

# the osteopath

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General  
Osteopathic  
Council



General  
Osteopathic  
Council

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

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# the osteopath



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## the osteopath

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# Testing the revalidation scheme – we need your help

## Pilot launch in summer 2011

**Every osteopath will soon have the opportunity to shape the development of revalidation, as recruitment for a year-long pilot programme gets underway. This spring we will be sending a Revalidation Pilot Invitation Pack to all osteopaths outlining the proposals for the revalidation pilot and the benefits of participating.**

The aim of the pilot is to test the scheme – the self-assessment process and tools that have been developed to help osteopaths assess their practice. The guidelines setting out the standards, revalidation criteria and examples of evidence that could be submitted as part of the self-assessment process can be found at: [www.osteopathy.org.uk/uploads/draft\\_revalidation\\_guidelines\\_pilot.pdf](http://www.osteopathy.org.uk/uploads/draft_revalidation_guidelines_pilot.pdf). These will shortly be developed into 'click through' versions to help make them more accessible and readable. The guidelines also include online tools such as Case-Based Discussion and Driscoll's Model of Reflection, which osteopaths can use as part of their continuing professional development (CPD).

Development of the osteopathic revalidation scheme continues to be funded by a grant from the Department of Health and not from your registration fees.

## Incentives and benefits

So why get involved in the revalidation pilot? We believe that there are real benefits to all osteopaths in taking part in the pilot as it will give you the opportunity to:

- > ensure that your views feed into the independent analysis of the proposed revalidation scheme;

- > learn more about your practice and improve your understanding of patients' expectations and experience, as well as business issues;
- > be at the forefront of the development of the osteopathic profession;
- > learn to use new tools as part of CPD.

All pilot participants will receive expert training and support to complete the scheme.

In addition, as the pilot activity will be developmental in nature, those who complete the pilot exercise will be given a certificate of completion awarding a full year's worth of CPD hours. This means that no further scrutiny will be directed to these osteopaths as part of our usual CPD audit at the point of re-registration.

It is likely that revalidation, when it is introduced, will require osteopaths to revalidate every five years, with one-fifth of the profession revalidating in each year. For those osteopaths taking part in the pilot, we will look at ways of revalidating you last.

Any osteopath who takes part in the revalidation pilot but doesn't complete it – but, for example, learns to use some of the tools – will still be able to use the experience as part of their CPD. This can be claimed and self-certified in the usual way, in accordance with the CPD Guidelines and will be subject to the usual scrutiny at the point of re-registration.

## What happens after the pilot?

By the end of the pilot year – roughly autumn 2012 – we hope to have amassed adequate evidence and feedback for a thorough evaluation of the benefits and costs of revalidation. A further consultation will follow, before a finalised scheme is introduced.



## Timetable

Our indicative timetable for the development of revalidation is:

Date	Activity
2011	Finalise assessment criteria, pilot participants, pilot assessors and launch pilot
2012	Conclude pilot programme
2013	Publish evaluation and launch further consultation
2014	Possible introduction of revalidation

## Participating in the revalidation pilot

**If you would like to register your interest in taking part in the pilot, email your details to: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk). For further information on any aspect of the revalidation scheme, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk).**

# Quality assuring osteopathic qualifications

## The GOsC is in the process of reviewing the quality assurance procedures used to assess the standards of osteopathic training courses and course providers at undergraduate level.

As part of this review, we sought feedback from the Osteopathic Educational Institutions (OEIs), the Council for Healthcare Regulatory Excellence (CHRE), the Department of Health, and the Quality Assurance Agency for Higher Education (QAA), an independent body employed to conduct the review of qualifications on behalf of the GOsC. This feedback is vital in helping us to ensure that the quality assurance process is fit for purpose, transparent and up to date.

As a result of this feedback, it was clear that revisions were needed to the annual reports submitted by the OEIs, and to the GOsC/QAA Review Method Handbook, which outlines the process for the quality assurance of osteopathic educational courses. Further information on the Handbook can be found on the QAA website ([www.qaa.ac.uk/health/gosc/](http://www.qaa.ac.uk/health/gosc/)).

This article outlines the revisions to each document in preparation for a formal consultation with all interested parties, including osteopaths, the OEIs, students of osteopathy, patients and the public.

### Review Method Handbook

We worked closely with the QAA to look at ways of improving the language of the document and increasing the clarity of the content. One suggestion was to produce two versions of the document: a handbook for OEIs and a handbook for assessors. Having one primary audience per handbook allows for greater clarity and targeting.

Other proposed changes include:

- > A revised team and person specification for assessors used by the QAA to undertake course reviews on behalf of the GOsC.
- > Removal of the annual monitoring visit.

- > An outline of the process for the completion of conditions attached to a Recognised Qualification.
- > Indicators of good practice and areas for improvement.
- > An outline of the process for unscheduled quality assurance reviews, where these are required.

### Revised annual reports

Every year, individual OEIs must submit a report to update the GOsC on general trends over the last 12 months. The report features a number of questions designed to achieve its main purposes of:

- > ensuring that the education and training provided by the OEI continues to meet our requirements;
- > encouraging the sharing of good practice and to enhance performance within each OEI.

As part of our review of quality assurance and based on feedback from the OEIs, a revised version of the annual report has

been produced for consultation. The report has been revised on the basis of the following considerations:

- > How each question provides data which usefully meets the purposes of the annual report.
- > Whether each question is clear and precise.
- > Whether data can be submitted in an easy format for each question.

### Consultation

The QAA will be holding a formal consultation on changes to these documents, which will be launched in February 2011. Osteopaths will be able to comment via the GOsC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and the **o** zone.

It is expected that the revised documents will be published later this year.

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



## Encouraging advertising compliance

**Tim Walker, the GOSC's Chief Executive and Registrar explains the latest steps being taken to help osteopaths ensure their advertising is compliant with advertising law.**

Over the past year the GOSC has been advising osteopaths that they should check their leaflets and websites to ensure they comply with the Advertising Standards Association's (ASA) requirements on healthcare advertising, as set out in the UK Code of Non-Broadcasting Advertising, Sales Promotion and Direct Marketing (the CAP Code). Now we are taking this a step further by advising a number of individual osteopaths that their websites could be in breach of the CAP Code.

This is an unprecedented step for the GOSC but we believe that our duty as a regulator is not just to examine complaints from patients and the public but also to provide advice to osteopaths where their actions may be at risk of breaching the GOSC's own *Code of Practice* as well as that of any other regulatory body.

Many osteopaths are unsure about how advertising regulation works and why, when they are regulated by the GOSC, another regulator's Code applies to them. The answer to this is that the ASA's remit covers all advertisements, sales promotions and direct marketing regardless of who produces it. In this respect the ASA's requirements are just like health and safety law; it is something that any business has to comply with.

In order to identify osteopaths' websites that could be of concern we carried out a series of web searches looking at particular health conditions and, where we believed that the claims for treatment could be of concern to the ASA, we have

written to the osteopaths suggesting they should review their website content. This is a simple process that osteopaths can undertake by looking at the ASA's guidance (summarised in the last edition of *The Osteopath*) or by submitting their website or leaflet copy to CAP's free Copy Advice service, details of which can be found at [www.copyadvice.org.uk](http://www.copyadvice.org.uk).

The need to do this has become more urgent as from 1 March 2011 the CAP Code applies to websites as well as more traditional forms of advertising and promotion.

Our aim throughout this project has not been to single out particular osteopaths or to focus on any one aspect of osteopathic practice. We want to avoid a situation where osteopaths, perhaps inadvertently, find themselves in breach of the CAP Code and at risk of misleading patients. We are also working closely with the British Osteopathic Association, which has supported this initiative, and intend to make joint representations to the ASA on how the CAP Code should apply to osteopaths and how we can ensure that osteopaths are best able to comply.



## Hearing from you ....

One of our more important aims for the year ahead is to meet with as many osteopaths as we can, across the country, taking advantage of local and regional meetings to discuss directly with you some of the challenges and opportunities on the regulatory horizon.

Revalidation, research, raising standards, and even advertising your practice, raise complex issues; we are keen that these should be recognised as drivers for continuous quality improvement in practice that in turn generates growing public confidence in osteopathic care. Direct discussion with osteopaths is helping to identify practical ways in which regulation can work to support osteopaths in everyday practice.

Since the New Year, we have participated in meetings of the Wessex Group of Osteopaths, the South Wales Osteopathic Society and the Northern Ireland Osteopathic Society. GOSC Chief Executive and Registrar Tim Walker will be meeting with the Northern Counties Society of Osteopaths on 12 March.

We would welcome the opportunity to meet and discuss with other regional osteopathic groups over coming months. This summer we will begin piloting revalidation for osteopaths and by meeting with you in the intervening months we can explain how you can help to shape this development and potentially gain new skills in the process. Your feedback on this initiative and any other regulatory matter is vital to our work.

If you are able to gather together a good number of your colleagues and would like us to attend your next regional meeting, please contact Jodie Ward, Senior Communications Officer, to discuss this on 020 7357 6655 ext 222 or email: [jward@osteopathy.org.uk](mailto:jward@osteopathy.org.uk).



# Osteopathic Practice Standards

**The consultation on the proposed Osteopathic Practice Standards closed on 30 November 2010. Responses were received from a wide range of stakeholders, including osteopaths, Osteopathic Educational Institutions (OEl)s, students of osteopathy and osteopathic and patient representative bodies.**

The consultation was conducted on behalf of the GOsC by independent consultants, Hewell Taylor Freed and Associates (HTF). HTF conducted around 100 interviews with osteopaths, and held 12 focus group meetings across the UK with 160 osteopaths. They also received 160 electronic and postal responses to the consultation document.

To secure responses from other stakeholders, HTF hosted two further focus group meetings with GOsC Fitness to Practise Committee members, and conducted telephone interviews with the OEl)s and the British Osteopathic Association. Direct contact was also made with patient representative groups to secure feedback.

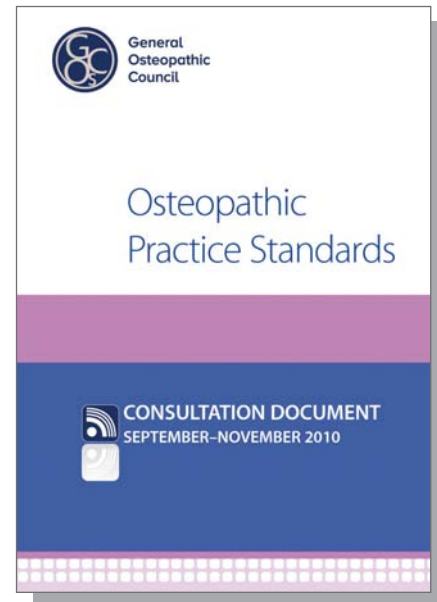
An initial draft report of the consultation responses indicates:

- > strong support for the merger of the *Code of Practice* and *Standard of Proficiency* into one document;
- > the layout and format of the document was generally liked;
- > a clear statement explaining the different status of the 'standards' and 'guidance' is needed;
- > concern about the requirements to inform patients of the risks associated with osteopathic treatment. Further clarity is needed on when oral or written consent is required and whether it could be obtained as a one-off event, at each appointment or for each technique;
- > that it might not be possible to meet all standards when attending patients on the 'pitch-side'.

