

the osteopath

Communication and patient partnership



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General
Osteopathic
Council



General
Osteopathic
Council

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Public Affairs **ext 245 / 247**

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the osteopath

Volume 14 | Issue 5 | Oct/Nov 11

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

Editor: Jodie Wallin

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Design: Axiom Partners

Send editorial to:

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Osteopathy House
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Email: editor@osteopathy.org.uk
Tel: 020 7357 6655

The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

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Osteopathic practice standards

communication and patient partnership

Communication and patient partnership is one of the four underpinning themes of the *Osteopathic Practice Standards* and a fundamental aspect of healthcare practice but it can also be among the most challenging.



Over coming months, *The Osteopath* will explore in turn each of the four themes of the new *Osteopathic Practice Standards*, which take effect next September, identifying the standards to be met and considering what this can mean in practice. Six standards, set out in Section A of the *Osteopathic Practice Standards (OPS)*, form the foundation of trust between osteopath and patient:

- A1. You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.
- A2. Listen to patients and respect their concerns and preferences.
- A3. Give patients the information they need in a way that they can understand.
- A4. You must receive valid consent before examination and treatment.
- A5. Work in partnership with patients to find the best treatment for them.
- A6. Support patients in caring for themselves to improve and maintain their own health.

Alongside these standards, the OPS offers osteopaths guidance for putting these principles into practice. From a raft of recent GOSC-commissioned research, some new (and some familiar) insights are beginning to emerge that could help osteopaths meet and even exceed patients' expectations. In the coming months, we will share with you the research conclusions and develop new guidance material to support you in practice. Here – around the theme of communication and patient partnership – we offer some recommendations for practice that is evidenced by the findings of this recent research.

Communicating with new patients

An extensive survey of osteopathic patients conducted last year for the GOsC¹ told us that, for new patients, receiving information in advance about what is likely to happen in the course of an appointment with an osteopath is a high priority. Yet patients also tell us this is an expectation poorly met by osteopaths.

Another study (part of the Osteopathic Adverse Events project), analysing the nature and frequency of complaints and claims against osteopaths², warns that osteopaths are at a higher risk of receiving a patient complaint associated with the crucial first appointment.

The *Osteopathic Practice Standards* warns that poor communication is at the root of most complaints made by patients against osteopaths. The research bears this out. Having analysed the circumstances and common issues that provoke complaints or claims against osteopaths, the study highlights implications for practice. We would encourage you to explore the full report of this study (available on the **o** zone) and we will examine its findings more closely in a forthcoming issue of the magazine. In the meantime, below is an excerpt taken directly from this fascinating report², which goes to the heart of the osteopath-patient relationship and the quality of communication:

➤ Information before the first appointment is critical. Patients' expectations need to be managed before they arrive at the practice: the need to know what kind of osteopathic or allied techniques may be given; the need to get undressed; and the need for touch and physical examination. The information should cover all the areas that may be potential sources of contention or surprise, e.g. extent of treatment at first appointment, costs, suitable clothing and undressing, the option of bringing a chaperone, and treatment effects and reactions.



- Patients need to know what they are 'buying' at the first appointment: costs, duration, how much treatment time compared with history taking. High quality information before the first appointment should become part of the profession's culture.
- > There is potentially more risk associated with a first appointment. Establishing empathy with the patient is important so that the patient can voice any concerns or fears openly. Explanation of what is happening and why, particularly when touching the patient's body, helps the patient to understand the treatment and avoids feelings of violation and abuse. The osteopath also needs to give the patient information about what their problem is, what the treatment will aim to do, and what to expect after treatment such as transient stiffness and soreness.
 - > Osteopathic consultation involves procedures which are taboo in normal life – undressing in front of a stranger, touch, holding. As one interviewee stated, "they (patients) don't expect the degree of intimacy". It is vital that osteopaths do not forget how strange the experience can be for patients who are new to it.
 - > Discussions involving consent for treatment, the management plan and sensitive topics need to be respectful of the patient's views. Osteopaths need to be more aware of the sense of vulnerability and loss of personal power created by being undressed and lying down (physically lower than the practitioner), undermining their ability to take in information. At critical points in the consultation where partnership in the discussion and decision-making are required, the practitioner needs to be sensitive to these issues.
 - > Practitioners need to be especially aware of body language, behaviour and case history suggestive of emotional crisis, psychological problems and dependence, as patients who are vulnerable due to pain or external pressure in their lives will not only feel pain more acutely, but can react in unpredictable ways and are more likely to complain.
 - > Lack of consistency between practitioners may alarm patients. A new patient who has received previous treatment from another practitioner for the same complaint represents a risk for complaints. Patients expect consistency in quality of service, treatment and diagnosis

within osteopathy and dislike poor service or conflicting diagnoses. Inconsistency between osteopathy and other health professions particularly with regard to diagnosis, can lead to accusations of wrong diagnosis.

- > Adverse reactions (unexpected or worse pain) often trigger a complaint. Patients may understand when the event was unavoidable. However practitioners need to ensure that they take a good case history and perform tests to identify risk factors. Reduction of adverse event rates is desirable. Could risk factors be identified more effectively in practice?

(Note: The GOSC's patient expectations survey found that many patients had not anticipated the pain levels experienced during and after treatment, giving rise to unnecessary anxiety. Explicit information about potential side effects, even mild ones, is important.)

- > Lack of improvement of symptoms is another warning signal. A patient can easily feel exploited if a course of treatment continues indefinitely. Patient and practitioner need to have a common, clear, agreed understanding of the purpose of continuing treatment.
- > Prolonged courses of treatment (or 'maintenance') are a potential area for complaint, even if there has been agreement on this as the treatment plan. Regular review is still needed and regular communication with the

patient about what the treatment is aiming to achieve and what the physical findings are. It is easy for a practitioner to slip into a known treatment routine without explanation, and for social conversation to replace the professional dynamic of the consultation.

- > Communication is a key area of complaint. However empathy, listening skills, and appropriate conversation topics for putting the patient at their ease, and awareness of personal boundaries are all skills that practitioners can learn.
- > The way the osteopath reacts to a complaint is crucial. A prompt, polite and appropriate response is likely to lead to a rapid resolution. An angry or delayed response is likely to escalate the complaint. Skills training in handling complaints and conflict within the profession would improve the outcome of individual complaints and enable the whole profession to be more confident about receiving complaints, suggestions, and dissatisfaction. »

1 **Investigating osteopathic patients' expectations of osteopathic care: the OPEN project.** Leach J, Cross V, Fawkes C, Mandy A, Hankins M, Fiske A, Bottomley L, Moore A, University of Brighton, May 2011.

2 **Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints** (NCOR Adverse Events Project No.3). Leach J, Fiske A, Mullinger B, Ives R, Mandy A. The CONDOR research team. July 2011.

Information for new patients – a checklist

A leaflet, sent out to a new patient in advance of their first visit, detailing clearly and simply what they should expect at their appointment, would be one step to ensuring that on the day the patient feels well-prepared and at ease with their osteopath.

What patients want to know:

- > Osteopath's name, experience, qualifications and professional registration/s.
- > The practice address, location map, telephone number/s, website address.
- > About your osteopathic approach, how you treat, and if your practice incorporates other allied therapies, for example, acupuncture.
- > What will happen at their first visit, explain:
 - that you will need to ask detailed questions about their previous health and current symptoms and why this is important information.
 - that they will need to remove some of their clothing for you to examine them – this will help the patient to prepare for the examination and wear appropriate underwear.
 - what a general examination involves and why you will examine their whole body and not just the site of their pain.
 - that you will explain your diagnosis and discuss treatment options before you proceed with treatment.
 - that together you will decide how best to proceed with treatment.
 - that the patient can be accompanied by a chaperone if they wish.
 - how long the first appointment will take and how much it will cost.
- > That the information they provide will be treated confidentially but there may be circumstances in which, with consent, you will need to share information about their care with their GP.
- > What action they can take should they have concerns about their treatment or wish to lodge a complaint.

You will need to reinforce this information by explaining much of it again at the first appointment.



Valid consent and shared decision making

Standard A4 of the *Osteopathic Practice Standards* is explicit: 'You must receive valid consent before examination and treatment'. Increasingly, there is the expectation that the patient and their practitioner will make decisions together; partnership and shared decision making are crucial to the consent process.

This is borne out by a soon-to-be published report for the GOSc on communicating risk and obtaining consent in osteopathic practice (NCOR Adverse Events Project 2)³, which also offers some important key messages for osteopaths, which we reproduce here from the draft report:

- > For consent to be valid, the patient must be competent to make the decision and to understand the information given, regardless of their age, abilities, and cultural background.
- > Patients must give consent voluntarily without feeling under pressure to make their decision.
- > Consent is an ongoing process during treatment, not a one-off event.
- > The emphasis for consent has shifted from disclosing information to sharing information with patients.
- > Partnership and shared decision making are foremost in the consent process.
- > Ethically, patients have a right to understand what is happening to them – their illness, their prognosis and their treatment options, even if they do not wish to participate in treatment decisions.
- > Patients generally want more information than they receive from their clinicians.
- > A leaflet is helpful but not sufficient because information needs to be explained and personalised.

- > Clinicians may need to enhance their communication skills in order to communicate effectively with patients about risks; they need skills in active listening, simplifying complex information, empathy, facilitation and negotiation.
- > The use of decision aids can help patients to choose their preferred option.
- > In the osteopathic context, patients may feel vulnerable when undressed or lying down; discussion needs to take place when the patient is appropriately dressed and seated to permit eye contact.

Further guidance on consent is provided by the health departments for each of the UK countries:

- > *Reference guide to consent for examination or treatment* (second edition) June 2009 – published by the Department of Health and available at www.dh.gov.uk.
- > *A Good Practice Guide on Consent for Health Professionals in NHS Scotland*, June 2006 – published by the Scottish Executive Health Department and available at www.sehd.scot.nhs.uk.
- > *Reference Guide to Consent for Examination, Treatment or Care*, March 2003 – published by Department of Health, Social Services and Public Safety Northern Ireland and available at www.dhsspsni.gov.uk.

Form of consent

There is often uncertainty about the form in which the patient should provide their consent. The validity of your patient's consent does not depend on the form in which it is given. Your patient may imply their consent by, for example, removing clothing and getting ready for your assessment of their spine, or they may give their consent orally, by saying "yes" or "okay" to your proposed treatment. Alternatively, they may give their consent in writing by signing a form. The signature on a consent form does not itself prove that the consent was valid – the point of the form is to record the patient's decision.

Note that the guidance provided in the *Osteopathic Practice Standards* advises you to obtain your patient's consent in writing for vaginal or rectal examinations or techniques. A consent form template for this purpose is available on the **o** zone.

Obtaining valid consent will involve explaining the benefits of the treatment you propose and any material or significant risks associated with the treatment. The problem here for osteopaths and their patients is that the risks associated with osteopathic practice are not yet well understood. To address this paucity of available information, the GOSc commissioned an extensive four-part programme of research (the NCOR Adverse Events project), which will reach its conclusion in the coming months. Risk and consent will be the focus of forthcoming issues of *The Osteopath*.

