

the osteopath

October/November 2017 | Volume 20 | Issue 5

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**How your
registration
fee is spent**

Highlights of the GOsC's
Annual Report

**What to include
on your annual
CPD form**

**“No set scripts
and no set patients”**

Why patient communication is a clinical decision

PLUS: Managing conflicts of interests



General
Osteopathic
Council

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Want to read an article in a past issue?
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We've had hundreds of responses to our consultation on the updated *Osteopathic Practice Standards* – you have until 31 October to share your views, if you haven't already (page 7). We've been meeting and engaging with many people face-to-face at CPD groups, student presentations, patient groups and stakeholder meetings. We're also running two other consultations – for the new CPD Rules and on updated Hearings and Sanctions Guidance (page 4) – so do share your views on those too.

Communication and consent is a subject area that we receive lots of queries about and some osteopaths even ask for set scripts. In this issue, GOsC Policy Manager and practising osteopath, Steven Bettles, explains why communicating with patients is a clinical decision, rather than just a regulatory requirement (page 16). Managing conflicts of interest is another important area and the health regulators have been working together to produce guidance and case studies to help you make sure you are always putting your patients' needs first, on page 14.

Are you confident that you're including all the necessary information in your annual CPD summary form? In this issue, we have common mistakes and tips from one of the team that audits the forms, to make it quicker and easier to fill in your form (page 11). Plus a review of the GOsC's year in the Annual Report (page 7); how we are working to protect the title of osteopath on page 18; and in research, exploring trigger points and their use in osteopathic practice (page 20). I hope you'll find this issue informative and useful.

Clare Conley
Managing Editor
Email: editor@osteopathy.org.uk

Last chance to share your views on the updated OPS, p10

OPS

the osteopath

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Do you agree with amendments for new CPD Rules?

We are inviting views on proposed amendments to the CPD Rules that underpin our new continuing professional development (CPD) scheme.

CPD requirements are set out in statutory rules dating from 2006. In order

for the new CPD scheme to be fully implemented in autumn 2018, small amendments to these legal rules are necessary.

Some of the amendments proposed are to:

- Include reference to CPD guidance including peer discussion review (and a requirement to consult) within the rules.

- Fully implement a move from an annual to a three-year CPD cycle.
- Remove an anomaly whereby new graduates have an initial exemption from CPD for their first CPD year.

In the consultation, we are asking some specific questions that we would like responses to, but you are welcome to offer any comments you wish. All feedback will be taken into consideration.

We will publish a report about the consultation and the responses we have received. If you would prefer your response not to be made public, please indicate this when sending us your views.

We are consulting for eight weeks and the deadline for responses is 16 November 2017.

i You can share your views:

- by responding to our online consultation at: bit.ly/cpd-rules-consult
- by emailing us at: newcpd@osteopathy.org.uk



Share your views on new Hearings and Sanctions Guidance

We are inviting views on our draft Hearings and Sanctions Guidance. The proposed changes aim to further enhance transparency and consistency in decision making by the Professional Conduct Committee (PCC) while ensuring that any sanction imposed by a Committee is both targeted and proportionate.

The Guidance is being updated as part of a wider reform programme to modernise our fitness to practise processes and improve patient protection.

Proposed additions to the new Hearings and Sanctions Guidance include providing detailed guidance on the meaning of unacceptable professional conduct and professional incompetence. The revised guidance will also help ensure that in the most serious cases, appropriate sanctions are imposed that take account of the confidence of the public, including upholding the standards of the osteopathic profession.

The draft new Hearings and Sanctions Guidance updates and widens the scope of the third edition of the Indicative Sanctions Guidance (2013), particularly

duties relating to candour. It is designed to make parties to a hearing aware of the procedure and approach that will be taken by the PCC during the hearing and when imposing a sanction.

As part of our pre-consultation engagement plan, we sought input from the GOsC Fitness to Practise Forum and carried out a short period of consultation with interested parties from 21 March to 1 May 2017.

This consultation closes on 15 December 2017. Read the draft Guidance and share your views at: bit.ly/Hearings-Sanctions-Guide-consult

Would you like to join the Professional Conduct Committee?

This year the GOsC is seeking to appoint two new osteopaths to the Professional Conduct Committee (PCC), the body that hears cases relating to unacceptable professional conduct.

Applications will open towards the end of October and will be publicised via the GOsC website and our monthly ebulletin. Interviews will take place towards the end of the year and appointments will take effect early in 2018.

Members of the PCC sit on panels of three made up of two lay members and one osteopath. The panels, supported by a legal assessor (usually a barrister), hear evidence, determine whether an osteopath is guilty of unacceptable professional conduct and agree whether a sanction is required.

We are looking for applicants from a diversity of backgrounds within the profession. No previous experience is required and full training is given for



the roles, but applicants must be able to show that they:

- understand the need to put public and patient protection to the fore in all decision-making
- process the detail of written material or oral evidence quickly and accurately
- work well under pressure of time
- demonstrate tact, discretion and common sense

- reach fair and objective decisions collectively with others.

Members of the PCC can expect to sit for up to 20 days a year and remuneration for the work is currently £306 per day, plus travel and subsistence expenses. For more information about the role of the PCC, see:

www.osteopathy.org.uk/standards/complaints/hearings/

Why we'd recommend applying to join the PCC

Tom Bedford and Kenneth McLean are osteopath members of the PCC who were both appointed for four years from 1 April 2017



Tom Bedford BA (Hons) BSc (Hons) Ost

Becoming a member of the PCC has been the most rewarding, challenging and interesting experience of my professional life, outside of my clinical work. I felt ready for the role having experienced a wide range of osteopathic professional roles: from being a clinic tutor, to postgraduate lecturing, to helping establish the local regional

group in Oxfordshire; to mentoring my own associates. It is a role that demands fair judgement, based on the evidence provided in each case. Having the ability to be analytical and impartial is essential.

Sitting on the PCC takes up about one week every six to eight weeks. Working alongside health professionals from other fields is a rare privilege and quickly develops one's knowledge of healthcare regulation in the UK. I've also enjoyed working with the team at Osteopathy House, with legal advisors, solicitors and QCs, who have a vast wealth of fascinating professional experience.



Kenneth McLean, BSc (Hons) Ost

As an active member of Edinburgh Osteopaths, I felt that I could bring a broad perspective of views to inform my panel colleagues when discussing cases. And I already feel I have benefited enormously from knowledge and experience sharing with my lay colleagues.

I'd recommend joining the PCC because this is an opportunity to carry out a vital function in supporting the profession and doing what we do best – caring for our patients' wellbeing and providing them with confidence in our profession. It's also a great opportunity for personal development, learning from both highly experienced lay panel colleagues as well as experienced members of the GOsC Executive. And at the same time, as the PCC's decisions feed into the GOsC's wider work, as an osteopathic panel member there's the opportunity to help shape policy which enhances our profession.

I'd be happy to have a chat if you are interested in finding out more, you can email me at: kenneth@kennethmclean.com

Connect with the GOsC at October conferences

The GOsC will be presenting and have stands at the Institute of Osteopathy's (iO) Convention in London and The Professional Regulation conference in Edinburgh, this October.

Steven Bettles, GOsC Policy Manager and a practising osteopath, will speak about the new CPD scheme – focusing on communication and consent – at the iO Convention in London, 20-22 October 2017. See: www.iosteopathy.org/convention-2017

Tim Walker, GOsC Chief Executive, will present initial findings from the Values project – a joint project with the General Dental Council aiming to support good communication and consent in healthcare consultations – at 'The Professional Regulation: Reflecting Back, Moving Forward' conference at Edinburgh International Conference Centre on 30 October 2017. See: bit.ly/Prof-Reg-Conference-Oct17

Do come and visit the GOsC stand at both events, where you can: ask any questions about the new CPD scheme; fill in a response to the *Osteopathic Practice Standards* consultation, or ask any other regulation queries.

A workshop at the 2016 iO Convention



BSO is now University College of Osteopathy

The British School of Osteopathy (BSO) has been granted University College title and became known as the University College of Osteopathy (UCO) from 18 September 2017. The UCO has a new visual identity, prospectus and website: www.uco.ac.uk The rebrand also encompasses the school's osteopathic teaching clinic, to be known as the University College Clinic, or UCO Clinic: www.clinic.uco.ac.uk

Charles Hunt, Principal, said: "We believe the granting of University College title is an important recognition of all the BSO has managed to achieve over the past century.

"We are very proud of our rich history and reputation, but are also keen to look to the future and pursue opportunities to develop, improve and to drive the profession forward, and we believe a fresh, new identity as University College of Osteopathy will help us to do that."



Train to help stroke survivors

Charity, Stroke Association, is offering training at various levels for healthcare professionals who may work with stroke survivors or want to improve their knowledge of stroke awareness.

Katie Underhill, Stroke Training Operations Manager, said: "All of our training is mapped to the Stroke Specific Education Framework, ensuring it is fit for purpose and includes the most recent thinking."

For more information, see: bit.ly/stroke-training or email Katie on stroketraining@stroke.org.uk



Our new objectives as a regulator

GOsC Chief Executive, **Tim Walker**, and Chair, **Alison J White**, introduce our 2016-17 Annual Report



Tim Walker

Five years ago we embarked on what we considered to be a very different approach to regulation and how we work with those we regulate. This was reflected in our last and current Strategic Plans, the establishment of the Osteopathic Development Group, and the way we have sought to work in partnership with others.

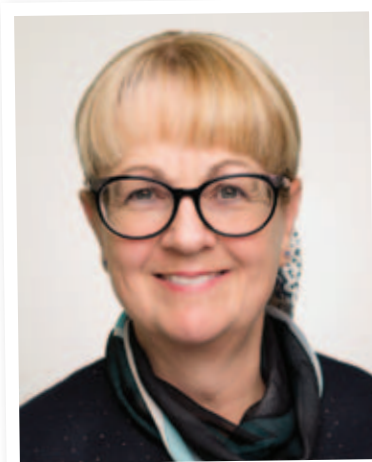
As a regulator, our job, first and foremost, must be the protection of the health, safety and well-being of the public. But as is reflected in our new statutory objectives (set out on page 6 of the Annual Report), we are also here to maintain confidence in the profession, as well as to promote proper standards and conduct.

Across healthcare professions, regulators are talking about

‘upstream’ regulation; considering how they can work with their registrants to try to prevent patient concerns arising in practice, rather than having to deal with problems after they have occurred. In this report, we detail some of our work to this end, including:

- Developing a new CPD scheme that is based on strengthening the professional community in osteopathy (cpd.osteopathy.org.uk).
- Considering how we can support improved communication between osteopaths and patients, so that misunderstandings are minimised.
- Actively seeking a wide range of input to our review of the *Osteopathic Practice Standards* – at the earliest stage – from both patients and osteopaths (<http://standards.osteopathy.org.uk>).
- Inviting direct participation in our policy making process from our partners in the Osteopathic Development Group (osteodevelopment.org.uk).