The draft report also suggests that further clarity is needed on:

- > the law relating to obtaining consent from patients who are under 18 years of age;
- > the requirements to offer a chaperone; and
- > the interrelation of GOsC regulation with that of other regulators, e.g. the Advertising Standards Authority.

The final analysis of the consultation responses is due to be completed mid-February 2011.



## What happens next?

The Osteopathic Practice Standards Working Group will meet in March 2011 to consider the consultation report in detail. They will then make recommendations on the amendments required to the document and the timeline for publication of the final Osteopathic Practice Standards.



# Supporting the development of professionalism at undergraduate level

Fiona Browne, Head of Professional Standards

**As part of our work on exploring the issues surrounding the fitness to practise of students, we have been looking at the ways in which the professionalism of students might be emphasised early in their careers and what support the GOsC could offer the Osteopathic Educational Institutions (OEIs) to ensure that only students who are fit to practise are awarded a Recognised Qualification (RQ).**

A Student Fitness to Practise Working Group was established last year to begin work on developing guidance for osteopathic students. This will be informally shared with external stakeholders for discussion in the next few months before being issued for consultation later in the year.

This draft guidance:

- > emphasises the trust that patients and the public place in healthcare professionals and the importance of appropriate behaviour in both the professional and private lives of students;
- > introduces students to the core standards of conduct and ethical behaviour expected of healthcare professionals;
- > provides an indicative list of the types of behaviour that are not appropriate for students to engage in;
- > gives an indication of the support to be provided from the OEIs to help students learn professional behaviours.

Guidance has also been drafted for the OEIs, setting out the ethical expectations of students upon the award of the RQ. The guidance:

- > illustrates the meaning and scope of student fitness to practise;
- > places an obligation to facilitate students' learning of professional behaviours;
- > provides further advice on how to manage the admission or refusal of students who have previous convictions or cautions prior to admission;
- > provides indicative lists of questions to ask when considering whether certain behaviour impacts on fitness to practise;
- > provides advice on outcomes of student fitness to practise hearings, emphasising that the focus should be on patient safety and not punishment.



## Next steps

The guidance for both students and the OEIs will be available via the **o** zone in due course. We hope to launch a formal consultation in the summer, depending on the feedback received on the initial draft.

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

## Members of the Student Fitness to Practise Working Group include:

- > Adrian Barnes (osteopath, Head of the European School of Osteopathy)
- > Sharon Potter (Vice Principal, Education, British School of Osteopathy)
- > Carolyn Felton (osteopath, Assistant Head of Department, Surrey Institute of Osteopathic Medicine)
- > Tracy Stockley (osteopath, Clinic Director, College of Osteopaths)
- > Heather Warwick (student, Leeds Metropolitan University)
- > Jerome Boisard (former student and newly-qualified osteopath, London School of Osteopathy)
- > Netta Lloyd-Jones (Head of Practice Education, Oxford Brookes University)
- > Ian Hughes (lay member of Council, Chair of Group)





# Online research resources for osteopaths

The GOsC has developed a new package of online research resources for osteopaths (see also the Dec 2010/Jan 2011 issue of *The Osteopath*). Your feedback tells us that you are keen to tap into developments across the wider spectrum of health practice.

As well as online access to the *International Journal of Osteopathic Medicine* (IJOM), you will be able to review six other Elsevier journals, including: the *Journal of Bodywork and Movement Therapies*; *Manual Therapy*; *The Spine Journal*; the *Journal of Manipulative and Physiological Therapeutics*; *Medicine*; and *Clinical Biomechanics*.

The online IJOM will include reviews, original research, conference reports, masterclasses, clinical tips and examples of best practice. You will also have access to case reports, continuing education and professional development articles and quizzes, self-assessment exercises, research and treatment bulletins, commentaries, book reviews and technical reports. The first online issue of IJOM will be available in March 2011.

Other benefits of the package include:

- > special discounts on journals of interest to you through individual subscriptions, for example *Physical Therapy in Sport*, *Complementary Therapies in Clinical Practice* and the *European Journal of Pain*.
- > discounts via the 'Elsevier Bookclub' on hundreds of books within the health professions field.
- > free personalised searches enabling you to keep up to date with topics of interest as soon as they are published, saving you time finding key resources when you log in.

## Personalising your account

To keep yourself up to date, you can also set up free 'e-alerts' in your areas of interest, which will automatically notify you when the latest articles are published online.

To register for the e-alerts, you will need to follow these simple steps:

**Step 1** – Log on to the **o** zone and visit the 'Research journals' page under the 'Research' section in 'Resources'. From here, you need to access the Elsevier website.

**Step 2** – Click on the link 'Receive free email alerts' on the right-hand side of the page.

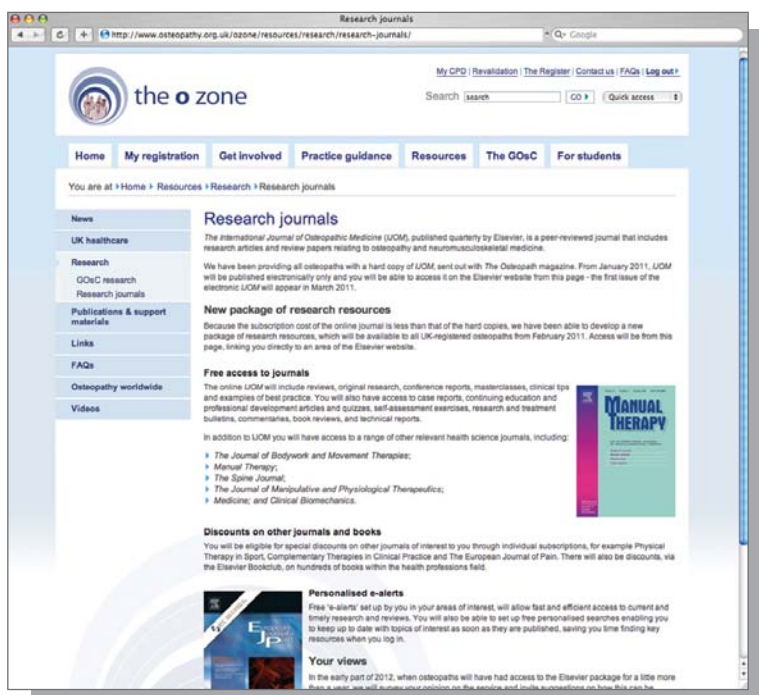
**Step 3** – Register as a guest by entering your email address and creating a password.

**Step 4** – Create your profile, set your email alerts and manage your personal account and searches.

Once you have registered, you can save searches on keywords and topics to make sure that you don't miss any developments in your chosen areas.

We hope you take every opportunity to use this new resource over the coming months – we will be surveying opinion on the service in early 2012 and invite suggestions on how this can be improved further.

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



# An interview with Tim Walker, GOSC Registrar

This interview originally featured in the February issue of *Osteopathy Today*.

**The British Osteopathic Association (BOA) recently interviewed GOSC Chief Executive and Registrar, Tim Walker. The questions asked by the BOA highlight some important issues facing the profession and as such, they have allowed us to share the interview with all osteopaths.**



**BOA: Can you tell us a little bit about your career and experience?**

**TW:** I have been fortunate to have had an incredibly stimulating career involving a mixture of science and technology, communications, and politics and government, working in both the private and public sectors. Regulation has been a constant theme; I was involved in the setting up of the Food Standards Agency, worked closely with the Better Regulation Executive in the Cabinet Office and, more recently, spent three years at the GMC.

**BOA: Have you had any osteopathic treatments – if so, are you an advocate, as many patients are?**

**TW:** I haven't had osteopathic treatment, but since I joined the GOSC many friends and acquaintances have told me of the benefits they have experienced from doing so. If the need arises, I wouldn't hesitate to seek osteopathic treatment and I hope no osteopath will be alarmed should I walk through their door!

**BOA: What attracted you to the role of osteopathic Registrar?**

**TW:** Initially, a sense of curiosity about how a small regulator functioned when compared to the large one I was working for. This quickly turned into a genuine interest in osteopathy and the challenges it faces as a developing profession. Finally, the Chief Executive and Registrar's role at the GOSC is very hands-on and I like

being part of a small but dedicated team.

**BOA: With your last role at the GMC, some might be concerned that your stewardship might lead to a greater medicalisation of osteopathy – how would you respond to that concern?**

**TW:** With some degree of horror. While I have a lot of respect for doctors and much of the work they do, from a personal perspective I think we are all becoming over-medicalised and I would like to see much more of an emphasis on wellness and wellbeing in healthcare. However, I do think it is important that the osteopathic profession continues to recognise the importance of developing a strong evidence base for osteopathic treatments. This isn't medicalisation, it is a necessary and appropriate response to patient and societal demands.

**BOA: What do you see as the three most significant issues facing osteopathy?**

**TW:** From the perspective of the regulator, the three things I would say are:

- > developing a greater recognition of what it means for osteopaths to be a regulated profession, including embedding systems for assuring and improving quality – something that I hope revalidation will achieve;
- > continuing to build the evidence base for osteopathic treatments to develop and maintain the credibility of osteopathy;

> broadening the understanding of osteopathy among the public, other healthcare professionals and commissioners of services, enabling the profession to grow and diversify its patient and funding base.

**BOA: How might the profession address those issues?**

**TW:** I don't see it as the job of the regulator to advise the profession on all aspects of its development. Our focus has to be on standards, quality and safety. On the first two issues I mentioned earlier, these are things on which we must work hand-in-hand with the profession. On the latter, while it is the regulator's job to promote confidence in osteopathic practice, it is for the profession itself (particularly through the BOA) to promote osteopathy.

**BOA: How do you see the GOSc working with the BOA and other stakeholders?**

**TW:** I hope that we can work closely with the BOA whenever possible and I am already developing a constructive dialogue with your President, Marina Urquhart-Pullen, and Michael Watson, the Chief Executive, and his team. But at the end of the day the relationship mustn't be too cosy. The BOA is there to make representations to us on behalf of its members, so I expect the relationship to be robust but, I hope, not confrontational.

More broadly, a commitment I made when I joined the GOSc was to get to meet osteopaths on their home turf and 2011 will see me out on the road visiting regional groups, Osteopathic Educational Institutions and specialist societies.

**BOA: How do you see the future regulatory landscape developing, its impact on the smaller regulators and how might this affect osteopathy?**

**TW:** We understand that the Government is going to set out its

thinking on the future direction of regulation early in 2011. I can't say precisely how that will affect the GOSc. What I think is important for osteopathy is having a regulator that focuses on osteopathy, and works with osteopaths and their representatives to genuinely develop the profession and its regulation.

**BOA: What changes, if any, do you think are essential to fitness to practise complaint handling as many feel that the current approach places undue stress and strain on those subject to this process?**

**TW:** I think it is important for osteopaths to recognise the very small number of their colleagues who are either investigated or appear before a GOSc hearing. Last year, 16 osteopaths (less than 0.4% of those registered) were referred to the Professional Conduct Committee and 12 faced sanctions for breaches of our Code or standards. It is also the case that what distinguishes a well-regulated profession in the eyes of patients and the public is an effective disciplinary process.

