

the osteopath

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General
Osteopathic
Council

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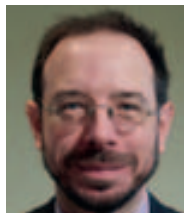
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Tim Walker



With the new CPD scheme for osteopaths scheduled to become mandatory in late 2018, our preparations are well under way: the 'Early Adopter' programme is in full swing, with volunteers giving different elements of the scheme a trial run, and we are working with CPD providers and other bodies across the profession to ensure that the scheme is introduced smoothly.

To obtain a snapshot of current approaches to CPD, late last year we invited the profession to carry out a 'CPD evaluation' and share your answers with us. Hundreds of you did so, revealing that many osteopaths are well placed – perhaps better placed than they realise – to adapt to the new scheme, while also highlighting areas where we can usefully offer more support. Turn the page to find out more.

The evaluation responses show that practitioners are looking beyond taught courses when choosing their learning activities. On pages 14-15, one osteopath explains what inspired him to 'shadow' a wrist surgeon for a day, and what he learnt from the experience.

In the new CPD scheme, learning in communication and consent will be a mandatory part of your CPD. At its conference in January, the National Council for Osteopathic Research (NCOR) explored how the way you communicate with patients can affect their ability to self-manage their long-term pain; see pages 16-17 for details. And turn to page 6 to find out how the GOsC is seeking to understand how osteopaths and patients can be helped to avoid miscommunication and understand one another's values.

Also in this issue, you can learn about the osteopaths who have just joined the GOsC Council (page 8), potential changes to the way osteopathy and other healthcare professions are regulated (page 18), and what you can do to reduce your risk of falling victim to a cyber-attack (page 12). And if you're a final-year student, page 13 contains answers to some of the questions we're often asked about how to register with us.

We hope you enjoy reading this edition.

Jeremy Pinel
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the osteopath

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CPD: be discerning about your learning

By telling us how they go about selecting, undertaking and reflecting on their CPD, osteopaths are helping us to ensure that the new CPD scheme works for all

When the new CPD scheme becomes mandatory in late 2018, we want everyone in the profession to feel able to meet its requirements and be part of a 'culture of learning' within osteopathy. The scheme builds on what we know many of you are doing already – but to get a clearer idea of current attitudes and approaches to CPD, between October 2016 and January 2017 we invited all osteopaths to complete an online CPD evaluation.

More than 350 osteopaths (seven per cent of the profession) took this opportunity to reflect on your learning and share those reflections with us. The answers have revealed that much of the profession is well-prepared for the scheme's introduction, while identifying areas where we can provide support and dispel some commonly held misconceptions.

Choosing CPD activities

About half of osteopaths completing the evaluation said they occasionally undertake unplanned CPD. Being flexible in your approach to CPD activities enables you to address learning needs as they arise (following a consultation with a patient with a particular condition, for example) and take advantage of learning opportunities that present themselves – but more than one-third of osteopaths told us their selection of CPD activities is unplanned most or all of the time.

On our new CPD website you'll find a six-step guide to planning your CPD, from identifying learning needs and setting objectives to evaluating completed activities. Containing templates for a personal development plan, CPD reflection form and more, it is available at: bit.ly/gosc-cpd-planning

Applying practice standards

In the new CPD scheme, every osteopath will need to ensure that their CPD activities over a three-year cycle encompass all four themes of the *Osteopathic Practice Standards*:

- Communication and patient partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism

It is encouraging that many osteopaths said their CPD already covers all these themes. However, fewer than one-third said they currently refer to the *Osteopathic Practice Standards* when identifying their learning needs and *planning* their CPD.

The others gave a number of reasons for not doing so; some said it was too complicated to divide up their learning according to the four themes, while others felt that the standards were arbitrary criteria that did not reflect their needs or interests. Typical comments were:

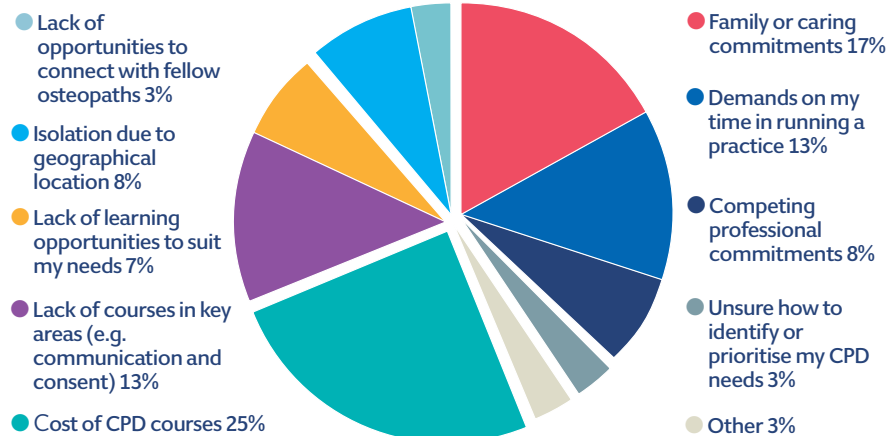
'Most of these themes overlap – many activities cover more than one theme.'

Obstacles to CPD

The CPD evaluation invited osteopaths to name the biggest obstacle they faced in selecting CPD activities.

Almost two-fifths cited time pressures (caused by professional, family or other commitments), while a quarter pointed to the cost of courses, one-fifth identified a lack of learning opportunities on particular topics, and one in 10 said they did not have opportunities to connect with fellow osteopaths.

We appreciate that financial and geographical issues can pose challenges for some osteopaths, and in the next issue we will look at how osteopaths are learning with others through alternatives to taught courses.



We know there are many pressures on osteopaths' time, and we want all CPD activities to be worthwhile and justify the valuable time you spend on them. This is why the new CPD scheme emphasises

identifying learning needs (across the full range of practice), planning CPD activities accordingly and then reflecting on their usefulness afterwards, in order to maximise the benefits.

'I would not want to narrow my learning solely to be compliant with standards.'

While the new CPD scheme will require you to cover each theme of the *Osteopathic Practice Standards* in your learning, you will **not** need to divide up each CPD activity according to those themes and log the time spent on each theme. The aim of the requirement is to encourage every osteopath to take note of the standards and broaden – not narrow – the range of their CPD beyond, say, clinical issues in which they are interested.

It may be that thinking about the *Osteopathic Practice Standards* will reveal learning needs which you had not previously identified. One osteopath completing the evaluation reflected that their CPD activities were generally inspired by difficulties they had encountered in clinical practice, and commented that this was a 'reactive' approach; they added that they would aim to be more proactive, planning CPD (particularly around communication skills) in order to prevent issues from arising rather than having to experience an issue before learning from it.

Our current review of the *Osteopathic Practice Standards* (see *the osteopath*, December 2016/January 2017, page 11) aims to make the standards easier to follow and more clearly relevant to osteopaths. We will consult on revised practice standards in the autumn.

Covering all areas of practice

Everyone completing the CPD evaluation was invited to estimate the number of CPD hours they spent on each of the *Osteopathic Practice Standards*' themes in the previous year.

Unsurprisingly, 'Knowledge, skills and performance' was the most common theme in osteopaths' CPD, with 20 per cent undertaking at least 30 hours' CPD under this theme alone. Each of the other three themes accounted for one to five hours' CPD over the course of the year for about half of osteopaths.

Devoting that amount of time to those themes will be quite acceptable under the new CPD scheme; however, almost one in five osteopaths reported spending no CPD hours at all on 'Communication and patient partnership', and a similar number said they did no CPD in 'Professionalism'.

Many concerns raised are about issues within these two themes. Ineffective communication and a failure to obtain



PAUL TEALE

A local learning community

Communities of osteopaths around the country are helping their members to prepare for the new CPD scheme.

One of them is Kent and East Sussex Osteopaths (KESO), which has more than 150 members – including a number of participants in the CPD scheme's 'Early Adopter' programme. It has been running group sessions where members can discuss what the new scheme means to them and raise any concerns about it, and it expects to be part of delivering the scheme – by providing CPD activities in communication and consent, and possibly by providing a framework in which osteopaths can conduct their Peer Discussion Reviews.

A new website, www.keso.org.uk, contains more about KESO's involvement in the new CPD scheme, plus information on membership, events and more.

KESO membership is open to all osteopaths practising in the two counties, and to final-year osteopathy students intending to look for work there. The group meets four times a year in Tunbridge Wells and Maidstone, with opportunities for CPD, networking and obtaining support.

To find out more, please email kentandeastsussexosteopaths@gmail.com or visit www.keso.org.uk

For details of other groups' activities around the new CPD scheme, see our new CPD website at: cpd.osteopathy.org.uk/cpd-connect/events

patients' valid consent are cited frequently, which is why the new CPD scheme will specifically require osteopaths to undertake CPD activities in these areas during each three-year CPD cycle.

We were pleased to discover that almost three-fifths of osteopaths completing the CPD evaluation had undertaken CPD in communication and consent over the previous year. We often hear that there are few taught courses covering these areas, but those taking part in the evaluation cited a number of courses, including those run by the Institute of Osteopathy and the British School of Osteopathy. We will continue to work to ensure that osteopaths have (and are aware of) a wide range of learning opportunities in these areas, whether with CPD providers or through self-directed learning.

About a quarter of respondents reported that they had undertaken CPD in communication and consent which did not involve a course – for example, by developing patient communications strategies, reading about relevant research (accessible via bit.ly/gosc-research, bit.ly/ncor-benefits-risks and the 'IJOM Plus' package – see page 17), and attending group meetings. You can find a wealth of resources for use in group meetings and discussions by visiting our CPD website at: bit.ly/gosc-cpd-communication-consent

In the next issue we will focus on the CPD evaluation's insights into how osteopaths obtain and act on feedback from third parties, record and reflect on their CPD activities, and discuss their CPD with their peers.

Talking to patients: how can we help?

Effective communication is essential to osteopathic care, but we realise it can sometimes be difficult – so we are carrying out two major new strands of research to identify how you and your patients can better understand one another

Patient and practitioner values

Whenever osteopathic patients are surveyed about their care, they always report very high levels of satisfaction.¹ But where aspects of patient care are assessed individually through a mechanism such as the Care and Relational Empathy (CARE) measure,² there is anecdotal evidence that patients score their osteopaths less highly in areas such as:

- really listening
- explaining things clearly
- helping the patient take control
- making a plan of action with the patient.

This may partially be explained by a difference between what is important to a particular patient and what is important to a particular osteopath – which may be implicit rather than explicit.

So we are keen to explore how we can help practitioners and patients to make their values clear – for example, by developing model questions for both to ask during a consultation, and understanding the barriers they may face to asking such questions.

Improving mutual communication will also help osteopaths to gain patients' valid consent for examination and treatment, through a dialogue as outlined by the Supreme Court in its 'Montgomery' judgment of 2015. The Court noted that healthcare practitioners must do more than just follow guidelines or take account of risks; they must also take into account 'what matters' to the patient and what their values are. For more information about the Montgomery judgment, see the GOsC's new CPD website at: bit.ly/gosc-cpd-valid-consent

Many healthcare professional regulators are interested in understanding how values relate to practice, so this will be a joint project with the General Dental Council (GDC). The GDC recently developed a leaflet to help dental patients ask the right questions in a consultation, after patients said they would appreciate being told more in advance about the cost and length of their treatment; now it wants to explore what difference the leaflet has made.

