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# Welcome to the latest edition of the osteopath



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**Chief Executive and Registrar:**  
Tim Walker



In our first edition of 2015, the focus is on our proposed new continuing professional development (CPD) scheme for osteopaths. This is the result of several years' work with the profession, and we think it represents a better CPD scheme for you and your patients. Now we want to know what all osteopaths think, so we're conducting a major consultation exercise until 31 May.

Pages 4-8 guide you through the proposed scheme and the consultation – please visit our consultation website (<http://cpd.osteopathy.org.uk>) to find out more, then talk about the scheme with your colleagues and give us your feedback.

Besides contributing to our consultation, there are plenty of other ways in which you and your patients can be involved in developing the profession – whether it's by enhancing your own leadership skills, taking part in research projects, or helping to fund a much-needed review of manual therapies' effectiveness in the treatment of children and babies. To find out about these opportunities, see pages 9 and 16-17.

February marks the second anniversary of the Francis Report on events at Mid Staffordshire NHS Foundation Trust, which raised issues of concern for all health professionals. On pages 10-11, we explore how the GOsC and others in the osteopathic profession are working to ensure the quality of care, and we look at some of the ways in which we're putting patients at the heart of what we do.

So we can all better understand the circumstances that give osteopathic patients cause for concern, we're part of an initiative to collect a wider range of information about the issues that give rise to complaints. You can find out about the first year's results, plus resources aimed at reducing the number of concerns raised, on page 14.

We hope you enjoy reading this edition.

## Jeremy Pinel

**Email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)**

**New journal added to IJOM Plus package  
– see page 18**



## the osteopath

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

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# Have your say on new CPD scheme proposals

Consultation on our proposed new continuing professional development (CPD) scheme has begun. Over the next five pages, we describe the scheme's key elements, guide you through the consultation documents and explain how to make your views known

**B**y now, all registrants should have received a letter from GOsC Chief Executive Tim Walker, introducing this important development in osteopathic regulation and practice.

'Over the past few years we have been exploring how to update our approach to CPD,' Tim explains, 'and we also piloted a form of revalidation for osteopaths. We have now reached the point where our proposals are for a new CPD scheme, which we believe will enhance the quality of osteopathic practice and give reassurance to patients that osteopaths' practice continues to meet the required standards.'

With the letter you will have received a booklet, *Introducing our new CPD proposals*. This describes the work to date that has gone into developing the scheme, in partnership with osteopaths and others across the UK, and outlines the scheme's purpose.

## Consultation website

We are strongly encouraging all osteopaths to find out more about the new CPD proposals and take part in our consultation, and we have set up a consultation website – <http://cpd.osteopathy.org.uk> – where you can do so.

On the website you'll find drafts of the two guideline documents that will form the backbone of the proposed scheme, plus a wide range of supporting material (including case studies, templates and videos developed by osteopaths) to help you understand the scheme, meet its requirements and make it work for you and your practice.

You'll also find two documents setting out the consultation questions: a summary intended particularly for public and patients; and the full consultation questions, inviting detailed feedback on all aspects of the proposed new CPD scheme.

You can complete the consultation easily online, or there is the option to print the consultation response forms, complete them by hand and return them to us.

## Share your thoughts

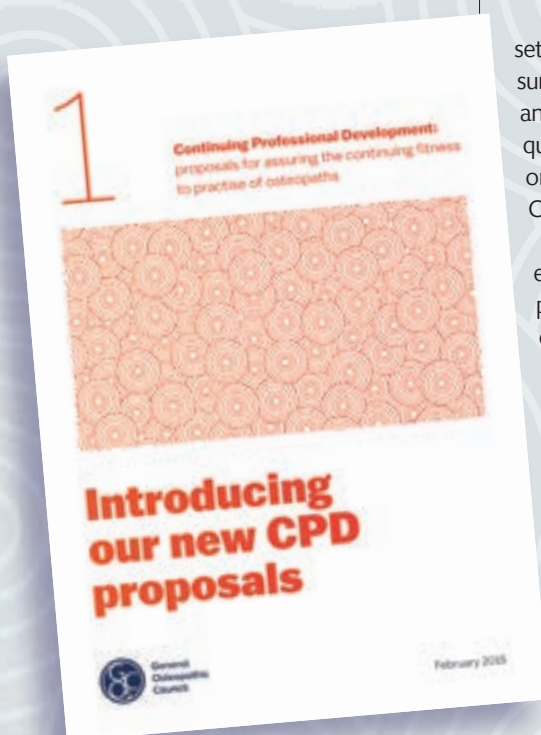
Tim Walker has already attended a number of regional groups' meetings around the country to discuss the proposed scheme, and will continue to do so during the consultation when requested. These visits have been very well-received, as Dorothy Griffiths, Chair of the Northern

Counties Society of Osteopaths, told us: "The NCSO was delighted to welcome Tim Walker to our meeting in January. We have found that by far the best way of disseminating information is by discussion, and Tim's presentation clarified the issues around CPD as well as allaying fears associated with the proposed scheme."