We also must understand that we live in an imperfect world, and that regulation is not a panacea, but we hope that what we are doing is helping to bring osteopaths, patients and the public along with us, as we try to improve standards of osteopathic treatment and care for the benefit of them all.



Alison J White

The 2016-17 year has seen the GOsC make the transition to a new, smaller Council consisting of 10 members – five osteopaths and five lay – allowing us to sharpen our strategic focus. We have made a number of other changes in the area of governance including:

- Creating a new Policy Advisory Committee and welcoming a number of observers with speaking rights from partner organisations to it, to help ensure that the voice of osteopathy is clearly heard in our policy development.
- Recruiting new members to replace the many who completed their terms of office at the end of March 2017.
- Successfully applying for registration as a charity.

I’m pleased to report that the focus on effective governance, supporting the hard work of the Executive team, has resulted in the GOsC once again meeting all the Professional Standards Authority for Health and Social Care (PSA) standards of good regulation – we have now met 24 out of 24 standards for seven years in a row.



Read the full versions of Tim and Alison’s forewords on p7-8 of the Annual Report at: bit.ly/gosc-annual-report-1617

The GOsC year in review

Managing Editor, **Clare Conley**, sets out some key achievements from the GOsC's Annual Report for April 2016-March 2017

In February 2016, the GOsC's Council approved a new three-year Corporate Strategy that set out the organisation's aims for 2016-2019. The GOsC's three main objectives for 2016-2019 are:

1. To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity.
2. To encourage and facilitate continuous improvement in the quality of osteopathic healthcare.
3. To use our resources efficiently and effectively, while adapting and responding to change in the external environment.

The Annual Report describes what we have achieved in the year to 31 March 2017, the first year of the three-year Corporate Strategy.

Objective 1: Promoting public and patient safety

5,200 – (as at 31 March 2017) the number of osteopaths on the Register continues to grow.

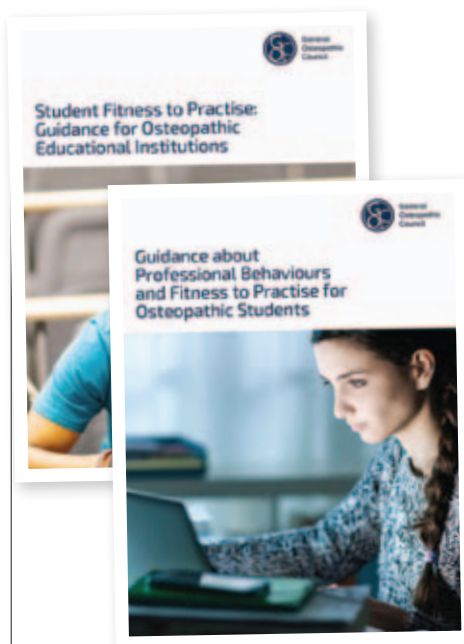
271 new registrants joined the Register during 2016-17 (a net growth of **98** or just under **2** per cent).

53 applications from osteopaths educated overseas or wanting to return to practice after a period off the Register, were assessed by our registration assessors. We will be reviewing international registration to explore a more streamlined application process for those qualifying overseas.

1,900 osteopaths and osteopathic practices are now using our Registration Marks, introduced in 2014.

220 final-year students at **9** different institutions attended GOsC presentations.

After **13** years, the osteopathy course at Oxford Brookes University came to a close in 2016. While this was disappointing, we were pleased to carry out an initial recognition for a new course at the University of St Mark and St John (Marjon), in Plymouth which started in September 2017.



2 new guides on student fitness to practise and on health and disability, aimed at students and osteopathic educational institutions were reviewed, consulted on and then published. See: bit.ly/gosc-student-ftp

Ensuring high standards of practice: new CPD scheme

After a significant period of consultation and development, we have commenced implementation of the new GOsC CPD scheme. We have also launched a dedicated new CPD website:

cpd.osteopathy.org.uk where you'll find details of the new scheme and resources, case studies and thought pieces.

170 early adopters recruited who are already trying out the new elements of the CPD scheme, through interactive webinars run by the GOsC.



Dealing with concerns and complaints

The GOsC's Investigating Committee completed consideration of 56 cases: **41** were referred to a full hearing **15** it was determined that there was no case to answer

The Professional Conduct Committee (PCC) concluded **27** cases:

In **15** of those cases, there was a finding against an osteopath

We aim to ensure that all our investigations and hearings are concluded as quickly as possible:

17 weeks – median time for investigating a complaint (our target is **16** weeks)

54 weeks – median time for concluding a hearing by the PCC (our target is **52** weeks) **69** 'cease and desist' letters were sent out to individuals practising without registration, which resulted in **26** resolved cases and **2** successful prosecutions.

A new Initial Closure Procedure for concerns that are raised with the GOsC, was implemented in 2016-17.

New guidance for witnesses in fitness to practise hearings was published including a video and leaflet to help witnesses give their evidence.

Work commenced on **2** new guides for osteopaths who may be subject to a complaint, which were published this year:

- *Fitness to practise complaints procedure* (bit.ly/gosc-ftp-complaints-procedure)

- *Hearings guidance for osteopaths* (bit.ly/gosc-ftp-hearings-guidance-osteopaths)

To support osteopaths in complying with the ASA's Committee of Advertising Practice Code, we worked with the ASA, and the Institute of Osteopathy on new guidance on advertising, which was distributed to all UK osteopaths in November 2016.

Objective 2: Improving the quality of osteopathic healthcare

Developing guidance and standards

The *Osteopathic Practice Standards* (OPS): work has continued throughout the year on the review of this core guidance for osteopaths.

More than **350** responses were received to our initial call for evidence on the effectiveness of the current standards.

A stakeholder working group – including patient, professional and educational representation – has been carrying out detailed scrutiny of the standards. The consultation on the revised OPS is taking place from 1 August to 31 October 2017. See: <http://standards.osteopathy.org.uk>

Improving quality and patient care

Values: Our work understanding the relationships between osteopaths' and patients' values and their links to practice standards has continued. Initial work was presented at the annual Scottish Government regulatory conference and the Professional Standards Authority's annual research conference and we have agreed a joint programme of work around values with the General Dental Council.

Developing the osteopathic profession

8 core Osteopathic Development Group (ODG) projects: the GOsC is a member of the ODG and worked with other members to make progress on these, including: producing and piloting a mentoring toolkit; carrying out research for the Advanced Clinical Practice project, and **18** more osteopaths completed the leadership programme.

Objective 3: Using our resources efficiently and effectively

Fees have been maintained at **£570** for another year and we continue to seek efficiency savings across all functions, including an IT audit which will be implemented in 2017-18.

Communicating and engaging with our stakeholders

In 2016-17 we carried out more than six consultations on draft guidance and

discussion papers, some of which have already been mentioned in this article. **6** issues of *the osteopath* magazine were published and **12** monthly GOsC news ebulletins sent out

Our social media engagement increased to **1,800** Facebook users and **2,100** Twitter followers.

Promoting equality and diversity

We are committed to equality and

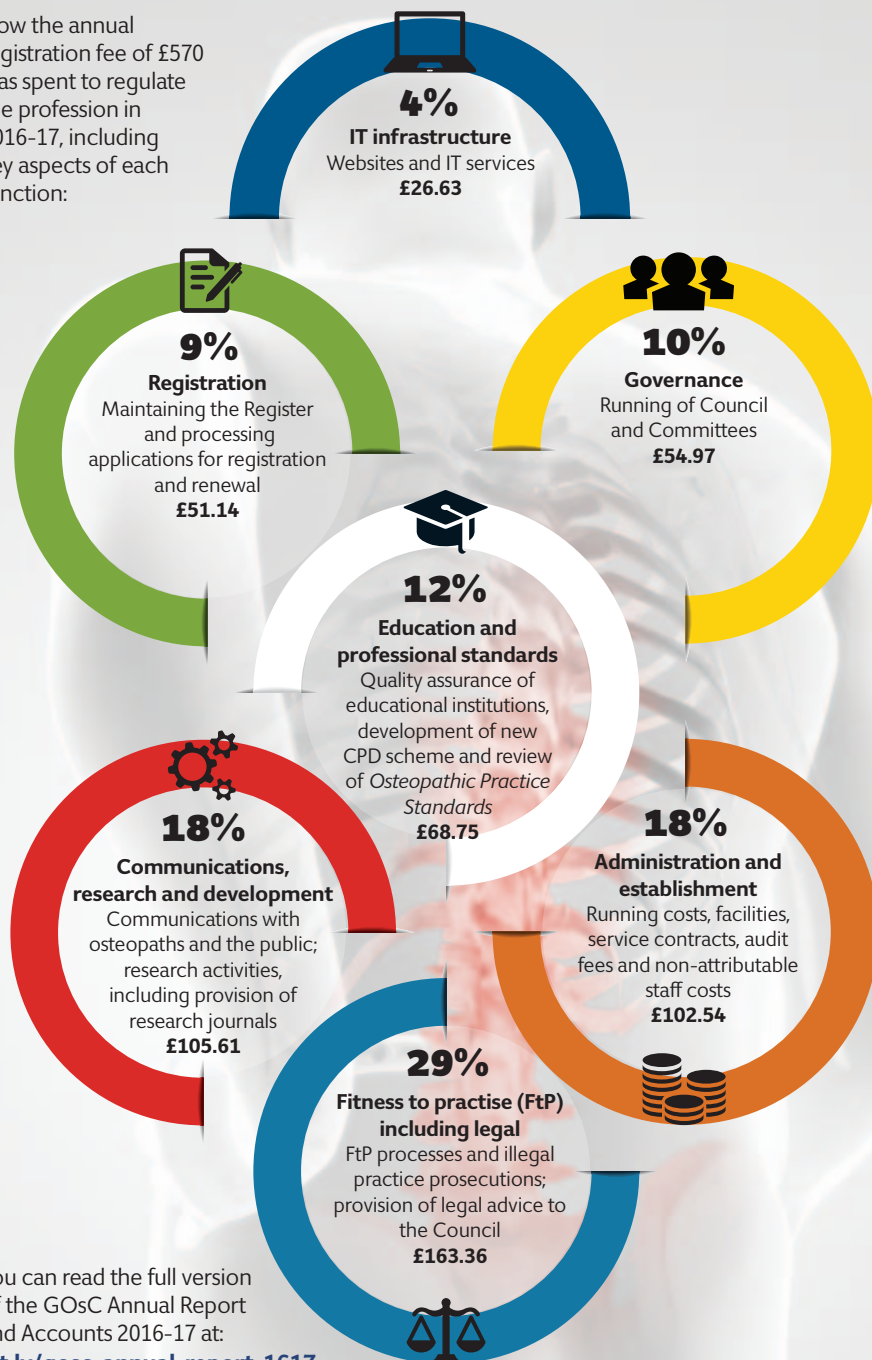
diversity in our work with the profession, patients and the public and our policy is available at www.osteopathy.org.uk/about-us/our-work/equality-and-diversity We also publish a Welsh Language scheme.

