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2015 will get off to a flying start as we launch a major consultation on our proposed new continuing professional development (CPD) scheme. See page 4 for a preview of the scheme's main elements, designed to meet the needs of osteopaths and patients.

The new CPD scheme has been drawn up in partnership with osteopaths around the UK. On page 9, members of the Regional Communications Network share their thoughts on the scheme, and look at how regional groups can help make it a success.

Regional groups - and individual osteopaths - can also play a key role in the Osteopathic Development Group's projects to shape future practice. Turn to page 8 for an update on the projects' progress.

Another activity for 2015 will be the start of our review of the Osteopathic Practice Standards. In preparation, we're considering whether and how the standards should reflect professional values in osteopathy. Find out more on page 6.

The new professional duty of candour requires openness and honesty with patients and colleagues when things go wrong - page 14 describes a new online environment where you can anonymously share information and advice with other osteopaths on challenging clinical situations. Osteopaths also have a duty to safeguard children - see page 18 for information about potential signs of child abuse.

Finally, don't forget that 31 December is the deadline for you to take part in our consultations on professional indemnity insurance and unacceptable professional conduct (page 12), and to remove the 'Safe in our hands' Certification Mark and the GOsC logo from your practice materials (page 13).

We hope you enjoy reading this edition.

Jeremy Pinel

Email: editor@osteopathy.org.uk

New online scenarios on communication and consent - see page 10

the osteopath

the osteopath is the official journal of the General Osteopathic Council.

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New CPD scheme has communication at its heart

After several years of development work with the profession, the General Osteopathic Council will publish proposals in January for a new continuing professional development (CPD) scheme

eing on a statutory register should mean that an osteopath is up to date and practising in accordance with standards – that's what patients tell us is important to them, but our current CPD scheme does not provide the reassurance that they expect.

We have been working in partnership with osteopaths across the country to build on what we do, and what many osteopaths are doing already, to make a better CPD scheme for you and for patients.

The proposed scheme is based around an osteopath's CPD over a three-year cycle. You will need to keep a record of your CPD over the three years, and will continue to declare CPD undertaken annually.

As now, you'll need to undertake 30 hours of CPD per year (including at least 15 hours of learning with others) under the proposals, making a total of 90 hours over the three years. But these 90 hours will include certain mandatory activities detailed below.

Themes of the *Osteopathic Practice Standards*

We have noticed that some osteopaths focus solely on CPD in specific areas,

such as learning new techniques or specialising in topics of personal interest. Osteopathic practice and patient care encompass broader areas, so the new scheme requires you to undertake some CPD that addresses all four themes of the Osteopathic Practice Standards:

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

This requirement is less burdensome than in the 'revalidation' pilot carried out in 2011-12, as it relates to the four themes rather than each individual standard. We will produce resources and case studies explaining how your CPD can be relevant to each theme.

Communication and consent

The small number of complaints we receive about osteopaths indicate that issues of communication and consent can be challenging. The revalidation pilot highlighted this as an area where expectations were difficult to meet.

To address this, a dedicated CPD

activity in communication and consent is proposed for the scheme. To support you, we've developed a range of resources including online learning and examples of group learning. Online guidance is also available from the National Council for Osteopathic Research (at: http://tinyurl.com/ncor-benefit-risk), and CPD providers are increasingly running courses in this area.

Objective feedback

It is important to seek others' views and reflect on your practice. Osteopaths in the four regional 'pathfinder groups' for the new scheme (see box, right) have told us that discussing cases with colleagues helps them to be reassured and learn from colleagues' approaches, so they feel supported and part of their community. Participants in the revalidation pilot found it useful to obtain patient feedback and apply it in practice.

The proposed new scheme will require an 'objective activity' at the start of each three-year CPD period. Examples include:

- seeking patient feedback (using questionnaires, for example)
- being observed in practice by a peer and

having a supportive discussion afterwards – perhaps the peer could observe you with a patient (who has consented), or could make an appointment as a patient and then provide feedback on the whole patient experience, as well as the osteopathic approach

- discussing elements of your practice or specific cases with colleagues, either individually or as part of a group
- carrying out an audit of your practice.

Again, we plan to publish a range of materials, developed by our pathfinder groups, to show how you can undertake this kind of activity.

Peer Discussion Review

Osteopaths have told us that they want the focus of the CPD scheme to be on improving their practice. We recognise that the current audit process does not do this; it is very compliance-based. There needs to be a mechanism for reviewing and checking that each osteopath has undertaken the required CPD activity, but crucially we want to encourage osteopaths to talk about their practice and CPD with each other.

Therefore, instead of reviewing your CPD ourselves or appointing someone to do it, we propose that you work with a peer towards the end of the three-year cycle to discuss your practice, review the CPD that you have done, and identify whether you

A total of 90 hours of CPD over three years

CPD must include activities relevant to all four themes of the *Osteopathic Practice Standards*

At least one activity must focus on communication and consent

Seeking objective feedback on your practice

Undertaking a peer review with a reviewer of your choice

would benefit from doing more. You will be able to choose your own reviewer.

The next issue of *the osteopath* will look at this aspect of the scheme in detail.

Timescale

We aim to design the infrastructure for the new CPD scheme and introduce it for early adopters in 2016. The scheme is scheduled to be fully implemented in 2017.

Listening to you

We will be consulting on the proposed scheme from January until 31 May 2015, and we will send you more information in

the new year. There are two consultation documents:

- A main document sets out the full detail of the proposals.
- A shorter document, designed specifically for patients and members of the public, focuses on whether the scheme will provide reassurance to the public of osteopaths' continuing fitness to practise.

We welcome responses to either document, but we encourage all osteopaths to read the proposals in full.

Regional groups, educational institutions and other osteopathic organisations will organise and facilitate listening events for members of the profession across the UK during the consultation period. They will also facilitate CPD events, enabling you to try out the mandatory requirements outlined above.

Alternatively, talk to a colleague about the proposed scheme and how you can make it work for you. Documents and other resources (such as videos) to support your discussion will be available at:

www.osteopathy.org.uk

We will arrange listening events for other stakeholders, including patients, the public, and other regulators and health professionals.

Look out for the consultation on our website (www.osteopathy.org.uk) from January 2015, and ask your regional group about listening events – you can find their contact details on the ozone at: http://tinyurl.com/ozone-regional-groups

The pathfinder groups

This year we have been privileged to work in partnership with osteopaths in four regional 'pathfinder groups' (based in Belfast, Carlisle, London and Lymm), which have been pivotal in shaping a new era of osteopathic regulation.

Approximately 50 osteopaths have taken part, from newly qualified registrants to practitioners with more than 25 years' experience. They represent a range of different osteopathic approaches and work arrangements (group and individual practices), and include non-practising osteopaths, educators and researchers.

The groups have each met at least three times and have undertaken considerable work between meetings to develop guidelines, identify and test the consultation questions, and work up examples, resources and case studies.

Their outstanding work and commitment have ensured that the proposed new CPD scheme is osteopathic and meets the needs of both professionals and patients in a proportionate and helpful way.

We are also grateful to:

- the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance and all the regional group leads across the UK for helping to shape thinking and these documents
- patients who took part in day-long focus groups to test and challenge our thinking
- the other health professional regulators and the Professional Standards Authority for their support, questions and advice.

Incorporating values into practice standards

How far do the *Osteopathic Practice Standards* reflect your values and those of patients and the public? Do they support and describe excellent practice? We're trying to find out

f our standards are to have impact, they need to have a clearer underpinning narrative, not just of the do's and don'ts, but also of the whys."

This is the challenge facing the statutory regulator for such a diverse and sometimes disparate profession, as set out by GOsC Chief Executive Tim Walker in November at our seminar on Values, Standards and Osteopathic Care.

The Osteopathic Practice Standards are our core professional standards, and should reflect the excellent care that osteopaths provide in partnership with patients. As we prepare to begin a review of the standards next year, we are starting to consider how they and our quidance can be enhanced. We are looking more deeply into the thought processes, conversations and expertise that influence clinical decisions, to help us understand whether the review should be a minor edit or a fundamental rewrite.

Interpreting the standards

Research carried out by the GOsC with educationalist Sue Roff in 2012 and 2013 found a range of views about the seriousness of lapses in professionalism or breaches of standards, indicating that standards may be applied and interpreted inconsistently. Feedback from a GOsC

seminar on professional culture in 2013 suggested that we need to better understand patients' and clinicians' values as they relate to the interpretation of standards.

So we are now seeking – in partnership with osteopaths, students, academics, education providers, other health professionals and representatives of patients and the public – to explore professional values and their relationship to standards in the osteopathic profession.

Our recent seminar on values started the process of exploration, with participants from all these stakeholder groups. Interactive sessions, presentations and discussion groups gave all a chance to discuss and debate the nature of osteopathic values, with the aim of feeding into more detailed work.

"As regulators we risk taking a view of standards that is driven largely by the evidence we obtain from when they are breached – that is, when we receive a complaint – rather than whether and how they are applied in day-to-day practice by clinicians," Tim Walker told the seminar. "It may be that through this work we can find an approach that works more effectively for patients, for osteopaths and, dare I say it, for us."

Potential benefits

Group exercises at the seminar enabled participants to explore

their own values in clinical situations and the implications for undergraduate education, standards and continuing professional development. The exercises were facilitated by Stephen Tyreman, Professor of Osteopathy and Philosophy at the University of Bedfordshire; and Bill Fulford, a Fellow of St Catherine's College, Oxford, Member of the University of Oxford's Philosophy Faculty, and Emeritus Professor of Philosophy and Mental Health at the University of Warwick.

Professor Tyreman has no doubt of this approach's

potential benefits: "In osteopathy, we claim to have a strong tradition of personcentred care. We work closely on a one-to-one basis with patients; communication skills, trust and understanding between patient and osteopath are fundamental. More explicit recognition of the role that values play in healthcare has the potential to add more to the quality and effectiveness of osteopathic care."

We'll report on the seminar's outcomes in the next issue of the osteopath. One expected outcome is a report exploring how we can shape a process of development and build the next Osteopathic Practice Standards in partnership with osteopaths and patients.





What is valuesbased practice?

Professor Stephen Tyreman looks at balancing values and evidence in osteopathy

ealthcare, including osteopathic practice, is becoming ever more complex. It can be difficult to know what is the right or even the best thing to do for or say to a patient. Simply having more information and evidence doesn't render decision-making easier. In fact, more information and new knowledge means new decisions and new competing claims to be considered.

David Sackett and colleagues are usually credited with generating the modern focus on evidence-based medicine. They recognised that having the best available evidence is necessary but not sufficient for clinical decisions. Evidence-based medicine, they argued, is the integration of best research evidence with the practitioner's expertise and the patient's values, by which they mean the patient's 'unique preferences, concerns and expectations'.1

But what if a patient's preference is for a particular treatment, such as rest or strong treatment, when the osteopath believes this is not appropriate? Are these questions that can be decided by identifying the facts and looking up the appropriate evidence?

