

# the osteopath

International Journal of Osteopathic Medicine enclosed

## New o zone: improving usability



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General  
Osteopathic  
Council



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Council

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**Freephone helpline  
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**Communications and Osteopathic  
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**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.

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

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

**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.

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**Enquiries about** Council members and meetings, GOsC Committee business, Governance.

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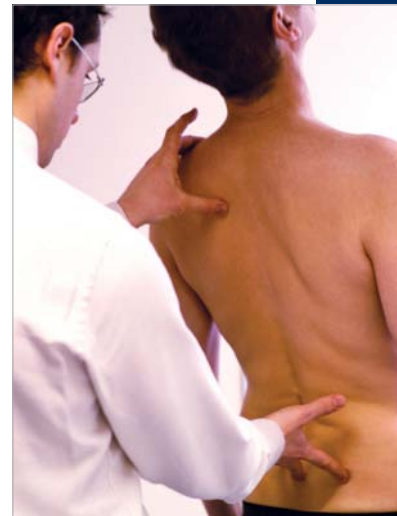
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# the osteopath



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## the osteopath

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# New o zone goes live

Margot Pinder, Web Manager

We are re-launching the o zone – the dedicated website reserved for the use of GOSc-registered osteopaths.

Our main aims in developing the site, which will go live in the new year, are: to introduce a wider range of online services; make practice guidance more accessible; enable the site to be updated more swiftly and regularly; make it easier to navigate and use; and encourage more feedback and involvement by osteopaths in regulatory developments.

## LOGGING IN

Your registration number remains your user ID number, but when you log into the new o zone for the first time you will need to use your birthdate as your password, just as you did when you logged into the old site for the first time. However, by visiting 'Update my details' in the 'My Registration' section, you can change your password whenever you like and if you forget your password it can be emailed to you.

## QUICKER ACCESS

You will find there is quicker access to key areas of the site, with links to your CPD record, the 'Registration' and 'Revalidation' sections, the Register and FAQs from the home page. The 'Quick access' feature on the home page provides direct links to other important parts of the site.

## NEW AND IMPROVED FEATURES

We wanted to make the new o zone much easier to navigate so that you can find the information you need quickly.

For the first time you will be able to renew your registration and pay your fees online and, as part of an improved events diary, you will be able to book GOSc events online. Where there is a cost attached to these events you will be able to pay online as well. We will be piloting online renewal of registration shortly and introducing it for all osteopaths in due course.

The CPD online submissions facility has been redesigned to improve the processes of maintaining and submitting your CPD. The content on the 'My CPD record' page, which is now the landing page for the CPD section, has been simplified with further guidance available from the help buttons and a pop-up box.

The screenshot displays the 'the o zone' website interface. At the top, there is a navigation bar with links: My CPD | Revalidation | The Register | Contact us | FAQs | Log out. Below this is a search bar and a 'Quick access' dropdown menu. The main navigation menu includes: Home, My registration, Get involved, Practice guidance, Resources, The GOSc, and For students. The content area is divided into several sections:

- Revalidation pilots:** Volunteers needed to pilot our revalidation scheme. Pilots will begin in late 2011; take part and contribute to the scheme's development. [Find out more](#)
- Registration:** Welcome to the o zone, the General Osteopathic Council's website for osteopaths. It is designed to be a comprehensive information resource providing the information and services you need to maintain and renew your registration as an osteopath and practise to high standards. [Read more](#)
- My CPD:** FEBRUARY RENEWALS. If you renew your registration in February, you need to submit your CPD record to us by 31 December. Update and submit your CPD here. [Manage my CPD](#)
- Latest news:** ASA issues updated guidance to osteopaths 17 November 2010. Revised guidance to osteopaths issued in wake of dialogue with BOA and consideration of the Bronfort report. [More news](#)
- Get involved:** Fill in this survey to tell us how you practise and contribute to the development of our revalidation scheme for osteopaths. [Click here for further information](#)
- InFocus:** Welcome to your new o zone. Find out more about what is on this website and how to use it. [Read in full](#)

To prevent annual summary forms being submitted by mistake before they are complete, the 'Submit form' button only appears when you have sufficient hours recorded to meet the necessary requirements.

We have also introduced two new features that were requested by you. One is a date picker to enter the start and end dates of learning activities. The other is the facility to edit separately the records of learning activities that involved both learning by oneself and with others.

Another new initiative is electronic access to the *International Journal of Osteopathic Medicine (IJOM)*, which will be published online only from January 2011 (see page 17 for further information). You will now be able to access current and back issues of IJOM and a range of other research journals from the 'Research' pages in the 'Resources' section.

For the first time we will also be welcoming final-year students of osteopathy to the o zone and there is a small section aimed specifically at them, which will include all they need to know about registering with the GOSc.

At the bottom of each page is a link to 'Using this site', which contains further help in locating what you want and the site's accessibility features.

## FINDING YOUR WAY AROUND

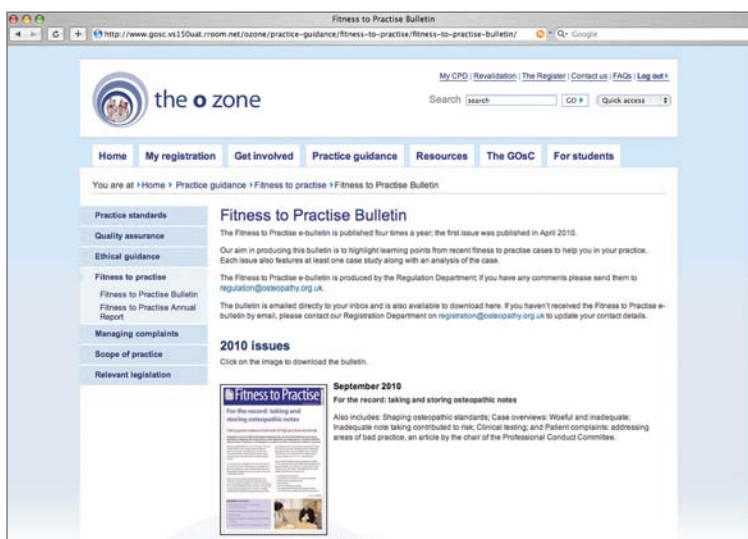
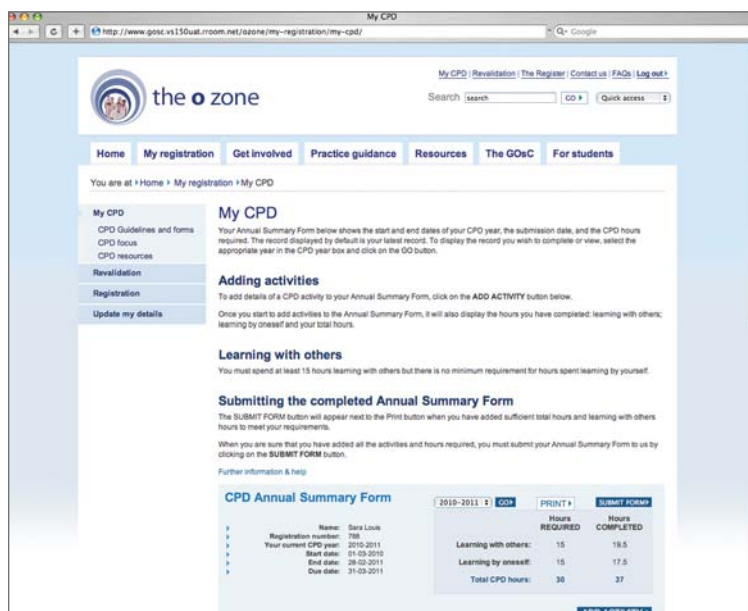
Content is organised into six main sections. In 'My Registration' you can maintain and submit your CPD, renew your registration and update your contact and Register details. Updates on the development of the revalidation scheme are also in here.

'Get involved' includes the consultation area where you can read and respond to consultations and learn more about other ways of being involved in our work. The events diary, which includes CPD course listings and information about the Regional Communications Network, is also in this section.

'Practice guidance' brings together the *Standard of Proficiency* and *Code of Practice*, the developing scope of practice, ethical guidance, the fitness to practise e-bulletins, sources of information about relevant legislation, details of our fitness to practise processes, plus guidance on managing complaints.

The 'Resources' section contains our downloadable publications, as well as the online shop where you can order posters, fit notes and fitness to practise DVDs. You can also view the latest GOSc news and FAQs, and receive updates on relevant research – including the latest IJOM – and information about UK healthcare and osteopathy worldwide.

Finally, there are small sections about the GOSc, including contact details for key staff, and the new section for students.



## TELL US WHAT YOU THINK

We hope you will visit the o zone soon, take a tour around, use the resources and send us feedback. There is a feedback and enquiries form on the 'Contact us' page, which you can reach from the top of every page of the site.

# In Council

Jane Quinnell, Governance Manager

14 October 2010 – 69th meeting of the General Osteopathic Council

## PROFESSIONAL ENGAGEMENT WORKING GROUP ESTABLISHED

The Council received an oral report of the Professional Engagement Working Group's first meeting and noted its work plan. The aim of the Group is to develop a strategy for improved engagement with the profession on regulatory issues.

## RESEARCH

### OSTEOPATHIC PATIENT EXPECTATIONS (OPEN) PROJECT

The Council received an update on the survey of patient expectations of osteopathic care, commissioned by the GOSc, and a summary report of the findings. The study report will be published and disseminated to the profession and other stakeholders once an analysis has been completed by GOSc staff.

## STANDARDISED DATA COLLECTION (SDC) TOOL

The Council noted the completion of this project, led by the National Council for Osteopathic Research (NCOR) and sponsored by the GOSc, to develop and pilot a standardised data collection tool (see pages 12 and 13 for further information). It also noted the outcome of the SDC project and the recommendations by NCOR on the use of the SDC tool and areas for further research/data collection.

Detailed consideration of the findings and the report recommendations will now be undertaken by staff and relevant committees of the Council.

## FITNESS TO PRACTISE POLICY COMMITTEE

The Council received a report on the work of the Fitness to Practise Policy Committee. A programme of work for the coming year was agreed, and it was acknowledged that other issues arising from time to time would be slotted into the Committee's work programme.

## REVALIDATION

The Council noted the progress made in the development of the revalidation assessment criteria and other related matters. It also received an update on the progress of the evaluation and impact assessment of the scheme being carried out by KPMG (see pages 8 and 9 for further details).

## INFORMATION SECURITY MANAGEMENT

The Council approved an outline Information Security Policy and a project plan to manage effective adherence to the policy.

## OSTEOPATHIC PRACTICE STANDARDS CONSULTATION

The Council approved the establishment of a Working Group to consider the findings of the Osteopathic Practice Standards consultation following its completion, and to make recommendations on the next steps (see page 10 for further details).

## FITNESS TO PRACTISE COMMITTEES' REPORTS

The Council received reports from the Chairs of both the Investigating Committee (IC) and the Professional Conduct Committee (PCC).

A wide range of issues arose at the IC stage, including communication, competence, record keeping, consent, and sexual boundaries. The proportion of cases being either referred to the PCC or closed by the IC remained at about 50:50.

The PCC reported a rise in applications for postponements of hearings, all of which had been refused, bar one. The Council noted that the backlog had now been cleared, subject to concluding a very few remaining aged cases, with hearings booked in for 2011.

## EDUCATION COMMITTEE ANNUAL REPORT (2009–10)

The Council was presented with the Education Committee's annual report of its activities during 2009-10. This included the commencement of a review of quality assurance procedures used to assess the standards of osteopathic training courses and course providers, the establishment of a Student Fitness to Practise Working Group, and the development of a research tender into the preparedness of recent osteopathic graduates for practice.



# Protecting the title, protecting the public

## STAKEHOLDER ENGAGEMENT

As a statutory regulator, the GOSc has a specific duty to engage actively with all relevant stakeholders. This ensures the GOSc has proper regard for the interests of registrants and osteopathic patients. The GOSc is committed also to working with those concerned with the education, training and employment of osteopaths, and with the regulation of healthcare professions and provision of health services, in the interests of promoting patient safety and high standards of osteopathic practice.

The Council received an overview of stakeholder engagement activities undertaken between July and September 2010. These activities included the development of a quarterly fitness to practise e-bulletin, the publication of the GOSc's Annual Report and Accounts for 2009-10, and presentations on current regulatory developments to regional osteopathic societies.



## Future Council meetings

- > 3 February 2011
- > 12 April 2011
- > 14 July 2011

Meetings begin at 10am at Osteopathy House and agendas and papers for the public session are available on the GOSc public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) or from Jane Quinnell, approximately 7 to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

**For further information, contact Jane Quinnell, Governance Manager, on 01580 720 213 or email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk).**

## A practitioner in East Sussex has been found guilty of falsely claiming to be an osteopath when not registered with the GOSc.

Mr Manktelow was registered as an osteopath until his name was removed from the statutory Register in September 2007. He continued to practise at the Battle Osteopathic and Pain Management Clinic and to describe himself as an osteopath.

On 28 September 2010 at Hastings Magistrates' court, Mr Manktelow pleaded guilty to one offence under

Section 32 of the Osteopaths Act 1993. During a conversation held in his clinic in November 2009, he referred to himself as an osteopath.

Mr Manktelow was fined £800 for this offence and ordered to pay over £700 in prosecution costs. He was also ordered to pay £15 victim surcharge.

After Mr Manktelow was found guilty and fined, the GOSc issued a press release to the local and regional media. As a direct result of publicising this case, we have seen an increase in calls from members of the public in East Sussex searching for an osteopath.