Improving governance and performance

See the key points in the introduction by the GOsC Chair, Alison J White, on page 7.

What does your registration fee fund?

How the annual registration fee of £570 was spent to regulate the profession in 2016-17, including key aspects of each function:



You can read the full version of the GOsC Annual Report and Accounts 2016-17 at: bit.ly/gosc-annual-report-1617

Your views can help shape the future of the *Osteopathic Practice Standards*

The consultation on the draft revised standards closes on 31 October – have you shared your feedback yet?

There is still time to give feedback on the updated *Osteopathic Practice Standards* (OPS). The consultation started on 1 August 2017 and will end on 31 October 2017.

As we explained in the August/September 2017 edition of *the osteopath* magazine (see p8-10 at bit.ly/gosc-to-aug17), the current standards, which were introduced in 2012, needed to be reviewed to ensure they reflect contemporary healthcare expectations and requirements, and remain fit for purpose.

We have updated the standards with input from various stakeholders, including osteopathic educational institutions, the Institute of Osteopathy, the Osteopathic Alliance, the National Council for Osteopathic Research and patients. We also took into account responses from osteopaths who responded to our call for evidence last year.

What are the main changes?

We have retained the four existing themes of the OPS but have reduced the overall number of standards from 37 to 29. This has been done by combining some standards and moving others into guidance. We have also reviewed which theme the standards best fit, and have moved some accordingly. The guidance in relation to some key areas has been updated and enhanced, including:

- consent (A4)
- boundaries (D2)
- management of records (D5)
- and the duty of candour (D3).

We have also proposed combining the Standard of Proficiency and Code of Practice within the OPS.

What do you think?

We're keen to receive as much feedback as possible. There are a set of specific questions in relation to some standards and also some general ones such as:

- Are the standards clear and easy to use?
- Is anything missing?
- Are you happy with the updated

standards? If you are and don't have any further comment, there's a tick box for you to confirm that you approve the suggested revisions.

What happens next?

After the consultation, we'll analyse all the feedback received, and will work with stakeholders to produce a final version for Council approval and publication next year. There has to be at least a year between publication and implementation of the standards and we envisage that the updated *Osteopathic Practice Standards* will be published in 2018 and then come into effect from September 2019.

How to take part in the consultation:

- Our consultation website at: <http://standards.osteopathy.org.uk>
- Email standards@osteopathy.org.uk
- Or call 020 7357 6655 x242 for a paper form

Get our toolkit and discuss with colleagues and CPD groups

If you've already given us your feedback, why not share your thoughts with a colleague or your CPD group? We've developed a toolkit to make it easy to consider the consultation with others. Request a toolkit by emailing stowle@osteopathy.org.uk

This could count towards your CPD

Reviewing the standards and providing feedback can count towards your CPD, so record the time that you spend on this, either on your own or learning with others, for your next annual CPD summary form.



How to produce the best annual CPD summary form

Katarina Hunt, from the GOsC's Registration Team, carries out audits on annual CPD summary forms. Here she outlines how to ensure you include all the necessary information

It's important that osteopaths take steps to keep up-to-date professionally, keeping connected to peers and responding to the changing context of practice and the wider healthcare environment that impacts patients. Currently osteopaths need to carry out 30 hours of continuing professional development (CPD) each year – of which 15 hours must include 'learning with others' – which is relevant to their practice as an osteopath. Submitting an annual summary of CPD to the GOsC, is an important part of enabling the GOsC to support osteopaths to meet their professional standards.

Every year, 20 per cent of CPD forms

are randomly selected to be audited, to ensure that they comply with GOsC CPD guidelines. We also aim to carry out a more in-depth review with two per cent of osteopaths who are asked to present their CPD folder containing more detailed evidence in support of their CPD activities.

What happens if your form is audited?

Once you have submitted your form, it has a one in five chance of being selected for audit each year. The GOsC Registration Team analyses the selected CPD summaries and will contact you with one of the following three outcomes:

1. Your form is acceptable.

- 2.** Your form has been audited and given some guidance to help you complete forms in the future.
- 3.** A request for further information to re-submit your form to help you to meet the CPD requirements.

How to make sure your CPD form is acceptable

In order for a form to be acceptable, you will need to explain clearly what was done, and how this activity has specifically helped to improve your own professional skills in practice. This can't be assumed and needs to be written clearly so that the purpose and impact of the activity on your professional development is explicit.

What does an acceptable entry look like?

The form on this page shows an example of the kind of detail a group meeting should include.

The form on the next page is a real form, which the osteopath has given permission for us to print anonymously. You will see that they have detailed what they did for the category of learning by oneself as well as for the category of learning with others. They have also referenced some reading material that was used. The purpose of the activity is clearly defined and patient centred.

Start date:	<input type="text" value="13/06/2016"/>		
End date:	<input type="text" value="DD/MM/YYYY"/>		
Subject/topic:	<input type="text"/>		
Activity type:	<input type="text" value="Group meeting activity"/>		
Learning with others:	<input type="text" value="3 hours"/>	<input type="text" value="Select minutes"/>	
Learning by oneself:	<input type="text" value="Hours spent"/>	<input type="text" value="Select minutes"/>	
Venue:	<input type="text"/>		
Relevance:	<p>It was decided that a revision session would be beneficial regarding the assessment of pulses in clinic. A presentation using visual aids demonstrated the relevance, importance and location of all pulse points. Quality of pulses was discussed and their relationship to the heart along with amplitude and included information on bradycardia and tachycardia. A demonstration took place of the primary pulses that affect us as osteopaths in clinic. I felt that the evening reinforced my knowledge and ability to communicate to our patients the need for testing pulses when necessary.</p>		
	<p> Brief summary of between 10 and 150 words.</p>		
	<input type="button" value="Save Activity"/>		<input type="button" value="Cancel"/>



Tips for submitting an acceptable CPD form



- Read the CPD guidelines (bit.ly/gosc-cpd-guidelines), pages 14–20, before you complete your form. They can help you plan your CPD and to fill in your form.
- Submit your form online if possible instead of posting hard copies. Sometimes writing can be illegible, which can prove difficult during the audit process. It also saves you time and it is much easier to edit the form if it is typed rather than written.
- Add extra categories to your online form. Each section of the online form has a maximum word count of 150 words and it can be a challenge to provide the correct amount of detail succinctly. Remember that you can add as many categories as you need to. For example, if you have learned different things in each module of a longer course, you could fill in a separate category for each module.
- Cite resources used for reading/research/teaching preparation activities. It is important that these are stated, as they act as evidence of your reading activities. Full references are not required, the title and author will suffice. If you have read a number of articles/books and you are worried about the word count, it is useful to select two or three references to include in your summary.
- Clearly state how the activity has benefited your practice. Use examples such as: situations that arose in the clinical setting that led you to develop more knowledge in that subject area or patients who presented symptoms that you needed


guidance on, perhaps following discussion with a colleague (either an osteopath, other health professional or other professional) or further reading or research.


- Ensure that the summaries of the activities reflect the importance and significance of the activity.
- Enter activities to your form straightaway – don't leave it all until the end of the year. If you fill in your form as soon as each activity is completed, they will still be fresh in your mind and you'll be able to provide better detail about what occurred. This also means that you won't need to complete an annual CPD summary form in one sitting.
- Proofread your form before submitting. The audit process is not an examination and perfect grammar and spelling is not




Start date:  

End date:  

Subject/topic: 

Activity type: 


Learning with others: 

Learning by oneself:

Venue:

Relevance:

A patient came for routine treatment but unexpectedly said she suffered from symptoms of concussion after playing lacrosse 10 days previously. Although she had been checked by her GP, no longer had obvious symptoms and felt well in herself, she admitted that she 'didn't feel right' when she first attempted to do light exercise. I looked online for information and found the 'Scottish Sports Concussion Guidelines for grassroots sport and the general public' which gave clear advice on how to manage the return to sport. I later discussed with physiotherapy colleagues who had more experience in dealing with concussion about what to do in future. I drew up a letter format for patients to take to GPs, kept paper copies of the guidelines to give to patients and we also agreed to consider contacting a relative, friend or flatmate to inform them about what to do if symptoms worsened.

 Brief summary of between 10 and 150 words.

'Your form has a one in five chance of being selected for audit each year'



crucial. However, we often see mistakes like repeated entries or unfinished sentences, which can result in a lack of the necessary content on the form.

- Finally, remember to press the submit button after completing your form. It's a common mistake to forget this vital last step in the process, but means that your form doesn't reach the GOsC and can result in reminder notices and even on rare occasions, removal from the Register. The submit button only appears when you have demonstrated how you have completed the required 30 hours of CPD (including 15 hours of learning with others). After you've pressed the submit button, you should then receive an email acknowledging receipt – so make sure that we have your correct email address too.

What are the most common mistakes?

A lack of the necessary detail is the main reason that CPD forms have to be sent back for further information and to be re-submitted. Examples of common mistakes include:

- Listing topics discussed in a group meeting without any further description. While this shows what was covered, it doesn't provide the reader with any insight on how it was beneficial or why this activity was valuable for professional development.
- Claiming hours for one category without detailing how those hours were spent. Osteopaths will often claim CPD hours for the category of 'learning by oneself' without specifying what they did and what resources were used to aid their learning.



'Remember to press the submit button – or your form won't reach the GOsC'

Managing conflicts of interest

The GOsC and other health and care regulators have made a joint statement setting out the expectations of health and social care professionals in relation to conflicts of interest

Conflicts of interest can arise in any healthcare setting in situations where someone's judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest. In recognition of this and in response to: media coverage about actual or perceived conflicts of interest in healthcare; a new NHS England policy in this area; plus the increasing move towards multi-disciplinary healthcare practice, the nine regulators have worked

together for a consistent approach.

The joint statement is intended to support the standards for each profession, and any specific guidance that they issue in this respect. For osteopaths it provides additional context, but does not override the *Osteopathic Practice Standards*. The joint statement is being promoted to registrants, students and the public to ensure they know what can be expected. All registrants are being encouraged to reflect on their own learning and CPD needs regarding conflicts of interest.