Relying on experience

The problem for osteopathy (though it's not dissimilar in other parts of healthcare) is that for many decisions the evidence is insufficient. As Sackett recognised, we also have to rely on experience and patient preferences. In these situations, how can we make good value judgements that produce good outcomes?

The first thing to recognise is that we make value judgements all the time. Just deciding which technique to use, or what explanation to give a patient, entails considering what we think will do most good - a value judgement. The moral philosopher David Seedhouse has argued that all healthcare is ultimately a moral endeavour: doing good for a patient.2 The activities we undertake in practice - making diagnoses, giving treatment, offering advice, and so on are all subordinate to the greater task of doing good.

'The first thing to recognise is that we make value judgements all the time'

The reason we don't think about these judgements as moral decisions is because they are largely unproblematic: what we think is good for a patient coincides with what the person believes is good for them. The failures - usually manifesting as breakdowns of communication if not actual harm - occur when values don't coincide; when what the patient regards as important is not what the osteopath thinks is important; or when the focus is on doing the 'right thing', following 'the system', keeping rigidly to the rules, avoiding blame and so on (as happened in the Mid Staffordshire NHS Trust and elsewhere).

Respecting differences

Conflicts and failures of communication result in inadequate care, patient dissatisfaction and poor outcomes. So how can we recognise and work with values more effectively?

Values-based practice is a method designed to recognise and deal with the central part that values play in healthcare. It starts from the premise of 'mutual respect for differences of values', recognising that we hold a diversity of values, and aims to produce 'balanced decision-making within a framework of shared values'.3

Developed by Professor KWM (Bill) Fulford, values-based practice takes in good knowledge of the subject, communication skills, person-centred practice, teamwork, awareness of values and good reasoning about values. It is not an alternative to evidence-based practice; on the contrary, it explicitly recognises the equal importance of good evidence. This is what Fulford calls the two-feet principle: 'think facts, think values'.

References:

- Sackett DL, Straus SE, Scott Richardson W, Rosenberg W, Haynes RB. Evidence-Based Medicine: How to Practice and Teach EBM (2nd edition). Edinburgh and London: Churchill Livingstone, 2000.
- Seedhouse D. Health: The Foundations for Achievement. Chichester: John Wiley & Sons,
- Fulford KWM, Peile E, Carroll H. Essential Values-Based Practice: Clinical Stories Linking Science with People. Cambridge & New York: Cambridge

Development projects gather momentum

An update on some of the Osteopathic Development Group's projects

ormed in 2012 to support the development of the profession, the Osteopathic Development Group (ODG) is a partnership between:

- the GOsC
- the Institute of Osteopathy
- the Council of Osteopathic Educational Institutions
- the National Council for Osteopathic Research
- the Osteopathic Alliance.

You can find out more about the ODG and its project plans at: http://tinyurl.com/odgproject-plans

Mentoring

The mentoring project aims to develop a suitable support framework for new osteopaths, to help them create a successful and sustainable practice.

The project team has just appointed an independent research and development company, Health Academix, to conduct the initial background research phase. This includes a review of the published literature and the international 'grey literature' (unpublished literature that would be harder to find in an internet search), plus semi-structured interviews with individuals who have a specialist interest or experience in healthcare mentoring.

The resulting report should

provide recommendations for a framework to be piloted in the next phase.

The project team is looking to set up a reference group of osteopaths to take part in a questionnaire-based consultation at the end of the initial phase. If you'd like to be involved, email the project manager, Matthew Rogers (matthew@osteopathy.org).

Advanced clinical practice

This two-year project is exploring whether additional infrastructure is needed to help members of the public identify osteopaths possessing specific skills and qualifications.

Health Academix is conducting the research, and is currently:

- reviewing the literature around advanced practice in osteopathy and other professions
- exploring how osteopaths communicate their areas of special interest or expertise
- holding stakeholder interviews
- recruiting a wider reference group to feed back on the project's progress via quarterly emails.

Two surveys will be sent out early next year – one for osteopaths and one for patients and the public. A draft framework will then be developed for consultation with the profession.

If you know of any grey literature that may be relevant to the project, or if you'd like to join the reference group, please email the project manager, Ben Katz (ben@ thelondonosteopath.com), or Jane Wilkinson at Health Academix (janemwilkinson@ gmail.com).

Please also look out for the survey next year.

Leadership

The ODG has entered into partnership with the Open University to develop a leadership programme for the osteopathic profession.

With the support of a development grant from the GOsC, they will deliver a course combining workshops, e-learning and a practical project to help individual osteopaths develop their leadership skills.

It is hoped that the programme will be in place by spring 2015. It should appeal to osteopaths who face new challenges working in education, leading regional groups and other societies, or developing larger practices.

If you are interested in taking part, email Tim Walker

(twalker@osteopathy. org.uk) or Matthew Rogers (matthew@osteopathy.org).

Service standards

The ODG has been developing proposed voluntary service standards for the osteopathic profession, which (if adopted) will be owned by the profession.

The proposed standards complement the Osteopathic Practice Standards, which describe how osteopaths should work as healthcare professionals. In contrast, the service standards reflect the needs and expectations of the patient; they describe how osteopaths should demonstrate the quality of the care they provide.

The project team is currently consulting on the proposed service standards. You can read the standards and take part in the consultation at: http://tinyurl.com/service-standards - the deadline for responses is 15 January 2015.

If you have any questions about the standards, email Matthew Rogers (matthew@osteopathy.org).

Patient Reported Outcome Measures (PROMs)

For an update on the project to develop a PROMs database, see page 16.

Think professional – act regional

Two members of the Regional Communications Network consider current development issues and how regional groups can feed into them

he Regional
Communications
Network brings
together
representatives of the GOsC
with more than 30 regional
osteopathic groups and
societies from around the
UK. An important forum for
advancing work to develop
osteopathic practice, the
Network meets twice a year

Network meets twice a year – most recently in October, during the Institute of Osteopathy Convention.

Attendees included **Navin Arora** from Northern Cumbria Osteopaths and **Charles Millward** from the South Wales Osteopathic Society, who afterwards shared their thoughts on the main issues discussed: the proposed new continuing professional development (CPD) scheme, described on page 4, and the projects being delivered by the Osteopathic Development Group (see page 8).

CPD scheme

Five of Navin's regional group took part in the revalidation pilot in 2011-12. "We were all very critical of it," he recalls. "Since then, nine of us have been involved in the Carlisle pathfinder group to help create something more useful and appropriate."

He considers the proposed new CPD scheme to be "a massive step forward. The revalidation pilot was arduous and repetitive, but the main benefits – including peer review – are being included in the new model."

"No one should be afraid of peer review," adds Charles. "It should not be seen as criticism of practice – it's more reflection on practice."

Charles is equally enthusiastic about other aspects of the scheme: "The





Charles Millward, left, and Navin Arora

mapping of the Osteopathic Practice Standards to CPD is a great way of validating. Keeping the level of CPD the same at 30 hours per year, but reviewed every three years, is a good approach." His only concern is that the inclusion of 'Communication and consent' as a mandatory element of CPD may cause some confusion.

"My concerns are that people will start criticising the draft process before understanding where it has arisen from, and what it actually entails," says Navin. He advises osteopaths to "take time to understand how it will work so you can have your say now. The regional groups are perfectly placed to help clear up any misunderstandings, and to help create hubs for people to complete some of the proposed new requirements."

Charles sees further opportunities for regional groups: "Fund generation, making communication two-way with hard-to-reach practitioners, CPD opportunities, cross-selling those across all regions ..." His advice to osteopaths about the proposed CPD scheme is simple: "Engage with it – this is the future, and can only benefit the profession in its standing, nationally and locally."

ODG projects

The Osteopathic Development Group (ODG) is doing vital work, Charles believes, and its projects "bring this small profession into the 21st century".

"This has been murmured about for some time," Navin notes, "Now it's got going, I'm amazed by how much has been achieved in such a short space of time."

Charles is particularly enthusiastic about the mentoring project: "As with most professions – dentist, optician and so on – the idea of having a nominated mentor is a great idea. The regional groups can help here with approved mentors, linking in with leadership qualities."

He also sees regional groups "acting as a conduit for dialogue between the projects and the 'profession in the field'." To date, his group has not discussed the projects; he thinks Advanced Clinical Practice "needs more fleshing out", and "Leadership seems yet to be defined – how we recognise and promote leaders. But it gives the profession standard-bearers to look toward."

Now his pathfinder work is over, Navin is planning meetings for his group to discuss a wider range of issues. He accepts that the ODG's work is currently embryonic, but says: "The key is that it's being discussed. If more people become aware of it, they'll be excited and want to be involved."

Are you a member of a regional group? If not, you can find your nearest group's contact details on the ozone at: http://tinyurl.com/ozone-regional-groups

'Regional groups can help create hubs for people to complete the proposed new CPD requirements'

Helping you apply the law on consent

Two new CPD resources are now available on the GOsC website, with an emphasis on aspects of obtaining consent.

Following publication last year of our guidance on patients' capacity to give consent, osteopaths asked us for help in putting the guidance into practice.

Working with practitioners, we've now produced a set of three scenarios illustrating

challenges that may face you in a clinical setting – from identifying whether an adult has parental responsibility for a child, to judging a senior citizen's ability to understand, remember and assess treatment options.

Each scenario is accompanied by a list of the issues raised, an outline of the relevant law and guidance (in all parts of the UK), and advice on dealing with the situation.

You can find the scenarios, and the accompanying guidance on capacity, on the ozone at: http://tinyurl.com/obtaining-consent

We have also produced two new pilot e-learning modules in our series *Exploring ethical dilemmas in practice*, to accompany the original module launched last year.

Modules two and three

contain three scenarios each. For each scenario, you are asked a series of questions – some about your opinions of the osteopath's behaviour, and others about your own knowledge of the *Osteopathic Practice Standards*. Module two focuses mainly on issues of consent and communication, while the theme of module three is professionalism.

All three e-learning modules are available on the • zone at: http://tinyurl.com/ozone-standards - please let us know what you think by emailing psadmin@osteopathy.org.uk

Don't forget that working through these resources can count towards your CPD.

CPD spotlight: auditing

In the first of a new series looking at aspects of continuing professional development, we focus on helping you achieve a successful CPD audit

The GOsC carries out two distinct audit processes relating to registrants' CPD.

Every year we audit 20 per cent of the **CPD annual summary forms** that we receive (electronically and on paper), to check that the activities claimed comply with the *CPD Guidelines* and are recorded appropriately. If your form is audited, we will advise you of the outcome by email or letter; if there are any problems with the CPD recorded on the form, we will return it to you asking for more information.

We may return your form for a number of reasons – for example, because you have claimed teaching (rather than preparation) as a CPD activity, or your form contains a single block of hours for one year's worth of reading. Reading activities must be listed separately, by date, for each topic and/or specific publication.