The way that complaints are handled is very largely governed by legislation, which sets out what should be done at each stage of the process. We always seek to ensure that our processes are scrupulously fair to all concerned – treating no one osteopath any differently from any other – but I do understand that there will be anxiety suffered by an osteopath under investigation. For the last year or so we have been surveying both parties at the conclusion of the fitness to practise process (whether that comes after consideration by the Investigating Committee or at the end of a hearing before the Professional Conduct Committee) to understand how the experience has affected them. We hope to conclude and publish this research in the next year and it will then inform any changes we need to make.

**BOA: Many osteopaths are concerned about the cost of regulation, in particular the registration fee, so what hope can we hold out for a reduction in fees, even allowing for the legal limitations surrounding changes to the fee structure?**

**TW:** I think it is important for the Council to continue to keep GOSc's costs under review, particularly in the current economic climate. We have held the registration fee constant since the GOSc was created, while at the same time developing our programme of work. I think we can continue to keep the fee at its current level for the foreseeable future, for example by making better use of IT, but if we are going to commit to a reduction then I think we will need a wider debate about the nature of osteopathic regulation and the development of the profession.



# Protecting children and vulnerable adults



## Arrangements in Scotland

The Scottish Government's Protecting Vulnerable Groups (PVG) Scheme goes live on 28 February 2011. In the first year, the Scheme will deal primarily with applications for membership from people who:

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

It is expected to take four years to phase all of the vulnerable groups' workforce into the Scheme.

As an osteopath practising in Scotland, you will need to apply for membership of the

PVG Scheme. Once the Scheme goes live, it will be an offence for an individual to seek, do or agree to do regulated work if they are barred from the Scheme. It is also an offence for an organisation (employer) to knowingly recruit an individual for regulated work who is barred from the Scheme.

Applications to join the Scheme cost £59. Further information on the Scheme and the application process is available on the Disclosure Scotland website ([www.disclosurescotland.co.uk/pvg\\_index.html](http://www.disclosurescotland.co.uk/pvg_index.html)).

## Arrangements in England, Wales and Northern Ireland

At the time of writing, the Government is preparing to announce the findings of its

review of the Vetting and Barring Scheme. The review was launched in response to concerns raised about the proportionality of the initial process and, as such, will re-examine whether the Scheme is the most appropriate mechanism to protect children and vulnerable adults.

Further information on the Vetting and Barring Scheme can be found in the Dec 2010/Jan 2011 issue of *The Osteopath*, or by visiting the Directgov website at: [www.direct.gov.uk/en/campaigns/Vetting/index.htm](http://www.direct.gov.uk/en/campaigns/Vetting/index.htm).

## The GOSc meets Nicky Morgan MP

**GOSc representatives met with Nicky Morgan MP in January, in response to her recent parliamentary question on NHS funding for osteopathic treatment of colic.**

Ms Morgan became MP for Loughborough at the 2010 General Election. She was interested to find out more about the osteopathic profession, as her son had responded well to osteopathic treatment for colic at a young age.

We briefed Ms Morgan on standards of osteopathic education, training and practice and the role of the GOSc, along with current developments such as revalidation and work to increase the evidence base for osteopathy.

Ms Morgan was very supportive and offered to table parliamentary questions on these or other issues of interest.

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

## Health and Social Care Bill

**In January, the Government published a new Health and Social Care Bill to modernise the NHS and change the way it commissions services. Although much of the Bill is specific to England, some aspects will have a UK-wide impact.**

The main aspects of the Bill include:

- > The replacement of Primary Care Trusts (PCTs) with GP Commissioning Consortia, which will be responsible for commissioning health services in their local areas.
- > A change of name for the Council for Healthcare Regulatory Excellence (CHRE) to the Professional Standards Authority for Health and Social Care. The Authority will continue in its role of ensuring consistency and good practice in healthcare regulation but will now be funded by the annual fees of all health regulators.

- > A name change for the Health Professions Council (HPC) to the Health and Care Professions Council.

The Bill also allows regulatory bodies to establish voluntary registers of unregulated health and social care workers.

To read the Bill in full, please visit the Parliament website at: <http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>.

# Otitis media – what is the evidence?

Carol Fawkes, NCOR Research Development Officer

**The treatment and management of patients presenting with non-musculoskeletal (non-msk) conditions is part of everyday practice for some osteopaths, although the evidence base for this area of osteopathic care is still limited. In coming issues of *The Osteopath* we will examine the evidence associated with a range of common childhood conditions that may be familiar to osteopaths.**

In the table set out on pages 14 to 19, we identify some evidence available from national research databases on one of these common conditions – **otitis media**. This search is not exhaustive – results here are from 1990 onwards. At NCOR we are undertaking further in-depth searches to identify and then evaluate available evidence emerging from osteopathic practice.

## Why the need for an evidence base?

In recent months, there has been increasing public concern that some osteopaths may be making claims in their publicity that cannot be verified by robust clinical evidence. Not only to ensure our marketing communications comply with professional standards (the GOSc *Code of Practice* and the UK Code of Non-Broadcasting Advertising, Sales Promotion and Direct Marketing), but to provide the best care for our patients, a good understanding of the evidence is essential.

We hope this and evidence summaries to follow in subsequent issues will be helpful to osteopaths' continuing professional development.

## Where does current evidence sit in the hierarchy of research?

The "hierarchy of research" describes the quality of different methodological approaches to research (see fig. 1). Any study design has its advantages and disadvantages and the choice of design may depend on the research question. The aim of research is to identify new information concerning the management or natural progression of a condition, whilst minimising as far as possible any bias from internal and external factors.

When appraising claims made by health professionals concerning the care they can offer patients, the UK Advertising Standards Authority assesses the quality and robustness of supporting evidence in relevant areas of clinical practice. Higher quality evidence, based on the hierarchy of research, is preferred. Studies involving particular research designs and large sample sizes which minimise bias and lend greater statistical power to studies are favoured.

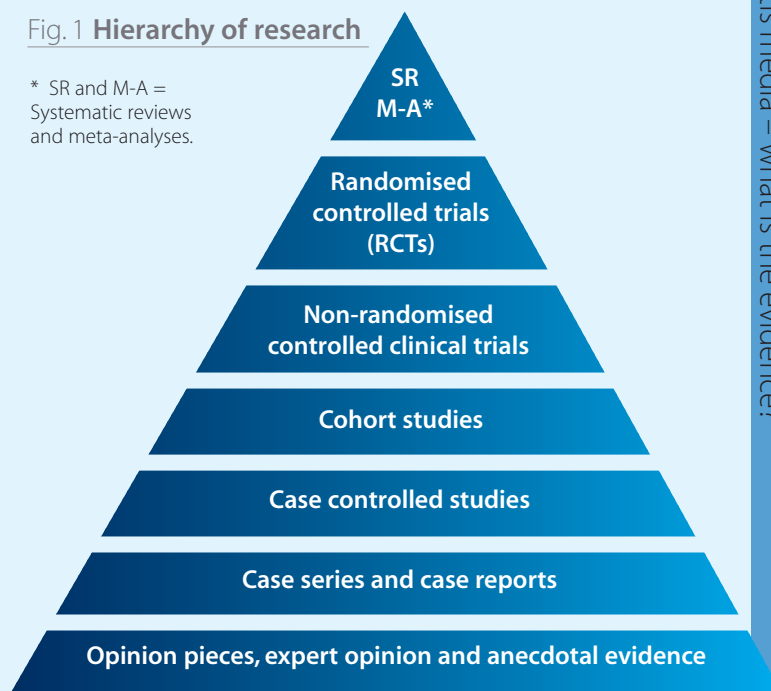
## Otitis media

This term describes symptoms classified as either acute otitis media (AOM) or otitis media with effusion (OME). Acute otitis media is defined by the National Institute for Health and Clinical Excellence (NICE) as "an acute infection of the middle ear which can be viral and/or bacterial in origin and which may result in the formation of pus and lead to perforation of the tympanic membrane"<sup>1</sup>.

Otitis media with effusion is defined by NICE as "a condition characterised by a collection of fluid within the middle ear without signs of acute inflammation. It is most common in young children, with a bimodal peak at two and five years of age. Eighty per cent of children will have had at least one episode of OME by the age of 10 years. At age seven to eight years, about 8% of children will have middle ear effusions; this incidence increases in

Fig. 1 Hierarchy of research

\* SR and M-A = Systematic reviews and meta-analyses.



winter. The mean duration of effusions is 6–10 weeks but some cases are more persistent. OME is known to be a fluctuating condition with symptoms that vary with time and age. The main symptom of OME is impaired hearing because the middle ear effusion causes a conductive hearing loss by reflection of the sound energy at the air–fluid interface. The diagnosis is based on suspicion of hearing loss, clinical history, clinical examination of the ears and appropriate audiometry and tympanometry. While most cases of OME will resolve spontaneously, some children will need intervention because of the effects of hearing loss. This intervention may take the form of educational and social action or the provision of a hearing aid to minimise the impact of the hearing loss. No non-surgical intervention has yet been shown conclusively to be of benefit. Surgical management usually takes the form of myringotomy and insertion of a ventilation tube (grommet), with or without adenoidectomy"<sup>1</sup>.

## Evidence relating to the treatment of otitis media

A PubMed search based on MeSH headings and derived terms from literature sources identified some of the studies listed below:

Citation	Intervention	Number of participants	Trial design
<p>Steele KM, Viola J, Burns E et al. Brief report of a clinical trial on the duration of middle ear effusion in young children using a standardised osteopathic manipulative medicine protocol. <i>Journal of the American Osteopathic Association</i>. 2010;110(5):278-84.</p> <p><a href="http://www.ncbi.nlm.nih.gov/pubmed/20538749">http://www.ncbi.nlm.nih.gov/pubmed/20538749</a>.</p>	<p>Osteopathic manipulative medicine (OMM). This included nine standard osteopathic techniques, treating the child from the pelvis up to the head.</p> <p>Osteopathy in the cranial field and balanced membranous tension or myofascial release techniques were used. Specifically for the head, suboccipital inhibition, venous sinus drainage technique, occipital decompression and SBS decompression were used.</p>	<p>26 subjects completed the study. This equates to '22 ears' in the standard care control group, and '18 ears' in the intervention group involving standard care and OMM.</p> <p>All participants were recruited following referral from paediatricians who had confirmed the diagnosis of acute otitis media (AOM).</p>	<p>A feasibility study to describe and test a standardised treatment protocol for a single blind randomised controlled trial.</p>
<p>Wahl RA, Aldous MB, Worden KA et al. Echinacea purpurea and osteopathic manipulative treatment in children with recurrent otitis media: a randomised controlled trial. <i>BMC Complementary Medicine</i>. 2008;8:56.</p> <p><a href="http://www.biomedcentral.com/content/pdf/1472-6882-8-56.pdf">http://www.biomedcentral.com/content/pdf/1472-6882-8-56.pdf</a>.</p>	<p>One of four interventions was administered, including:</p> <ul style="list-style-type: none"> <li>- double placebo</li> <li>- echinacea plus sham osteopathic manipulative treatment (OMT)</li> <li>- true OMT (including cranial osteopathy) plus placebo echinacea</li> <li>- true echinacea plus OMT.</li> </ul>	<p>N=90. Children aged between 12 and 60 months participated. 44% white non-Hispanic, 39% Hispanic. 57% male, 43% female.</p>	<p>Randomised placebo controlled trial.</p>
<p>Channel MK. Modified Muncie technique: osteopathic manipulation for Eustachian tube dysfunction and illustrative case report. <i>Journal of the American Osteopathic Association</i>. 2008;108(5):260-3.</p> <p><a href="http://www.jaoa.org/cgi/reprint/108/5/260">http://www.jaoa.org/cgi/reprint/108/5/260</a>.</p>	<p>Modified Muncie technique – an osteopathic technique described by the author as a type of myofascial release administered through the patient's mouth. Additional treatment included muscle energy, facilitated positional release and HVLA to address dysfunction in the cervical and thoracic spine.</p>	<p>N=1. The subject of the case report was a 37-year-old woman who complained of intermittent vertigo in the week prior to consultation.</p>	<p>Case report.</p>
<p>Bukutu C, Deol J, Vohra S. Complementary, holistic and integrative medicine: therapies for acute otitis media. <i>Paediatrics in Review</i>. 2008;29(6):193-9.</p> <p><a href="http://pedsinreview.aappublications.org/cgi/content/extract/29/6/193">http://pedsinreview.aappublications.org/cgi/content/extract/29/6/193</a>.</p>	<p>This review examines the use of complementary, holistic and integrative medicine in the management of acute otitis media (AOM). The review examines the use of naturopathic herbal ear drops, other natural products including echinacea, propolis and vitamin C, xylitol, probiotics, cod liver oil, homeopathy, chiropractic and osteopathy.</p>	<p>Sample sizes are not included for all studies discussed.</p>	<p>The osteopathic studies discussed include the RCT undertaken by Mills et al, 2003; the cohort study describes the work of Degenhardt and Kuchera, 2006.</p>
<p>Degenhardt BF, Kuchera ML. Osteopathic evaluation and manipulative treatment in reducing the morbidity of otitis media: a pilot study. <i>Journal of the American Osteopathic Association</i>. 2006;106(6):327-324.</p> <p><a href="http://www.jaoa.org/cgi/content/full/106/6/327">http://www.jaoa.org/cgi/content/full/106/6/327</a>.</p>	<p>Osteopathic manipulative treatment in routine paediatric care for children with recurrent AOM. The OMM delivered was pragmatic, based on the findings of the structural examination undertaken at the start of the study.</p>	<p>N=8. Children were aged between seven and 35 months and composed of a referred and volunteer sample with a history of recurrent AOM. This consisted of three episodes of AOM within six months or four episodes within 12 months.</p>	<p>Pilot cohort study.</p>

Outcomes measured	Findings	General comments
<p>Daily acoustic reflectometer readings were taken at home for the first 30 days. Tympanogram and acoustic reflectometer readings were taken on a weekly basis.</p>	<p>The treatment protocol was easily administered without any reports of adverse events. Subject recruitment was difficult and a full-time research assistant improves patient referral, enrolment and retention.</p> <p>The author reports that the results of this study will be published in an article which is in progress at the moment.</p>	<p>The study attempted to test a treatment protocol to investigate osteopathic management of AOM.</p> <p>The protocol performed well but practical issues concerned with recruitment were recorded.</p>
<p>Interactions between echinacea and OMT; efficacy of echinacea and/or OMT in the prevention of risk of acute otitis media.</p>	<p>In otitis-prone young children, treatment with an alcohol extract of echinacea purpurea roots and seeds does not decrease the risk of AOM and may, in fact, increase it. A treatment package of five sessions of OMT does not significantly reduce the risk of AOM.</p>	<p>The authors noted that the main limitations of the study were the small sample size and incomplete compliance with osteopathic treatment. Lack of compliance occurred despite the best efforts of the research team to get subjects to their appointment.</p>
<p>Rinne and Weber tests were used to diagnose mild conductive hearing loss prior to treatment. Biomechanical examination was also undertaken.</p>	<p>The author reports the patient's symptoms resolved completely but no further information is given concerning the results of post-treatment changes in diagnostic tests.</p>	<p>This paper reviews briefly the anatomy and treatment options for Eustachian tube dysfunction which can manifest with symptoms of otitis media. The Galbreath and Muncie techniques are described in the very brief case report. The possibility of spontaneous resolution is not mentioned.</p>
<p>Limited information is provided on all outcomes measured in the studies.</p>	<p>The authors concluded that the small sample sizes in the osteopathic studies might suggest promise for osteopathy as adjuvant treatment. It was suggested that larger clinical trials evaluating both cost-effectiveness and safety are essential before conclusions about efficacy can be made.</p>	<p>The review does not describe its search strategy, screening and evaluation techniques but has chosen to focus on an RCT and cohort study alone.</p>
<p>Osteopathic structural examination at baseline and recording of the number of pre-treatment episodes of recurrent AOM. Follow-up consisted of a one-year post-treatment telephone call to document the number of episodes of AOM and the type of intervention received to deal with any episodes. Medical records were also examined to confirm this information.</p>	<p>Five boys and three girls completed the pilot study. The authors reported that five (62.5%) of the initial patient sample had no documented episodes of AOM at one-year follow-up. One participant had one episode of a bulging eardrum with an upper respiratory tract infection requiring antibiotics. Examination of the remaining two subjects showed a potential reduction in short-term morbidity of AOM one year post-treatment. The authors concluded that their treatment was beneficial in 62.5% of children but a larger blinded study is necessary to confirm their findings.</p>	<p>This study lacks blinding and, due to its pilot nature, uses a very small sample size. Another study would benefit from random sampling of a referred sample rather than a combination of referred and volunteering participants. There is a high prevalence of allergic rhinitis with otitis media so it would also be more helpful to control for other types of treatments used in the management of allergic rhinitis, e.g. antihistamines, corticosteroids and mast cell stabilisers.</p>

Citation	Intervention	Number of participants	Trial design
<p>Orenstein R. Potential value vs. actual value of OMT. <i>Journal of the American Osteopathic Association</i>. 2007;107(7):278-9.</p> <p><a href="http://www.jaoa.org/cgi/reprint/107/7/278">http://www.jaoa.org/cgi/reprint/107/7/278</a>.</p>	<p>Osteopathic management of otitis media (OM).</p>	<p>No information is given concerning how many participants were excluded from participation and due to which exclusion criteria. No information is given concerning standardised diagnostic criteria which must be met to be included in the study.</p>	<p>Letter relating to the study published by Degenhardt and Kuchera (2006) concerning the evaluation of the efficacy of osteopathic manipulative treatment (OMT) for patients with otitis media.</p>
<p>Galgano R. Hope for larger study on otitis media. <i>Journal of the American Osteopathic Association</i>. 2007;107(7):277-8.</p> <p><a href="http://www.jaoa.org/cgi/reprint/107/7/277">http://www.jaoa.org/cgi/reprint/107/7/277</a>.</p>	<p>Osteopathic management of otitis media.</p>		<p>Letter relating to the study published by Degenhardt and Kuchera (2006) concerning the evaluation of the efficacy of OMT for patients with otitis media.</p>
<p>Mills MV, Henley CE, Barnes LL et al. The use of osteopathic manipulative treatment as adjuvant therapy in children with recurrent acute otitis media. <i>Archives of Paediatric and Adolescent Medicine</i>. 2003;157(9):861-6.</p> <p><a href="http://archpedi.ama-assn.org/cgi/reprint/157/9/861">http://archpedi.ama-assn.org/cgi/reprint/157/9/861</a>.</p>	<p>Osteopathic manipulative treatment (including gentle articulation on restricted areas, myofascial release, balanced membranous tension, balanced ligamentous tension, facilitated positional release, and counterstrain) as adjuvant care to routine paediatric care for acute otitis media (AOM).</p>	<p>N= 57. Participants were aged between six months and six years and had experienced three episodes of AOM in the past six months or four episodes in the past year. Participants were not already on a waiting list for surgery.</p> <p>Intervention group, N=25; control group, N=32.</p>	<p>Multi-centre prospective randomised controlled trial.</p>
<p>Pinichero ME. Osteopathic manipulation to prevent otitis media – does it work? <i>Archives of Paediatric and Adolescent Medicine</i>. 2003;157(9):852-3.</p> <p><a href="http://www.ncbi.nlm.nih.gov/pubmed/12963587">http://www.ncbi.nlm.nih.gov/pubmed/12963587</a>.</p>			<p>Editorial discussing the paper by Mills et al, 2003.</p>



Outcomes measured	Findings	General comments
		<p>The author notes the responsibility of journals to report studies that identify actual findings from clinical trials and not the potential value of treatments. The author applauds the efforts of the research team but highlights the fact that faults in the study's design and methodology prevent readers from determining the actual value of the intervention compared with the potential value.</p>
		<p>The author states that "the absence of a control group in this prospective experiment prohibits one from drawing any firm conclusions. Therefore, it is impossible to determine if OMT actually reduced the incidence of otitis media in this study." The author added that he "applauded the researchers' efforts and hoped a larger number of participants would be enrolled in the next study".</p>
<p>Frequency of episodes of AOM, antibiotic use, surgical interventions, various types of behaviour (irritability, restless sleep, appetite, hearing, talking, clumsiness, ear pulling, and disobedience), tympanometric and audiometric performance measures.</p>	<p>The intervention group (IG) had a mean of 0.19 episodes of AOM during the study, compared with 0.27 in the control group. The IG had a mean of 0.3 antibiotics prescribed compared with 0.42 in the control group. One patient in the IG and eight of the controls underwent surgical intervention. Speech awareness thresholds improved in both groups; an increased frequency in normal tympanogram readings was found in the IG. There was no statistical difference between groups for behaviour change.</p>	<p>Nine sessions of osteopathic treatment were delivered at three weekly intervals, three bi-weekly intervals, and three monthly intervals. The study team states that the osteopathic concept relates form to function, suggesting a structural influence on the patency of the auditory tube, which may be amenable to OMT.</p>
		<p>Pinichero examines the methodology of the trial. He highlights a number of features for consideration.</p> <p>Future studies would benefit from much more specific inclusion criteria and he suggests specific AOM signs such as ear pain or unaccustomed ear rubbing or tugging at the ear associated with a bulging tympanic membrane.</p> <p>There is a high drop-out rate among the control group contrasting sharply with the drop-out rate among the intervention group. The lack of a placebo control is a weakness in the study.</p> <p>The necessity to take informed consent prior to randomisation indicated to patients who would receive active treatment.</p>

Citation	Intervention	Number of participants	Trial design
Pratt-Harrington D. Galbreath technique: a manipulative treatment for otitis media revisited. <i>Journal of the American Osteopathic Association</i> . 2000;100(10):635-9.  <a href="http://www.jaoa.org/cgi/reprint/100/10/635">http://www.jaoa.org/cgi/reprint/100/10/635</a> .	Use of the non-invasive Galbreath technique in combination with post-treatment antibiotics.	N=1, aged 14 months.	Case study.
Zaphiro A, Mills MV, Jewell NP et al. Osteopathic manipulative treatment and otitis media: does improving somatic dysfunction improve clinical outcomes? <i>Journal of the American Osteopathic Association</i> . 2004;104(1): 11.  <a href="http://www.jaoa.org/cgi/reprint/104/1/11-a">http://www.jaoa.org/cgi/reprint/104/1/11-a</a> .	Osteopathic manipulative treatment (OMT).	N=57. Children aged between six months and six years with recurrent acute otitis media (AOM) received routine care or routine care plus nine sessions of osteopathic manipulation. Osteopathic physicians blinded to patient clinical course assessed the presence and severity of somatic dysfunction using a standard 4-point scale.	Randomised controlled clinical trial.
Torres JW, Mason DC, Kaari J. Osteopathic manipulative medicine in the treatment of acute otitis media symptoms. <i>Journal of the American Osteopathic Association</i> . 2008;108(8): 416.  <a href="http://www.jaoa.org/cgi/reprint/108/8/413">http://www.jaoa.org/cgi/reprint/108/8/413</a> .	The use of strain-counterstrain technique directed at a tender point over the occipitoatlantal (OA) ipsilateral to the affected ear for 90 seconds. The sham technique consisted of fingers placed around the ear and holding for 90 seconds.	N=10. Participants were between three and 12 years of age with symptoms of AOM.	Pilot randomised controlled clinical trial.