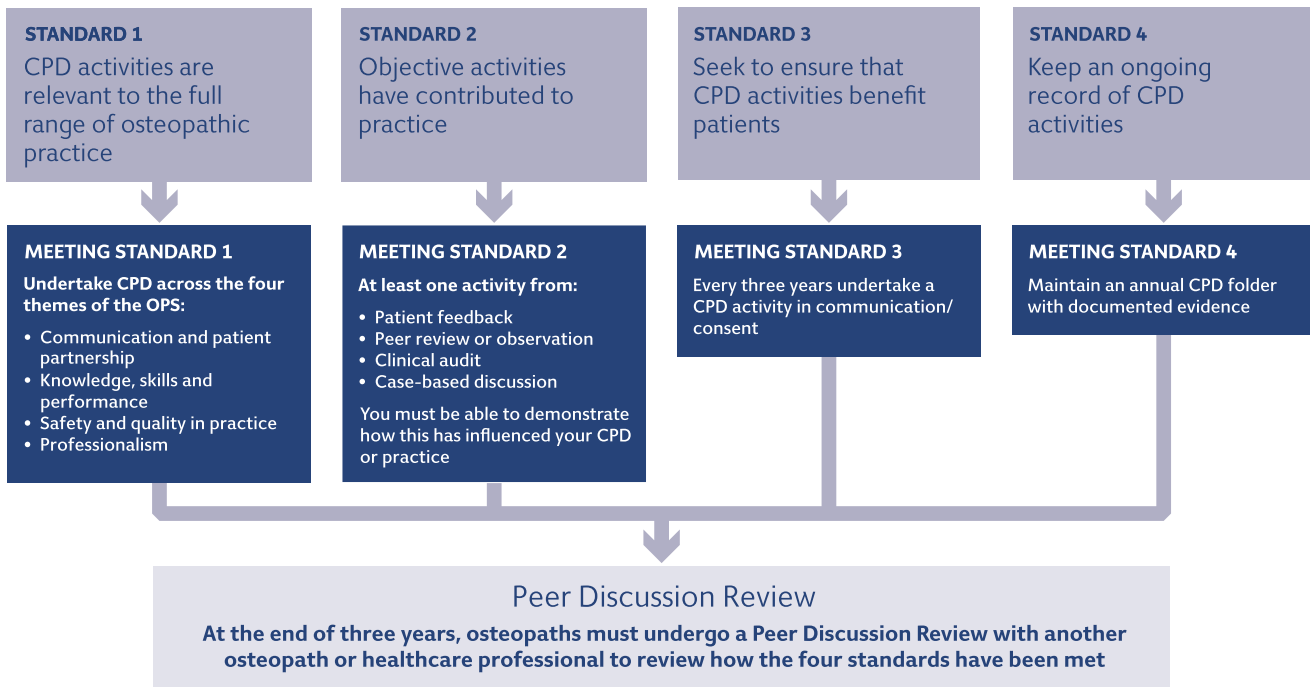
If your regional group isn't planning a meeting to discuss the proposed CPD scheme, try to find opportunities to talk about the scheme with colleagues. The more you do so, the more valuable the feedback is likely to be.

The closing date for taking part in the consultation is **31 May 2015**. We hope you will give us your views, so that we can ensure we have a scheme that will help all osteopaths develop their practice. To get you started, on pages 5-8 we look at the key documents you can find on the consultation website.

**i** If you haven't received your letter from Tim Walker and the booklet *Introducing our new CPD proposals*, please let us know by emailing [cpdconsultation@osteopathy.org.uk](mailto:cpdconsultation@osteopathy.org.uk)

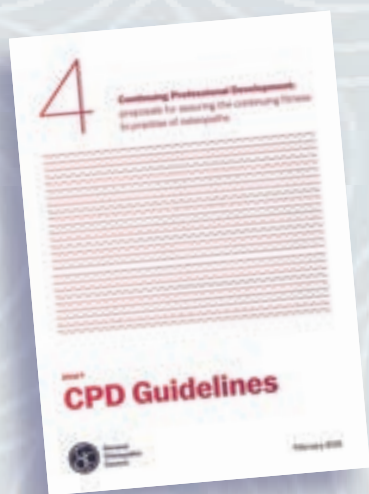


Osteopaths should meet four CPD Standards within a total of 90 hours' CPD over three years (30 hours each year).  
Of the 90 hours, at least 45 must be 'learning with others'.



# A culture of support

The draft *CPD Guidelines* are at the core of the proposed new scheme – but rather than being lengthy and prescriptive, they seek to encourage a community of learning, through which osteopaths can develop their practice



The proposed CPD scheme is designed to promote engagement, discussion and learning communities within osteopathy, building on what many osteopaths are already doing. The draft guidelines

open with the focus on the supportive *culture* that the scheme aims to develop – the essential elements of which are:

- a respectful environment, in which colleagues can share details of their practice with honesty
- the skills to give and receive constructive feedback
- an attitude of curiosity, and the ability to learn from every encounter with colleagues
- valuing the new knowledge and insights that colleagues and patients can bring.

The draft guidelines go on to outline the key features and requirements of the proposed scheme over the course of each three-year cycle of CPD,

including the four new CPD Standards, as illustrated in the diagram above.

One new requirement is the Peer Discussion Review, which we describe in more detail overleaf. This requires you to meet with a colleague at the end of every three-year CPD cycle, to review and sign off your CPD activities. You'll need to show that your activities have met all

four CPD Standards and that you have met all the requirements of the scheme.

Also included in the draft *CPD Guidelines* are:

- a year-by-year example of how an osteopath could arrange their CPD activities over the three-year cycle
- a description of how the proposed CPD scheme is likely to be audited and quality-assured.

## Consultation questions

Our consultation asks whether you think the sections of the draft *CPD Guidelines* are appropriate and clear.

You can also tell us whether you think the proposed CPD scheme:

- is one that you can comply with
- is likely to help you enhance patient care
- will encourage you to discuss your practice with others.

# Peers but no pre

The Peer Discussion Review is a significant new element of continuing professional development under the proposed scheme. Providing a space to discuss CPD and practice, and to show engagement with the scheme, it should be a positive activity for everyone involved



**A** Peer Discussion Review is defined as a 'structured formal discussion with a peer ... where osteopaths discuss their CPD and practice, and show that they have complied with the CPD scheme and the CPD Standards'.

The draft *Peer Discussion Review Guidelines* add that it should be 'a supportive process to help osteopaths learn from each other and demonstrate that they provide a high-quality experience for patients'. It is intended to help you direct your CPD activities and consider more fully the effect of your CPD on your practice.

Your Peer Discussion Review will normally take place during the last year of your three-year CPD cycle. You can choose to undertake the review at a point when you think you have already met all the CPD Standards; alternatively, you may

prefer to be reviewed early in Year 3, so that you can later address any gaps in your CPD that are identified and then undertake another review.

As a valuable learning experience in itself, your Peer Discussion Review can be claimed as CPD – both by you and by the reviewer who conducts it – and counts towards the 15 hours of 'learning with others' that are required annually.

### Arranging a review

You are responsible for arranging your own Peer Discussion Review – which includes choosing a reviewer.

A review may take place under the auspices of a regional group, an educational institution, an advanced practice group, or a member of the Osteopathic Alliance. If you want to arrange your review through any of these organisations, the draft *Peer*

*Discussion Review Guidelines* point you towards their contact details online.

Alternatively, a local osteopath or another health professional can be your reviewer – or you can ask the GOsC to conduct your review. The important thing, the draft guidelines say, is to 'select a reviewer who will help you to feel comfortable, and with whom you will be able to discuss your practice openly and honestly'.