You can find an example of a well-completed CPD annual summary form in Appendix D of the *CPD Guidelines*.

Separately, we contact 2 per cent of registrants annually to ask to see evidence

of CPD activities claimed (known as the **CPD record folder**), so that we can verify the information on their recent CPD annual summary forms – this is why it's important for you to retain evidence in your record folder for five years. Examples of evidence to put in the folder include notes made through reading and research, or attendance notes or write-ups from group meetings with other practitioners.

Registrants are selected at random

Distance learning via internet/CD-ROM

for each audit. This means it's possible for an osteopath to have both their CPD annual summary form and their CPD record folder audited in a short space of time.

Pages 14-20 of the CPD Guidelines (http://tinyurl.com/gosc-cpd) contain detailed information about acceptable CPD activities and forms of evidence. Our Professional Standards team is here to help you undertake your CPD and comply with the CPD Guidelines – please email psadmin@osteopathy.org.uk if you have any questions.

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Voicing concerns

Our new whistleblowing policy is relevant to you if you're an employee or an employer – but we hope osteopaths and those they work with will feel able to discuss their concerns with each other

ince October 2013, the GOsC has been designated by law as an organisation to which whistleblowers can make a 'protected disclosure'. Any employee with an osteopathy-related concern about a danger, risk, malpractice or

wrongdoing in their organisation can come to us if they feel unable to raise the matter with their employer.

Earlier this year, we consulted on a draft policy, setting out how we will handle concerns raised by whistleblowers (see *the osteopath*, June/July 2014, page 4). After studying the consultation responses, we have made some minor changes to the policy – for example, to stress that it is best where possible to raise concerns with us openly rather than anonymously.

The final policy – now published at: http://tinyurl.com/gosc-whistleblowing – describes the sorts of concerns we will treat as protected disclosures, explains how to report them and how we will act on them, and lists sources of further advice.

However, reporting concerns to the GOsC should be seen as a last resort. Any employee – whether an osteopath employed by the NHS, a receptionist at an osteopath's practice, or a tutor at an osteopathic educational institution – should feel able to raise concerns directly with their employer.

Standard C9 of the Osteopathic Practice Standards requires osteopaths to 'act quickly to help patients and keep them from harm', and the related guidance states: 'If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients.'

The guidance also makes it clear that osteopaths – whether employees or self-employed – 'should take steps ... if you believe that a colleague's or practitioner's health, conduct or professional performance poses a risk' to patients.

The whistleblowing policy supports the broader professional duty of candour (see *the osteopath*, October/November 2014, page 4), which requires healthcare professionals to 'be open and honest with their colleagues, employers and relevant organisations ... they must support and encourage each other to be open and honest and not stop someone from raising concerns.'

Policy on protection of title

The GOsC has adopted a policy setting out how and when we will take action against unregistered individuals who call themselves osteopaths.

It confirms that we will focus on cases that present a risk to patient safety and public protection, and will adopt a proportionate response to allegations that the title 'osteopath' is being misused.

The policy has not changed since we consulted on a draft version between June and August 2014. Respondents to the consultation told us that the draft policy was clear, and agreed that it should require the GOsC to:

 always seek to reclaim the costs of a criminal prosecution if the defendant is found guilty or pleads guilty always seek publicity for every successful prosecution.

The policy is now available at: http://tinyurl.com/gosc-enforcement

If you suspect an unregistered person is claiming to be an osteopath, please tell us – you can find out more at: http://tinyurl.com/gosc-protection-title

Frequently asked questions

When I apply for or renew my registration, do I need to send you a copy of my professional indemnity insurance certificate?

A If your professional indemnity insurance is arranged through the Institute of Osteopathy (formerly the British Osteopathic Association), you do not need to send us your certificate – we will receive it automatically.

If your insurance is with another provider, you must scan and email your certificate to us at: registration@osteopathy.org.uk, or post a photocopy to: The Registration Team, General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

My practice is starting to become more specialised. Should I notify my professional indemnity insurance provider?

Yes. The minimum level of cover required to meet the GOsC Professional Indemnity Insurance Rules is currently £2.5m in the aggregate (and is due to increase to £5m from May 2015). This level of cover may not be adequate for any specialised treatment that you provide, such as equine osteopathy, treatment of babies, or treatment of sporting professionals.

If you change your insurance provider when increasing your cover, you must ensure that your cover is continuous,



'If you change your insurance provider when increasing your cover, you must ensure that your cover is continuous and there are no breaks'

and there are no breaks in the period of cover. If there is a break in cover, you must immediately ask your insurance provider whether the policy can be backdated. You should also contact the GOsC to advise us of the situation and the steps you are taking. You will be in breach of GOsC rules and subject to fitness to practise disciplinary proceedings if you practise without cover.

The parent of one of my patients has asked me if I have undergone a Criminal Records Bureau check recently. Do I need to have this done regularly?

As an osteopath, you may work with children and/or vulnerable adults. Therefore, when you first register with the GOsC as an osteopath, an 'enhanced check for regulated activity' – formerly a CRB check – must be carried out on you. This is not necessary if you already have a certificate from an enhanced check carried out less than six months previously.

Enhanced checks are carried out by the Disclosure and Barring Service in England and Wales, Disclosure Scotland in Scotland, and AccessNI in Northern Ireland.

You do not need another enhanced check every time you renew your registration, although you will need to declare any new convictions or cautions on your renewal form.

However, if you become employed rather than self-employed, your new employer may ask for another enhanced check to be carried out on you. This can be arranged through GBGroup plc, which processes such checks on behalf of the GOsC.

To find out how you can arrange an enhanced check through GBGroup plc, see our website at: http://tinyurl.com/gosc-dbs

Current consultations

In addition to our consultation on the proposed new continuing professional development scheme, which will begin in early 2015, we are currently consulting on the important policy issues below. See the October/November issue of *the osteopath* for more information about these consultations. To have your say, go to: http://tinyurl.com/gosc-consult-events

Title of consultation	Description	Closing date
Threshold criteria for unacceptable professional conduct	We have produced draft guidance to help decision-makers determine which complaints about registrants' conduct should be referred to formal hearings. The guidance sets out examples of matters that would not normally be referred to a hearing.	31 December 2014
Professional indemnity insurance rules	Following a consultation earlier this year, we are revising our rules and requirements for professional indemnity insurance. We now want your views on the clarity of the new rules, which are due to come into force from 1 May 2015.	31 December 2014

Hands off!

Time is running out for you to stop using our old Certification Mark – why not take the opportunity to review how you promote your registration?

After 12 years' service, the 'Safe in our hands' Certification Mark is about to be retired. Please ensure you remove it from all your printed and online materials by 31 December 2014.

Don't forget that we have also withdrawn the use of the GOsC corporate logo by registrants - it should now be used solely by the GOsC.

If you are currently displaying the Certification Mark or the GOsC logo, you can replace them with one of the new Registration Marks. Introduced in February, the 'I'm Registered' and 'We're Registered' Marks (for individual osteopaths and group osteopathic practices respectively) promote your status as a regulated health professional to patients and the public.

So far, almost 750 of you have applied for and received your personalised 'I'm Registered' Mark (which displays your registration number), and over 300 'We're Registered' Marks have been assigned.

Why not use the Registration Mark on your website, with a hyperlink to our public website's 'Search the register' tool

(www.osteopathy.org.uk/information/ finding-an-osteopath/)?

Applying for a Registration Mark is simple - just complete a short form on the o zone and confirm that you will abide by the terms of use. You can also download or order posters, free of charge, to let your patients know you're registered and explain what registration means to them.

To apply for your Registration Mark, and to read our detailed guide to making the most of your professional status, visit the o zone at: http://tinyurl. com/ozone-promote





Registration extends to the Isle of Man

All osteopaths working on the Isle of Man must now be registered with the GOsC, which is working with the Island's Department of Health to support registrants and protect the public from unregulated practitioners.

Since July, the Isle of Man's Health Care Professionals Act 2014 has put osteopaths on the same regulatory footing as the Island's other healthcare professionals.

A new Memorandum of Understanding came into effect in October, supporting the exchange of information between the Island's Department of Health and the GOsC.

In Council - November 2014 decisions

The 85th meeting of the **General Osteopathic** Council took place on Thursday 6 November 2014. You can find the agenda and all of the papers at: http://tinyurl.com/ gosc-meetings

Here are some of the outcomes from the meeting.

Registration fees

After considering the budget and business plan strategy for the financial year 2015-16, Council agreed to hold registration fees at their current level.

Leadership development funding

Council agreed an initial grant of £18,560 towards the first-year costs of developing and delivering a leadership programme for the osteopathic profession. Details of this collaborative project between the Osteopathic Development Group and the Open University are on page 8.

Enforcement and whistleblowing policies

Council approved both these draft policies, described on page 11.

Consultation on draft CPD scheme

Council agreed the consultation strategy for the proposed new continuing professional development scheme (see page 4).

Committee appointments

Council approved the appointment of:

- Judith Worthington as Chair of the Professional **Conduct Committee**
- Chris Shapcott as Chair of the Audit Committee (from 1 April 2015)
- Brian Gomes da Costa and **Andrew Skelton as**

members and Panel Chairs of the Professional **Conduct and Health** Committees.

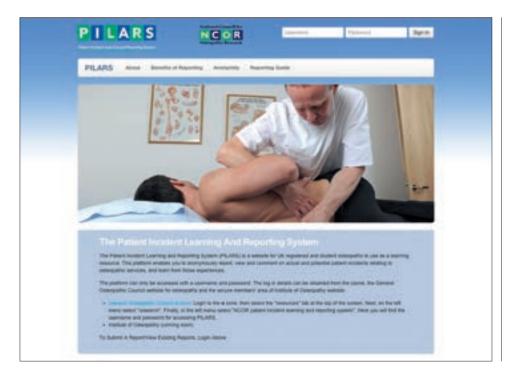
Future Council meetings

Wednesday 4 February 2015 Thursday 14 May 2015 Thursday 16 July 2015 Meetings take place at 10am, at Osteopathy House. Osteopaths are welcome to attend.

For more information, call Marcia Scott on 020 7357 6655 x246 or email mscott@osteopathy. org.uk

Use PIL ARS to support candour

A new secure online reporting environment enables osteopaths to share information anonymously about challenging situations



s reported in the last issue of *the osteopath*, the UK Government has proposed a professional duty of candour for health professionals, to ensure 'an open culture in which mistakes are reported, whether or not they cause actual harm'.

In response, the chief executives of the UK's eight healthcare professional bodies signed a joint duty of candour in October, to help develop a culture in which openness and honesty are acted upon.

Mistakes in osteopathy, as in other areas of healthcare, may include miscommunication, diagnostic errors and even health and safety issues. Treatment can cause adverse reactions; a systematic review has found that almost half of manual therapy patients

NCOR's **Austin Plunkett**

answers
questions about
PILARS raised
by osteopaths
at the OIA
conference and
elsewhere

What if an incident reported in PILARS got into the press?