We will involve osteopaths, dentists and patients in developing a decision-making framework and a set of values-based tools for use in practice. And we will test those tools to assess their impact on patient experience, as reported through the CARE measure.

During the project, we will work closely with Professor Bill Fulford of the Collaborating Centre for Values Based Practice at Oxford University, and Professor Stephen Tyreman of the British School of Osteopathy. Focus groups of patients and practitioners are in development, and are due to take place this summer.

Miscommunication and boundaries

In any clinical setting, there is the potential for miscommunication between practitioners and patients. And the potential is greater for manual therapies such as osteopathy, in which touch is an integral part of examination, diagnosis and treatment.

Different people can interpret messages in different ways during a consultation; at times, this may lead a patient to perceive that their practitioner has crossed a professional boundary.

At the GOsC, we want to know what we can do – in the form of guidance, resources and other support – to help prevent misunderstandings with patients. And we want to explore how others, within both osteopathy and the wider healthcare



JAN CHEBLIK

'Better mutual communication will also help osteopaths to gain patients' valid consent'

environment, can enhance patient-practitioner communications and understanding to support patient safety and care.

So we are now commissioning research to improve our understanding of communication in the context of touch – starting with a review of the relevant literature to find out what research has already been carried out in this complex area.

This work is being undertaken with the General Chiropractic Council. Look out for updates in *the osteopath* later this year.

¹ Leach J *et al.* Patients' Expectations of Private Osteopathic Care in the UK: A National Survey of Patients. *BMC Complementary and Alternative Medicine* 2013;13:122. Available at: bit.ly/bmc-cam-leach13

² For details of the CARE measure and its application in osteopathy, see our CPD website at: bit.ly/gosc-cpd/objective-activity

OSTEOPATHIC DEVELOPMENT GROUP



ISTOCK.COM / AJ WATT

Developing mentoring for associates

The first years in practice can be challenging for any osteopath. Now you can be part of a pilot scheme to support and mentor recent graduates

As osteopaths progress through their careers, they can forget the challenges they faced when they made the transition from the student clinic into practice.

We know those early years can be very difficult, as osteopaths encounter new clinical and patient communication challenges while at the same time honing their business skills.¹ So the Osteopathic Development Group (ODG) has been exploring the best way to provide recent graduates with mentoring support.

A survey by the ODG in 2015 found that many experienced osteopaths were willing to share their knowledge and skills through some form of mentoring programme, while recent graduates thought that such a programme would be valuable.

While the ODG has identified a number of different types of mentoring that could

work well, it has decided in the first instance to support mentoring within the principal/associate relationship. We know from discussion within the profession that, while this relationship is common in osteopathic practice, there are many different approaches to it – and no clear understanding of what a good principal/associate relationship should look like.

Trial the toolkit

The ODG's Mentoring project team has produced a toolkit to support principal/associate mentoring, and is seeking volunteers to pilot it later this year.

If you are planning to hire a new or recent graduate in 2017, or if you have a new job lined up as an associate, the project team wants to hear from you.

It is looking for a small group – ideally no more than 20 principals – who would

like to learn and practise new skills as mentors for their associates. The ODG will:

- provide them with the mentoring toolkit, which can be used to support the mentoring relationship
- run a workshop to train them in using the toolkit, and enable them to interact with others in the pilot
- offer advice and support throughout the pilot if any challenges arise.

i If you are interested in taking part in the pilot, or you would like more information, please email Tim Walker (twalker@osteopathy.org.uk) as soon as possible. The current intention is to hold the training workshop in London on Saturday 1 July.

¹ See *New Graduates' Preparedness to Practise*, a report of a study commissioned by the GOsC in 2012, at: bit.ly/gosc-new-grad-2012

Last call for leadership learning

There is still just time for you to apply for a place on the 2017 Osteopathic Leadership Programme – a unique collaboration between the ODG and the Open University.

Twenty places are available for osteopaths who want to develop their leadership skills in order to apply them within the profession, whether through a local group or an education institution, in research or in practice.

You can find more information about the programme, and the application form, at: osteodevelopment.org.uk/theme/leadership

The cost of the programme is £295 (for the e-learning element provided by the Open University), but you will be entitled to a £150 bursary from the GOsC if you complete the programme.

The closing date for applications is **Sunday 30 April**.

The Osteopathic Development Group is a national initiative bringing the profession together for the long-term development of osteopathy through eight strategic projects.

Formed in 2012, it is a partnership between the GOsC, the Institute of Osteopathy, the National Council for Osteopathic Research, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance.

Find out more about the Group at: osteodevelopment.org.uk

Meet the GOsC's new Council members

Decisions about the GOsC's strategic development and major policy issues are made by our Council. What difference do the latest appointees to Council want to make?

With responsibility for ensuring that the GOsC fulfils its statutory objectives, Council sets our strategic direction and oversees how that strategy is implemented.

Council comprises five lay members and five osteopath members, all appointed by the Privy Council following an open recruitment process. On 1 April, two new members of Council – both osteopaths – began their four-year terms of office.

Elizabeth Elander

Graduating in 1995 from the College of Osteopaths, Elizabeth quickly established an osteopathic practice within GP surgeries in Northamptonshire and Staffordshire. She was a lead member of the College of Osteopaths' team who launched the osteopathy degree in Staffordshire in 2005, and worked as the College's Head of Programme Operations for over 10 years with a special interest in good governance.

Council meetings

Osteopaths are welcome to attend Council meetings, which take place at Osteopathy House in central London – but places are limited, so please call Marcia Scott on 020 7357 6655 x246 or email mScott@osteopathy.org.uk

Future meetings in 2017, all starting at 10am, will be held on:

- Tuesday 2 May
- Tuesday 18 July
- Wednesday 1 November

Minutes of meetings, and the agenda for the next meeting, are published at: tinyurl.com/gosc-meetings



A qualified teacher, Elizabeth is employed as a senior clinician at the Stoke-on-Trent Osteopathic Teaching Clinic while continuing to run her own practice.

Before embarking on her career in osteopathy, Elizabeth was a public health specialist, responsible for commissioning health promotion interventions for the population of Bedfordshire. She was also an assessor for the National Healthy Schools Standard.

Elizabeth has also been a GOsC registration assessor, an education visitor for the Quality Assurance Agency for Higher Education (QAA), and an approved mentor/supervisor for osteopaths subject to conditions of practice orders.

"I see being a GOsC Council member as the most exciting, challenging and apt way for me to channel back into the osteopathic profession all the expertise I have built up over the last 30 years," she said after her appointment.

"Council exists to make sure that the GOsC is doing what it was set up to do. It holds the Chief Executive to account, it provides direction and leadership, and it brings independent analysis to the matter in hand.

"Last September, a report by the Committee on Standards in Public Life (CSPL) – which you can read at: bit.ly/cspl-balance-0916 – noted: 'Regulation contributes to a thriving, safe and fair society ... [Regulators] need to maintain their integrity through independence – both from government and those they regulate – avoiding undue influence and ensuring the decisions they make are fair, well-reasoned and evidence-based.'

"So I will not be making representations on behalf of osteopaths, but rather making independent assessments and contributions based on my experience of being an osteopath – and also an NHS manager, a teacher and a patient.

"What I aim to achieve is to question every aspect of the GOsC's approach, to assure myself and others that it is adhering to the CSPL's 'seven principles of public life' (see bit.ly/cspl-principles) and key GOsC principles such as proportionality, fairness and inclusivity.

"I want to look for new opportunities for the GOsC to fulfil its objectives, and promote dynamic stakeholder engagement in GOsC plans and decisions.

"The GOsC is one of the UK's smallest healthcare profession regulators; we can also be one of the most robust, forward-thinking and respected. Indeed, this may be the most potent way to defend the distinctiveness of the osteopathic profession against periodic pressure to merge with others for more generic regulation. Coming from one of the UK's smallest and most resilient osteopathic colleges, I understand this imperative well."

Simeon London

Simeon qualified from the British School of Osteopathy (BSO) in 1995 and practises in Renfrewshire, Scotland.

He has held a number of management posts within the BSO, including Head of Clinical Practice and Head of Clinical Education, and is currently its Dean of Academic Development. In this capacity he is responsible for leading and developing the school's academic provision to ensure high-quality training, teaching and assessment across the faculty, and enhancing quality across the school's academic portfolio.

Like Elizabeth, Simeon has recently been a registration assessor for the GOsC and an education visitor for the QAA.

"I am passionate about ensuring quality and standards in practice and education," he says. "I have witnessed the value of this in an educational setting and the impact it can have on an organisation's performance, the experience of its students and consequently the care of patients.

"Council and the profession are strengthened by diversity. Given my experience I believe I will be able to reflect a broad range of the profession: those about to enter the workplace with



aspirations and dreams of contemporary osteopathic practice, those working to inspire students with a critically informed approach to osteopathy, and those treating patients and providing care to an ever more educated and expectant public.

"Healthcare practice is evolving towards a more values-based approach to patient care: practitioners sharing decision-making with patients, guided and informed by

values. Regulation will need to be adaptive to such change so that practitioners can support patients in making effective decisions about their care.

"I look forward to being able to help shape the future of regulation and to ensure that diversity within the profession continues to be represented."

Announcing the appointments in March, GOsC Chair Alison J White said: "I am delighted to welcome Elizabeth and Simeon to the Council of the GOsC. Their wealth of experience in education, research and clinical practice will make an excellent contribution to the Council's work and I am very much looking forward to working with them."

Besides Alison, Council's lay members are Sarah Botterill, Dr Bill Gunnyeon, Dr Joan Martin and Dr Denis Shaughnessy.

Elizabeth and Simeon have replaced osteopath members Jorge Esteves and Kenneth McLean. Their fellow osteopaths on Council are John Chaffey, Haidar Ramadan and Deborah Smith.

i Biographies of all current Council members are available on our public website at: bit.ly/gosc-council

April appointments to GOsC committees

We have also recently appointed 14 new members to some of our committees, following open recruitment processes which were scrutinised by the Professional Standards Authority for Health and Social Care. All the appointments took effect on Saturday 1 April 2017, and are for four-year terms.

When we receive a formal complaint about an osteopath, the **Investigating Committee** carries out the initial investigation. We have made the following appointments to the committee:

- Sue Gallone (lay)
- Catherine Hamilton-Plant (osteopath)
- Linda Hawkins (lay)
- Debbie Watt (osteopath)
- Tamsyn Webb (osteopath)

If a case concerning unacceptable conduct, incompetence or criminal convictions proceeds to a hearing, it is heard by the **Professional Conduct Committee**. The **Health Committee** hears cases where osteopaths are alleged to be in poor mental or physical health.

Both committees are chaired by lay members. Philip Geering is the new Chair of the Health Committee; he replaces Richard Davies, who has been appointed Chair of the Professional Conduct Committee. Additionally, the following new members have joined the Professional Conduct and Health Committees:

- Tom Bedford (osteopath)
- Alastair Cannon (lay)
- Colin Childs (lay)
- Kenneth McLean (osteopath)
- Lakshmi Ramakrishnan (lay)

The **Policy Advisory Committee**, created in 2016, has replaced other committees to be a single body providing the GOsC Council with input to policy discussions across all the GOsC's activities – including undergraduate education and registration, practice standards, CPD and fitness to practise policy. It also undertakes the formal work of the Education Committee as laid down in the *Osteopaths Act*, primarily around the recognition of qualifications.