³ **Communicating risks of treatment and informed consent in osteopathic practice.** NCOR Adverse Events Project 2. Editor: J Leach. Not yet published.

Summing up

- > Communicating with your new patient before their first appointment is crucial to managing their expectations; a gap between expectations and delivery can have a negative effect on the outcome of care.
- > Ongoing, effective communication will help avoid misunderstandings that generate concerns and complaints.
- > The shift in healthcare to patient partnership and shared decision making may require osteopaths to acquire new communication skills, which can be learned.

Published full reports of recent GOSc research are available on the **o zone. Please visit the 'Research' section.**

Review of the year

GOsC financial report for 2010-11

The GOsC's Annual Report and Accounts for 2010-11 was sent to Privy Council at the end of September. As a statutory body, the GOsC is keen to ensure that its operations are efficient, effective and transparent, and that they demonstrate value for money.

Below are some of the key activities we have undertaken in the financial year under report. The full Annual Report and Accounts is available to download via the [o zone](#) and the public website at www.osteopathy.org.uk. If you would prefer to receive a hard copy of the Annual Report, please contact us on 020 7357 6655 ext 242 or email: info@osteopathy.org.uk.

Assuring the quality of osteopathic education and training

Education standards sit at the very heart of our work. Ensuring that education providers are equipping students to practise safely and competently as osteopaths promotes confidence in osteopathic care.

We periodically review all courses to ensure that the standards of education and training remain high, and we work closely with the independent Quality Assurance Agency for Higher Education, which manages the quality assurance reviews on our behalf.

This year, we have:

- > Continued with our review of quality assurance and developed a revised quality assurance handbook and annual reporting process.
- > Undertaken three new Recognised Qualification (RQ) reviews, one renewal of RQ review, and four reviews of conditions expiring during the year.
- > Produced draft guidance for Osteopathic Educational Institutions (OElS) on managing student fitness to practise (see page 11 for further information).
- > Commissioned research on graduate preparedness for practice.
- > Commissioned research on managing health and disability in osteopathic education.

Ensuring osteopaths keep their knowledge and skills up to date

Continuing professional development

All osteopaths are required to undertake continuing professional development (CPD) activities that will maintain their skills and enhance their practice of osteopathy. During the year we started a review of our CPD scheme to ensure that it meets its primary purpose: keeping osteopaths up to date and enhancing safety and quality of care for patients. This work will progress alongside the pilot of the revalidation scheme because of the close interrelationship between the two.

Revalidation

In line with government requirements that apply to all regulated health professions, we are developing a revalidation scheme aimed at ensuring that osteopaths remain fit to practise and that they meet our standards of competence, clinical practice, communication and professionalism.

We have made good progress during 2010 with the development of revalidation and began piloting key aspects of the scheme during September and early October (see page 10 for further details).

Setting standards and promoting good practice

Patients expect from osteopaths high standards of practice and professional conduct. It is our role to set and regularly review these standards to ensure they reflect patient expectations and are evidence-based.

Revisions to osteopathic practice standards

The *Standard of Proficiency* and *Code of Practice* were combined into a single document and issued for consultation in autumn 2010. During the consultation around 100 registrants were interviewed and over 160 attended 12 focus groups across the UK. There were a further 160 responses.

The proposed *Osteopathic Practice Standards* will come into force in September 2012, allowing a year for their adoption by osteopaths and educators.

Enhancing quality and safety

The GOsC works in partnership with the National Council for Osteopathic Research (NCOR) to strengthen the evidence base for osteopathy. During the year under review, we funded a number of projects aimed at enhancing the quality and safety of osteopathic practice, including:

- > Patient expectations and experiences of osteopathic care.
- > Adverse events associated with osteopathic care.
- > Standardised data collection to gather patient data in osteopathic private practice.

WHAT DOES THE REGISTRATION FEE FUND?

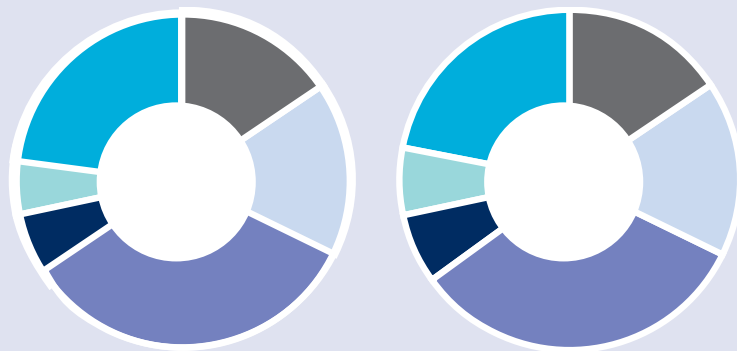
Income and expenditure

	2010-11 £	Financial year 2009-10 £
Total income	3,063,333	2,863,327
Total expenditure, including corporation tax charge	3,034,747	2,853,204
Total designated spending	138,870	327,536
(Deficit) after designated spending	(110,284)	(317,413)
% of income spent before designated spending	99.07%	99.65%

Designated spending is where the GOSC has put aside money in previous years to fund future activities. Therefore, the indication of a deficit does not imply there is a weakness or shortfall in the GOSC's finances.

During the year, £96,400 was used from a grant awarded to the GOSC by the Department of Health for the development of revalidation. The grant will enable the GOSC to assess the risks and benefits of developing a scheme of revalidation for osteopaths and to pilot a revalidation self-assessment scheme – work that will continue over the next few years.

Breakdown of expenditure



2010-11

£493,308 (16.26%)	Professional Standards	£405,738 (14.22%)
£520,164 (17.14%)	Communications	£521,913 (18.30%)
£837,491 (27.60%)	Regulation	£706,260 (24.75%)
£202,526 (6.67%)	Registration & MIS	£209,648 (7.35%)
£175,339 (5.78%)	Research	£213,241 (7.47%)
£805,919 (26.55%)	Secretariat	£796,402 (27.91%)

2009-10

Proportion of £750 registration fee spent on key activities during 2010-11



£126.36	Professional Standards	16.85%
£121.02	Communications	16.14%
£206.48	Regulation	27.53%
£49.97	Registration & MIS	6.66%
£43.26	Research	5.77%
£202.91	Secretariat	27.05%

Notes

- The segments include the net costs of activities and full employment costs.
- Secretariat includes the cost of Council and its non-statutory committees and overhead costs of running Osteopathy House (postage, service contracts and rates).

Balance sheet and reserves

The balance sheet shows total reserves as at 31 March 2011 of £2,074,375. This is a reduction on the previous year because the GOSC has spent funds previously ring-fenced as designated for specific purposes.

General reserves (free reserves not designated for specific purposes) total

£1,920,263 – equivalent to five months' average annual expenditure.

Funds totalling £154,112 have been designated for the specific purpose of:

- > Research into adverse events related to osteopathic practice (£54,112).

> Future governance structure changes (£100,000).

These designated funds reflect the GOSC's commitment to investing in the development of osteopathic practice and in the infrastructure required to deliver effective regulation.

Getting to grips with revalidation

The year-long revalidation pilot was officially launched on 1 September 2011, with nearly 500 osteopaths signed up to test the self-assessment stage of the proposed revalidation scheme – more than 10% of the profession. To introduce participants to the process of self-assessment and reviewing aspects of their practice against the recently revised *Osteopathic Practice Standards*, we held a series of face-to-face and online training workshops across the UK during September and early October.

The workshops focused on the self-assessment tools contained in the *Revalidation Pilot Participation Manual* and provided an opportunity for participants to establish osteopath networks for support and further guidance.

During the course of the workshops, we asked for feedback from those taking part to ensure we were meeting their learning needs. This also helped us to refine the workshops as we went along to better target the information and time spent on each area of the Manual. The response was overwhelmingly positive, with participants commenting that the workshops were 'interesting and useful', 'an excellent way not to feel alone in the next 12 months' and that they helped participants 'to stop feeling so overwhelmed by the process'.

Feedback was also provided on the Manual itself, which will help us to develop the tools that could be available to osteopaths if a revalidation scheme were to go ahead. For example, one participant commented that the templates could be 'more prescriptive', while others requested more simplified language.

Revalidation Pilot assessors

We will shortly be recruiting around 35 assessors to play an important role in the pilot. These assessors will be osteopaths trained to evaluate the evidence submitted by the pilot participants, and will be paid positions.

The panel responsible for selecting the assessors has now been appointed and consists of nominees from the British Osteopathic Association, the Council of Osteopathic Educational Institutions and the GOSC Council. These are Marina Urquhart-Pullen (BOA), Manoj Mehta (COEI), Kenneth McLean (GOSC) and Professor Ian Hughes (GOSC).

Please keep an eye on the **o** zone for further details or email: revalidation@osteopathy.org.uk to express an interest in becoming an assessor.

The Manual and other relevant materials relating to the revalidation pilot, including NCOR's *An Introduction to Clinical Audit for Practising Osteopaths*, are available to all osteopaths via the **o** zone and can be

used for your own practice and professional development. You might consider using the various information collection templates, for example, to seek your patients' views of the care you provide or ask for constructive feedback from colleagues on aspects of your practice.

Calling all osteopathic patients

The GOSC is keen to set up a Patient Reference Group to seek the views of osteopathic patients about aspects of care and to help develop public information and professional guidance.

We envisage the group to include osteopathic patients from all four UK countries. The majority of the work will take the form of online exercises, although face-to-face focus group meetings may also be held.

For further information, including promotional flyers to display in your practice, please contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: seldred@osteopathy.org.uk.



CPD – is it fit for purpose?

As well as testing the revalidation scheme during the year-long pilot, we will be asking osteopaths and other interested parties for feedback on the purpose and structure of the GOSc's continuing professional development (CPD) scheme, together with possible options for change. Even if you are not taking part in the Pilot, we are keen to hear your views on how the scheme could be improved to support the continued standards of care for patients of osteopathy.

At present, osteopaths must keep their skills and knowledge up to date through fulfilling 30 hours of mandatory CPD every year to maintain their registration with the GOSc. The CPD Discussion Document considers the purpose and aims of the current scheme, its effectiveness and possible options for change.

It is vital that the CPD and any revalidation schemes are complementary so that together they help you to demonstrate that your practice is meeting current standards and expectations and they enable you also to develop your practice in a way that best suits you.

Particular options about which we would welcome your views include:

- > Should osteopaths be required to submit evidence of having identified learning needs?
- > Should the scheme specify core CPD content to be undertaken by all osteopaths – and what would this include?
- > Does there need to be a mechanism for quality assuring CPD, provided either by the GOSc or by other organisations, or through feedback on submissions?

- > Should there be changes to the CPD cycle and required hours?
- > How can we measure the effectiveness of CPD?