Handling conflicts of interest

The expectations of health and social care professionals are that they will:

- Put the interests of people in their care before their own interests, or those of any colleague, business, organisation, close family member or friend.
- Maintain appropriate personal and professional boundaries with the people they provide care to and with others.
- Consider carefully where conflicts of interest may arise – or be perceived to arise – and seek advice if they are unsure how to handle this.
- Be open about any conflict of interest they face, declaring it formally when appropriate and as early as possible, in line with any policies of their employer or the organisation contracting their services where these exist.
- Ensure their professional judgement is not compromised by personal, financial or commercial interests, incentives, targets or similar.
- Refuse all but the most trivial gifts, favours or hospitality if accepting them could be interpreted as an attempt to gain preferential treatment or would contravene your professional code of practice.
- Where appropriate, ensure that patients have access to visible and easy-to-understand information on any fees and charging policies.



'Conflicts of interest can arise in any healthcare setting in situations where someone's judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest'

Osteopathic Practice Standards

There are two standards in particular which might impact on conflicts of interest and their management. These are:

D14 Act with integrity in your professional practice

- Supporting guidance to D14 sets out some examples of 'a lack of integrity in your practice', including prolonging treatments, putting pressure on patients to purchase products, or recommending services for financial gain.

D15 Be honest and trustworthy in your financial dealings, whether personal or professional

- Supporting guidance to D15 provides:



'You may recommend products or services to patients only if, in your professional judgement, they will benefit the patient'; and 'You should declare to your patients any financial or other benefit you receive for introducing them to other professional or commercial organisations. It also states that 'you should not let such organisations use your name for promotional purposes.'

More information and useful resources at:

1. Case studies from the other healthcare professions are available on the GOsC website:
bit.ly/gosc-conflicts-of-interest
2. *The Osteopathic Practice Standards*:
www.osteopathy.org.uk/standards/osteopathic-practice
3. The 7 principles of public life ('Nolan principles' May 1995) – apply to anyone who works in health or education. See:
bit.ly/cspl-principles

Any questions?



Please email standards@osteopathy.org.uk

Case studies: how some conflicts of interest could arise

To illustrate how conflicts of interest might arise, and how these might be managed, each regulator has developed example case studies. Please note that while the two situations below focus on an osteopath, they could also apply to a range of healthcare professionals who work in similar circumstances. The suggestions offered are examples, and are not an exhaustive list of all the possible solutions or courses of action.

Case study: payment of fees

David Joiner is a newly registered osteopath who joins a busy practice to work as a self-employed associate. The principal of the practice offers a promotion to patients where if they pay for 10 treatments in advance, they receive one treatment free. He asks David to actively promote this scheme to patients.

What did David consider?

David considers whether such a scheme might present a conflict between the commercial needs of the business, and the therapeutic needs of patients who might not actually need the full 10 sessions.

What did David do?

David explains his concerns to the practice principal, and asks what would happen in circumstances where patients do not need 10 sessions and request a refund of money paid up front. In talking this through, they realised that there could be a potential conflict of interest in this scenario and agreed that where 10 sessions are not required, this will be explained to the patient, and a refund given. For the future, the practice changes its promotion to offer a discount on the initial treatment fee to new patients recommended by existing patients, and on any tenth session only when this is required. They stop suggesting that patients pay for sessions in advance.

Case study: making referrals to a colleague

Lucy Dickens is an osteopath who runs a clinic where she also rents out treatment rooms on a sessional basis to other healthcare practitioners. One of these is an acupuncturist, who pays Lucy a 25 per cent share of any patient fees she receives when working at the practice.

What did Lucy consider?

Lucy frequently refers her patients to the acupuncturist who works in her clinic. She wonders whether it could be considered that her judgement in making such a referral might be influenced by the fact that she has a commercial interest in the acupuncturist seeing as many patients as possible, posing a potential conflict of interest.

What did Lucy do?

When discussing with a patient that she thinks they may benefit from acupuncture, Lucy makes it clear that although she has a colleague within her practice who can offer this, the patient should not feel under any pressure to see this person. The patient is able to decide whether to consult this, or another acupuncturist, or not to have acupuncture at all, and any decision they make will not affect the quality of any ongoing osteopathic care.

“There are no set scripts and no set patients”

Steven Bettles, GOsC Policy Manager, explains why effective communication with patients about risks is a clinical decision, rather than just a regulatory requirement

There is a perception amongst some osteopaths that effective communication with patients is a regulatory requirement imposed by the GOsC, rather than a central part of effective clinical practice.

OPS: Communication and patient partnership

The *Osteopathic Practice Standards* (OPS) set out clear expectations around communication within the ‘Communication and patient partnership’ theme. For example:

- A3 – ‘Give patients the information they need in a way they can understand’ – supported by guidance which stipulates: ‘You should inform your patient of any material or significant risks associated with the treatment you are proposing’.
- A4 – ‘You must receive valid consent before examination and treatment’, has extensive guidance, including: ‘The patient needs to understand the nature, purpose and risks of the examination or treatment proposed’.

These standards provide a framework within which osteopaths should work. To a large extent, they should represent the types of behaviours common to all healthcare professionals, and they aren’t unique to osteopathy.

Communicating risk

We sometimes hear from osteopaths who are unsure about the standards relating to communication, particularly for the communication of risk. Some have told us that they feel that such standards are an unnecessary complication and an unreasonable burden with which they must reluctantly comply. I have heard from osteopaths who say that if the GOsC requires them to communicate risks of



Steven Bettles

‘It’s no more the GOsC’s responsibility to tell osteopaths exactly what to say to patients, or to quantify risks, than it would be to interfere with other clinical decisions’

treatment to patients, then the regulator should make it clear exactly what osteopaths are expected to say, going as far as providing a standard script that can be used with all patients.

The requirement to inform patients of the risks of treatment, and to provide the information that they need isn’t just a GOsC requirement – it’s a legal one, most recently spelled out in a 2015

Supreme Court judgment known as the Montgomery case¹. This isn’t just about risks, it’s about finding out what is important to patients and factoring this into decision-making about their care. The Montgomery case also effectively ended the notion that practitioners can make decisions on a patient’s behalf, without discussion. For example, ‘My patients won’t want to know that there’s a minimal risk of severe side effects following a cervical manipulation’, really wouldn’t be a justifiable reason for not having this discussion.

Why communicating is a clinical decision

How and what osteopaths communicate with their patients is a clinical decision, and will be influenced by a range of factors, including the available evidence, the osteopath’s skills and experience, and the patient’s own values, preferences and beliefs. It’s the osteopath’s responsibility to ensure that they are sufficiently informed to discuss treatment options openly and honestly with patients, so that patients can make informed choices about their care.

It’s no more the GOsC’s responsibility to tell osteopaths exactly what to say to patients, or to quantify risks, than it would be to interfere with other clinical decisions. Standard C2, for example, states: ‘You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action’, and this is supported by guidance as to what this means in practice. It’s not the job of the GOsC to prescribe which orthopaedic or neurological assessments you should be carrying out in particular circumstances, or to approve particular techniques. These are your clinical decisions, therefore the same applies to what you communicate to your patients.

Information to help with patient discussions

Evidence around risks in osteopathy has certainly expanded over the last decade, and there is plenty of information available to inform discussions with patients about this. We have supported osteopaths by commissioning research into adverse events in osteopathy² and by making a range of publications available on the **o** zone, to help them keep up to date. The National Council for Osteopathic Research (NCOR) also provides resources to support osteopaths in communicating benefits and risks to patients³.

It can be challenging, of course, to talk to patients about what might go wrong, but then so can plenty of other aspects of osteopathic care. Communicating effectively should be seen as something that osteopaths need to learn, practise,

review, reflect on and develop in the same way as they do with other clinical skills.

Remember, this isn't just a regulatory compliance exercise – it's about effectively meeting the needs of patients as 21st century healthcare practitioners. It's about finding out what matters to patients, and giving them the information they need to reach informed choices about their health and care. There are no set scripts for this, in the same way that there are no set patients.

Join the debate

What's your view on communicating risks to patients? What information or resources have you found useful in this area? Is there a real-life case (anonymised) that you can share with other readers? Email any thoughts to editor@osteopathy.org.uk



More information:

1. Montgomery Judgment, see: cpd.osteopathy.org.uk/resource/what-is-valid-consent
2. See bit.ly/gosc-research-adverse-events
3. See: bit.ly/ncor-benefits-risks

You can also find resources, information and case studies about communication and consent on the new CPD website:

cpd.osteopathy.org.uk

Steven Bettles will be speaking about communication and consent at the Institute of Osteopathy 2017 Convention on 20 October, in London. See news on page 6.

'Communicating effectively should be seen as something that osteopaths need to learn, practise, review, reflect on and develop in the same way as they do with other clinical skills'



Reporting a concern about misuse of the title of osteopath

What happens when a concern about the use of the title of osteopath is reported?

Section 32 of the *Osteopaths Act 1993* makes it a criminal offence for an individual to describe themselves as an osteopath, either directly or by implication, while not on the GOsC Register.

In order for the GOsC to take action under Section 32, we require evidence that an offence has occurred. This can be fairly straightforward in cases where the individual has described themselves as an osteopath directly, for example in advertising on their website. In these cases we will make a formal record of the advertising material as evidence, and take appropriate action.

Section 32 prosecution carried out in 2017

The GOsC commenced a Section 32 prosecution against Mr Nigel Graham who was removed from the Register on 24 May 2016 following fitness to practise proceedings. On 24 January 2017, at Willesden Magistrates Court, Mr Graham pleaded guilty and was sentenced to a conditional discharge of 12 months. He was also ordered to pay a contribution towards our costs of £200. For more details, see: bit.ly/gosc-section32-jan2017

In cases that are not so clear cut, for example where the individual has described themselves as a 'musculoskeletal therapist' and listed 'osteopathic techniques' among other techniques used, we will only take action if we consider the individual is describing themselves as an osteopath *by implication*. Section 32 of the Act is aimed at protecting the title 'osteopath', rather than restricting the use of osteopathic techniques to only those on the GOsC Register. Unfortunately, this means we may not always be able to take action against individuals who are not registered osteopaths yet advertise the use of 'osteopathic techniques'.

'Every referral we receive is investigated promptly'



ISTOCK.COM / SUNNYGRAPH

What happens when a concern is reported?

Once we have evidence of a breach, we issue a 'cease and desist' letter to the offender, allowing them 28 days to address the issue. We seek to deter offenders and encourage ongoing compliance with the law. At any one time we are managing around 24 active cases. However, most of those we write to cooperate and are willing to alter their advertising, as a result most cases – an estimated nine out of 10 cases – are resolved promptly and amicably.

What factors affect the decision to prosecute?