Five Council members (three lay and two osteopath) serve on the Policy Advisory Committee, alongside three external lay members and two external osteopath members. The following external members began their terms of office on 1 April:

- Dr Marvelle Brown (lay)
- Bob Davies (osteopath)
- Professor Raymond Playford (lay)
- Nick Woodhead (Osteopath)

You can find full membership lists for all the committees on our public website at: bit.ly/gosc-committees

New osteopathy courses move towards recognition

First intake of full-time and part-time students will arrive this September

A new Master's degree in Osteopathic Medicine at a Devon university is set to become a 'Recognised Qualification' – meaning that its holders will be able to register with the GOsC as osteopaths.

The University of St Mark and St John in Plymouth is planning to deliver full-time and part-time courses (over four and six years respectively) leading to the qualification, with the first cohort of students due to be admitted from September 2017. The courses will be delivered within the university's Faculty of Sport and Health Sciences.

Following a review by a team of education visitors working for the GOsC and the Quality Assurance Agency for Higher Education, our Policy Advisory



Committee (which undertakes the role of the GOsC's statutory Education Committee) recommended in March that the GOsC Council should award initial Recognised Qualification status until January 2021, subject to certain conditions being met.

Council will make a decision at its next meeting in May. If recognition is granted, and approved by the Privy Council, the next review visit to the university is scheduled for late 2019 – when the first cohort of full-time students will be entering their third year and commencing in clinic.

In their review, the education visitors considered that the university's strengths include its support and recognition for research and scholarly activity – and the intention to contribute to osteopathic research – along with opportunities for students to access a range of specialist resources and facilities, especially in the areas of sports and rehabilitative therapy. The *Times Higher Education* student experience survey 2016 rated the university highly for its sports facilities, and the osteopathy clinic will be based in a sports centre which also houses biomechanics and physiology laboratories.

Staff from the university have been attending meetings of the Council of Osteopathic Educational Institutions, which represents all institutions offering Recognised Qualifications, since last year.



BRITISH SCHOOL OF OSTEOPATHY (PHOTOGRAPHER: BOX WHEEL PRODUCTIONS)

BSO celebrates centenary

The British School of Osteopathy (BSO) is 100 years old this year, and is marking the occasion with a series of special events.

A drinks reception in March was hosted at St James's Palace by the school's patron, HRH The Princess Royal. Guests included current and former staff and students, key supporters, and representatives from osteopathic organisations worldwide.

"We are very proud of the role the BSO has played in the development and recognition of osteopathy over the past 100 years," commented the BSO's Principal, Charles Hunt.

"The school has recently become the only osteopathic institution in Europe granted the ability to award its own degrees, and has also been designated for funding by government, recognising us as

a quality provider. This new status will take us with confidence into the next 100 years, and I thank everyone who has played a part in our journey."

The BSO will issue its own degrees to its graduates for the first time this year.

i Find details of other BSO centenary events, including a conference in December, at: bit.ly/bsc-centenary-year

Complaints: are some osteopaths at higher risk?

In recent years, a unique collaboration between the GOsC, the Institute of Osteopathy (iO) and the professional indemnity insurance companies has enabled us to explore the most common areas of concern raised by patients after seeing an osteopath.

We have made use of the data obtained through this collaboration (available at: bit.ly/gosc-concerns-2014) to develop our new CPD scheme and in preparing practical advice for osteopaths, published in this magazine and on the **o** zone.

While such an approach is unique to osteopathy, we know that other regulators have also been reviewing a wide range of data in an effort to understand trends in complaints, and to identify whether there are any common factors between practitioners who are subject to complaints.

Common factors

Last year, the GOsC commissioned an independent researcher to review past complaints and the characteristics of the osteopaths involved. The study looked at 131 complaints made to the GOsC and investigated in the five years from 2011 to 2016, and in particular at the 32 complaints (within the 131) that ultimately resulted in a sanction against the osteopath. The figures excluded the large numbers of concerns raised in 2015-16 about osteopaths' advertising.

The research produced some interesting findings, although an important caveat must be made about the data because of the very small numbers of osteopaths who are subject to complaints or receive sanctions. No tests of statistical significance have been applied to any of the findings.

So what did we learn? First of all, there does appear to be an over-representation of male osteopaths in the numbers complained about, and among those who are subject to a sanction. While the Register contains almost equal numbers of male and female osteopaths,



A fitness to practise hearing in progress

We're investigating whether lessons can be learned from past fitness to practise cases to help osteopaths reduce the risk of being subject to a complaint

71 per cent of complaints and 81 per cent of sanctions related to men.

Secondly, while complaints were made about osteopaths in all age ranges, more than 40 per cent related to osteopaths aged between 40 and 50. The median age of osteopaths being complained about was 46 years.

Thirdly, an osteopath's age at the point of graduation appeared to be a factor in whether they were subject to a complaint prompting an investigation. More than 60 per cent of those investigated were aged over 30 when they graduated, which would normally suggest that they had embarked on osteopathy as a second career.

The research also looked at the geographical location of osteopaths' practices, their place of education and their nationality, but none of these seemed to be a factor linked to complaints.

Further exploration

While stressing again that there was only a very small quantity of data to examine, and it cannot be used as a predictor of

any individual osteopath's behaviour, the research raised questions that may be worthy of further exploration:

- Can we learn any more about why more male than female osteopaths are subject to complaints, and what those complaints are about?
- What can be done to support mid-career osteopaths and help them to reduce the risk of complaints?
- Can more be done at the formative stage of mature students' osteopathic careers to help them adapt to working in a regulated profession?

Another area that could be the subject of future research is the context in which osteopaths work – for example, is an osteopath more or less likely to be subject to a complaint if they are in sole practice?

The data report and the recommendations will be considered by the GOsC's Policy Advisory Committee (see page 9) as part of its ongoing policy development work, and is available on our public website at: bit.ly/gosc-research

Could your patient data be held to ransom?

Cyber-criminals are increasingly using 'ransomware' to hold electronic data hostage. From backing up your data regularly to minding what you plug in to your computer, make sure you are doing everything you can to protect yourself

Ransomware is a type of malicious software which typically encrypts data on your computer (and sometimes on any network it is connected to), rendering the data inaccessible unless you have the correct electronic key. The criminals who introduced the software to your computer will then demand a payment – typically of a few hundred pounds to be paid in the digital currency Bitcoin, according to the Information Commissioner's Office (ICO) – in exchange for the key.

It is a growing problem: over a six-month period last year, computer security firm Malwarebytes found that ransomware accounted for two-thirds of all malicious software delivered worldwide – up from 16 per cent in January 2016. And a survey of larger UK businesses by the same company found that 54 per cent had been attacked over the previous year, with more than half of those deciding to pay the ransom.

As well as leaving you out of pocket to cyber-criminals, a ransomware attack can land you in trouble with the ICO, the public body responsible for ensuring compliance with the *Data Protection Act 1988*. If it considers that you did not take appropriate measures to secure any personal data that you hold, you will be deemed to have breached the Act.

How do attacks happen?

The most common way of delivering ransomware is via email. Many criminals now use 'spear phishing' – a tailored message to a specific individual, which looks authentic and makes a seemingly reasonable request to open an attachment or click on a link. For advice on recognising and acting on potential spear phishing emails, see the December 2016/January 2017 edition of *the osteopath*, page 13.

But there are other delivery methods, including removable media (such as DVDs and memory sticks) and mobile devices: the Government's new National Cyber Security Centre (NCSC) points out that an infected smartphone connected to a PC by a USB port, even if the connection is made only to charge the phone, can transfer ransomware to your system.

Protecting yourself

Preventing ransomware attacks will keep your patients' personal information secure as well as avoiding financial and reputational damage to you.

Ransomware takes advantage of vulnerabilities in a computer's operating system or other installed software. So you can reduce the risk of attack by ensuring that all your devices have up-to-date operating systems, software and security patches. All software and updates should be obtained from reputable sources, and unnecessary software should be removed or disabled so that ransomware has fewer possible points of entry.

There are many antivirus and malicious code detection tools that can scan material going into and out of your computer. The NCSC suggests using a number of different products, to increase the chances of detection.

Most computers have an 'autorun' or 'autoplay' function for when removable media or mobile devices are connected. This function will automatically execute any malicious code on those media or devices; try doing an internet search to find out whether and how it can be turned off on your computer's operating system.

If you are part of a larger practice with an IT network, the

Fine for taking client records to a new job

A recent court case has illustrated the cost of breaching data protection law.

Recruitment consultant Rebecca Gray had sent the contact details of more than 100 of her employer's clients to her personal email address, then used the information to contact them in her new post at a rival firm.

Unlawfully obtaining or accessing personal data is a criminal offence under section 55 of the *Data Protection Act*. After pleading guilty in January, Gray was fined £200 and ordered to pay £214 prosecution costs and a £30 victim surcharge.

"Taking clients' personal information when you change jobs for your own benefit or benefit of the company is against the law," said Steve Eckersley, ICO Head of Enforcement. "Most people know it's wrong, but they don't seem to realise they could end up in court."



ICO advises that you should try to arrange for the network to be segmented; this will limit the amount of damage if you do fall victim to an attack. It also recommends removing unnecessary user accounts on your computer and/or network, and using an account with few user privileges for your daily activities – ‘being logged in as an administrator just to check your email or browse the web can put you at unnecessary risk’.

Keep up with back-ups

If you do experience a ransomware attack, you can recover from it if you have backed up a working copy of all the encrypted data – although the ICO might still want to investigate whether you were in breach of the *Data Protection Act* by failing to prevent the attack.

Backing up is essential, but your back-ups must themselves be protected against being encrypted. Keep your back-up device separate from your computer(s) when you do not need to have it connected, and do not rely solely on online back-ups. Remember to test your back-ups regularly, so you can be sure that they have captured all the data they should.

If ransomware encrypts any files that you have not backed up, seek professional advice in case they can be recovered without paying the ransom – there may be a flaw in the ransomware, especially if it is an older variant, but don't rely on this.

You should also seek professional advice – whether or not your files were backed up – on removing the ransomware, and on scanning and testing your computer and/or network afterwards to check whether the criminals still have access to it.

The National Crime Agency encourages anyone who thinks they may have been subject to online fraud to report it via www.actionfraud.police.uk

 The NCSC produces a guide (bit.ly/ncsc-protect-ransomware) to protecting your practice's IT against ransomware, and the Government's Cyber Essentials scheme (www.cyberaware.gov.uk/cyberessentials) makes it easy to get good, basic protection in place. A practical guide to IT security, tailored for small businesses, is available from the ICO at: bit.ly/ico-organisations-it-security

Frequently asked questions: first-time registration

Answers to queries raised by final-year students

Q How far in advance can I submit my registration application form?

A You can submit it as soon as you like, with your fee, and then send the other required documents (such as your health reference and character reference) later. This will save time if you want to start work quickly after you have graduated; no funds will be collected from you until your registration is live.

Please fill in all the boxes on the form. Do not leave any sections blank.

Q Can I send my form to you electronically?

A No. We need to see the original application form, which you should send us by post.

Q How do I apply for an enhanced check for regulated activity?

A You must apply for the check (formerly known as a Criminal Records Bureau check) through an ‘umbrella body’. One umbrella body is GBGroup plc, which processes these checks on our behalf.

If you want us to put you in touch with GBGroup plc, you must give us your written permission to share your contact details with them. You can do so by emailing registration@osteopathy.org.uk

‘Some police forces are experiencing a backlog in processing enhanced checks’

Some UK police forces are experiencing a backlog in processing enhanced checks for regulated activity, so you may want to apply for yours as soon as possible. But note that the check will be dated, and you will need to apply for a new one if your registration is not completed within six months of that date.