The CPD Discussion Document and response form are available on the public website (www.osteopathy.org.uk/about/our-work/consultations-events/consulting-you/) and on the **o** zone. For further information on the document, contact the Professional Standards Department on 020 7357 6655 ext 239 or email: cpd@osteopathy.org.uk.

Preparing students for practice

To support students and OEIs in the teaching and learning of professional values and behaviours, we recently consulted on draft guidance for both groups from 1 May to 1 September 2011. The aim of the guidance is to ensure the appropriate and consistent management of behaviour that indicates students may not be fit to practise.

Registration with the GOSc requires osteopaths to practise in accordance with our standards of professional and ethical conduct, the *Code of Practice* and *Standard of Proficiency* (or the *Osteopathic Practice Standards* from September 2012), and hold a Recognised Qualification (RQ).

Osteopathic Educational Institutions (OEIs) are responsible for ensuring that only students who are capable of practising to these standards, without supervision, are awarded a RQ.

The draft guidance consists of:

- > *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*
- > *Student Fitness to Practise: Guidance for Osteopathic Educational Institutions.*

We received a positive response to both documents from a range of stakeholders, including osteopaths, the BOA, students, other healthcare regulators, the CHRE and OEIs. During the consultation period, we

also presented to two groups of osteopathic students, held meetings with the OEIs, and presented to the Regional Communications Network at its meeting in June.

Guidance about the management of health and disability was also developed for students and OEIs. This was developed by external experts in equality and health education, having held focus groups and interviews with OEIs and clinical faculty with a focus on the student experience. The guidance includes:

- > *Osteopathic Education and Training: Guidance for Applicants and Students with a Disability or Health Impairment.*
- > *Students with a Disability or Health Impairment: Guidance for Osteopathic Education Institutions.*

The GOSc Council will consider the consultation analysis and the revised guidance at its meeting in October. It is planned to publish the guidance in due course and to reconvene our Student

Fitness to Practise Working Group (comprising lay members, students, osteopaths, newly qualified osteopaths and OEI representatives) to consider the development of ideas generated during the consultation.

An analysis of the consultation responses will be available shortly on the GOSc public website. For further information, please contact Joy Bolt, Professional Standards Officer, on 020 7357 6655 ext 238 or email: jbolt@osteopathy.org.uk.



Are you interested in becoming a member of Council?

The GOsC will shortly be seeking new Council members to replace outgoing osteopath members.

An information pack and application form will be available on the Appointments Commission's website (www.appointments.org.uk) from Thursday 20 October 2011. Interviews will take place in January 2012, with training and induction in March, ready for formal appointment on 1 April 2012.

To help you decide whether becoming a Council member is the right choice for you, we asked Paula Cook, outgoing member, why you should consider applying for the role and what the benefits are to you and your practice.

In one sentence can you tell us what you think osteopaths bring to Council?

Osteopath members bring an important perspective to the work of Council and act as the window to what decisions taken at Council mean for practising osteopaths.

Is Council just looking for educators and the so-called 'great and the good' of osteopathy?

The diversity of osteopathy means the Council needs the widest possible range of osteopathic experiences and perspectives to develop regulatory policy that reflects the needs of the profession. In my experience, what we need is vibrancy and vision, and an ability to harness that through the often detailed frameworks in which we have to operate. No one experience of osteopathy has a monopoly on those attributes.



Isn't regulation all about what you can't do and setting the rules?

Regulation is not a dry subject to be pushed to the back of the filing cupboard and pulled out in times of trouble. Whether we like it or not, the world around us is changing, healthcare is changing and patients' expectations from us all as professionals and individuals continue to grow. For the profession to be respected and thrive, it needs to have a strong regulator. Strength can only come through vigorous debates and views being expressed and resolved at Council and reflected in its policy and behaviours. Rule-setting is a very small aspect of what Council does.

Why would I even think about joining Council?

Participation as a Council member is not a soft option, but through your involvement you will broaden your understanding of the many ways in which osteopathy is practised; enhance your understanding of regulation, healthcare law and policy; navigate through the political environment that does and always will affect the way we practise; learn something new at every meeting; and be constantly challenged in your own thinking about patients, osteopathy and how those come together.

Do Council members get paid?

Yes, there is a small financial payment for joining Council. If, in these hard times, that is what attracts you to the role, it is not for you. You need to want to work hard, be involved in many working groups and activities and devote time and energy to the development of the profession. Without a doubt the energy you put into being a Council member could be put into the development of your own practice and reap greater financial rewards in the short and longer term. However, not all reward is about money and much satisfaction can be gained from participating in a dynamic, professional environment that will make you confront issues of patient expectations, standards and care that most people don't face in their individual practices. It is hard to perceive that anyone's individual practice does not benefit from that.

Can you tell us in one sentence why anyone should think about being a Council member?

It's our future and our profession – participate, be part of it and help give it a legacy for the future that we can all be proud of.

Any Qualified Provider proposals take step forward

The Department of Health in England has taken further steps towards introducing patient choice for a range of healthcare services, including osteopathy, from April 2012.

In the August/September issue of *The Osteopath*, we outlined proposals from the Department of Health (DH) in England to open up a number of service areas to a wider number of providers, including independent practitioners such as osteopaths.

The proposals are known as *Any Qualified Provider* and the GOsC has been working closely with the British Osteopathic Association (BOA) to help to ensure that osteopaths are able to meet the DH's qualification criteria when the scheme goes live.

In the first instance, eight service areas have been identified as suitable for giving patients a wider choice, and this list includes musculoskeletal services for back and neck pain.

Two parallel programmes of work are taking place to implement *Any Qualified Provider*: at a local level, Primary Care Trusts and commissioning groups are considering which services they wish to take forward at this time (they have been asked to identify at least three from the list of eight); and at a national level, lead bodies have been identified to work on 'implementation packs' for each of the eight services.

These implementation packs will include service specifications encompassing patient-reported outcomes, tariffs and other information, to allow local commissioning groups to design services. For musculoskeletal services for back and neck pain, the lead body taking this work forward is NHS North West London (a cluster of eight Primary Care Trusts) and, following a conference in August at the DH, the BOA and other osteopathic representatives are providing input into developing the implementation packs.

Once these implementation packs have been completed, in those areas that have chosen to implement *Any Qualified Provider* for musculoskeletal services for back and neck pain, providers will be able to qualify and register to provide services. Local commissioners will develop patient pathways (based on the recommendations in the implementation packs) and referral protocols that providers will then have to accept. Once these steps have been put in place, referring clinicians will be obliged to offer patients a choice of qualified providers. The implementation packs are due to be completed by November and services developed early next year, with all of them to be in place by September 2012.

The exact qualification process is not finalised but is likely to include a standard form for osteopaths to complete, including questions about an osteopath's experience and ability to meet the service specification. The GOsC and BOA provided feedback to the DH on the content of the application forms. As most osteopaths are not required to register with the Care Quality Commission, there will be a clear requirement for them to demonstrate they are registered with the GOsC.

Another aspect of qualification that still requires clarification is the relationship between independent providers and another regulator called Monitor. Monitor currently regulates Foundation Trusts but is due to take responsibility for registering all independent providers. We hope to meet with Monitor shortly to understand how this might apply to osteopaths and seek to ensure that the process is not so onerous that individual osteopaths cannot comply.

We will try to keep those osteopaths who wish to engage with the NHS in England up to date via *The Osteopath* magazine and the **o** zone. We understand that the BOA will be developing support tools for osteopaths interested in applying for *Any Qualified Provider* and it will publish advice and guidance for its members in due course. Further information can also be found on the DH website at: <http://healthandcare.dh.gov.uk/any-qualified-provider/>, including a case study on a Manual Therapies Back and Neck Service provided by NHS North East Essex, which is likely to inform the development of new services under *Any Qualified Provider*.

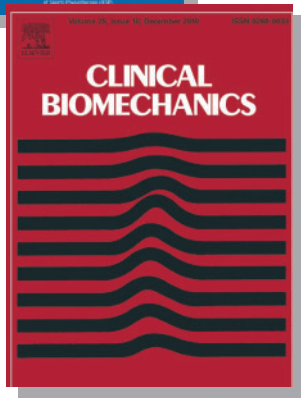
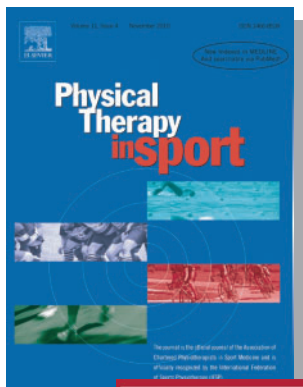


Improving access to osteopathic research

Have you recently accessed the IJOM Plus package of research journals available on the o zone? Are there ways in which the package can be further improved?

As part of a three-year contract with publishers Elsevier, the GOsC is providing osteopaths with free online access to past and present issues of the *International Journal of Osteopathic Medicine* (IJOM), as well as a range of other relevant health science journals.

To ensure this resource offers value to osteopaths, we will shortly be asking you for feedback on the service and inviting suggestions on how IJOM Plus can be further improved. A survey will be included in the December/January issue of *The Osteopath*, so please do take the time to use this new resource in the next couple of months so that you can form an opinion of its value to you and your practice.



What's in IJOM Plus?

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

Other benefits of IJOM Plus include:

- > Free access to six other Elsevier journals in the field of bodywork and manual therapy, including the *Journal of Bodywork and Movement Therapies* and *Clinical Biomechanics*, both of which have new issues available to view now.
- > Special discounts on journals of interest to you through individual subscriptions, for example *Complementary Therapies in Clinical Practice*, the *European Journal of Pain* and *Physical Therapy in Sport*.
- > 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 the information is published, saving you time finding key resources when you log on.

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

Personalising your resources

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. We have recently improved the process of registering for the e-alerts so it's quicker and easier for you to start personalising your account.

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

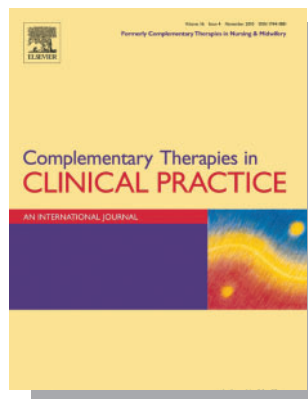
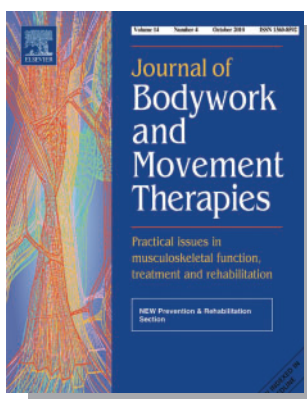
Step 1 – Log on to the o zone and visit the 'Research journals' page under the 'Research' section in 'Resources'. From here you can access the Elsevier website.

Step 2 – Scroll down the page to the section called 'Personalised e-alerts' and click on the link 'Research journals home page' at the end of the first paragraph.