For a non-osteopath to gain access to information in PILARS, an osteopath would have to divulge that information, so we sincerely hope that this situation will not arise.

PILARS demonstrates that osteopathy is a mature and responsible profession, and that osteopaths actively support each other to improve patient care. NCOR retains the right and ability to edit or remove any content on PILARS.

Will PILARS be used to identify bad osteopaths?

A This is not the intention at all. In fact, all reports and comments on PILARS are anonymous; users do not have individual user accounts.

PILARS has been developed

as a supportive environment for all of us to learn from our peers. It exists to improve the practice of all osteopaths; while recurring themes may emerge, individuals cannot be identified.

Is PILARS accessible to osteopaths based outside the UK?

A Not yet, but this could be arranged. Currently, only osteopaths registered in the UK can access PILARS.

experience minor to moderate treatment reactions.¹ While these may not be the explicit reason for a complaint, a complaining patient will typically cite preceding underpinning factors² – perhaps the osteopath's conduct or a mismatch between their expectations and the patient's.³

Professional support

It can be difficult for osteopaths to talk to colleagues after a challenging clinical situation. Some are lucky enough to work with supportive fellow practitioners; others are isolated and have little peer support.

To encourage a climate of candour and professional support, the National Council for Osteopathic Research (NCOR) has developed an online shared learning environment solely for osteopaths: the Patient Incident Learning And Reporting System (PILARS).

Launched at the end of September, PILARS allows osteopaths to anonymously discuss actual and 'near-miss' incidents regarding patient care. Although you'll initially log in to PILARS via the • zone, it is completely independent of the GOSC.

Once you have logged in, you can read about incidents reported by

other osteopaths, and share your thoughts and advice by commenting on those incidents. If you report an incident yourself, you can learn from the comments of others who may have experienced similar situations.

Although reports and comments posted on PILARS are anonymous, please take care not to reveal any identifying information. NCOR reserves the right to remove any information.

In a presentation at the Osteopathic International Alliance (OIA) conference in October, PILARS received an enthusiastic response as well as a number of questions (see box). Osteopaths from other countries seemed particularly interested in implementing a similar system.

NCOR and the GOsC encourage you to share your experiences on PILARS. By supporting each other, osteopaths can ensure that patients continue to benefit from excellent clinical care.

To use PILARS for the first time, log into the PILARS page of the o zone at: http://tinyurl.com/ozone-pilars – you'll find a username and password giving you access to PILARS, and a link to the PILARS site at: www.ncorpilars.org.uk/

Journals update

The range of journals in the IJOM Plus package – which registrants can access free of charge via the o zone – is to change from January 2015.

New editions of *Pain*, which is no longer being published by Elsevier, will not be available as part of IJOM Plus.

We are currently considering journals to replace *Pain* in the package.

Articles published in *Pain* between 2010 and 2014 will continue to be available, in addition to the following journals:

- The International Journal of Osteopathic Medicine
- The Journal of Bodywork and Movement Therapies
- Clinical Biomechanics
- The Spine Journal
- Manual Therapy

Recent journal articles

Carol Fawkes, Senior Research Officer at NCOR, has highlighted the following recent articles in IJOM Plus:

● Thomson O, Petty N, Moore AP. Clinical decision-making and therapeutic approaches in osteopathy – A qualitative grounded theory study. *Manual Therapy*. 2014;19(1):44-51. http://tinyurl.com/manther-1901-44

Seeking to understand how osteopaths make decisions in clinical practice, this fascinating study highlights the variation in approaches to patient care, and the decisions underpinning those approaches. Semi-structured interviews with 12 volunteer osteopaths led to the construction of three qualitatively different therapeutic approaches: the treater, the communicator, and the educator.

• Voogt L, de Vries J, Meeus M, Struyf F, Meuffels D, Nijs J. Analgesic effects of manual therapy in patients with musculoskeletal pain: A systematic review. *Manual Therapy*. 2014, in press. http://bit.ly/analgesicmanther

This review identifies that current evidence shows manual therapy can elicit an analgesic effect in a range of different populations.

Previous reviews have focused on treatment to the spine, while the pain-relieving effect of manual therapy on peripheral joints has not been reviewed.

Voogt et al conclude there is moderate evidence that manual therapy increases local pain-pressure threshold after treatment in patients with musculoskeletal pain.

References:

- Carnes D, Mars T, Mullinger B, Froud R, Underwood R. Adverse events and manual therapy: A systematic review. Manual Therapy. 2010,15(4);355-363. http://bit.ly/adversesysreview
- CONDOR (Consortium for Delivering Osteopathic Research) team: Leach J, Fiske A, Mullinger B, Ives R, Mandy A. Complaints and Claims against Osteopaths: A Baseline Study of the Frequency of Complaints 2004–2008 and a Qualitative Exploration of Patients' Complaints. 2011. http://bit.ly/complaintsagainstosteopaths
- 3. Leach CMJ, Cross V, Fawkes C, et al. Investigating Osteopathic Patients' Expectations of Osteopathic Care: The OPEn project. 2011. http://tinyurl.com/open-project-full-report

If you are registered outside the UK, please email me at: a.plunkett@qmul.ac.uk to discuss how we could help implement PILARS in your country.

What happens if an osteopath reports an incident that reveals poor professional behaviour?

A In this event, we strongly encourage other osteopaths to remind that

person of their duties by adding comments to the report. Perhaps they will offer advice on how the individual can find appropriate training and make amends for any questionable behaviour.

What happens if an osteopath reveals illegal behaviour?

A If an osteopath reveals behaviours that are of questionable legality, NCOR will seek legal advice.

Swimmers make a splash for research funding

Around the world, up to a quarter of osteopaths treat children and babies regularly. NCOR Director **Dr Dawn Carnes** reports on fundraising to review the evidence on the effectiveness of treatments

The International Osteopathic Research Network (IORN) was established in January 2014 by the Osteopathic International Alliance (OIA). In a workshop at the OIA conference in October, representatives from Australia and New Zealand, central Europe, Canada, the USA and the UK presented an overview of recent research from their regions.

There is a lot happening all over the world in research relevant to osteopathy. IORN members have collected data about the scope of osteopathic practice, which show that 10-25 per cent of osteopaths treat children and babies regularly. There are some systematic reviews of research published in this field, but they need updating – and there is a need for reviews covering a broader spectrum of conditions, so we can be more informed about the outcomes of treatments.

NCOR is looking to raise £30,000 to conduct and coordinate IORN members

in a systematic review of manual treatments for children and babies.

The fundraising drive began at the OIA conference dinner, where a group of very sporty and game osteopaths – led by Michael Mulholland-Licht from Australia – agreed to go for a swim in the Thames. The conference was taking place at a hotel next to the river in Egham, Surrey, so at 7am the next day the swimmers (below) emerged from the mist and took to the chilly water.

They may not have made it to the opposite bank, but I am pleased to say they raised £1,600 from generous delegates at the conference.

NCOR will be having further fundraising efforts in early 2015. If you want to contribute in the meantime, you can do so at: www.ncor.org.uk/donate

• The next issue of the osteopath will contain more information about osteopathy-related research around the world.



Patients are in tune with PROMs

This year, NCOR has been developing an electronic facility for collecting 'patient-reported outcome measures' (PROMs) from osteopathic treatment. As a profession, we are among the first to develop both an online service and a smartphone app to understand how our patients are doing after their treatment.

At the Osteopathic International Alliance (OIA) conference in October, NCOR Senior Research Officer Carol Fawkes presented her work to date on the project. One of her findings has been the great willingness of patients to give feedback and report outcomes – in contrast to the belief in parts of the profession that patients will feel burdened if asked to complete questionnaires.

Look out for more findings from the PROMs project in a future issue.

Incidents and experiences

The OIA conference formed part of this year's Institute of Osteopathy (iO) Convention, where NCOR also introduced the GOsC Regional Communications Network to Patient Reported Experience of Osteopathic Services (PREOS) – a new website for patients to report their experiences of care.

PREOS will not record any identifiable information about the patient or the practice concerned, but NCOR will inform the osteopathic profession of any trends identified in the reports, to help improve patient care. PREOS sits alongside the new PILARS website, which is for use by osteopaths to report incidents (see page 14).

Despite some reticence about collecting incident data, on the whole the regional group reps appreciated the need to be seen as responsible practitioners who can reflect on practice – both positive and negative – as other healthcare professionals do.

Please tell your patients about PREOS, now available at: www.ncorpreos.org.uk

Giving the patient a voice

Osteopath Peter Buxton talks candidly about the paternalistic practitioner

hose osteopaths
who were
registered before
2007 will
remember the 'Critical Cs'
workshops – one of the best
ideas ever to come from the
GOsC – which focused on
context, communication,
consent, case histories and
confidentiality. Younger
members of the profession may want to
read about them in the osteopath,

members of the profession may want to read about them in *the osteopath*, October and November 2006, available at: http://tinyurl.com/osteopath-archive-2006

There is now another C: candour (from the Latin *candor* meaning whiteness). It is defined as 'being open and honest', but it should also include being frank and free. We now have a positive duty to be candid with everyone, including our regulator; do we need any further invitation? This is a great opportunity to face up to a problem which still plagues healthcare: paternalism.

Burden of responsibility

Healthcare in the past has been very paternalistic: benign, directed towards the patient's welfare, but not allowing them a role or a voice in the process. There is now a sort of neo-paternalism in which the rights of the patient are acknowledged but not specified, and

'The patient's involvement in decision-making is reduced to taking it or leaving it'

the responsibilities of the patient are hardly mentioned. There is no balance of responsibility. The practitioner acknowledges the patient's right to be involved in decision-making, but since the practitioner feels the entire burden of responsibility, he ends up setting the agenda for the consultation, and the patient's

involvement in decision-making is reduced to taking it or leaving it. It is easy to use expressions like 'patientcentred' without meaning very much.

Much of healthcare ethics depends on recognising that everything about the patient (his disease, his body, his wishes, his treatment, information and decisions about him, etc.) should be regarded as an intrinsic part of his being, and remain under his control. Until the rights and responsibilities of the patient are identified, defined and publicised, there is no possibility of patients involving *us* in *their* decisionmaking rather than vice versa.

This would not reduce us to a state of servility; true professionalism means meeting patients in a situation of mutual respect and balanced responsibility. Of course, some patients will be able to take more responsibility than others; the practitioner must assess that, but it does not alter the basic argument.

Now look at the 'joint statement on the duty of candour' on page 5 of the October/November 2014 issue of *the osteopath*. As professionals, 'when something goes wrong' we must 'tell the patient ... apologise to the patient ... offer an appropriate remedy ... explain fully to the patient', etc. Nothing about listening to the patient, asking the

patient, letting him talk, allowing him to retain control, etc. Paternalism still.