Q How long does it take to be registered?

A When all of your completed paperwork has been received and any outstanding questions have been answered, your name should be signed onto the Register within five working days.

When the Registrar has confirmed in writing that you are registered, you will need to contact your intended professional indemnity insurance provider and ensure that your policy is activated. You cannot start practising until you have a live insurance policy.

Q Can my GP charge for signing my health reference?

A Yes, but ask your GP practice whether they will waive the charge as you are going to become a healthcare practitioner.

Q How can I get a health reference if I am not registered with a GP, or have been registered with one for a short time?

A We advise all osteopathy students to be registered with a GP. To be able to sign your health reference, your GP must either have known you for at least four years or be able to look back over your medical records covering the past four years.

Observing surgery

'Shadowing' another healthcare professional – watching them practise and discussing their work with them – can help you to develop or refresh your knowledge and gain new perspectives. Osteopath **Marcus Davis** describes what he learnt from a day with a wrist surgeon



RAMON TAHMASSEBI

Osteopathy can be a rather solitary profession, with limited opportunities to meet other health professionals. All of us have patients who we can no longer help, so we end up referring them for further investigations. Unfortunately, at times I have found that I don't actually know how these patients get on. Most of my understanding of surgery goes back to undergraduate teaching in orthopaedics, and that is now over 17 years ago!

This was definitely something that I wanted to update my knowledge in, so I booked a place at an orthopedics conference in London. There I watched an excellent demonstration by elbow and wrist surgeon Mr Ramon Tahmassebi; it covered the latest examination techniques for the wrist, and some reclassification of common pathologies and injuries. I realised that things have changed significantly in this complicated area, and I needed to find out more.

Mr Tahmassebi seemed approachable, and I had really enjoyed his talk, so after the conference I decided to contact him. He quickly replied that he would be delighted, and we agreed on a day when I could come and see him at work.

So on a drizzly Monday morning, having got up much earlier than I would ever normally dream of, I made my way to the Princess Grace Hospital in Marylebone. You could be excused for thinking that you had arrived at a boutique hotel, with masses of flowers and acres of marble. Great coffee and biscuits helped to make up for that missed breakfast.

I was greeted by a friendly receptionist and taken downstairs into the basement, where the operating theatres are located. The first thing the surgeon did was to check with reception that all the patients had arrived, and then to have a chat with the surgical team about each case. After this, ward rounds to meet every patient, discuss the pro and cons of the procedures to be performed, and get the consent forms signed. Once I was in the operating theatre, I realised how efficient the team was, with everybody communicating clearly about what was going to happen.

Removal of a ganglion

The first patient had a painful ganglion on the dorsum of the wrist, which was aggravated when he used a keyboard. He was to be conscious, and received a nerve block from the anaesthetist.

The patient remained very relaxed throughout the procedure, and it was quite surreal to be having a full-blown conversation with him as his hand was operated on. It should be noted that the operation itself was not in view, as a screen separated the surgeon from the patient.

A pneumatic tourniquet was used to squeeze blood out of the arm, making surgery virtually bloodless. A small incision was made with a scalpel, and then the layers of skin, fascia and retinaculum were parted to expose the pearlescent extensor tendons. It's a long time since I last saw these in dissection, and it still amazes me just how thin they are. Once they were parted, articulation of the wrist identified

a bulging of the synovium and capsule known as a ganglion. The capsule could be pinched up as excess tissue, which was soon cut out and re-stitched with surprising precision.

As an undergraduate, I always believed there was no obvious cause of ganglions, but Mr Tahmassebi thinks it is highly probable that they are caused by previous traumas. So many of our patients forget about those little bumps, sprains and falls, and it's worth remembering that we rarely get away without some tissue changes.

The operation was really quick and took only about 30 minutes to perform.

Removal of an osteophyte

The next patient had been complaining of pain on the medial aspect of the dorsum of the hand from a trauma a few years earlier. He experienced a sharp pain at times when dorsi-flexing or adducting the wrist, and this was seriously upsetting his golf. Previous imaging had identified an osteophyte on the distal edge of the lunate as it articulates with the hamate, and this was causing some irritation of the extensors tendons. I have seen osteophytes on X-rays and in textbooks.

After Mr Tahmassebi had made a small excision with a scalpel on the dorsum of the wrist, he parted layers of skin, fascia and the extensor retinaculum to expose the extensor tendons, and then

peeled back the joint capsule to expose a roughened osteophyte.

Not that I was disappointed, but I suppose at this point I expected to see a hammer and chisel or perhaps a saw to remove the osteophyte. But in fact the chisel was quite enough: a small push of the blade removed it cleanly and easily. I had always perceived osteophytes as hard, but it turns out that they are considerably softer than cancellous bone and can easily be removed.

Mr Tahmassebi then proceeded to remove (debride) new tissue that had grown as a result of the mechanical friction, picking it away using a very small pair of nose pliers. I must admit I quite fancied having a go myself, but that wasn't going to happen. The next stage was to stitch it all back together again, respecting all the layers of fascia and retinaculum. So I discovered that Ramon's needlework skills are just as good as his carpentry.

Arthroscopic intra-articular debridement

Another patient had complained of some pain and stiffness in the carpals, with little to see on previous imaging, so an arthroscopy was required for further clarification.

First the patient's arm was suspended vertically on a metal frame, and the fingers inserted into a mesh glove that self-tightened around each finger. Then portals

“It's a long time since I last saw the extensor tendons in dissection, and it still amazes me just how thin they are”

(holes) were made with a scalpel at various points on distal and proximal carpal rows for access. Saline was pumped into some of the portals and this took the joints apart, making it easier to move around and see within each joint cavity.

What was quite interesting was that, while most of the time saline would come out of the other portals, it was apparent that the synovial membrane was leaky in some places and that the fluid accumulated at the joint margins.

The arthroscopic image on the monitor gave a very clear image around the carpal joints and was fascinating – it was more akin to deep sea diving and swimming around underground caves. The joint linings are normally smooth, but periodically we would come across large projections of the synovium rather like seaweed swaying in a current.

It was apparent on some of these projections that the tissue had grown its own blood supply, and you could actually see inflammation in these tissues. Using the arthroscope and a small rotatory shaver, Mr Tahmassebi easily removed these, hopefully having identified the possible causes of this patient's pain.

It's my belief that we need to build and develop relationships with our local surgeons. This is not just good for our patients: it also gives surgeons a chance to find out what we do. I guess my closing gambit to my osteopathic colleagues is not to be shy about contacting your local surgeon – they won't bite. Write to them and ask them if you can go and observe. I thoroughly enjoyed my day observing, and perhaps you will too!

I would like to take this opportunity to personally thank Mr Ramon Tahmassebi of the London Sports Orthopaedics Group for letting me view his clinic at the Princess Grace Hospital. Mr Tahmassebi can be contacted via his secretary, Vivienne Juan, at tahmassebi.admin@sportsortho.co.uk or on 020 7496 3566.

RAMON TAHMASSEBI

Arthroscopy: new tissue growth, probably as a result of past trauma



Helping patients to manage their pain

The National Council for Osteopathic Research (NCOR) conference in January explored how osteopaths can improve their management of patients with long-term pain. NCOR Senior Researcher **Carol Fawkes** outlines some possible approaches

It was a pleasure to welcome more than 80 osteopaths to Queen Mary University London on Saturday 28 January for our conference on persistent pain. Chronic pain management is increasingly recognised as a significant clinical issue;¹ by providing self-management strategies, informed by evidence, osteopaths are well-placed to help patients help themselves.

Discussion groups were a major part of the conference, with delegates encouraged to reflect on how they communicate with their patients – and how they might communicate without giving advice. A range of strategies and techniques were discussed and tried, including the following.

1 Help patients to realise their own problems

Actively listening to and establishing a rapport with patients is important; empathy is more productive than sympathy. By taking an open and non-judgemental approach to accepting patients' views, you will help to build a trusting, honest and supportive relationship.

Key messages from the conference

- Try not to automatically give advice to patients about the self-management of their chronic pain.
- If patients identify their own self-management problems and work out their own solutions to those problems, they are much more likely to achieve better self-management of their pain.

2 Help patients to find their own solutions

When a patient is talking, try to get them to reflect about themselves and their behaviour; this can help them to identify issues that may need to be addressed in self-managing their pain. Useful questions to ask include:

- "How did you feel about that?"
- "How did you think that went?"
- "What could you do differently?"
- "Is there another way of thinking about ...?"

3 Identify potential barriers to change

The many unhelpful beliefs associated with chronic pain include catastrophising, using 'shoulds' and 'musts', and comparing oneself negatively to others.² These beliefs need to be addressed and challenged sensitively, which you can do by:

- clarifying the belief
- summarising the belief and repeating it back to the patient
- asking what advice they would give to someone who said the same thing to them
- asking them to explain their belief further
- asking whether they think their belief is helpful or unhelpful to them
- asking them how they can change their behaviour or belief.

Remember that unhelpful thinking, beliefs and self-management behaviour may be obvious to you but not to your patient.

4 Support patients to achieve their self-management targets

When trying to help patients change their unhelpful behaviour, a useful starting point can be simply asking them what sort of advice they have received in the past and whether any of it was actually helpful.

A major challenge for clinicians whose patients have chronic pain is to avoid giving further advice but instead focus on getting the patient to formulate their own strategies. This is the rationale behind 'SMART' thinking:

- Simple
- Measurable
- Achievable
- Relevant
- Time-related.³

The SMART approach may help to overcome the patient's potential barriers to change or



Interaction between attendees was a major part of the NCOR conference

AUSTIN PLUNKETT / NCOR

self-management: they can make plans by focusing on one thing that is important to them, and then exploring realistic strategies to make that happen within a timeframe that is manageable for them. Here's an example of a very simple SMART approach:

'Unsmart' goal: I need to lose weight

SMART goal: I can limit myself to one biscuit per day for two weeks and see whether I lose weight.

Slides and videos

Besides the discussion groups, the conference featured presentations including:

- an overview of what we know about persistent pain (Professor Dawn Carnes, Director of NCOR)
- a thorough tour of research into the neurophysiology of pain and why perception of pain is so complicated (Professor Paul Vaucher)
- a detailed explanation of behaviour change models (Dr Liz Steed).

You can download the presentation slides from www.ncor.org.uk/conference

Videos taken on the day, comprising two hours of CPD-relevant material, will soon be made available for a small fee (or free to those who attended the conference).

¹ Anderson T, 2016. Doctors lobby for better chronic pain management. *The Lancet*, 388(10062):2856-2858. Available at: bit.ly/better-pain-management

² Unhelpful Thinking Habits, or Cognitive Distortions. GetSelfHelp website: www.get.gg/unhelpful.htm (accessed 3 March 2017).

³ Yemm G (2012). *Essential Guide to Leading Your Team: How to Set Goals, Measure Performance and Reward Talent*. Pearson Education.

NCOR can only produce events like this conference, and the associated slides and videos, through donations from osteopaths and patients. We are a small charity staffed by osteopaths who work part-time for NCOR.

Most of our funding comes from the GOsC, the Institute of Osteopathy and the UK's osteopathic educational institutions. This enables us to conduct our day-to-day work of disseminating and conducting research relevant to osteopathy, but other projects are only made possible by osteopaths like you.