Step 3 – In the 'Welcome' box near the top of the page, click on 'Register an account on this site' and enter your email address.

Step 4 – Create your profile and set a password. Please check that the 'Table of contents alerts' box is ticked and click on the 'Register' button.

Once you have registered your account, you can also sign up for alerts from other journals in the IJOM Plus package, enabling you to keep up to date with topics of interest as soon as they are published.



What's in the latest IJOM?

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

Authors from the UK, USA and Italy feature in the next issue of the *International Journal of Osteopathic Medicine (IJOM)*, which is full of interesting and stimulating reading for you.

How does 'evidence-based practice' relate to the everyday experience of osteopaths who are faced with the challenge of managing real patients, with real problems, and who haven't been 'filtered' by strict clinical trial exclusion criteria? Two papers in this edition deal with this topic and shed some light on the depth and complexity of osteopathic practice.

Dawn Carnes describes the patient who presents with chronic pain and has pain in multiple locations, but yet who doesn't fit the criteria set out by The American College of Rheumatology. We thought this was a great example of research showing the 'realness' of patients who present with pain problems in osteopathic practice; it demonstrates the challenge we face when our patients don't fit the typical profile. How should these patients' problems be managed? When a patient presents with pain in multiple locations, does this indicate lengthy treatment sessions with multiple techniques designed to address each painful location? Carnes explores these questions and more in her Masterclass. It is well worth the read.

Thomson and colleagues also tackle the more variable and complicated aspects of healthcare with their article on qualitative research. Not only do they cover some of

the methodological approaches to qualitative research, they take time to explore how this might be used beneficially, and practically, in osteopathy.

Combined, these two articles left us feeling enthusiastic about osteopathy and the approach and role that osteopaths can fulfil in healthcare provision.

We are very pleased to publish a case study in this issue by Italian authors Ungaro and colleagues. Some lessons are worth learning again, and this case study teaches some basic yet essential lessons that we'd all benefit from reviewing. We won't spoil the story here, suffice to say that you'll think twice about 'normal' plain film radiography next time you receive a report.

US authors Wong and colleagues present some interesting research on strain counter-strain and the effect it may have

on forearm muscle strength. Can strain counter-strain really make a difference to the strength of muscles over time? You'll have to read the article to find out.

Lastly, we have an article by Perrin and colleagues on chronic fatigue syndrome and osteopathic treatment. Does osteopathic treatment make a difference in the lives of the people who suffer from this debilitating and distressing problem? It was a bold study with several challenges, and we encourage you to read this paper about a target disorder that isn't a commonly researched condition in osteopathic literature.



Help capture a picture of the osteopathic treatment of lower extremity symptoms

NCOR, in collaboration with practising osteopaths, is building on its previous standardised data collection (SDC) work. The data collection tool used in the last data collection exercise has been revised to make it suitable to focus solely on the lower extremity. The project will begin in January 2012.

What information will the standardised data collection tool capture?

Analysis of data from the previous data collection exercise has indicated that approximately 11% of patients osteopaths see have symptoms in part of their lower extremity. We don't know enough about this area of practice and need your help to collect data to:

- > Demonstrate the effectiveness of osteopathic care of neck symptoms.
- > Help osteopaths to market their skills and practice.
- > Contribute to evidence on treatment responses.

What will it involve?

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

Taking part

If you are interested in participating in this project, or have any questions, please contact Shirly Mathias, NCOR Research Administrator, on 01273 643 457 (Monday to Thursday) or email: s.mathias@brighton.ac.uk.

NCOR research hub news

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

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

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

> BRISTOL

Thursday 10 November
7-9pm

Management of the TMJ and discussion of a case note audit.

> HAYWARDS HEATH

Wednesday 7 December
7-9pm

Review of research on the management of knee pain and disability.

> EXETER

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

> LEEDS

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

Conference calendar

> 26 November

Chiropractic, Osteopathy and Physiotherapy Conference, London

You can find further information at <http://www.bso.ac.uk>.

> 28-30 March 2012

3rd International Fascia Research Congress, Vancouver, Canada

You can find further information at <http://www.fasciacongress.org/2012/>.

> 11-13 November

British Osteopathic Association Annual Convention, Meriden, near Birmingham

You can find further information at <http://www.osteopathy.org/NQSUT865235>.

> 13-15 May 2012

2nd International Conference on Integrative Medicine, Vancouver, Canada

You can find further information at www.mediconvention.com.

NCOR Research Conference

Evidence supporting clinical practice

Saturday 3 December 2011

Leeds

Six hours of CPD are available for the conference.

Speakers and topics include:

- > **Dr Nefyn Williams** – The evidence for sciatica.
- > **Dr Dawn Carnes** – Adverse events in manual therapy.

- > **Dr Janine Leach** – Trends in insurance claims and complaints to the regulator.
- > **Mr Steven Vogel** – Clinical Risk in Osteopathy and Management (the CROaM study).
- > **Professor Ann Moore** – Patients' expectations of osteopathic care.

Please contact Carol Fawkes for an application form at c.a.fawkes@brighton.ac.uk or call 01273 643 457. Alternatively, visit the NCOR website at: www.brighton.ac.uk/ncor/news/index.htm.

A randomised controlled pilot of positional release manipulation (counter-strain) in the treatment of restless legs syndrome

MacDonald R, Peters T, Leach CMJ.
International Musculoskeletal Medicine.
2011;33(1):21-25.

The research team for this study has published its clinical trial protocol. Restless leg syndrome (RLS), also known as Ekbom's syndrome, can affect sufferers throughout their lives, resulting in the loss of significant amounts of sleep. The cause is often unknown, but RLS can be a complication of pregnancy, iron deficiency, reaction to certain drugs, and some conditions, e.g. kidney failure, Parkinson's disease and diabetes. Current management focuses on the use of dopamine agonists, but other treatments can include Carbamazepine, Gabapentin, strong analgesia and benzodiazepines. No single medication appears to be suitable for all sufferers.

The clinical trial is based on the findings of clinical practice and an earlier pilot study involving a cohort of 20 patients. Patients received treatment during a six-week period using a specific manipulative treatment; a control group received treatment also, which did not include the specific manipulative technique. Outcomes are measured using validated outcome measures to assess changes in symptoms and their severity.

Findings from the study will be published in due course.

Is it feasible and effective to provide osteopathy and acupuncture for patients with musculoskeletal problems in a GP setting?

Cheshire A, Polley M, Peters D *et al.*
BMC Family Practice. 2011;12:49.

Spinal manipulation and acupuncture are among a number of modalities recommended in the 2009 guidelines for non-specific low back pain produced by the National Institute for Health and Clinical Excellence (NICE). The researchers note that there had been no previous evaluation of a general practice service involving both osteopathy and acupuncture for patients with musculoskeletal disorders. This study involved 123 adult patients at a London NHS practice and gathered both qualitative and quantitative data. A range of outcome measures were used, including the Bournemouth questionnaire to assess the musculoskeletal symptoms, EuroQoL-5D to measure quality of life, use of medication, general wellbeing, and levels of physical activity. Qualitative data included interviews with patients who used the service, other healthcare professionals and support staff within the practice.

Analysis of quantitative data for pre- and post-treatment showed statistically significant positive changes in levels of musculoskeletal pain, quality of life and medication use. The interviews were analysed using thematic analysis and described improvement in a number of areas including pain, mobility, wellbeing, and the ability to manage musculoskeletal symptoms based on understanding of causes, reasons for exacerbation and appropriate activities.

Patients reported wanting greater numbers, availability and flexibility of appointments. The osteopaths and acupuncturists involved reported the challenging nature of dealing with high numbers of referrals of patients with long-term symptoms. Some initial logistical issues within the practice were also cited. Overall, patients and healthcare professionals were satisfied with the service.

The research team concluded that providing a service involving osteopathy and acupuncture within a GP practice is achievable, and this can be incorporated with some small adaptations.



Do whiplash patients differ from other patients with non-specific neck pain regarding pain, function or prognosis?

Verhagen AP, Lewis M, Schellingerhout JM *et al.* *Manual Therapy.* 2011;16(2):456-462.

This cohort study examined individual patient data from three Dutch trials and one English trial involving patients with non-specific neck pain in primary care. In total, 804 patients took part and their perceived pain, limitation of function and prognosis were examined. Patients were included in the sample if they had pain of unknown origin and pain caused by whiplash trauma (subject to any litigation being completed). Some participants were excluded, namely those with unresolved litigation, herniated discs, neurological or rheumatological disorders, malignancy, infection or fracture.

Baseline measurements were recorded, which included social demographic variables (age, sex, employment status and level of education), intensity of neck

pain, duration of pain, number of previous episodes, the presence of other symptoms including headache and dizziness, radiation of symptoms to the upper extremity, treatment preference, and any fear of movement. Baseline measurements were self-reported.

Interventions in the trials were evaluated and included GP care, use of physical therapies, graded exercise activity and manual therapies. Measurements taken by common outcome measures were assessed. These included the Neck Disability Index (NDI), the Northwick Park Pain Questionnaire (NPQ) and a numeric rating scale (NRS) for pain.

Analysis of the data identified that for 16.5% of patients, their neck pain had been caused by an injury. In all trials

studied, 17-18% more male patients were present in the whiplash group. On examination of data at follow-up, pain had decreased for 12-28% of participants, and 25-50% of patients had recovered in all trials.

Improvements identified post-treatment were comparable between whiplash and non-trauma patients; no different prognostic factors were identified between each group.

The research team found no clinically relevant differences in their population between patients reporting whiplash and other painful neck symptoms. They suggest, therefore, that whiplash patients with mild to moderate pain should not be considered as a distinct sub-group to patients with non-specific pain.

Manual therapy for arthritis of the hip or knee – a systematic review

French HP, Brennan A, White B *et al.* *Manual Therapy.* 2011;16(2):1089-117.

This review was conducted to determine if manual therapy improves levels of pain or physical function (singly or in combination) in patients with osteoarthritis (OA) of the hip or knee joint. Manual therapy encompassed massage therapy, joint mobilisation and manipulation.

Searches were conducted of Medline, CINAHL, EMBASE, PsycInfo, ISI Web of Science and the Cochrane Library. Studies were included if they were a randomised controlled trial (RCT), included subjects with clinical or radiographic diagnosis of OA of the hip or knee, if one study group received manual therapy alone, and if pain and/or physical function outcomes were measured. Studies were excluded if they were not available as full text versions, not in English, participants were post-surgery, not a RCT or participants were not human.

Following data extraction and assessment for the risk of bias, four RCTs were found to be eligible for inclusion. The four trials included a total of 208 participants.

One study compared manual therapy with no treatment (Perlman *et al.*, 2006), one with placebo treatment (Pollard *et al.*, 2008), one with exercise therapy (Hoeksma *et al.*, 2004), and one with Meloxicam (Tucker *et al.*, 2003). All studies reported

short-term effects; only one study reported measurement of long-term effects. Meta-analysis was not performed owing to the heterogeneous nature of the groups involved in the studies.