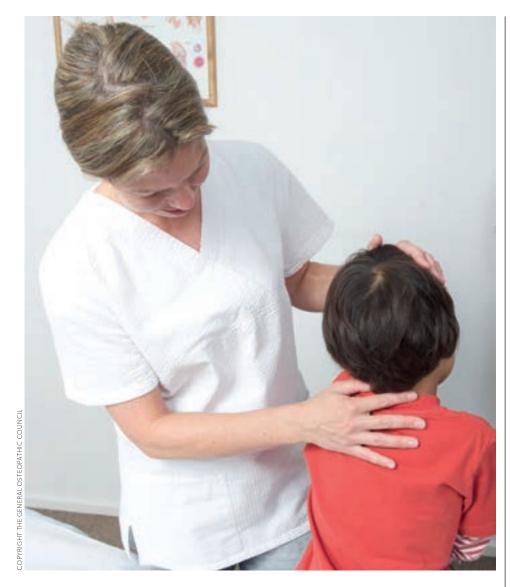
Reinforcing practitioner power

Turn over a few pages to the article on communication (one of the critical Cs, of course). All good and necessary advice, but some of the language betrays a paternalistic attitude. Patients may be 'required' to undress. No, our patients do not pay us to give them orders; it is just that it is easier to treat if you can see what you are treating. 'Would using a towel as a barrier help?' Help to what? I do not know. Osteopathic treatment means invading everybody's notion of personal space you cannot have contactless osteopathy. Using towels does not really change anything; if the patient asks for a towel then use one, but putting the idea into his head just reinforces the practitioner's power and is paternalistic. Of course consent is important, but constantly asking the patient to 'give consent' is not right; it is another practitioner-controlled agenda.

I am aware that I am identifying problems without suggesting solutions. There are no easy answers. It is important, however, that we start looking for answers. Why do patients make complaints? Very often because the treatment did not meet their expectations, and the underlying reason is that the practitioner was unaware of the expectations because the patient did not feel free to express them. Getting rid of paternalism will significantly reduce the number of complaints.

It needs the bright white light of candour to shine into the dark recess of outdated healthcare.

Do you agree with Peter's views on the balance of rights and responsibilities? Let us know by emailing editor@ osteopathy.org.uk



Identifying children at risk of abuse

Whether you work directly with children or not, as an osteopath you have a duty to identify those at risk and to communicate concerns. Can you spot the potential signs of abuse?

uidance to standard C9 of the Osteopathic Practice Standards ('Act quickly to help patients and keep them from harm') notes that osteopaths 'must comply with the law to protect children'. To do this, you must be able to recognise the factors that may indicate child abuse, and be confident in acting on them.

An article written by osteopath Andrew Maddick and colleagues in the International Journal of Osteopathic Medicine¹ has assembled information and guidance from a number of sources to help you safeguard children. The authors note that osteopaths are well placed to identify signs of abuse: 'They routinely undress paediatric patients as part of their examination, they often see the child on a number of appointments, and they usually talk with patients and their parents for the duration of the appointment.'

Child abuse is more common than you may think: in England alone, more than 43,000 children were the subject of a child protection plan (indicating that they were considered at risk of abuse) as of 31 March 2013.2

However, evidence of abuse is rarely clear-cut; you are more likely to see a child with an unusual injury, behavioural problem or risk factor, or a combination of them.

Physical abuse

According to Maddick et al, 'the physical maltreatment of a child ... may vary from an inappropriate or over-zealous smack, to regular disciplining with a slipper or cane, to sadistic beatings and torture'. Signs of recent, extreme abuse may be clear, but it can be harder to identify milder forms of physical abuse, or signs of previous abuse.

Although an injury does not necessarily indicate abuse, the following types of injury are less likely to be accidental, so may arouse your suspicions:

- injuries to the ears (especially pinch marks)
- black eyes (especially bilateral)
- injuries to the soft tissue of cheeks
- intra-oral injuries
- groin or genital injury
- injuries to the inner thighs and inner arms

- injuries to the soles of feet
- injuries with particular patterns, such as bite marks and cigarette hurns 3

Maddick et al advise asking children and their parents about any unusual injuries or suspicious marks: 'Many children suffer from odd injuries, and parents will think it only normal that the osteopath is interested.'

Sexual abuse

Clear signs of sexual abuse are unlikely to be uncovered on routine osteopathic examination (and not all sexual abuse involves contact with the child anyway). But sexually abused children may demonstrate emotional and behavioural problems, perhaps accompanied by inappropriate sexual behaviour or knowledge.3

Emotional abuse

Defined as 'the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development',4 emotional abuse may be witnessed directly in a parent's behaviour towards their child - if, for example, they threaten, bully or belittle the child, make them feel frightened or endangered, or withhold love and affection.3

However, Maddick et al advise that the signs are usually less obvious, and may be picked up by observing the child: 'Emotionally abused children may be clingy and distressed when a parent is not present, or agitated, non-compliant and unable to concentrate, or withdrawn, watchful and anxious.'

Neglect

Although child neglect was the reason for more than 40 per cent of child

protection plans in England in 2012-13,2 you are most likely to encounter it in the children of adult patients, or if you work in a hospital environment. 'Neglected children are unlikely to present in private osteopathic practice,' observe Maddick et al, 'simply because their parents will neglect their osteopathic care as they neglect other needs of the child.'

Neglect may be intentional, or it may arise from the parent's inability to cope - perhaps as a result of their own problems (such as substance abuse, learning difficulties or mental health issues) or the child's care needs.4 Physical signs of neglect include poor hygiene, clothing or nutrition; you may also suspect neglect if a parent ignores their child, uses inappropriate language in front of them, or has unrealistic expectations of the child's communication or behaviour.

Acting on suspicions

Diagnosing abuse is a matter for specially trained social workers, but you should actively consider the possibility of abuse when presented with any of the potential signs. If you have any suspicions at all, record your observations and concerns in detail in the case notes; these notes will be vital if other agencies become involved.

'Osteopaths should not wait for signs of abuse to become clear and categorical,' say Maddick et al. 'Abuse and neglect are complex issues,

'Osteopaths should not wait for signs of abuse to become clear and categorical'

and osteopaths should seek guidance and further information about children or families where there is a possibility of abuse.' Where factors in a case suggest the possibility of a particularly serious outcome, you should take action, even if you think that the outcome is unlikely.

There are different systems for child protection in each of the four nations of the UK. The National Society for the Prevention of Cruelty to Children (NSPCC) website contains information about these systems (http://tinyurl.com/uk-childprotection) and guidance on reporting requirements for professionals (http://tinyurl.com/ nspcc-reporting-factsheet).

A first step in considering whether your suspicions warrant further action may be to discuss the case with colleagues - you can find guidance on how to discuss patients without breaching confidentiality in the April/ May 2014 issue of the osteopath, available at: www.osteopathy.org. uk/uploads/the osteopath aprmay 2014.pdf

References:

- 1. Maddick AF, Feld A, Laurent S. Safeguarding children in osteopathic practice: Part 1: Identifying children at risk. International Journal of Osteopathic Medicine. 2013, in press. www. sciencedirect.com/science/article/pii/S1746068913001673 - log in to the o zone first to be able to access the full article
- 2. Department for Education. Characteristics of Children in Need in England, 2012-13. Updated July 2014. www.gov.uk/government/statistics/characteristics-of-children-in-need-inengland-2012-to-2013
- 3. Meadow R, Mok J, Rosenburg D. ABC of Child Protection (4th edition). Blackwell Publishing, 2007.
- London Safequarding Children Board. London Child Protection Procedures and Practice Guidance (5th edition). 2013. www.londoncp.co.uk/index.html

iO seeks presentations for 2015 convention



Following this year's highly successful convention

in October, the Institute of Osteopathy (iO) is now

inviting proposals for presentations at its 2015 event.

You can complete a proposal form online at: www.surveymonkey.com/s/ **MJ9NP79**

Detailed submission quidelines are available at: www.osteopathy.org/ orphaned/a-call-forpresentations/

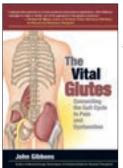
The deadline for submissions is 28 February

2015, and the convention will take place on 20-22 November 2015.

For more information, email Matthew Rogers at: matthew@osteopathy.org

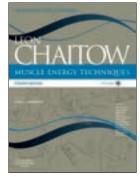
Bookshelf

A selection of illustrated reference books for osteopaths



The Vital Glutes: Connecting the Gait Cycle to Pain and Dysfunction

John Gibbons
Lotus Publishing (2014)
ISBN 978-1-905367-49-8. 208 pages
How to recognise and treat pain and
dysfunctional patterns around the body
that arise from the gluteal muscles – with
techniques to identify and correct impaired
gait patterns, and functional gluteal
exercises to promote recovery.



Muscle Energy Techniques (4th edition)

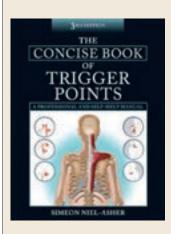
Leon Chaitow

Churchill Livingstone Elsevier (2013) ISBN 978-0-7020-4653-7. 334 pages A practical guide to applying muscle energy techniques effectively in both treatment and rehabilitative settings. Fully illustrated with clear diagrams and photographs, plus links to video clips on an associated website.



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

Book reviews



The Concise Book of Trigger Points (3rd edition)

Simeon Niel-Asher Lotus Publishing (2014) ISBN 978-1-905367-51-1

Reviewed by Emma Clarkson BSc Ost (Hons), BSc (Hons) Sport & Exercise Sciences

This book is a fantastic and concise view of trigger point therapy, with the option to use adjunctive to other forms of therapy. These include acupuncture/dry needling points, muscle energy techniques and massage techniques, with the view to move patients towards

self-help techniques such as stretching, inhibition and self-massage.

It is very easy to read as it has a simple approach to each muscle group, including anatomy and movement, referred pain patterns, and a very informative conclusion for each muscle group of differential diagnosis and possible causes of injury.

I feel this book would be a great aid to have in clinic to inform patients of trigger points or anatomy-based questions. It would also be very useful for a practitioner who is interested and more focused towards myofascial and biomechanical osteopathy therapy.

Born to Walk: Myofascial Efficiency and the Body in Movement

James Earls

Lotus Publishing (2014) ISBN 978-1-905367-47-4

Reviewed by Pauline Mather DO

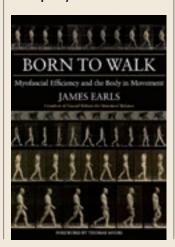
This book is about fascial connections/lines in the

three planes of the body, and their role in conserving energy during movement.

My criteria for a good read are: Can I apply it? Does it make me think? Does it encourage me to explore the subject further?

Can I apply it? Yes – as I was reading, patients came to mind who could benefit from this approach. The book is easy to navigate and so makes a good reference when trying to work out a treatment programme for the more complex patient.