Our proposals allow for individuals and organisations to charge a fee for

**'As a valuable learning experience in itself, your review can be claimed as CPD'**

# ssure

conducting a Peer Discussion Review. Some organisations have told us that they intend to do so, while others say they will not. Organisations that charge a fee may be more likely to train their reviewers and provide quality assurance and complaints processes. Note that paying a fee will not guarantee that your reviewer will sign off your Peer Discussion Review as complete.

## What to expect

The draft *Peer Discussion Review Guidelines* contain a detailed template for use in the review. Each section of the template includes instructions for both the reviewer and the osteopath being reviewed, to guide the discussion.

The template begins by asking for brief information about you and about the reviewer's status. This is followed by sections dedicated to each of the four CPD Standards, with space for the reviewer to comment on the relevant CPD undertaken, as well as guidance on what will, or may, constitute compliance with each standard.

There is then an overview section, allowing you and the reviewer to summarise your respective views of your CPD and practice overall, before the reviewer assesses whether each CPD Standard has been met over the course of the three-year CPD cycle. If they have all been met, the reviewer signs off the review as complete.

Discussion of your CPD folder is an integral part of the review, so you should ensure that you have your complete folder with you – this should include your CPD annual summary forms, and other evidence relating to the CPD activity you have undertaken and will be discussing.

From our experiences of piloting the proposed CPD scheme, you should expect your Peer Discussion Review to last between 60 and 90 minutes. Remember that you will be able to claim this time as CPD.

Whether the reviewer signs off your Peer Discussion Review or not, you should sign it and add it to your CPD folder. Having one or more incomplete Peer Discussion Reviews in your CPD folder will not



disadvantage you; on the contrary, completing areas of development identified in previous reviews can be taken as evidence that you have met CPD Standard 2 relating to objective activity.

If you disagree with your reviewer's opinions, you can ask somebody else to conduct another Peer Discussion Review with you. However, you must record the original review and file it in your CPD folder.

## Conducting a review

If you are asked by another osteopath to conduct their review, it is likely that you will be able to do so without the need for any training, simply by following the step-by-step instructions and guidance in the Peer Discussion Review template.

However, we will be producing videos and other resources for reviewers – and if you are acting as a reviewer under the auspices of an organisation or a regional group, they may provide you with training.

Additionally, the draft *Peer Discussion Review Guidelines* contain advice on what you should do as a reviewer if you are unsure whether the osteopath being reviewed has done enough to meet a CPD Standard, or if you become concerned about their practice.

When conducting someone else's Peer Discussion Review, remember that it is intended to be a positive learning experience for you as well – the draft guidelines point out that both parties should be 'participating genuinely and showing interest in activities, thereby helping colleagues to feel valued'.

## Group reviews

Rather than having a one-to-one review, it is also possible for you and other osteopaths to hold a group Peer Discussion Review. In an annex to the draft guidelines, we offer a case study describing how such a review was carried out by one of the Pathfinder Groups that assisted the development of the proposed scheme.

The Belfast Pathfinder Group comprises osteopaths who use different approaches and treatments, and who have a variety of patients and levels of experience. They found that a group review involving up to about eight osteopaths provided a learning experience for all participants, as well as promoting 'collegiality and a strong sense of professionalism'.

Although they acknowledged that some people do not function well in discussions with large numbers of people – and that an initial lack of familiarity with the Peer Discussion Review process may lead some to think it resembles a 'trial by jury' – the participants found themselves increasingly willing and able to share details of their practice in a constructive group environment. They thought it beneficial to have a variety of perspectives and feedback on their practice and CPD, adding: 'The group involvement can make the process more objective and robust, as it decreases the chance of "friends" ticking boxes.'

## Consultation questions

In addition to questions about their clarity and appropriateness, our consultation asks whether the draft *Peer Discussion Review Guidelines* have helped you to understand:

- how to prepare for and undertake your own Peer Discussion Review
- how you might conduct someone else's review.

You are also invited to assess whether you think a Peer Discussion Review:

- could contribute to safer and more effective practice
- is a hierarchical process
- encourages supportive discussion about areas of development.

In addition, you can comment on the circumstances in which you think it will be reasonable to charge for a review.

# Resources and case studies

We've produced three booklets that explore how you can ensure that your CPD benefits your practice and meets the requirements of the proposed new CPD scheme

## Osteopathic Practice Standards

CPD Standard 1 requires you to demonstrate that you have carried out CPD relevant to the full range of osteopathic practice – and the key to doing this is to ensure that you cover each of the four themes of the *Osteopathic Practice Standards* in your CPD.

This booklet describes how CPD providers have linked their courses to the themes of the *Osteopathic Practice Standards*, and explains how non-clinical CPD such as teaching-related activities and research can reflect those themes.

The booklet also includes examples of a completed CPD folder and annual summary forms. Noting how these have been completed may help you to meet CPD Standard 4 by maintaining a continuing record of CPD.

## Communication and consent

CPD activities in communication and consent will benefit your patients and enable you to meet CPD Standard 3. This booklet suggests ways in which you can undertake CPD in this area, and provides links to a number of online resources (including some for patients), such as videos, e-learning



and research reports. A case study describes how, during the development of the proposed new CPD scheme, the Belfast Pathfinder Group of osteopaths carried out a CPD discussion session based around two videos available on the GOsC's YouTube channel: a talk by osteopath Steve Vogel about clinical risk and adverse

reactions to treatment, and clinical psychologist Pippa Bark examining how best to communicate risks and benefits. They found that discussing the lessons from the videos in a small and supportive group, with reference to participants' own difficult cases, was valuable CPD.

There are also case studies on how researchers can undertake CPD in communication and consent, and how one CPD provider developed a course in this area.

## Objective activity

To meet CPD Standard 2, you must demonstrate that your CPD has included an objective activity that contributes to practice and the quality of care.

Pathfinder Groups of osteopaths around the UK have tried out a range of objective activities, including peer observation, role-playing practice

scenarios, case-based discussion and clinical audit. In this booklet's case studies, the groups describe what they did and the outcomes, and offer useful advice for others looking to carry out these activities.

For example, the Carlisle Pathfinder Group undertook a number of peer observations, and observed that:

- patients rarely refuse to allow peer observation of their treatment
- it is beneficial for the osteopath being observed to get to know their observer (either a fellow osteopath or another health professional) in advance, in order to build a trustful and supportive relationship
- drawing up a plan for future action afterwards helps both the observer and the osteopath being observed to consolidate the experience.