If you'd like to make a contribution towards our work, no matter how small, we will always accept donations at: www.ncor.org.uk/donate

Multimodal care of low back pain

NCOR Researcher **Austin Plunkett** recommends some recent research papers, available free of charge to all osteopaths as part of the 'IJOM Plus' package



How dependent is health on ideal posture?

Recently published guidance from the National Institute for Health and Care Excellence (NICE) says that 'multimodal' care is most appropriate for persistent low back pain (see *the osteopath*, February/March 2017, page 14). But what does 'multimodal' mean, why is multimodal care recommended, and how can osteopaths make practical use of this recommendation? Some recent research papers have explored these areas.

The biomechanical model in manual therapy: Is there an ongoing crisis or just the need to revise the underlying concept and application?

Lunghi C, Tozzi P and Fusco G. *Journal of Bodywork and Movement Therapies*, October 2016; 20(4):784-799. Available at: bit.ly/biomechanical-model

This paper starts by examining the history behind classic biomechanical models of posture and health, and outlining past debates between Leon Chaitow, Gary Fryer, Eyal Lederman and others. It discusses 'ideal posture' and notes how elusive this can be in

clinical practice, raising suggestions that a 'well compensated body' may be functioning well even in the presence of asymmetry and postural adaptations.

The authors propose an alternative model wherein posture is considered as 'the temporary result of the individual's current ability to adapt to the existing allostatic load', achieved through complex orchestration of neurological, myofascial and skeletal components. Treatment might aim to restore optimal posture, and the authors explain their recommended multimodal approach.

A process approach in osteopathy: beyond the structural model

Lederman E. *International Journal of Osteopathic Medicine*, March 2017; 23:22-35. Available at: bit.ly/lederman-processes

In this article, Eyal Lederman describes the relationship between musculoskeletal pain and recovery through three interrelated processes: repair, adaptation, and the alleviation of symptoms.

Continued overleaf

Multimodal care of low back pain

Continued from page 17

Lederman refers to 'multidimensional' recovery processes, which he proposes should utilise active and passive movement and loading; this should be progressively more challenging, supported by goal-setting and calm reassurance, and driven by patient choice. NCOR's recent conference explored in depth how osteopaths might allow patients to creatively lead their own recovery through tools such as SMART goal setting, an open interviewing style, and cognitive behavioural techniques – see page 16.

The structural model makes mobilisation and manipulation of a passive, plinth-bound patient appealing. But with the ongoing shift in evidence away from this model, osteopaths may be more productive by supporting their patients' active movement and hobbies. The NICE guideline explicitly describes multimodal care as 'Exercise alongside at least one of: self-management, manual therapy or psychological therapy', so it clearly identifies active movement as the critical component in care.

Additionally, the *Osteopathic Practice Standards* state (in guidance to standard D14) that osteopaths must not provide more treatments than necessary. Encouraging our patients to regain active control over their symptoms should mean that our practice shifts away from 'maintenance' and toward facilitated self-management.

It can be difficult to determine how best a patient might achieve active movement, and what sort of exercise is appropriate for them. Written with cost-effectiveness in mind, the NICE guideline recommends 'group exercise' classes, while reminding us to 'take people's specific needs, preferences and capabilities into account'. But it also states that individual exercises are useful, with recommendations including yoga, t'ai chi, Pilates, McKenzie, Feldenkrais, swimming, walking, and aerobics. This general selection of popular activities suggests that the non-specific effects of exercise may be the critical component, and that firm evidence underpinning specific exercise approaches remains elusive.

Note: To access the papers featured in this article, you will need to log in to the **o zone** at: members.osteopathy.org.uk

Healthcare regulation: to reform or not to reform?

Reform of healthcare professional regulation has been promised since 2011. Will 2017 be the year when proposals finally emerge, asks GOsC Chief Executive **Tim Walker**



ISTOCK.COM / GEORGECLERK

The idea of making some sort of change to healthcare regulation has been around for some years, and from 2011 to 2014 the Law Commissions led a major project to review the legislation covering all the healthcare professions – but work came to a halt after the 2015 General Election.

Last year the Department of Health held a series of stakeholder meetings looking at how reforms might be revived, with a view to holding a wider public consultation in 2017 prior to legislation later in the current Parliament.

While the timing of any review has yet to be confirmed, recent press reports suggest that this may happen soon. So what might the consultation and future legislation cover?

We already know that the Government wants to see more responsive regulation which requires

less legislative change, but with consistent powers and responsibilities across the regulators. We also know that it wants to develop clear criteria to help it decide which professional groups should and should not be regulated.

The other big issue likely to be debated is the overall number of regulators, and whether it is possible to reduce the costs of regulation – either through promoting greater joint working between regulators or by merging regulators.

Even if new policy proposals are published this year, the prospect of major legislative change is still some years away, particularly with the political uncertainties arising from 'Brexit'. Once the Government has published its proposals, they will be discussed by the GOsC Council, and registrants will be kept up to date through the pages of *the osteopath*.

RAMP gives a lift to animal osteopathy

A voluntary register has been established for manual therapists who work with animals. **Dustie Houchin**, Chair of the Association of Animal Osteopaths, explains how this should increase confidence in the profession among animal owners and vets

Within the animal musculoskeletal industry, there is a growing complexity and variety of training courses. Although expanding knowledge is always good, the availability of different animal therapy courses can make it difficult for members of the public to understand what level of qualification the person treating their animal has.

In the June/July 2016 issue of *the osteopath* (page 18), I described how three regulated professions – including osteopaths – were proactively working with the Department for Environment, Food and Rural Affairs (Defra) to establish professional guidelines for non-vets offering manipulative therapies for animals.

The result is the Register for Animal Musculoskeletal Practitioners (RAMP): the culmination of years of hard work by professionals dedicated to the welfare of animals and the integrity of animal musculoskeletal therapy.

Industry standard

RAMP is an online voluntary register which all animal musculoskeletal practitioners – osteopaths, chiropractors and veterinary/animal physiotherapists – can sign up to if they have reached an agreed industry standard. It has been designed to help educate the public and assist them in choosing the right treatment for their animal.

By law, osteopaths and other musculoskeletal practitioners cannot treat animals unless they are acting under the direction of a vet who has examined the animal and prescribed manipulative therapy. RAMP's standards are comparable to those set



ISTOCK / JAN-OTTO

worldwide, and are recognised by vets as those necessary for a safe referral – so we hope that the register will increase vets' willingness to refer animals to musculoskeletal practitioners, by giving them greater confidence in the standard of care that their patients will receive.

The development of RAMP has been widely welcomed, and not just by practitioners themselves. Martin Clunes, President of the British Horse Society, has said: "Not only will this benefit animal welfare and make life easier for horse owners, it will also help secure the future of the profession by raising standards and maintaining them in the long term."

All practitioners on RAMP are of equal status and are displayed equally on the register, which is divided into 21 regions covering the UK, the Channel Islands and the Isle of Man. The register (www.rampregister.org/the-register) shows each practitioner's contact details, the technique they use and the types of animals they treat.

Encouraging professionalism

The Association of Animal Osteopaths (AAO) has been urging all animal practitioners to join RAMP. Applicants to the register must meet a number of entry criteria, including the possession of a suitable education qualification, but under a 'grandfather route' those who applied by 1 April were accepted if they could demonstrate that they were AAO members and undertaking CPD activity.

As a practitioner and the programme leader for animal osteopathy at the European School of Osteopathy, I know that many animal osteopaths acquire their skill set through short courses and years of hands-on experience. The AAO is keen to encourage professional courses in animal osteopathy so that the level of education available will comply with RAMP standards.

This can only be achieved if we all agree that at the heart of every professional is a solid educational background. Through the efforts of the AAO committee and their links with the Osteopathic Alliance and RAMP, animal owners and vets will be able to see that we are professionals who care very much about our patients, osteopathy and the overall state of the industry. There is still much work to be done, but we are getting there, one step at a time – and it's great that the industry finally has an organisation fighting for professional excellence.

i To find out more about the AAO and its work, visit www.associationofanimalosteopaths.com – and see www.rampregister.org/for-practitioners/ for information about the register and how to apply.

Stand up and be counted

The Institute of Osteopathy (iO) will soon be carrying out a census of the profession. Please take part, says iO Head of Professional Development **Matthew Rogers**

In 2014 the iO launched the first-ever nationwide professional census of osteopaths: a comprehensive survey to collect a range of important data for the first time.

The insights this provided have been a major influence on our work to develop the profession. For example, 40 per cent of respondents to the census said they worked in isolation with no access to other osteopaths. In response, the iO has been working with the Osteopathic Development Group (see page 7) to instigate a culture of 'communities of practice' which will help to reduce professional isolation. A number of new clinical interest groups have been established, with more support available for them and for regional societies; see bit.ly/io-communities-practice for details.

The census also found that half of you were keen to contract with the NHS –

prompting us to establish our 'Integrated Medicine Internship' programme for practitioners who want to get more experience working in public health.

Three years on, we're about to carry out a second census. Using the 2014 data as a benchmark, the 2017 census will identify developments and trends within the profession so that we and the Osteopathic Development Group can continue delivering benefits that osteopaths want. It will also introduce questions focusing on new topics, such as prescribing and the new CPD scheme.

We need as many osteopaths as possible – whether they are iO members or not – to take part in this important project for the benefit of the profession. Watch out over the coming weeks for the launch of the census in the GOsC e-bulletin and in the iO's communication channels, including our Twitter feed at: twitter.com/instosteopathy



ISTOCK.COM / BGBLUE

Bookshelf

A selection of illustrated reference books for osteopaths

Fascia in the Osteopathic Field

Torsten Liem, Paulo Tozzi, Anthony Chila (editors)

Handspring Publishing (2016)

ISBN: 971-1-909141-27-8

500 pages



Featuring more than 50 contributors from osteopathy and other disciplines, this comprehensive textbook offers an in-depth exploration of the physiology, functions and anatomy of fascia before considering the osteopathic management of disorders relating to fascia through a wide variety of manual techniques. It also looks at fascial concepts in osteopathic history.

Words that Touch: How to Ask Questions Your Body Can Answer

Nick Pole

Singing Dragon (2017)

ISBN: 978-1-84819-336-9

352 pages

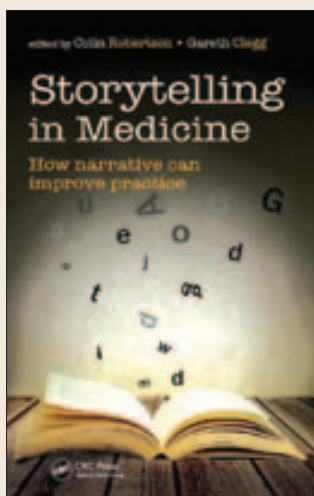


The 'Clean Language' technique emphasises a simple but effective questioning style between patient and practitioner, and can be applied to a variety of mind and body therapies. This book offers a thorough analysis of the technique, explaining how to use language to get to the heart of physical problems and engage the mind in the process of the body.



If you would like to review any of these titles (in exchange for a free copy), contact the Editor at: editor@osteopathy.org.uk

Book reviews



Storytelling in Medicine: How Narrative Can Improve Practice

Colin Robertson and Gareth Clegg

CRC Press

ISBN: 978-1-785231-37-7

Reviewed by Yassien Latef, BSc(Hons)OstMed

While this book is, noticeably, written by and for medical doctors, much of it is relevant to osteopaths. The main message – the patient is more than a collection of diagnostic data, and knowing their story is vital to their healing – should not be new to any of us, but it is heartening to see it acknowledged in the medical mainstream, and fortified with abundant references.