Does it make me think? I like exploring ideas from professions other than osteopathy. This book has



its origins in Rolfing, which studied fascia when other professions were ignoring it. I also like hearing opinions that are contradictory to my own, as some of these concepts are. How are we to widen our knowledge if we stick to what we think we know, and only have dialogue with those who have the same opinions as us? This book challenges some of my preconceptions, which is all to the good.

Does it encourage me to explore the subject further? Yes – the Anatomy Trains model is interesting, a revisit to some anatomy books, follow up some of the papers referred to, maybe some more dissection could be in order and some study of the little-considered sternalis muscle.

Research and written theories give us permission to do what we are often doing already, and encourage us to expand and put into logical order what we often do by instinct.

This is a very good read, probably because it puts into order and expands my natural manipulative instincts.

Courses 2015

Courses are listed for general information. Inclusion does not imply approval or accreditation by the GOsC. For a more comprehensive list of courses, visit the CPD resources section of the o zone: www.osteopathy.org.uk

January

10-11

Fundamentals of applied kinesiology V: Glandular/hormonal

Speaker: Tracy S Gates DO, DIBAK and Jim Townhill DC, DIBAK

Venue: Weald House, Worthing, West Sussex

info@hanzechiropractie.nl www.icak.co.uk

12-16

SCCO Pathway module 2: Osteopathy in the cranial field

Course Director: David Douglas Mort Venue: Bavaria, Germany Tel: 01453 767607 info@sutherlandcranial college.co.uk www.sutherlandcranial college.co.uk

25

Case-illustrated osteopathic principles: Foundation Day

Speaker: Howard Beardmore Venue: Reading, Berkshire Tel: 01189 885293

biosteoltd@gmail.com www.british-institute-ofosteopathy.org

31

How to design individualised and condition-specific exercise programme

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

cpd@cpdo.net www.cpdo.net

31 January-1 February

Clinical visceral: managing persistent head and neck pain

Speaker: Joanna Crill Dawson Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

February

1

Introduction to cranial

Venue: Middlesex University
Hendon Campus, London NW4
Tel: 020 8905 1937
cpd@collegeof
osteopaths.ac.uk
www.collegeof
osteopaths.ac.uk/

1 February, 15 February, 15 March, 29 March, 14 April (Assessment), 19 April

Postgraduate studies in the field of cranial osteopathy (5 days)

Venue: Middlesex University
Hendon Campus, London NW4
Tel: 020 8905 1937
cpd@collegeof
osteopaths.ac.uk
www.collegeof
osteopaths.ac.uk/

1

Applied practical osteopathy: start of 10-month course

Venue: Reading, Berkshire Tel: 01189 885293

biosteoltd@gmail.com www.british-institute-ofosteopathy.org

4-6

Barral's advanced abdomen and pelvis

Speaker: Jean-Pierre Barral Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

7

Coaching skills for physical therapists

Speakers: Tsafi Lederman and Jenny Stacey Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

7-8

Dentistry and the cranio-sacral system

Speaker: Dr Granville Langly-Smith Venue: London NW1 Tel: 020 7483 0120 info@ccst.co.uk www.ccst.co.uk

7-8

Fundamentals of applied kinesiology VI: A return to structure – stomatognathic I

Speakers: Tracy S Gates and Jim Townhill Venue: Weald House, Worthing, West Sussex info@hanzechiropractie.nl www.icak.co.uk

7-8

An osteopathic approach to infant feeding methods and orofacial development

Course Directors: Gunn Kvivik and Line Cote Venue: Columbia Hotel, London W2 Tel: 01453 767607 info@sutherlandcranial college.co.uk www.sutherlandcranial college.co.uk

14-15

Craniosacral therapy introductory weekend

Speaker: Michael Kern DO, BCST, ND Venue: Skylight Centre, London N5 Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

14-18

Introductory course: Osteopathy in the cranial field

Course Directors: Zina Pelkey and Daniel A Shadoan Venue: Portland, Oregon, USA Tel: (+1) 317 581 0411 info@cranialacademy.org www.cranialacademy.org

1!

Bump to baby, part 1: Treating the pregnant patient - pelvic, pubis, coccyx and lumbar spine

Speaker: Miranda Clayton Venue: London School of Osteopathy, London SE1 Tel: 07792 384592 osteokids@aol.com www.mumandbaby-at-

home.com/CPD

17-22

Primary respiration and the fluid body

Speaker: Dr Michael Shea BA, MA, PhD, BCST Venue: Skylight Centre, London N5 Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

20-22

Key elements in effective osteopathic practice

Course Director: Rachel Brooks Venue: Portland, Oregon, USA Tel: (+1) 317 581 0411 info@cranialacademy.org www.cranialacademy.org

20-22

Stiles sutural course

Course Directors: Edward Stiles and Charles Beck Venue: Portland, Oregon, USA Tel: (+1) 317 581 0411 info@cranialacademy.org www.cranialacademy.org

20-22

Functional neuromuscular re-abilitation

Speaker: Dr Eyal Lederman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

March

1

Bump to baby, part 2: Treating the pregnant patient - thorax, abdomen and peripheries

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

osteokids@aol.com www.mumandbaby-athome.com/CPD

Buteyko teacher training: Adult and advanced module Venue: Cambridge

cm@teachingbuteyko.co.uk www.teachingbuteyko.co.uk

SCCO Pathway module 9: An introduction to paediatric osteopathy

Speakers: Hilary Percival and Mark Wilson Venue: Stroud, Gloucestershire Tel: 01453 767607 info@sutherlandcranial

college.co.uk www.sutherlandcranial college.co.uk

Fascia-related pain and dysfunction: research to practice

Speaker: Leon Chaitow Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

Developing osteopathy in paediatrics: Part 1

Speakers: Nancy Nunn and Daniel Stuttard Venue: Osteopathic Centre for Children, London SW18 Tel: 020 8875 5293

cpd@fpo.org.uk www.occ.uk.com/education/ other-courses

Minimally invasive manipulation

Speaker: Gavin Burt Venue: British School of Osteopathy, London Tel: 020 7284 4664 info@backsandbeyond.co.uk www.backsandbeyond.co.uk

14-15

Fundamentals of applied kinesiology VII: Stomatognathic II and peripheral joint dysfunction

Speaker: Tracy S Gates and Jim Townhill Venue: Weald House, Worthing, West Sussex info@hanzechiropractie.nl

www.icak.co.uk

Developing osteopathy in paediatrics: Part 2

Speakers: Nancy Nunn and Daniel Stuttard Venue: Osteopathic Centre for Children, London SW18 Tel: 020 8875 5293

cpd@fpo.org.uk www.occ.uk.com/ education/other-courses

16

Holding the bowls

Speaker: Andrew Stones Venue: London NW1 Tel: 020 7483 0120 info@ccst.co.uk www.ccst.co.uk

The miserable baby, part 1: Treating feeding and digestive disorders in babies

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

osteokids@aol.com www.mumandbaby-athome.com/CPD

April

11-12

Fundamentals of applied kinesiology VIII: The acupuncture meridian system

Speakers: Tracy S Gates DO, DIBAK and Jim Townhill DC,

Venue: Weald House, Worthing, West Sussex

info@hanzechiropractie.nl www.icak.co.uk

Orthopedics, posture and the primary respiratory mechanism 2

Course Directors: Maurice Bensoussan and R Paul Lee Venue: Alexandria, Virginia, USA Tel: (+1) 317 581 0411

info@cranialacademy.org www.cranialacademy.org

18

Cranio-sacral therapy introductory day

Speaker: Thomas Attlee Venue: London NW1 Tel: 020 7483 0120 info@ccst.co.uk www.ccst.co.uk

18-19

The fluid body - a continuum movement exploration

Speaker: Cherionna Menzam-Sills assisted by Jane Okondo Venue: Skylight Centre, London N5 Tel: 07000 785778 info@cranio.co.uk

www.cranio.co.uk

18-19

Conference: The developing child - an osteopathic challenge

Speakers: Dr Jane Carreiro, Peter Armitage, Chris Batten, Stuart Korth, Kok Weng Lim, Nick Woodhead, Pamela Vaill Carter, Dr Nathan Hasson, Angelika Mückler, Dr Gerhard Riegler, Dr David Angelucci, **Emily Hills** Venue: Regent's University, London NW1 Tel: 020 8875 5293 conference@fpo.org.uk www.fpoconference.org.uk

The birth process

osteopaths.ac.uk/

Venue: Middlesex University Hendon Campus, London NW4 Tel: 020 8905 1937 cpd@collegeof osteopaths.ac.uk www.collegeof

19

The miserable baby, part 3: Clinical applications day

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

osteokids@aol.com www.mumandbaby-athome.com/CPD

Managing shoulder conditions using a process approach

Speaker: Dr Eval Lederman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

SCCO Pathway module 6: Neurocranium and sacrum living bone

Speaker: Jayne Easty Venue: Proitze, Germany Tel: 01453 767607 info@sutherland cranialcollege.co.uk www.sutherland cranialcollege.co.uk

May

Birth, babies, children, mothers

Speaker: Thomas Attlee Venue: London NW1 Tel: 020 7483 0120 info@ccst.co.uk www.ccst.co.uk

14-18

SCCO Pathway module 4: BLT - Sutherland's approach

Speaker: Susan Turner Venue: Stroud, Gloucestershire Tel: 01453 767607 info@sutherland cranialcollege.co.uk www.sutherland

Beyond pain management

cranialcollege.co.uk

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

cpd@cpdo.net www.cpdo.net

The miserable baby, part 2: Treating shock, trauma and birth interventions in newborns and babies

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

osteokids@aol.com www.mumandbaby-athome.com/CPD

Postgraduate Events 2015

Musculo Skeletal Diagnostic Ultrasound

Presented by Lance Bird Saturday 17 January 2015 £140 (inclusive of lunch and refreshments)

The current use of an Imaging modality within a modern osteopathic clinic: The 'How' the 'Why' and the 'Outcomes' of the implementation of this imaging technique, from a clinical and practical perspective. This CPD day is a practical explanation of Musculo



Skeletal Ultra Sound taken from the experience gained in three and a half years of weekly MSKUS clinics at the European School of Osteopathy teach clinic. The day is designed to allow for interactive assessment of real-case presentations and real-time differential diagnosis, from osteopathic testing, taken from the working clinic; this is then further analysed using MSKUS to diagnosis. It is clinically case oriented, and the utility, limitations, and osteopathic considerations, such as osteopathic management choices and the financial implications and others, will be discussed interactively throughout.

Unlocking the Pelvis Presented by Tim Coysten Saturday 31 January 2015 £140 (inclusive of lunch and refreshments)

Unlocking the pelvis will allow you to review, and deepen, your understanding of the pelvis, and its pivotal role in low back pain and dysfunction. With practical demonstration and supervised practice you will be able to see first hand how this new way of



thinking with regard to the pelvis will allow you to get results in your practice. This seminar will examine biomechanics of the pelvis including: the biomechanics of the lower extremities and their influence on the pelvis; sacro-lliac joint function/dysfunction; influence of the pelvis on the Lumbar spine; evaluating lower extremity function/dysfunction; protocol for assessment of pelvic function/dysfunction; effective techniques for addressing lower extremity and pelvic dysfunction.