## Over to you ...

We hope this guide to the proposed CPD scheme and the consultation around it has encouraged you to find out more. You can read all the documents outlined over the past five pages, and give us your feedback on the proposals, on our dedicated consultation website at: <http://cpd.osteopathy.org.uk>



## OSTEOPATHIC DEVELOPMENT GROUP

# Are you looking for a leadership challenge?

Many osteopaths are involved with professional activities that require leadership skills, perhaps within a regional group or other professional body, an educational institution or a large osteopathic practice.

But we know that some people struggle to develop the necessary skills, or are looking to build their confidence to start taking on a leadership role. Now there is an opportunity for osteopaths to take part in a bespoke

leadership programme designed specifically for the needs of the osteopathic profession.

The programme is being developed by the Osteopathic Development Group in conjunction with the Open University. It is expected to take the form of two one-day workshops, a 25-hour e-learning module, and a supported practical project. With some financial assistance from the GOsC, we hope that the full package will cost about the same as a weekend continuing professional development (CPD) course.

If you are interested in stepping into a leadership role in the profession, or you want to develop your skills in this area, why not think about how the leadership programme might fit within your personal CPD planning for 2015-16? We hope that the first programme will commence in late spring/early summer this year; if successful, it will be repeated in 2016 and 2017.

**i** To express an interest in the programme or to learn more about it, please email [twalker@osteopathy.org.uk](mailto:twalker@osteopathy.org.uk)



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## Pilot PROMs in your practice

Measuring patients' health status using 'Patient Reported Outcome Measures' (PROMs) is becoming increasingly widespread within healthcare, and collecting PROMs data can enable you to:

- better describe your osteopathic practice
- measure the effectiveness of your care
- have data available to pursue new business opportunities
- identify audit topics for your practice

- identify meaningful areas for CPD activities.

As part of a project being undertaken by the Osteopathic Development Group, the National Council for Osteopathic Research (NCOR) has developed an app to capture osteopathic PROMs data – see the October/November 2014 issue of *the osteopath*, page 16, for details.

The PROMs app makes it possible for data about your

patients to be collected, analysed and fed back to you in the form of a summary. No patients are identified in the summary.

NCOR would like to thank everyone who has been piloting the app in their practices – but more volunteers are still needed. Most volunteers so far have been in England, and NCOR would like other areas of the UK to be represented.

Patients have told NCOR that they think data

collection is important and beneficial – many welcome the opportunity for their voice to be heard. If you are unsure whether your patients will be willing to complete questionnaires after treatment, why not ask them?

**i** Please contact Carol Fawkes at NCOR (email [c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk) or call 07732 178308) if you would like to be involved in the pilot, or to find out more.

# Francis and the GOsC – two years on

The final report of the Francis Inquiry into Stafford Hospital was published two years ago. **Tim Walker** outlines how it has shaped our work, and shows why the issues highlighted by the report are important learning for all healthcare professionals

Robert Francis QC, Chair of the Mid Staffordshire NHS Foundation Trust Public Inquiry into Stafford Hospital



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When the Francis Report was published, a common question that I was asked by osteopaths was: 'What has this got to do with us?'

Although it focused on the failings of the NHS, secondary care and doctors and nurses, the report highlighted the ways in which many individuals failed to meet the standards expected of them – and how this has contributed to a continuing erosion of confidence in healthcare professionals.

Along with all other regulators, the GOsC was asked to consider the report's findings and recommendations. We identified a number of key issues and set these out in a 'Francis Report action plan', which continues to be reviewed by Council. We have also tried to ensure that we look at issues through a Francis 'lens', aiming always to put the patient at the heart of what we do.

The action plan covers four areas:

- openness and candour
- listening to patients
- accountability
- education, training and professionalism.

Council will receive an update on this work at its February 2015 meeting.

Openness and candour were key concerns of Francis, and we have worked with all the regulators of health professionals to try to establish a consistent approach in this area. A joint statement on a professional duty of candour was signed by all the regulators' Chief Executives last October, and published on our website at: <http://tinyurl.com/joint-statement-candour>. We plan to publish more guidance for osteopaths in this area, which we will develop with practitioners and patients.

To encourage an open learning culture within the profession, we have supported NCOR's work on adverse event reporting through its PILARS website (see page 17).

We have extended our work with patients, recruiting more members to our Patient Partnership Group (see page 11) and carrying out an extensive survey of patients and the public to learn more about the aspects of osteopathic care and its regulation that are important to them; the survey results will be published shortly.

**'Overall, the message to the regulator and the profession is not to be complacent'**

Patient interests are also reflected in the draft service standards for osteopathy, on which the Osteopathic Development Group has consulted recently – you can find out more about these standards at: <http://tinyurl.com/odg-service-standards>.

We have also sought to strengthen our information sharing, particularly where osteopaths or their workplaces are regulated by others. There is a growing understanding that many of these responsibilities are shared by many people – particularly where an osteopath works in the NHS – and the GOsC cannot work in isolation.

Finally, we have continued to work with the osteopathic educational institutions to promote patient-centred care and professionalism. This has included: exploring how patients can best contribute to osteopathic education; holding discussion meetings with students about issues of professionalism; and looking at important issues around student/tutor boundaries.

We also believe that the development of our new CPD scheme (see pages 4-8), with its emphasis on obtaining feedback and discussing practice with colleagues, will help maintain and support public confidence in osteopathy.

Overall, the message to the regulators and professions not directly involved in the events at Mid Staffs (or other major failures in healthcare elsewhere) is not to be complacent. Patients place their trust in healthcare professionals, often when they are at their most vulnerable. That trust is not given as of right; it must be earned and nurtured if it is to be maintained.



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# Listening to patients

Most osteopaths regard feedback from their patients as a valuable aid to developing and improving their practice – and we need to hear patients' opinions too, to do our work as a regulator effectively

**U**nderstanding the needs, views and concerns of patients and the public can help the GOsC to promote awareness of osteopathic care and develop standards and guidance – which in turn helps you to deliver quality care that meets ever-evolving patient expectations.

One way that we access patient and public opinion is through our Patient Partnership Group (PPG). Established two years ago, it now has 36 members from across the UK, including patients with varied experiences of osteopathy as well as people who have never received osteopathic treatment.

The PPG is predominantly an online community, and participants can be

involved as much or as little as they like. Some join the group after being told about it by their osteopaths, while others are recruited through local Healthwatch and other patient/public networks across the UK.