## New registration powers coming to an end

Individuals who did not apply for registration with the GOSc in the initial two-year transition period (1998-2000) now have less than three weeks to join the Register. Applications will be accepted until **31 December 2010**.

These new powers were sought by the GOSc to address the potential unfairness to pre-2000 UK-qualified practitioners who were precluded from applying for registration once the transition period came to a close.

To date, we have received 37 applications for registration under the new powers. Of those, three applications were successful and the practitioners have since joined the Register.

Under the new powers, those who would like to be considered for registration must meet the following criteria. The individual must:

- > have obtained a qualification in osteopathy in the UK before 9 May 2000;

- > have practised as an osteopath before 9 May 2000;
- > have not practised as an osteopath in the UK on or after 9 May 2000;
- > have good reason for not having made a successful application for registration during the transition period; and
- > be capable of the competent and safe practice of osteopathy.

Applications must be received by 31 December 2010, but the processing of applications will continue until they have been completed.

For further information on how to apply or to download an application form, visit: [www.osteopathy.org.uk/practice/hot-to-register-uk/qualified-9-may-2009/](http://www.osteopathy.org.uk/practice/hot-to-register-uk/qualified-9-may-2009/).



# Revalidation update

Fiona Browne, Head of Professional Standards

## Government gives go-ahead for revalidation pilots

Ministers in all four UK countries have asked health professional regulatory bodies to push ahead with testing the feasibility and proportionality of revalidation. At the same time, the Department of Health has released additional funding to the GOSc to support our revalidation pilots and to ensure that the proposed scheme is both proportionate and supported by robust analysis of the costs and benefits.

This is good news for osteopaths as it will allow us to make effective progress in developing the scheme, while the grant of £167,000 means that we are able to continue this development without recourse to your registration fees. This also gives the GOSc a free opportunity to learn from the pilots about how to support and improve our own work, which may be helpful in a variety of other arenas for the osteopathic profession.

We hope that the year-long pilots will start in the latter half of 2011, and that a broad cross-section of the profession can get involved. We will soon be looking for volunteers to take part in the pilots to help ensure that revalidation will work in practice and will be at the heart of the further development of the osteopathic profession.

## Why should I take part in the pilots?

We believe that there will be real benefits to all practising osteopaths in taking part in the pilots, including:

- > an opportunity to ensure that your views feed into the independent analysis of the revalidation scheme;
- > an opportunity to learn more about your own practice and to improve your understanding of your patients' expectations and experience, as well as business issues;
- > an opportunity to be at the forefront of the development of the osteopathic profession; and
- > training and support to complete the scheme from experts.

We are also exploring the possibility of a full year's worth of continuing professional development (CPD) hours being awarded to all those who complete the pilot scheme.



In addition, we are exploring the possibility of those taking part in the pilots being revalidated last, once the scheme has been introduced.

We are still open to other ideas on what might encourage osteopaths to take part in the pilots, so if you have any thoughts or would like to register your interest, please email the Professional Standards Department at: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk).

## Building an understanding of how osteopaths practise

In November, KPMG sent a detailed questionnaire to a representative sample of osteopaths to collect information about the different ways in which osteopaths practise in an effort to ensure that as many factors as possible are taken into account.

At the time of writing, almost 25% of the sample had responded to the survey, which is very encouraging. This high level of interest in regulatory matters within the profession dwarfs that in most of the other healthcare regulators and is a model for other professions to look to. The high response rate also means that KPMG will have a much better understanding of osteopathy, which will help to inform their evaluation and impact assessment (including costs, benefits and risks) of the proposed revalidation scheme.

The responses to the postal survey, along with the shorter version that was available to complete via the **o** zone, are currently being analysed by KPMG. The Revalidation Standards and Assessment Working Group will consider an overview of these responses at its next meeting. All agendas, public papers and minutes of the Working Group are published on the revalidation section of our public website (<http://www.osteopathy.org.uk/practice/standards-of-practice/revalidation/>).



These web pages feature the latest updates on revalidation, as well as minutes from all Revalidation Standards and Assessment Working Group meetings, underlining our commitment to the transparent development of the scheme.

## Developing the guidance, standards and assessment criteria

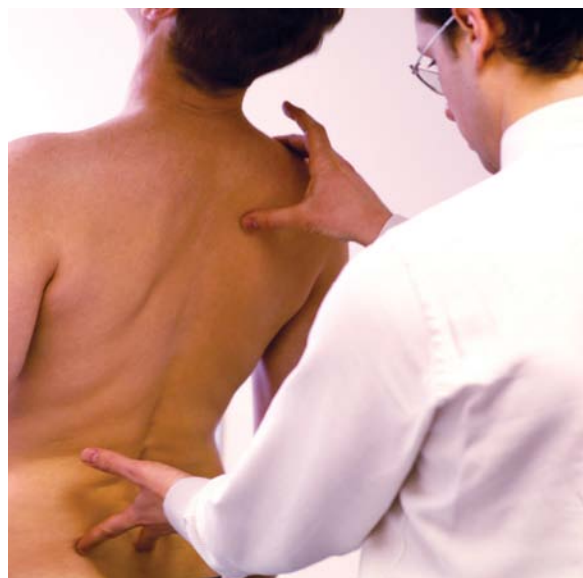
A first draft of the more detailed assessment criteria, guidance and the types of evidence that osteopaths may wish to submit during the pilot is now available on the revalidation page of our public website. We are sharing this work with various osteopathic organisations to ensure that the criteria do not adversely impact on any aspect of osteopathic practice ahead of the revalidation pilots.

The draft will be refined further in 2011 once the Council has responded to the consultation on the newly combined Osteopathic Practice Standards to ensure that the assessment criteria appropriately match the standards. The assessment criteria and types of evidence needed have been designed to be as flexible as possible to accommodate the wide diversity of practice that we know exists in osteopathy. We envisage that the revised Osteopathic Practice Standards will form the core standards for the revalidation pilots.

## Frequently asked questions

We understand that the development of revalidation and the progress of the pilots will raise lots of questions for osteopaths. As we move forward, we plan to publish regularly-updated 'frequently asked questions' about the revalidation scheme on our public website.

**If you have a question about revalidation you would like us to answer, please contact the Professional Standards Department at: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk).**



# New members for GOSC Investigating Committee

Two new osteopath members have been appointed to the GOSC's Investigating Committee (IC), one of three Fitness to Practise committees which also include the Professional Conduct Committee and Health Committee. The IC carries out the initial investigation of a complaint against an osteopath when there is an allegation of serious unacceptable conduct or professional incompetence, or when there is a complaint involving matters relating to ill health.

Members of Fitness to Practise committees require sound judgement, fairness and impartiality, and a complete understanding of the GOSC's role in public protection.



### Yvonne McNiven

As a nursing and midwifery graduate, Yvonne worked in the NHS for 15 years and was involved with standard setting and clinical audit. She was part of an audit team which won a King's Fund Audit Centre of Excellence award, and her work with special needs children resulted in a Queen's Nursing Institute award.

Following extensive training, Yvonne left the NHS and opened a physiotherapy practice in Argyll in 1998. She went on to graduate from the London School of Osteopathy in 2007 and incorporated the benefits of osteopathy into her practice.

Yvonne also runs a clinic for a local multiple sclerosis (MS) charity providing palliative care for MS patients. She has considerable experience in disability discrimination legislation and is looking forward to the challenge of being involved in maintaining high professional standards.



### Miles Crook

Miles changed career later in life to fulfil an ambition to become an osteopath. He qualified in 2003 from Oxford Brookes and the College of Osteopaths Educational Trust, previously known as COET.

After initially practising in the UK, Miles registered in New Zealand where he worked in a busy clinic before setting up a thriving practice in North Island. He later returned to the UK to set up in Hampshire where he now runs a clinic with an associate.

# Osteopathic Practice Standards – the next steps

**The consultation on the proposed Osteopathic Practice Standards closed on 30 November 2010. A big thank you to all those who took part in the consultation, be this through a telephone or face-to-face interview, participating in a focus group, or by completing the online questionnaire.**

Responses have been received from a wide range of stakeholders, including osteopaths, Osteopathic Educational Institutions, students of osteopathy and osteopathic and patient representative bodies.

These responses are now being analysed by our independent consultants, Hewell Taylor Freed & Associates (HTF). We expect HTF to report the consultation findings and their conclusions to the Council at its meeting on 3 February 2011.

The report will offer recommendations for changes or improvements, based on the feedback regarding the acceptability of the proposed standards and the format of the document. The report is likely also to highlight any proposals that may discriminate against specific groups.

The Council expects that the consultation findings will result in changes to the draft document. It has established a Working Group to consider the consultation report in detail and oversee any necessary

revisions to the proposed Osteopathic Practice Standards. The Working Group comprises three osteopath and three lay members of Council and will first meet in February 2011.

For further information on the Osteopathic Practice Standards consultation, contact Kellie Green, Regulation Manager, on 020 7357 6655 ext 236 or email: [kellieng@osteopathy.org.uk](mailto:kellieng@osteopathy.org.uk).



## Regional Communications Network

**Representatives of the Regional Osteopathic Societies attended a meeting at Osteopathy House on Friday 19 November to share views and information on key regulatory developments affecting osteopathic practice.**

These meetings, which take place twice a year, provide an invaluable forum for the GOSC to engage with representatives of the profession at an early stage in future policy development.

Representatives received an update from KPMG on the evaluation and impact assessment of the proposed revalidation scheme, and an overview of the assessment criteria for the scheme from Caitrian Guthrie, the Assessment Expert Team Leader. An update was also given on the review of the Vetting and Barring Scheme in England, Northern Ireland and Wales, and of the Scottish equivalent, the Protecting Vulnerable Groups Scheme (see page 15).

Other discussion topics included the Osteopathic Practice Standards consultation and the need for feedback, the launch of the new **o** zone (see pages 4 and 5), and the GOSC's new research project on the transition from training into practice for newly qualified osteopaths and relevant support tools that may be needed (see page 11).

Briefing papers on all the substantive items on the agenda (items 2 to 6) are available on the **o** zone ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)). Representatives who attended the meeting are encouraged to report back to members of regional groups to inform discussion at local osteopathic meetings and generate feedback to the GOSC. If you are currently not a member of a Regional Osteopathic Society, you can find more information on how to join by visiting the **o** zone.

**For further information on the briefing papers or any of the issues discussed at the meeting, contact us at [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk) or call 020 7357 6655 ext 242.**

Friday 19 November 2010

### AGENDA

- 1. Improving GOSC engagement with osteopaths**
- 2. Shaping the Osteopathic Practice Standards**
- 3. Launching the new **o** zone**
- 4. What's next for revalidation?**
- 5. How prepared are students for practice?**
  - > Investigating the transition from training into practice
- 6. Meeting and managing patient expectations**
  - > What are patients' expectations of osteopathic care and are these being met?
- 7. Issues update**
  - > Advertising standards
  - > Protecting Vulnerable Groups Scheme, Scotland
  - > Vetting and Barring Scheme
  - > Welsh Language Scheme consultation
  - > WHO benchmarks for training in osteopathy



# From training to practice: how prepared are students of osteopathy?

In September, we published an invitation to tender in the *Times Higher Education* for research proposals investigating the preparedness of newly qualified osteopaths for practice. We have now appointed the successful team that will be responsible for carrying out this research. The members of the team are Professor Della Freeth, Professor of Professional Education, Dr Paul McIntosh, Research Fellow, and Dr Dawn Carnes, osteopath and Senior Research Fellow, of Barts and The London School of Medicine and Dentistry.



The team has considerable experience in healthcare and education research, and a strong publication record in a variety of reputable journals. Professor Freeth, particularly, has a long-standing interest in the transition from student to qualified practitioner, having previously conducted and supervised similar studies.

This is an important area of work which will help us to understand the nature and effectiveness of support mechanisms for osteopaths going into practice for the first time and will help to identify areas where osteopaths may benefit from better support.

The transition from student to professional is challenging in any area and a substantial amount of work has been undertaken on this stage of a professional's career, both within and outside the healthcare arena. Osteopaths have noted that more targeted support may need to be made available to help with this challenging time in osteopathic practice. However, no research has been carried out to examine the nature of preparedness of osteopaths as they make the transition from student to professional.

Once students have finished their training in dedicated clinics within their Osteopathic Educational Institutions, and have left behind the continuous supervision and support of more senior colleagues, many will start their professional career as sole practitioners with no direct support. While there are forms of support available to newly qualified osteopaths, including the Regional Osteopathic Societies and the British Osteopathic Association, the aim of this research is to explore how prepared newly qualified osteopaths are for practice and to identify specific mechanisms, if any, to provide more targeted support.

The team will conduct a thorough examination of the literature, including our recent study on patient expectations, and will use a variety of research methods to engage with students and current registrants. They will be examining preparedness using the following themes:

- > clinical skills and knowledge, including appropriate self-evaluation of competence;

- > interpersonal skills (with a wide variety of patients and in relation to situations presenting varying degrees of challenge, as well as interaction with osteopathy colleagues and other healthcare professionals);
- > professionalism (including, for example, recognising one's limited expertise and scope of practice; making appropriate referrals; valuing diversity; respecting confidentiality; commitment to patient safety; and engaging in CPD); and
- > entrepreneurial and business skills.

The team will start work on the project early in the new year, and will report back to the Council's Research Strategy Working Group on their progress in the summer.