The Osteopathic Approach to Fascia

Presented by Paolo Tozzi DO Saturday 14 to Sunday 15 February 2015 - Part 2* £280 (inclusive of lunch and refreshments)

 * This course is designed to allow each part to be taken independently -attendance of Part 1 is not, therefore, a requirement for booking

The course aims to: describe the main anatomical and physiological properties of fascia; present the connective tissue as the major bio-mechanical and



bio-electrical mediator of the structure and function inter-relationship; propose various fascial mechanisms by which somatic dysfunction may be induced and maintained; illustrate the principles of tensegrity model and its application in osteopathic practice through Littlejohn's mechanics and compressional tensional approach; illustrate the most common fascial techniques in osteopathic practice and propose different fasciamediated mechanisms behind OMT efficacy and effectiveness.

Also coming up ...

Fundamentals of Visceral Osteopathy continuation of our 2014 course Presented by Jean Marie Beuckels P5: Saturday 24 to Sunday 25 January 2015 P6: Saturday 14 to Sunday 15 March 2015 P7: Saturday 9 to Sunday 10 May 2015

MET to Cervical, Thoracic, Lumbar Spine & Pelvis - A diagnostic and treatment protocol following the Mitchell Model Presented by Michael Pye Saturday 28 February to Sunday 1 March 2015

Fluid Homeostasis and the Low Pressure Systems Presented by Professor Frank Willard Saturday 7 to Sunday 8 March 2015

Research in Practice – using your own clinical resources to generate meaningful patient data Presented by Phil Bright Saturday 28 March 2015

Foundation Course in Animal Osteopathy Course Led by Dustie Houchin A three-weekend course commencing Saturday 25 April to Sunday 26 April 2015

Fundamentals of Visceral Osteopathy 2015 -Taster Day Presented by Jean Marie Beuckels Saturday 25 April 2015

Understanding the diagnostics and treatment of the lumbopelvic spine Professor Dr Andry Vleeming Friday 19 to Sunday 21 June 2015



Still Technique 1 & 2

Date: 18th January 2015 / 15th February 2015

Cost: £125 or £200 for both days

CPD: 7 hours per day

The Still Technique is described as the "application of the rediscovered techniques of Andrew Taylor Still". Based on the written fragments of Still's techniques, this is a system of osteopathic diagnosis and treatment which aspires to recreate the manipulations of the "Old Doctor". A cross between structural and functional, it can



be used as an alternative or supplement to HVT release techniques. It is applicable to every area of the body and suitable for a wide range of patients.

Who can attend this course?

The course is open to all qualified osteopaths and fourth-year undergraduates who are looking to learn more about Still's approach. You must complete day 1 to attend day 2.

NLP & Osteopathy

Dates: Saturday 31st January 2015

Cost: £125 CPD: 7 hours

NLP is described as "a system of alternative therapy... which seeks to educate people in self-awareness and effective communication, and to change their patterns of mental and emotional behaviour". For osteopaths working with people in pain, it introduces strategies to support patients that may complement clinical practice. This interactive workshop will



teach you these tools and techniques that can benefit your clinical practice. You will be introduced to NLP and learn about emotions management, perceptual filters, powerful questions, frames and meanings, and creative visualisation.

Who can attend this course?

No previous knowledge or experience of NLP is required to participate; the only necessity is an openness to learning new ideas.

Visceral Osteopathy: Thorax and Throat

Dates: Saturday 14th & Sunday 15th February

Cost: £250 CPD: 14 hours

This course will consolidate your understanding of the complex and inter-related nature of structure and function in the human body. You will review the visceral anatomy of



the body in a fully integrated format, both in function and dysfunction, and will have the opportunity to look at the ranges of visceral and structural osteopathic management including techniques, lifestyle, advice and referral mechanisms. By the end of the course you will be able to perform a variety of osteopathic techniques and design adaptations that are appropriate to the patient's needs.

Who is teaching the course?

Valeria Ferreira are Jerry Draper-Rodi are both committed osteopaths and tutors at the British School of Osteopathy.

Get in touch...

For a full list of all our CPD courses or to book your place **today**, contact Sarah McLaughlin on 020 7089 5352 or **cpd@bso.ac.uk**.

What's on?

Sat 17 January

- · Pain & Pharmacology
- Emergency First Aid
- Osteopathic Knowledge in Clinical Practice
- 3D Sports Biomechanics and Muscle Chains

Sun 18 January

. Still Technique 1

Sat 17 & Sun 18 January

· Paediatric Osteopathy

Sat 31 January

- · Pilates Foundation Workshop
- Ergonomics for Manual Therapists
- NLP and Osteopathy

Sat 31 Jan & Sun 1 Feb

Osteopathic Refresher

Sat 14 February

 A.T. Still and Nineteenth Century Law of Nature

Sun 15 February

. Still Technique 2

Sat 14 & Sun 15 February

 Visceral Osteopathy: The Thorax and Throat

Sat 28 February

- . Thoraco Lumbar Junction
- Advanced Spinal Manipulation

Fri 6 March

Keep up to date...

Our Twitter account is the quickest and easiest way to keep up to date with new courses and great offers.



@OfficialBSO

Postgraduate Certificate in Specialist Paediatric Osteopathic Practice

The BSO are delighted to announce a brand new Postgraduate Certificate in Specialist Paediatric Osteopathic Practice. Delivered over a 12 month period on weekends, this course will provide professional development and lifelong learning opportunities to osteopaths in practice nationally and internationally.

The BSO already provides successful CPD courses for osteopaths wishing to enhance their knowledge and clinical skills in this specialist area. The development of our postgraduate course is a natural evolution for the programme. The course will retain those practical aspects of the current CPD course, which enables osteopaths to enhance their clinical practice.

The course will be the only UK accredited award-bearing course in this field. It will combine the theoretical framework for specialist paediatric osteopathic practice together with practical skills development over the first three months of the course. The theoretical and skills-based learning will be followed by a nine month period of clinic-based tuition, where students will be able to refine their skills by practising on real patients in our dedicated paediatric outpatient clinic on Saturdays under expert supervision.

The course is based upon a standard osteopathic approach using traditional techniques. You will learn to operate within a multi-professional context concerning referral and joint care, team-work, and collaborative skills, putting the patient at the centre of your work.

Our first cohort will start in January 2015 with a limited number of places, so it is strongly advised that you should apply quickly if you are interested.

Start date: January 2015

Course Leader: Samantha Fennell

Duration: 12 months Course fee: £4,700

Professional Doctorate in Osteopathy

This programme, the first of its kind, blends teaching and self-motivated investigation that gives you access to a range of specialists with expertise in a variety of disciplines.

The course will introduce you to highly relevant subjects that are not normally associated, and you will have the opportunity to work at the cutting edge of osteopathic theory and practice. The emphasis is not just on understanding a theoretical body of knowledge, but is on the nature of practice itself.

You will have the chance to investigate some of the key challenges facing the profession today and allow you to develop the skills and knowledge to pursue the best interpretation, enhancing osteopathy's body of knowledge and skill.

Start date: September 2015
Course Leader: Professor Stephen Tyreman
Course fee: £3,900 per annum

OSTEDPATHIC CHILDREN

FOUNDATION FOR PAEDIATRIC OSTEOPATHY

Diploma in Paediatric Osteopathy 2015

With a proven track record of over 20 years, our Diploma in Paediatric Osteopathy is a unique two year course

which offers:

- a syllabus led and delivered by a exceptionally experienced faculty
- the opportunity to gain a profound and expert paediatric knowledge
- continuous, close supervision over 90 full days (once a week) in our internationally renowned
- the chance to develop a diverse osteopathic skill set

All reinforced by extensive, comprehensive clinical training whilst managing own patient list.

Visit http://occ.uk.com/education/diploma/ for the prospectus and details of the application process.

FOUNDATION FOR PAEDIATRIC OSTEOPATHY

Developing Osteopathy in Paediatrics Part 1: 14th March, 2015 (7 hours)

Part 2: 15th March, 2015 (7 hours)

visit www.occ.uk.com/other-courses for details and booking forms

NEW **DATES**

Keynote Speaker: Dr Jane Carreiro DO

Dr David Angelucci

The Developing Child—An Osteopathic Challenge

Peter Armitage DO DPO FSCCO

Chris Batten DO MICO MAO

Dr Nathan Hasson M.B.Ch.B. M.R.C.P. F.R.C.P.C.H

Emily Hills BSc(Hons)

Stuart Korth DO DPO FICO

Kok Weng Lim DO MSc FSCCO

Angelika Mückler MSc DO

Dr. Gerhard Riegler DO

Pamela Vaill Carter BSc(Hons) MSc ND FSCCO

Nick Woodhead DO

LIMITED PLACES: BOOK NOW

For details of subjects and booking please see www.fpoconference.org.uk for details

Venue: Regent's University London, Inner Circle, Regent's Park, London, NW1 4NS

AECC

Continuing Professional Development

Upcoming CPD seminars at AECC 2015

Dynamic Neuromuscular Stabilisation - DNS Exercise Course - Magdalena Lepsikova	31 Jan – 1 Feb
Series in Clinical Musculoskeletal Paediatrics - Paediatric Feeding, Nutrition and Growth - J Miller & M Browning	31 Jan – 1 Feb
Management of Lumbar Disc Derangements - William Morgan (Chiropractic representative for the United States Navy's Musculoskeletal Continuum of Care Advisory Board)	7 – 8 Feb
Primary Spine Practitioner Course - The Cervical Spine - Donald Murphy	14 - 15 Feb
Motion Palpation Institute - Extremities - Mark King	28 Feb - 1 Mar
Prague School to Athletic Development Series - Session One - Faulty Movement Patterns & Rehab of the Athlete - Craig Liebenson	6 - 8 Mar
Manual Therapy and Exercise Progressions in the Treatment of Common Hip and Shoulder Dysfunction - Evan Osar	28 - 29 Mar
Gait Analysis - Brett Winchester	25 - 26 Apr

For details of all postgraduate opportunities, and to book online please visit: www.aecc.ac.uk/postgraduate