Findings suggest that manual therapy may have a beneficial short-term effect in reducing pain and improving physical functioning in patients with OA of the knee joint. Silver level evidence exists that manual therapy is more effective than exercise for hip OA in the short and long term.

The authors concluded that because of the small number of RCTs available for review, the evidence could not be considered conclusive.



The establishment of a primary spine care practitioner and its benefits to healthcare reform in the United States

Murphy DR, Justice BD, Paskowski IC *et al.* *Chiropractic and Manual Therapies.* 2011;19:17.

This interesting commentary explores the case for having specifically trained primary care practitioners for the spine in the US. The authors assert that although the costs associated with managing of spine-related disorders (SRD) has increased substantially in recent years, the clinical outcome and patient experience has not seen a corresponding improvement. The US, in common with the UK, has a range of healthcare professionals engaged in managing patients with SRDs. It is suggested this produces a 'supermarket approach' where patients have a wide number of options but are left to sort out the most appropriate 'product' for their problems.

The authors suggest the creation of a primary spine care practitioner who is specifically trained and skilled as a first contact person for anyone with an SRD. This would allow the diagnosis and management of SRD patients using the most evidence-based methods, and the capacity to coordinate referral where other investigation is required. The suggested skill set for the primary spine care practitioner includes:

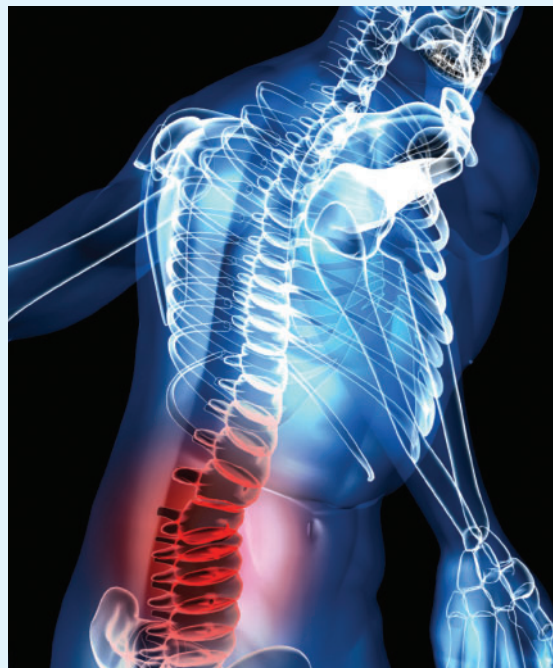
- > Skills in differential diagnosis.
- > Skills in managing patients with spine pain, including manipulation, prescription of medication, exercise recommendation and nutritional approaches.
- > A wide-ranging understanding of spinal pain, including anatomical, pathological, biological and psychological factors.
- > The ability to detect and manage psychological factors.
- > An appreciation of minimalism in spine care, focusing on patient empowerment, promotion of self-management and reducing the need for intervention by a healthcare practitioner.
- > An understanding of the methods, techniques and indications of intensive rehabilitation, interventional treatments and surgical procedures.

- > An understanding of the unique features of work-related SRDs.
- > An understanding of the unique features of SRDs related to motor vehicle collisions.
- > Public health perspective, i.e. how SRDs fit in with public health campaigns for issues like obesity, smoking, diabetes and mental health disorders.
- > The ability to coordinate the efforts of a variety of practitioners.
- > The ability to follow up patients over a long period.

The authors suggest this new type of practitioner has potential benefits for patients, including:

- > Faster recovery.
- > Cost savings.
- > Avoiding iatrogenic disability.
- > Increased productivity.
- > Decreased likelihood of becoming a 'chronic pain sufferer'.
- > High patient satisfaction.
- > Shared decision making.
- > Focus on prevention.

The authors also suggest benefits for society, including knowledgeable care coordinators, SRDs as a public health initiative, improved worker productivity and less longer-term disability. These, in turn, could produce benefits for the healthcare system generally, including controlling costs, unburdening traditional primary care physicians, increasing strategic specialist referrals, transforming overly expensive and excessively complex healthcare provision through 'disruptive innovation', standardising care, and more rapid introduction of new evidence and technologies.



Inevitably, obstacles to such changes must be considered and the authors suggest there could be some in the form of:

- > Educational changes required.
- > Incentivising value – payment based on outcome instead of payment per procedure.
- > Overcoming prejudice – it is suggested that the best potential primary spine care practitioners may not come from allopathic medicine.
- > The detrimental effect on those invested in the 'supermarket approach'.
- > Resistance from people within professions who could potentially become primary spine care practitioners.
- > Implementation.
- > Sustainability.

The need for reform in the US healthcare system has been cited by a variety of stakeholders. The exact form this could and will take is open to conjecture, but it must include three key features, namely improved patient health, improved patient experience and decreased per capita costs. The management of SRDs is only one area for consideration, albeit a costly one, and the authors suggest one thoughtful rationale for change.

Continuing professional development – learning with others

Fiona Browne, Head of Professional Standards

Many osteopaths practise independently, with little or no direct access to other osteopaths during the course of a usual day. This has led to some practitioners reporting feelings of isolation.

But are there other ways of interacting with your peers that might help to counter those feelings of isolation and to support independent sole practice, as well as counting towards the CPD requirement of 'learning with others'?

CPD offers the opportunity to learn new ways of doing things or to seek support and reassurance from others that you are applying current thinking or have approached a case in an appropriate way.

Many osteopaths report that the main opportunity to interact with their peers comes from attending CPD courses two or three times a year. However, our analysis of the *CPD Annual Summary Forms* tells us that there are a variety of different and perhaps more frequent ways of learning with others.

Interacting with your peers more regularly might help to support your day-to-day practice as well as counting towards your CPD learning with others requirement of at least 15 hours per year.

The table on page 21 outlines different types of CPD activities you may want to consider undertaking.

CPD also offers an opportunity to confirm or enhance practice or to learn new things. It is thought to be most effective when you:

- > Review your practice and the areas that would most benefit from development.
- > Plan CPD to meet those needs.
- > Evaluate or reflect at the end of the CPD activity to get the most learning out of it.

Templates to help you review practice, plan CPD and evaluate or reflect on the activity, are available in our *CPD Guidelines* (available on the **o** zone at www.osteopathy.org.uk/uploads/cpd_guidelines_interactive.pdf) or in the *Revalidation Pilot Participation Manual* (available on the **o** zone at www.osteopathy.org.uk/uploads/

[part2_guidelines_for_osteopaths_seeking_revalidation_pilot.pdf](http://www.osteopathy.org.uk/uploads/ncor_audit_handbook_ozone.pdf)). The National Council for Osteopathic Research (NCOR) has developed a publication entitled *An Introduction to Clinical Audit for Practising Osteopaths* (available on the **o** zone at http://www.osteopathy.org.uk/uploads/ncor_audit_handbook_ozone.pdf), which may also contribute to the reflection and planning process.

Other organisations, including the BOA and OELs, may also be able to support this process.

For further information on any aspect of CPD, contact the Professional Standards Department on 020 7357 6655 ext 238 or email: cpd@osteopathy.org.uk.



CPD activity	Description	Evidence required for CPD record folder
Attendance at lectures, seminars or journal clubs (related to professional work as an osteopath).	Many hospitals (both independent and NHS) and universities have open lectures that can be relevant to osteopathic practice and are often free of charge. It is worth contacting the rheumatology, pain management or surgical departments at local hospitals or even local GP surgeries and asking if there are any multidisciplinary educational activities. Similar enquiries might also be made at local colleges or universities. If you find topics of interest, do ask whether attendance might be possible. This could be a useful opportunity both to learn with others from other healthcare professions as well as an opportunity to promote a better understanding of osteopathy to enable multidisciplinary patient approaches.	Proof of attendance or lecture notes.
Local group or practice meetings.	Discussion focused on a specific area of practice with two or more osteopaths or other healthcare professionals can be beneficial to practice. The <i>Osteopathic Practice Standards</i> might provide a useful framework to explore all aspects of practice. The <i>Revalidation Pilot Participation Manual</i> includes some templates to structure these discussions, such as the case-based discussion (see pages 33 to 38 of the Manual). Perhaps you have a particular case that you were uncertain about and you wish to talk this through with others. Or perhaps other osteopaths have used different treatments or approaches to ones that you used with a particular patient, and a discussion about this may be beneficial. The key is to reflect on discussions and relate them back to your practice. The <i>CPD Guidelines</i> and the <i>Revalidation Pilot Participation Manual</i> provide some templates to help support this reflection. There are also many other reflection templates available through Google. The discussions may confirm your current approach or you might consider trying a different approach. Either of these is a useful educational outcome.	Signed declaration of attendance or meeting notes.
Regional Societies.	Meeting with other osteopaths in your area can provide opportunities for developing skills, sharing ideas and discussing topics related to osteopathic practice (as well as sharing diverse and useful ways of undertaking CPD). These meetings might also support the dissemination of up to date research drawing on the suite of journals that all osteopaths now have access to via the o zone (see page 14 for further details). The meetings might also be an opportunity to collectively explore a new publication by NCOR, entitled <i>An Introduction to Clinical Audit for Practising Osteopaths</i> . There are some useful audits contained in the handbook, including effectiveness of treatment and whether patient notes meet current standards (see Chapter 5). Exploring these audits with the support of colleagues and developing them in your individual practice could provide an opportunity to learn more about your practice, benefitting both you and your patients in a safe and supportive environment.	Signed declaration of attendance or meeting notes.
Work shadowing.	Spending time with other practitioners to see how they practise, either observing and reflecting on practice, engaging in discussion or providing or receiving feedback on practice, can be a useful way of confirming or enhancing your practice. The <i>CPD Guidelines</i> (available on the o zone) provide evaluation forms to support reflection on what has been learned from observing practice. There are also some peer review forms in the <i>Revalidation Pilot Participation Manual</i> (pages 66 to 68) that may be useful. Again, this feedback is designed to be supportive and encouraging to help inform an individual's learning.	Signed declaration of attendance and notes.
Technique tutorials with other osteopaths.	We often see examples of group practices getting together regularly to practise particular treatment approaches, which appear to be useful. Again, reflecting on what you have learned using the <i>Evaluation Form</i> in the <i>CPD Guidelines</i> or even the models of reflection in the <i>Revalidation Pilot Participation Manual</i> can be useful ways of confirming current practice or consolidating learning.	Signed declaration of attendance.
Learning via the internet or over the telephone.	Pair or group discussions do not need to be face-to-face to provide an effective learning with others experience. We also hear of examples of learning via online discussion, which can help osteopaths to learn. Alternatively, effective case-based discussions might take place on the telephone via skype, or using other forms of technology to support learning. Whilst some aspects of CPD might only be useful face-to-face, it is also possible to undertake effective CPD without being in the same room as others taking part in the discussion. As with all forms of learning, an evaluation at the end of the activity can be an important way of confirming or consolidating learning.	Printout of discussion.