If the offender doesn't cooperate, we will issue a second warning letter – and if they still persist, we will consider a prosecution. There are a number of factors we must take into account when determining whether to initiate a prosecution:

1. We must have evidence that the offence has taken place within the last six months. For example, we must have

a record of a website screenshot taken in the past six months, or a witness statement confirming that the individual described themselves as an osteopath to the witness in the past six months.

2. We must assess whether we have sufficient evidence for a realistic prospect of securing a conviction.
3. Where there is sufficient evidence to provide a realistic prospect of conviction, the public interest in prosecuting must also be considered. The GOsC's role and the purpose of a 'protected title' are to protect the public. Therefore, a prosecution will not be brought unless it is in the public interest.
4. Factors we will take into account include whether: the offence was committed intentionally or by mistake; the prosecution is likely to have a significant effect on maintaining public confidence in the profession or in deterring others from offending; a member of public was harmed, and whether a prosecution is a proportionate response to the conduct leading to the offence. We focus on title misuse that presents a risk to patient safety and public protection. The GOsC is funded by Registrants' fees, which we have a duty to use responsibly. The costs of a prosecution can be high and we will therefore normally seek to recover our full costs when we have successfully prosecuted an offender.

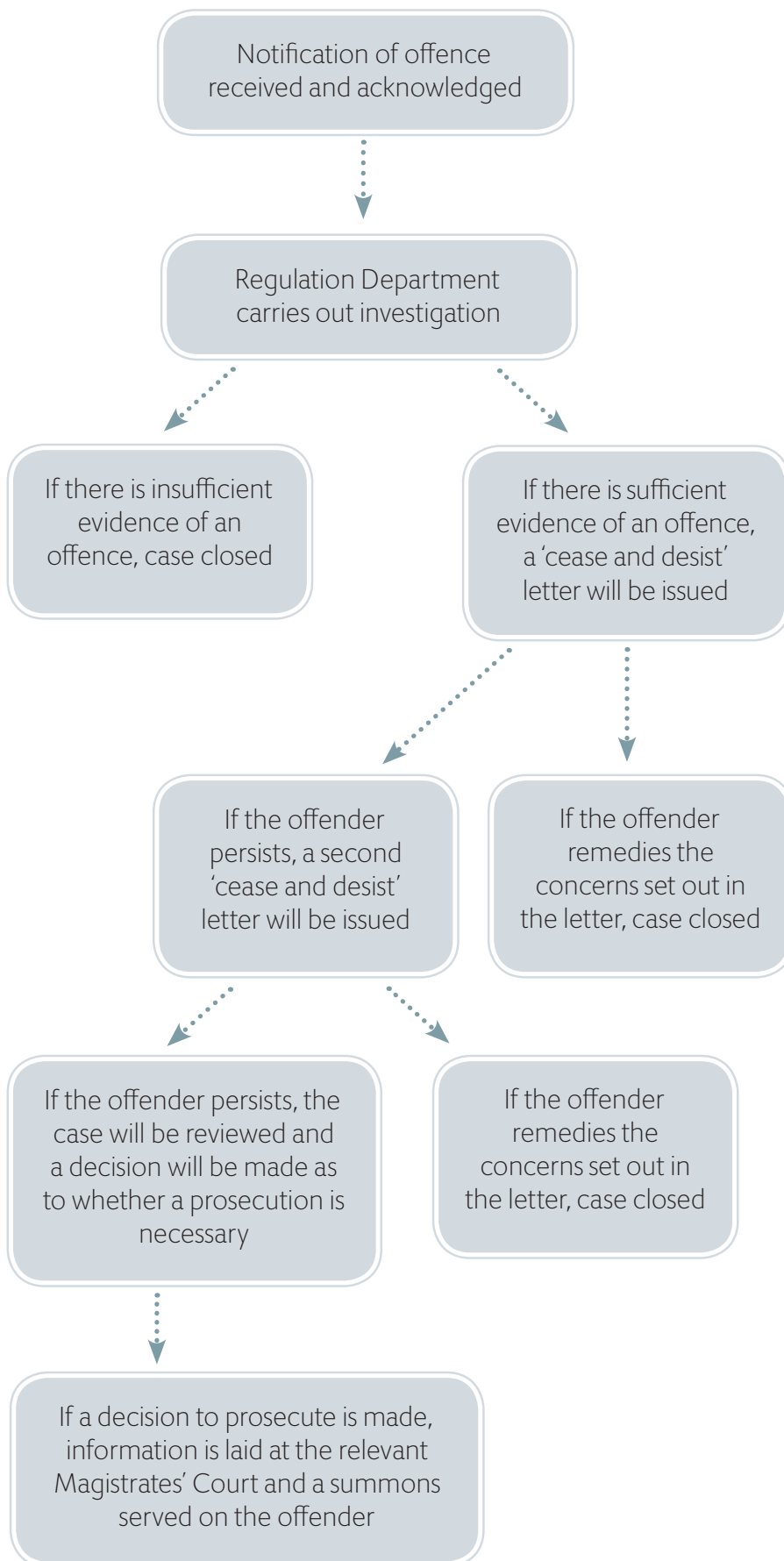
How to report a Section 32 concern

If you have information about an individual claiming to be an osteopath while not on the GOsC Register, please contact our Regulation Department on: 020 7357 6655 x237 or email: shagon@osteopathy.org.uk

All referrals are investigated promptly

The nature of our investigations means that we usually can't update informants on the progress of cases, but every referral we receive is investigated promptly and in accordance with our enforcement policy. See: bit.ly/gosc-protecting-osteopath-title

What happens when a Section 32 concern is reported?



Trigger points and their use in osteopathic practice

Carol Fawkes, Senior Research Officer at the National Council for Osteopathic Research, summarises papers on the use of trigger points in the management of patients' symptoms

At recent meetings of the Exeter, Bristol, and Leeds NCOR research hubs we have been looking at papers concerning the use of trigger points in the management of patients' symptoms. The summary here is based on a selection of those papers.

How the concept of trigger points evolved

Many osteopaths see patients on a daily basis for whom pain, which is thought to be of musculoskeletal origin, is the primary complaint (Fawkes et al, 2014). In some instances it is challenging to be able to make a definitive diagnosis as to the cause of the symptoms, and this is frequently ascribed to the presence of trigger points (Shah et al, 2015). Symptoms of musculoskeletal origin are more commonly referred to as 'myofascial': this term has evolved from descriptors like 'fibrositis' to reflect that both muscle and fascia are both likely to contribute to such symptoms (Shah et al, 2015).

The concept of trigger points evolved from work by Dr Janet Travell, a United States physician with an interest in spinal manipulation. She

co-authored the Red Bible which included a two-volume manual of trigger point application (Travell and Simons, 1983; Travell and Simons, 1992).

What are trigger points?

Originally, the diagnostic criteria for identifying trigger points included a series of items. Although the original criteria have been modified, Lucas et

al, 2009 reported that current thinking includes a set of different criteria, and old, modified, and current are shown in Table 1 below.

Trigger points are classified as 'latent' (asymptomatic) or 'active' (symptomatic). After examination, clinicians determine into which category trigger points of interest fall. Simons, and Tough et al, make the assertion that for a trigger point to be

Original diagnostic criteria	Modifications to the original criteria	Current diagnostic criteria
Tenderness within a taut band	Reproduction of pain by palpation of the tender point within the taut band, and reported by patients to be a familiar pain	Presence of a hyperirritable nodule within a taut band of skeletal muscle
Referred pain in a predictable pattern on palpation of the taut band	A local twitch response with "snapping" palpation of the taut band	Palpation of the hyperirritable nodule evokes tenderness
Painful limited range of movement	Patients' quick retraction from palpation of the taut band (known as the "jump sign")	Palpation of the hyperirritable nodule produces referred pain

Table 1



‘Trigger points have been used in the management of a wide range of symptoms and conditions’

points develop. Travell and Simons suggested this was due to muscle overload and overuse (Travell and Simons, 1992). The Cinderella Hypothesis describes how symptoms may arise from muscle recruitment patterns undergoing continual activation during the type of submaximal load frequently employed within the work activities of office workers, dentists, and musicians (Hagg, 1991). This hypothesis has been supported by a range of studies (Shah et al, 2015). A mechanism for the development of trigger points has been proposed involving a decrease in intramuscular perfusion from the sustained low level muscular contraction. This, in turn, may produce ‘ischaemia, hypoxia, and insufficient ATP synthesis in type 1 motor unit fibres which are responsible for increasing acidity, Ca²⁺ accumulation, and subsequent sarcomere contraction. This increased, sustained sarcomere contracture may lead to increased perfusion, increased ischaemia, and hypoxia, resulting in a vicious cycle that may possibly result in the formation of trigger points (Shah et al, 2015). It has been proposed that as a result of this process, several sensitising substances may be released leading to local pain and muscle tenderness.

active, it must be possible to reproduce the patient’s pain by palpation of the tender point within the taut band (Simons, 2004; Tough et al, 2007).

Other investigative approaches have been used in the examination of trigger points including microdialysis, biopsy, imaging techniques, and electromyography (Lucas et al, 2009).

Reliability of diagnosis

Despite the widespread promotion of trigger points as an important source of musculoskeletal symptoms, no accepted reference standard for their diagnosis exists. Data concerning the reliability of physical examination for detection of trigger points is conflicting. In their systematic review of the reliability of trigger point diagnosis, Lucas et al, identified nine full text studies meeting their inclusion criteria for review (Lucas et al, 2009). They reported that reliability

estimates were generally higher for such subjective signs as tenderness, and pain reproduction. In contrast, reliability estimates were lower for objective signs including taut band and local twitch response. They noted the limited number of studies available for review and the methodological challenges posed by many of the studies examined. This led the research team to conclude that physical examination cannot be recommended as a reliable diagnostic test, and further investigation involving high quality studies is required. This view supports the findings from an earlier review by Myburgh et al, which looked at manual palpation in the identification of trigger points (Myburgh et al, 2008).

Physiological explanation of what occurs

Several hypotheses have been introduced suggesting why trigger



Conditions in which trigger points have been used therapeutically

Trigger points have been used in the management of a wide range of symptoms and conditions. They have been treated using manual pressure, employing dry needling or acupuncture, or with injection therapies. In their 2016 publication, Dommerholt et al described 24 separate studies investigating the management of a range of disorders including temporomandibular joint disorders, as an adjunct to patients receiving advanced cancer care, chronic pelvic pain, lateral epicondylalgia, head and neck pain, orofacial pain, spasticity in the shoulder girdle in patients who had experienced a stroke, and shoulder pain.

Some safety studies were reported with particular reference to acupuncture and injuries from needling (Dommerholt et al, 2016). The authors noted the variation in the methodological approach and quality of the studies although the wider application of trigger points to a large range of conditions make this an interesting summary.