## Focus group

From time to time we invite PPG members (and other osteopathic patients and the public) to meet in person. Most recently, we held a patient focus group in December seeking feedback on:

- the 'threshold criteria' that will set out for the first time the types of complaint that the GOsC should or should not deal with
- candour – what patients would expect of an osteopath if something goes wrong.

Like all our patient interactions, this focus group provided a fresh perspective on the issues, which – along with the views of osteopaths – has fed into our decision-making.

Looking at the GOsC's draft guidance on threshold criteria (available on our website at: <http://tinyurl.com/gosc-draft-upc-guidance>), for example, participants shared their thoughts about the sorts of issues that they thought the GOsC should deal with, and about whether the criteria might be misinterpreted as being exhaustive. We'll report more on the threshold criteria in the next issue of *the osteopath*.

The focus group also considered the professional duty of candour (see page 10), and what they would expect of an osteopath if and when something went wrong.

There was support for osteopaths being open, making a record of the incident and offering a remedy, as appropriate. At the same time, participants thought there should be guidance for osteopaths on what to do, and 'a safe place' provided for the profession to report and address such events. They also felt that candour is just as relevant to interactions with fellow health professionals as to interactions with patients.

## Benefits

As well as benefiting the GOsC, taking part in the PPG can be of value to the patients and public concerned.

"I am so glad my osteopath asked me to get involved," says PPG member Nicky Pender. "It's enabled me to better understand how osteopaths are trained and keep their skills up to date, and how they are regulated. I've also been able to help the GOsC consider better ways of presenting their patient information literature.

"I urge all osteopaths to encourage their patients to join the Patient Partnership Group – there is the potential for both sides to get an awful lot out of it."

We are grateful to all osteopaths who have told their patients about the PPG, and we are always keen to recruit more members so that we can continue to benefit from a broad spectrum of patient/public opinion.

■ If you think your patients might be interested, we would love to hear from you – email Sarah Eldred at: [seldred@osteopathy.org.uk](mailto:seldred@osteopathy.org.uk)



## CPD spotlight: teaching

If you are involved in osteopathic education, you may wish to claim continuing professional development (CPD) hours for teaching, mentoring and tutorial-based activities. The key to this lies in the type of 'development' that you can demonstrate, as teaching itself does *not* count towards CPD.

Time spent preparing for or following up from teaching *can* be included on your CPD annual summary form. This may include:

- discussion and debate with colleagues
- sourcing and preparing new lecture material
- teacher training programmes
- involvement in research.

However, indirect learning – such as the development of communication and educational skills through the continued and repetitive practice of delivering lectures and presentations – is not considered to enhance or develop your osteopathic knowledge and skills, and so does not count for CPD purposes.

When recording teaching-related activities on your CPD annual summary form, you must list each activity separately and explain clearly:

- what the activity was
- how much time you spent on it (including how many hours were spent learning with others and how many by yourself)
- your purpose in undertaking that particular activity, and why you chose it to enhance your professional skills and knowledge.

Examples of evidence for your CPD record folder might include copies of educational materials you produced or a record of relevant discussions.

**i** For more information on acceptable CPD activities and types of evidence, see pages 14–20 of the *CPD Guidelines* (<http://tinyurl.com/gosc-cpd>).

# Understanding practice values

What are 'osteopathic values'? How do they influence the way that you practice, and how you interpret and apply the *Osteopathic Practice Standards*? And what happens if an osteopath's values conflict with their patient's own values and expectations?

The GOsC has begun exploring these questions (see the Dec 2014/Jan 2015 issue of *the osteopath*, pages 6–7), and held a seminar last November involving osteopaths, patients, academics, other health professionals and regulators.

Early discussions showed that 'values' meant different things to different people (for example, some used the words 'motivation', 'trust' and 'belief', while others referred to 'standards' and 'doing it right'), but there was more agreement when describing what makes a good osteopath – the terms 'caring' (compassion, empathy), 'knowledge' (skills, techniques, expertise) and 'professionalism' were common choices.

The challenges involved in applying values in practice were illustrated when the participants looked at two real-life scenarios – one involving a patient whose desired outcomes from treatment (based on her perception of her own capabilities) differed from those of the

osteopath, who felt that more could be achieved; and the other involving a new patient who wanted a specific treatment (as provided previously by another osteopath) that the osteopath thought unnecessary and unhelpful.

This provoked robust debate about the practitioner-patient relationship and the osteopath's role in patient care. It was agreed that 'wanting to help' is a common value among osteopaths, but that tensions could arise in determining the 'best thing for the patient' if the osteopath felt that adapting their treatment to the patient's preferences and choices would compromise their integrity. How can osteopaths best communicate the complexity of these sometimes conflicting pressures when discussing treatment with patients? And might they need to adapt their values in order to be genuinely patient-centred?

A workshop this summer will examine the tensions identified in the scenarios, to understand better the role of values in practice – and how this may be reflected in the next edition of the *Osteopathic Practice Standards*. We'll be engaging with the wider profession as part of this important work; look out for updates in future editions of *the osteopath*.



# What do patients complain about?

By building a comprehensive picture of the issues that concern patients, we can ensure that we provide appropriate guidance and improve the quality of osteopathic care

The GOsC isn't the only place that osteopathic patients turn to if they have concerns. So we're working with other organisations to pool our information about the issues that provoke complaints and claims.

Since 2013, the GOsC, the Institute of Osteopathy and the major providers of osteopathic professional indemnity insurance have applied a common system for classifying concerns about osteopaths and osteopathic services.

Every concern raised with any of these organisations (whether it leads to a formal investigation or not) is recorded in one or more of 54 categories.

At the end of every year, each organisation adds up the number of concerns recorded in each category and submits this information to the National Council for Osteopathic Research (NCOR), which aggregates and analyses the data. To avoid duplication, the insurers and the Institute of Osteopathy omit concerns that they know have also been raised with the GOsC.

## Causes of concern

NCOR's report on the data collected during the initiative's first year reveals that more than half (55 per cent) of the concerns raised in 2013 related to **practitioner conduct**, mostly as a result of:

- ineffective or inappropriate

communication, or failure to obtain informed consent (so that there was no shared decision-making with the patient)

- sexual impropriety, conducting a personal relationship with a patient, failing to protect a patient's dignity and modesty, or failing to offer a chaperone.