**For further information, contact Fiona Browne, Head of Professional Standards, on 020 7357 6655 ext 239 or email: [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk).**

# Standardised data collection in osteopathy

Professor Ann Moore, Dr Janine Leach, Carol Fawkes and Shirly Mathias

**Very little is known currently of the national day-to-day practice of osteopaths, the profile of patients who consult osteopaths, or the outcomes of their care. A strategy was needed for generating good-quality patient information of relevance to the profession.**

In February 2008, work began on a GOSc-funded project to develop and pilot a standardised data collection (SDC) tool suitable for osteopathic practice. Led by the National Council for Osteopathic Research (NCOR), the aim of the project was to develop, and pilot at national level, an SDC tool that would enable osteopaths to collect, share and compare patient data.

This data would then be of relevance to:

- > osteopathic practice, to support practice promotion, inter-professional dialogue, and patient management
- > osteopathic research development, to facilitate priority setting for audit activities, evidence-based practice and assessment of quality of care, and to identify meaningful research questions
- > osteopathic regulation, to inform clinical governance, practice standards, safety, and patient information.

## Developing the data collection tool

The SDC tool was developed by volunteer osteopaths working through the national network of NCOR research hubs, set up primarily for this purpose. The volunteers examined an existing SDC tool, widely used in physiotherapy, for its potential application to osteopathic practice. The osteopaths involved chose to develop a specific tool for osteopathy to reflect the range of osteopathic practice.

The tool underwent a three-stage testing process for validity and reliability. Practising osteopaths were invited to participate in a national pilot of the tool between April and July 2009. Descriptive and inferential statistics were used for analysis of the 1,630 completed datasets received at the end of the data collection period.

## What the project identified

The project produced a wealth of pilot data and some of the results are presented here.

### Patient profiles

- > Analysis of completed datasets showed that for the patients in the sample, 56% were female and 43% were male (1% declined to answer).
- > The age range of patients was from a few days old to 93 years old.
- > 93.9% of patients were white.
- > Occupational data showed that 47.9% were in full-time employment, and 10.9% were self-employed full-time; 19% were retired; 14.2% worked part-time either employed or self-employed; and 6.3% were not currently employed.
- > GP referral was reported by 6.3% of patients.
- > A total of 48.1% of patients reported between one and four visits to their GP concerning their current symptoms, and 29% had undergone previous NHS treatment or investigation.
- > Access to treatment was rapid. A total of 16.8% of patients were offered an appointment on the same day; a further 54.2% were offered appointments within the next 72 hours.

### Symptom profiles

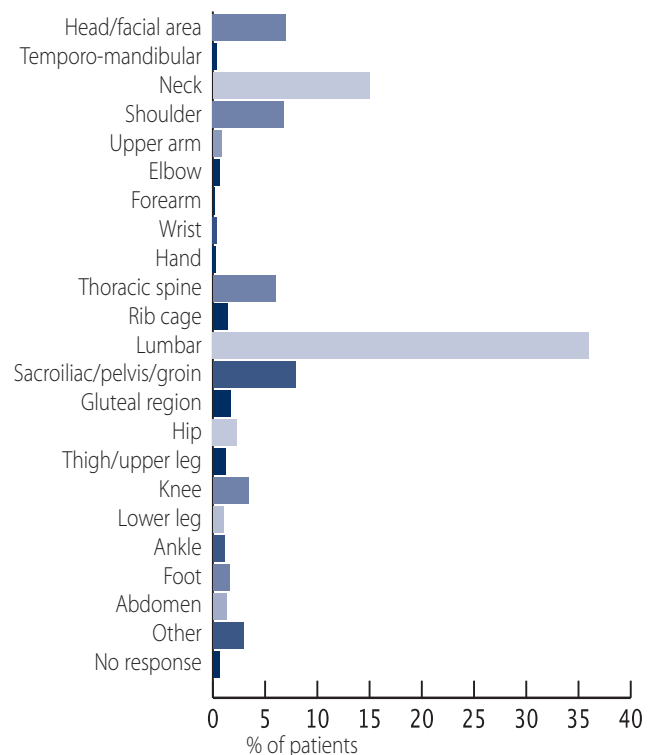
- > Space was provided to record up to three symptom areas. Lumbar symptoms were the most common (36%), followed by cervical (15%), sacroiliac/pelvis/groin (7.9%), head/facial area (7%), shoulder (6.8%), and thoracic spine (6%).

- > Additional symptoms were recorded in 2.9% of patients.
- > The full scope of symptoms reported is shown in Fig 1.
- > Symptom duration for the current episode was categorised and included acute (<6 weeks) in 51%; subacute (7–12 weeks) in 15%, and chronic (13 weeks or more) in 32%. Two per cent of patients did not respond.
- > A total of 797 patients reported the presence of comorbidities as diagnosed by their medical practitioner. The most common of these was hypertension (11.7%), followed by asthma (6.6%) and arthritis (5.7%).

## Osteopathic patient management

- > Practitioners recorded that 97% of patients were suitable for osteopathic treatment.

Fig 1: Symptom areas



- > Treatments given to patients were varied and complex. Soft tissue treatment was the most common (78%), followed by articulation (72.7%) and HVLA thrust (37.7%). These were followed in frequency by cranial techniques (25.8%), muscle energy (18.3%) and functional technique (13.7%). The full scope of treatments recorded is shown in Fig 2.
- > Additional interventions in patient management included education (35.8%) and exercise (22.6%). A variety of self-management strategies were discussed with 88% of patients.

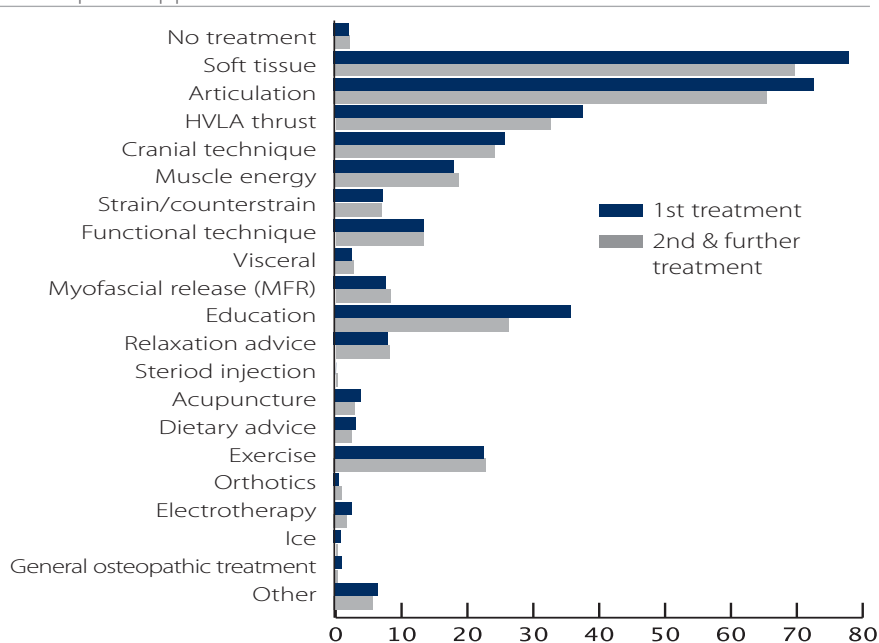
### Outcomes of treatment

- > Simple patient-reported outcomes were recorded on the data collection sheet. These were drawn from the literature but are currently unvalidated measures and their findings should be treated with caution.
- > After the first appointment, the majority of patients (59%) reported no complications of treatment. The most common complications within the first 24-48 hours after treatment were increased stiffness (18%), increased pain (14%) and fatigue (6.6%). After the second and subsequent appointments, 77.3% of patients reported no complications of treatment.
- > Only a small number of patients (10.4%) were off work at first presentation; of these, 5.3% were able to return to work after one treatment, and 3.1% after two treatments.
- > In cases where patients underwent onward referral, 88% were referred to their GP for further investigation and 13% were referred to a hospital consultant.
- > A comparison was made of the outcomes at the end of treatment based on whether the patients reported acute, subacute or chronic symptoms. The results of this analysis are shown in Fig 3.

### Financial implications of care

- > The responsibility for payment for treatment was met by individual patients in 90% of cases; only 8% of osteopathic care was funded by outside sources.
- > The cost of investigations or treatment undergone by patients through the NHS prior to osteopathic treatment is hard to quantify but 29% had received NHS care or investigations by their first osteopathic appointment.

**Fig 2:** A comparison of the type of treatment given at 1st and subsequent appointments



### Implications for the profession

The osteopathic practice data collected via the pilot exercise could represent a first step to developing a comprehensive profile of UK osteopathic practice. The data collected offers a useful 'snapshot' of current practice. However, it must be understood that the participating osteopaths were a volunteer sample, and the data collection process will need to be repeated with a systematic sample of the profession to confirm the findings of the project. The use of a validated and nationally recognised outcome measure which is patient completed will be required for use when the study is repeated.

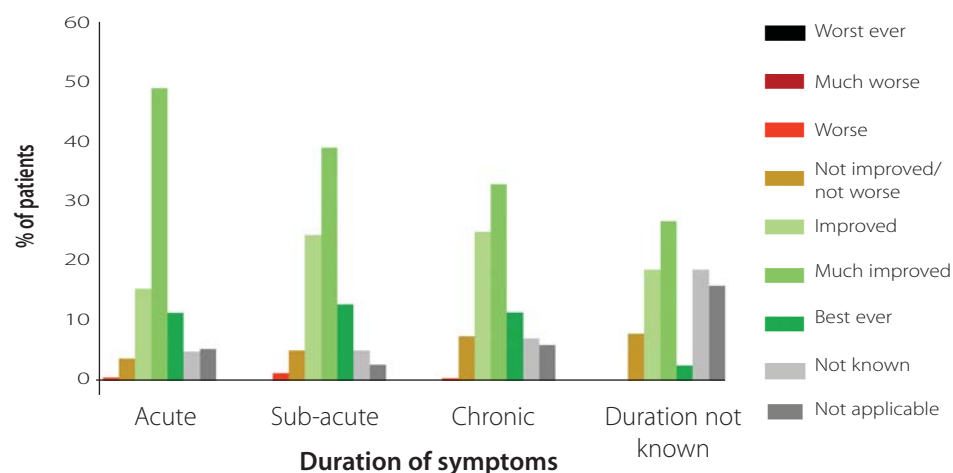
The project has successfully met its initial objective of producing a data collection tool suitable for use in osteopathic

practice in a variety of formats. NCOR is already leading further work on this and has invited osteopathic stakeholder groups to exchange views on the implementation of the SDC tool for national use and strategies for collecting data that support the work of the various stakeholder groups (including the GOSC, the British Osteopathic Association and the Osteopathic Educational Institutions).

### Next steps

A full report of the project findings, produced by NCOR, is available to download via the GOSC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and the NCOR website ([www.ncor.org.uk](http://www.ncor.org.uk)). We will keep you updated on developments in this area via the **o zone** and in future issues of *The Osteopath*.

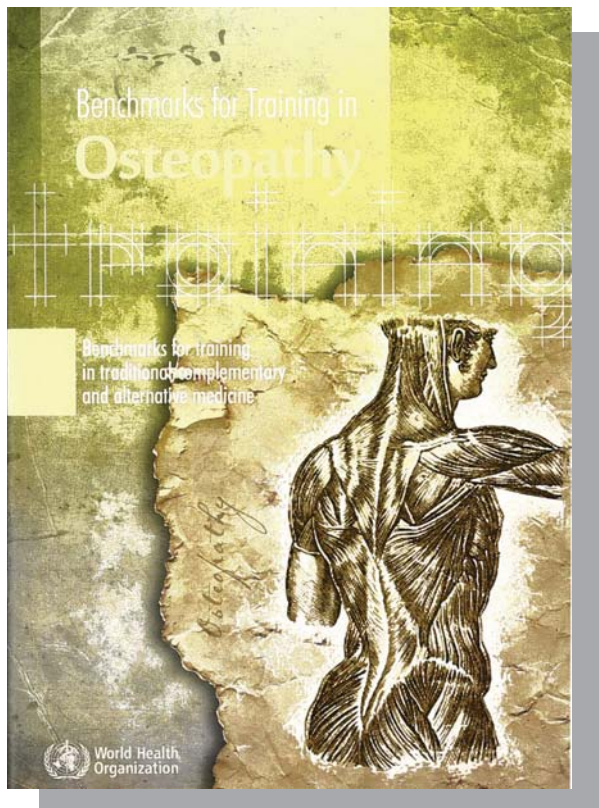
**Fig 3:** Outcome in acute and chronic patients



# World Health Organization publishes long-awaited training standards

Sarah Eldred, Communications Manager

**Six years after the project was first initiated, benchmarks in training in osteopathy have finally been launched by the World Health Organization (WHO).**



The full document, which can be downloaded from the GOsC's public website and the o zone ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)), sets out an introduction to osteopathy; basic osteopathic principles and philosophy; a description of osteopathic training programmes; core competencies; a benchmark training curriculum; and contraindications of treatment.

It identifies two types of training programmes depending on prior training and clinical experience of trainees. Importantly, the benchmarks recognise that it takes time to acquire appropriate mastery of osteopathy and to be able to practise as primary contact healthcare professionals. Type I training programmes, aimed at those with little or no prior healthcare training, are typically four-year, full-time programmes, with supervised clinical training at an appropriate osteopathic clinical facility as an essential component. Type II training programmes are aimed at those with prior training as healthcare professionals with the same aims and content as Type I, but with a possible modification to the course content and length.

For Type I training programmes, the benchmarks state that a typical programme would take 4,200 hours, including at least 1,000 hours of supervised clinical practice. This minimum fits in with UK standards and those agreed by the Forum for Osteopathic Regulation in Europe (FORE). The syllabus and curriculum of Type II programmes must demonstrate the same competencies of osteopathy as graduates of Type I programmes.