Courses 2011-12

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

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

2011

December

>2-4

Neural Manipulation 1: The treatment of whiplash and trauma

Lecturer: Christoph Sommer
Venue: Stillorgan Park Hotel, Dublin
email: barralireland@gmail.com

>8-10

Dynamic neuromuscular stabilisation

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

2012

January

>13-15

Discovering the health within trauma

Course directors: Michael Harris and Anna Greenfield
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk

>21

Pharmacology and the NHS – an overview of the current structure and common practices for osteopaths

Speaker: Trevor Campbell
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

February

>2-5

Core regulation in biodynamic practice

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

>4

Chronic hidden hyperventilation – the 21st-century epidemic

Speaker: Michael Lingard
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

>9-13

WG Sutherland's approach to the body as a whole

Course director: Susan Turner
Venue: Italy
email: info@sutherlandcranialcollege.co.uk

>15-17

Osteopathic approach to trauma

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

>25-26

DNS skills weekend 2: Paediatric course

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

March

>2-5

Functional face

Course director: Dianna Harvey Kummer
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk

>10-11

Clinical implications of thorax and shoulder anatomy

Speaker: Professor Frank Willard
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

>19-23

Osteopathy in the cranial field

Course director: David Douglas Mort
Venue: Hinsley Hall, Leeds
email: info@sutherlandcranialcollege.co.uk

>31

Craniosacral therapy – introductory day

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

31 March - 1 April Mobilisation of the nervous system

Speaker: Tim Beames
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

April

13-15

Dynamic neuromuscular stabilisation – course A

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

21-22

JEMS movement art (part 1)

Speaker: Joanne Elphinston
Venue: Stirling, Scotland
email: morag.fraser@btconnect.com

25-27

Neuro-vascular manipulation of head, neck and cranium

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

Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: editor@osteopathy.org.uk. The resource is open to all osteopaths running courses for their colleagues.

CLASSIFIEDS

RECRUITMENT

Associate required for established, busy practice in north Norfolk for a total of three days per week. Applicants should enjoy working with IVM and must also be competent using a structural approach. If you would like the opportunity to work in beautiful rural surroundings with a wide variety of patients, including babies and children, contact Peggy Corney on 01263 861 184 (practice), 01263 860 782 (home), 07771 865 100 (mobile), or email: gunthorpeosteopaths@btconnect.com. Own transport essential.

Locum required in Salisbury area for 3.5 days per week to include a late night and a share of Saturdays. Car required. Would suit an osteopath who mixes their approach – is happy to HVT as well as use IVM. Must be a people-person and have an outgoing personality. Position starts from the end of November 2011 to mid-February 2012. Apply by sending a statement about your osteopathy and CV to: enquiries09@notjustbacks.co.uk.

Self-employed osteopath required for our busy multidisciplinary Northampton clinic. We are an established clinic (since 1976) in an ideal central location. Having had osteopathy since 1987, we understandably have numerous enquiries for treatments. This is a unique opportunity to build up your own practice very quickly. Please contact the practice manager for details. Telephone: 07809 478 733 or email: michelle@devonparadeclinic.co.uk.

Associate osteopath required, Wantage, Oxon, to join team of three other osteopaths from January 2012. Mon, Wed & Thur to take over existing list from a current associate. Good structural technique required, cranial work an advantage. Working alongside principal for two days and fellow associates on third day. Please telephone Katherine Harris on 01235 768 748 or send CV to: wantageosteopractice@hotmail.co.uk.

Osteopath in Cambridge. Four to five days per week or job share in established central group practice. Visit: www.johnlant.co.uk for job specification and application form. Email: admin@johnlant.co.uk with CV or apply to John Lant & Partners, 206 Chesterton Road, Cambridge, CB4 1NE.

Loughton, Essex. Multidisciplinary clinic looking for an experienced osteopath to join our team! At least two years' experience required. Flexible working hours available to suit you. Please call 0781528 8570 for further details or send your CV/details to: aquarius016@hotmail.com.

Goodwill of practice for sale. Predominantly structural list with some IVM and paediatrics. Would suit motivated and articulate sole practitioner or partnership. Five days a week and Saturday mornings. Established 20+ years in a fantastic location within a beautiful part of SW London. Sale due to relocation away from the area. For information pack, please contact: myrtletrading244@hotmail.com.

COURSES

Graduate diploma in chiropractic methods (modified chiropractic techniques). Techniques taught: diversified chiropractic (the main method of chiropractic), drop table, mechanical methods similar to an activator gun, extremity adjustments, specific spinal adjusting technique (similar to Gonstead chiropractic) and much more! Venue: four-star hotel in Thailand. Chiropractic Advanced Programme, 14-18 of November: chiropractic for the full spine, pelvis and extremities, including specific adjustments for difficult-to-treat disc, SIJ and facet cases. Chiropractic Foundation Programme, Manchester, 18-21 December: chiropractic for the full spine and pelvis. New courses for osteopaths to learn chiropractic methods of assessment and treatment. Techniques easily incorporated into everyday osteopathic practice. Visit: www.robbygoodrum.com. Contact: Robbie Goodrum, osteopath and physiotherapist, at robphysio-osteopath@hotmail.co.uk or John Rutherford on 020 7935 4750 or 07850 699 534.

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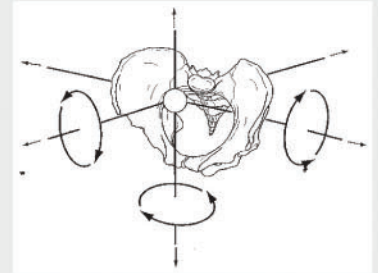
Harmonic Technique

Prof. Eyal Lederman DO, PhD



Harmonic Technique is a passive form of oscillatory, rhythmic techniques that can be applied to different joints and tissues.

Research over the last four decades has demonstrated that passive movement, such as used during Harmonic technique, has important role in **facilitating tissue repair and adaptation** after injury. Intermittent external compression has been shown to improve **tissue healing** as well as increasing **fluid flow** and reducing oedema. Passive motion has been recently shown to facilitate recovery from rotator cuff surgery and to help resolve pain in frozen shoulder. These studies suggest that passive motion can be a useful clinical tool in the treatment of different musculoskeletal conditions.



Learning outcome:

1. Understanding of the biomechanical, physiological neurological processes associated with Harmonic Technique
2. Understanding of the Influence of Harmonic Technique on tissue repair, tissue fluid dynamics and adaptation.
3. An understanding of neurological (analgesic influences) and psychological influences of Harmonic Technique
4. Be able to effectively apply Harmonic Technique to most joints in the body
5. Be able to identify conditions which may benefit from passive movement
6. Be able to apply Harmonic Technique to specific conditions commonly seen in manual and physical therapy practice

Prof. Eyal Lederman graduated from the British School of Osteopathy and is working as an osteopath in London. He completed his PhD in physiotherapy at King's College, where he researched the neurophysiology of manual therapy. He also researched and developed Harmonic Technique. He is involved in research examining the physiological effects of manual therapy and the development of Neuromuscular Re-abilitation.

Prof. Lederman has been teaching manual therapy and the scientific basis of manual therapy in different schools in the UK and abroad. He has published articles in the area of manual therapy and is the author of the books 'Harmonic Technique', 'Fundamentals of Manual Therapy', 'The Science and Practice of Manual Therapy' and 'Neuromuscular Rehabilitation in Manual and Physical Therapy'.

Dates: 18-20 November 2011 (three days)
Start time 18.00 on Friday

Venue: Middlesex University, Archway Campus,
London N19

Cost: £385.00

Deposit: £200.00

Students: half price (limited places available)

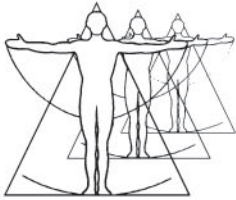
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2011

Dates	Title	Lecturer	Cost	Deposit
Weekend courses 10.00-17.00				
21-23 Oct	Pregnancy care <i>(Start time Friday 18.00)</i>	Averille Morgan	£385	£200
5-6 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£150
5-6 Nov	Osteopathic technique: Cervical spine, CD and UEX	Prof Laurie Hartman	<i>Fully booked</i>	
19 Nov	Therapeutic relationship in manual and physical therapy	Tsafi Lederman & Jenny Stacey	£125	£125
18-20 Nov	Harmonic technique <i>(Start time Friday 18.00)</i>	Prof. Eyal Lederman	£385	£200
23-25 Nov	The new osteo-articular approach: Upper limbs	Jean-Pierre Barral	<i>Fully booked</i>	
Evening courses 19.00-22.00				
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

Therapeutic relationship in manual and physical therapy

With Tsafi Lederman & Jenny Stacey

What you say can be as important as what you do

A recent survey by the GOsC has highlighted the importance of communication and therapeutic relationship in successful clinical management (The Osteopath, Aug-Sept 2011).

The relationship between the physical therapist and the patient can play a pivotal role in the process of recovery. In this practical workshop Tsafi and Jenny will explore some of the relational dynamics that can support or impede the process of recovery in clinic. There will also be an opportunity for the participants to bring case studies to discuss relational difficulties with specific patients.

Learning outcomes:

- A better understanding of the role of the therapeutic relationship in recovery
- The ability to identify the psychological processes that facilitate or impede change
- Understanding different levels of communication
- An opportunity to explore personal styles of contacts with patients
- Understanding and managing patients' expectations



Tsafi Lederman is a UKCP registered and practising psychotherapist who specialises in body-psychotherapy Gestalt and integrative arts psychotherapy. She has a private psychotherapy and supervision practice in London. She is the co-director of CPDO and a tutor and supervisor of the MA programme at the Institute for Arts in Therapy and Education. Tsafi has been running workshops and teaching psychotherapy, counselling skills and bodywork for over 20 years in the UK and abroad. She is co-author of the section on psychological processes in "The Science and Practice of Manual Therapy" (2005) and a chapter entitled "Touch as a Therapeutic Intervention" in the book 'Morphodynamics in Osteopathy' (2006).



Jenny Stacey is a UKCP registered Gestalt psychotherapist, Creative Arts therapist (HPC, BADth) and supervisor. She is a freelance trainer and coach and since 2004 has been a tutor on the Coaching Psychology Postgraduate Diploma run jointly by PB Coaching and Leeds Metropolitan University and more recently at UCD Michael Smurfit Business School, Dublin. She is a trainer in Counselling Skills at the Institute for Arts in Therapy and Education, London. She is author of the chapter The Therapeutic Relationship in Creative Arts Psychotherapy in: The Therapeutic Relationship (2008) and co-author of the book Counselling Skills for Creative Arts Therapists (1999). Jenny has wide experience of working within educational, statutory and voluntary organisations including universities, hospices, social care, the prison service and theatre companies.