In other studies, Palacios-Ceña et al describe their investigation into the association between the number of trigger points in patients with frequent episodic or chronic tension-type headache (Palacios-Ceña et al,

2017). No association was identified between the number of trigger points and the burden from the headache, or between the presentation of the tension-type headache.

Key messages from the studies reviewed

- It's important to refer to the most recent diagnostic criteria (Table 1)
- No study has reported the reliability of identifying the exact location of active trigger points
- The therapeutic management of trigger points has been reported in a range of studies of varying methodological quality
- A range of hypotheses have been suggested focusing around muscle recruitment patterns during submaximal exertions with moderate to low physical load
- The soft tissue milieu around trigger points involving inflammatory, sensitisation, and limbic system dysfunction may contribute to the expression of symptoms.

i This summary covers only a brief selection of the literature. If you'd like to look at more of the papers discussed, see: bit.ly/NCOR-Bristol-hub-papers2016

There are four NCOR research hubs around the country, where osteopaths meet informally every two to three months to discuss topics of their choice. If you are interested in joining a hub, please email c.fawkes@qmul.ac.uk

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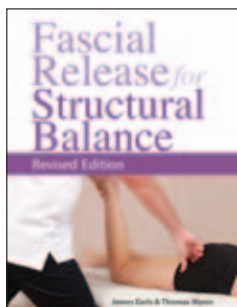
Bookshelf

A selection of illustrated reference books for osteopaths

Fascial Release for Structural Balance

Authors: James Earls and Thomas Myers

Lotus Publishing (2017)
ISBN: 978-1-905367-76-4
312 pages



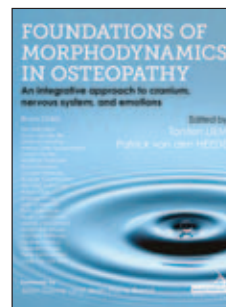
This revised edition expands its library of techniques and includes the most current research. It offers a detailed introduction to structural anatomy and fascial release therapy, including 'bodyreading' – global postural analysis – coupled with complete technique descriptions. The book features 150 colour photographs to demonstrate each technique. The authors, who are

both bodywork professionals, argue that approaching fascial restriction requires: "a different eye, a different touch and tissue-specific techniques."

Foundations of Morphodynamics in Osteopathy

Edited by Torsten Liem and Patrick van den Heede

Handspring Publishing (2017)
ISBN: 978-1-909141-24-7
600 pages



This book covers the underlying principles of osteopathic palpation from a biodynamic and morphodynamic perspective and their application in the cranial and spinal cord. It emphasises the importance of considering the patient's inner consciousness as well as their physical self, discusses epigenetic influences and explores new insights into the role played by biological

rhythms. Liem, who is Joint Principal of the German School of Osteopathy, has gathered a team of 25 international teachers and practitioners to contribute to this book.



If you would like to review either title (in exchange for a free copy), email: editor@osteopathy.org.uk

Book reviews



Essential Guide to the Cervical Spine, Volume 1: Clinical Assessment and Therapeutic Approaches

Rafael Torres Cueco

Elsevier (2016), 440 pages
ISBN: 978-0-702046-094

Reviewed by Simon Webborn
DO Lic Ac

This is the first of a two-volume guide to assessing and treating disorders of the cervical spine and the review of the second volume will be published in a future issue of

the osteopath magazine. The two volumes are the compilation of research and scientific chapters brought together by the editor and author professor Rafael Torres Cueco. He is an eminent physiotherapist with a strong emphasis on manual therapy and manipulation, and has invited specialists in certain fields to contribute to his books.

Volume 1:

In this world of research and evidence-based practice, the clinical art and skills required for the delivery of assessment and safe treatment of the patient can often be forgotten and not written about. The author is promoting the use of manual therapy and the clinical reasoning of a therapist to diagnose, evaluate and treat a patient.

This book has a natural progression from evolutionary anatomy, clinical anatomy, biomechanics, clinical pathophysiology and evaluation and treatment approaches to the cervical spine.

Chapter 2 is a very in depth anatomy section with excellent information on the zygapophyseal joints and alignment, orientation, size and volume of synovial fluid.

The chapters (5) on joint dysfunction and (6) clinical evaluation of the patient are the crux of this book and any newly qualified or experienced osteopath will gain some much needed authority on this subject matter by reading these.

Chapter 8 describes clinical evaluation and dysfunctional evaluation as the two parts necessary for an evaluation of the patient. During any initial contact with a patient these skills should start a filtering

process of observation and extraction of information so in effect, the case history will start the moment you see your client for the first time. This chapter is a valid refresher to the process of writing the case history. Descriptions and photos are used for the cranial nerve tests.

By Chapter 12, *Manual therapy of the cervical spine*, we are on very familiar ground and much of what is described and shown in photos is bread and butter to an osteopath and indeed has been taught and illustrated by Professor Laurie Hartman and others.

The early chapters on cervical spine biomechanics has excellent line drawings and X-ray and MR reproduction, while a later chapter (14) is a concise piece which documents an overview of myofascial pain syndrome and myofascial trigger points.

Courses 2017/18

Courses are listed for general information; inclusion does not imply approval or accreditation by the GOsC. For a comprehensive list of courses, see the events diary on the **o** zone at: bit.ly/ozone-events

November

4

The nervous system of the fluid body

Speakers: Clare Ballard and Mary Monro
Venue: New Oriel Hall, Bath
Tel: 01453 767607
admin@scco.ac
www.scco.ac

4-5

Functional stretching

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

5

Bump to baby, part 2: abdomen, thorax and peripheries

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

10-12

SCCO Pathway module 6: living, breathing bone

Speaker: Jane Easty
Venue: Columbia Hotel, London W2
Tel: 01453 767607
admin@scco.ac
www.scco.ac

12

Managing the crisis of healing

Speakers: Howard Beardmore, Stephen Gamble and Dr Jayne Donegan
Venue: Reading, Berkshire
Tel: 01189 885293
biosteoltd@gmail.com
<https://v1.bookwhen.com/72k3q>

13

Muscle energy techniques

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

15

Kinesiology taping for the athlete

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16

Importance of foetal positioning

Speaker: Prof Renzo Molinari
Venue: Imperial College – London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

18

Management of the TMJ joint and disorders

Speaker: Danny Church and Ben Calvert-Painter
Venue: London School of Osteopathy
info@cpd-today.co.uk
www.cpd-today.co.uk

18

SCCO Pathway module 10: integrating cranial into practice

Speaker: Alison Brown
Venue: University College of Osteopathy, London SE1
Tel: 01453 767607
admin@scco.ac
www.scco.ac

18

Nutritional management of age-related declines in musculoskeletal health/ Holding back the years: diet and exercise strategies

Speaker: Professor Adam Cunliffe
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

18-19

SCCO Pathway module 1: Foundation course

Speaker: Penny Price
Venue: Shrewsbury, Shropshire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

18-19

Hartman's masterclass in manipulative techniques: lower body

Speaker: Professor Laurie Hartman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

22-23

Advanced soft tissue techniques masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

22-24

Barral's advanced abdomen and pelvis

Speaker: Jean-Pierre Barral
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

24-26

Harmonic technique

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

25-26

Functional upper extremity

Speaker: Chris Wilkes
Locker 27, Addlestone, Surrey
Tel: 07971 917151
chris@thirst4function.com
www.thirst4function.com

27

Knee joint masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

28

Hip and groin masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

29

Cervical spine masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

30

Shoulder joint masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

December

2-3

Spinal & peripheral mobilisation

Speaker: Ben Calvert-Painter and Danny Church
Venue: London School of Osteopathy
info@cpd-today.co.uk
www.cpd-today.co.uk

9

University College of Osteopathy International Education Conference 2017 – Tomorrow's osteopaths: strengthening the foundations of osteopathic education

Venue: Hilton Bankside Hotel, London, UK
www.uco.ac.uk

4

Neurological testing masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

7-10

Pelvis, sacroiliac joint and lumbar spine masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

14-17

Acupuncture techniques for sports injuries – Level 1

Speaker: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

2018

January

14

'The miserable baby', Part 1 – treating feeding and digestive disorders in babies

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

25

Functional origins of women's health problems

Speaker: Prof Renzo Molinari
Venue: Imperial College – London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

February

3-4

SCCO paediatric pathway 2: neurology

Speakers: Mark Wilson & Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@ssco.ac
www.scco.ac

9-11

Osteopathy in the cranial field: module 2 'mini'

Speakers: Susan Turner
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01453 767607
admin@ssco.ac
www.scco.ac

11

'The miserable baby', Part 2 – further treatment approaches to the unsettled baby

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

15-18

Osteopathic medicine

Speakers: Lynn Haller
Venue: Hawkwood, Stroud
Tel: 01453 767607
admin@ssco.ac
www.scco.ac

24-25

SCC Foundation Course: Module 1

Speakers: Penny Price
Venue: Crista Galli, London
Tel: 01453 767607
admin@ssco.ac
www.scco.ac

25

'Bump to baby', Part 1 – treating the pregnant patient

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

April

24

Labour and baby dysfunctions

Speaker: Prof Renzo Molinari
Venue: Imperial College – London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

28-29

SCCO paediatric pathway 3: orthopaedics

Speakers: Mark Wilson & Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@ssco.ac
www.scco.ac

May

26-27

The midline in everything

Speaker: Michael Kern DO
BCST ABD ND
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
Tel: 07000-785778
info@cranio.co.uk
www.cranio.co.uk

September

15-16

SCCO paediatric pathway 4: endocrine & chromosome

Speakers: Mark Wilson & Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@ssco.ac
www.scco.ac



Check out courses on the o zone

For a comprehensive list of courses, see the events diary on the o zone at:
bit.ly/ozone-events

Classifieds

Osteopath required: Cambridgeshire

Osteopath required for busy multidisciplinary clinic in Cambridgeshire. All day Wednesdays plus between two and four Saturday mornings a month. Potential for Tuesday and Friday afternoons also. All applications considered. See: www.chatterisosteopaths.co.uk Email: lee@chatterisosteopaths.co.uk

Osteopath required: Carlisle

On the edge of the stunning Lake District. Full-time position available in busy osteopathic practice working alongside seven osteopaths. Lots of opportunity for free in-house CPD as well as pursuing outdoor activities in the local area. Guaranteed minimum income of £25k pro rata. For more information on the practice: www.wsqo.co.uk If you're interested contact Navin or Anna on: **01228 524 701** or email us on: contact@wsqo.co.uk

Osteopath required: Cheam, Surrey

Opportunity for an osteopath who is caring, enthusiastic and committed to join a multi-disciplinary practice established 40 years. You should be self-motivated and willing to promote both yourself and the practice. Initially, one day per week, increasing to three days a week over the next year. email CV to: fdpenwarden@icloud.com

Osteopath required: Hayes, West London

The Penn Clinic, established for almost 50 years, is looking to recruit a part-time osteopath

for this busy clinic in Hayes, West London. New graduates will be considered. Please contact David Lloyd **0208 848 9457** pennclinic@yahoo.co.uk

Osteopath required: Kent

Osteopath required to work at least three afternoons per week, from 2pm until 6pm in Hythe, Kent. Must have good HVT and soft tissue skills as mainly structural work. Would suit structural/classical osteopath. Call **07851 691988** after 7pm or email clivegiblin@yahoo.co.uk

Osteopath required: Okehampton, Devon

Opportunity to build a list one to two days a week within a busy friendly practice where the principal is working to capacity. Full reception provided. Structural approach with emphasis on soft-tissue/sports therapy helpful. Contact Jo: williamsosteopathy@gmail.com **01837 659789**.