While the benchmarks could be said to serve as a helpful introduction to international osteopathic standards, they do not reflect what was originally envisaged from a WHO Guideline on training standards. Unlike other professions which practise in similar ways across the world, osteopathy has two branches: osteopathic medicine, as commonly practised in the United States, and osteopathy more common within Europe, South Africa, Canada, Australia and New Zealand. The original draft of the WHO document reflected these two distinct branches. You will see that references to osteopathic medicine and osteopathic physicians are no longer included. The original draft also had the higher status of a WHO Guideline, as opposed to a benchmark.

For this reason the Osteopathic International Alliance has proposed to develop an international osteopathic standards document, bringing together existing standards from regulated countries, such as the UK. This should serve as an international standard (voluntary), until we have an opportunity to review the WHO benchmarks in osteopathy. It is also hoped the benchmarks can then be 'upgraded' to an official WHO Guideline.

**For further information, contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk).**

These international benchmarks aim to reflect minimum training standards to practise osteopathy and support countries across the world to establish systems of training accreditation.

Although WHO standards do not have a formal legal status, they are the first of their kind for osteopathy and have some international standing. For this reason, the GOsC and the British Osteopathic Association contributed to a three-day WHO consultation event, to ensure that the benchmarks did not contradict UK osteopathic training standards. This international gathering, held in February 2007, brought together WHO officials and government representatives, along with osteopathic regulators and associations from across the globe.

# Protecting children and vulnerable adults

**In the August/September issue of *The Osteopath*, we reported that plans for vetting people working with children and vulnerable adults in England, Wales and Northern Ireland had been halted in response to concerns raised about the proportionality of the initial process.**

As such, registration with the Independent Safeguarding Authority (ISA) for new employees and job-movers, which was due to start this July, was stopped.

The Government has now outlined the terms for a thorough review of the Vetting and Barring Scheme (VBS), which will re-examine whether the scheme is the most appropriate mechanism to protect children and vulnerable adults and, if so, how many roles should be covered by it.

The review will consider the fundamental principles and objectives behind the VBS, including the scope of the scheme's coverage, and the role and structure of any relevant safeguarding bodies and appropriate governing arrangements.

The final recommendations for the scheme will be announced early in the new year.

In the meantime, certain safeguarding regulations under the scheme still apply. These regulations state that:

- > a person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer with those groups;
- > an organisation which knowingly employs someone who is barred from working with those groups will also be breaking the law;
- > if your organisation works with children or vulnerable adults and you dismiss a member of staff or a

volunteer because they have harmed a child or vulnerable adult, or you would have done so if they had not left, you must tell the ISA; and

- > regulators, including the GOsC, must still inform the ISA if a registrant is cautioned or convicted of a relevant offence, engages in relevant conduct or satisfies the 'harm test'.

**Further information on the Vetting and Barring Scheme can be found on the Directgov website ([www.direct.gov.uk/en/campaigns/Vetting/index.htm](http://www.direct.gov.uk/en/campaigns/Vetting/index.htm)).**

## Arrangements in Scotland

In February 2011, the Scottish Government will introduce a new membership scheme to replace and improve upon previous disclosure arrangements for people who work with vulnerable groups.

The Protecting Vulnerable Groups (PVG) Scheme will be managed and delivered by Disclosure Scotland, which, as an agency of the Scottish Government, will make decisions, on behalf of Scottish Ministers, about who should be barred from working with vulnerable groups. It is expected that the scheme will be phased in over a four-year period. During the first

year of the scheme, Disclosure Scotland will deal primarily with applications for membership from people who:

- > are new to regulated work with vulnerable groups;
- > have changed posts; or
- > have had some other change of circumstances requiring confirmation of scheme membership.

The PVG Scheme will affect a wide and diverse range of organisations and groups across the statutory, voluntary and private sectors that provide services, activities and amenities for children and protected adults.

It is expected that between 700,000 and 800,000 people in paid and unpaid regulated work will, over time, become members of the scheme.

Guidance and training materials on the PVG Scheme for organisations, individuals and personal employers are available on the Disclosure Scotland website ([www.disclosure-scotland.co.uk/guidance/index.html](http://www.disclosure-scotland.co.uk/guidance/index.html)).

**Further information on the scheme is available at [www.scotland.gov.uk/pvglegislation](http://www.scotland.gov.uk/pvglegislation), or by contacting Disclosure Scotland on 0870 609 6006 or emailing: [pvg.enquiries@scotland.gsi.gov.uk](mailto:pvg.enquiries@scotland.gsi.gov.uk).**



# What's in the latest IJOM

Robert Moran MHS (Osteo), Co-editor of IJOM



**Most of us vividly recall our time spent studying osteopathy as an undergraduate. The process of transforming from a layperson on day one, into a qualified health professional several years later was an intense experience and one that few of us will ever forget (even if we wanted to).**

I'll never forget the gnawing anxiety of the first day of technique classes ("bring appropriate underwear"; the course guideline stated soberly...really?!), or the impending sense of doom as final-year coursework, exams and clinic finals loomed large. If your recollections of osteopathic student life are fading, you might find the paper in this issue by Hartup et al to be a memory-invoking read. Hartup et al present the findings of a qualitative exploration of the "lived experience" of being an osteopathic student. The Melbourne-based authors, four of whom were osteopathy students themselves at the time of the study, interviewed 19 osteopathic students across five year levels. The most prevalent emotional experience reported was 'stress and anxiety within the student's journey', but they also found that students' underlying passion for osteopathy and the strong friendships formed in the face of adversity were important in meeting adversity.

The support of classmates in coursework study and in developing practical and clinical skills would be almost impossible working in isolation. Strange then, given how important collegial and group interaction are in undergraduate study, that a common mode of practice for many osteopaths is as sole practitioners. The transition from being a student working alongside classmates over several years to being a sole practitioner working in relative isolation must therefore present some serious challenges – a topic for further investigation perhaps?

There are two papers and one 'letter to the editor' in this issue that relate directly to our collective understanding of what osteopaths do. In two related papers published in this issue, Fryer et al report the findings of a survey distributed to GOsC registrants to examine practitioner perceptions of usefulness and reported use of physical assessment procedures and treatment methods for the sacroiliac joint and spine. Many readers will recall completing the data collection for this project back in 2008, so it'll be good to see the final outcomes from this project. The authors discuss their findings in the context of their previous work regarding US-based osteopathic physicians – there appears to be some clear differences in terminology and physical examination methods between the United States and the UK. This will come as little surprise to anyone who has had professional interaction across the Atlantic, but until now our observations have been largely speculative so it's useful to have some objective data to inform our views. This type of research, while it adds minimally to day-to-day clinical practice, is valuable when it comes to considering the nature of osteopathy internationally and helps to provide useful background information for decision-making by regulatory authorities about practice rights and international standards.

In a thought-provoking 'letter to the editor', Karen Thornton-Smith and Dévan Rajendran report some observations that arose during the course of preliminary investigations into whether there might be differences between patients who present, to what the authors describe as "functional/cranially-based" and "structurally-based" osteopathic practices. Notwithstanding the obvious difficulties that exist in classifying practitioners into one practice style (more research here please!), the authors question whether 'functional' and 'structural' osteopaths may have different perceptions of their patients' emotional vulnerability. Of course, we need to be cautious about drawing conclusions from observations reported in letters, but if nothing else, it serves as a reminder of the difficulties that exist in arriving at useful labels with which to denote practice style – if such a thing exists...again, more research please!

- 1 Fryer G, Morse C, Johnson J. Spinal and sacroiliac assessment and treatment techniques used by osteopathic physicians in the United States. *Osteopath Med Prim Care*. 2009;3:4.





# Tapping into the evidence: new online resources for osteopaths

Osteopaths recognise the importance for health professionals of keeping abreast of new research and developments in practice. But for those in private practice, access to research literature is limited and expensive. As part of developing osteopathic practice, the GOSc considers it has a role to play in helping osteopaths to be research-aware and linked into the debate and investigation that advances the quality of care. One way we do this is through providing all osteopaths with the latest issue of the *International Journal of Osteopathic Medicine (IJOM)* four times per year. This subscription also ensures osteopathy continues to have its own dedicated research journal.

We know from your feedback, however, that osteopaths are keen to supplement their knowledge by tapping into developments across the wider spectrum of health practice and for some time we have been looking for ways to afford osteopaths easy access to a range of relevant journals. Now, working with IJOM publisher Elsevier, we have developed a new 'package' of research resources, which will be available to all UK-registered osteopaths from January 2011. And access could not be easier – the newly re-launched **o** zone will link you directly to an area of the Elsevier website, dedicated to providing UK osteopaths with relevant research-related resources. For this, you will need no more than your **o** zone password.

## What does your Elsevier package include?

So, what will you find in the new Elsevier osteopath resource centre ... ?

The biggest change is that from next year IJOM will be published online only. This cost saving exercise has enabled us to expand your access to Elsevier publications to encompass not only IJOM, including all past issues, but also free access to a range of other relevant health science journals.

The online IJOM will include reviews, original research, conference reports, masterclasses, clinical tips and examples of best practice. You will also have access to case reports, continuing education and professional development articles and quizzes, self-assessment exercises, research and treatment bulletins, commentaries, book reviews, and technical reports.

Other benefits of the package include:

- > In addition to IJOM, free access to six other Elsevier journals: the *Journal of Bodywork and Movement Therapies*; *Manual Therapy*; *The Spine Journal*; the *Journal of Manipulative and Physiological Therapeutics*; *Medicine*; and *Clinical Biomechanics*.
- > Special discounts on journals of interest to you through individual subscriptions, for example *Physical Therapy in Sport*, *Complementary Therapies in Clinical Practice* and the *European Journal of Pain*.
- > Discounts via the 'Elsevier Bookclub' on hundreds of books within the health professions field.
- > Free 'e-alerts' set up by you in your areas of interest, allowing fast and efficient access to current and timely research and reviews.
- > Free personalised searches enabling you to keep up to date with topics of interest as soon as they are published, saving you time finding key resources when you log in.

From January 2011, you can access all of these benefits directly from the **o** zone. No additional information is needed – once you have logged on to the **o** zone, you can click straight through to the Elsevier website and start personalising your account. The first online issue of IJOM will be published next March.

In the early part of 2012, when osteopaths will have had access to the Elsevier package for a little more than a year, we will survey your opinion on the service and invite suggestions on how this can be further improved. With this in mind, we

hope you will take every opportunity to use this new resource over the coming months, so that you can form an opinion of its value to you and your practice.

**For further information, contact  
Brigid Tucker, Head of Policy and  
Communications, on  
020 7357 6655 ext 247 or  
email: [brigidt@osteopathy.org.uk](mailto:brigidt@osteopathy.org.uk).**

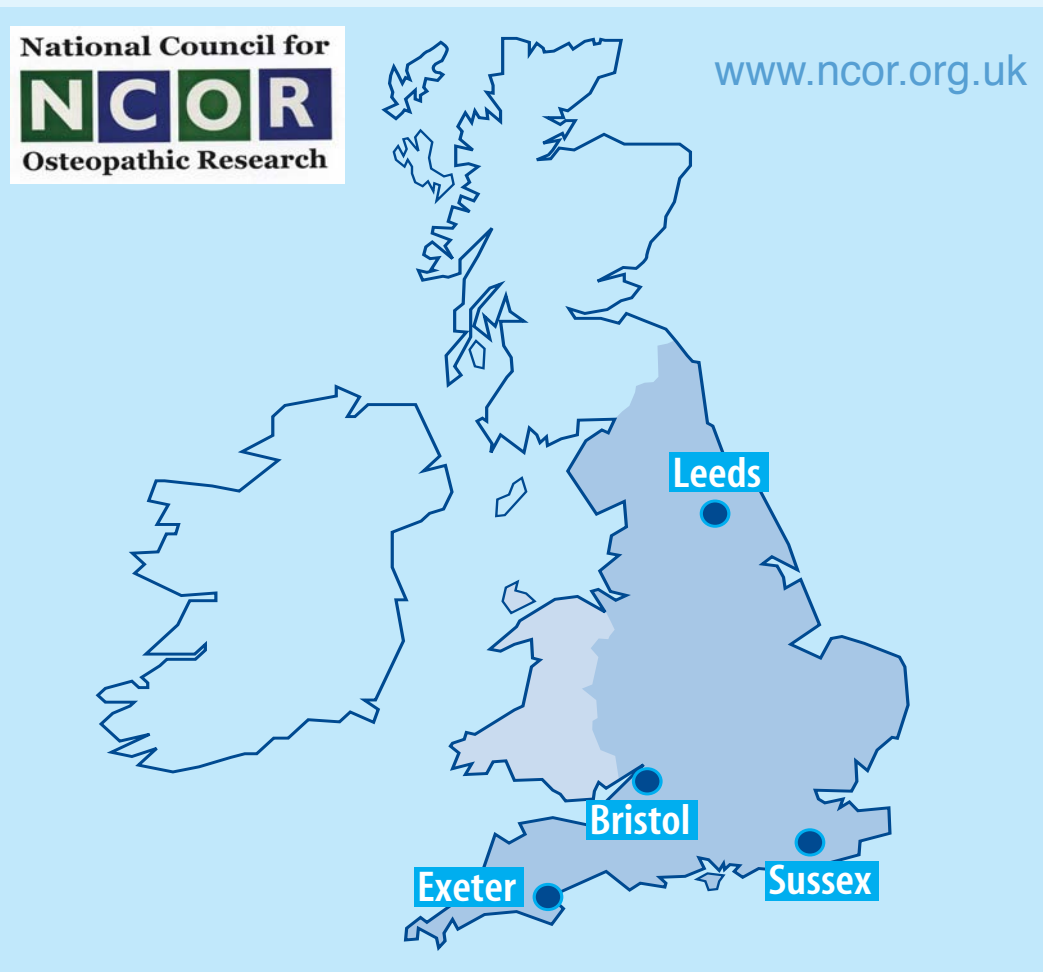


# NCOR research hub news

In order 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–Thursday) or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).



