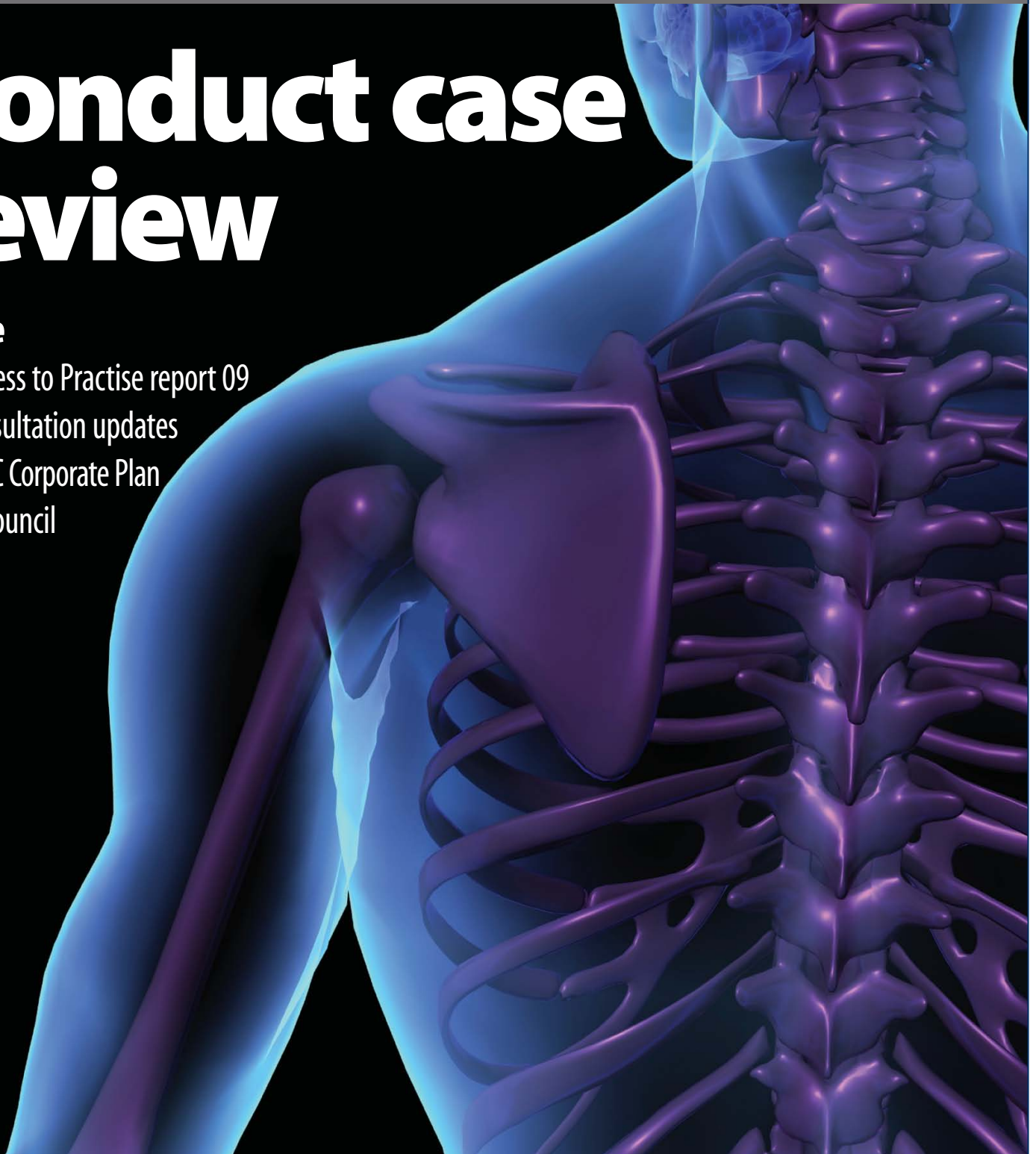


# the osteopath

## Conduct case review

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General  
Osteopathic  
Council



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

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

**Enquiries about** conferences, workshops & events, *The Osteopath*, GOsC websites, Certification Mark, the media, NHS, publication orders (including GP consent forms & 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 & 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 & consent forms, fitness to practise, Protection of Title.

**Clerk to Council** 01580 720 213

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

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# the osteopath



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### the osteopath

Volume 13 | Issue 1 | Feb/March 10

*The Osteopath* is the official journal of the General Osteopathic Council.

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**Design:** Axiom Partners

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# Fitness to Practise report 2009

Issues involving osteopaths' fitness to practise are an integral part of the GOSC's duty to regulate the profession, thereby protecting the public and the profession's reputation. The following report of the GOSC fitness to practise committees covers the period from 1 January to 31 December 2009.

The statutory committees, generically referred to as the fitness to practise committees, include the Investigating Committee, Professional Conduct Committee and Health Committee. It has not been necessary for the Health Committee to sit this year, and so this report focuses on the Investigating Committee and Professional Conduct Committee.

## Investigating Committee

The Investigating Committee (IC) consists of osteopathic and lay members. Its primary role is to decide whether there is sufficient evidence of one or more of the following, in deciding whether there is a case for the osteopath to answer:

- > unacceptable professional conduct
- > professional incompetence
- > a relevant criminal offence
- > ability to practise is seriously impaired due to a mental or physical condition.

From 1 January to 31 December 2009, the IC met on five occasions and considered 19 cases. It reached the following decisions:

IC decisions		
Allegation*	Case to answer	No case to answer
Unacceptable professional conduct	4	3
Professional incompetence	0	0
Unacceptable professional conduct and/or professional incompetence	8	4
Conviction	0	0
Health	0	0
<b>Total cases considered</b>	<b>12</b>	<b>7</b>

\*Allegations fall into four categories and it is not uncommon for one complaint to contain many allegations.

## Professional Conduct Committee

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

From 1 January to 31 December 2009, the PCC considered nine new cases. The sanctions imposed are listed below.

## Review hearings

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

## Interim suspensions

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

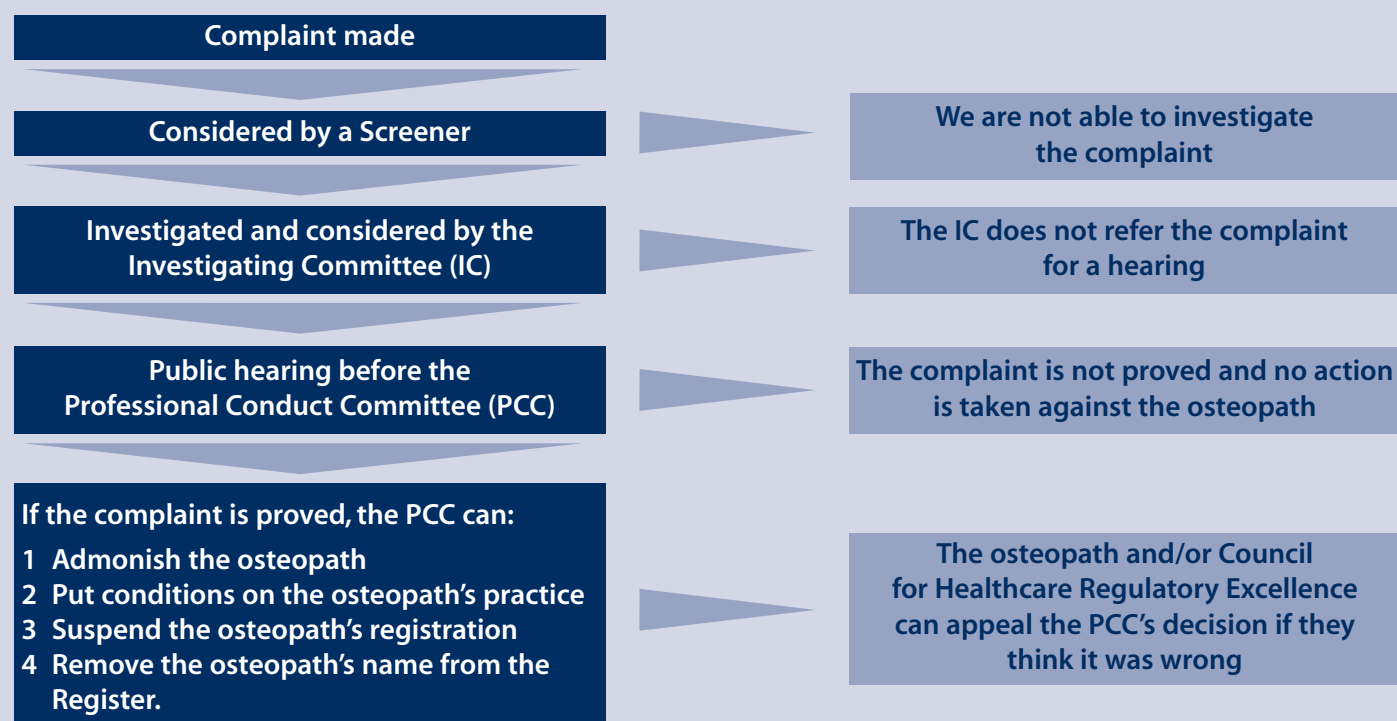
Interim suspension is used only in relation to the most serious allegations and the IC exercised this power on two occasions from 1 January to 31 December 2009. During the same period, the PCC also used this power on two occasions.

## Appeals

An osteopath can appeal a decision reached by the PCC. One appeal was considered at the High Court in June 2009. This appeal was against the PCC's decision to remove the osteopath from the Register after finding him guilty of unacceptable professional conduct. The appeal was dismissed.

PCC imposed sanctions			
	Unacceptable professional conduct	Professional incompetence	Conviction
Removed	3	0	0
Suspended	2	0	0
Conditions of practice	1	0	0
Admonished	0	0	1
Not proved	2	0	0
<b>Total</b>	<b>8</b>	<b>0</b>	<b>1</b>

## Complaints procedure



## What happens when a complaint is made?

The diagram above illustrates the procedures followed when a complaint is made about an osteopath.

- > Consideration by the IC within 4 months of receipt of complaint.
- > Hearing by PCC within 9 months of referral by IC.
- > Total time taken from receipt of complaint to conclusion – 13 months.

## Who makes complaints?

Anyone who has a concern about an osteopath's fitness to practise can raise it with the GOSc. The vast majority of complaints come from patients – 15 of the 19 complaints considered by the IC in 2009 were made by patients. However, the police will inform the GOSc when an osteopath is charged with or convicted of a criminal offence, and the Registrar may act as complainant in the absence of an external complaint, in appropriate cases.

During the period under review, it took an average of 3.7 weeks, from receipt of complaint, for the 19 cases considered by the IC to be screened, and an average of 4.5 months for cases to be considered by the IC. For the nine cases considered by the PCC, it took an average of 17 months from the start of the case to its conclusion.

All delays are analysed with a view to improving performance and identifying obstacles. Slower progress in some cases can arise from a number of factors. For example, if the allegations are also being heard in the criminal courts, regulatory bodies are encouraged to delay their own consideration of the case until the criminal proceedings have been fully concluded. This will almost always take a case past the GOSc's target of 13 months. The progress of all cases is continually monitored and the GOSc will take steps to avoid unnecessary delays. With a view to improving current performance against targets, the PCC is sitting more frequently so that it can consider a greater volume of cases, which will help to reduce the overall time taken to conclude cases.

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

This will depend on the nature and the complexity of the case. Mindful that the complaints process can be very stressful for all parties, the GOSc sets itself targets that represent the shortest possible time needed for completion of the main stages of the fitness to practise process, which are:

- > Screening within 3 weeks of receipt of complaint.

## Improvements to the process

In line with the Council's duty to regulate the profession and to manage complaints regarding an osteopath's fitness to practise, the GOSc must ensure that its complaints processes are clear and easy to follow. As such, we have volunteered to take part in a 'mystery shopping' pilot scheme, conducted by the Council for Healthcare Regulatory Excellence. The purpose of this exercise is to find out how regulators handle the very early stages of a person expressing a concern about a regulated professional and to implement improvements if necessary.

The results from the mystery shopping exercise are expected in the spring, and we will update you in a forthcoming issue of *The Osteopath*.



# In Council

Jane Quinnell, Clerk to Council

19 January 2009 – 66th meeting of the General Osteopathic Council



## PATIENT AND PUBLIC INVOLVEMENT

The Council received a presentation on various methods of engaging with patients and the public from Mr Martin Caple, Chair of the Public and Patient Involvement Group – a body comprising representatives from all of the healthcare regulators. The GOsC, in common with the other healthcare regulators, has a duty to consult patients and the public in relation to its statutory functions.

## OSTEOPATHIC PRACTICE FRAMEWORK

The Council received details of the main findings of the Osteopathic Practice Framework consultation, including an independent analysis of the discussions at the regional consultation meetings held last year (see pages 10 and 11).

A full report of the Osteopathic Practice Framework (Scope of Practice) consultation findings is available on the GOsC website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and on the **o zone**.