Despite the evidence reviewed above, the NICE guidelines quoted do not recommend the use of a range of non-surgical treatments for the management of otitis media with infusion. These treatments currently include antibiotics; topical or systemic antihistamines; topical or systemic decongestants; topical or systemic steroids; homeopathy; cranial osteopathy; acupuncture; dietary modification, including probiotics; immunostimulants; and massage<sup>2</sup>.

## Conference calendar

> 31 March

**CAMSTRAND 2011, University of Southampton**

Further information can be found at [http://www.cam-research-group.co.uk/drs\\_conference.php](http://www.cam-research-group.co.uk/drs_conference.php).

> 9 April

**International Osteopathic Education Conference 2011 London**

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

> 26–28 May

**11th Congress of European Federation for Research in Rehabilitation, Riva del Garda, Italy**

Further information about the congress can be found at [www.efrr2011.it](http://www.efrr2011.it).

> 20–23 June

**16th International World Physical Therapy Congress, Amsterdam, Holland**

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

Outcomes measured	Findings	General comments
Temperature, pulse rate, respiration rate, appearance of patient's ear, nose and throat.	<p>Patient's temperature, pulse rate and respiratory rate reduced.</p> <p>Reduction in the erythematous appearance and oedema in the nose and throat respectively. The patient completed the antibiotic course and the mother continued to use the Galbreath technique twice daily during the course.</p>	<p>The patient has not been prescribed antibiotics for otitis media since.</p> <p>This article is interesting from a clinician's perspective in reviewing the pathogenesis and management of otitis media (OM). In providing a case study, it alone does not provide definitive evidence of effectiveness for osteopathic management of OM.</p>
These included episodes of AOM, antibiotic use and tympanogram scores.	Children who received OMT had fewer episodes of otitis media, fewer antibiotic prescriptions, and showed an improvement in their tympanogram score when compared to the control group.	The findings of this study suggest that treatment of somatic dysfunction can improve the function of the tympanic membrane and may improve clinical outcomes in children with recurrent AOM.
Tympanograms were used to measure middle ear parameters including ear pressure. A visual analogue scale was used also to measure pain.	Participants in the treatment group reported resolution of the tenderpoint at the OA joint, improvement in the tympanic membrane compliance, and a decrease in middle ear pressure post-treatment.	This conference abstract describes some interesting results but is unable to provide great detail concerning the study. A larger study with increased sample size is required to confirm the study's findings.

## References

1. National Institute for Health and Clinical Excellence Surgical management of otitis media with effusion in children: full guidance. London: NICE, 2008. <http://www.nice.org.uk/Guidance/CG60>.
2. National Institute for Health and Clinical Excellence Surgical management of otitis media with effusion in children: quick reference. London: NICE, 2008. <http://www.nice.org.uk/nicemedia/live/11928/39564/39564.pdf>.

## NCOR research hub news

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

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

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

> EXETER

Saturday 2 April 2011  
10am–12pm

Further development of a study looking at career progression amongst osteopaths.

> BRISTOL

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

> HAYWARDS HEATH

Sunday 27 March 2011  
10am–12pm

See [www.ncor.org.uk](http://www.ncor.org.uk) for discussion topic.

> LEEDS

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

# A career structure for osteopathy?

Exeter Osteopathic Research Group

## How might a career structure build on the gains achieved via statutory regulation for practising osteopaths?

It is now 18 months since the National Institute for Health and Clinical Excellence (NICE) published its guidelines regarding the treatment and management of low back pain. While these guidelines recommend the wider adoption of osteopathic and allied approaches in managing back pain within the NHS, members of our profession have hardly been trampled in a rush by commissioners wishing to secure osteopathic treatment. Why is this? Certainly, some vested interests within the NHS, in addition to institutionalised inertia, may block the more widespread adoption of our services. However, there still remains the major issue for us of clinical credibility, particularly within some quarters of the medical profession. As a profession, we must address this fact, and this article attempts to consider how to achieve this recognition.

For osteopathy to thrive as a clinical discipline in the UK, it must grow and evolve. Our current business model of completing a degree and entering private practice has changed little and is in danger of becoming moribund. New graduates start out often in isolation, without any period of supervision – an unusual occurrence within the medical and allied health professions. Growing numbers of osteopaths qualifying in a constricting economy will affect the size of private practices in the UK and the amount of remuneration an osteopath can expect to be awarded. There is currently little, except length of service, that distinguishes one osteopath from another.

So, what is the answer? Develop a research base? The profession has managed to do this up to a point, and the NICE guidelines are testament to this. In spite of a quantum shift in the attitude of many osteopaths to the concept of conducting research over the last 15 years or so, there still remains a paucity of published research and research capacity within the profession. There are many reasons for this, but without a clear career

structure, there is little motivation to conduct research except for the small number of osteopaths with an inquisitive mind. At a grass-roots level, a core group of research-minded/interested osteopaths, not associated with the Osteopathic Educational Institutions (OElS), the regulator or the professional association, has been identified via NCOR's research hub networks. It is the Exeter group of this research network that is seeking to learn more about the profession's view on the value of a structured career progression.

Most other professions have a stratified and structured approach to career progression. Postgraduate training is targeted towards tangible educational awards and progression along a recognised career pathway. In osteopathy, the pursuit of such an approach could make continuing professional development (CPD) mean something tangible and not be merely a 'tick box' activity. Osteopaths have been unable to enjoy all the positive benefits of statutory regulation but have instead capitulated to the demands of CPD and now, presumably, revalidation. Regulation, in addition to its role in protecting the public, must also facilitate the development of osteopathy as a discipline in order to improve both the public perception of osteopaths and the profession's own self-esteem by offering diversity of opportunity to osteopaths themselves. Development of a profession becomes, therefore, an implicit part of regulation.

## Why develop a career structure?

Lack of any career structure inhibits our ability to compete with other disciplines, outside the confines of sole-practice. It becomes increasingly difficult for growing teams of osteopaths working within the NHS, such as those in Plymouth and Dorset, to be able to justify negotiating

the same (relatively high) levels of remuneration as other professionals who are able to demonstrate more clinical experience by virtue of their career grade structure. This apparent inequality may contribute to significant inter-professional discord, further hindering integration with other professions and perhaps clinical efficacy within NHS multidisciplinary clinics. It is important that senior osteopaths can be recognised for their experience and qualifications to enable them to play a full and justifiable role in the strategic planning of musculoskeletal services in general and the implementation and formation of national policy.

A formalised career structure, based on merit, may enhance the role of osteopathy within the wider healthcare arena. Other benefits also include:

- > identifying those osteopaths able to mentor new or weaker members of the profession;
- > facilitating negotiation with medical insurance companies;
- > installing osteopathic practices in new workplace settings - now increasingly important in the current economic climate and in the context of growing competition from other professions targeting similar patient groups;
- > identifying suitable advocates for the profession; and
- > identifying suitable osteopaths to act as expert witnesses.

Of course, there is always a downside. There is no history of promoting osteopathy in this way – such attempts may be viewed with suspicion and accusations of 'empire building' may be heard. However, the effort may be worth it, certainly if the outcome is credible and explicit professional development, an enhanced public image of osteopathy, and an improvement in the quality of the individual osteopath's lot.



## Gauging opinion

Two big research questions present themselves. How can this concept be explored by the profession? And if the profession decided (in a democratic way) that it was worth pursuing, how might it be implemented?

The first of these questions is a relatively easy one. The Exeter research group has developed a questionnaire to gauge opinion within the profession regarding the fruitfulness (or otherwise) of such an approach. The group discussed the literature on career development in other professions and this is the foundation for ideas we would like to present for wider discussion by the entire profession.

Several issues have presented themselves thus far:

- > What can be undertaken?
- > In what environment can it be achieved?
- > What skills and qualifications will be required?

It is clear that there are several activities that may be conducted in different environments. These activities could be better planned and coordinated to match the needs of individual practitioners and be more closely linked with audit than CPD has been up until now. The different environments may include:

- > practice (with a formal definition of advanced practice);
- > teaching/mentoring;

- > research/audit;
- > management.

These could be achieved in a variety of settings, including private and NHS practice, educational establishments and in company settings.

The skills required will depend upon the path chosen, for example:

- > a higher degree;
- > specialised courses (possibly with a validated award);
- > other educational qualifications;
- > a track record of research publications;
- > management qualifications.

To accommodate these pathways and provide the infrastructure, this may mean that:

- > the OEl form larger postgraduate departments for carrying out research to higher degrees;
- > the profession develops one centre of research excellence to be coordinated by a postgraduate Dean;
- > training practices are developed with similar criteria to GP training practices;
- > mentors are trained to help support and develop junior or weak practitioners;
- > techniques such as portfolio-based learning, practice visits, quality improvement cycles, and practice-based audit are gradually and sustainably developed.

## The way forward

So, two important questions remain: firstly, does the profession have an appetite for such a change? The answer to this should become evident from the results of the proposed questionnaire, which will be available to complete in due course. The second question is rather more complex and should offer osteopaths plenty of opportunity per se, as well as opportunity for debate. Should the profession carry on as it is or attempt to stratify itself to prepare for the future by some of these means (or other means,

as yet undiscussed)?

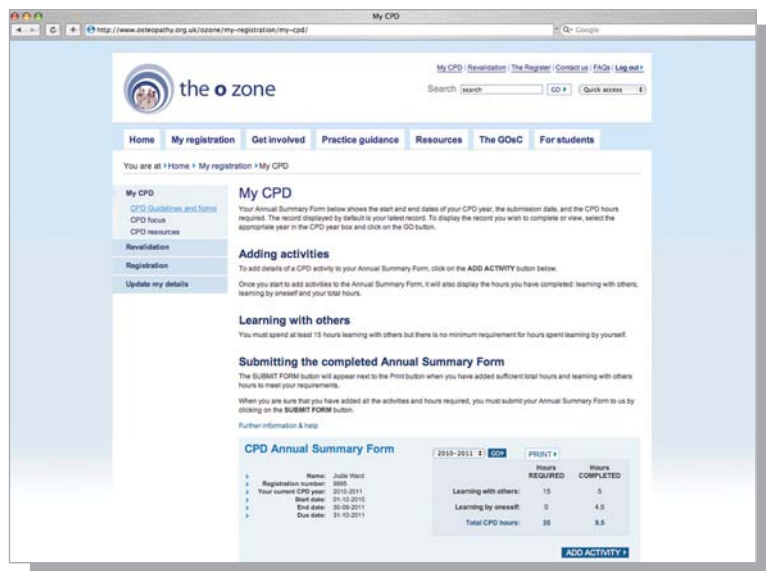
The ultimate goal for our profession must be to achieve its full potential; we have some way to go yet but by hearing your views on this topic it will mean that the shaping of this process will be based on what is important to you as members of this profession.