Almost all of the other reported concerns (42 per cent) were about **clinical care**, including:

- treatment perceived to have caused new or increased pain
- treatment that was inappropriate or not justified
- no diagnosis or inadequate diagnosis.

## Improving practice

A variety of resources are available to help osteopaths address these common areas of concern.

Improving **practitioner-patient communication**, especially in relation to **gaining consent**, is already recognised as a priority. Our proposed new CPD scheme requires osteopaths to enhance these skills regularly (see page 5), and our booklet *Resources and Case Studies: Communication and Consent* (see page 8) can help you to undertake this CPD.

We have produced two new resources relating to obtaining consent: a set of scenarios to help you understand issues around patients' capacity to give consent, and module two

of our e-learning series about 'Exploring ethical dilemmas in practice'. You can find these on the **o zone** at: <http://tinyurl.com/obtaining-consent> and <http://tinyurl.com/ozone-standards> respectively.

In response to a number of complaints alleging breaches of **professional and sexual boundaries**, we've published advice on appropriate conduct in the October/November 2014 issue of *the osteopath* (page 11) and our December 2014 *Fitness to Practise Bulletin* (available via the **o zone** at: <http://tinyurl.com/ozone-ftp-bulletin>).

Research led by NCOR for the GOsC has shown that half of patients are likely to feel some discomfort or soreness for 24-48 hours immediately after treatment. It is vital that osteopaths **explain the common risks** (along with the benefits) of treatment to patients, and the NCOR website has extensive information on this issue at: <http://tinyurl.com/ncor-benefit-risk>.

A report on concerns raised during 2014 will be produced by NCOR later this year. Data collected under this initiative will continue to shape targeted guidance for osteopaths, patients and educators – and we encourage you to read the 2013 report and reflect on indicators for improvement in your own practice.

**i** The NCOR report, *Types of Concerns Raised about Osteopaths and Osteopathic Services in 2013*, is available at: <http://tinyurl.com/gosc-concerns-2013>

## 'More than half of the concerns raised related to issues around the practitioner's conduct'



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# Registration on the Rock

Osteopaths in Gibraltar are now better equipped to assure patients of their fitness to practise, after a change to the law last month – and they now have their own regional group.

As a British Overseas Territory, Gibraltar has its own government but retains strong links to the UK. Since 15 January, it has been an offence for osteopaths (along with chiropractors and 21 other types of ‘allied health professional’) to work there unless they are registered with the Gibraltar Medical Registration Board. And to be registered with the Board, osteopaths must first be on

the GOsC’s Register.

On the day that the law came into effect, representatives of three UK health regulators – the GOsC, the General Chiropractic Council and the Health and Care Professions Council – were in Gibraltar to sign Memoranda of Understanding on the exchange of information with the Medical Registration Board.

Representing the GOsC, our Head of Policy and Communications, Brigid Tucker, also enjoyed a very productive meeting with Gibraltar’s osteopaths. This was an opportunity to learn more about the nature of practice in this tight-knit

community, and to discuss some of our current projects, including proposals for enhancing our continuing professional development (CPD) scheme.

The meeting led to the

creation of a new regional group, the Gibraltar Osteopathic Society, which is enthusiastically planning regular meetings to share and compare practice matters and create CPD opportunities.



ALGEMOTO / SHUTTERSTOCK

## Reader survey results

Last year we asked all readers to give us their opinions of *the osteopath*. Many thanks to those of you who took the time to reply – your input is helping us to develop the magazine so that it meets

your needs and is relevant to your practice.

Two-thirds (66 per cent) of respondents to the survey said they read all or most of *the osteopath*. A similar number (64 per cent) rated the magazine’s relevance as good or very good, while its layout and language were both deemed good or very good by more than three-quarters of respondents. We are pleased that most of you think we’re on the right track, but we’ve noted all the responses and will continue to seek improvements.

A large majority of those responding thought it was appropriate for the magazine to remain a bi-monthly, printed publication.

About half of respondents said they had responded to advertisements in *the osteopath*. Recognising the value that our readers place on appropriate advertisements, and in response to demand for advertising space from training providers, this issue we have added four pages of advertisements for CPD courses to the magazine; however, there

has been no reduction in editorial content to accommodate this.

Many survey responses included comments on various aspects of *the osteopath* and suggestions for improvements, reflecting a diverse range of views within the profession. This feedback is already influencing the magazine’s content, and will continue to do so. Our aim is to produce a magazine that is interesting and engaging while retaining its focus on topics associated with the GOsC’s activities and purpose – such as setting and developing standards, encouraging best practice, and reflecting the patient and public perspective.

We want *the osteopath* to be valued by all its readers as a useful and practical source of the most up-to-date information about the regulation and development of osteopathic practice. We always welcome your views on how we are doing – please email [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk) with any comments, suggestions or letters for publication.



# Supporting research is child's play

By making a small donation to the National Council for Osteopathic Research (NCOR), you'll help to increase understanding of osteopathy's effectiveness in treating children and babies. NCOR's **Austin Plunkett** explains how

**A**lthough it's estimated that up to a quarter of osteopaths worldwide treat babies and children regularly,<sup>1</sup> critics of osteopathy often point to the lack of robust evidence in this area. NCOR believes there is a need to provide data about treatments in order to develop therapeutic approaches and improve patient care.

There is now the potential for us to explore

whether osteopathic treatments can reduce symptoms in children, reduce the duration of those symptoms, and change the dosage requirements for medications. To conduct this research, we need to employ a researcher to systematically review the published data on manual therapeutic approaches for the care of babies and children. This will cost around £30,000.

If every osteopath in the UK donated just £5, we would easily reach this target.

You can make your donation at [www.ncor.org.uk/donate](http://www.ncor.org.uk/donate)

## Spread the word

If you can't donate yourself, do you know others who may be willing to make a contribution? Please pass on our message to your friends, your colleagues and your patients. By spreading the word, you'll make a real difference.

You can follow us on Twitter, Facebook, YouTube, Google Plus and LinkedIn:

- [twitter.com/ncor\\_uk](https://twitter.com/ncor_uk)
- [facebook.com/NCORnews](https://facebook.com/NCORnews)
- [bit.ly/ncor-youtube](https://bit.ly/ncor-youtube)
- [bit.ly/ncor-google-plus](https://bit.ly/ncor-google-plus)
- [linkedin.com/company/national-council-for-osteopathic-research](https://linkedin.com/company/national-council-for-osteopathic-research)

Why not share our tweets and updates, and use the #ncordonor hashtag in your own messages such as:

**I am an #ncordonor – I support osteopathic research. Share and donate here <http://www.ncor.org.uk/donate>**

Thank you. Together we can improve the care of our young patients around the world.