Osteopath required: Leek, Staffordshire

Leek Osteopathic Health Centre is looking to employ a highly motivated osteopath. Excellent structural techniques alongside patient care are essential and you must be able to work as part of a happy team. An interest in the Perrin Technique for ME/CFS/IVM approach not essential but may be advantageous. CPD mentoring and administration support provided. Further information email: helen@leekosteopaths.com

Osteopath required: Snowdonia

Qualified osteopath required in beautiful Snowdonia. We are looking for an enthusiastic osteopath with good structural skills. Days and hours to be discussed. Possible partnership/owner potential considered. Practice has been established since 1989 and is highly respected. Come and join our busy and friendly multi-disciplinary team in an idyllic setting within Snowdonia - surrounded by mountains and beaches and everything in-between! Enquiries and CVs to: info@harboursideclinic.co.uk

Osteopath required: Surrey

Osteopath required for multi-disciplinary clinic near Leatherhead, Surrey. Part-time, room rental basis - hours to suit. Please phone **01932 226639**

Osteopath required: Surrey

Are you a consummate professional, team player, dedicated to your professional values and have the abilities to provide the premium level of clinical care required in private practice? If you have a minimum of five years' experience and meet the placement criteria, we would be interested in speaking with you about taking over a fully established patient base. The position is available on Wednesday and Friday afternoons and evenings with the opportunity to further develop the existing patient base. We offer excellent remuneration, CPD courses and ancillary support for the successful practitioner. Please forward your covering letter and CV to: practicemanager@back2health.biz

Associate osteopath required: Basingstoke, North Hampshire

An associate position opportunity exists for a reliable, highly motivated

osteopath to join our clinic. We're looking for Wednesdays and Thursdays (possible third day TBD). You should be looking for a longer term position with scope to grow your list within the practice. You must be confident to work alone. CPD opportunities and support are in place, allowing you to evolve as a practitioner. Is this a role you can commit to? If so, please send a cover letter with CV to Lisa Ives: enquiries@healththerapies.biz

Associate osteopath: East Yorkshire.

An opportunity has arisen for an osteopath to join the friendly, multi-disciplinary team as soon as possible at The West-Gate Clinic in the expanding town of Drifffield. The successful applicant must be well motivated, enthusiastic, have a desire and ability to expand the patient base and contribute to the development of the practice. Experience in acupuncture would be an advantage. They will take on a well-established and growing patient list, working initially three to four days per week with an opportunity to increase to a full-time position. Apply with CV please to: irene1152@btinternet.com

Associate osteopath: Glasgow

A fantastic opportunity to take over a list of 40-45 patients/week working five days from one main site in the central financial district. Seeking a reliable, enthusiastic, friendly osteopath, who has good diagnostic/communication/patient management skills. CV/enquiries to: hello@glasgowcityosteopaths.co.uk

Associate osteopath required: Barbados

Sea, sand and sun! Come work and live in an island paradise! This is a unique, full-time opportunity to

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Please contact John Wheaton - 01223 378 001 or theosteopath@cpl.co.uk

work in a busy and rapidly growing clinic in Barbados. The position would suit an ambitious and motivated person with a broad range of osteopathic skills and other interests. The successful candidate must be willing to commit to a two-year contract with the likelihood of an extension, and hold the following credentials: professional degree of osteopathy; current registration to practise in home country or GOsC registered; an interest in cranial, visceral, paediatrics and sports would be an asset; good organisational skills required. A professional and supportive environment is on offer, with mentoring provided by principal. Please send your CV to 360osteopathicclinic@gmail.com.

Practice for sale: Herefordshire

Nicholas Handoll is retiring and selling his long-established clinic in Ross-on-Wye. Offers invited. See: www.rossclinic.co.uk
Contact: nicholas@handoll.org

Practice for sale: Kent

Osteopathic practice in Tonbridge, Kent. Turnover in excess of £125,000 per annum. Price £125,000. Established for over 25 years. Also for sale 25% of Practice building freehold in this successful multidisciplinary clinic. Please email: c.bowman@btconnect.com with a copy of your CV if interested.

Practice for sale: West Argyll

Lovely, established practice for sale, includes freehold business premises, goodwill and all fixtures/fittings. Owner retiring and moving away. Stunning location in West Argyll. Please contact: willow.clinic@icloud.com for our brochure.

For sale: mobile treatment couch.

Akron model No 3522 with face hole. Electric backrest. Colour beige, user manual. Couch unused due to circumstances. Reliable and attractive. Call Marlow **483335, £500 ono.**

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theosteopath@cpl.co.uk

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MATWORK LEVEL TWO - Class Instructor

11 Nov (2day)	Cheshire
02 Dec (2day)	Nuneaton
09 Dec (2day)	Falkirk

MATWORK LEVEL THREE - Inter/Advanced

04 Nov (2day)	Cornwall
11 Nov (2day)	Liverpool
11 Nov (2day)	Dublin
11 Dec (2day)	London
14 Dec (2day)	Falkirk



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04 Nov	All the Small Balls
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10 Nov	Healthy HIT 2
11 Nov	Pilates for Osteoporosis
11 Nov	Reformer on the Mat with Tube Band
16 Nov	Pilates for Children & Young People
02 Dec	PINC & STEEL: Next Steps
08 Dec	Reformer on the Mat with Tube Band

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FEATURED COURSES

Module 6: Living, Breathing Bone

Leader: JANE EASTY



This course explores the physical trauma seen daily in patients. The fluid and energetic nature of bone is examined with detailed clinical emphasis on how trauma affects its delicate physiology and ability to dissipate force.

Columbia Hotel, London non-res
10–12 November 2017 £845

Module 10: Integrating Cranial into Practice

Leader: ALISON BROWN



A day course designed to help you to integrate cranial work into your existing osteopathic practice, and to give you the confidence to communicate effectively with your patients. *An excellent progression from Module 2.*

UCO (formerly BSO), London day
18 November 2017 £165

Module 2 ESO 'Mini': Osteopathy in the Cranial Field

Leader: SUSAN TURNER



A trial version of our flagship **Osteopathy in the Cranial Field** course designed for ESO graduates as entry onto our Fellowship programme. *Also open to those who have taken M2 and wish to refresh their skills.*

ESO Campus, Maidstone non-res
9–11 February 2018 £580

OCTOBER 2017

Paediatric 1: Obstetrics

res/non-res
£599/£549

Leaders: MARK WILSON & HILARY PERCIVAL

In this course we seek to understand the intimate connection between mother and baby initiated by conception and pregnancy, and examine how these processes might alter a child's capacities and destiny.

28–29 October 2017 Hawkwood, Stroud

FEBRUARY 2018

Paediatric 2: Neurology

res/non-res
£599/£549

Leaders: MARK WILSON & HILARY PERCIVAL

This course, which can be taken as a standalone course or as part of the Paediatric Pathway, covers issues surrounding premature babies, cerebral palsy, epilepsy, motor development, and sensory integration; among others.

3–4 February 2018 Hawkwood, Stroud

NOVEMBER 2017

Nervous System of the Fluid Body

day
£70

Leader: MARY MONRO

This 1-day course will explore the vascular endothelium, its role in conditions such as diabetes, cardiovascular disease and dementia, and how we can contact it to influence the health of our patients.

4 November 2017 New Oriel Hall, Bath

Module 3: Osteopathic Medicine

res/non-res
£1250/£950

Leader: LYNN HALLER

Are we as familiar with the internal milieu of organs and systems as we are with the musculo-skeletal? This truly holistic course will increase your confidence in treating a wide range of conditions.

15–18 February 2018 Hawkwood, Stroud

DECEMBER 2017

Rollin Becker Memorial: Lecture & Workshop Lect W/shop

£25 *£165

Leader: DR. GERALD POLLACK

This year's RBML Lecture and Workshop will be on the fascinating subject of The Fourth Phase of Water: Beyond Solid, Liquid and Vapour, and how it explains common, everyday phenomena which are often seen but rarely understood.

2 December 2017 [Lecture] Imperial College, London

3 December 2017 [Workshop] BCOM, London

Start your Fellowship journey with MODULE 1: Foundation Course

non-res
£275

Leader: PENNY PRICE

Have you ever wondered about the anatomy above the atlanto-occipital joint? Or what influence the structures within the head, neck and pelvis may have on the rest of the body? Allow us to introduce you to Osteopathy in the Cranial Field.

18–19 November 2017 Shrewsbury Osteopaths, Shrewsbury

24–25 February 2018 Crista Galli, London

14–15 April 2018 Still Point, Bath

16–17 June 2018 Crista Galli, London

Some courses have a minimum entry requirement, please call us for further details.

** Discounts are available for paid Fellows and Members.*

Buteyko Breath Training and Nutritional Assessment in a Holistic Osteopathic Practice

Led by: Michael Lingard BSc Hons DO

Date: Saturday 11 to Sunday 12 November 2017

Cost: £295 (includes lunch and refreshments) - **Limited early bird discounts**

This workshop aims to give osteopaths additional clinically proven therapeutic aids to enhance their holistic practice. The breath work, dietary screening and physical therapy will provide a powerful therapeutic service for all your patients that will help them take more responsibility for their own health.



Psycho-emotional Aspects of Osteopathic Treatment

Helping you establish and maintain a healthy work-life balance

Led by: Dr Robert Shaw

Date: Saturday 24 to Sunday 25 February 2018

Cost: £280 (includes lunch and refreshments)

This course will help practitioners better understand the psychological aspects of osteopathic practice and some of the difficult interactions that can sometimes occur. It will provide some psychological tools that will help practitioners protect themselves emotionally, aid the management of therapeutic relationships and help to establish and maintain a healthy work-life balance.