Date: Saturday 19 Nov 2011 / cost: £125.00

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

Book online: www.cpdo.net

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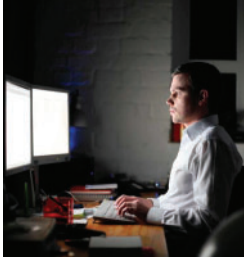


THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

www.bso.ac.uk/cpd

Ergonomics and Osteopathy



The Ergonomics course is a one-day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling 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 22 October 2011

Course fee: £125

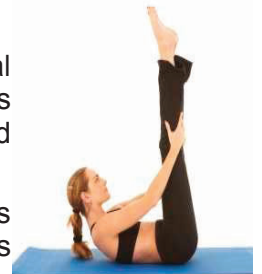
CPD: 7 hours

Introduction to Pilates and its Inter-relationship with Osteopathy

This one-day workshop, designed specifically for osteopaths, provides information on the history and evolution of the Pilates method and its potential benefit for patients.

Consideration will be given to patient environment and activities in addition to postural and movement assessment, in order to help identify poor movement patterns, areas of potential weakness and compensation strategies. Participants will be introduced to a selection of exercises and methods of delivery,

Course Leader Richard Budd, a practising osteopath, is trained in the Pilates method and injury rehabilitation. He is part of a small team of teacher-trainers presenting in the UK and internationally.

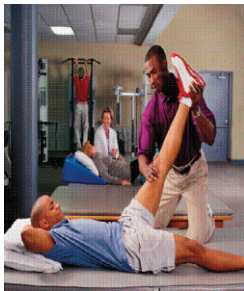


Date: Saturday 22 October 2011

Course fee: £125

CPD: 7 hours

Sports Biomechanics and Muscle Chains



Sports Biomechanics and Muscle Chains aims to equip the practising osteopath with the tools to spot and approach a variety of myofascial muscle chain dysfunctions. The theory behind this workshop will enable participants to modify their approach to patients by adapting to a framework for assessing and planning patient care and utilising appropriate treatment tools with new insight.

The day forms the basis for the Functional Active Release in Osteopathy and Stretching Exercises and Osteopathic Care courses - it is not necessary to attend these courses sequentially but participants may work through them to individual preference.

Date: Saturday 26 November 2011

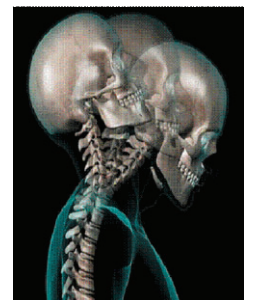
Course fee: £125

CPD: 7 hours

Whiplash and Osteopathic Treatment

This course involves a review and discussion of the writings of academics such as Becker, Magoun, Harakal and Bogduk; as well as osteopathic views about what 'whiplash' really encompasses. Participants will look at the more up-to-date approach to definitions, diagnosis and treatments, as well as the subject of 'litigation neurosis'.

Time will be given on the day for in depth-discussion of the osteopathic approach to diagnosis and practice as well as a range of treatment modalities for the management of patients with 'whiplash' related problems. The emphasis will be osteopathic as patients seen post-whiplash demonstrate all the factors that osteopathic concepts relate to.



Date: Saturday 26 November 2011

Course fee: £125

CPD: 7 hours

To register your interest or for further information on any of the CPD courses, please contact: Katie Elford on 020 7089 5308 or k.elford@bso.ac.uk.



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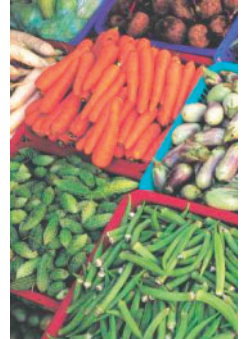
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Nutrition and Osteopathy

Day 1 is an Introduction to Nutrition. At the end of the day, delegates will be confident in their ability to assess the nutrition needs of their patients and give advice and guidance about macronutrients and micronutrients to help their recovery.

Day 2 is Applied Nutrition. This workshop builds from the previous day's course in learning how to apply fundamental nutrition guidelines to different situations. At the end of this day, delegates will be able to confidently assess body composition and have a good understanding of the applied role of nutrition in specific circumstances - for example for patients with osteoporosis, CVD, diabetes and cancer.



Date: Sat/Sun 28/29 January **Course fee: £125 (one day)/ £200 (two days)**
CPD: 7/14 hours



STOP PRESS



Saturday 3 December 2011	Practice Development	Course fee: £95	CPD: 7 hours
Saturday 28 January 2012	Functional Active Release	Course fee: £125	CPD: 7 hours
Saturday 28 January 2012	NLP and Osteopathy	Course fee: £125	CPD: 7 hours
Saturday 4 February 2012	Ergonomics	Course fee: £125	CPD: 7 hours
Saturday 4 February 2012	Strain Counterstrain	Course fee: £125	CPD: 7 hours
Saturday 18 February 2012	Therapeutic Yoga	Course fee: £125	CPD: 7 hours



THE BRITISH SCHOOL
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Postgraduate Courses



University of
Bedfordshire

Professional Doctorate in Osteopathy

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

Start date: January 2012

Course Leader: Professor Stephen Tyreman

Postgraduate Certificate in Academic and Clinical Education

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

Start date: September 2012

Course Leader: Jorge Esteves

Postgraduate Certificate Research Methods

This programme is designed to equip osteopaths and other manual therapists with the knowledge and skills required to evaluate practice; and to consider, design, propose and deliver research. It offers two modules: Advanced Research Methods and Design; and Statistics for Healthcare Research. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: October 2012

Course Leader: Jorge Esteves

To register your interest or for further information any of the postgraduate courses, please contact: Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk



Sutherland Cranial College

Plan your CPD for the coming academic year!

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- Do you use 'cranial' but find yourself 'floating in the fluids' and lacking precision?



Practise osteopathic principles with the SCC's precise yet fluid cranial approach; current research, ongoing student support and mentoring.

Rollin Becker memorial lecture Osteopathy beyond the realms of science

November 26 2011. Guest speaker: Peter Armitage DO DPO MSCC

"In this lecture I highlight the difficulties we face when we defer to the current scientific description of nature thereby diminishing other modes of understanding; I find allies in other thinkers and traditions, using these to illuminate the processes of osteopathic treatment. I value all the subtleties of our personal experiences, spontaneity and awareness for their therapeutic potential in treatment."

Peter Armitage graduated from the ESO in 1980, has taught at the ESO, BSO, SCC since its inception, and has been a paediatric consultant at the OCC and OSK in Vienna. He particularly appreciates the insights gained from studying with many of the older generation of American DOs.

Starts 5pm at the Cavendish Conference Centre, London.



Discovering the health in trauma New course

January 13–15 2012. Exploring the impact of trauma with emphasis on integrating physical, emotional and psychological aspects and developing practical skills for osteopaths.

Co-directed by an osteopath and a psychotherapist.

CPD: 24hrs | Fee: £695 | Stroud, residential | 1:8 tutor-student ratio

Course Directors: Michael Harris DO MSCC and Annie Greenacre

The functional face

Module 8

March 2–5 2012. The missing link? How does the face influence the body-wide health of my patient? Exploring the sensory and functional aspects of the face through principles of osteopathy, embryology and technique.

CPD: 32hrs | Stroud, residential | 1:4 tutor-student ratio

Course Director: Dianna Harvey Kummer DO MSCC

Including **dental/orthodontic day**. Cherry Harris MSc (Ost med) DO MSCC

Foundation course

Module 1

A flexible two-day introduction to osteopathy in the cranial field, working with the involuntary mechanism to improve palpation skills.

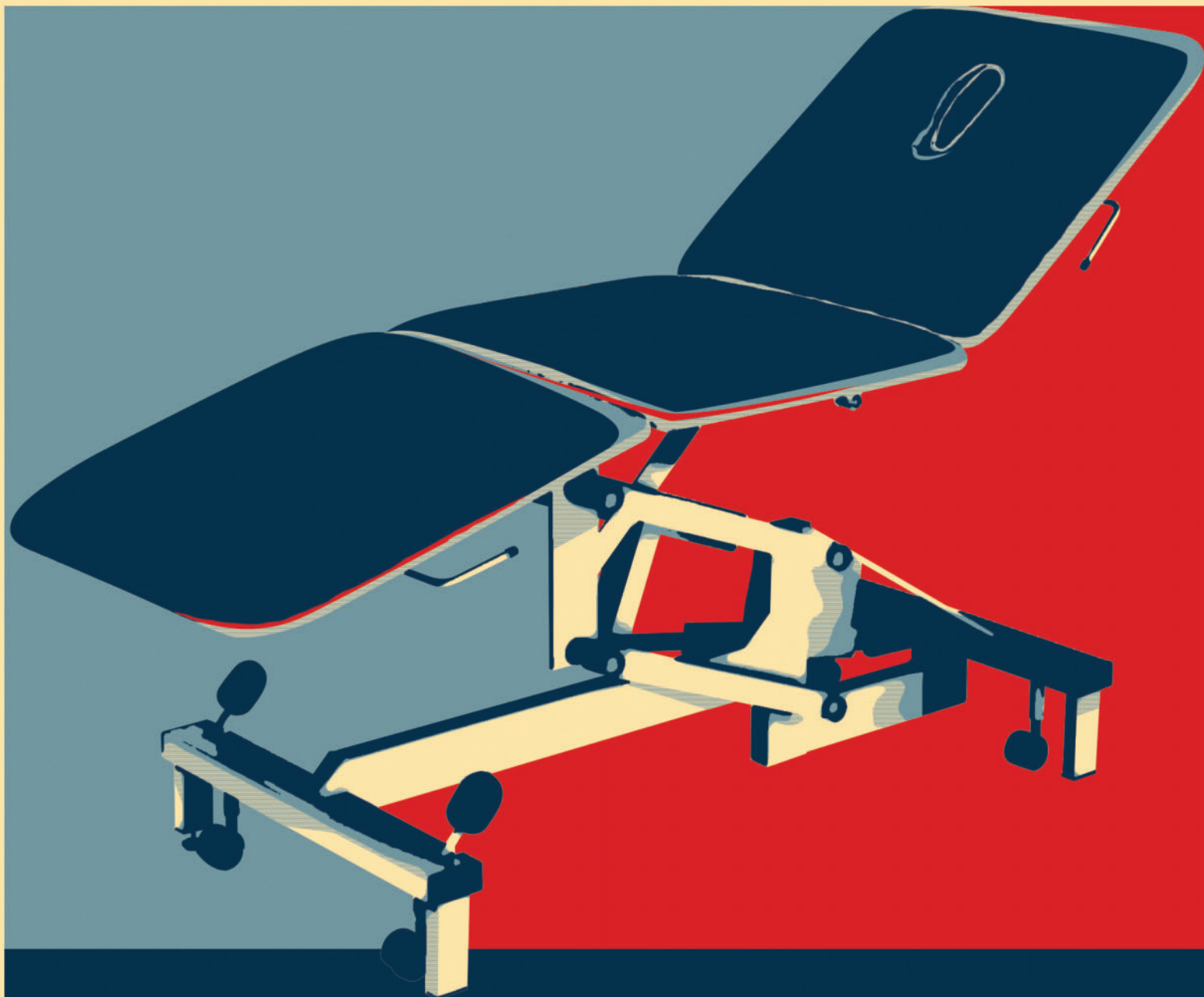
"very encouraging start to this new area of osteopathy"

CPD: 16hrs | Fee: £275 | 1:4 tutor-student ratio

See the SCC website www.sutherlandcranialcollege.co.uk or call 01291 622555

SCC Magazine is available online, contact course office

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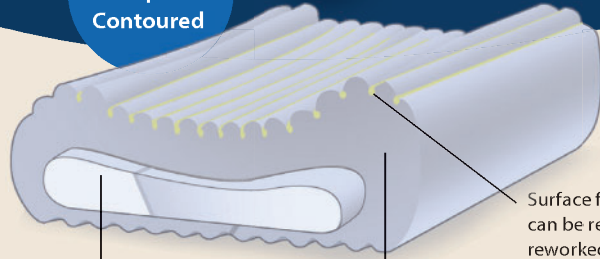


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"With it's unique patented design the CompleteSleeprrr™ adjustable has helped resolve neck pain and improve the well being of thousands of patients worldwide"

"Why did health professionals supply 96,403 of these pillows to their patients last year?"

- ✓ The CompleteSleeprrr™ adjustable pillow offers perfect support and spinal alignment with **one single pillow** that meets all patient needs. **One size suits all** – for easy stocking.
- ✓ The CompleteSleeprrr™ pillow is **100% exclusively** supplied to health professionals and clinics **ONLY** – and not available online or through retail. This exclusivity helps **generate patient referrals** that bring in more clinic traffic.
- ✓ Generous **trade discounts** allow the pillow to be offered to patients at an affordable price while maintaining generous profits.



Luxurious Memory foam
...feeling is believing.
Made in the UK.

Some of the clinic feedback...

"Having used a well known brand pillow for the last 7 years, I thought I would take the plunge and try the Complete Sleeprrr free trial offer and I'm really pleased I did. I absolutely love the pillow, it's completely flexible and caters for every taste, from thick to thin and soft to firm. Infact, I've just had to buy another to stop my partner stealing mine! I will definatly be reccomending this to patients and fellow colleagues when they ask for advice on pillows."

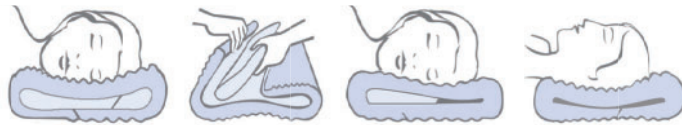
Georgina Bull BSc (Hons) Ost Med, DO, ND
Nene Valley Osteopathy

"We have always tried to offer our patients a choice of products , including two different types of pillow. After a successful trial period we decided to stock the Sleeprrr pillow because of its versatility and the patients really liked it! The price is very competitive and the adjustability of the pillow means that it suits most patient's needs. We offer a "try before you buy" service to all of our patients and it is rare that they do not purchase a pillow after this period. Since stocking the pillow at the beginning of the year, it has become our highest selling product."

Tonie Philpott, Practice Manager, Kent House Clinic

Therapeutically designed adjustable pillow

Your patients can adjust the pillow to suit their own comfort & postural needs, removing the risk of the pillow being too high, too low, too hard or too soft.



Customisable for back and side sleepers – suitable for large or small physiques.

Osteopathy Autumn Offer

Free sample pillow for your clinic!

- ✓ **1x Free CompleteSleeprrr™** and client education pack – just package and postage to pay – only £6.97
- ✓ Call NOW on **02381 290090** quoting **"Osteopathy Autumn Offer"** for your **FREE Clinic CompleteSleeprrr™**



Free display stand available

Mayflower Medical Supplies Ltd: Tel 02381 290090, Mon - Fri, 9am – 5pm

*Offer terms & conditions - 1 free sample pack available per clinic.



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courses for 2011 include

- Level 4 Certificate Exercise for the Management of Low Back Pain
- CYQ level 3 Pilates Matwork • Pilates Studio Equipment certification

CPD one-day courses

- Pilates and Pregnancy • Pilates and Small Equipment • Muscle Testing and Function • A series of courses relating to understanding Joint Anatomy, Injury and Rehabilitation, Hip, Knee, Sacro-iliac and Shoulder Joint
- Marketing course - developing your own business - how to do it!
- Conversion course for existing Pilates instructors wishing to gain an awarding body accreditation

call now on 0845 094 4916 or 0845 094 4917

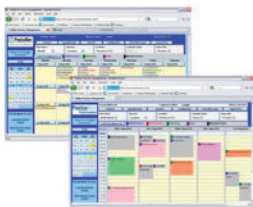
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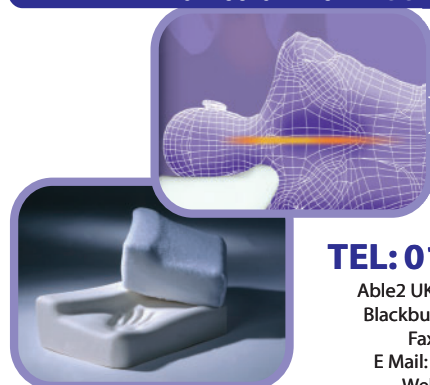
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Harley Pillow Range

- Designer Range - Moulded Visco Elastic Memory Foam
- Original Range - Moulded Cold Cast Polyurethane
- Variety of Sizes
- All pillows are individually moulded for comfort and support



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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 for more details.

Rollin E Becker Institute
Inspiration in practice

Train with the Rollin E. Becker Institute in 2011

The Eye

Dates: 15th - 16th October 2011
Guest Lecturers: Dr Joseph Field DO, Keith Holland FCOptom
Course Leader: Gareth Butler
Cost: £295

An exploration of the development of the visual system, the contribution that ocular problems can make to global patterns of neuromusculoskeletal dysfunction, the interaction between optometry and osteopathy and the potential role of OCF in the treatment of ocular disorders.

Guest lecturers:

Dr Joseph Field is an American osteopath with over 20 years' experience in the interaction between optometric problems and the Involuntary Mechanism. He has taught on several SCTF Continuing Studies courses on the eye, the first in Maine in 1991.

Keith Holland is the UK's most experienced behavioural optometrist and has a specialist interest in children's vision and reading difficulties, including dyslexia.

This course is open to all participants that have completed at least one 40-hour OCF Foundation Course with any SCTF-approved provider.

Regional Tutorials in Your Area

Dates: 5th 6th 12th 13th 27th November 2011
Cost: £50

A number of four-hour tutorials are available 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 develop the practical skills learnt on a 40-hour/five-day SCTF-approved (equivalent to Level 1/2) 'Osteopathy in the Cranial Field' course.

Palpation

Date: 20th November 2011
Course Leaders: Carol Plumridge and Carina Petter
Cost £135

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.

OCF 40-hour Foundation Course

Dates: 21st-22nd Jan, 4th-5th and 18th-19th Feb 2012
Course Leader: Nick Woodhead
Cost: £825

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

The course will examine the detailed anatomy and function of the involuntary mechanism, including diagnostic and therapeutic interventions using the involuntary mechanism approach. With the emphasis on application of OCF in everyday osteopathic practice, the course will also provide extensive guided practical instruction with a participant to tutor ratio of 4:1 to maximise development of practical skills.

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

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The Developing Child - An Osteopathic Challenge

SPEAKERS INCLUDE

Peter Armitage DO, DPO, MSCC. James Jealous DO
Stuart Korth DO, DPO, FICO. Mervyn Waldman DO
Professor Frank Willard PhD

Date: 13 & 14 October 2012

Venue: Thistle Hotel, Marble Arch, London

Registration: www.fpoconference.org.uk

Discounts available for alumni members and early booking



Royal National Orthopaedic Hospital



NHS Trust

In association with the Institute of Orthopaedics and Musculoskeletal Sciences, University College London

Radiology of Bones & Joints

6th-8th February 2012

This three-day premier course is a must for all radiology trainees. Orthopaedic trainees also find it very useful for the FRCS-Orth preparation. This course has been re-organised with an emphasis on exam like viva sessions, specialist tutorials along with lectures in the morning and vivas/tutorials in the afternoon. Tutorials include dedicated small group sessions on benign and malignant bone lesions, spinal pathologies and musculoskeletal scintigraphy.

The exam like viva sessions will be conducted with an experienced musculoskeletal consultant radiologist and will have a maximum of two candidates with one examiner. Over three days, each candidate will get a comprehensive coverage of core musculoskeletal curriculum, six hours of exam like viva sessions and three hours of specialist tutorials. There will be time for feedback.

Lecture Topics include

The topics covered in lectures will include the subjects mentioned above plus: spinal trauma, important paediatric bone lesions, soft tissue tumours, metabolic bone diseases, stress injuries, infections in bones and joints, paediatric bone lesions, imaging of joints, and imaging of orthopaedic hardware.

Registration fee - £450.00 *Fee inclusive of all course material, lunch and refreshments)*

Venue - Sir Herbert Seddon Teaching Centre, RNOH NHS Trust, Stanmore

For further information please contact the Education Centre

Telephone **020 8909 5326** email courses@rnoh.nhs.uk or visit our website www.rnoh.nhs.uk/education



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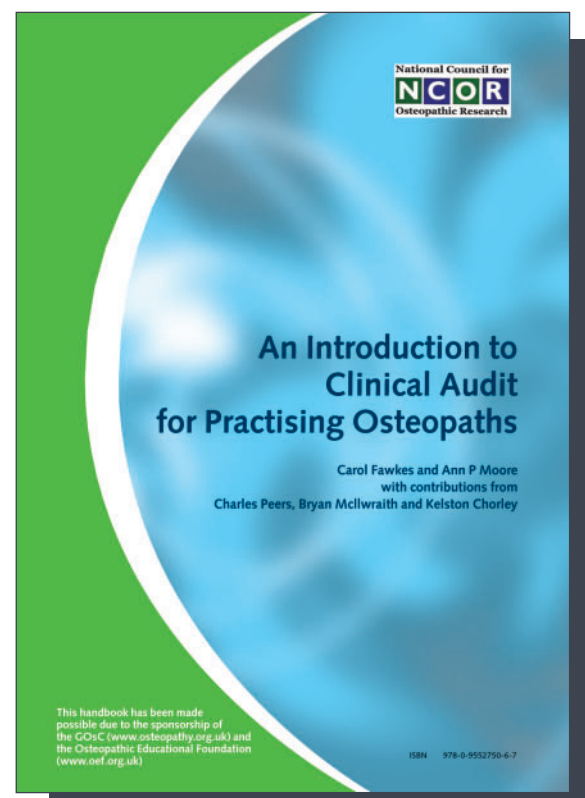
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