## OSTEOPATHIC PRACTICE STANDARDS

The Council received details of the key findings of the Osteopathic Practice Standards consultation, and concluded that further consultation was necessary to integrate the Osteopathic Practice Standards with the revised *Code of Practice* (see pages 8 and 9 for further details).

## REVALIDATION

The Council noted the progress of the revalidation work programme, including plans for an associated review of Continuing Professional Development (see page 12).

## QUALITY ASSURANCE REVIEW

The Council endorsed a programme of work to improve the GOsC quality assurance processes for osteopathic educational courses to ensure they remain fit for purpose and as efficient and effective as possible within our current legislative framework (see page 9 for further details).

## FITNESS TO PRACTISE COMMITTEES' REPORTS

### Investigating Committee

The cases considered, since the last report to the Council in November, raised a wide range of issues concerning allegations of unacceptable professional conduct and professional incompetence. This included issues relating to case history taking; examination; investigation; treatment; treatment planning; post-treatment evaluation; referral decisions; communication; record keeping; and consent.

### Professional Conduct Committee (PCC)

The Council noted that the Regulation Department had taken steps to increase the number of hearings taking place in 2010 to ensure that, subject to exceptional circumstances, cases currently awaiting hearing would be dealt with by July 2010.

Training of PCC members in the imposition of sanctions, including use of the Council's Indicative Sanctions Guidance, was held on 21 January 2010.

The Chair of the PCC identified several matters that may improve procedures and these are currently under consideration.

## 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 for the interests of persons using or needing the services of osteopaths. The GOsC is committed also to working with those concerned with the education, training, and employment of osteopaths, and 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 receives an overview of stakeholder engagement activities at each of its meetings. A copy of the report can be obtained from the

GOsC's Communications Department on 020 7357 6655 ext 242 or by emailing [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

### Future Council meetings

- > 14 April 2010
- > 13 July 2010
- > 14 October 2010
- > 18 January 2011
- > 12 April 2011

Meetings begin at 10am at Osteopathy House and agendas 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 on 01580 720 213 or email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk).

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

## GOsC launches Corporate Plan

### The GOsC has published its Corporate Plan for 2010 – 2013, setting out the Council's strategic objectives and work programme for the next three years.

Key areas of activity focus on the need to ensure the GOsC fulfils its statutory duty to 'develop and regulate the profession of osteopathy' in order to ensure public protection, including:

- > a review of the content of osteopathic education and training to ensure new graduates are fully equipped to practise safely;
- > the publication of a revised *Code of Practice* and Osteopathic Practice Standards;

- > the development of a revalidation scheme for osteopaths;
- > a review of the GOsC's Continuing Professional Development scheme;
- > the implementation of a range of measures aimed at engaging fully with patients and the public on standards of osteopathic care; and
- > the promotion of high standards of osteopathic care internationally through regulation.

GOsC Chief Executive & Registrar, Evlynn Gilvarry, said: "Through the activities set out in this Plan, we aim to identify areas of risk to patients and the public and to address those risks through well-targeted professional rules and strategies designed to promote the highest standards of osteopathic practice."

The Plan is available on the GOsC website ([www.gosc.org.uk/about/our-work/strategic-business-plans](http://www.gosc.org.uk/about/our-work/strategic-business-plans)) in English and in Welsh.



# Osteopathic Practice Standards – the story so far

Fiona Browne, Head of Professional Standards

**Last year, we consulted you on proposed revisions to the Osteopathic Practice Standards (formerly the *Standard of Proficiency*), which set out the requirements for safe and competent osteopathic practice. We sought your views on the standards you would expect to be included and those that should be omitted, and invited opinion on the clarity of the language.**

We received 49 responses to the consultation. The findings are summarised in this report, but – given the low response rate – these conclusions cannot be generalised across the whole profession.

Overall, the draft Practice Standards seemed to have been well-received, with each question averaging a positive response rate of over 70%. However, the consultation did highlight particular areas that need further attention. Below is an overview of these findings.

## Research

Evaluating and critically appraising research and the general paucity of osteopathic research presented a challenge, in the view of some respondents, to osteopaths meeting the draft requirement to ‘demonstrate an ability to critically evaluate research and other findings.’

## Audit

The responses suggested that audit may not be common practice and that it is not widely understood as a quality-improvement tool which may also generate useful evidence.

Other issues arising from the consultation included:

- > **Consent, risk and confidentiality**  
A lack of clarity about what are the ‘risks’ and how they should be communicated to patients was apparent in the responses. These areas are amplified in the *Code of Practice* and will be taken into account as part of that review.
- > **The level or standard of practice to be met**  
A greater degree of prescription was requested around terms such as ‘high quality’ and ‘knowledge of’.

## > Communication

Statements about the implications of non-verbal cues and how these are developed from cultural and ethnic backgrounds suggested some of the existing text will require redrafting.

## > Consistency in terminology

Respondents advocated the need for definitions for terms such as ‘osteopathy’, ‘osteopathic approach’, ‘osteopathic care’, ‘osteopathic treatment’ and ‘osteopathic techniques’.

## > Equality and diversity

Standard 3.1 – ‘The osteopath must be able to demonstrate a sufficient level of coordination and dexterity to deliver high standards of osteopathic care’ – generated extensive comment. Some respondents felt that such a statement would be unfair to osteopaths who are not in regular clinical practice, for example educators or researchers; a different level of co-ordination and dexterity might be required here. In the opinion of some respondents, osteopathy is a physical job and those with particular disabilities would not be able to practise.

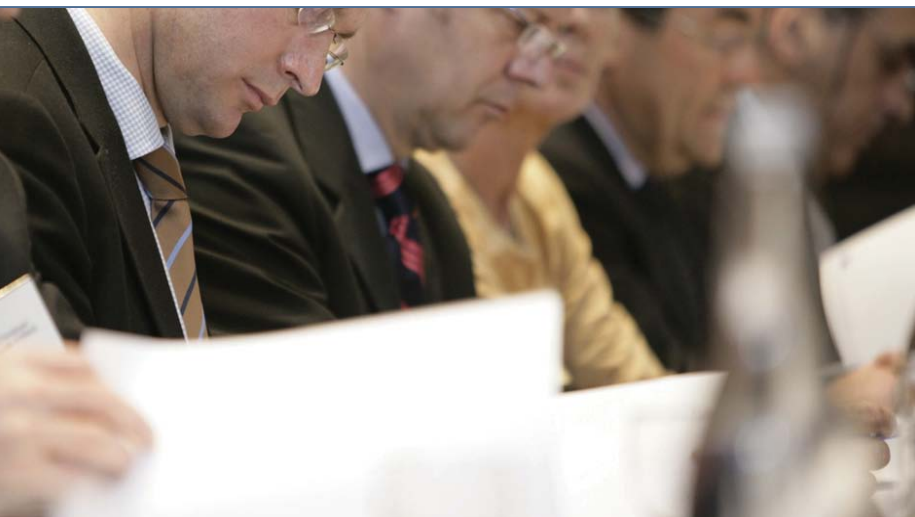
## Next steps

The analysis highlighted an overlap of the issues identified in the first stage of the *Code of Practice* consultation and in the consultation on Osteopathic Practice Standards, with no clear delineation between matters that relate to the Code and the *Standard of Proficiency* – at least from the perspective of those responding to the consultation.

Having further considered the purpose of these two documents from the perspective of all stakeholders, and mindful of the low response rate from the Practice Standards consultation, the Council concluded that a further round of consultation will be necessary. We will, therefore, be consulting osteopaths again later in the year.







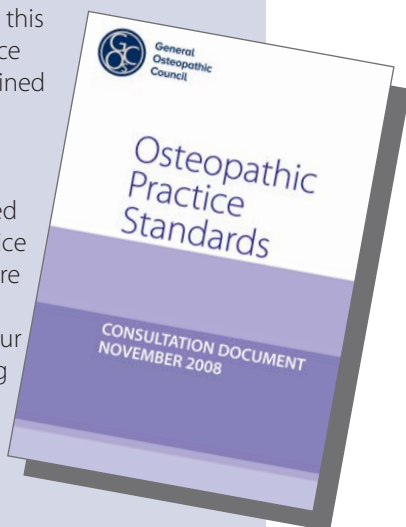
# Quality assurance review

**The GOsC is undertaking a preliminary review of its quality assurance processes for osteopathic educational courses, to ensure they remain fit for purpose and as efficient and effective as possible within our current legislative framework.**

In the next round of consultation, we propose to bring together the revised *Code of Practice* and the Osteopathic Practice Standards. The advantages of such an approach are:

- > Respondents will require less time to complete a single consultation questionnaire, and the presentation of the two key osteopathic standards documents together will demonstrate their complementarity.
- > The core professional requirements will all be accessible in one place.
- > The Osteopathic Practice Standards and *Code of Practice* will share a common structure and terminology.
- > Closer alignment of the two standards documents will help to identify any gaps in the competence and conduct framework.
- > Opinion can be sought on whether this model of closely aligning the Practice Standards and Code should be retained for the final publication.

This approach may push back the timetables for publication of the revised *Code of Practice* and Osteopathic Practice Standards, but Council considers it more important to get the regulatory framework right for the benefit of all our stakeholders. We are currently working on restructuring the draft Code and Osteopathic Practice Standards and will be consulting on these towards the end of 2010.



**For further information on any of the issues raised in this article, contact us on 020 7357 6655 ext 240 or email [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk).**

This review will be taken forward in conjunction with the Quality Assurance Agency for Higher Education (QAA) and the Osteopathic Educational Institutions (OElS). It will include the following work:

- > Revision of the *Handbook for the GOsC review of osteopathic courses and course providers*, so that it accurately reflects the current process to all interested parties.
- > Consideration of potential streamlining of the quality assurance processes including the QAA reviews, the submission of annual reports to the GOsC and how they fit with quality assurance conducted by other organisations, such as validating universities.
- > Review of the standards applied to improve clarity and consistency of use.
- > A review of the recruitment, training and appraisal of QAA review visitors.
- > Enhancement of moderation processes relating to QAA reports to ensure consistency in feedback to OElS and in published reports.
- > Formalising the process for agreeing whether conditions attached to the recognition of an osteopathy course have been fulfilled.
- > Renegotiation of the contract with the QAA.

**For further information on the preliminary review of quality assurance processes, contact Marcus Dye, Professional Standards Manager, on 020 7357 6655 ext 240 or email: [marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk).**



# Osteopathic Practice Framework consultation –

Marcus Dye, Professional Standards Manager

**The Osteopathic Practice Framework consultation was launched in March 2009 and closed on 12 July 2009. The consultation comprised:**

- > a consultation pack mailed to all registrants last February, which was also distributed to a wide range of stakeholders including patient groups;
- > six regional events at which there was an opportunity for osteopaths to discuss the practice framework; and
- > a questionnaire to be completed online or in hard copy.

At each of the six meetings, two well-known and respected osteopaths were asked to take opposing views on the implementation of a scope of practice and debate the arguments supporting those views. Delegates were encouraged to contribute to the debate and challenge the debaters' views.

The discussions centred on the relative benefits of a clearly defined scope of osteopathic practice versus those of a liberal approach that argue "an osteopath is what an osteopath does". These lively discussions were well-received and enabled the GOsC to hear the views of around 1,000 osteopaths. We warmly thank our skilled debating team, which included Professor Ian Drysdale, Professor Stephen Tyreman, Mr Robert Froud and Mr Laurence Kirk, for their spirited and thought-provoking contribution to this important issue.

In addition to the rich range of comments offered at the regional meetings, we also received 306 written consultation responses.

## What did we learn?

The questionnaires, as well as notes and audio recordings of the consultation meetings, were sent directly to independent consultant Abi Masterson, who analysed the feedback. A report arising from the analysis of the consultation is available on the GOsC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and on the **o** zone.

The main findings of the consultation indicated that:

- > **62%** of respondents agreed that there is a need to define the scope of osteopathic practice
- > **65%** agreed that the overall approach proposed in setting out a scope of practice seemed to be sensible
- > **48%** agreed with the proposed categorisation
- > **49%** agreed that the types of practice included in each category accurately reflected current practice.

However, the percentages cited above should be treated with great caution as some respondents indicated a supportive and/or positive response by ticking the 'yes' box(es) but then gave a very critical or negative response in their free text. Others indicated in their free text that they had ticked yes or no to the question they thought they should have been asked, rather than the one actually asked, and so on.

## Further feedback

As well as the headline figures, general feedback provided by osteopaths in their responses highlighted some important issues, which are likely to have an impact on the implementation of revalidation. These included:

### Advantages to defining a scope of practice:

*"It would bring clarity to patients about how and what conditions we treat and what type of person or condition would respond to our treatment; many people are still confused as to the difference between physiotherapy, osteopathy and chiropractic, and can't decide who treats what better."*

*"If we are to be seen as professional then we cannot exist without a clear statement of who we are or what we do. Not just for marketing but for public confidence and safety."*

### Disadvantages to defining a scope of practice:

*"A 'scope of practice' limits the possibilities of what osteopathy can offer. This reductionist approach can not represent a holistic medicine. Osteopathy is a philosophy, not a list of techniques."*

*"Possible pressure on persons who don't meet with the norm – perhaps with legal ramifications which limit the scope of osteopathy."*

### Approach:

*"Not using treatment approaches as a way of defining osteopathy. It is the principles behind the treatment that define osteopathy."*



# developing a scope of practice

*"Remember - osteopathy is a broad church!"*

*"If you asked 100 representative osteopaths for a narrative version of their view you would get a far better take on the subject."*

## Categorisation:

*"Why is there a need to categorise practice? Is there a typically/less typically/least typically encountered patient? Treatment is patient not practice orientated. I have no idea - what is this based on? What is the rationale for linking the groups in each section? E.g. osteopaths working in a 'least typically encountered practice' working with babies would use the cranial techniques which are listed under 'less typically encountered'. To me, adjunct treatments are not osteopathic treatments and should not be included as such. And why are elite athletes a separate category from any competitive sportsman or woman?"*

*"I haven't seen anywhere what osteopathy doesn't include? Is this to keep the scope wide?"*

## Current practice:

*"Cranial osteopathic work is being used by a high proportion of the profession. Post-graduate courses in cranial osteopathy have been the most attended (by days per size, per year) than any other post-graduate course in the profession. They should be in the 'core' group."*

*"How do you or I know? I am not aware of any survey having been done."*

## Themes and conclusions

The general consensus is that defining a scope of practice may highlight what is special and unique about osteopathy. It could also assist the public, patients, and other healthcare professionals in a better understanding about what osteopathy and osteopathic practices have to offer.

However, defining a scope of practice might not be entirely feasible and could potentially have unintended negative consequences. We have also noted the strong antipathy to the three categories initially proposed, and the need and desire for further consultation.

## Other work on defining a scope of practice

The GOsC is not the only stakeholder with an interest in defining a scope of osteopathic practice. The British

Osteopathic Association (BOA), in conjunction with a range of specialist osteopathic training bodies, is developing an alternative Scope of Practice.

In Europe, a working group has been established by the Forum for Osteopathic Regulation in Europe (FORE) and the European Federation of Osteopaths (EFO) to develop a European Scope of Practice. This working group consists of representatives from a number of European countries, including the UK (represented by Michael Watson, BOA, and Marcus Dye, GOsC), and is due to present a draft Scope of Practice shortly.

The World Health Organization (WHO) is also soon to publish the *WHO Guidelines on basic training and safety in osteopathy*, which includes descriptions of the different types of osteopathic practice around the world, as well as definitions of 'osteopathy and osteopathic medicine' 'osteopath', 'osteopathic physician' and 'osteopathic manipulative treatment'. The GOsC will continue to monitor and contribute to this work.

## Next steps

The full report from the Osteopathic Practice Framework consultation is available on the GOsC website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and on the **o** zone.

Future work on developing a Scope of Practice includes:

- > Undertaking research into patterns of osteopathic practice.
- > Researching the undergraduate curriculum, with consideration given to whether a core curriculum should be developed. This will feed into work on the Scope of Practice.
- > Monitoring work undertaken by other regulators, UK osteopathic organisations and osteopathic organisations in Europe and across the world, with a view to informing our own work.
- > Engaging with patients and the public on the development of a scope of practice
- > Agreeing the purpose and effect of any GOsC work on the Scope of Practice in light of the steps above.

**For further information on the Scope of Practice, contact Marcus Dye on 020 7357 6655 ext 240 or email: [marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk).**



# Taking revalidation forward

Fiona Browne, Head of Professional Standards

**As outlined in the last issue of *The Osteopath* (Dec 09/Jan 10, pages 4–5), the GOsC is in the process of further developing a revalidation scheme, taking into account the feedback you gave us during last year’s revalidation consultation.**

We have now put in place governance arrangements for the process of developing revalidation, with Council retaining overall responsibility and decision-making for the delivery of the scheme. An organisational chart depicting these arrangements is available on our website ([www.gosc.org.uk/about/our-work/consultations-events/](http://www.gosc.org.uk/about/our-work/consultations-events/)).

## The current scheme

At its meeting on 19 January 2010, the Council considered the current model for revalidation, along with issues arising from the consultation on the development of the revalidation model and the process itself. The current model consists of four stages:

- > **Stage 1** – Self-assessment.
- > **Stage 2** – Request for evidence/clarification (if potential concerns are identified or insufficient evidence submitted, the osteopath will move to Stage 3).
- > **Stage 3** – Evaluation of clinical practice within the osteopath’s practice.
- > **Stage 4** – Assessment of clinical performance examination.

A key feature of the issues identified, both from the written consultation responses and from the regional meetings held last year, related to Stage 1 of the model. There is significant support for this model (77%), however, in view of some of the points made in the consultation, the Council has agreed to identify additional and enhanced models of revalidation for further consideration, also taking into account the work of the other health regulators.

## Assessing the revalidation scheme

As part of our implementation of revalidation, we are required to undertake an impact assessment of the scheme. As such, we published an invitation to tender for a full evaluation and impact assessment of revalidation (see <http://www.osteopathy.org.uk/resources/press-office/in-focus/>).

The project will involve an analysis of the costs, benefits, financial and regulatory risks, and equality impact of the draft revalidation scheme. It will also provide a detailed specification for piloting the scheme, to ensure that meaningful data is collected to update the impact assessment. This project will be completed following a detailed evaluation and impact assessment of the pilots, currently scheduled to take place in 2011.

The invitation to tender closed on Friday 29 January, and the appointment should be completed by the end of March.

We are currently developing a strategy for effective patient and public involvement in our policy development generally, including revalidation.

**For further information, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk).**



# CPD today – submitting your Annual Summary form

Joy Winyard, Professional Standards Officer

**It is an important part of professional life to continue to learn and develop in order to maintain and enhance professional standards of practice. With this in mind, the GOSc requires all osteopaths to undertake Continuing Professional Development (CPD). This is a term used to describe activities carried out to maintain, enhance and develop existing knowledge and skills.**

The GOSc's CPD Annual Summary form records your CPD activities in a way which we hope benefits your practice. Although we have tried to make the form as easy as possible to complete, we do still receive requests for additional information. To help you to prepare the submission of your CPD Annual Summary form in the most efficient and effective way possible, we have identified the areas in which we receive the most requests for information.

Full guidance is provided in the CPD Guidelines document, which is available on the **o** zone.

## Time frames

- > You must complete a minimum of **30 hours of acceptable CPD activities per CPD year**. Your CPD year will always end two months before your Renewal of Registration date. This is to enable you to have time to write up and submit your CPD Annual Summary form and resolve any issues prior to your Renewal of Registration.
- > **The full date** (including start and end dates) on which an activity was undertaken must be entered onto the CPD Annual Summary form. We are unable to accept activities that were completed outside of the CPD period under review.

## Detail

- > CPD must be **relevant to your professional work** as an osteopath, and you will need to express this clearly in the 'Relevance to professional work as an osteopath' section of the form. The purpose of this section is to ascertain **relevance of the activity to your practice**, not the relevance of the activity to the profession as a whole.

- > A **brief outline** (up to 50 words) of why the activity was chosen and how it will inform your practice is sufficient.
- > The bulk of information should be contained in your **CPD Record Folder** and will include evidence and reflections from the CPD activity. Examples include attendance certificates, handouts, and meeting notes.
- > Topics covered during a **meeting** and the number of hours claimed should be clear.
- > List **articles** or **publications** read as individual activities so that your notes and reflections can be clearly related back to your existing practice. Numbers of hours claimed should be clear.

## Level

- > **CPD should consolidate or enhance existing knowledge**. Careful thought should be given to drawing this out in each activity, particularly activities such as school visits.

## Treating animals

- > CPD activities undertaken in relation to the treatment of animals **may be included** as part of your requirement, but you must show clearly how this has a benefit for human patients. A statement to this effect must be made on your CPD Annual Summary form for such activities to be considered acceptable.

## CPD in the future

We will soon be reviewing our CPD scheme to ensure that it is fit for purpose for revalidation. As it is possible that evidence supplied for CPD will also contribute to that required for revalidation, the Council agreed that the review should be considered by the Revalidation Standards and Assessment Working Group. Members of this group consist of lay and osteopathic members of Council and externally appointed lay people and osteopaths with specific educational expertise.

The first stage of the review involves collecting feedback from the profession on the current CPD scheme. We are keen to hear your views on:

- > the benefits of the CPD scheme to your practice;
- > how the scheme can be improved;
- > what the disadvantages are of the scheme; and
- > how the scheme can become more efficient.

**If you would like to share your comments or views with us, email our Professional Standards Department at: [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk).**



# The OPEn project – giving osteopathic patients a voice

Janine Leach, University of Brighton

**The OPEn – Osteopathic Patient Expectations – project, funded by the GOSC, aims to explore the expectations of patients when they visit an osteopath. It is now near to completion and preliminary results are available.**

## What has the study found so far?

A total of 34 patients were interviewed either individually or in small groups (focus groups). They were volunteers from 10 private practices across the UK and from two Osteopathic Educational Institutions' clinics. They ranged in age from 16 to 83, and there was considerable variation in social background, ethnicity, gender and health condition.

The patients were asked about their expectations of osteopathic treatment, care and service. They voiced many views which are currently being analysed in more detail. The tenor of the interviews was extremely positive: the patients expressed respect for their osteopath's professionalism and expertise; gratitude for their caring attitude and for the benefits of treatment; and appreciation of the care as good value for money. Some of their comments about osteopathy are below:

**"It's over half of my wages, but it's worth every single penny."**

**"One of the best things about osteopaths is that they tend to explain what they are going to do and why they are going to do it, and what they hope to achieve... at least you have some expectation of what's going to happen when you get there."**

**"He takes his time and explains things well to you which I think is part of the treatment."**

## What happens next?

The main issues arising from the focus groups have been used to design a questionnaire for the next stage of the study, which is a large-scale survey. This national survey is being distributed to 8,000 patients.

A large, random sample representing 20% of the profession has been selected from the Register and invited to participate. Packs of questionnaires have been sent out to 800 osteopathic practices, asking each osteopath to give a questionnaire to 10–14 consecutive patients – that is all the osteopath has to do. The patient is asked to complete their confidential and anonymous questionnaire at home, and return it to the Clinical Research Centre for analysis.

## Why is the study important for the profession?

This study will help us to better understand and manage patients' expectations, especially at the first visit. This should help to improve outcomes by developing the therapeutic relationship, building confidence in the profession and increasing satisfaction. The quality of the study findings depends crucially on the response rate, so we would like to encourage all osteopaths to participate if they have been invited to.

## Why do we need to conduct this study?

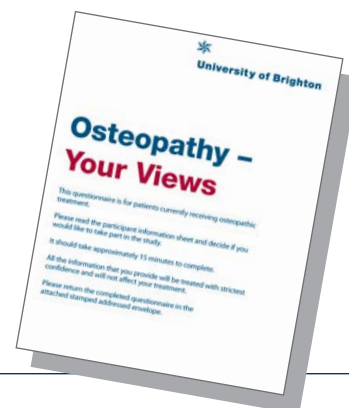
You may feel, anecdotally, that you already know what patients expect and that you currently achieve good outcomes of care. This study is trying to document patients' expectations in a systematic way. This will allow the findings of the study to be published and disseminated to a wide audience including patients, fellow members of the profession, healthcare commissioners and other strategic bodies that could potentially widen the access for patients to osteopathic care.

## How can you help?

If you have been selected as part of the random sample to receive the questionnaire, please give it to your patients to complete.

**Contact details:** Dr Janine Leach is available for further information on 01273 643 457 or [c.m.j.leach@brighton.ac.uk](mailto:c.m.j.leach@brighton.ac.uk) Alternatively, visit: <http://www.patientexpectationstudy.org.uk>.

**Ethical approval:** The project has received ethical approval from the University of Brighton Faculty of Health Research Ethics and Governance Committee. Provisional approval has also been awarded by the South East NHS Research Ethics Committee.





## Taking a career break?

**There are times in our lives when we need to take a break from working, whether this is due to ill health, maternity/paternity leave, caring for a relative/friend, full-time study, or simply to go travelling. As such, the GOSc has a policy in place which enables you to apply for 'non-practising' status and receive a 50% reduction in your fees.**

To qualify as non-practising, you must not have been working for at least three continuous months within your registration year.

You will need to inform your insurer that you are intending to change your status with the GOSc to non-practising, and if you choose to cancel your professional indemnity insurance whilst you are not practising, you must have 'run-off' cover in place. This will ensure that should a claim be made retrospectively, you are still covered by the insurance.

### Less than two years out of practice

If you have been non-practising for less than two years and wish to return to work, you may convert back to practising status by notifying the Registration Department, in writing, of the date of your return to practice. You must also provide a copy of your professional indemnity insurance and updated practice details.

### More than two years out of practice

If you have been non-practising for more than two years, you will need to complete a self-assessment form, which is designed to assist osteopaths back into safe and competent practice. This will be reviewed by the GOSc to ascertain whether any assistance is required.

You must contact the Registration Department a minimum of six weeks in advance of returning to practice to allow ample time for processing the self-assessment form.

Please note that you cannot return to practice until you have received confirmation from the GOSc that your status has been changed to 'fully registered'.

**To apply for non-practising status, contact the GOSc Registration Department for an application form on 020 7357 6655 ext 229 or email: [registration@gosc.org.uk](mailto:registration@gosc.org.uk).**

## GOSc performance under review

**As reported in the last issue of *The Osteopath* (Dec 09/Jan 10, page 15), the GOSc was required to submit an annual performance review to the Council for Healthcare Regulatory Excellence (CHRE) by 17 December 2009. The report has been completed and is being assessed by the CHRE before a review meeting takes place in February/March.**

In common with all the healthcare regulators, the GOSc is reviewed annually by the CHRE, an independent statutory body established by Parliament to ensure consistency and good practice in healthcare regulation. This is to make sure we remain fit for purpose and perform our duties fully and to a good standard.

The CHRE will be assessing the Council's performance against 17 standards spanning five regulatory functions: standards and guidance; registration; fitness to practise; education and training; and governance and external relations. These standards are the basis of the performance review process and describe what the public should expect from regulators.

**An appraisal of the GOSc's performance will be published in the summer. The performance review for 2008 is available on the CHRE website: [www.chre.org.uk](http://www.chre.org.uk).**

# EU to fund research into complementary medicine

The European Commission is investing €1.5 million into research on complementary and alternative medicine (CAM) over the next three years.

The project, called CAMbrella, started in January 2010 and will create a network of European research institutes focusing on terminology, legal regulation, patients' needs, the role of CAM treatments in healthcare systems, and research methodology.

The objectives of the project are:

- > To develop an EU network involving centres of research excellence for collaborative research.

- > To develop consensus-based terminology widely accepted in Europe to describe CAM interventions.
- > To create a knowledge base that facilitates our understanding of patient demand for CAM and its prevalence.
- > To review the current legal status and policies governing CAM provision in the EU.
- > To explore the needs, beliefs and attitudes of EU citizens with respect to CAM.

The research group consists of 16 scientific partner organisations from across Europe.

The project is supported by an advisory board, which represents the main CAM stakeholders including consumers, practitioners, clinical providers, and manufacturers of CAM medicinal products.

Further information is available at: [www.cambrella.eu](http://www.cambrella.eu).



## Reciprocal arrangements with Australia and New Zealand

**For some time, the GOsC has been exploring with our regulatory colleagues in Australia and New Zealand the scope for simplifying the registration process for osteopaths moving between the UK and these two countries.**

Currently, osteopaths with a qualification from Australia, New Zealand or the UK who seek registration in one of these countries other than their home State, are subject to lengthy and costly assessment processes. Whilst these processes are aimed at ensuring the safety of patients, there is a risk that the processes pose barriers to professional mobility. This not only works to the disadvantage of individuals interested in practising abroad, but may also inhibit the flow of research and teaching expertise critical to the development of osteopathy.

In Evlynne Gilvarry's report on the last Osteopathic International Alliance forum (see the Dec 09/Jan 10 issue of *The Osteopath*), the scarcity of

osteopaths has been identified as a serious problem in Australia, where there are only 1,600 osteopaths in the whole of the country. The Australian regulator and professional organisations are keen, therefore, to encourage immigration of osteopaths from other countries deemed to offer a similarly high standard of education and training, such as the UK.

As a first step, the GOsC has drafted a Memorandum of Understanding with the regulatory authorities in Australia and New Zealand. This memorandum – currently being finalised – sets out our commitment to work together to identify and agree arrangements for registering osteopaths from all three countries on terms that enable each separate regulator to meet their statutory duties, whilst removing unnecessary obstacles in the way of migrating osteopaths. The overall aim is to agree a scheme of appropriate reciprocal arrangements by January 2012.

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

## European osteopathic forum meets in Norway

**Members of the Forum for Osteopathic Regulation in Europe (FORE) will be gathering in Norway in February.**

FORE, established in 2005, aims to facilitate the recognition and regulation of osteopathy across Europe through the development of a consensus on standards and strong engagement at an EU level.

Key issues on the agenda include:

- > FORE's governance structure, membership and future funding;
- > a possible merger with the European Federation of Osteopaths;
- > the development of a European Scope of Osteopathic Practice;
- > the role of a European-wide Register of Osteopaths;
- > key EU policy developments and lobbying opportunities; and
- > national regulatory developments and what collective action is required.

**A full report on this meeting of FORE will follow in the April/May issue of *The Osteopath*.**





## GOSc at Primary Care 2010

**The GOSc will once again be exhibiting at this year's Primary Care conference, taking place at the NEC Birmingham on 5 and 6 May, to highlight the integral role that osteopaths play in the modern primary care team.**

Primary Care is the largest national healthcare conference of its kind in Europe and is expected to attract over 5,000 delegates, including GPs, midwives, nurses, physiotherapists and podiatrists. Addressing the latest developments, innovations and opportunities within primary care, the conference features 15 different programmes combining practical ideas from professionals working on the front line with presentations by those responsible for designing and delivering patient care.

With Primary Care increasing in size and diversity each year, it is imperative that the osteopathic profession is represented at the event in order to continue to enhance understanding of osteopathic practice and standards.

**If you are interested in volunteering your time on the GOSc stand, please contact Jodie Ward, Senior Communications Officer, on 020 7357 6655 ext 222 or email: [jward@osteopathy.org.uk](mailto:jward@osteopathy.org.uk).**

## New journal launched by healthy back charity

**BackCare, the charity for healthy backs, has launched a new quarterly journal featuring the latest news and research on coping with back pain.**

*The BackCare Journal* is aimed at professionals who help people with back pain and those involved with creating policy or who have experience of the effects of policy on real people.

This first issue of the journal includes articles on various types of chronic and sudden back pain, testing and training lumbar spine muscles, and managing musculoskeletal problems.

**The journal is available in both hard copy and electronic format from BackCare's website ([www.backcare.org.uk](http://www.backcare.org.uk)), and replaces *Talkback*, the charity's quarterly printed magazine previously sent out free to members.**



## GOSc meets Nuffield Health

The GOSc and the British Osteopathic Association recently met representatives of Nuffield Health to explore the development of a network of osteopaths to provide care for Nuffield corporate and private policy holders.

Established over 50 years ago, Nuffield Health is a health charity offering private healthcare through hospitals, clinics, Fitness & Wellbeing Centres, and diagnostic units.

Building on an existing national network of physiotherapists, Nuffield Health aims to extend this service to include the provision of osteopathy. Nuffield's policy development is largely influenced by the introduction in May 2009 of the National Institute for Health and Clinical Excellence (NICE) guidelines for the treatment of low back pain, which recommends manual therapy as practised by osteopaths.

We hope to provide more information on this scheme as it develops.

# NCOR research hub news



[www.ncor.org.uk](http://www.ncor.org.uk)

## Hub meetings

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on tel: 01273 643 457 (Monday–Thursday) or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).



### > BRISTOL

Thursday 11 March  
7–9pm

The meeting will look at the evidence for the management of scoliosis.

### > EXETER

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

### > HAYWARDS HEATH

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

### > LEEDS

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

# Conference calendar

## > 17 April 2010

**6th International Evidence-Based Physical Therapy Conference and Exhibition, Coventry**

Further information can be found in the 'Courses' section of the Health Education Seminars website: [www.heseminars.com](http://www.heseminars.com).

## > 23–25 April 2010

**8th International Conference on Advances in Osteopathic Research, Milan**

Further details can be found at: [www.bcom.ac.uk/research/icaor/icaor8](http://www.bcom.ac.uk/research/icaor/icaor8).

## > 17–20 June 2010

**2nd Italian Congress on Osteopathic Medicine, Rome**

Further information is available by emailing [info@marrapese-editore.com](mailto:info@marrapese-editore.com).



# Research news in brief

Liz Lance, NCOR Research Officer

## Does head moulding affect babies' motor development?

**In tandem with the 'Back to Sleep' campaign of 1996, whereby the supine position was recommended as the sleep position of choice for healthy babies, there has been a dramatic rise in the incidence of positional plagiocephaly (PP), a term describing asymmetry of the infant skull in the prenatal or perinatal period. It is characterised by unilateral occipital flattening with ipsilateral frontal prominence.**

Recent evidence suggests that infants who have decreased exposure to prone position have a higher incidence of PP and may be at risk of a delay in the acquisition of certain motor skills. These include things such as head control, rolling, and tripod sitting, among other motor milestones.

Twenty-seven babies with PP aged from three to eight months were matched by age, gender and race to infants without PP. Motor performance was evaluated using the Alberta Infant Motor Scale and the Peabody Developmental Motor Scales, which were administered at home over a one-week period by an experienced physical therapist who was not aware of the objectives of the study. In addition, parents completed a diary that recorded infant positioning over a consecutive three-day period during the same week.

The study found no significant difference between the two groups in terms of time spent prone and supine while asleep and awake, and no evidence to support the hypothesis that infants with PP would have delayed motor development. However, the study did find an association between motor development and the amount of time spent in the prone position while awake for both groups of infants in the study. Lower motor scores were found in infants with PP who spent less time in the prone position while awake when compared with their matched pairs.

The study appears to support the theory that many parents are aware of the potential link between prone sleep position and sudden infant death syndrome, and not only avoid placing their child prone during sleep but also while awake. On average, all of the babies in the study spent less than 30 minutes a day prone. Lack of exposure to prone position may inhibit the development of antigravity trunk muscles and neck extension and therefore delay the acquisition of such motor skills as extended-arm support, four-point crawling, and the transition to the sitting position. Authorities in both Canada and America have now modified their recommendations to parents, and the need for "tummy time" during waking time has been advised to allow children to develop prone skills.

Kennedy E, Majnemer A, Farmer J et al. Motor development in infants with positional plagiocephaly. *Physical & Occupational Therapy in Pediatrics*. 2009;29:3:222-238.

## Diagnosing cervical myelopathy

Cervical myelopathy can be an elusive diagnosis, even with careful history taking and physical examination, and special tests appear to be of limited use; hence, magnetic resonance imaging (MRI) remains the reference standard for diagnosis.

Coronado et al (2009) examined the relationship between common clinical complaints and specific findings using MRI on patients with chronic neck dysfunction, with the aim of identifying a relationship between the two. Spinal cord compression, reduced antero-posterior (AP) diameter and diminished subarachnoid fluid are all indicators of decreased canal space which can lead to cervical myelopathy. Signs and symptoms can include neck pain, progressive loss of hand dexterity, hand numbness, and progressive upper or lower extremity clumsiness.

Particular attention was paid to the case history as this has been recognised as one of the most valuable tools in the clinical decision-making process. Physician diagnoses were recorded, with radiculopathy and myelopathy accounting for over 75% of the diagnoses. Forty-five patients were evaluated by a neurosurgeon for complaints of symptoms related to the cervical spine. Evaluation findings were then compared with findings on MRI examination. In accordance with earlier studies, including Kadanka et al (2007), the authors found no significant link between findings on MRI examination and pathologic changes of the spinal cord, and symptoms reported in the patient histories were not found to be significantly correlated with findings on MRI imaging.

The authors concluded that clinicians need to be mindful that symptoms of cervical myelopathy can vary widely and be progressive, and that case history questioning does not appear to increase the accuracy of diagnosis. They suggest that one of the most important factors for a clinician is a high index of suspicion when considering the diagnosis of cervical myelopathy, and advocate further research to identify whether relevant questions and imaging findings can improve diagnostic accuracy.

Coronado R, Hudson B, Sheets C et al. Correlation of Magnetic Resonance Imaging (MRI) findings and reported symptoms in patients with chronic cervical dysfunction. *The Journal of Manual and Manipulative Therapy*. 2009;17(3):148-153.



# Research news in brief

Carol Fawkes, NCOR Research Development Officer

## Disc degeneration: a weighty matter?

**The cumulative or repetitive injury model of disc degeneration identifies routine daily exposures to physical loading or biomechanical forces as the main risk factor. This has been the predominant model in recent times but it ignores the capacity of the musculoskeletal system to adapt to activities associated with physical loading and repetitive movements. Such activities can in fact result in the strengthening of the musculoskeletal structures.**

The authors cite studies which support this model, reporting negative effects of higher body weight on disc degeneration, the suspected mechanism of influence being an increased mechanical loading on the spine as a result of being overweight.

Standard definitions for disc degeneration appear to be lacking, partly due to poor understanding of the phenomenon. Loss of proteoglycan has been reported as one of the first and most obvious biomechanical signs of degeneration: water content and proteoglycan content are strongly correlated. Magnetic resonance imaging (MRI) can be used to assess the degree of disc degeneration by measuring the rate of loss of disc signal.

This study compared the findings from examining 44 pairs of healthy male identical twins aged between 36 and 69 years, each pair differing in body weight by at least 8kg. As they were recruited from the

population-based Finnish Twin Cohort, there was existing baseline data on a range of environmental and social factors for all of the participants from as far back as 1975, and previous MRI screenings from 1992 and 1993. It was assumed that identical siblings originally had similar disc heights.

The study focused on the L1–L4 discs because they have been shown to degenerate in a similar manner. Measurements used for comparison included quantitative disc height, bone mineral density, and disc signal variation. The results showed that the twins with higher body weight had on average 6.2% higher bone density in the lumbar spine, and disc signal variation on MRI was 5.4% higher (“better”) than in their lighter siblings. There was no statistical significance in the disc heights of the participants.

Contrary to common belief, the findings suggest that cumulative or repetitive loading because of higher body mass (nearly 30lbs on average) was not harmful to the discs, and in fact a slight delay in L1–L4 disc degeneration based on visually evaluated signal intensity (desiccation) was seen in the heavier men, although it should be noted that none of the participants was extremely obese. One possible explanation for the findings is the adaptation of the body’s structures to daily physical loading. Loading from changes in body weight would generally be gradual enough to allow the body time to adapt, as opposed to a sudden increase from lifting weight.

Videman T, Gibbons L, Kaprio J et al, 2009. Challenging the cumulative injury model: positive effects of greater body mass on disc degeneration. *The Spine Journal*. 2009.

[http://www.ncbi.nlm.nih.gov/pubmed/19926343?tool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=2](http://www.ncbi.nlm.nih.gov/pubmed/19926343?tool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2)

## Development of tolerance to repeated thoracic manipulation

**Neck pain is a significant problem in society, and nearly half of patients with neck pain go on to develop chronic symptoms. Increasing evidence supports the treatment of the thoracic spine when managing patients with neck complaints, and recent evidence now supports the use of thoracic thrust manipulation in the management of patients with mechanical neck pain.**

The authors of this study wanted to investigate whether patients would develop tolerance to repeated thoracic manipulation in acute mechanical neck pain. Tolerance was defined as a “decrease in the effect size or magnitude of the intervention over time, as measured within sessions” (Huijbregts et al, 2009). The authors hypothesised that tolerance would decrease the number of manipulations needed for positive treatment outcomes.

In a randomised controlled trial, 45 patients were split into two groups, one group receiving electro- and thermotherapy alone, and the other receiving a combination of electro- and thermotherapy and seated thoracic spine thrust manipulation once a week for three weeks. A maximum of two thrust attempts were made with each patient. The average age of patients was 34 years



and they were referred by their doctor for physical therapy with complaints of mechanical neck pain of less than one month's duration.

Outcomes were measured by the patient on a Visual Analogue Scale for pain, and on observance of active cervical spine range of motion by the therapist. The study found significantly better outcomes for the group receiving electro- and thermotherapy in addition to

thoracic manipulation in terms of improved pain and mobility. Analysis of data from the study demonstrated that thoracic manipulation did not lead to tolerance (or diminished therapeutic return) with weekly application over three weeks, although the authors recognise that changes in tolerance might occur if manipulation was used more than once per week.

The authors advocate further study in this area, as well as

investigation of the dose-response relationship for thrust manipulation, in other words how many sessions of thoracic thrust manipulation would optimise patient outcome.

Huijbregts P, Palomeque-del-Cerro L, Gonzales-Iglesias J. Repeated applications of thoracic spine thrust manipulation do not lead to tolerance in patients presenting with acute mechanical neck pain: a secondary analysis. *The Journal of Manual and Manipulative Therapy*. 2009;17(3):154-162.

## Help capture a picture of the treatment of cervical neck in osteopathic practice

**The National Council for Osteopathic Research (NCOR), in collaboration with practising osteopaths, is building on its previous data collection work. The data collection tool used in the last data collection exercise has been revised to make it suitable to focus solely on the cervical spine. The project began at the end of January.**

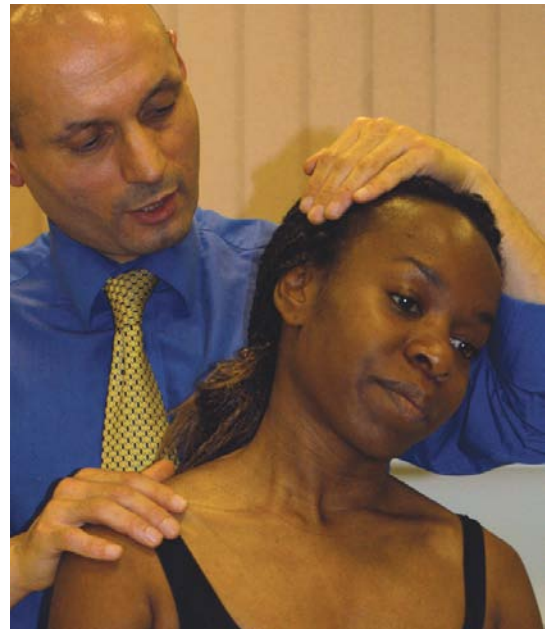
### What information will the SDC tool capture?

Early analysis of data from the previous data collection exercise has indicated that 30% of patients seen by osteopaths have neck symptoms. We don't know enough about this area of practice; we need your help to collect data to:

- > demonstrate the effectiveness of osteopathic care of neck symptoms
- > help osteopaths to market their skills and practice
- > contribute to evidence on treatment responses.

### What will it involve?

We are looking for 300 osteopaths to collect data on 10 new patients with neck symptoms for a period of three months. Completed paper data collection sheets will then be returned to NCOR.



## Taking part

If you are interested in participating in this project or have any questions, please contact Liz Lance, NCOR Research Officer, on: 01273 643 457 (Monday to Wednesday) or email: [l.lance@brighton.ac.uk](mailto:l.lance@brighton.ac.uk).

# Countdown to London 2012

## Olympic and Paralympic Games: volunteering

Jonathan Betser, Osteopath Lead, Physical Therapies Working Group,  
London Organising Committee of the Olympic Games

**In just under three years' time the London 2012 Olympic and Paralympic Games will begin. Our vision within the London Organising Committee of the Olympic Games and Paralympic Games (LOCOG) is to use the Games to inspire change. The Olympic and Paralympic Games is the largest sporting event in the world and will generate enormous excitement and enthusiasm, which many people want to be part of, and if they are not actually competing, volunteering is the best way to do this, either as a general volunteer or for a specialist role.**

### Volunteers at the Games

Volunteers are at the core of the Games and essential to all the functional areas that make up this global festival of sport. Information about the recruitment of up to 70,000 volunteers will be found on [www.london2012.com](http://www.london2012.com) from summer 2010, but it will be worthwhile for interested osteopaths to be aware of what might be expected of volunteers and whether they have the desire and attributes required to volunteer as an osteopath.

### Olympic and Paralympic medical services

There will be three Olympic and Paralympic Villages and five sites for the football venues (spread around Great Britain). The 26 sports will compete in 34 venues at the Olympic Games and 21 venues at the Paralympic Games. There will be 10,500 athletes at the Olympics and 4,200 athletes at the Paralympics, coming from 205 and 147 countries respectively. The Olympic Games last for 17 days and the Paralympic Games for 11 days, with each Games having a two-week build-up prior to the Opening Ceremony, when medical services have to be provided – over two months in total.

### Physical therapy services

Physical therapy encompasses osteopathy, chiropractic physiotherapy and sports massage. A physical therapy service will be

provided at the main polyclinic in the Olympic Village (in East London), at the smaller polyclinics at Royal Holloway (rowing and canoeing) and Weymouth (sailing), as well as at all competition venues and some training venues.

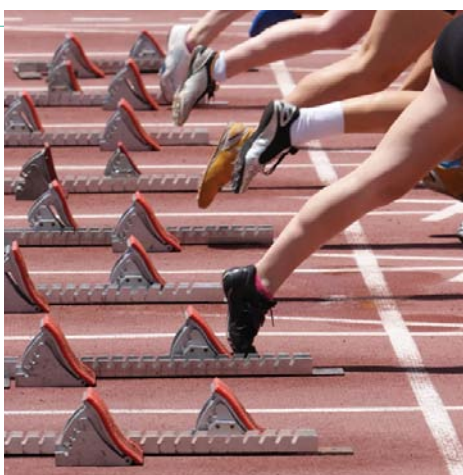
This is the first time that osteopathy has been included in the host medical services provision at an Olympic Games and Paralympic Games. As such, it is an exciting opportunity and those hoping to volunteer need to possess a level of skill and experience in sports care that is commensurate with such a role.

Working within their scope of practice, osteopaths at the Games will use their knowledge, skills and experience to assess, treat and rehabilitate. Although the prime aim is to safely return athletes to the field of play as quickly as possible,

it is essential that osteopathy volunteers are aware of the importance of working within an interdisciplinary team and understand the value of using referrals to other disciplines when necessary.

The osteopathic provision will be located in the polyclinics. The osteopaths attending will, therefore, have particular responsibility to see athletes who do not have their own national team medical staff and will work closely with other medical professionals, including chiropractors, physiotherapists, sports massage practitioners, sports medicine doctors, radiologists and podiatrists. They will provide back-up advice and support for national team medical staff and are likely to be sourced by athletes who are used to receiving osteopathic treatment but whose own medical staff do not include an osteopath at the Games.





The detailed provision of these services is already being planned by the Physical Therapy workstream, led by Lynn Booth.

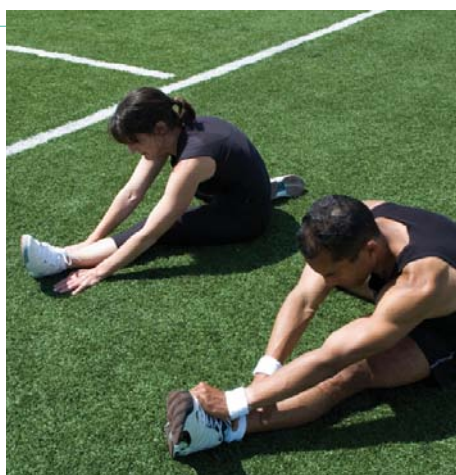
All short-listed applicants will be interviewed, and their skills and experience will help determine the success of their applications.

## What we are looking for

At LOCOG we are looking for osteopaths with sport-specific experience. Experience of looking after elite athletes will be of particular value. By identifying and selecting sports medicine volunteers early, LOCOG will identify any potential gaps in sport-specific cover or experience; osteopaths selected as volunteers will therefore have the chance to gain further relevant experience and arrange leave and cover from their clinics.

The Olympic and Paralympic Games is truly inspirational and this really is a unique opportunity for osteopaths to volunteer to be part of it and to promote the expertise available in the UK. Medical volunteers bring unique and special skills which will enable London to host a safe, successful and inspirational Olympic and Paralympic Games. We need your help to do that.

All osteopath volunteers will need to commit to at least 10 days. It may be possible to divide this time into two, five-day periods, but not into any smaller units. Their time will need to be flexible to cover the busiest periods and variable competition schedule. Osteopaths who can commit to more than the basic 10 days will be much appreciated. All volunteers will be expected to attend test events in 2011 and training days in the run-up to the Games. There is no remuneration or honorarium for volunteers but they will receive a volunteer uniform, a meal when on duty and free local



transport. Volunteers are expected to find and pay for their own accommodation whilst working at the Games.

If you are a qualified osteopath and would like to be part of this once-in-a-lifetime event, do you fulfil the following criteria?

If not, are you aware of how to attain these before volunteering commences in July 2010?

### Essential

- > Must be registered with the GOsC
- > Suitable professional liability insurance to a minimum of £5 million
- > Three years qualified at the time of application (2010)
- > Holder of a current basic first aid in sport or life-support qualification
- > Have experience of working in a multidisciplinary team
- > By 2012, have five years experience of working in a musculoskeletal environment
- > Can exhibit knowledge and understanding of the needs of competing athletes
- > Regular sport-specific experience for four years by 2012
- > Excellent team worker, and good communicator
- > Knowledge of the World Anti-Doping Agency policy.

### Desirable

- > Membership of the Osteopathic Sports Care Association (OSCA)
- > Post-graduate taping qualification/experience
- > Post-graduate sports massage qualification/experience
- > By 2012, have experience of regular work in a training and/or competitive sporting environment for a minimum of three years



- > Experience of working with national or international-level athletes
- > Experience of working with special groups/Disability Sport e.g. amputees, spinal injuries, visually impaired, neurologically impaired
- > By 2012, have accumulated 50 post-graduate education credits as designated by the Osteopathic Sports Care Association
- > Experience of working in a multi-sport environment
- > Post-graduate training in the use of therapeutic ultrasound.

If you need any advice about how to develop these skills, email: [physicaltherapies@london2012.com](mailto:physicaltherapies@london2012.com) or visit: [www.osca.org.uk](http://www.osca.org.uk)

If you do not meet the criteria listed, perhaps because you have only recently qualified or are still a student, you might consider applying as a sports massage practitioner, providing you have the required qualifications and experience (information regarding sports massage volunteers can be found at [www.gcmt.org.uk](http://www.gcmt.org.uk)). Alternatively, you may be interested in applying to work as part of the Emergency Medical Services workstream, which will be responsible for providing first aid services to athletes and spectators. Volunteers with first aid qualifications such as First Aid at Work (a three-day course) or a sports trauma management course will be looked at favourably.

**To find out more about general and other specialist volunteer opportunities, check the LOCOG website: [www.london2012.com](http://www.london2012.com).**

LOCOG looks forward to working with all its medical volunteers to provide high-quality medical care to Olympic and Paralympic athletes and all those taking part in the Games.

# Book review

## **Tree of Life: A history of the European School of Osteopathy**

**Margery Bloomfield**  
**Published by: Indepnpress**  
**Publishing Ltd**  
**ISBN: 978-1-907172-52-6**

**Reviewed by**  
**Clive Lindley-Jones**

The European School of Osteopathy has a world-class reputation. It prides itself on its international links and has graduated students from nearly 30 different countries since the school began. Much of its success has been due to the hard work and determination of Margery Bloomfield, co-founder of the school with her first husband, Tom Dummer DO.

Involved with the school from the days when it was in Paris under its original title of Ecole Française d'Ostéopathie, first as administrative director, then principal, until her retirement in 1997, the author looks back on the history of the school, recalling the enormous changes – difficulties and success stories – over 50 years.

As John O'Brien says in the foreword, "This is not a tale about one British osteopathic school but an account of an osteopathic movement which reached out to continental Europe, long before we were part of the EU."

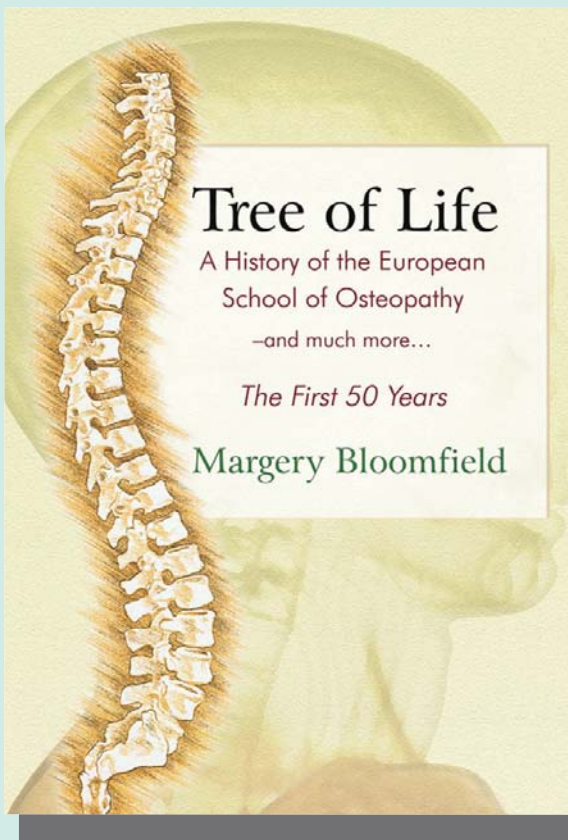
We have John to thank for encouraging Margery to take up her pen again and tell her engrossing story from those early days of struggle when, on her working honeymoon, she and Tom went to Paris to lecture to the French, to more recent times of degree courses and international conferences.

This is no stuffy academic history. Margery, always a careful manager, has the documents to substantiate her story. She was at the heart of things for those 50 years, and can truthfully be said to be 'the queen bee' around whom all of us students and faculty buzzed. What stands out from the pages, in her authentic voice, is both an enthralling insider's view of a unique adventure and a heart-warming story of what can be done, against all the odds, if you believe in your mission and work with faith and good heart.

I loved this book and could hardly put it down. For those like me who have been associated with the school as students and/or faculty for much, or any, of its story, this is a delicious read. There is so much to enjoy here, as well as many interesting tangled ends to wrap up from half-understood connections over the decades.

For those unfamiliar with the dramatis personae, this is a personal and osteopathic history told with affection and humour. It is a remarkable story of an extraordinary woman – a valuable legacy for osteopathy students both past and present, not to be missed.

All proceeds from this book will go to a benevolent fund for osteopathy students in need of financial help, so remembering how tough it was being an osteopathy student, there is another great reason to get out and buy your copy now!





# 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.

## Communication is key

### Dear Editor,

I retired from active practice in 2008 after 20 years in Malton, north Yorkshire. As a retirement project, I decided to contact all GP practices in Ryedale, York and Scarborough with the aim of establishing more contact between GPs and osteopaths. When running a full-time practice, time is very limited. My proposal to the GPs was to consider either a one-to-one meeting or a short presentation at a GP practice meeting at a time and date convenient to them. I wanted to discuss what osteopathy is, how it fits in to primary healthcare, what conditions can be treated effectively and safely, and the difference between osteopathy, chiropractic and physiotherapy.

To date, I have made six presentations in Ryedale and am now focusing on York and Scarborough. Most have been presentations at GP practice meetings, lasting anywhere between half an hour and 1 hour 30 minutes. Participants have not only been GPs, but

practice nurses, practice managers and physiotherapists. All have been courteous, attentive and questioning. It is quite evident that most know very little about osteopathy, how extensive and inclusive our medical knowledge is, and how we fit into the 'big picture' of primary care.

The one theme running through all of the presentations has been lack of contact by osteopaths. Most GPs say that they have never heard from an osteopath about a mutual patient. However, it was stated that chiropractors do make a substantial effort. I know that I have written to GPs and have never heard a word from them. It is very frustrating, but GPs are very, very busy people.

From what I can ascertain, GPs would like contact from osteopaths, but not reams and reams of material. Keep it simple – a short note, with the patient's consent, stating the essentials, but kept to a minimum. However, don't expect a reply. This is the start of a process of building up a rapport with a GP. It will take time, but in the long run it will pay dividends. Be sure to update the GP on your

progress, and if the treatment is not as successful as hoped, say so. If you have referred that patient for another therapy, let the GP know.

I know that the osteopathic argument about sending notes to GPs is that you don't have the time, but this is one where you have to make the time. Communication, communication, communication should be at the forefront of your mind. It may be a long-term project with little immediate effect. But in the long-term, if you can establish a professional rapport with GPs, it will enhance your practice and will ultimately provide a more comprehensive and professional service to your patients.

**Robert de la Warr DO  
(retired)**

If you have a question to ask or views to share, contact *The Osteopath* editor on 020 7357 6655 ext 222 or email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk).

GOSc Chair, Professor Eddleston, and Regional Coordinator Rosie McCauley discuss ensuring the quality of osteopathic training.

**Dear Professor Eddleston,**

A colleague passed to me their concerns about the quality of training in the Osteopathic Education Institutions: existing, recent and those to come. Several others have spoken to me in the recent past about the same issue and I also have my concerns.

Our concerns are that one potentially negative outcome of the seemingly rapid expansion of the number of osteopathic training institutions might lead to a 'watering down' of talent – based on the assumption that there are a limited number of sufficiently experienced osteopaths, talented in teaching, and able to convey the subtleties of 'good osteopathic practice'.

In my own experience, a number of recent graduates are reluctant to use, for example, High Velocity Thrust (HVT) techniques – not because they have found a better alternative, or because they believe them to be dangerous, but because they have not been taught well at the colleges from which they graduated (including some more established institutions too).

You will no doubt be pleased to hear that in my view, this does seem to overlap with the need to define the 'core' components of osteopathy, in order that this closely represents the teaching provided in the colleges. However, this does not solve the issue of the number of talented, adequately experienced osteopaths available to teach these core elements. And for the protection of the future of the profession and its delicate development into a separate discipline, we need to ensure that, like some commercial projects, we do not expand beyond our capabilities.

The potential risk is that we develop into another academic subject, meeting the targets and criteria set by the current mainstream medical practices for its own sake, and produce a glut of osteopathic graduates, bright but skill-short.

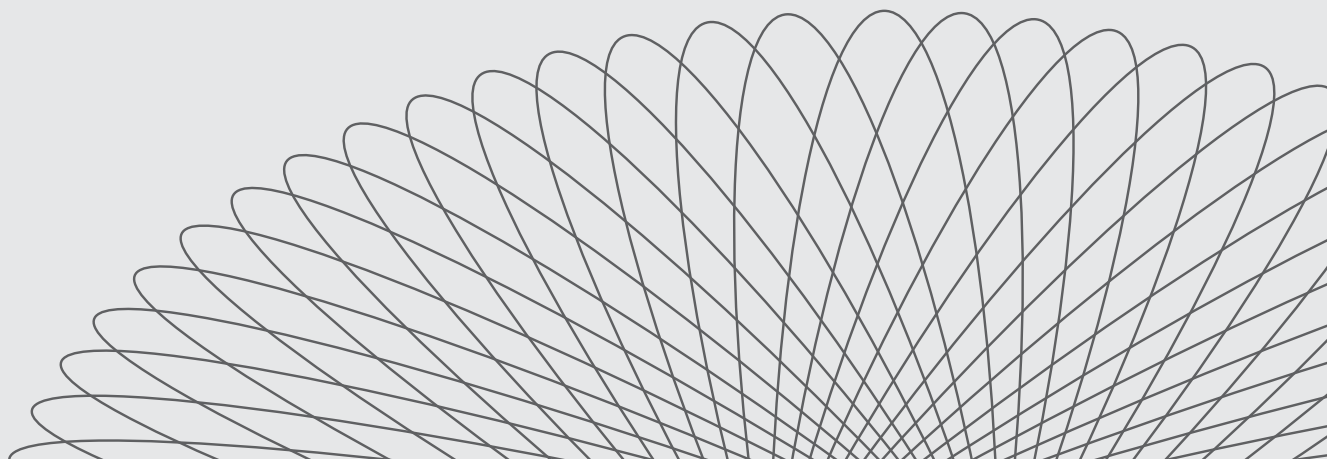
I have been sent a collection of undergraduate research projects all focusing on receiving information on the formalities of osteopathic practice and risk avoidance in practice. I would rather see investigation into the more subtle offerings that osteopaths have in relation to

specific conditions, and the relative success thereof. Could NCOR provide some encouragement to undergraduate students in this regard?

Whilst I understand that this is an issue for the profession at large, it does also rely on the governing body exercising perhaps more control on the number of institutions awarded Recognised Qualification status – based on the availability of suitably experienced and qualified osteopaths available to teach.

Best regards,

**Rosie McCauley,  
BSc (Hons) Ost, DO  
Regional Coordinator  
West Midlands,  
Warwickshire, Staffordshire**



### Professor Eddleston's response:

Dear Rosie,

The award of the Recognised Qualification (RQ) is evidence of having reached the required standard of proficiency. This means that the RQ should deliver opportunities to students to meet the requirements of Standard 2000 – *Standard of Proficiency* and the *Code of Practice* currently in place. Clinical training as part of the RQ must be of sufficient quality for students to meet the required course outcomes.

The Quality Assurance Agency for Higher Education Benchmark Statement sets out the standards that Osteopathic Educational Institutions (OEIs) should meet in order to deliver an RQ effectively. It states that arrangements for osteopathic clinical education should ensure there are: "...adequate /appropriate learning opportunities for developing professional skills..." These factors would be addressed by providing the following:

- > a dedicated clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout' rooms/areas

- > a maximum clinical supervision ratio of one tutor to five students being supervised while interacting directly with their patients. The total number of students assigned as a group to one tutor during a clinic session would not normally exceed 10.

The *Code of Practice* states that "If you have special responsibilities for teaching you should ensure that you develop effective teaching skills." This places responsibility for ensuring adequate teaching skills on the individual. This is something that we would monitor through our RQ review process and the annual reports produced by institutions. GOsC review visitors are able to meet current/former students, clinic tutors and other members of staff to obtain feedback on matters including the quality of teaching. Further information about our RQ process is available on our website.

As part of their own quality management systems, all OEIs employ external examiners to ensure that the required standards are met. Additional steps are being taken by the OEIs, with some requiring that all osteopaths involved in education are working towards a teaching qualification. In due course, the GOsC may consider further ways in which it can strengthen the quality of teaching.

You note the reluctance of a newly qualified graduate to use the High Velocity Thrust (HVT) technique. You rightly point out that this technique is not specifically required as part of our current *Standard of Proficiency*, although section B does require knowledge of the concepts and principles of osteopathy. We are considering the development of a core curriculum for osteopathy and, in due course, we will have the debate about treatments and techniques that all osteopaths must be competent in, prior to the award of an RQ.

Separately there is also the issue of 'transition into practice'. What does the award of the RQ mean? Are there any issues which newly qualified osteopaths, who are practising outside the dedicated clinic environment, are unprepared for? What arrangements should be put in place to address these sorts of issues? Council has agreed to consider the transition into practice as part of its Corporate Plan 2010–2013, which is available on the GOsC website.

I'd like to thank you for taking the time to write to me. My colleagues in the Professional Standards Department have logged the issues that you have raised and they will be considered in the reviews that I have outlined above.