The first three chapters – ‘The power of narrative and story’, ‘Stories in the consultation’ and ‘The patient’s story, the doctor’s story’ – are arguably the most valuable, filled with advice on open versus closed questions, active listening, and changing the order of questions in the initial consultation.

As the titles suggest, these chapters cover not just the patient’s story but also the practitioner’s own internal narrative, and how these

interact. A section on Berne’s transactional analysis gave a significant context to the patient-practitioner relationship, immediately helping me understand some of my own struggles in communicating with patients.

The book’s scope broadens in the following chapters, covering the theme of ‘narrative medicine’ from all angles. While light on technical information, they make the book an engaging and informative read.

Two chapters by surgeon James Huntley – ‘Children and story’ and ‘The hospital’s story’ – stand out as narratives in themselves, told in prose worthy of the finest fiction. ‘Story as performance’ makes interesting links between the histories of medicine and drama, giving weight to the idea that practitioners perform an act of sorts in our interactions with patients. ‘Stories in medical education’ and ‘A student’s story’ are enough, in my mind, to make this all but required reading for every osteopathic student and tutor.

The final chapter, aptly entitled ‘The end of the story?’, deals broadly with the various stories told about life and death, and particularly how these relate to end-of-life care: a subject that is perhaps less often discussed in osteopathic clinics than in hospitals and GP surgeries, but one worthy of every human’s consideration, and dealt with sensitively and beautifully here.

My one, minor complaint regards the structure of the book. While it is littered with ‘thought exercises’ and patient stories that give life to

the subject matter, these are presented in boxes which cross over pages and sit in an uneasy order with the bulk of the text, requiring much flicking back and forth to ensure everything was read: a small but frustrating issue.

Overall, though, this is an enjoyable, informative read which I highly recommend.

Manipulation of the Spine, Thorax and Pelvis (4th edition)

Peter Gibbons and Philip Tehan

Elsevier

ISBN: 978-0-702059-21-6

Reviewed by Heather Thomas MSt

The initial impression of this textbook is positive: it’s a reasonable size and weight, and is aesthetically pleasing, employing a green-brown colour scheme which is not distracting or overpowering.

The book is divided into three sections, the first of which immediately launches into essential knowledge for all osteopathic practitioners: history and principles, kinematics and coupled motion, minimal leverage, safety, evidence-informed practice, and consent.

This section conveys vital information efficiently, with good references and relevant images. Clear summary and conclusion boxes are fantastic for quick reading.

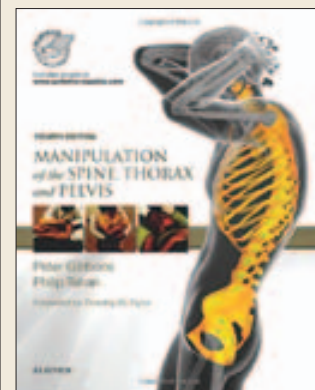
The chapter on evidence-informed practice uses recent research in covering hot topics such as high velocity low amplitude (HVLA) thrust techniques and disc lesions, HVLA during pregnancy and post-partum, and paediatric HVLA technique.

And the chapter on consent is of great use for all practitioners, discussing its importance and providing examples of tackling HVLA consent in a clinical situation.

The second, largest section of the book is devoted to HVLA thrust techniques. It’s divided by spinal area and further subdivided by spinal levels, for each of which there are clear instructions and/or bullet-points; anatomical and procedural images; details of adaptation for hand-holds, morphologies and method; and a brief summary. You can sign up to a website boasting a host of accompanying online resources, which are fantastic for supporting the information portrayed and clarifying technique methods.

The book ends with a short section entitled ‘Technique failure and analysis’. This discusses common errors and provides an opportunity for osteopaths to reflect on their practice and skills, so they can deliver the most effective HVLA technique when appropriate.

Throughout the book, the authors use images, diagrams, summary boxes and bullet lists, as well as seamlessly flowing narrative, to convey information effectively. The result is an excellent text for the practitioner who is less rehearsed or inexperienced with HVLA techniques, for those revisiting such techniques, and for students. As a recent graduate, I found it useful in helping me further develop my technique, revise HVLA background, and learn a couple of new methods.



Courses 2017

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

May

6
The dancer's body – integrity and fluidity
Speakers: Russell Maliphant and Andrew Ferguson
Venue: Osteopathy House, London SE1
www.opaca.co.uk

11-15
SCCO Pathway module 4: Balanced ligamentous tension
Speaker: Susan Turner
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

12-14
Hormones and their osteopathy: an osteosopical conceptualisation
Speaker: Dr Jean Marie Beuckels
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

13-14
Breath of Life conference
Speakers include Dr Wendy Anne McCarty and Robert Lever
Venue: Regent's University, London NW1
info@breathoflife.conference.co.uk
www.breathoflife.conference.co.uk

15
Spinal manipulation and mobilisation technique
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16-17
Healing traumatic stress
Speaker: Dr Bessel van der Kolk
Venue: Regent's University, London NW1
info@breathoflife.conference.co.uk
www.breathoflife.conference.co.uk

17-18
Advanced soft tissue techniques masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

19
Low back pain and sciatica: new NICE guidelines in focus
Speaker: Robin Lansman
Venue: London College of Osteopathic Medicine, NW1
Tel: 01582 488455
www.osteopathy.org/cpd-workshops

20-21
A process approach in physical therapies
Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

22
Neurological testing

23
Kinesiology taping for the athlete

24
Muscle energy techniques
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

27
Lumbo-pelvic assessment and techniques
Speakers: Michael Pye and Chiara Ribera
Venue: Alexander Technique Centre, London SW6
Tel: 020 7089 5333
corinnejones.mih@gmail.com
bit.ly/molinari-institute

27-28
Osteopathic refresher
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

30
Hip and groin masterclass
31
The vital glutes and psoas masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

June

1
Knee joint masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

3
Nutrition and human performance/Nutrition and recovery from musculoskeletal injury
Speaker: Prof Adam Cunliffe
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

7
Cervical spine masterclass

8
Shoulder joint masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600

john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

9
Ergonomics
Speaker: David Annett
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

9
Functional active release
Speaker: Robin Lansman
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

10
The miserable baby, part 1: Feeding and digestion
Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
mumandbabyCPD@gm.com
bit.ly/mumandbabycpd

10
Writing for publication
Speaker: Steven Vogel
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

10
Emergency first aid
Speaker: Tony Bennison
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

10-11
Head First conference
Speakers include Frank Willard
Venue: W12 Conference Centre, London W12
Tel: 01453 767607
admin@scco.ac
www.scco.ac

15-18**Acupuncture techniques for sports injuries – Level 1**

Speaker: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600

john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16**Patient management: getting your patients to buy-in to osteopathy**

Speakers: Painless Practice
Venue: Resource for London, London N7
Tel: 01582 488455

www.osteopathy.org/cpd-workshops

17**Managing the acute and chronic shoulder: a process approach**

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

17**Verbal first aid: Words and ways to empower your patients' own inner healing**

Speaker: Judith Simon Prager
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558

cpd@eso.ac.uk
www.eso.ac.uk

17**Communication and counselling skills for clinicians**

Speakers: Tsafi Lederman and Jenny Stacey
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

22-25**Pelvis, sacroiliac joint and lumbar spine masterclass**

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600

john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

23**Neuro/intracranial anatomy**

Speaker: David Parry
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

July**1****Clinical methods DCP**

Speaker: Trevor Jefferies
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

1-2**SCCO Pathway module 1: Foundation course**

Speaker: Penny Price
Venue: Crista Galli Osteopathy, London W2
Tel: 01453 767607

admin@scco.ac
www.scco.ac

1-2**Visceral osteopathy**

Speaker: Valéria Ferreira
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

7-9**SCCO Pathway module 7: Spark in the motor**

Speaker: Rowan Douglas-Mort
Venue: The Beeches, Bournville, West Midlands
Tel: 01453 767607

admin@scco.ac
www.scco.ac

8-9**Paediatric osteopathy**

Speaker: Andrea Rippe
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

8-9**Neuro-endocrine system**

Speaker: Prof Frank Willard
Venue: British School of Osteopathy, London SE1

corinnejones.mih@gmail.com
bit.ly/molinari-institute

14-16**Integrated approach in osteopathy**

Speakers: Christian Fossum and Caroline K Fjeldstrøm
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558

cpd@eso.ac.uk
www.eso.ac.uk

15**Cervical spine risk assessment and consent for manual therapists**

Speakers: Roger Kerry and Steven Vogel
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

15-16**Osteopathic functional technique**

Speaker: Stephen Sandler
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333

cpd@bso.ac.uk
www.bso.ac.uk/cpd

16**First aid appointed person**

Speaker: Steven Bruce
Venue: Skylight Centre, London N5
Tel: 07000 785778

info@cranio.co.uk
www.cranio.co.uk

August**12-13****SCCO Pathway module 1: Foundation course**

Speaker: Penny Price
Venue: Fawnsmoor Farm, Axminster, Devon
Tel: 01453 767607

admin@scco.ac
www.scco.ac

September**2-6****SCCO Pathway module 2: Osteopathy in the cranial field**

Speaker: Pamela Vaill-Carter
Venue: Columbia Hotel, London W2
Tel: 01453 767607

admin@scco.ac
www.scco.ac

9**Bump to baby, part 1: Pubis, pelvis, coccyx and lumbar spine**

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592

mumandbabyCPD@gm.com
bit.ly/mumandbabycpd

9-10**Headache skills**

Venue: Alexander Technique Centre, London SW6

corinnejones.mih@gmail.com
bit.ly/molinari-institute

9-10**Functional lower extremity**

Speaker: Chris Wilkes
Venue: Locker 27, Addlestone, Surrey
Tel: 07971 917151

chris@thirst4function.com
www.thirst4function.com

25-27**Rule of the artery, part 1**

Speaker: Tim Marris
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607

admin@scco.ac
www.scco.ac

30**An osteopathic approach to exercise prescription**

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

30**Chronic pain treatment: the missing link**

Speaker: Georgie Oldfield
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

30**The challenge of tendinopathies: focus on LEX**

Speaker: David Wales
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

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CPDO 2017

Professional Development for Manual and Physical Therapists

☎ 0207 263 8551

cpd@cpdo.net

Date	Topic	Lecturer	Cost	Deposit	CPD points
20-21 May	A process approach in physical therapies: beyond the structural model - NEW COURSE	Dr. Eyal Lederman	£195	£100	14
3 June	Nutrition and human performance: ergogenic aids that actually work & Nutrition and recovery from musculoskeletal injury: nutritional approaches to inflammation	Prof. Adam Cunliffe	£125	£125	7
17 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman	£125	£125	7
17 June	Communication and counselling skills for clinicians	Tsafi Lederman & Jenny Stacey	£125	£125	7
30 Sept	An Osteopathic Approach to Exercise Prescription	Dr. Eyal Lederman	£125	£125	7
30 Sept	Chronic pain treatment: improving outcomes - the missing link	Georgie Oldfield	£125	£125	7
30 Sept	The challenge of tendinopathies: focus on LEX	David Wales	£125	£125	7
7-8 Oct	Fascial dysfunction: management in manual and physical therapies	Leon Chaitow	£315	£250	14
21-22 Oct	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	£355	£250	14
21-22 Oct	Functional stretching	Dr. Eyal Lederman	£275	£150	14
18 Nov	Nutritional management of age related declines in musculoskeletal health & Holding back the years Diet and exercise strategies to increase health-span	Prof. Adam Cunliffe	£125	£125	7
18-19 Nov	Hartman's master class in manipulative techniques: lower body	Prof Laurie Hartman	£355	£250	14
22-24 Nov	Barral's advanced abdomen and pelvis	Jean-Pierre Barral	£680	£375	18
24-26 Nov	Harmonic Technique	Dr. Eyal Lederman	£385	£200	20

CPDO at Home - online CPD

Free video:

www.cpdoathome.com

Leon Chaitow & Laurie Hartman Comparison of Neck Management



For [acupuncture](#) and [dry needling](#) courses see:

www.cpdaonline.com



Get ready for the changes in CPD requirements: Join a supervision/tutorial/peer group with Dr. Eyal Lederman
cpd@cpdo.net / 0207 263 8551



Courses venue: Whittington Education Centre, Whittington Hospital
Gordon Close, off Highgate Hill, London N19

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551

email: cpd@cpdo.net For more information and booking visit www.cpdo.net

50% discount available to students on most courses (see www.cpdo.net for further details)



Do you want to gain a solid foundation in paediatric care?