1. Osteopathic International Alliance. *Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery*. 2013. <http://bit.ly/oia-global-view>



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## Q What will I get for my donation?

**A** Donors will be able to download an early copy of the report that we will write after the research is completed, and we will acknowledge all donors on our website (unless they ask not to be named).

## Q I'm a UK taxpayer. Can I Gift Aid my donation?

**A** If you pay tax in the UK, please use Gift Aid. Simply provide your name and address when you donate – see [www.ncor.org.uk/donate](http://www.ncor.org.uk/donate) for details.

## Q What will happen to the review's findings?

**A** We will publish the findings of the review, as this is good practice and provides information for all clinicians (in osteopathy and other healthcare disciplines) and parents/carers. The findings will show where existing research might recommend treatment, and signpost where there is insufficient evidence (and hence the need for future research). All the findings will help osteopaths to reflect on their practice and develop it further. We hope this research

will prompt constructive discussion and collaboration.

## Q Do research institutes usually ask for money?

**A** It is increasingly common for research institutes to use 'crowdfunding' to raise money for projects, particularly in the charity sector. Research-dedicated crowdfunding services exist, but they charge a fee, sometimes even if the campaign doesn't reach its target. NCOR has decided to host its own campaign page, and to use PayPal to handle donations securely.

## Q Will 100 per cent of my donation go towards this research?

**A** Yes, after we have paid PayPal's fee. Because NCOR is a UK-registered charity, the fee is reduced to just 1.2 per cent.

## Q What happens if you don't raise all the funds?

**A** All income generated by this campaign will be used to investigate the treatment of babies and children, even if we do not raise enough for a systematic review.



# Back pain study needs volunteers

**R**esearchers at the University of Southampton are investigating how practitioners' attitudes, beliefs, clinic environments and communication styles can affect the outcomes of

back-pain therapy – and they're looking for osteopaths and patients to help.

The aim of the MOCAM (Mechanisms in Orthodox and Complementary and Alternative Medicine Management of Back Pain)

study is to develop a greater understanding of the 'non-specific effects of treatment' on pain and disability.

"We want to know which effects are the most powerful, how they compare between different treatments (osteopathy, acupuncture and physiotherapy), and how they generate positive outcomes for people with back pain," says MOCAM coordinator Dr Susan Eardley.

"If we can better understand how they work, we may be able to harness these effects to improve the success of treatments for back pain."

The researchers are now seeking osteopaths who are willing to recruit 10-30 adults presenting for treatment with a new episode of back pain,

through both private and NHS clinics. The osteopaths will offer study information packs to eligible patients, and will complete two short questionnaires about each participating patient's treatment (one when the patient is recruited and one at the end of treatment). Patients who agree to take part will be sent questionnaires about themselves and their back pain at several time points.

The osteopaths will be asked to perform their treatments as they would normally, and will be reimbursed for their time.

**i** To take part in the study or request further information, please email Dr Susan Eardley at: [s.eardley@soton.ac.uk](mailto:s.eardley@soton.ac.uk) or telephone 023 8059 1842.



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## PILARS and PREOS leaflets

You should find two leaflets enclosed with this issue of *the osteopath*, encouraging you and your patients to use NCOR's new online reporting facilities.

The **Patient Incident Learning and Reporting System (PILARS)** is a website where osteopaths can anonymously discuss incidents that occur in clinics – perhaps involving patient or practitioner safety, or adverse events associated with treatment. These discussions are not accessible by patients or other healthcare professionals.

**Patient Reported Experiences of Osteopathic Services (PREOS)** enables patients to report their experiences of osteopathic care anonymously. While patients are generally very

happy with their experiences of osteopathy, sometimes they are not comfortable raising issues directly with their osteopath – PREOS provides a mechanism for gathering feedback that is important to improving services and meeting patient needs.

NCOR will remove any information on either website that identifies osteopaths or patients, and will not share any such information with the GOsC.

If you want more copies of either leaflet, you can download them from <http://bit.ly/ncor-pilars-leaflet> and <http://bit.ly/ncor-preos-leaflet>. Please display some PREOS leaflets in your clinic so that patients can find out about the service.

On the back of each leaflet is information about NCOR's campaign to raise funds for research into the treatment of children – so patients who read about PREOS

will also have the opportunity to make a donation. From previous surveys, we know that many patients appreciate being given a chance to help osteopathy – if every patient donated just £1 on top of their treatment fee, it would make a huge difference to the campaign.



**'Please display the leaflets in your clinic so patients can find out about PREOS'**

# New journal for IJOM Plus

Registrants now have free online access to the *Journal of Manipulative and Physiological Therapeutics (JMPT)* as part of the IJOM Plus package



Focusing on current developments in therapeutics and reviews of clinically oriented research, the *JMPT* was established in 1978 and is published nine times per year. Its editorial board includes leading clinical low-back and spine researchers from medicine, osteopathy and chiropractic.

The *JMPT* has been added to the IJOM Plus package as a replacement for the journal *Pain*. You also have free access to the content in the following research journals, from 2010 to date:

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

Additionally, you can continue to read articles from Volumes 148-155 (2010-2014) of *Pain*.

You can access all journals in IJOM Plus via the 'Resources' section of the o zone at: <http://tinyurl.com/ozone-journals>

## Noteworthy articles

To help you make the most of your free access to *JMPT*, we asked Carol Fawkes, Senior Research Officer at NCOR, to highlight some noteworthy recent articles from the journal:

**Manipulative therapy and rehabilitation for recurrent ankle sprain with functional instability: a short-term, assessor-blind, parallel-group randomised trial**, Lubbe D, Lakhani E, Brantingham JW, *et al.*, *JMPT*. 2015;38:22-34. <http://tinyurl.com/jmpt-lubbe>

This randomised trial involved 33 patients experiencing recurrent ankle sprain with functional instability. They were randomly allocated to undergo rehabilitation alone (peroneal muscle strengthening involving a resistance band, and proprioceptive training using a 'wobble board'), or a combination of rehabilitation with chiropractic management. Patients in the latter group received manipulation to the sub-talar and tarsal joints where appropriate, according to assessment by a chiropractor.