≈ 0207 263 8551cpd@cpdo.net

Date	Topic	Lecturer	Cost	Deposit	CPD points
31 Jan	How to design individualised and condition specific exercise programme	Dr. Eyal Lederman	£125	£125	7
31Jan-1Feb	Clinical visceral: managing persistent head and neck pain	Jo Crill Dawson	£245	£150	14
4-5-6 Feb	Barral's advanced abdomen and pelvis	Jean Pierre Barral	Fully b	ooked	20
7 Feb	Coaching skills for physical therapists	Tsafi Lederman & Jenny Stacey	£125	£125	7
20-21-22 Feb	Functional neuromuscular Re-Abilitation (Starts Friday 17.00-20.00)	Dr. Eyal Lederman	£385	£200	20
7-8 March	Fascia-related pain and dysfunction: research to practice	Leon Chaitow	£285	£200	14
21-22 March	Hartman's Master class in Manipulative techniques: upper body	Prof Laurie Hartman	Fully b	ooked	14
25 April	Managing shoulder conditions using a process approach	Dr. Eyal Lederman	£125	£125	7
15 May	Beyond pain management	Georgie Oldfield	£125	£125	7
20-21 June	Hartman's Master class in Manipulative techniques: lower body	Prof Laurie Hartman	£295	£200	14
26-27 Sept	Functional stretching	Dr. Eyal Lederman	£265	£150	15
3 Oct	Optimising Tissue Repair with Therapeutic Intervention	Prof Tim Watson	£125	£125	7
17-18 Oct	Positional release techniques for pelvic, spinal fascial and myofascial conditions	Leon Chaitow	£285	£200	14
17-18 Oct	Clinical visceral: management of persistent back pain	Jo Crill Dawson	£245	£150	14
24-25 Oct	Hartman's Master class in Manipulative techniques: upper body	Prof Laurie Hartman	£295	£200	14
11-13 Nov	Barral's multi-systems integration	Jean Pierre Barral	Fully b	ooked	20
20-21-22 Nov	Harmonic Technique (Starts Friday 17.00-20.00	Dr. Eyal Lederman	£385	£200	20

For our extensive range of acupuncture & dry needling courses see www.cpdaonline.com

10% discount on many courses booked before Monday 5 Jan 2015 For more information, updates and booking: www.cpdo.net

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 e-mail: cpd@cpdo.net

APPLIED LYMPHATICS

the science behind the art of osteopathy



a two day event organised by
THE INSTITUTE OF CLASSICAL OSTEOPATHY

SPEAKERS Mervyn Waldman, Christian Fossum, Alex Johnson, Dr Lisa Hodge

CONFERENCE April 26th 2015, Denbies Wine Estate, Dorking, Surrey

WORKSHOPS April 27th 2015, South Street, Dorking, Surrey (not open to students)

COST (inc. lunch) per day

EARLY BIRD OFFER non-members £90, members £70, students £35 AFTER JAN 18TH non-members £100, members £80, students £40

FULL DETAILS | www.classical-osteopathy.org/events



IRISH ASSOCIATION OF PAFDIATRIC OSTEOPATHS

Diploma in Paediatric Osteopathy (D.P.O.)

We have 3-4 places becoming available February 2015 on the D.P.O. based in a stunning location in Co. Tipperary, Ireland.



This is a three year course consisting of:

6-7 Clinical days per year; with a 3-4 day residential course for techniques and theory, per year.

Clinic days are at the Daisy Clinic Trust, a children's charity treating osteopathically children with complex special needs and children/babies referred by the HSC.

For more information contact Ian Wright <u>at:clonmelosteopaths@eircom.net</u>
Tel: 00353526138800

UPCOMING COURSES

FEBRUARY 2015 -

OSTEOPATHIC APPROACH TO INFANT FEEDING

Course Director: Gunn Kvivik

Fee: £330

Date: 7th & 8th February, London

Course Summary: Gunn Kvivik leads theoretical and practical work on breast feeding vs bottle feeding and the relative impact on orofacial development.

Combined Conference Offer: Receive 25% off the 3rd Age Conference price when booking onto Osteopathic Approach to Infant Feeding.

MARCH 2015 -

MODULE 9 - INTRODUCTION TO PAEDIATRICS

Course Director: Hilary Percival

Fee: £1250

Date: 6th - 9th March, Stroud

Course Summary: Build your paediatric knowledge in order to practice safely, examine young patients with confidence and develop a deeper appreciation of the extraordinary journey from embryo through childhood.



Course Directors: Hilary Percival FSCCO and Mark Wilson FSCCO

Date: 9th March, 18 month continual course

Course Summary: The diploma aims to build and challenge your knowledge in all aspects of the treatment and care of children. It commences with Module 9 and is followed by a series of weekend workshops, clinic visits, case studies and a dissertation spread over an 18 month period.

APRIL 2015 -

MODULE 2 – OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Carl Surridge FSCCO

Date: April 25th - 29th, Leeds

Fee: £1430

Discounts available to recent graduates

Course Summary: Introducing the key concepts of the five phenomena as a way of studying and understanding the body as a whole.

MAY 2015 -

MODULE 4 - BALANCED LIGAMENTOUS TENSION, THE SUTHERLAND APPROACH

Date: 14th - 18th May, Stroud

Fee: £1195

Course Summary: Sutherland's gentle, precise and effective approach to treatment of joints in the whole body using the therapeutic principle of Balanced Ligamentous Tension.

JUNE 2015 -

3RD AGE CONFERENCE: DISCOVERING HEALTH IN ADVANCING AGE.

Date: 13th-14th June, London.

Fee: £195 per day

Course Summary: Developed to help osteopaths gain a better understanding of the needs of this age group. A two day conference to raise awareness about the special knowledge and skills that are required to treat our evergrowing ageing population and the role osteopaths can take in maintaining health in this ageing process, alongside other professionals.

JUNE 2015 -

MODULE 1 - FOUNDATION COURSE

Course Director: Penny Price & Jenny

Keraly

Date: 20th-21st June, Scotland

Fee: £275

Course Summary: Introduction to the anatomy and function of the cranium, sacrum and related structures. Perfect for anyone wanting to discover more about Sutherland's principle concepts.

JULY 2015 -

MODULE 5 – IN RECIPROCAL TENSION

Course Director: Michael Harris **Date:** 17th -19th July, Venue TBC

Fee: TBC

Course Summary: Develop your palpatory awareness of whole body interconnectedness, discover the secrets of the body's structural integrity and explore how this may influence treatment of your patients.

SEPTEMBER 2015-

MODULE 2 - OSTEOPTHY IN THE CRANIAL FIELD

Course Director: Pamela Vaill-Carter **Date:** 14th -18th Sept, London

Fee: £1,225

Course Summary: Another opportunity to discover the key concepts of the five phenomena as a way of studying and understanding the body as a whole.





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ay Cranial Course









Approved by the **Sutherland Cranial Teaching Foundation (USA)**

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Osteopath required: Fulham

I am looking for an experienced osteopath who can be a 'righthand person' to myself. I work in a mixed classical and cranial way treating babies, children and adults. My ideal colleague would have a classical and cranial training and be confident with treating babies. Please send your CV and accompanying letter for the attention of Melinda Cotton at: info@fop.co.uk

Osteopath required: Lincoln

Osteopath required to take over an existing patient list in a multi-disciplinary clinic. Cranial osteopathy an advantage but not necessary. For more information please email redroofclinic@ **qmail.com** or call Angela Riggall 07939 047414.

Osteopath required: London

We are looking for a new osteopath with at least two years of experience to join busy osteopathic practice in SW3 London. The right candidate must be familiar with visceral/cranial/structural/somato emotional technique and be ready for a long-term commitment as well as aiming to work exclusively at the practice with great return. We would gladly offer a position to a person very open-minded about osteopathy and happy to learn from our philosophy of osteopathy. Please kindly forward your CV to kate.osteopathy@gmail.com

Osteopath required: London

We're looking for a self-employed therapist (chiro, osteo, physio) to work at our dental practice in Wimbledon (London). We currently work on a commission basis, and would provide you with a platform from which to get clients. We work in conjunction with two dentists. Minimum two years' experience requested. Please forward your CV to rv4566@gmail.com

Osteopath required: Staffordshire

One/two days per week from Dec/ Jan. Must be enthusiastic, selfmotivated, have good structural skills and willing to expand an existing patient list. An interest in IVM an advantage. Please send CV and covering letter to info@ leekosteopaths.co.uk

Osteopath required: Stirling, Scotland

We are a new city-centre based wellbeing clinic and, due to high demand, we are seeking an additional osteopath to join our multi-disciplinary team. This is a great opportunity for an osteopath with a holistic approach (and maybe an interest in cranial work) to build their reputation and a strong practice. Have a look at our website: www.oneallanpark. co.uk then contact fiona@ oneallanpark.co.uk

Osteopath required: Surrey

Osteopath required to join an established and expanding osteopathic and chiropractic practice to work across two locations in Cheam and Selsdon for approximately 15 hours per week. Must be passionate and self-motivated. Contact 020 8395 1177 or email michael@ avenuehealth.co.uk

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Osteopath required: Spain

Locum position offered in Andalusia, Spain to experienced osteopath to cover five/six months' sabbatical from February 2015. Well-established clinic (since 2001) with receptionist. Average 30/40 patients weekly. Reasonable level of Spanish needed. Contact: consultacook@yahoo.co.uk or tel 07578 262 112 (UK).

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Associate Osteopath required: Cambridgeshire

Growing multi-disciplinary clinic under new ownership with fully staffed reception desk and Pilates/ gym studio. Initially Wednesday and Friday afternoons plus maternity cover Tuesday afternoons. Good prospects for further slots. All levels of experience considered. Email lee@ chatterisosteopaths.co.uk

Associate Osteopath required: Herts

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Associate Osteopath required: Norwich

Associate required for established multi-disciplinary clinic in Norwich. To take over busy, existing list of practitioner leaving for maternity. Mainly structural, but some paediatric/visceral would be optional. Immediate start. Please send CV and covering letter to rebecca@ norwichosteopathicclinic.co.uk

Associate Osteopath required: Somerset

Ideally, we are looking for an osteopath confident in structural technique but happy using a wide variety of techniques; cranial not essential. The position has become available due to the retirement of an associate from the practice. The practice is a busy, friendly place to work and has been established since 1993. Please send CV to claire.osteo@btinternet.com or phone 01460 78068.

Associate Osteopath required: Wilmslow, Cheshire

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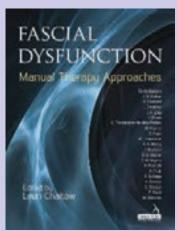


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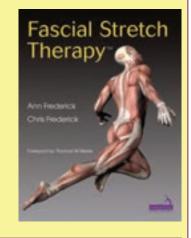
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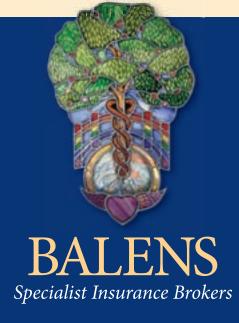
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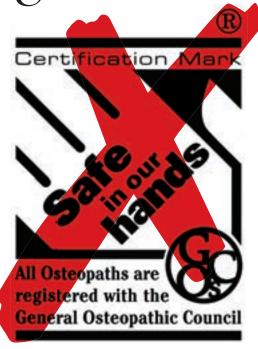
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