**For further information, contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).**

# Submitting your CPD

Joy Winyard, Professional Standards Officer

As part of the recent relaunch of the **o zone** – the dedicated website reserved for the use of osteopaths – we took the opportunity to improve the process of maintaining and submitting your continuing professional development (CPD). This included developing a new online CPD Annual Summary Form. The information requested on the form is the same as that requested previously. However, there are now better tools to help you to complete the form more quickly and to reduce the possibility of mistakes (such as failing to complete all the fields or inserting incorrect dates).



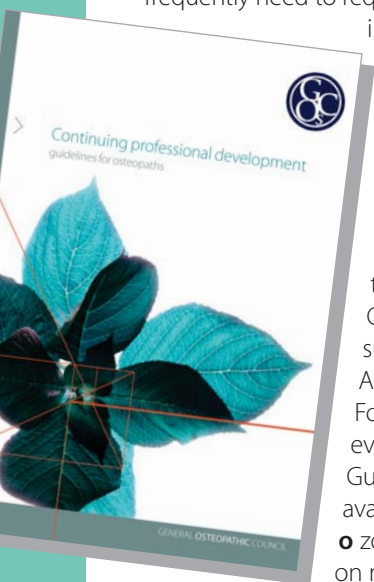
Thank you to those who took the time to pass on comments about the previous site as these have helped us to design a form which is better able to meet the needs of osteopaths completing it.

Below is a summary of our published CPD Guidelines, which set out how CPD should be submitted in order to satisfy the requirements of re-registration each year. They tell you about areas where we frequently need to request further

information from osteopaths, to help you to avoid unnecessary correspondence.

Please refer to the CPD Guidelines before submitting your Annual Summary Form or folder of evidence. The Guidelines are available on the **o zone** and also on request from Joy Winyard

(joyw@osteopathy.org.uk or 020 7357 6655 ext 238)



## Time frames

In order to comply with the requirements, each osteopath must complete a minimum of 30 hours of CPD activities in each 12-month period. Your CPD period begins and ends two months prior to your annual renewal of registration date. A chart illustrating CPD dates and registration renewal dates is available on pages 12 and 13 of the CPD Guidelines.

At the end of your CPD period, you will have a further four weeks in which to complete and submit your Annual Summary Form to us. It is important to remember that only activities that were undertaken during the 12-month CPD period can be considered; activities undertaken during the four-week 'writing up' period form part of the following year's CPD submission.

The revised **o zone** system will still allow you to select and view previous forms; however, you will no longer be able to enter or submit activities into the incorrect form. For example, activities from a 2009–10 CPD period will not be accepted when using a 2010–11 Annual Summary Form.

It is important to note that whether you submit your form online or on paper, you must give clear indications as to the start and end dates of the activity in order to assist us in assessing whether the number



of hours claimed for an activity is reasonable. For example, claiming 18 hours for a course undertaken over a three-day period is not unreasonable. However, if only the start or end date is given, this activity is likely to be subject to further scrutiny.

## Detail

All CPD activities 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 Annual Summary Form. The purpose of this section is to ascertain why you have chosen to

undertake a particular activity, not the relevance of such activities to the profession as a whole.

It is therefore important that this section contains a brief outline of why the activity was chosen and how it will inform your practice, even though it may appear obvious. You will only need to give a brief outline, as the main bulk of information will be contained in your CPD Record Folder. As this is a summary form, you should not need to write more than 50 words to explain the relevance of any activity.

Your CPD Record Folder is where you will have collated all of the evidence to confirm that the activities have been successfully undertaken, such as certificates, handouts, notes, reflections, references, etc. Over time, we hope that the folder will aid your learning and become a useful resource for you to refer back to.

Evidence must be retained for activities as part of learning with others and learning by oneself. When claiming hours for attending practice or group meetings, you will need to list each meeting separately, giving the date it was held, the topics covered and the number of hours claimed. In this case, it is the topic of the meeting that can be counted for CPD – not the meeting itself. When claiming hours for reading articles or publications, each article or topic should be listed separately so that you can relate each topic back to your professional work as an osteopath.

## Level

Activities should only be selected as CPD if they are likely to consolidate or enhance existing knowledge. Visiting local schools and colleges to provide a careers talk or offering local companies advice on posture and ergonomics will usually mean that there is little learning for an osteopath. However, the preparation or revision you do beforehand could be considered as learning by oneself.

It is important to remember that all activities claimed for must have supporting evidence within your CPD Record Folder.

## Spirituality

Courses designed to enhance an osteopath's spirituality are not generally acceptable as CPD activities unless the benefits to practice can be clearly and objectively demonstrated.

## Teaching

Teaching is not automatically accepted as a CPD activity. Preparation of teaching materials, lectures and tutorials are acceptable forms of learning by oneself; however, indirect learning – for example, the development of communication and educational skills arising from the repetitive practice of delivering lectures,

tutoring and mentoring – does not fulfil the purpose of this scheme and will not be accepted as CPD.

## Treating animals

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

An example list of acceptable CPD activities, including relevance to an individual's practice, is set out on page 15 of the CPD Guidelines.

**Table 3 – Examples of CPD activities**  
The information below is a guide and is not intended to be a definitive list.

CPD activity	Description	Learning category	Examples of evidence for your CPD Record Folder
Structured osteopathic training courses	Osteopathic training that benefits your professional practice.	With others.	Certificate or other proof of attendance, study notes.
Structured non-osteopathic training courses	Training in non-osteopathic subjects that will advance your professional work as an osteopath.	With others.	Certificate or other proof of attendance, study notes.
Lectures	Attending lectures related to your professional work as an osteopath.	With others.	Proof of attendance, lecture notes.
Group or practice meetings	Discussion focused on a specific area of practice.	With others.	Signed declaration of attendance or meeting notes.
Higher Education	Further qualifications such as BSc, MSc, PhD or Post-graduate Diploma.	With others or by oneself.	You need to indicate how specific sections of your course of study advance your professional work as an osteopath. Study notes, research and other material produced in relation to this course should be included in your CPD Record Folder.
Teaching/mentoring/tutorials	Production of educational materials, such as lesson plans and lecture notes, which have advanced your own professional work as an osteopath; group discussions.	By oneself or with others.	Copy of educational materials produced. Record of discussions.
Publishing	Production of a publication in relation to your professional work as an osteopath.	By oneself or with others.	Copy of article, paper, journal, book.
Distance learning	Learning delivered using means such as correspondence, television, telephone, e-mail, etc.	By oneself or with others.	Certificate or other proof of completion, study notes.
Reading and reviewing publications	Reading and reviewing articles, papers, journals and books in relation to your professional work as an osteopath.	By oneself.	Review of text, summary notes or evidence of practical application.
Internet research	Research conducted via the internet in relation to your professional work as an osteopath.	By oneself.	Review of text, summary notes or evidence of practical application.

**If you have any questions regarding CPD or require further information, contact Joy Winyard, Professional Standards Officer, on 020 7357 6655 ext 238 or email: [joyw@osteopathy.org.uk](mailto:joyw@osteopathy.org.uk), or Dayna Sherwin, Professional Standards Assistant, on 020 7357 6655 ext 238 or email: [dsherwin@osteopathy.org.uk](mailto:dsherwin@osteopathy.org.uk).**



## Breath of Life Conference

28–29 May 2011, London

This year's Breath of Life Conference features speakers involved in groundbreaking research and revolutionary practices in the cranial and allied fields. It is the sixth biannual conference of its kind and its purpose is to facilitate debate and provide the opportunity for therapists to widen their exposure to new and established approaches to holistic healthcare.

Speakers include Dr James Oschman, the accomplished biologist, biophysicist and world authority on energy and complementary medicine; Nicholas Handoll, osteopath and author of several books including *The Anatomy of Potency*; Susan Turner, senior lecturer at the European School of Osteopathy and Sutherland Cranial College; and internationally renowned and pioneering craniosacral therapists Franklyn Sills and Ray Castellino.

The conference fee of £235 (if paid by 31 March 2011) or £265 (if paid after 31 March) includes teas and coffees during breaks and admission to all lectures.

**For further information and booking forms, contact Peter Gill, Conference Administrator, on 020 8521 0709 or email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk).**

## Northern Counties Society of Osteopaths Annual Convention

12–13 March 2011, North Yorkshire

This year's annual convention takes place at the Rendezvous Hotel in Skipton, North Yorkshire.

Topics explored on the day will include Still's techniques, capno-training and the use of capnography to change breathing styles, and clinical methods of the pelvis.

Speakers include Jamie Archer DO, Bob Kissner and Dr Martyn Speight.

**For further information, contact John Brewster on 01535 690 055 or visit the NCSO website at [www.ncso.org.uk](http://www.ncso.org.uk).**

## Primary Care 2011

25–26 May 2011, Birmingham

Primary Care is the largest national conference of its kind in Europe and addresses the latest developments, innovations and opportunities within this ever-changing market. Delegates will be able to

update their skills and expand their knowledge by exploring new research, treatments and initiatives, and network with colleagues from across the primary and community care spectrum.

The conference combines practical ideas from professionals working on the front line with presentations by those responsible for designing and delivering innovative patient care. As usual, there will also be a large exhibition showcasing a wide range of products, services and patient organisations.

**To book your free place at the conference, visit [www.primarycare2011.co.uk](http://www.primarycare2011.co.uk) or call 0151 709 8979.**



## 5th Children's Complementary Therapy Network (CCTN) Conference

7 May 2011, Birmingham

The 5th CCTN Conference will highlight attention deficit hyperactive disorder (ADHD), reviewing its conventional as well as complementary therapy management. The conference will also provide a valuable opportunity for delegates to participate in interactive workshops on therapeutic techniques used in various complementary therapy disciplines.

The CCTN is based in the UK but has an international membership and helps to support the use of complementary therapies for children by providing a common platform for training, education and sharing clinical practice. Existing members include complementary therapists, doctors, nurses, physiotherapists, occupational therapists, teachers, researchers and service developers.

**Further information is available on the conference website ([www.freshwinds.org.uk/cms/5th-cctn-conference](http://www.freshwinds.org.uk/cms/5th-cctn-conference)). Alternatively, contact Dr Pankaj Shah on 0121 415 6670 or email: [cctn@freshwinds.org.uk](mailto:cctn@freshwinds.org.uk).**



## International Congress of Osteopathic Medicine

6-9 April 2011, Italy

Organised by the Register of Osteopaths of Italy (ROI) in collaboration with the European Institute for Evidence-Based Osteopathic Medicine (EBOM), the subject of this year's congress is 'Towards an integrated medicine'.

Over the four days, delegates will have the opportunity to attend lectures, participate in open discussions and attend poster presentations. Topics to be covered include osteopathy as medicine, the relevance of physical parameters in biological research, and the measurement of health.