Our Postgraduate Certificate in Specialist Paediatric Osteopathic Practice is designed to help practicing osteopaths develop and enhance their paediatric knowledge and clinical skills.

- Paediatric Safeguarding
- Paediatric Evaluation and Diagnosis
- Treatment Skills
- Team Working
- Future Professional Development

Key features:

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- Hands-on experience working in Europe's largest osteopathic clinic and specialist paediatric clinic
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- Flexible course allowing you to continue to work alongside your studies
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For more information visit www.bso.ac.uk/postgraduate-cpd/postgraduate-courses, call 020 7089 5316 or email admissions@bso.ac.uk.

Upcoming CPD courses at the BSO

- Advanced Spinal Manipulation - 1 April
- Still Technique Part 1 - 23 April
- Osteopathic Refresher - 27 & 28 May
- Still Technique Part 2 - 28 May
- Ergonomics for Manual Therapists - 9 June
- Functional Active Release - 9 June
- Writing for Publication - 10 June
- Emergency First Aid - 10 June
- Neuro & Intracranial Anatomy & Pathology - 23 June
- Visceral Osteopathy (Abdomen) - 1 & 2 July
- Paediatric Osteopathy 1 & 2 - 8 & 9 July

For more information on our CPD courses and to book visit www.bso.ac.uk/cpd, call 020 7089 5333 or email cpd@bso.ac.uk





To book, visit: www.scco.ac, email admin@scco.ac or call **01453 767607**
Some courses require a minimum eligibility requirement; please contact us for further details.

FEATURED COURSE

Head First Conference

10 - 11 June 2017

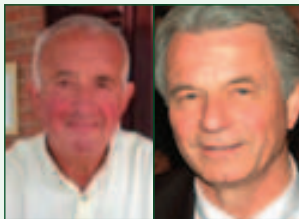
W12 Conference Centre, London

Open to all qualified Osteopaths

non-res **£390***

CPD: 16 hrs

Guest Speakers: Laurie Hartman · Frank Willard · Orianne Evans
Simeon Milton · Kok Weng Lim · Caroline Penn · Michael Harris
Robyn Seamer · Manuela da Rin ~ ~ ~ **Leader:** Clare Ballard



We are delighted to present our latest conference which this year focuses on head trauma, concussion and relevant osteopathic treatment strategies.

Conference delegates will benefit from the wealth of knowledge and experience offered by our speakers and the diverse range of topics covered; including:

- Anatomy and physiology of whiplash
- Insights into brain injury
- Personal experience of head trauma
- Post traumatic stress
- Head trauma in sports
- Head trauma case studies

During both conference afternoons, delegates will also have the opportunity to attend a choice of workshops led by our speakers.



MAY 2017

Module 4: Balanced Ligamentous Tension

11-15 May 2017

Hawkwood, Stroud

£980** non-res

CPD: 34 hrs

Leader: **Sue Turner**

An excellent introduction to working with involuntary mechanisms in clinical practice and to the treatment of body-wide joints.

JULY 2017

Rule of the Artery: Refresher Day

1 July 2017

BCOM, London

£185 non-res

CPD: 8 hrs

Leader: **Tim Marris**

Do you remember the Rule of the Artery course? If you do then you will love this Refresher Day! If not, then you need to come along!

*Not only is this a great refresher if you have completed ROA Part 1, but is also perfect preparation for anyone planning to attend **Rule of the Artery: Part 2** (30 September 2017).*

Module 1: Foundation Course

1-2 July 2017

Crista Galli, London

£275 non-res

CPD: 16 hrs

Leader: **Penny Price**

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

Module 7: Spark in the Motor

7-9 July 2017

The Beeches, Bournville

£945** res

CPD: 24 hrs

Leader: **Rowan Douglas-Mort**

Explore the art and science of osteopathy addressing the nervous system, cerebrospinal fluid and the subtle fluctuations and bioenergetic communication throughout the fluid fields of the body.

PAEDIATRIC OSTEOPATHY DIPLOMA

Would you like to deepen your paediatric knowledge and skills?

27 October 2017 1st workshop of 2-year diploma

Hawkwood, Stroud

£2150** per year, non-res

Please ask about our easy payment plans

Leaders: **Hilary Percival & Mark Wilson**

SCHOLARSHIP AVAILABLE



The two-year Paediatric Osteopathy Diploma is an exciting opportunity to thoroughly explore the fascinating and challenging years through childhood and into adulthood. Intrauterine and subsequent experiences, alongside a child's genetic constitution, shape his or her physical, mental and moral journey. Osteopathy holds a unique potential to support the health, growth and fulfilment of each child. As Sutherland said:

"As the twig is bent so doth the tree incline".

What students say:

"...the level of knowledge passed on to us, the pace, the professionalism and the care given to us was superb and invaluable. You cannot read the stuff I learnt on this module in any textbook."

RESEARCH CONFERENCE

investigating **The Phenomenon of Osteopathy**

CALL FOR PAPERS · POSTER PRESENTATIONS

30 June 2018 & 1 July 2018

Nr. Reading



The programme will explore the scope of osteopathic practice.

Authors will be given extended presentation time in order to explore their study and learning in greater depth and, where possible, lead a relevant practical session.

Student, day delegate and full residential rates.

~ ~ NEW FOR 2017/18 ~ ~

SCHOLARSHIPS worth up to **50% off**

Module 2 and the **Paediatric Osteopathy**

Diploma available from September 2017.

Application deadline: 31 May 2017

BURSARIES worth **£150 off** **Module 2**

available to new graduates valid for courses starting within two years of graduation.

Limited availability, visit www.scco.ac for full details.

MODULE 2 in 2017/18:

2-6 September 2017, Columbia Hotel, London

10-14 March 2018, Columbia Hotel, London

**Member/Fellow discounts available. **Residential and non-residential rates available. Please contact us for further details.*



Diploma in Paediatric Osteopathy (DPO)

PROSPECTUS
NOW ONLINE

You can now apply for the 2017 intake for the Foundation for Paediatric Osteopathy Diploma course. On this two year programme you'll work with leading paediatric osteopaths in a unique clinical environment.

With more than 20 successful years, the DPO offers the opportunity to gain expert paediatric knowledge:

- an exceptional clinical experience: all the effective learning takes place in and around the clinic.
- a syllabus delivered by an experienced faculty with diverse osteopathic backgrounds and extensive expertise and originality.
- the chance to develop a diverse set of osteopathic skills from a range of osteopathic traditions and technical approaches, not confined to one particular style or philosophy.
- the choice of standard or tailored 'flexible route' (for overseas and travelling students).
- a tailor-made Access Course run in collaboration with the Rollin E Becker Institute, designed for less experienced applicants and offered as a unique alternative to the SCFT approved 'cranial course' (previously an entry requirement to the DPO).

Clinical training begins in November 2017.

Closing date for applications is 24 July 2017.

For a prospectus and details of the application process, visit www.fpo.org.uk

Alternatively, contact us on 020 8875 5293 or email admissions@fpo.org.uk



Developing Osteopathy in Paediatrics Course

Developing Osteopathy in Paediatrics: Part 1 10 June 2017

We are repeating the course held in November due to popular demand. Designed for osteopaths who wish to explore clinical examination of babies, the course will also cover differential diagnosis of the unsettled baby as well as an osteopathic understanding of the effects of birth on the structure of the body and the resulting influence on function.

Developing Osteopathy in Paediatrics: Part 2 11 June 2017

This course follows from the first Developing Osteopathy in Paediatrics Course. The course considers the principles of diagnostic clinical reasoning and paediatric practice as well as clinical presentation and treatment of infants, including colic, gastroesophageal reflux and plagiocephaly.

BACK DUE TO
POPULAR DEMAND

Each day: **7 hours.**

New graduates and final year students welcome.

For details and booking form visit:
www.fpo.org.uk/other-courses

Telephone **020 8875 5293**
or email cpd@fpo.org.uk

HePAG Health Professions Acupuncture Group

Western Medical Acupuncture, for the Benefit of Patients

Includes one
year's
membership!

Add Acupuncture to your treatment toolbox

- ▶ Expand your skill set with acupuncture and further career prospects
- ▶ Attract more patients by offering a more complete treatment option
- ▶ Increase your earning potential



HePAG Foundation Course

HePAG is the UK's only professional body for Osteopaths, Chiropractors and Sports Therapists practising Western Medical Acupuncture.

HePAG offers the highest standard of acupuncture training, member benefits and representation to thousands of, so far unrecognised medical professions.

Over three weekends you will be introduced to the underlying concepts of western medical acupuncture, grounded in current research, clinical trials and case studies. Giving you the in-depth understanding and knowledge necessary to safely administer acupuncture.

Within the course cost, £650, you will also receive one year's complimentary membership with HePAG worth £195.

Dates & Locations

WREXHAM

3rd - 4th June 2017

10th - 11th June 2017

22nd - 23rd July 2017

PETERBOROUGH

5th - 7th June 2017

17th - 19th July 2017

MAIDSTONE

10th - 11th June 2017

1st - 2nd July 2017

19th - 20th August 2017

PETERBOROUGH

2nd - 4th October 2017

4th - 6th December 2017

BELFAST

27th - 29th October 2017

1st - 3rd December 2017



@_HePAG



@HePAGacupuncture

Hormones and their osteopathy: An osteosomical conceptualisation

Course leader: Dr Jean Marie A T Beuckels DO

Date: Friday 12 to Sunday 14 May 2017
Cost: £375 (includes lunch and refreshments)
CPD: 18 hours



The first in a 2-part* course. Content will include: Brain - body gland interactions: messengers and their specific assignments; Molecules: their pathways and clusters as directions and fields; Hands-on and hands-off interactions in matter and motion; Models of testing (kymatic, kinetic and mechanical levels); Models of palpation from a mechanical and kinetic perspective.