> **EXETER**  
**Saturday 15 January 2011**  
 10am–12pm  
 Further development of a study looking at career progression amongst osteopaths.

> **HAYWARDS HEATH**  
**Sunday 16 January 2011**  
 10am–12pm  
 Looking at the evidence for supplements and other lifestyle recommendations.

> **LEEDS**  
**Thursday 20 January 2011**  
 7–9pm  
 Looking at research on the shoulder joint.

# Conference calendar

> 26 February 2011  
**NCOR research conference**

Further information can be found at [www.ncor.org.uk](http://www.ncor.org.uk).

> 31 March 2011  
**CAMSTRAND 2011, University of Southampton**

The deadline for abstracts is 12 February 2011. Further information can be found at [http://www.cam-research-group.co.uk/drs\\_conference.php](http://www.cam-research-group.co.uk/drs_conference.php).

> 8–9 April 2011  
**International Congress of Osteopathic Medicine, Italy**

Further information can be found at [http://www.osteopatia2011.it/general\\_information.html](http://www.osteopatia2011.it/general_information.html).

> 6–9 May 2011  
**Conference of the International Society for Complementary Medicine Research, China**

Further information can be found at <http://eng.2011iscmr.org>.

> 26–28 May 2011  
**11th Congress of the European Federation for Research in Rehabilitation, Italy**

The deadline for abstracts is 30 January 2011 ([abstract@efrr2011.it](mailto:abstract@efrr2011.it)). Further information about the congress can be found at [www.efrr2011.it](http://www.efrr2011.it).

> 20–23 June 2011  
**16th International World Physical Therapy Congress, Holland**

Further information can be found at <http://www.wcpt.org/congress>.

# Research news in brief

Liz Lance, NCOR Research Officer

## Glucosamine and degenerative lumbar osteoarthritis

**Glucosamine is widely recommended for use by people with osteoarthritis (OA), both by GPs and complementary therapists. Previous research has reported mild effectiveness of glucosamine for knee and hip OA, but little is known about its effects on low back pain (LBP) in those with lumbar OA.**

The study's authors conducted a double-blind, randomised, placebo-controlled trial on 250 patients older than 25 years of age with the primary complaint of chronic LBP of over six months' duration, and degenerative lumbar OA. All participants were carefully screened and undertook a lumbar magnetic resonance imaging (MRI) scan to assess their suitability for inclusion. Specific clinical characteristics taken into consideration were duration of LBP, changes in intervertebral disc height or signal, and facet changes as detected on MRI screening. Participants with leg pain were included as long as it was not greater than the LBP.

The two groups took 1,500mg daily of oral glucosamine or a placebo for six months, and its

effect was assessed after the six-month intervention period and at one year (six months post intervention). Data were collected at baseline, six weeks, three and six months, and again six months following the intervention at one year. Outcomes measured included pain-related disability, pain-rating during rest and activity, and quality of life scores. A variety of participant characteristics were considered in the trial, including age, gender, marital and employment status, body mass index (BMI), and smoking history. Participants were permitted to use concomitant medication and treatment such as analgesics and manual therapy, details of which were included in the statistical analysis. No significant differences were found between glucosamine and placebo during the intervention period or at one-year follow-up, and the study concluded that six months' treatment with oral glucosamine compared with placebo did not result in reduced pain-related disability among patients with chronic LBP and degenerative OA. The authors suggested that further research could focus on whether glucosamine treatment is advantageous in an alternative LBP population.

Wilkins P, Scheel IB, Grundes O et al. Effect of glucosamine on pain-related disability in patients with chronic low back pain and degenerative lumbar osteoarthritis. *JAMA*. 2010;304(1):45-52. <http://www.ncbi.nlm.nih.gov/pubmed/20606148>.

## Anterior cruciate ligament deficit and gait adaptation

**The anterior cruciate ligament (ACL) is involved in 20% of all sports-related knee injuries, and it is well documented that this injury leads to knee joint instability and functional impairment. A variety of biomechanical adaptations of the knee during gait have been reported in ACL-deficient patients to cope with anteroposterior knee instability. However, strategies to prevent rotatory knee instability are less recognised.**

The authors of this study hypothesised that ACL-deficient patients would make distinctive gait changes to prevent anterolateral rotatory knee instability. Specifically, that during the terminal stance phase of the gait cycle, ACL-deficient patients would reduce the internal rotation knee joint moment and exhibit a higher knee flexion angle. This altered gait is referred to as a pivot-shift avoidance gait. They also investigated whether patients would be able to adapt their knee biomechanics as efficiently at a fast gait speed.

Twenty-nine participants with chronic ACL deficiency and 15 healthy volunteers took part in a treadmill gait analysis. The terminal stance phase was analysed under both comfortable and fast gait speed conditions. The authors found that at both gait speeds, ACL-deficient patients significantly reduced the internal rotation knee joint moment and showed larger knee flexion angles during the terminal stance phase of the gait cycle than the control group. However, the difference in the minimum knee flexion angle between groups under the fast gait speed condition was not statistically significant.

The authors' interpretation of these findings was that ACL-deficient patients adopted the proposed pivot-shift avoidance gait, possibly to prevent anterolateral rotatory knee instability. The patients were not able to adapt their knee biomechanics as effectively during fast-paced walking. The conclusion was that gait analysis in ACL-deficient knees is desirable in trying to acquire more information about the function of the knee joint.

Fuentes A, Hagmeister N, Ranger P et al. Gait adaptation in chronic anterior cruciate ligament-deficient patients: Pivot-shift avoidance gait. *Clinical Biomechanics*. 2010 Oct 19. <http://www.ncbi.nlm.nih.gov/pubmed/20965627>.

## Feb 2011 conference

**NCOR is planning to run a conference at the University of Brighton's Eastbourne campus on Saturday 26 February 2011 between 10am and 4pm. Six hours of continuing professional development will be awarded for attendance. Speakers include Dr Nefyn Williams; Dr Dawn Carnes; Dr Janine Leach; Mr Steven Vogel; Dr Vinette Cross; and Dr Ian Drysdale. Presentations will focus on osteopathic research on adverse events, and patients' expectations and experience of osteopathic care. Further information, including details on how to book your place, is available on the NCOR website ([www.ncor.org.uk](http://www.ncor.org.uk)).**

## Recent onset neck pain – HVT or mobilisation?

**This study by Leaver et al (2010) was undertaken to determine whether neck manipulation is more effective for neck pain than mobilisation. The authors commented that clinicians have been advised to make decisions about neck pain treatment based on effectiveness, but no evidence exists to suggest that manipulation is more effective than mobilisation in the treatment of acute and subacute neck pain.**

The design was a randomised, controlled trial set in 12 primary care physiotherapy, chiropractic and osteopathy clinics in Sydney, Australia. All practitioners were experienced and well qualified. After assessment for suitability, 182 participants with non-specific neck pain of less than three months' duration were randomly assigned to receive treatment with neck manipulation or mobilisation. Both groups received four treatments over a two-week period. Due to the nature of the intervention it was not possible to blind the participants or practitioners to treatment allocation, but those conducting statistical analysis were blinded. The main measure of outcome was the number of days taken to recover from the episode of neck pain. In the manipulation group, the average number was 47 days while the mobilisation group was 43 days. None of the secondary outcome measures used were statistically significant between the manipulation and mobilisation groups; these included recovery of normal activity (22 days and 24 days respectively), and outcomes of pain, disability, function, global perceived effect, and health-related quality of life. Participants in both groups reported relatively high incidences of minor adverse events, particularly increased neck pain (29.4% of all participants) and headache (22.0%).

The authors concluded that neck manipulation is not appreciably more effective than mobilisation, and therefore cannot be justified on the basis of superior

effectiveness. They did note, however, that nearly half of all the participants in the study did not fully recover from the episode of neck pain with which they presented during the trial period, indicative of the persistent and often recurrent nature of non-specific neck pain. This aside, both groups demonstrated a rapid and large improvement in pain scores. The absence of a placebo or no-treatment group also means it is not possible to determine whether the rapid improvement was a result of manual therapy treatment or natural recovery.

Leaver AM, Maher CG, Herbert RD et al. A randomised controlled trial comparing manipulation with mobilisation for recent onset neck pain. *Archives of Physical Medicine and Rehabilitation*. 2010;91(9):1313-1318. [http://www.archives-pmr.org/article/S0003-9993\(10\)00315-1/abstract](http://www.archives-pmr.org/article/S0003-9993(10)00315-1/abstract).

## Adverse events in children treated by manual therapy

**Paediatric manual therapy is controversial within the medical community, particularly with respect to adverse events. It is used by a number of professions such as chiropractors, osteopaths and naturopaths for a variety of treatments in children. The interventions range from advice, light touch and massage, through to mobilisation and high velocity spinal manipulation. However, current evidence related to adverse events associated with paediatric manual therapy is not well understood.**

This review by Humphreys (2010) was an update on a systematic review by Vohra et al (2007) on adverse events associated with paediatric spinal manipulation. Only three new paediatric clinical studies were identified: two reported on chiropractic care (Miller and Benfield, 2008, and Alcantara et al, 2009) and one on osteopathic spinal manipulation (Hayes and Bezilla, 2006). In all three studies, identifiable adverse events were low in number (ranging from 0.83% to 9% of reviewed patient records) and were all found to be minor and self-limiting, such as increased symptoms, stiffness, increased crying or headache. However, all three studies were retrospective file reviews and as such may have suffered from flaws associated with this methodology.

Humphreys BK. Possible adverse events in children treated by manual therapy: a review. *Chiropractic & Osteopathy*. 2010;18:12. <http://www.ncbi.nlm.nih.gov/pubmed/20525194>.



## What determines functional outcome of low back pain?

**This study was carried out to determine the prognostic value of demographic, psychosocial, employment and clinical factors on outcome in patients with low back pain. The study followed the progress of a group of 593 subjects with simple low back pain over a six-month period, at a multidisciplinary back pain clinic in central London employing physiotherapists, osteopaths, clinical psychologists and physicians.**

Participants were recruited over a 12-month period by referral from 123 general practitioners. A baseline questionnaire was developed, based on previously trialled instruments, to elicit information on potential prognostic variables. Factors identified from previous published reports as predicting functional outcome were categorised as demographic, psychosocial, work characteristics and clinical history. Other fields included questions on pain symptoms, back-related function, generic wellbeing and disability. Follow-up questionnaires were completed six months after the baseline questionnaire.

Only two factors were found to be of significance as prognostic indicators for recovery. Firstly, participants showed greater improvements if their episodes of pain during the previous year were short-lived or intermittent. No evidence was found to suggest that recovery was

affected by physical exposure or by the degree of control experienced within the working environment, in contrast to previous studies.

Secondly, those with Middle Eastern, North African and Chinese ethnicity demonstrated minimal improvement. Measurement of the impact of cultural differences on change scores was limited in this study by the relative size of the ethnic groups. Whereas 60% of participants described themselves as white, 11% were of Middle Eastern origin, 3% North African, and 2% Chinese. Although interpreters accompanied many participants, the authors acknowledge the possibility of language barriers and cultural differences in the experience and reporting of pain. The study did not support previous findings that a wide range of factors could predict outcome in patients with low back pain.

Harms M, Peers CE, Chase D. Low back pain: what determines functional outcome at six months? An observational study. *BMC Musculoskeletal Disorders*. 2010;11:236. <http://www.biomedcentral.com/content/pdf/1471-2474-11-236.pdf>.



## Manipulation or mobilisation for neck pain: a Cochrane Review

**Manipulation and mobilisation are often used, either alone or combined with other treatment approaches, to treat neck pain. This review assesses whether manipulation or mobilisation improves pain, function/disability, patient satisfaction, quality of life (QoL), and global perceived effect (GPE) in adults experiencing neck pain with or without cervicogenic headache or radicular findings. Previous Cochrane and other reviews have generally considered effectiveness of manipulation or mobilisation when combined with other manual treatment modalities or exercise. This review explores them as a single-modal treatment; it has excluded combined therapies.**

*Manipulation alone of the cervical region:* sixteen trials met the inclusion criteria, four of which had a low risk of bias. There is moderate-quality evidence (two trials, 369 participants; Cassidy et al, 1992 and Hurwitz et al, 2002) that manipulation produces similar changes in pain, function and patient satisfaction when compared to mobilisation for subacute or chronic neck pain at short- and intermediate-term follow-up. Low-quality evidence (Bitterli et al, 1977; Sloop et al, 1982; Martinez-Segura et al, 2006) suggested cervical manipulation may provide greater short-term pain relief than a control.

*Mobilisation alone of the cervical region:* eight trials, five with a low risk of bias and three with a high risk of bias met the inclusion criteria. One RCT (268 participants; Hurwitz et al, 2002) and one comparison

trial (100 participants; Cassidy et al, 1992) provided moderate-to low-quality evidence showing no difference between mobilisation compared to manipulation and other treatments for pain, function and patient satisfaction for subacute/chronic neck pain.

*Manipulation alone of thoracic region:* six trials met the inclusion criteria, one with a low risk of bias. Low quality evidence (Cleland et al, 2005) supported thoracic manipulation for pain reduction and increased function in acute pain and immediate pain reduction in chronic neck pain. Optimal technique and dose need to be determined for all of the above treatment modalities.