Serge Paoletti presents; The Fascia

Some dates for your diary

Date: Part 1: Friday 21 to Sunday 23 September 2018

Part 2: Friday 25 to Sunday 27 January 2019

Cost: £400 for each Part (includes lunch and refreshments) - **Limited early bird discounts**

The purpose of this course is to demonstrate the subtleties of fascia, their mode of operation and action. Through embryological, anatomical, physiological and biological study delegates will discover various treatment options and will discuss the latest research to allow us to push back our therapeutic possibilities. For full course details please visit the ESO website.



ANIMAL OSTEOPATHY (Canine and/or Equine) Diploma courses start October 2017

This exciting new programme is designed for those who have already undertaken training in animal osteopathy* and are able to demonstrate a thorough understanding of basic osteopathic assessment and treatment (including gait analysis, articulation, soft tissue and stretching). **Delivered over 5 months**, our Diploma course provides hours of hands-on practical with live animal models. It is intended to enhance participants' knowledge of functional anatomy, neurology (and neurological testing) and pathology; orthopaedics (with associated osteopathic testing) and integrated thinking. This course will teach students how to evaluate their clinical findings, test appropriately and treat with advanced techniques, such as Balanced Ligamentous Tension/fascial techniques, toggles and low velocity thrusts.

Canine pathway: October 28, December 2 2017, January 6, February 10 & March 17 2018

Equine pathway: October 29, December 3 2017, January 7, February 11 and March 18 2018

Choose one 5-day pathway (Canine or Equine) for £999 / attend both for £1,998 (flexible payment option available)

* Includes ESO foundation courses. For those without formal qualifications, an RPEL (Recognition of Prior Experiential Learning) process is available. Please note if you are not an osteopath, you may not use the term 'osteopath' or any such variation when advertising your services in the UK. Due to higher running costs, all animal courses are subject to sufficient delegate bookings.

CONTACT US:

European School of Osteopathy, Boxley, Maidstone, Kent, ME14 3DZ

Tel: +44 (0)1622 760816 or Email: cpd@eso.ac.uk

www.eso.ac.uk

EuropeanSchoolofOsteopathy ESOMaidstone



CPDO 2017-18

Professional Development for Manual and Physical Therapists

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cpd@cpdo.net

Date	Topic	Lecturer	Cost	Deposit	CPD points
21-22 Oct	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	Fully booked		14
4-5 Nov	Functional stretching	Dr. Eyal Lederman	£275	£150	14
18 Nov	Nutritional management of age related declines in musculoskeletal health & Holding back the years Diet and exercise strategies to increase health-span	Prof. Adam Cunliffe	£125	£125	7
18-19 Nov	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	Fully booked		14
22-24 Nov	Barral's advanced abdomen and pelvis	Jean-Pierre Barral	Fully booked		18
24-26 Nov	Harmonic Technique	Dr. Eyal Lederman	£385	£200	20
<hr/>					
27 Jan 18	Tissue repair: implication to manual therapists	Prof. Tim Watson	£125	£125	7
27 Jan 18	The spinal care revolution: a process approach	Dr. Eyal Lederman	£125	£125	7
23-25 Feb 18	Functional neuromuscular rehabilitation: science based osteopathic approach	Dr. Eyal Lederman	£385	£200	18
28Feb-2Mar18	Barral's vascular-visceral manipulation	Jean-Pierre Barral	£695	£395	18
24-25 Mar 18	Advanced MET: management of spinal, respiratory & pelvic dysfunction	Leon Chaitow	£355	£250	14

Functional Stretching

Dates: 4-5 Nov 2017

Dr. Eyal Lederman

- In many musculoskeletal conditions traditional stretching methods have limited influence on range of movement
- In chronic neck and low back conditions the experience of stiffness is associated with range sensitisation not tissue shorting or loss of extensibility. In these conditions traditional stretching approaches are ineffective in alleviating the experience of stiffness

Find out why and how to resolve these and many other clinical challenges

Explore the fascinating science of stretching

Develop new skills and enhance your clinical success



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Leon Chaitow & Laurie Hartman Comparison of Neck Management



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Upcoming courses:

Cervical Spine Risk Assessment & Consent – 14 Oct

Conference: Clinical Risk in Older Adults – 14 Oct

Osteopathic Refresher – 28 Oct

Emergency First Aid – 28 Oct

Clinical Mat-based Pilates: Foundation – 28 Oct & 27 Jan

Pain & Pharmacology – 10 Nov

Advanced Ergonomics – 25 Nov

Still Technique Part 1: Introduction – 26 Nov

International Education Conference – 9 Dec

Applied Biomechanics of the Lower Limb – 13 Jan

Still Technique Part 2 – 14 Jan

**“Great content throughout and very well delivered.
I’ll be telling everyone about it. Fantastic!”**

– delegate, Cervical Spine Risk Assessment & Consent

Spirituality In Osteopathy

This workshop will explore the spiritual journey of Andrew Taylor Still, and how it was essential to his clinical practice. We will look at some of his lesser known writings and use them as the basis for our practical sessions.

We will also compare his approach to other traditions, and participants will come away with skills and techniques to enrich their palpation, technique and patient communication. The course is suitable for practitioners of all levels, and plenty of support will be given!

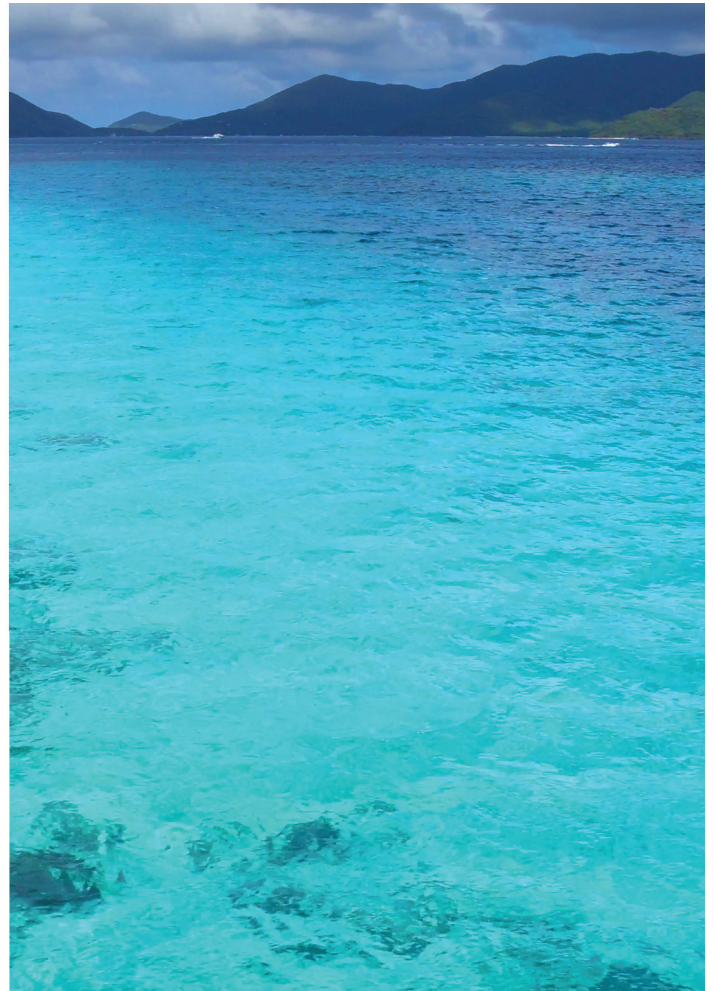
Course leader Connie Mansueto has 25 years experience as principal of a busy cranial practice, and is a former lecturer in Osteopathic Medicine at the ESO. The course will be held at Mulberry House, a Georgian hotel in High Ongar, Essex, with transport provided from Epping tube.

CPD—7 hours

Cost—£125/£100 2014-17 graduates

Contact—Connie Mansueto on 0208 352 2939/07952 064752, or conniemansueto@gmail.com

Saturday 13 January



JEMS Movement A.R.T.
(Analysis, Rehabilitation and Treatment)
Parts 1 and 2: Understanding and
Interpreting Functional
Movement in Clinical Practice.
2-5 February 2018.

“

**“This has been a game
changer for me in how
I treat, observe and
advise patients.”**

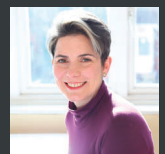
— Registered Osteopath

”

Contact: info@jemsmovement.com
www.jemsmovement.com

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Heads up...



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For details and to join the waiting list on our next course, visit www.fpo.org.uk/other-courses or contact us on 020 8875 5293 / cpd@fpo.org.uk



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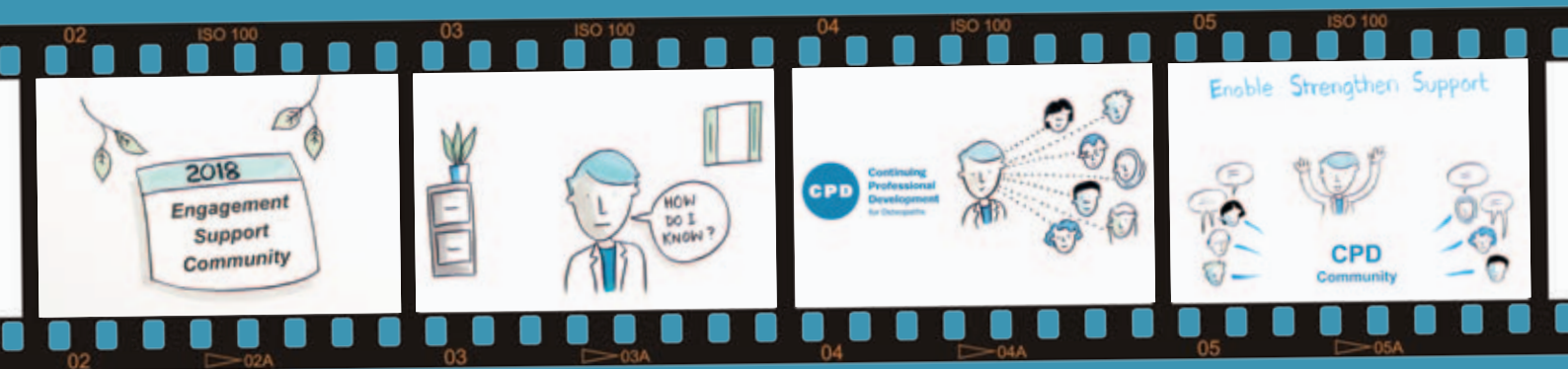
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Countdown to new CPD

Have you seen our brand new animation about the new CPD scheme, which will be introduced from autumn 2018?



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check out other resources at:

cpd.osteopathy.org.uk