*Part 2 of this course will take place on 27-29 October 2017

Verbal First Aid: Words and ways to empower your patients' own inner healing for greater success

Course leader: Judith Simon Prager PhD

Date: Saturday 17 June 2017
Cost: £140 (includes lunch and refreshments)
CPD: 7 hours



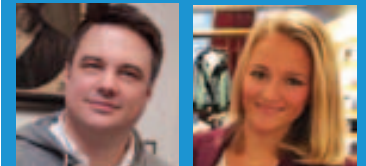
Judith Prager PhD is an expert on the effects of words and thoughts on patient outcomes; the Verbal First Aid™ protocol is used in medical centres and by first responders across the US. Delegates will learn the theory and protocol for using suggestions to gain both compliance and better outcomes. They will be able to: Identify physiological reactions to words and emotions; Identify and utilize three indications of the 'altered state of consciousness' provoked by fear, medical emergencies, trauma or pain; List three or more ways to gain the special rapport that is necessary when giving therapeutic healing suggestions; Describe three types of therapeutic suggestions; Identify three pain relief techniques.

Also coming up in 2017

Integrated Approach in Osteopathy

Christian Fossum DO
Caroline K Fjeldstrøm DO BSc
Date: 14-16 July 2017
Cost: £450 | CPD: 21hrs

A systems-oriented approach to the neuromusculo-skeletal system as the 'primary machinery of life' - the instrument through which we express ourselves and live.



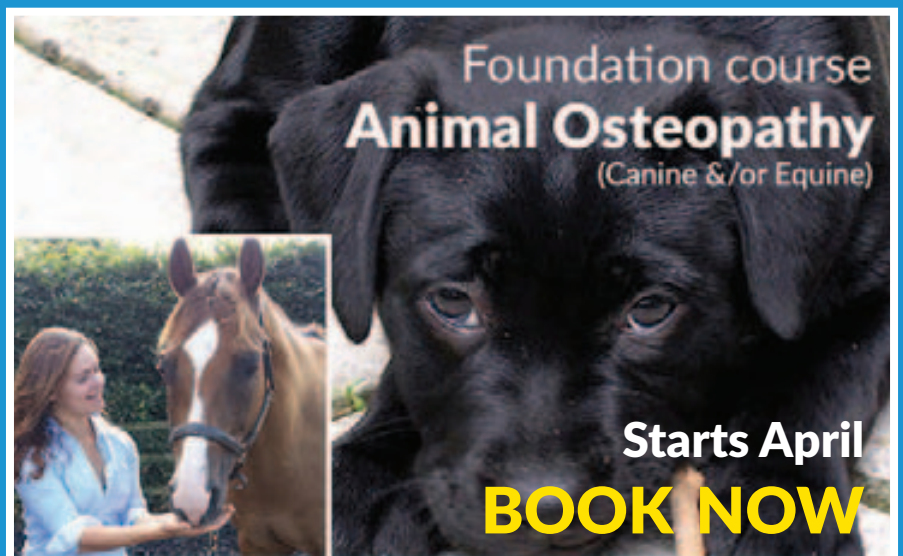
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We have a limited number of Early Bird places available for this course. Please visit our website to find out more.

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* Open to osteopaths, student osteopaths and appropriate paraprofessionals. Please note if you are not an osteopath, you may not use the term 'osteopath' or any such variation when advertising in the UK. Due to higher running costs, all animal courses are subject to sufficient delegate bookings.

CONTACT US:

European School of Osteopathy, Boxley, Maidstone, Kent, ME14 3DZ
Tel: +44 (0)1622 760816 or Email: cpd@eso.ac.uk

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Fiona Passey.



British Medical Acupuncture Society



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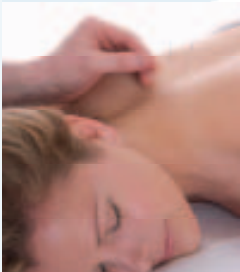
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Seminars in los – Greece

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30 May – 4 June 17: Fertility – Infertility

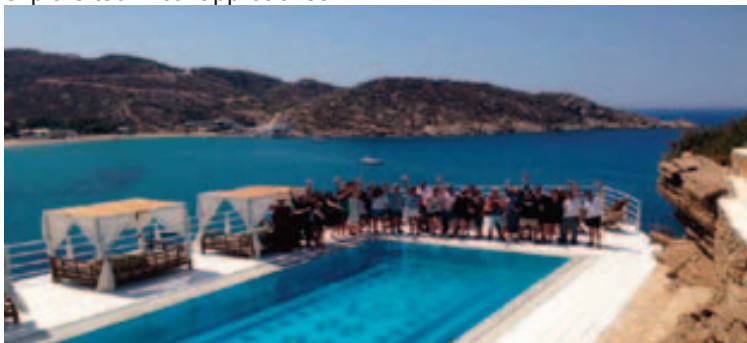
François Allart, Geneviève Kermorgant and Prof Renzo Molinari
From the structural basis to understand gynecology and fertility to the osteopathic approach of sub-fertility and gynecological cases.

14 – 19 September 17: Visceral Health - Intestinal Balance

Franz Buset: Digestive system and osteopathic health
Alain d'Auberville: Embryology and motion

Prof Renzo Molinari: Microbiome and gynaecological health

This seminar will highlight the importance of visceral health and will explore technical approaches.



For more information and to register on any of these courses please contact Corinne Jones at: corinnejones.mih@gmail.com or visit our website as above.

Evening Talk: Imperial College

25 April 17: Prof Renzo Molinari
Importance of foetal positioning in relation to babies' dysfunctions

Practical Workshop: London

27 May 17 (PM): Michael Pye / Chiara Ribera
Lumbo-pelvic assessment and techniques

Neuro-Endocrine System

8 and 9 July 17 – Prof Frank Willard (USA) will explore the structural organization of the endocrine system. After looking at the anatomy of the glands he will look at their function and regulation. A fundamental course for osteopaths who want to deepen their understanding of the regulation of homeostasis and health. It also represents an excellent preparation for Nathalie Camirand's (DO Canada) course in February 2018.

Headache Skills Course

9 and 10 September 17: MIH and OPM Faculty
A dynamic weekend with 50/50 theory and practice.

'Osteopathic Excellence'

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Classifieds

Osteopath required: Berkshire

To provide maternity cover in Reading. I am looking for a classical-trained osteopath to cover a home-based clinic from August 2017. You will be required to work four days a week, including Saturdays. If you are interested, please email Sahrika Sankla at: info@reading-osteocare.com

Osteopath required: Buckinghamshire

Confident osteopath required for busy South Bucks practice. You will receive good remuneration and operate within a friendly practice, passionate about patient education and care. Position available with immediate effect. Please email a CV and covering letter to sarahgill@gmail.com

Osteopath required: Derbyshire

Opportunity for osteopath with good structural skills to join a busy, established and progressive practice. The position offers flexible working arrangements, the opportunity to progress to a profit-sharing position, and clinical and business development mentoring. Please call Paul Ashburner on **01773 843033**, or email paul@osteopathy4life.com

Osteopath required: Devon

A chiropractic and osteopathic clinic in Exeter has space for an osteopath within the practice. This opportunity would ideally suit an osteopath who is self-motivated and keen to grow their own patient base within a well-established clinic. For more details please email Richard at: cathedralchiropractic@live.com

Associate required: Cheshire

Full time associate required to join busy multi-therapy practice in Nantwich. There is also an opportunity for the successful candidate to work within the equine side of the business, treating horses' backs all over the UK and the Channel Islands. Fantastic career opportunity for the right person. Start date to be advised. Please send your CV to tilstone@btopenworld.com or call **01270 629933**

Associate required: East Sussex

Osteopath with both structural and cranial skills required for busy integrated health centre in the Brighton and Hove area. Friendly manner, excellent communication and patient pathway management all essential. At least three years' experience desirable. For two days per week initially, with

excellent potential to expand role. Please apply to gaynor@tolcentre.com

Associate(s) required: central London

An exceptional structural osteopath with refined clinical skill and a minimum of three years' clinical experience (post college clinic) required for a long-term associateship. Paediatric osteopathic training would be an additional advantage. Initially two days per week, with a view to building practice hours in a highly regarded 18-year-established practice in beautiful new central London premises. Please email a response, CV and two professional reference letters to guygold8@gmail.com

Associate required: south-east London

The Bexley Osteopathic Clinic (established 30 years this year), seeks an associate to join the team on a Wednesday and Friday half-day and Saturday morning. We are looking for an enthusiastic team player with excellent interpersonal and ongoing list-building skills. Very good structural and some cranial experience is essential. This position is available owing to the departure of a long-standing associate. Please email your CV and covering letter to the Practice Manager at: bexosteos@gmail.com

Associate required: Norfolk

Established, forward-thinking, award-winning practice in Norwich seeks progressive, focused individual for flexible two days per week, and two Saturdays per month. Mainly structural approach essential, but acupuncture and/or paediatric skills advantageous. Good interpersonal and patient management skills essential, plus desire and ability to grow patient list and contribute to development of practice. Graduates welcome, and training/support programme provided to develop skills. Contact Ayshea Christian: **01603 504508** or info@norwichosteopathicclinic.co.uk

Associate required: Northamptonshire

A busy, long-established, friendly practice requires an associate for two/three days per week to take over existing list. Our approach is primarily structural and can support any interested new graduates. Please contact Jo Jones on **01933 355230**

Practice for sale: Northamptonshire

Fantastic opportunity to purchase a long-established, busy osteopathic practice with a rarely available, high-street, freehold, single-storey unit (approx 382 sq ft). The clinic benefits from low overheads, two treatment rooms, waiting room, cloakroom and rear pedestrian access. Willing to assist with a handover period if required. Genuine enquiries to Jo at: all@steenandjo.com or **07952 629768**

Practice for sale: Scotland

Osteopathic clinic for sale in Livingston, central Scotland. Established 17 years, excellent ongoing repeat patient numbers. Would suit osteopath with the drive to build the business further. Buyout considered over a period of years. For further information contact morag.fraser@btconnect.com

Clinic for hire: central London

Clinic rental in W1 for experienced osteopath with own list (this is not for an associate). Available Wednesdays and Fridays (including evenings). Meet-and-greet reception, light and quiet small clinic with aircon and WiFi. Please phone **020 8815 0979**

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This course is for you if you have tried AdWords without success, you think Adwords is too complicated for you, or you would like to optimise your current AdWords account to its full potential. A well-managed account can be the key to sustained practice growth. This tried and tested system is presented by a practising osteopath who has been there and done it. Use coupon code OSTE033 to get a 33% discount. Visit: handsonsuccess.mykajabi.com

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MATWORK LEVEL TWO - Class Instructor	
22 April (2 day)	Manchester
06 May (2 day)	Falkirk
13 May (2 day)	Croydon
13 May (2 day)	London
20 May (2 day)	Moira
MATWORK LEVEL THREE - Inter/Advanced	
22 April (2 day)	Cardiff
22 April (2 day)	London
22 April (2 day)	Dublin
06 May (2 day)	Manchester
27 May (2 day)	Aberdeen

CPD Courses

Contact for your nearest CPD courses!

CPD Courses in the United Kingdom & Ireland	
13 April	All the Small Balls
22 April	Stretching for Mobility
25 April	Performance Pilates for Runners
26 April	Pink Ribbon Programme
05 May	Pilates for Scoliosis
06 May	Healthy Hit Pilates 1
07 May	Healthy Hit Pilates 2
13 May	All the Small Balls
13 May	Ante & Post Natal Pilates
20 May	Reformer Level 3
20 May	Reformer Level 2
20 May	Ante & Post Natal Pilates
16 June	Healthy Hit Pilates 1
17 June	3D Standing Pilates
17 June	Pilates for Scoliosis
19 June	Pilates for Spinal Surgery
26 June	Pilates Matwork Bridging Course

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