Gross A, Miller J, D'Sylva J et al. Manipulation or mobilisation for neck pain: A Cochrane Review. *Manual Therapy*. 2010;15:315-333. <http://www.ncbi.nlm.nih.gov/pubmed/20510644>.

# Advertising guidelines changed to reflect osteopathic practice

**The Advertising Standards Authority (ASA) has revised its guidance to osteopaths in the wake of discussion with the osteopathic profession and new evidence brought to its attention.**

The Committee of Advertising Practice (CAP), responsible for writing the Advertising Codes administered by the ASA, contacted the British Osteopathic Association in November to advise that after reviewing the Bronfort report on the effectiveness of manual therapies, it has updated the advice to osteopaths on its website ([www.copyadvice.org.uk](http://www.copyadvice.org.uk)).

The full list of conditions that osteopaths can refer to in their publicity material is contained in the Help Note on Health, Beauty and Slimming Marketing Communications that Refer to Medical Conditions.

The new additions to this list are:

- > joint pains including hip and knee pain from osteoarthritis as an adjunct to core OA treatments and exercise;
- > general, acute and chronic backache and back pain (not arising from injury or accident);
- > uncomplicated mechanical neck pain (as opposed to neck pain following injury, e.g. whiplash);
- > headache arising from the neck (cervicogenic); and



- > frozen shoulder/shoulder and elbow pain/tennis elbow (lateral epicondylitis) arising from associated musculoskeletal conditions of the back and neck, but not isolated occurrences.

It is important to note that the ASA may still require evidence for the treatment of any of the conditions that they accept osteopaths can claim to treat. This means that you will still need to make sure that the claims made in your publicity material – both in print and online – can be verified by robust clinical evidence.

To view the full revised guidance on the CAP website, you will need to register your details.

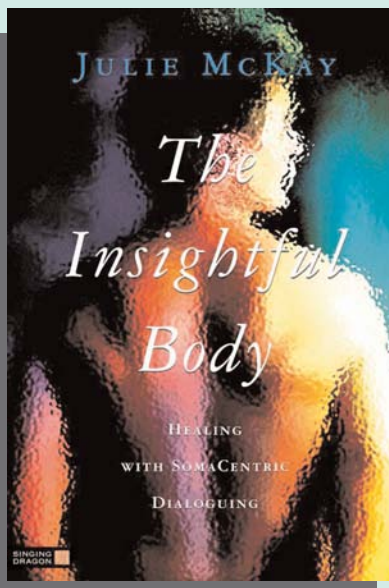
The CAP guidance also now refers to osteopathy as 'a healthcare profession that utilises a patient focused, physical approach to restoring, maintaining and promoting physical and psychosocial well being', as opposed to 'a complementary medicine healthcare profession'.

**You can check your compliance with the ASA's rules by contacting the CAP Copy Advice Team on 020 7492 2100 or emailing: [advice@cap.org.uk](mailto:advice@cap.org.uk). From 1 March, the ASA's remit will also cover online marketing communications, including website content and social networking sites such as Facebook and Twitter.**



# Bookshelf

a selection of illustrated reference books for the osteopathic bookshelf

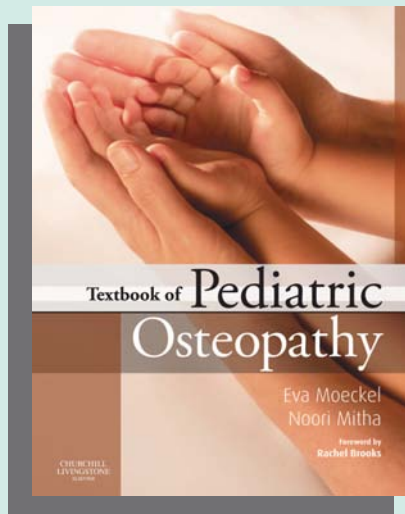


## The Insightful Body Julie McKay

Published by Singing Dragon  
ISBN: 978-1-84819-030-6

This accessible introduction to SomaCentric Dialoguing offers therapists simple yet effective techniques for improving communication with their clients, helping them understand and articulate what their bodies want them to be aware of.

The book outlines the core techniques to the approach and shows the reader how they can be applied to make therapeutic sessions of all kinds more effective. Explaining how individuals process and communicate information, the author describes how therapists can identify each client's unique language blend, and how they can use this knowledge to help them become more in tune with, and more able to express, their body's particular needs.



## Textbook of Pediatric Osteopathy Eva Moeckel and Noori Mitha

Published by Churchill Livingstone Elsevier  
ISBN: 978-0-443-06864-5

This textbook is a detailed and practice-orientated manual that provides everything the practitioner needs to know about paediatric osteopathy. Written by an experienced, international team of authors, it covers the whole spectrum of paediatric osteopathy from newborn to teenager.

The book is split into two sections, exploring a vast range of topics, including the treatment of mothers before and after birth, managing a paediatric osteopathic practice and the consideration of logopedics, orthodontics and vaccination.

# Book review

## The Great Ormond Street Colour Handbook of Paediatrics and Child Health

Stephen Strobel  
Stephen D Marks  
Peter K Smith  
Magdi H El Habbal  
Lewis Spitz  
Published by Manson Publishing  
ISBN: 978-1-874545-27-9

Reviewed by Stuart Korth DO

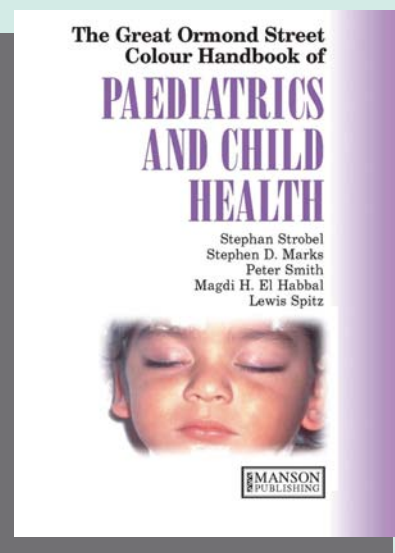
Reading medical textbooks is hard work, but can be informative as to how diagnostic and treatment trends are developing. The handbook in question, probably inadvertently, suggests just how many syndromes of hitherto uncertain aetiology are, in fact, due to chromosome anomalies. Even more striking is the concentration on the significance and prevalence of autoimmune illnesses.

Much of the content is concerned with acute disease and severe pathologies, diagnosis of which presupposes acquaintance with hospital procedures, many of them highly specialised. This is of interest to osteopaths who see significant numbers of children in their practices, but may be something of an acquired taste.

An eclectic précis of cutting-edge paediatrics perhaps describes the work best. Would I recommend it for your

bookshelf?

No, not unless you are particularly studiously minded and enjoy a behind-the-scenes view of modern medical practice.



# Backchat

This section is intended to provide a forum for professional debate. The views and opinions expressed here do not necessarily reflect those of the publishers.

## The age of austerity

### Dear Editor,

It was with interest that I read a recent edition of *The Osteopath* magazine (August/September 2010). It seems that the Council, on behalf of its registrants, has appointed two different teams of management consultants: KPMG for the revalidation assessment criteria and Hewell Taylor Freed & Associates for the revamp of the *Standard of Proficiency* and *Code of Practice* guidelines. I know nothing about these companies or the individual teams involved. They may be excellent, indeed as a profession we may get value for the money spent on these organisations. However, I think it right that the profession asks the Council the question "Are we getting value for money on the initiatives you are setting up?"

As a Privy Council appointee to the first General Osteopathic Council and a member of the Commencement Order Group, responsible for developing the business plan of the GOsC, I still have memories of the many hours of debate that went into the development of this plan, and in particular the setting of the proposed registration fee at £750 per annum. We knew at the time that it was a big 'ask' for the profession to swallow such a large registration fee, but with only 2,000 potential registrants at the time and a statutory Register to organise, we simply felt we had no choice.

My personal view, and it may have been shared by others working on the business plan, was that as our profession grew and registered numbers increased, there should be the potential to actually reduce the registration fee, eventually.

The GOsC must be commended for not actually increasing the registration fee during the past 10 years. However, we now have double the amount of registrants compared to 10 years ago, currently over 4,000, thus the income to the GOsC must have almost doubled during this period. That is a 10% increase per year, each year. There is no doubt that the complexities of statutory regulation have also increased and the argument will be that this doubling of the income has been swallowed up by all these extra regulatory burdens. I think that if the UK government, and the many individuals that I know, are currently looking at expenditure and balance sheets, it is imperative that organisations such as the GOsC really justify to the profession why the current level of registration fee is justified. There is increasing anecdotal evidence that the economic problems are widespread and hitting many industries and professions; osteopathy will not be immune to this.

There's no doubt that more recent graduates have entered a profession that is very different to the one I entered 23 years ago. The healthcare

marketplace especially has seen a decline in patient numbers, affecting osteopaths and many other clinicians in private medicine. It would be interesting to find out what percentage of registrants are asking the GOsC for reductions in their registration fees due to economic issues, assuming they are not too proud to do so.

I'm a passionate fan of all that the GOsC stands for; I think it's had a fantastic impact in the standing of osteopathy for both patients and medicine alike. I just wonder whether we need to spend the money we are actually spending as a profession, and, if not, to consider a reduction in the annual retention fee.

**Mr Gerry Gajadharsingh DO**



## Chair's response

### Dear Gerry,

Thank you for your letter. First, it may be helpful if I explain that the level of the fee – £750 – is fixed in legislation and cannot currently be changed without a change in the legislation itself. That process entails a number of steps, culminating in obtaining the approval of the Privy Council to the proposed change. It is a protracted process – potentially taking years – and therefore extremely limiting in adjusting the fee to prevailing circumstances.

We have been working with the Department of Health to secure an amendment to the Osteopaths Act which would allow the GOsC to set the fee itself (without having to change the relevant legislation each time). We had made good progress in this regard but, unfortunately, the work stalled with a change in government. This all means that, for the time being, the fees will remain as set out in the legislation, although we will continue to press to have the legislation changed.

### 1. The appointment of Hewell Taylor Freed & Associates

We appointed this firm with the aim of greatly enhancing the response rate to a consultation on the Osteopathic Practice

Standards. Response rates in the past where we have employed in-house resources only have been too low to place reliance on the findings. By contrast, response rates achieved when external consultants are employed are greater and ensure a much more informed policy development process.

The appointment of Hewell Taylor Freed & Associates was made following a rigorous selection process using clear and published selection criteria. I am confident that these consultants have the experience and skill for this type of work. As part of the contract, they use a variety of different methodologies including telephone interviews, face-to-face interviews, focus groups and written responses to the consultation to get the breadth and depth of responses required from osteopaths as well as from our other stakeholders.

### 2. The appointment of KPMG

We appointed KPMG to undertake a cost, risk and benefits analysis of the GOsC's draft revalidation scheme. The contract is funded by a grant from the Department of Health (DH) and so does not impact on registrants' fees. We are fortunate that most of the funding required for the development of revalidation so far has been provided by a DH grant.

The KPMG work is an extensive evaluation and impact assessment of the draft revalidation scheme which will consider costs, benefits and risks in revalidation. This work will ensure that at the conclusion of pilots currently planned for 2011, we will have a clear view of the potential impact of revalidation on the osteopathic profession and will be able to refine our processes accordingly. You will be aware that revalidation has generated much discussion both in the osteopathic profession and in the other healthcare professions. Given the untested nature of revalidation, we believe it is essential that we use the services of the most experienced analysts to guide our approach at key stages. KPMG have a solid track record in this kind of work and we appointed them following a full tendering exercise. We also have a clear management system in place to oversee the work with regular progress reports to the Council.

### 3. Value for money for registrants

The GOsC is very clear that ensuring efficiency and value for money is an essential part of its role. Indeed, efficiency and value for money are amongst the principles upon which our Corporate Plan is founded. A key strategic objective in the Corporate Plan is "to keep our activities and use of resources under review, making changes where

necessary to ensure optimum performance and cost-effectiveness." In practice, this objective is underpinned with clear plans to review all our activities, including the use of independent consultants, with an eye to achieving efficiencies.

You will also be aware that we are required to produce an Annual Report to Parliament each year which demonstrates how we are spending our money. These reports are scrutinised by Parliament and are available on our website.

You acknowledge that the fees have remained the same since 2000. Of course, the amount has been significantly eroded by inflation: £750 in 2000 is worth just £570 today. Nonetheless, the GOsC is still able to carry out its functions, which have grown significantly in amount and complexity, without having to increase the registration fee.

**Professor Adrian Eddleston  
Chair, General Osteopathic  
Council**

### Have your say

If you would like to share your views or comments with other readers of *The Osteopath*, write to the editor at Osteopathy House, email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk) or send your letter via the [zone website](#). Letters may be edited for length and clarity.

# Courses 2011

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 events diary on the **o** zone website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

## February

>3-6

### Clinical screening (part 1)

Course director: Susan Turner  
Venue: Columbia Hotel, London W2  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

>4-6

### Introduction to paediatric osteopathy

Course director: Dr Mary Anne Morelli  
Venue: Columbia Hotel, London W2  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

>5

### Stretching exercise and application to osteopathic care

Speaker: Robin Lansman  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
tel: 020 7089 5315  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

>5

### Introduction to counselling skills for manual and physical therapists

Speakers: Tsafi Lederman & Jenny Stacey  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>5-6

### Integrative osteopathic technique: SI joints, pelvis and LEX

Speaker: Professor Laurie Hartman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>5-6

### Dentistry and the craniosacral system

Speaker: Dr Granville Langly-Smith  
Venue: London  
tel: 020 7483 0120  
e-mail: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

>10

### How to treat: Acute disc/lower back pain

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

>18-20

### Neuromuscular re-abilitation

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

>19-20

### Osteopathy in neonatology

Speaker: Thierry Leboursier  
Venue: Breast Cancer Haven, Effie Road, London SW6 1TB  
tel: + 34 93 480 25 15  
email: [info@advancedosteopathy.com](mailto:info@advancedosteopathy.com)  
website: [www.advancedosteopathy.com](http://www.advancedosteopathy.com)

>23-25

### The new osteo-articular approach – the spine and the pelvis

Speaker: Jean-Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>10

### How to treat: Chronic lower back pain

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

>12-13

### Osteopathic approach of the common difficult clinical conditions

Speaker: Michael Kutchera  
Venue: Breast Cancer Haven, Effie Road, London SW6 1TB  
tel: + 34 93 480 25 15  
email: [info@advancedosteopathy.com](mailto:info@advancedosteopathy.com)  
website: [www.advancedosteopathy.com](http://www.advancedosteopathy.com)

## March

>4-6

### Care of mother and baby: A family approach

Speaker: Averille Morgan  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>4-6

### Paediatrics

Course director: Susan Turner  
Venue: Hawkwood College, Stroud  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

>19

### The timeless teachings of AT Still

Course director: John Lewis  
Venue: Bristol  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

>19-20

### A bellyful of health – advanced craniosacral workshop

Speaker: Katherine Ukleja  
Venue: Skylight Centre 2, London N5  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

> 19–20  
**MET & pulsed MET in treatment of joint/spinal dysfunction**

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

> 28  
**Osteopathy in the cranial field**

Course director: Carl Suridge  
 Venue: Hinsley Hall, Leeds  
 email: info@sutherlandcranialcollege.co.uk

April

> 2  
**Craniosacral therapy – introductory day**

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

> 2–3  
**Basic visceral: The abdomen**

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

> 7  
**How to treat: Trapezius myalgia and chronic neck pain**

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

May

> 12  
**How to treat: Frozen shoulder**

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

> 12–16  
**WG Sutherland's approach to the body as a whole**

Course director: Susan Turner  
 Venue: Hawkwood College, Stroud  
 email: info@sutherlandcranialcollege.co.uk

> 14  
**Cognitive behavioral tools in the management of LBP**

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

> 28–29  
**Lymphatic system and osteopathy**

Speaker: Bruno Chikly  
 Venue: Breast Cancer Haven, Effie Road, London SW6 1TB  
 tel: + 34 93 480 25 15  
 email: info@advancedosteopathy.com  
 website: www.advancedosteopathy.com

> 28–29  
**Meditation, emotion and the eight transverse diaphragms**

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

June

> 4  
**Simplifying the management of shoulder conditions**

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

> 24–26  
**Dynamic basieranium**

Course director: Liz Hayden  
 Venue: Hawkwood College, Stroud  
 email: info@sutherlandcranialcollege.co.uk

July

> 16–17  
**Clinical strain counterstrain**

Lecturer: William H Devine  
 Venue: Breast Cancer Haven, Effie Road, London SW6 1TB  
 tel: + 34 93 480 25 15  
 email: info@advancedosteopathy.com  
 website: www.advancedosteopathy.com

> 16–21  
**Craniosacral therapy – introductory course**

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

September

> 10–11  
**Osteopathic technique: Cervical spine, CD and UEX**

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

> 12–16  
**Osteopathy in the cranial field**

Course director: Michael Harris  
 Venue: Columbia Hotel, London W2  
 email: info@sutherlandcranialcollege.co.uk

> 22  
**How to treat: Tennis elbow**

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

**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](mailto:editor@osteopathy.org.uk).

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

**CLASSIFIEDS**

**RECRUITMENT**

**Self-employed osteopath**

required for our busy multidisciplinary Northampton clinic. We are an established clinic (since 1976) in an ideal central location. Having offered osteopathy since 1987, we understandably have numerous enquiries for treatments. This is a unique opportunity to build up your own practice very quickly. Please contact the practice manager for details. Telephone 01604 622 999 or email: michelle@devonparadeclinic.co.uk.

**SE London.** Want to work in a busy clinic, seeing 20 to 27 patients a day, and have a structured two-year training programme? We are a committed, dedicated team in a 20+ year established clinic with full reception cover. Email: clinicassistant@osteo4u.co.uk for a full job description.

**Full-time associate** position in Newcastle upon Tyne. We are seeking a passionate, motivated osteopath to join our busy Wellness Centre team. You must be confident treating clients of all ages, so great structural skills essential and cranial skills an advantage. You will be replacing a busy established osteopath and must feel confident seeing 50+ clients per week. For more information, call Julie on 01912 431 216 or visit: www.hrwc.co.uk.

**Romford: Associate(s)** required for busy group practice, 20 minutes by train from London. Must be able to offer minimum two sessions weekly and have good communication skills. Paediatrics would be beneficial. Please send CV and letter of application, stating available days: Practice Manager, 70 Eastern Road, Romford RM1 3QA.

**Accomplished cranial osteopath** required for well-established practice (20 years +) in South Gloucestershire/Bristol. Excellent opportunity to build children/newborn clinic in prosperous market town, with many young families and no IVM practitioner locally. Please reply to Box Number 114, The Osteopath, Wealden Advertiser Ltd, Cowden Close, Horns Road, Hawkhurst, Kent, TN18 4QT.

**Associate required** two to three days including some Saturday mornings. Stamford & Bourne, South Lincolnshire. Car essential. Some experience preferred. Good structural skills essential. Interest in IVM beneficial. Must be enthusiastic, patient-focused and willing to build list. Contact: 07900 691 476 or phakim@btconnect.com.

**Central Milton Keynes.** Great opportunity for an experienced, motivated and self-employed osteopath to join a multidisciplinary clinic within a well-equipped gym. Established and extensive referral base. Excellent remuneration and free gym membership. Hours to suit. CV to: vicki@energiehq.com.

**Fulham osteopaths**, west London are looking for an experienced and caring osteopath to join our team on Mondays, Tuesdays and Wednesdays. Our ideal candidate would have a minimum of five years' experience treating all patients, from newborn babies through to the elderly, and be comfortable using a broad range of treatment modalities, including classical. You must also be BUPA registered. If this sounds like you, please email your CV to: info@fop.co.uk along with two references and a covering letter outlining why you would like to join our practice and what you hope to contribute.

**Locum required** for three-week holiday cover (10/01/11 to 28/01/11) in Stamford & Bourne, South Lincolnshire. Car essential. Predominantly structural, but IVM and dry needling useful. Associate position possibly available afterwards. Contact Mr P Hakim on 07900 691 476 or email: phakim@btconnect.com.

**COMMERCIAL**

**Practice for sale** in expanding market town of Alton, Hampshire; either goodwill alone at £20,000 (current practitioner working two days per week), or together with opportunity to rent superb room in busy dental practice with low overheads (inclusive of heating, lighting, telephone, and reception staff). Sale due to retirement. Email: olejen@tiscali.co.uk or phone Jenny on 07974 522 587.

**Room hire** for osteopath. D1 purpose, prominent shop/clinic, SW15 (Putney). Reception, large clinic areas, plinth, couch roll, laundering. Sink/toilet. Broadband. Sharps and clinical waste disposal. Central advertising. Website. Physio referrals. BUPA. Streamline (card payments). Minimum 12 hrs/mth (3 hrs/wk). £12/hr. Negotiable extras. Call 020 8870 8900.

**Treatment room** to let in Twickenham, TW1. Luxurious, large room in well-established, home-based osteopathic clinic with air conditioning and hydraulic couch, 8am-6pm, Monday - Friday, and 8am-2pm Saturday. Wireless broadband. Suit established osteopath with own list. For rates and information, please contact us by email: kuleszaosteo@tiscali.co.uk.

**Clinic and goodwill** for sale due to retirement. Situated in historic market town in scenic area of the Dales. Premises with two treatment rooms and living accommodation above. Valued at £160K, turnover £80K, two part-time associates. Phone Peter Hairsine on 01833 630 640.

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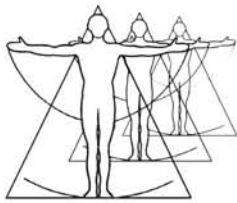
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# CPDO

# 2011

**10% discount for all courses booked before 5 Jan 2011** (except JP Barral's)

Dates	Title	Lecturer	Cost	Deposit
<b>Weekend courses 10.00-17.00</b>				
15 Jan	Pilates: The lower back in focus	Susie Lecomber	£125	£125
15 Jan	Sports taping of lower limb	Tom Hewetson	£135	£135
15-16 Jan	Touch as a therapeutic intervention	Tsafi Lederman		
22 Jan	Managing acute and lower back pain: Beyond a structural model	Prof. Eyal Lederman	£125	£125
5-6 Feb	Integrative osteopathic technique: SI joints, pelvis and LEX	Prof. Laurie Hartman	£265	£150
5 Feb	Introduction to counselling skills for manual and physical therapists	Tsafi Lederman & Jenny Stacey	£125	£125
18-20 Feb	Neuromuscular Re-Abilitation (Start time Friday 18.00)	Prof. Eyal Lederman	£385	£200
23-25 Feb	The new osteo-articular approach - the spine and the pelvis	Jean-Pierre Barral		Fully booked
4-6 March	Care of mother and baby: A family approach (Start time Friday 18.00)	Averille Morgan	£385	£200
19-20 March	MET & Pulsed MET in treatment of joint/spinal dysfunction	Leon Chaitow	£265	£150
2-3 April	Basic visceral: The abdomen	Joanna Crill Dawson	£235	£150
14 May	Cognitive behavioural tools in the management of LBP	Peter Gladwell	£125	£125
4 June	Simplifying the management of shoulder conditions	Prof. Eyal Lederman	£125	£125
10-11 Sept	Osteopathic technique: Cervical spine, CD and UEX	Prof. Laurie Hartman		
24 Sept	Pilates: The neck and shoulders in focus	Susie Lecomber	£125	£125
24-25 Sept	Management and rehab of chronic pelvic pain (including pelvic girdle pain)	Leon Chaitow	£265	£150
1 Oct	Functional stretching: An active approach	Prof. Eyal Lederman	£125	£125
21-23 Oct	Pregnancy care (Start time Friday 18.00)	Averille Morgan	£385	£200
5-6 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£150
18-20 Nov	Harmonic technique (Start time Friday 18.00)	Prof. Eyal Lederman	£385	£200
23-25 Nov	The new osteo-articular approach – upper limbs	Jean-Pierre Barral		Fully booked
<b>Evening courses 19.00-22.00</b>				
20 & 27 Jan	Introduction to visceral osteopathy: the pelvis	Joanna Crill Dawson		£80
10 Feb	How to treat: Acute disc / lower back pain	Prof. Eyal Lederman		£40
10 March	How to treat: Chronic lower back pain	Prof. Eyal Lederman		£40
7 April	How to treat: Trapezius myalgia and chronic neck pain	Prof. Eyal Lederman		£40
12 May	How to treat: Frozen shoulder	Prof. Eyal Lederman		£40
22 Sept	How to treat: Tennis elbow	Prof. Eyal Lederman		£40
20 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman		£40
17 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman		£40
<b>Evening lectures 19.00-22.00</b>				
27 Jan	Mechanisms in connective tissue shortening and elongation	Dr Helen Birch		£20
17 Feb	Introduction to treating autistic children	Iona Bramati Castellarin		£20

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

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# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

[www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd)

### Osteopathic Philosophy and Principles of Practice

The foundations of osteopathic philosophy have their roots in pragmatism and transcendentalism. North American philosophy was influenced by the works of Johann Wolfgang von Goethe and Immanuel Kant, placing experience at the centre of the science rather than the theory or method. As an experience rather than experiment-based science osteopathy in its modern form would be placed in the philosophy of phenomenology. History shows that a Goethean-Stillian approach is more powerful than the present day dominant medical Cartesian philosophy. This one-day course covers the application of osteopathic philosophy in clinical practice.

Course Leader: Walter McKone DO, Tutor in the Clinic at the BSO

Date: Saturday 15 January 2011

Course fee: £95

CPD: 6 hours



### Still Technique Part 1 - (Still Technique Part 2 - Sunday 20 March 2011)

*Still Technique* is described as the "application of the rediscovered techniques of Andrew Taylor Still". Based on the written fragments of Still's techniques, *Still Technique* is a system of osteopathic diagnosis and treatment which aspires to recreate the manipulations of the 'Old Doctor'.

A cross between structural and functional, it can be used as an alternative or supplement to HVT release techniques, when such approaches are inappropriate or ineffective. It is also applicable to every area of the body and suitable for a wide range of patients.

This course will introduce the theory and practice of Still Technique and is suitable for graduates and fourth-year undergraduates.

Course Leaders: Jonathan Edis and Glynn Booker

Date: Sunday 16 January 2011

Course fee: £125

CPD: 6 hours



### Sports Biomechanics and Muscle Chains (1 of 3 parts)

The first of a three-part series of workshops (although it is not necessary to attend these course sequentially), Sports Biomechanics and Muscle Chains aims to equip the practising osteopath with the tools to spot and approach a variety of myofascial muscle chain dysfunctions. The theory behind this one-day workshop enables participants to modify their approach to patients by adapting to a specific framework for assessing and planning patient care whilst utilising the most appropriate treatment tools with new insight, aiming to go further than merely equipping delegates with a few additional "tools".