**For further information on the programme or to register your interest, visit [www.osteopatia2011.it/general\\_information.html](http://www.osteopatia2011.it/general_information.html).**

## International Osteopathic Education Conference 2011

9 April 2011, London

The theme of this year's conference, hosted by the British School of Osteopathy (BSO) in conjunction with Osteopathic European Academic Network (OsEAN), is 'Quality in Osteopathic Education'. The programme focuses on quality, assessment and shared standards within the profession and its educational institutions.

Delegates will hear from a range of speakers, including Professor Stephen Tyreman, who will be exploring the issues for designing an osteopathic curriculum, and Raimund Engel from OsEAN, who will be discussing the future of osteopathic education collaboration.

Workshops and parallel programmes will also examine a range of key issues, including clinical assessment, undergraduate course innovation, postgraduate challenges, and assessing practical skills.

**To book your place at the conference or for further information, contact Gayda Arnold on 020 7089 5315 or email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk).**

# Courses 2011

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

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

## April

### >2 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)

### >2–3 Basic visceral: The abdomen

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

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

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

### >9 Ergonomics and osteopathy

Speaker: Tony Bennison  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)  
website: [www.bso.ac.uk](http://www.bso.ac.uk)

### >9 International osteopathic education conference

Venue: Royal Society of Medicine, 1 Wigmore Street, London W1G 0AE  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)  
website: [www.bso.ac.uk](http://www.bso.ac.uk)

### >16 Introduction to musculoskeletal diagnostic ultrasound

Speaker: Lance Bird  
Venue: European School of Osteopathy, Maidstone, Kent  
tel: 01622 671 558  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

### >28 How to treat: Trapezius myalgia and chronic neck pain

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

## May

### >7–8 Functional technique

Speaker: Professor Stephen Tyremen  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)  
website: [www.bso.ac.uk](http://www.bso.ac.uk)

### >7–8 Verbal first aid and verbal first aid for working with children

Speaker: Judith Simon Prager  
Venue: European School of Osteopathy, Maidstone, Kent  
tel: 01622 671 558  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

### >7–8 Comparative equine psychology and behaviour

Course director: Rowan Douglas-Mort  
Venue: Fawnsmoor Osteopaths, Axminster, Devon  
tel: 01297 639 191  
email: [fawnsmoorosteopaths@mypostoffice.co.uk](mailto:fawnsmoorosteopaths@mypostoffice.co.uk)

### >12 How to treat: Frozen shoulder

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

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

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

### >14 Cognitive behavioural tools in the management of LBP

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

### >14 Low back pain conference

Speaker: Steve Vogel  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)  
website: [www.bso.ac.uk](http://www.bso.ac.uk)

### >14 Sports biomechanics and muscle chains

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

### >21–22 Osteopathy for small animals

Speaker: Tony Nevin  
Venue: European School of Osteopathy, Maidstone, Kent  
tel: 01622 671 558  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

&gt; 28–29

**Lymphatic system and osteopathy**

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

&gt; 28–29

**Meditation, emotion and the eight transverse diaphragms**

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

&gt; 28–29

**Lymphatic system and osteopathy**

Speaker: Bruno Chikly  
 Venue: Breasts Cancer Haven,  
 Effie Road, London  
 tel: + 34 93 480 25 15  
 email: info@advanced  
 osteopathy.com  
 website: www.advanced  
 osteopathy.com

&gt; 30–31

**An embodied approach to the embryological foundations of movement**

Speaker: Bonnie Bainbridge  
 Cohen  
 Venue: Windsor Suite,  
 Columbia Hotel, London W2  
 tel: 020 8521 0709  
 email: info@breathoflife  
 conference.co.uk  
 website: www.breathoflife  
 conference.co.uk

# June

&gt; 1–2

**The body bears the burden: Mind, brain and body in the transformation of trauma**

Speaker: Peter Levine  
 Venue: Windsor Suite,  
 Columbia Hotel, London W2  
 tel: 020 8521 0709  
 email: info@breathoflife  
 conference.co.uk  
 website: www.breathoflife  
 conference.co.uk

&gt; 4

**Simplifying the management of shoulder conditions**

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

&gt; 4–5

**Energy medicine, frequency medicine and resonance: an update on the miracle of resonant interactions and quantum principles**

Speaker: Dr James Oschman  
 Venue: Skylight Centre, 49  
 Corsica Street, London N5 1JT  
 tel: 020 8521 0709  
 email: info@breathoflife  
 conference.co.uk  
 website: www.breathoflife  
 conference.co.uk

&gt; 18–19

**Osteopathy and obstetrics**

Speaker: Dr Stephen Sandler  
 Venue: The British School of  
 Osteopathy, 275 Borough High  
 Street, London SE1 1JE  
 email: g.arnold@bso.ac.uk  
 website: www.bso.ac.uk

&gt; 24–26

**Dynamic basieranium**

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

&gt; 25–26

**Craniosacral therapy introductory weekend**

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

# July

&gt; 2

**Finding your feet**

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

&gt; 2

**Craniosacral therapy – introductory day**

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

&gt; 3

**First aid appointed person course**

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

&gt; 9

**Advanced ergonomics**

Speaker: David Annett  
 Venue: The British School of  
 Osteopathy, 275 Borough High  
 Street, London SE1 1JE  
 email: g.arnold@bso.ac.uk  
 website: www.bso.ac.uk

&gt; 16–21

**Craniosacral therapy – introductory course**

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

&gt; 16–17

**Clinical strain counterstrain**

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

# September

&gt; 10–11

**Osteopathic technique: Cervical spine, CD and UEX**

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

## Attention osteopaths:

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

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

**CLASSIFIEDS**

**RECRUITMENT**

**Loughton, Essex.** Enthusiastic, self-employed osteopath required for new private multidisciplinary practice. Applicants should have at least two years' experience, preferably some in private practice. All equipment will be provided and appointments dealt with. Please phone Praksha Karsan on 07815 288 570.

**Associate required** for two days (Monday and Wednesday) to take over existing list. Must have a warm personality, with good structural and cranial skills. Location Salisbury. Email rhianosborne@gmail.com with covering letter about your experience and CV.

**Osteopath with 3 years'** experience has relocated to Manchester and seeks an associate position in the North West. Contact Alison: alizadir@gmail.com.

**Osteopath required** to join multidisciplinary clinic based in Bexleyheath, Kent. One day per week initially. Email birkbeckclinic@hotmail.com for further details.

**Cranial osteopath/osteopath** required in complementary health clinic, London N6. Two minutes from Highgate tube station. Bright, attractive rooms to rent, fully equipped for clinical practice. Bookings in two four-hour slots, or per half or full day. Email: enquiries@taodao.org.uk.

**Singapore. Associate required** for busy and growing multidisciplinary practice in the heart of Singapore's financial district. Candidates must be motivated and willing to work as part of an expanding team that caters to a demanding patient list. Abilities treating all types of patients by various modes plus

excellent structural skills are essential. Great communication and confidence are necessary; an experienced applicant would be ideal. Please send CV and covering letter to thomas@cityosteopathy.com.sg.

**Treatment room to let** in Harley Street, W1. Large, quiet room with electric couch. Available 8am-7pm on Monday and/or Wednesday. Wireless broadband, CPD, holistic medical practice to suit established osteopath with own list. Phone Dr Alice Greene on 07815 763 570.

**COMMERCIAL**

**For sale.** Osteopathic practice in central Macclesfield, Cheshire. Good location, elegant self-contained rooms, established for over 20 years. Currently only working two days per week but can be more. Affluent area, great scope for expansion. Profit circa 30k. Full support pre- and post-transition. Secretary available (20 years at practice). Possible property sale with s/c flat upstairs. Price negotiable. Possibility of central Manchester and Gatley practices for sale also. Excellent opportunity. For further information, please reply to: Box Number 115, The Osteopath, Wealden Advertiser Ltd, Cowden Close, Horns Road, Hawkhurst, Kent, TN18 4QT.

**Practice for sale.** Freehold property, equipment and goodwill in seaside town, Essex. Established rental income from associate and other therapists, external contract. Three treatment rooms, waiting room, reception area, two toilets, low overheads. Phone Lindsey or Ken on 01255 222 238.

**COURSES**

**Pelvic Partnership Conference.** Saturday 21 May 2011, Didcot, Oxon. New developments continue a pace in managing and treating pelvic girdle pain (PGP). This is a unique opportunity to hear leading experts, share knowledge of providing effective treatment and consider cost-effective services and improved care to patients. Topics include prolotherapy; pain management; physiotherapy; rehabilitation; chiropractic and cost-effectiveness of physiotherapy services. More details: www.pelvicpartnership.org.uk or call 01235 820 921.

**Goodwill for sale,** Swindon, Wiltshire. Practice established over 20 years. Three treatment rooms, potential for expansion, currently working alongside alternative therapists. £25k ono, three years' accounts available on request. Please contact R Sharp on 07973 642 376 or renatasharp@hotmail.com.

**Osteopathic and multidisciplinary** clinic for sale in beautiful historic town of St Andrews, Scotland. Established for 13 years with an excellent reputation and busy structural patient list. Good links with GPs and consultants. Please email hannah@standrewsosteopaths.co.uk or call 01334 477 424.

**GENERAL**

**Like to increase your income?** Would you like to combine an interest in nutrition with helping patients, and increase the value you can offer your patients without increasing the hours that you work? If this sounds like you, then call Mr Bash Kaifi DO BSc (Hons) Ost Med on 01895 811 860 or 07956 830 651. Email: bkaifi@gmail.com.

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# CPDO

## 2011

Dates	Title	Lecturer	Cost	Deposit
<b>Weekend courses 10.00-17.00</b>				
23-25 Feb	The new osteo-articular approach - the spine and the pelvis	Jean-Pierre Barral		Fully booked
4-6 March	Care of mother and baby: A family approach (Start time Friday 18.00)	Averille Morgan	£385	£200
10-20 March	MET & Pulsed MET in treatment of joint/spinal dysfunction	Leon Chaitow	£205	£150
2-3 April	Basic visceral: The abdomen	Joanna Crill Dawson	£235	£150
14 May	Cognitive behavioural tools in the management of LBP	Peter Gladwell	£125	£125
4 June	Simplifying the management of shoulder conditions	Prof. Eyal Lederman	£125	£125
10-11 Sept	Osteopathic technique: Cervical spine, CD and UEX	Prof. Laurie Hartman		
24 Sept	Pilates: the neck and shoulders in focus	Susie Lescomber	£125	£125
24-25 Sept	Management and rehab of chronic pelvic pain (including pelvic girdle pain)	Leon Chaitow	£205	£150
1 Oct	Functional stretching: an active approach	Prof. Eyal Lederman	£125	£125
21-23 Oct	Pregnancy care (Start time Friday 18.00)	Averille Morgan	£385	£200
5-6 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£150
18-20 Nov	Harmonic technique (Start time Friday 18.00)	Prof. Eyal Lederman	£385	£200
23-25 Nov	The new osteo-articular approach - upper limbs	Jean-Pierre Barral		Fully booked
<b>Evening courses 18.00-22.00</b>				
10 March	How to treat: Chronic lower back pain	Prof. Eyal Lederman		£40
28 April	How to treat: Trapezius myalgia and chronic neck pain	Prof. Eyal Lederman		£40
12 May	How to treat: Frozen shoulder	Prof. Eyal Lederman		£40
22 Sept	How to treat: Tennis elbow	Prof. Eyal Lederman		£40
20 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman		£40
28 Oct	Fascia as a sensory organ: Basic research findings and implications for manual therapy	Dr. Robert Schleip		£40
17 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman		£40

#### Venue for courses:

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

**Book online: [www.cpdo.net](http://www.cpdo.net)**

#### Or send payment to:

**CPDO Ltd 15 Harborton Road, London N19 3J5, UK**

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# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

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

### 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. 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 5 March 2011    **Course fee:** £125    **CPD:** 6 hours

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



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

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

**Date:** Saturday 19 March 2011    **Course fee:** £95    **CPD:** 6 hours

### Still Technique Part II

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

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

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

Course Leaders: Jonalhan Edis and Glynn Booker

**Date:** Sunday 20 March 2011    **Course fee:** £125    **CPD:** 6 hours



### 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 26 March 2011    **Course fee:** £95    **CPD:** 6 hours

#### Future Courses

7/8 May 2011 - Functional Technique, Professor Stephen Tyreman

14 May 2011 - Low Back Pain Conference

14 May 2011 - Sports Biomechanics and Muscle Chains

18/19 June 2011 - Osteopathy and Obstetrics

9 July 2011 - Advanced Ergonomics



# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

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

### Emergency First Aid for Osteopaths

This course offers the minimum level of first aid certification recommended by the Health and Safety Executive, reflecting recent legislative changes. It is essential not only to meet the statutory Health and Safety obligations of your practice but also for professional registration and indemnity requirements. It is a common complaint that traditional first aid training does not address the needs of the healthcare professional: in this course, delegates are encouraged to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios and case studies.