Yours sincerely,

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

# Courses 2010

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

For a more comprehensive list of courses, visit the CPD resources section of the o zone website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

## April

### > 10 Craniosacral therapy – introductory day

Speaker: Thomas Attlee  
Venue: London  
tel: 020 7483 0120  
email: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

### > 15 Is back pain diagnosable?

Speaker: Barry Jacobs  
Venue: London  
tel: 020 7483 0120  
email: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

### > 17 Diagnosis in the cranial field – the use of kinesiology in diagnosing cranial faults

Speaker: Richard Cook  
Venue: London  
tel: 01342 822 910  
email: [leach\\_janine2003@yahoo.com](mailto:leach_janine2003@yahoo.com)  
website: [www.icra-uk.org](http://www.icra-uk.org)

### > 17 Pilates: An introduction for manual and physical therapists

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

### > 24 The throat and respiratory system

Speaker: Kelston Chorley  
Venue: Puckrup Hotel, Tewkesbury  
tel: 01905 831 495  
email: [clinic@suebrazier.com](mailto:clinic@suebrazier.com)

### > 27 Module 2/3: Osteopathy in the cranial field

Speaker: Carl Surridge  
Venue: Hinsley Hall, Leeds  
tel: 01291 622 555  
website: [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

## May

### > 8–9 Osteopathic technique: Lumbar and thoracic spine and ribs

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

### > 8–9 Exercise prescription for common sports injuries

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

### > 13 Drop-in supervision using case scenarios

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

### > 13–17 Module 4: WG Sutherland's approach to the body as a whole

Speaker: Susan Turner  
Venue: Hawkwood College, Stroud  
tel: 01291 622 555  
website: [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

### > 20 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](mailto:cpd@cpdo.net)

### > 20 Osteopathic technique masterclass: Lower body

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

### > 22 How to attract more patients to your practice and how to keep them – an exclusive workshop for osteopaths

Speaker: Simon Jordan  
Venue: European School of Osteopathy, Maidstone, Kent  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk](http://www.eso.ac.uk)

### > 29–30 Meditation, emotion and the eight transverse diaphragms

Speaker: Andrew Stones  
Venue: London  
tel: 020 7483 0120  
email: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

## June

### > 5–6 Stillpoints revisited

Speaker: Michael Kern  
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 Animal osteopathy

Speaker: Tony Nevin DO  
Venue: European School of Osteopathy, Maidstone, Kent  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk](http://www.eso.ac.uk)

# July

## > 10 Craniosacral therapy introductory course – first stage of full professional training

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

## > 17–22 Craniosacral therapy introductory course

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

# September

## > 13–17 Module 2/3: Osteopathy in the cranial field

Speaker: Michael Harris  
Venue: Columbia Hotel, London  
tel: 01291 622 555  
website: www.sutherlandcranialcollege.co.uk

## > 30 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

## > 30 The therapeutic relationship in manual therapy

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

# October

## > 1–3 Module 1: Foundation

Speaker: Alison Brown  
Venue: Hawkwood College, Stroud  
tel: 01291 622 555  
website: www.sutherlandcranialcollege.co.uk

## > 1–2 October & 1–2 November Osteopathic approach to internal medicine - a four-day residential course

Speaker: to be confirmed  
Venue: Hawkwood College, Stroud  
tel: 01291 622 555  
website: www.sutherlandcranialcollege.co.uk

## > 2–3 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

## > 7–9 The osteo-articular approach – part 2

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

## > 23–24 Touch as a therapeutic intervention

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

## > 23–24 Management and rehabilitation of breathing pattern disorders

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

## > 28 Drop-in supervision using case scenarios

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

## > 28 How to treat: Whiplash injuries

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

# November

## > 5–7 Module 7: Spark in the motor

Speaker: Kok Weng Lim  
Venue: Columbia Hotel, London  
tel: 01291 622 555  
website: www.sutherlandcranialcollege.co.uk

## > 5–7 Pregnancy care

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

## > 19–21 Harmonic technique

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

## > 20–21 Basic visceral: The thorax

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

### Attention osteopaths:

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**RECRUITMENT**

**Canada recruitment.** Great multidisciplinary clinic in bilingual (French/English) city of Moncton, New Brunswick. Salary from CA\$60,000 to CA\$90,000, affordable living costs and we help you get your visa. Minimum one year's experience with cranial skills. London interviews in May. Interested? Email CV with photo to: heather@osteopathyhouse.com.

**Osteopath invited** to join our friendly, well-established multidisciplinary practice in Leek, Staffordshire. To provide maternity cover for existing list from March, with potential to stay on after. Interest in IVM and babies/children would be advantageous, but not essential. For more information, please contact Helen: 01538 387 666 or email: handsonhealth@btconnect.com.

**Seeking enthusiastic** self-motivated osteopath to assist setting up new practice in Consett (Co Durham). Demonstrated proven need for practice, brilliant opportunity to develop a long-term business. Please forward CV to: mikedaly1@hotmail.co.uk.

**Associate osteopath** required in South Africa. Full-time position to join friendly, well-established practice. Cape Town has excellent climate, beaches and lifestyle. Applicants must have good structural skills, and experience in cranial would be helpful. South African citizenship also an advantage. Please email CV to: guy.ashburner@gmail.com. Visit: www.osteogoodhealth.com.

**Locum required** for maternity leave in Bath starting early June, to cover Wednesday and Thursday. Must have thorough IVM experience, as required to work in baby clinic. Experience with pre and post-natal also useful. Please contact: 01225 318 180 or email: victoria@victoriakent.co.uk.

**Osteopath required** for part-time position in multidisciplinary practice in central Solihull location. Scope for further expansion in hours. Experience essential, cranial an advantage. Call Mark on: 07788 133 731.

**COMMERCIAL**

**Room to rent.** Room available to rent on a sessional basis in clinic based in Barrowford, Lancashire. Main high street location, with good parking. For details, please contact Ann: 01282 447 817 or 07813 072 027.

**For sale** – osteopathic practice in central Macclesfield, Cheshire. Good location, elegant self-contained rooms. Established over 20 years. Currently only working two days per week. Affluent area. Great scope for expansion. Profit circa 30K. Full support pre and post-transition. Secretary available (20 years at practice). Price negotiable. Possibility of central Manchester practice for sale. Please reply to: Box Number 112, *The Osteopath*, Wealden Advertiser Ltd, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**Treatment room** to let in Harley Street, W1. Large, quiet room with electric couch, available 8am–7pm. Wireless broadband access, CPD meetings, holistic medical practice, to suit established osteopath with own list. Phone Alice on: 07815 763 570.

**COURSES**

**Buteyko breathing technique:** add to your practice. Learn the theory and how to teach this technique used for asthma and breathing-related problems. Recommended in British Thoracic Society national asthma guideline. Five-day modular teacher training course for health professionals: 28–30 April and 27–28 May 2010. The course leads to qualification and registration with the Buteyko Breathing Association. For details, go to www.teachingbuteyko.co.uk or contact Kathryn Godfrey at: kg@teachingbuteyko.co.uk or 020 7254 5638.

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# CPDO

# 2010

Dates	Title	Lecturer	Cost	Deposit
6-7 March	<b>Muscle energy: Management of thoracic &amp; pelvic pain &amp; dysfunction</b>	Leon Chaitow	£255	£150
20-22 March	<b>Care of mother and baby: A family approach</b>	Averille Morgan	£235	£125
17 April	<b>Pilates: An introduction for manual and physical therapists</b>	Susie Lecomber	£125	£125
8-9 May	<b>Osteopathic technique: Lumbar &amp; thoracic spine and ribs</b>	David Tatton	£235	£125
8-9 May	<b>Exercise prescription for common sports injuries</b>	Chris Boynes	£235	£125
5-6 June	<b>Stillpoints revisited</b>	Michael Kern	£235	£125
2-3 Oct	<b>Osteopathic technique: Cervical spine, CD and UEX</b>	Prof Laurie Hartman	£255	£150
7-9 Oct	<b>The osteo-articular approach - part 2</b>	Jean-Pierre Barral	<i>Fully booked</i>	
23-24 Oct	<b>Management and rehabilitation of breathing pattern disorders</b>	Leon Chaitow	£255	£150
23-24 Oct	<b>Touch as a therapeutic intervention</b>	Tsafi Lederman	£235	£125
5-6-7 Nov	<b>Pregnancy Care</b>	Averille Morgan	£375	£200
19-20-21 Nov	<b>Harmonic technique</b>	Prof. Eyal Lederman	£375	£200
20-21 Nov	<b>Basic visceral: The thorax</b>	Joanna Crill Dawson	£235	£125
<b>Evening workshops 19.00-22.00</b>		<i>50% discount for students on most courses</i>		
25 Feb	<b>Rhythms within rhythms - an exploration of biodynamic practice</b>	Michael Kern	£40	£40
18 March	<b>How to treat: Trapezius myalgia and chronic neck pain</b>	Prof. Eyal Lederman	£40	£40
13 May	<b>Drop-in supervision</b>	Dr. Massud Wasel	£40	£40
20 May	<b>How to treat: Frozen shoulder</b>	Prof. Eyal Lederman	£40	£40
20 May	<b>Osteopathic technique masterclass: Lower body</b>	David Tatton	£40	£40
30 Sept	<b>How to treat: Tennis elbow</b>	Prof. Eyal Lederman	£40	£40
30 Sept	<b>The therapeutic relationship in manual therapy</b>	Tsafi Lederman	£40	£40
28 Oct	<b>Drop-in supervision</b>	Dr. Massud Wasel	£40	£40
23 Nov	<b>Fascia research: what's new and relevant for manual therapists?</b>	Dr. Robert Schliep	£40	£40
28 Oct	<b>How to treat: Whiplash injuries</b>	Prof. Eyal Lederman	£40	£40
25 Nov	<b>How to treat: Impingement syndrome of the shoulder</b>	Prof. Eyal Lederman	£40	£40
<b>Evening lectures 19.00-21.00</b>		<i>For further information and bookings: <a href="http://www.cpdo.net">www.cpdo.net</a></i>		
25 Feb	<b>The fall of the structural-postural model – what's next?</b>	Prof. Eyal Lederman	£20	£20
18 March	<b>Nutrition and exercise – optimising performance</b>	Dr. Adam Cunliffe	£20	£20
15 April	<b>Is back pain diagnosable?</b>	Barry Jacobs	£20	£20

Venue for courses: Middlesex University, Archway Campus, Highgate Hill, London N19

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Telephone:  
E-mail:

Total deposit enclosed: \_\_\_\_\_ All deposits and payments are non-refundable and non-transferable to other dates

Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking. In case of cancellation of courses or lectures all deposits will be refunded. The course organisers reserve the right to change the course contents and substitute leaders without advance notice. The organisers hold no responsibility for the contents and clinical application of the material taught on the courses

All cheques should be made to CPDO Ltd. and sent to the office address:  
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Tel: 0044 (0) 207 263 8551 / e-mail: [cpd@cpdo.net](mailto:cpd@cpdo.net)

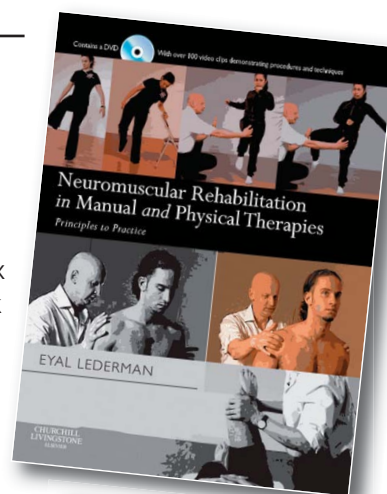
# SPECIAL CPDO BOOK OFFER

## Neuromuscular Rehabilitation in Manual and Physical Therapy

New book + 60 minutes free DVD

By: E. Lederman

Neuromuscular Rehabilitation in Manual and Physical Therapy explores the vast and complex discipline of neuromuscular rehabilitation and simplifies it for clinical use. It is a practical source book for practitioners of manual and physical therapy who work with movement rehabilitation after musculoskeletal injury and pain conditions, sports rehabilitation, surgery and central nervous system damage. The book is a synthesis of over half a century of research and can be described as 'neuromuscular rehabilitation made easy'. It explores movement control and how it is affected by injury, pain and central damage. It provides practical solutions and comprehensive demonstrations (DVD) of movement rehabilitation for the upper and lower limbs and the trunk/spine. (Available from the end of February 2010).

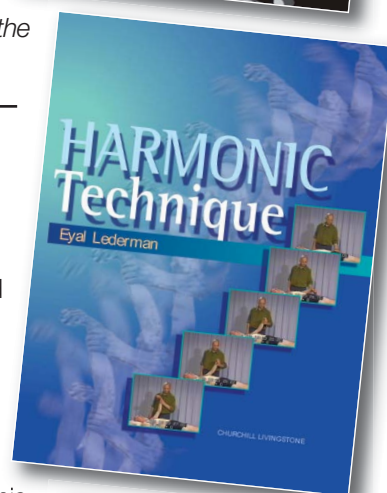


## Harmonic Technique

Book + 40 minutes free DVD

By: E. Lederman

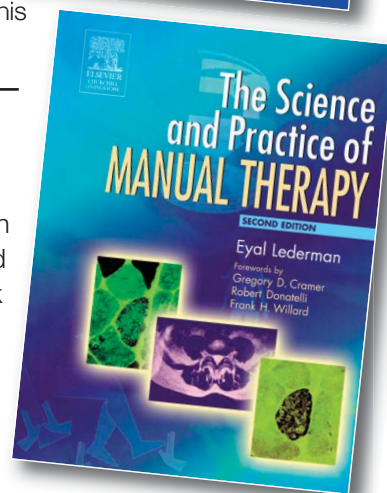
Harmonic Technique is a classical osteopathic technique which has been 'rediscovered', researched and further developed for use in modern practice by Eyal Lederman. This practical text describes the fundamentals of this important technique and explains how it may be used in practice. The biomechanical and physiological basis of the technique is also presented. Illustrated with over 50 photographs it provides a detailed step-by-step guide to the implementation of the technique. The 40-minute DVD, which accompanies the book, gives a detailed demonstration of the different techniques together with instructions on how to use them. This set is a complete guide to this important area of osteopathy and manual therapy



## The Science and Practice of Manual Therapy

By: E. Lederman

The Science and Practice of Manual Therapy is a comprehensive examination of the human response to manual therapy and touch. It explores the physiological, neurological and psychophysiological basis of manual techniques and how they affect the human body. This book will help the therapist towards an improved understanding of the techniques involved in their practice and enhance their ability to select the most appropriate techniques to use with the patient's condition. It will also help the therapist provide safer and more effective treatments.



## BOOK ORDER FORM

	COST	UK MAILING
Neuromuscular Rehabilitation	£39.50	£2.50
Harmonic Technique	£40.00	£1.70
Science and Practice of Manual Therapy	£40.00	£2.50
Harmonic + 1 other book	£75.00	£4.00
Buy all three	£105.00	£6.00

**TOTAL ENCLOSED: £** \_\_\_\_\_

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## Continuing Professional Development

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### **Functional Active Release in Osteopathy**

This course introduces the application and theory of this useful, remedial myo-fascial technique. There will be 12 different techniques practised through the day. Participants will see how functional active release can be applied in a clinical setting, and use biomechanical evaluation to identify patients that could benefit. Functional active release is ideal for deep muscular dysfunction anywhere in the body and is useful for enhancing performance in sports patients.

The course leader is Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Saturday 20th March 2010

Course fee: £95

CPD: 6 hours

### **Advanced Spinal Manipulation**

This collaborative course run by osteopaths, Dr David Evans and Neil Wayman, brings together the theoretical and practical aspects of spinal manipulation in a course that will be of interest to all osteopaths. David has authored several publications about spinal manipulation and back pain and Neil is an experienced Technique Tutor at the BSO.

The course looks at the effects and processes of manipulation in detail, providing better information for practitioners to inform decisions about when manipulation is indicated or not. It is aimed at proficient manipulators who want to better understand techniques that they already use, and to add more advanced techniques to their current repertoire.

Dates: Saturday 15th May 2010

Course fee: £125

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.

The 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.

Dates: Sunday 16th May 2010

Course fee: £95

CPD: 6 hours

### **Preliminary Course in Osteopathy in the Cranial Field**

The preliminary 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

Dates: Friday 10th, Saturday 11th, Sunday 12th and Saturday 18th, Sunday 19th September 2010

Course fee: £975.00, with discounts for new graduates (£100 deposit required with application)

CPD: 35 hours

Deadline for applications and payment of full course fees: Friday 13th August 2010

**All courses are held at the British School of Osteopathy in central London.**

**To apply or find out more, please contact Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)**

## Exercise Rehabilitation

Presented by Jason Clare

Saturday 24th - Sunday 25th April 2010

£270 including lunch and refreshments - 16 hours CPD

A two-day introduction to Exercise Rehabilitation providing an overview of rehabilitation options available to patients, including assessment of individual needs, setting of treatment strategies and exercise prescription. The course will focus on ways to incorporate rehabilitation techniques into the osteopathic management of patients.

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



## An introduction to integration within the osteopathic matrix

Presented by Jean Marie Beuckels DO MSc

Saturday 15th - Sunday 16th May 2010

£270 including lunch and refreshments - 16 hours CPD

The 'osteopathic matrix' is the 'field' in which osteopaths work, representing a continuum between the physical, the energetic, time and space. It is within this matrix that we seek the patient's vitality.

This two day introduction explores these concepts, and, using theoretical and practical sessions, will help to support the practitioner in their evaluation of the 'matrix', and the search for the point within the field that is central to restoring vitality.

## How to attract more patients to your practice and how to keep them

Presented by Simon Jordan

Saturday 22nd May 2010

£135 including lunch and refreshments - 8 hours CPD

This exclusive workshop for osteopaths provides powerful and proven marketing techniques that will help transform your practice by bringing in more patients, and earning you more profit, with less stress. *It's easier than you think!*

Simon Jordan has spent more than 20 years working in advertising and marketing for some of the world's leading brands, such as BMW, Virgin, BBC and Sky. He now specialises in working with small to medium sized companies and solo professionals, with amazing results.



## Animal Osteopathy

Presented by Tony Nevin DO

Saturday 5th - Sunday 6th June 2010

£270 including lunch and refreshments - 16 hours CPD

- Veterinary orthopaedics and terminology relating to the canine and feline patient
- Working within the law, case history taking, practical observation of the canine patient
- Safe patient handling, osteopathic approach to the canine patient, practical palpation, osteopathy applied to the canine patient (practical)
- Presentation on the workshops in Kenya including elephants, rhinos and giraffes

Tony Nevin graduated from the ESO in 1988. After attending courses run by Anthony Pusey, he approached his local vet and together they set up a small animal referral clinic – 20 years later they are still working together. He then took the decision to apply osteopathic principles to less familiar species, initially working with wildlife rehabilitation centres in the UK and soon entering the Zoo world.

For further information please contact:  
Corinne Jones, European School of Osteopathy,  
Boxley House, Maidstone, Kent, ME14 3DZ  
Tel: +44 (0)1622 671558 or E-mail: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)



European School  
of Osteopathy



# Sutherland Cranial College



## In reciprocal tension

Module 5

Course Director: Peter Cockhill BA (Hons) DO MSCC  
5-7 March 2010 | Hawkwood College Stroud Gloucestershire  
Fee: £830 | CPD: 24hrs | Eligibility: Module 2 and Module 3 or equivalent

### A three-day residential Pathway Course

- Do you have difficulty using the involuntary mechanism throughout the whole body?
- Do you struggle to understand the significance of the various forces, stresses, and strains you palpate?
- Where is the body working, what is it doing and how can you support it in its process?

The IRT Course is an exploration of the concept of reciprocal tension and the role it plays in integrating structure and function from cells to whole organisms.

Starting with the Reciprocal Tension Membranes as described by Dr. W.G. Sutherland we will incorporate recent scientific developments and practical exercises to advance our understanding of dynamic reciprocal tension as it is expressed throughout the body.

We will use this experience to help develop our skills of diagnosis and treatment and add flesh to observation that we should 'treat the spaces not the structures'. We invite you to come and share this exploration.

1:4 tutor-student ratio facilitates individual practical tuition and feedback

*"Real boost to my confidence, great feedback and a lot of fun. Wonderful facilitation with brilliant observation skills"*



## Osteopathy in the cranial field

Module 2/3

Course Director: Carl Surridge DO MSCC  
27 April – 1 May 2010 | Hinsley Hall Leeds  
Fee: £1380 | New graduates: £1150 | CPD: 40hrs | Eligibility: Module 1 or equivalent

### A five-day residential Pathway Course, SCTF approved

At Module 2 level, this course consolidates previous introduction to this work. Students develop the ability to centre, monitor and diagnose using the Involuntary Mechanism, and begin to learn treatment principles, which can be used in practice to treat a wide range of patients.

Module 3 assumes greater experience and students refine their diagnostic and treatment skills whilst deepening anatomical knowledge and awareness of the inherent healing ability of the body. Clinical experience already gained using this approach in practice enhances the learning experience, and specific areas of difficulty can be addressed. By the end of the course students should feel confident to treat many patients using the Involuntary Mechanism and to apply principles to the whole body.

With a 1:4 tutor-student ratio, there is opportunity for self-assessment, peer-feedback and individual student discussion with the tutor.

Includes free Pathway membership for a year.

Book now and receive a money-off voucher towards your next course.

*"Brilliant – really worth the money and effort to get here. Very high standard"*



## WG Sutherland's approach to the body as a whole

Module 4

Course Director: Susan Turner DO MSCC  
Evening 13-17 May 2010 | Hawkwood College Stroud Gloucestershire | Fee: £1095  
See flyer for full details and special offer

For more details or to enrol call **01291 622555** or email [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
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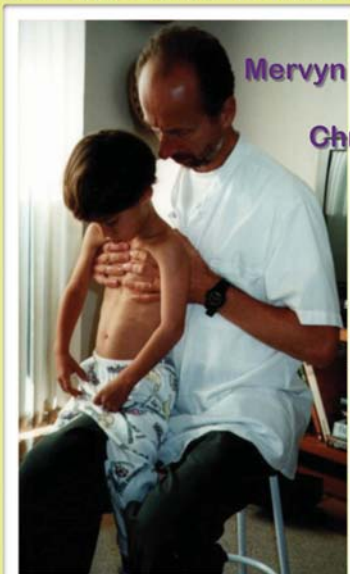
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March 21<sup>st</sup> 2010  
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The Institute of Classical Osteopathy Spring Conference 2010

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# 1° ANNOUNCEMENT

L.U.Me.N.Oli.S.

Second Italian Congress on Osteopathic Medicine

## Science meets Osteopathy: towards a Systemic Medicine **Osteopathy in the Ages of Life**

**Rome, 18-19-20 of June 2010**

Hotel Princess

Via Andrea Ferrara, 33 - Rome - Italy

On the 17th - 20th of June 2010, the University Foundation L.U.Me.N.Oli.S. together with the school of Osteopathy C.R.O.M.O.N. srl (Centro Ricerche Olistiche per la Medicina Osteopatica e Naturale) and Marrapese Ed., is pleased to announce the second edition of the International event on Osteopathic Medicine in Italy. The aim of this event will be to offer a solid context in which doctors, dentists, scientists, clinicians, and osteopaths can gather together to work toward a common language, share their successes as well as their doubts, needs and difficulties in operating in a synergistic manner.

Up to now, Osteopathic Medicine has been mainly an *Efficacy Based Medicine*. It has become a successful practice around the world mainly thanks to its ability in supporting people's health. However, as never before, Osteopathy is called today to become an *Evidence Based Medicine*, translating its results into a common clinical language.

The Congress will be held over 3 days:

### Friday 18<sup>th</sup> of June and Saturday 19<sup>th</sup> of June

The 2 days of congress will present, through 8 sessions, the evidence and the different modalities of application of the osteopathic treatment in the spectrum of the ages of life (from gestation to the elderly). Each session will host presenters, discussing results from clinical trials in which the osteopathic and traditional medical approaches have been applied in specific controlled clinical contexts. At the end of each session, there will be time for discussion: the opportunity for questions from the participants, but overall for a constructive discussion between the speakers and special guests at the Round Table (such as International Osteopaths or Guests, Chairs of the main Hospitals in Rome, Chairs of important Universities in Italy, Presidents of different associations such as the Italian Register of Osteopaths, the Italian Register of Doctors and Dentists). The aim of the Round Table sessions will be to elaborate guidelines and research projects or scientific *consensus* on the subjects presented during the previous sessions.

### Sunday 20<sup>th</sup> of June

*Workshop sessions and poster presentations:*

- Viola Frymann – The osteopathic approach to patients with neurological disorders in the paediatric field
- Andry Vleeming – Movement, Stability and Low Back Pain
- Franz Buset – Biomechanics analysis of the anterior neck, thorax and digestive track
- Jean Dominique Moll – The somato-emotional approach in Osteopathy
- Siegmund Gerken – The pulsation of Being – allowing the flow and giving the flow direction – experimental workshop
- Eric Pratt – The Osteopathic Mechanical Link applied to the spine and pelvis

### Star Guests:

Prof. Dr. Ezio Benagiano, Prof. Dr. Gaetano Gigante, Dr. Bernard Autet, Dr. Viola Frymann, Prof. Michael Patterson, Dr. Andry Vleeming, Dr. Leon Chaitow, Dr. Franz Buset, Dr. Siegmund Gerken, Dr. Paul Chaffour, Dr. Eric Pratt, Dr. Raimund Engel, Dr. Cristian Ciranna Raab, Dr. Jean Pierre Hyspà, Prof. Philippe Caiazza, Dr. Alexander Belloni, Dr. Jean Dominique Moll, Dr. Eduardo Rossi, Dr. Paola Sciomachen, Prof. Francesco Pachi, Dr.ssa Silvana Boscarino

A simultaneous French-English-Italian translation will be provided.

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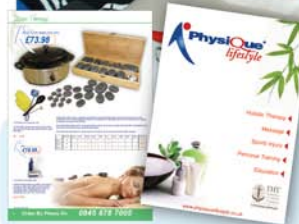
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