Course Leader: Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO

Date: Saturday 22 January 2011

Course fee: £95

CPD: 6 hours



### Stretching Exercises & Application to Osteopathic Care (1 of 3 parts)

This intensive one-day course can be 'stand alone' or works well with Sports Biomechanics & Muscle Chains or Function Active Release in Osteopathy. It focuses on tailor-made remedial stretches, which can form part of your patient management plan, building on the theory provided in the previous Biomechanics & Muscle Chains course. The largely practical day will examine ways to modify stretches for individuals, contra-indications and muscle physiology. Participants can experience both performing and teaching stretches.

Course Leader Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO

Date: Saturday 5 February 2011

Course fee: £95

CPD: 6 hours



26 February 2011 - Functional Active Release, Robin Lansman  
5 March - Advanced Spinal Manipulation, Neil Wayman & David Evans  
20 March - Still Technique Part II  
2 April - First Aid  
9 April - Ergonomics





# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

[www.bso.ac.uk](http://www.bso.ac.uk)

### Strain and Counterstrain



Strain and counterstrain technique (or positional release) was first developed by Lawrence Jones. It is a gentle technique involving indirect positioning which emphasises correction of abnormal neuromuscular reflexes to reduce inappropriate proprioceptive activity. Therapeutically the techniques can be used for a range of problems, from acute injuries to chronic conditions. The Strain: Counterstrain course run at the BSO is very popular, course has a strong practical orientation, with the emphasis on application within the clinical setting.

Course Leaders: Bob Burge and Jo-Anne Holden, Senior Clinic Tutors in the BSO Clinic

**Date: Sunday 6 February 2011**

**Course fee: £125**

**CPD: 6 hours**

### Practice Development for Osteopaths

Course participants will also learn how to focus on their target market's wants and needs and learn how important this is in attracting patients to their clinics. In turn this will lead to an increase in patient numbers and to overall patient satisfaction.

This course is practical in nature and aims to help each participant come away with an increased understanding of how to go about building their own practices. The course is aimed both at osteopaths who are just starting out in their own practice and also those who may have been in practice for longer periods but would like to have a fresh look at building their patient lists.

Andre Duquemin, is both a certified professional coach and osteopath. He works with health professionals to help them build their practices with integrity.

**Date: Saturday 12 February 2011**

**Course fee: £95**

**CPD: 6 hours**



### Ergonomics and Osteopathy

The Ergonomics course is a one day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling back in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

Course Leader David Annett is a freelance Ergonomics Consultant with over 15 years' experience and an honours degree in Ergonomics, as well as a practising Osteopath.

**Date: Saturday 19 February 2011**

**Course fee: £95**

**CPD: 6 hours**

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## Postgraduate Courses - from December 2010

### 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.

**Planned start date:** March 2011

**Course Leader:** Fiona Hendry

**To register your interest for further information on the above courses, please contact:**

Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

**For information on our postgraduate provision, please contact:**

Jorge Esteves, Head of Postgraduate Studies and Student Research [j.esteves@bso.ac.uk](mailto:j.esteves@bso.ac.uk)



# Sutherland Cranial College

## Take part in the SCC Training Programme 2011

*‘We offer an inspiring programme from beginner to advanced level’*



Date	Title	Course Director	
February 4–6	Introduction to paediatric osteopathy Part 1: Clinical screening	Dr. Mary Anne Morelli DO FACOP	Module 9
March 4–6	Part 2: Osteopathic approach to children CPD 48 hours   £1250	Susan Turner MA PGCE DO MSCC	
March 19	The timeless teachings of A T Still CPD 6 hours   £95	John Lewis DO MSCC	
March 28–April 1	Osteopathy in the cranial field CPD 40 hours   £1399	Carl SurrIDGE DO MSCC	Module 2/3
May 12–16	WG Sutherland’s approach to the body as a whole CPD 32 hours   £1120	Susan Turner MA PGCE DO MSCC	Module 4
June 24–26	Dynamic basicranium CPD 24 hours	Liz Hayden DO MSCC	Module 6
September 12–16	Osteopathy in the cranial field CPD 40 hours	Michael Harris DO MSCC	Module 2/3
October 7–9	Paediatrics post Pathway CPD 24 hours	Susan Turner MA PGCE DO MSCC	
November 4–6	Rule of artery CPD 24 hours   £695	Maxwell Fraval DO	
November 26	Rollin Becker Memorial Lecture	Peter Armitage DO MSCC DPO	

**The Sutherland Cranial College is committed to teaching the principles of osteopathy as conceived by Andrew Taylor Still and developed by William Garner Sutherland.**

Modules 1–9 have a 1:4 tutor to student ratio in practical sessions

- Entry level courses (Modules 1 and 2/3) provide a high standard of training in palpation of the Involuntary Mechanism (IVM) and a firm grounding in osteopathic treatment approaches
- Module 4 teaches the principle of Balanced Ligamentous Tension for treating every joint of the body and provides a useful bridge between structural and cranial approaches
- Pathway Courses (Modules 5–9) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge. These run on a two-year cycle and can be taken in any order.

**Bookings and further details:** [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk) Telephone: 01291 622555

Deposit £100, stage payments available.



# Thinking CPD ... think ESO

## Dynamic Neuromuscular Stabilization - Course B

Friday 28 - Sunday 30 January 2011 (21hrs CPD)

Presented by Prof Pavel Kolar, PaedDr, PhD and Dr Alena Kobesova, MD

Cost: £450 (inclusive of lunch and refreshments)

Professor Pavel Kolar and Dr Alena Kobesova return for the second in this series of popular DNS courses. This three-day course will include demonstrations of 'Higher' and more advanced positions, assessment of babies and adult case studies. Delegates will participate in active exercise and hands-on workshops.



**Course limited to 30 delegates**

"One of the most interesting courses I have been on and one which will add a major dimension to my practice. Thank you for finding Professor Kolar" - Seminar feedback, January 2010

## Acupuncture for qualified osteopaths

Saturday 12 - Sunday 13 February & Saturday 5 - Sunday 6 March (28hrs CPD)

Presented by Cahir Doherty DipAc, PGDipAc MBAC

Cost: £475 (inclusive of lunch and refreshments)

This four-day introductory course will provide the attendee with the skills and knowledge to use modern acupuncture as a safe and effective therapeutic adjunct in the treatment of musculoskeletal pain within their osteopathic practice. The course is aimed at qualified osteopaths with no prior training in acupuncture to expand their clinical remit. All equipment is supplied and a certificate of attendance from the ESO will be presented upon completion. The course will be heavily practical. Attendees are strongly encouraged by the course leader to make sure that their Hepatitis B vaccinations are up to date.



**Course limited to 16 delegates**

## Verbal first aid for working with children

Saturday 7 - Sunday 8 May (14hrs CPD)

Presented by Judith Prager PhD

Cost: £270 (inclusive of lunch and refreshments)

This two-day course will be conducted by Dr Judith Prager, an expert on the effects of words and thoughts on patient outcomes. The right words can mean the difference between pain and comfort, panic and calm, even life and death.



"Dr Prager's CPD event was simply excellent; I would go as far as saying that, for me, it was the best CPD event I have attended." - Seminar feedback May 2009

# The path to quality training

**The Rollin E. Becker Institute** is an **SCTF-approved** organisation providing education, practical skills and development with osteopathy in the cranial field (OCF). Established by an existing team of highly-educated, motivated and experienced teacher-practitioners in OCF, the Rollin E. Becker Institute blends philosophical traditions with developments in knowledge in the cranial concept. We aim to inspire newcomers to OCF, as well as those already practising, by delivering essential and expert knowledge, invigorating the way you work.

**The Rollin E. Becker Institute** is committed to delivering a high-quality programme of courses, masterclasses and seminars relevant to the challenges facing osteopaths in the 21st century. Visit [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for more details.



## Train with the Rollin E. Becker Institute - 2010/2011

### OCF 40-hour Foundation Course

Dates: 8/9 & 22/23 Jan, 5/6 Feb Venue: FPO/OCC Cost: £825  
Course Leaders: Carina Petter and Nick Woodhead

This SCTF (USA) approved 40-hour course will run over three weekends to minimise disruption to practice life.

The course will explore the detailed anatomy and function of the involuntary mechanism and diagnostic and therapeutic interventions using the involuntary mechanism approach with the emphasis on application in everyday osteopathic practice.

### Advance Notice -

### Regional Tutorials in Your Area - April 2011

A number of four-hour tutorials are planned for early April 2011 in Wiltshire, Hampshire, Berkshire, Hertfordshire, Lancashire, London and the East Midlands.

Cost £50. Further details can be found on our website.

Call 0845 5193 493 or visit  
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**NEW COURSE - Perceptory Precision Studies 1**

with Ian Wright

These 3 courses are primarily aimed at Osteopaths wishing to use the 'softer' approaches of Functional and Cranial Osteopathic techniques.

We will learn to become proficient in sensing 3 types of function using specific areas of the body as our viewpoint. Eg the Face - we will look at the detailed functional anatomy and motion of the facial bones, the function of the speed reducers - the vomer, palatines and zygomatics. Then we will learn how to broaden our view point to look at fulcrums of function and trauma- eg how the face as a whole is expressing birth or trauma patterns, even to apply timelines to become very specific. From here we will broaden our viewpoint to sensing embryological, functional and sensorial fields to view a whole different mechanism of function.

We will look at developing our perceptual awareness using the building blocks of really sensing anatomy and physiological processes- learning to perceive whole body patterns. We will also develop our awareness and ability to work with emotional fields and relational dynamics to develop a true sensory holistic perspective when working with children and adults.

The course is in small groups at a gentle pace- emphasis on really letting our senses breathe!

Part 1 24th- 26th February 2011

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Places limited to 12 so book early by calling 0035352 38800  
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**Training in Visceral Manipulation**

2011 Courses

**Visceral Manipulation - Abdomen I**

VMI - 3 day class €595  
Roberto Bonanzinga  
March 4-6 Friday - Sunday

**Fascial & Membrane Technique - Thorax, Abdomen & Pelvis**

FMTT - 4 day class €650  
Peter Schwind  
May 26-29 Thurs - Sun

**Visceral Manipulation - The Pelvis**

VM3 - 4 day class €650  
Roberto Bonanzinga  
September 1-4 Thur - Sun

Early booking discount of €150 available for all courses if fully paid 60 days prior to course dates, no refunds available

All courses will be held in Dublin. Venues will be finalised closer to course date. Venues will be chosen to accommodate easy transfer to & from Airport

For more details  
Please visit [barralinstitute.ie](http://barralinstitute.ie)  
Phone 00-353-1-2103967  
Email: [barralireland@gmail.com](mailto:barralireland@gmail.com)

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A lecture and demonstrations by  
**Mervyn Waldman, DO**

Friday 4th February 2011 (10am-5pm)  
@

**London Metropolitan University  
84 Moorgate London EC2**

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- Direct Debit payment system if required

### *Additional policies and covers available...*

- Home Insurance - includes seeing your clients from home
  - Multi-Therapy Clinics
  - Training schools
  - Therapy Room Contents / Surgeries Package
  - Practice Expenses and Locum Cover
  - Charities, Not-for-Profit Organisations, Trustees Liability & Associations Cover
  - Commercial Legal Expenses & Tax Package
  - Health Maintenance Schemes customised for your own practice
  - Private Medical Insurance
  - Accident or accident & Illness Schemes for UK & Ireland
  - Cover for Europe-based Health Professionals
  - And many more...
  - All Policies can be tailor-made to suit your needs....
- Independent financial Advice, mortgages and business loans through our sister firm, H & I Balen

**For more information on Balens, please visit our website**

**[www.balens.co.uk](http://www.balens.co.uk)**

**Telephone:** 01684 893006 **Fax:** 01684 893416 **Email:** [info@balen.co.uk](mailto:info@balen.co.uk)

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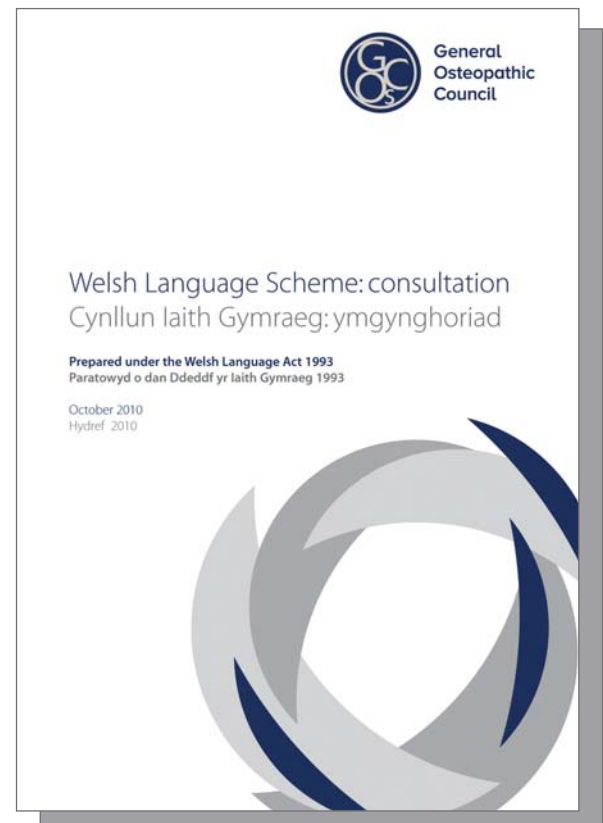
*Balens... often copied, never bettered...*



General  
Osteopathic  
Council

# GOsC to consult on Welsh Language Scheme

As a public body, the GOsC is required by the Welsh Assembly Government, under the Welsh Language Act 1993, to prepare a Welsh Language Scheme. The draft scheme explains how we propose to provide services to patients and members of the public who are speakers of Welsh. Responses are invited from anyone with an interest in our work.



The consultation will be available in the new year – please keep an eye on the public website and the o zone for further details ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)).