On completion of the course delegates receive the nationally-recognised 'Emergency First Aid' certificate, valid for three years.



**Date: Saturday 2 April 2011**

**Course fee: £95**

**CPD: 6 hours**

### Ergonomics and Osteopathy - *This is an IEHF-recognised course*



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 in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

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

**Date: Saturday 9 April 2011**

**Course fee: £95**

**CPD: 6 hours**

### International Osteopathic Education Conference 2011

The British School of Osteopathy (BSO) with the Osteopathic European Academic Network (OsEAN) will be holding its third International Osteopathic Education Conference in 2011. The theme of this year's event will be **Quality in Osteopathic Education**, with a programme focused on quality, assessment and shared standards within the profession and its educational institutions. This conference brings together best practice from our international partners, allowing delegates to gain new information, share experiences and problem solve issues from their own institutions. The conference will be chaired by Charles Hunt, Principal and Chief Executive of the BSO.



**Date: Saturday 9 April 2011**

**Course fee: £125**

**Venue: Royal Society of Medicine in Central London**



THE BRITISH SCHOOL  
OF OSTEOPATHY

## Postgraduate Courses



University of  
Bedfordshire

The BSO is currently developing a portfolio of postgraduate programmes designed to enable osteopaths and other healthcare practitioners to develop their competence in the areas of research, teaching and specialist clinical practice.

### Postgraduate Certificate in Academic and Clinical Education (subject to validation)

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

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

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

For information on our postgraduate provision, please contact:

Jorge Esteves, Head of Postgraduate Studies and Student Research on 020 7089 5310 or [j.esteves@bso.ac.uk](mailto:j.esteves@bso.ac.uk).



# Sutherland Cranial College

## Take part in the SCC Training Programme 2011

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



Date	Course details	Course Director	
March 19	The timeless teachings of A T Still CPD 6 hours   £95 Limited places available	John Lewis DO MSCC	<b>New</b>
March 28–April 1	Osteopathy in the cranial field CPD 40 hours   £1399 New graduate discount available	Carl Sumridge DO MSCC	Module 2/3
May 12–16	WG Sutherland's approach to the body as a whole   CPD 32 hours   £1120	Susan Turner MA PGCE DO MSCC	Module 4
June 24–25	Dynamic Basicranium CPD 24 hours   £855	Liz Hayden DO MSCC	Module 6
Flexible dates to suit students	Foundation Course CPD 16 hours   £275	Alison Brown	<b>New</b>



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

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

Deposit £100, stage payments available

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



# The path to quality training

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

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

**Rollin E Becker Institute**  
*Inspiration in practice*

## Train with the Rollin E. Becker Institute in 2011

### Regional tutorials in your area - April 2011

Dates: 2nd, 9th, 10th April Venues: below Cost: £50  
See website for further details

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

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

### Cranial Anatomy

Date: 12th June Venue: L50  
Course Leader: Carina Petter

A detailed exploration of the anatomy of the skull. This will include the bony structure and sutural anatomy, and the significant relationships between the skeletal, dural, vascular and neurological systems.

An opportunity to further your existing knowledge or as a primer if you are interested in taking part in a basic 40-hour course.

### The Eye

Dates: 15-16 October Venue: London  
Course Leader: Keith Holland

An exploration of the development of the visual system, the interaction between optometric and osteopathic, and the potential role of OCF in the treatment of ocular disorders.

Guest lecturer Keith Holland is the UK's most experienced behavioural optometrist.

### Introduction to Paediatrics

Date: 14th May Venue: L50  
Course Leader: Carina Petter

A one-day introduction to the osteopathic treatment of children and to help gain a deeper understanding of how osteopathic principles can help childhood disorders.

The day will look at the structural and functional implications of the birth process, red flags in the early years of life and common presentations of childhood conditions. Includes a two-hour practical for those delegates who have previously attended such a course (with any SCTF-approved provider).

### Palpation

Date: end Nov/early Dec Venue: TBC  
Course Leaders: Carol Plunwigke and Carina Petter

An experiential course to look at gaining a greater understanding of how we palpate and make sense of what we feel.

There will be discussion of the concept of tissue quality, how we quantify it and how understanding what it is helps us to treat more accurately and get better results.

Call 0845 5193 493 or visit  
[www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk)  
for registration and updated course information

# Breathing,

Breathing Therapy and Capnography in Clinical Practice  
Basic Certification, Lifelogix Canada Inc.

With Mr. Gerry Gajadharsing DO & Dr. Robert Kiewner BA(Hons) MA PhD

Sunday, 6<sup>th</sup> March 2011 - The Findlay Room - The Lansdowne Club, 9 Fitzmaurice Place, London W1

This workshop shows you how to provide objective assessment, diagnose and manage patients who show patterns of intermittent and chronic breathing dysregulation. You will be able to understand the factors that originate and sustain dysregulated breathing. You will be able to educate patients about breathing behaviour and know how to normalise breathing chemistry. You will be able to introduce breath assessment to your practice, educate patients about breath and its impact on physiology and health.

You will understand the basis of capnography and explore the benefits of direct measurement of CO<sub>2</sub> and use breath retraining to reestablish the correct carbon dioxide levels. You will understand how to use CO<sub>2</sub> feedback methods for assessing and doing breathing retraining and how capnography may be a valuable adjunct to your practice. You will have the basis to introduce it to your practice when you are ready.

Places are strictly limited, please contact Jannette on +44 (0) 20 7631 1414 or [jinfo@thehealthequation.co.uk](mailto:jinfo@thehealthequation.co.uk) to reserve your place. Further information can be found at The Health Equation website [www.thehealthequation.co.uk](http://www.thehealthequation.co.uk) or the Lifelogix website [www.lifelogix.com](http://www.lifelogix.com). Fee: £120



## Foundation for Paediatric Osteopathy

### Diploma in Paediatric Osteopathy - 2011 intake

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

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

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

Applicants must be registered with the General Osteopathic Council and have completed a postgraduate Sutherland Cranial Teaching Foundation (SCTF) approved course before October 2011.

A prospectus and details of the application process are available online at [www.fpcv.org.uk](http://www.fpcv.org.uk)

Closing date for receipt of applications is 30th June, 2011.

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## Becoming a BOA Council member: Have you got what it takes?



Many osteopaths are members of the British Osteopathic Association (BOA) and will be aware that recently three members of the BOA Council retired after many years' service. The BOA is actively looking to recruit new Council members and the purpose of this article is to bring this to the attention of the profession. The BOA is open to all osteopaths – osteopathic Council members do not have to be members of the BOA.

The BOA has, over the last few years, developed governance protocols and a clear role for Council. To this end, we have identified core competencies for Council members. Osteopaths expressing an interest will be asked to consider the competency profile and outline what they think they can bring to the role and what value they can add. Osteopaths should not be put off by this as the BOA Executive has a responsibility to work with you to support you to deliver what you would like for the association. Most Council meetings will include a personal development element targeted at building the governance skills required of a modern Council member.

In return you will get immense satisfaction in knowing you

are helping to shape the future of the profession, as well as protecting the principles and philosophies identified by A T Still. You will also find you develop a range of skills and interests that will delight you.

So please give me, or anyone you know on the Council, a call to talk about what you can do for the BOA and what the BOA can do for you. We will be pleased to provide any information you need to make your decision.

Our normal procedure is to invite people expressing an interest to come along and observe Council meetings so you can get a feel for what the role is about before deciding whether you want to take the matter further.

For further information, contact the BOA directly on 01582 488455 or email: [boa@osteopathy.org](mailto:boa@osteopathy.org)

## Brand new Osteopathic Premises for rent in Watford



Newly built premises on the first floor. Includes one treatment room, large waiting room, shower, toilet, a fully fitted kitchen and a separate entrance on the ground floor. The premises are fully furnished.

Whole building is also used for a large dental practice on the ground floor which is separate.

Rent is £5,400 per year. This rent includes business rates, electricity up to £400 per quarter, water, gas and cleaning bills. Lease negotiable.

This would make an ideal first practice or relocation to a purpose-built premises. Viewings welcome.

Please phone Dr Imhesh Patel on 07798 687862 or 01923 222877 or 01234 268938



Join our mailing list - register on [Barralinstitute.ie](http://Barralinstitute.ie)

### Postgraduate Training 2011

**Fascial & Membrane Technique** - Thorax, Abdomen & Pelvis  
Date: Thur 26 - Sun 29 May Teacher: Peter Schwind PhD, RMT  
Venue: Stillorgan Park Hotel, Dublin Cost: €715

*FMT works directly with the bridges of connective tissue that surround the visceral system, the cranosacral system and the musculoskeletal system.*

### Neural Manipulation 1

Date: Fri 2 - Sun 4 September Teacher: Roberto Bonanzinga MD  
Venue: Stillorgan Park Hotel, Dublin Cost: €595

*This is a specialised course focusing on the impact of whiplash. Study the three primary areas of trauma as they relate to whiplash: physical laws, evaluation and treatment.*

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## The Institute of Classical Osteopathy

### Are you interested in classical osteopathy?

If so please visit [www.classical-osteopathy.org](http://www.classical-osteopathy.org) for details of our courses, events and publications including our latest DVD set

### 'The Classical Osteopathic Treatment of the Infant and Child'



This DVD set is approximately five hours long and includes an introductory series of lectures and demonstrations by Morayn Walkman and Christopher Batten (Cost £40)

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

File no: 14. File No: 14. A. The Financial Services Authority



General  
Osteopathic  
Council

# Revalidation pilot - we need your help

We will soon be testing the proposed revalidation scheme to make sure it works in practice.

We plan to run a pilot with osteopaths towards the end of this year and are now looking for volunteers to take part.

If you would like to be involved in the pilot to shape the development of the scheme, please contact the Professional Standards Department on 020 7357 6655 ext 235 or email: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk).