditional first aid training does not address the needs of the healthcare professional: this course encourages delegates to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios and case studies.



Saturday 12 May

Course fee: £125 CPD: 7 hours

Obstetrics and Osteopathy



Dr Stephen Sandler is the leading osteopath working in the obstetric field. In this course he brings together years of practical experience with his doctoral research into physiological changes in pregnancy, and ways that these can be supported.

The course introduces participants to the changes in maternal physiology during pregnancy, and the potential to use these changes to better effect in osteopathic practice.

Please note: this course is designed for qualified osteopaths, who must be registered with the GOSc.

Saturday/Sunday 26/27 May

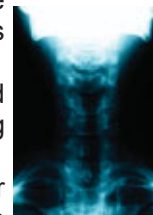
Course fee: £250 CPD: 14 hours

Cervico Thoracic Junction Revisited

The course will revise structural and fascial/visceral approaches to the cervico thoracic junctional area, and will involve techniques to address upper ribs, thoracic inlet and cervical restrictions/imbalance.

Delegates will have the opportunity to explore the application and effectiveness of structural and fascial/visceral techniques while revising the viscerosomatic relationships of this important transitional junction.

Course tutors Valeria Ferreira and Andy Goldspink will combine their experiences and different methods of treatment to provide an osteopathic overview.



Saturday 26 May

Course Fee: £125 CPD: 7 hours

Advanced Ergonomics

David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice ensuring that participants can support their patients effectively in their work environment.

Please note: you must have attended a BSO Ergonomics course to be eligible for this course.



Saturday 26 May

Course fee: £125 CPD: 7 hours



Contact

To register your interest or for further information on any of the CPD courses, please contact:

Katie Elford on 020 7089 5352 or cpd@bso.ac.uk.

Courses Coming Up

Sat 12 May

Emergency First Aid

Sat 26 May

Cervico Thoracic Junction
Advanced Ergonomics

Sat-Sun 26-27 May

Obstetrics and Osteopathy

Sat 16 June

Pilates
NLP and Osteopathy

Fri 29 June

Functional Active Release

Thu 5 July

Nutrition (day 1)

Fri 6 July

Nutrition (day 2)

Thu-Fri 5-6 July

Nutrition (both days)

Sat 7 July

Paediatric Osteopathy
Managing Long Term Pain

Discounts

Ex-BSO students receive a 10% discount on all course fees

We also offer a discount for those not currently practicing due to ill-health—please ask for further information

The BSO also offers room hire. Whether you need a board room for your meeting, a lecture room for your talk or a technique room for a course, the BSO can help. Call 020 7089 5352 or visit: www.bso.ac.uk/about-the-bso/room-hire-rates-and-information/



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

For the full course list visit: www.bso.ac.uk/cpd or book online at www.bit.ly/bso_cpd

Paediatric Osteopathy

Working with babies is an increasing part of osteopathic clinical work. This course will give a firm grounding in eliciting a thorough case history, relevant examination and evaluation. This will give delegates confidence in their diagnosis and management plans for infants up to a year old. The course will include red flags and examination procedures.

The emphasis will be on a thorough understanding of factors leading to common infant presentations. There will be case-based discussion about treatment approaches rather than practical training in specific techniques.

Delegates will ideally have been in osteopathic practice for at least a year and have some experience of working with infants.

This course is delivered by Andrea Rippe. Andrea gained her MSc Paediatric Osteopathy in 2007 and has been tutoring in the BSO's paediatric clinics since then.



FINAL FEW SPACES

Saturday 7 July

Course fee: £125 CPD: 7 hours

Coming soon

You can now register your interest for the 5-day Osteopathy in the Cranial Field course.

Provisional dates: 7th, 8th, 9th, 15th & 16th September 2012

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Postgraduate Courses



MSc in Osteopathy

This flexible programme is designed to meet the needs of osteopaths in the development of their professional capability in clinical practice, education, and research. It offers four compulsory and five elective modules. Compulsory modules include: Business, Practice Management and Professional; Advanced Osteopathic Evaluation and Management; and Criticality and Evidence-Informed Osteopathy. Each module will run one Saturday a month over four months, which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: September 2012

Course Leader: Shireen Ismail

Postgraduate Certificate in Academic and Clinical Education

This programme is designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic-based settings. It offers two modules: Education for Academic Teaching and Education for Clinical Supervision and Teaching Technical Skills. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: September 2012

Course Leader: Dr Jorge Esteves

Professional Doctorate in Osteopathy

This doctoral degree offers the most advanced level of formal learning in osteopathy outside the USA. The course is designed for those who are keen and able to engage with the challenges thrown up by doctoral-level scholarship and in-depth enquiry into a topic relevant to your professional life.

Start date: January 2013

Course Leader: Professor Stephen Tyreman

Contact

To register your interest or for further information on any of the Postgraduate courses, please contact:

Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk

Or visit our website:

<http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/>



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All module courses have a 1:4
tutor - student ratio

W G Sutherland's Osteopathic Approach to the Body as a Whole (BLT)

Evening 10-14 May

Are you looking for a more precise and effective way to work with joint problems? Do you want to improve your palpation and diagnostic skills? BLT (Balanced Ligamentous Tension) principles offer a bridge between structural and 'cranial' osteopathic approaches. Students learn to apply BLT to all the axial and peripheral joints of the body.

'... this approach has revolutionised my treatment of the shoulder'

Module 4 | CPD 32 hours | eligibility: Module 1 or equivalent | residential £1155 | Stroud
Course Director: Susan Turner MA PGCE DO MSC

In Reciprocal Tension - Membranes and Principles

9-11 July

'Treat the spaces not the structures', We will use our understanding of reciprocal tension as it is demonstrated throughout the body and the world around us in order to develop our skills of diagnosis and treatment in practice. We invite you to come and share this exploration.

'It was brilliant! Lots of new information and research, a very high standard.'

Module 5 | CPD 24hours | eligibility: Module 3 or equivalent | residential £885 | Stroud
Course Director: Peter Cockhill BA(Hons) DO MSCC

Nature's Voice

NEW

14 July

Drawing on awareness through sound, movement, breath and ability to vocalise, this day workshop links the art and science of osteopathy in our practice.

CPD 24 hours | eligibility: Module 2 or equivalent | non-residential £105 | London
Course Director: Ashley Stafford DO

Osteopathy in the Cranial Field

10-14 Sept

This exciting 5-day course allows students to deepen their palpatory skills and learn treatment principles, using Involuntary Motion, to treat a wide range of patients.

'Great content, excellent feedback during practicals, VERY well organised, a refreshing experience.'

Module 2/3 | CPD 40 hours | eligibility: Module 1 or equivalent | non-residential £1225 | London
Course Director: Ana Bennett DO MSCC **New graduates discount and scholarships available**

Foundation Course

Host a two-day course in your area - an introduction to Osteopathy in the Cranial Field, working with the involuntary mechanism to improve palpation skills.

'Very encouraging start to this new area of osteopathy'

Module 1 | CPD 16 hours | non-residential £275

* Entry level courses (Modules 1-4) provide a high standard of training in palpation of the Involuntary Mechanism (IVM) and a firm grounding in osteopathic treatment approaches.

* Pathway Courses (Modules 5-9) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge.

9th International Conference on Advances in Osteopathic Research

ICAOR 9

LONDON, UK

14 to 16 September 2012

BCOM is pleased to sponsor the
9th International Conference on Advances in Osteopathic Research

Call for Papers

- The Organising Committee invites submission of abstracts of original osteopathic and related research
- Abstract Submission Deadline: Friday 15 June 2012
- Submission details www.bcom.ac.uk/research/icaor/icaor-9
Email icaor@bcom.ac.uk



BRITISH COLLEGE OF
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Celebrating 75 Years of Excellence

Diploma in Paediatric Osteopathy (DPO) – 2012 Intake

Applications are being accepted for The Foundation for Paediatric Osteopathy's Diploma programme. The course provides an opportunity to work with leading practitioners in the field of paediatric osteopathy in a unique clinical environment.

This two-year course is designed to provide the necessary experiences, knowledge and skills to manage a wide variety of paediatric clinical presentations. Working within the Osteopathic Centre for Children will expose students to a diverse group of patients with conditions from commonly presenting colicky babies to obscure genetic syndromes as parents seek help from a clinic which is recognised internationally by families for its expertise in this field. The clinical work also includes the opportunity to treat very sick and premature infants in a hospital neonatal intensive care unit. Tutorials and seminars support clinical teaching.

At the end of this course, the Foundation expects that every DPO graduate will be both confident and competent to treat and manage the full range of paediatric presentations.

Applicants must be registered with the General Osteopathic Council and have completed a postgraduate Sutherland Cranial Teaching Foundation (SCTF) approved course before October 2012.

A prospectus and details of the application process are available online at www.occ.uk.com.

Closing date for receipt of applications is 25th June, 2012.

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Continuing Professional Development

Musculoskeletal Health in the Pre-school Child - 28-29 April 2012

Joyce Miller & Maria Browning

This course aims to develop knowledge of common musculoskeletal health conditions, gait analysis, nutrition, sleep disorders and developmental profiling of the child aged 1-5 years.

Sports and Exercise Psychology - 19-20 May 2012 Patrick Partington

This workshop aims to develop your knowledge and understanding of psychological issues specific to professional and amateur athletes within the rehabilitation setting, which is essential to sport and rehabilitation practice.

Cervicogenic Dizziness and Vestibular Rehabilitation - 26-27 May 2012 Richard O'Hara

This two-day course provides a scientific rationale for the existence of cervicogenic dizziness.

Introduction to Dry Needling - 16-17 June 2012 John Reynolds

This seminar is designed to introduce the techniques of dry needling using acupuncture needles in the treatment of myofascial trigger points.

ABCs of Starting a Paediatric Practice - 14 July 2012 J Miller, M Browning

National Sports First Aid (Intermediate Level) - 6-7 October 2012 Tony Bennison

A specialist, two-day assessed course approved by BASEM, ACPSM, Scottish FA, Sport Scotland, Scottish Institute of Sport, Scottish Rugby Union and the Commonwealth Games Council for Sport amongst others.

On completing the course and passing the assessment, a certificate from the NSFA is awarded and the osteopath is added to the NSFA database as a Certified Sports First Aider.

Lumbo Pelvic Pain: Mechanisms and Evidence Based Diagnosis & Treatment

2-4 November 2012 Andry Vleeming

Over this three day course Dr Vleeming will present his research work and distil a 20-year career into a digestible weekend workshop that promises new understanding and a set of new skills for practice.

MSc Advanced Professional Practice (PgCert, PgDip and MSc)

MSc APP Clinical Sciences

MSc APP Paediatric Musculoskeletal Health

MSc APP Sports and Rehabilitation

MSc APP Musculoskeletal Rehabilitation

MSc APP Orthopaedics

MSc Ultrasound (Musculoskeletal)



For further information on any of our seminars or courses

please visit: www.aecc.ac.uk/cpd/

Contact: cpd@aecc.ac.uk - 01202 436237

FOUNDATION FOR PAEDIATRIC OSTEOPATHY CONFERENCE 2012

13 & 14 OCTOBER 2012

PLACES ARE
BOOKING
FAST, DON'T
MISS OUT

The Developing Child – An Osteopathic Challenge

The following experts will share their unique perspectives on paediatric practice at the Foundation for Paediatric Osteopathy's International Conference in London.

Peter Armitage DO DPO MSCC

Overcoming obstacles

Sally Goddard Blythe MSc FRSA

Primitive reflexes and postural reactions – indicators of the relationship between structure and function in the developing child. What can they tell us and what can be done

Clive Hayden MSc (Ost) DO MSCC

The neurologically impaired child – a clinical view

Liz Hayden DO (Hons) MSCC

A clinical approach to children with developmental delay

**Keith Holland BSc FCOptom FBABO FCOVD FAAO
DipCLP**

Development and behaviour – the role of vision

Stuart Korth DO DPO FICO

Opening address

Kok Weng Lim DO MSc (Ost) MSCC

The development of sleep and sleep disorders in children

Robyn Seamer DO MSc (Ost)

Orofacial development in a child – the embryological mystery within

Gudrun Wagner MD DO DPO MSc

The language of the heart – the principles of the heart's development applied in paediatric osteopathic treatment

Mervyn Waldman DO

The osteopathic treatment of postural and spinal maldevelopment in children – its ethical & technical challenges

Frank Willard PhD

Title to be announced

Visit www.fpoconference.org.uk for full schedule and booking details.

Discounts available for alumni members and early booking.

Venue: Thistle Hotel, Marble Arch, London.

FOUNDATION FOR
PAEDIATRIC
OSTEOPATHY



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CHILDREN

Patient Information Leaflets
New for 2012

Designed and written by experienced osteopaths Clive and Liz Hayden to be fully compliant with ASA guidelines, these leaflets are available NOW at 2010 prices!

Leaflet titles:

- Mother and baby
- Baby and toddler
- Child and teenager
- Back pain
- Arthritis and ageing
- What is osteopathy?

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www.churchdownosteopaths.co.uk

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Visit www.rollinbeckerinstitute.co.uk for more details.



Regional Tutorials in Your Area - April 2012

Date: 28th April Various locations
see website for further details
CPD: 4 hours Cost: £50

A number of 4-hour tutorials are planned for April 2012 in Wiltshire, Hampshire, Berkshire, Hertfordshire, Lancashire, London and the East Midlands.

The tutorial sessions are in a clinic setting which provides an ideal opportunity to consolidate and develop the practical skills learnt on a 40-hour/five-day SCTF-approved (equivalent to Level 1/2) 'Osteopathy in the Cranial Field' course.

Call **0845 5193 493** or visit www.rollinbeckerinstitute.co.uk for updated course information and booking.

Introduction to Paediatrics

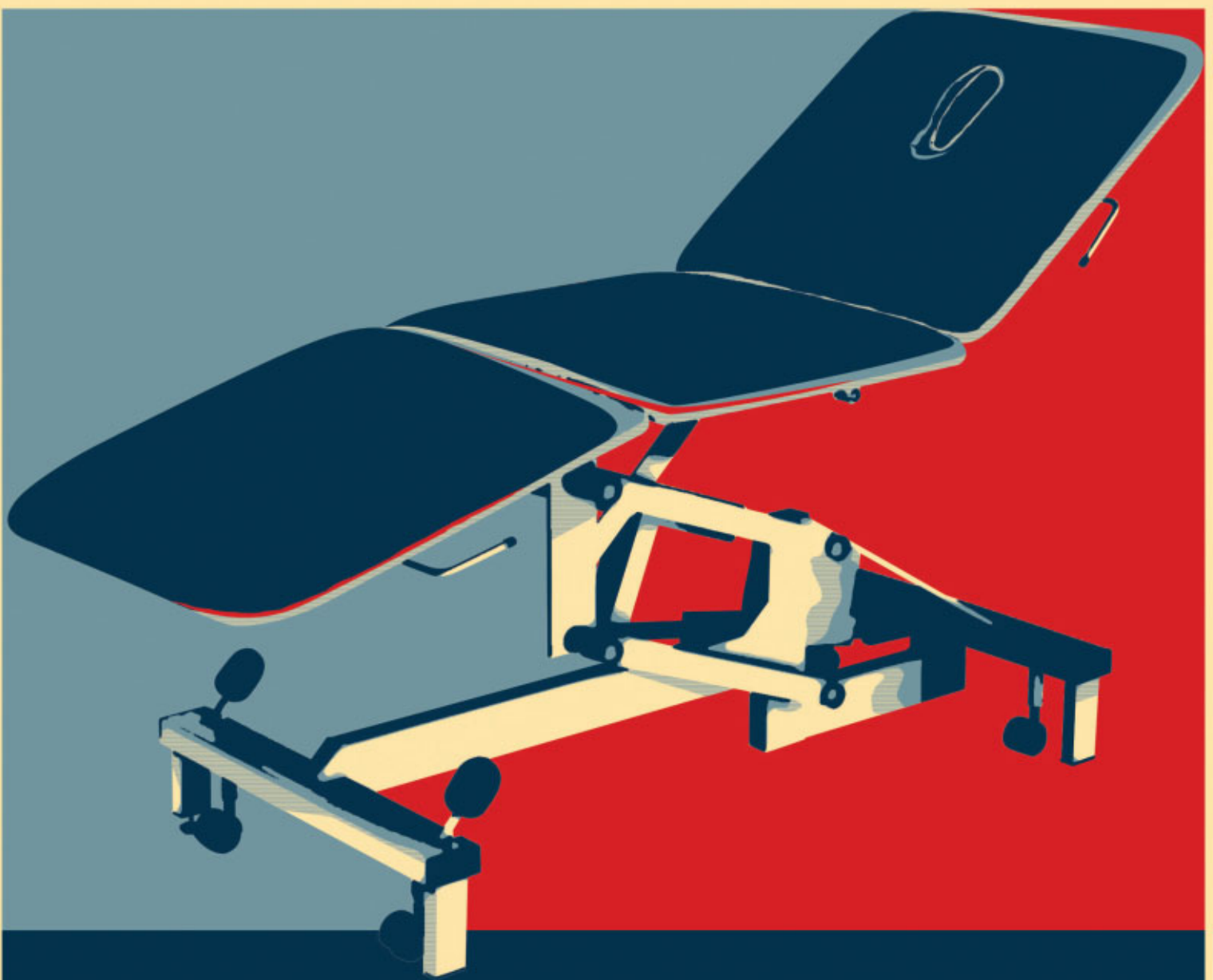
Date: 12th and 13th May Venue: BSO London
Course Leader: Carina Petter
CPD: 5.5 / 11 hours Cost: £140 /280

A 2-day overview of an osteopathic approach to paediatrics, led by Carina Petter.

The first day is open to all osteopaths and final-year undergraduates, and is lecture-based. This will cover red flags, case history taking, examination, and common presentations. With guest speakers in the allopathic management of pregnancy, this course provides an excellent development of concepts introduced in a 5-day/40-hour foundation level OCF course. Eligible, qualified osteopaths will be able to attend the second day which is focused on practical techniques.

Also in 2012:
JUNE Cranial anatomy and palpation
OCTOBER ENT course
NOVEMBER OCF update day

Rollin E. Becker Institute is the trading name for SCTF-UK Ltd, a company limited by guarantee. Company registration number 7148326. Company address: 4 Wellington Circus, Nottingham, NG1 5AL.



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General
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Regional conferences 2012

The GOsC is holding a series of regional conferences across the UK between April and July.

Are you ready to apply the new *Osteopathic Practice Standards* in your everyday clinical practice?

Do you have a view on the future of osteopathic practice?

Be part of the debate by attending one of the regional conferences in your area – these meetings could be the most important osteopathic event of the decade.

Book your place now using the booking form included with this issue of *The Osteopath* magazine, or log on to the [o zone](#).