The researchers identified that the patients receiving chiropractic care and rehabilitation reported significant short-term reduction in pain but not disability.

**Manual and manipulative therapy in addition to rehabilitation for osteoarthritis of the knee: assessor-blind randomised pilot trial**, Dwyer L, Parkin-Smith GF, Brantingham JW, *et al.* *JMPT*. 2015;38:1-21.e2. <http://tinyurl.com/jmpt-dwyer>

This study addressed the feasibility of a larger confirmatory trial studying the management of osteoarthritis of the knee joint. It looked at three approaches to managing this condition over four weeks:

- six treatment sessions involving manual and manipulative techniques
- training in home rehabilitation followed by a home rehabilitation programme
- treatment plus a rehabilitation programme.

Statistically significant improvements (using a range of measures) were found in all three groups. The results of the study support the view that a confirmatory trial is feasible, and provide direction on the interventions to use and an appropriate participant sample size.

**Evaluation of myofascial trigger points using infrared thermography: a critical review of the literature**, Dibai-Filho AV, Guirro RR. *JMPT*. 2015;38:86-92. <http://tinyurl.com/jmpt-dibai>

Infrared thermography is used widely to measure skin temperature, and has been employed to evaluate the effects of therapeutic interventions on patients with musculoskeletal symptoms; skin temperature patterns have been studied in patients with and without symptoms to identify areas of pain and dysfunction.

Myofascial trigger points are closely related to alterations in autonomic and metabolic activity, raising the possibility that infrared thermography could detect changes in local microcirculation and sympathetic activity.

This review used identified search terms to explore research databases and other resources, identifying 11 studies; four of these were found to meet eligibility criteria after assessment with the Quality Assessment of Diagnostic Accuracy Studies tool. The small number of identified studies did not agree on skin temperature patterns in the presence of myofascial trigger points.

# Bringing journals to life

All titles in the IJOM Plus package, which you can access free of charge through the **o zone**, are now presented online in an 'interactive article' style. Elsevier's **Sarah Davies** outlines the benefits

The internet enables information to be shared quickly around the world and, in recent years, there has been an increase in research output and article publication. A wealth of information for clinicians, students and researchers is now available online, but the sheer quantity can be difficult to wade through.

Readers want to be able to find the right information – and find it quickly – while authors want their work to be

found and read. Fortunately, publishing research and information online has enabled a more rounded interaction between readers and authors. For the past year, online articles in the IJOM Plus package have been presented in a new design based on three main principles:

- readability – making the article the centre of the design
- discoverability – placing the right content in the right place on the screen, and in the right time for the readers' workflow/processes

- extensibility – ensuring that the layout enhances readability and discoverability.

In line with these principles, the online view of every article consists of three panes:

**Presentation** (navigation) – you can view the structure of the article at a glance, and jump instantly to any section, figure or table.

**Content** (reading) – the article, clearly laid out for reading on screen (and also available as a PDF or in an e-reader format). You can download any figure as an image or PowerPoint slide, and any table as a .csv file.

**Added value** (context) – quick links to recommended journal and book content, and other articles that cite the article. If you click on a footnote in the main content, this area is where the footnote will appear, so that you can read the footnote without breaking the flow of the article.

Reader response to the interactive article style has been very positive. Why not try it for yourself?

**'A key principle is discoverability – the right content in the right place at the right time'**

**Presentation pane**      **Content pane**      **Value added pane**

Easy and quick navigation to specific parts of the article

Choice of viewing formats allows for easy reading

Links to further reading provide valuable context

# Evolution in education

Late last year, **Dr Ian Drysdale** retired as Principal of the British College of Osteopathic Medicine (BCOM). We invited him to reflect briefly on the changes and developments he has seen during his 44-year association with the College

**I**n the UK, the *Osteopaths Act 1993* has been the single most important and positive development to date in our profession. A number of changes helped to facilitate the Act, and have since led to further progress.

Our current osteopathic educational institutions (OEIs) have well-documented syllabuses and strongly underpinned quality assurance. Programmes are university-validated and are accredited by the GOsC via the Quality Assurance Agency, which requires cross-mapping the taught syllabus with all the professional requirements of the *Osteopathic Practice Standards*.

This could hardly be more different from the situation in the 1970s, when the syllabus was 'fluid' and often lecturer-led, the documentation was 'informal' and the assessment procedures (while valid, rigorous and robust) were unstandardised. Support facilities for student learning were primitive, with small and dated libraries, little physiological testing equipment (except that required for clinical examination), and negligible

**'In the 1970s, treatment tables often doubled as desks in "chalk and talk" theory classes'**



student or institutional research. Classroom facilities were basic, often with treatment tables doubling as desks in 'chalk and talk' theory classes.

Students now enjoy a much higher standard, which has been enabled partly by general technological

advances and partly through catch-up with the norm in higher education – for example, formalised documentation, library facilities, journal access, physiological measuring equipment and facilities, and specialist personnel supporting student research.

### Academic staff

To support and guide students, appropriate academic staff are essential. In the 1970s, most were practising osteopaths who taught their special-interest subject part-time. I considered this to be *the* major inhibition to OEI development, progression and acceptance within UK academia. Today, academic lecturers with specialist qualifications and research exposure teach at least the basic sciences and research methodology, while the specialist osteopaths (now mostly with degrees) concentrate on osteopathic technique and clinical practice. Many OEIs have a full-time core of faculty who form a contact centre for students and actively support student and institutional research.

The outcome qualification for the (now, as then) four-year, full-time or

five/six-year extended pathway studies was, at most OEIs, a self-validated Diploma in Osteopathy that was largely unrecognised by UK academia and held only fragile international credibility. OEIs have developed from the original DO through Bachelor's level, and now many offer integrated Master's-level qualifications which are part of the UK academic mainstream. Also, OEIs now provide support for postgraduate Master's and PhD students, international research conferences (such as the International Conference on Advances in Osteopathic Research) and the *International Journal of Osteopathic Medicine* – a further sign of maturing academic standards.

Through all these changes, practice by osteopaths has continued. There have been developments in practice format, with the slow increase in the exposure of NHS patients to osteopathic treatment and the movement away from single-handed to group and multidisciplinary practice; these must continue, together with a rise in the number of patients supported.

The future of osteopathy also requires the continued development of the OEIs and their academic foundation, with more good-quality, robust research to further underpin and extend the evidence base of practice.

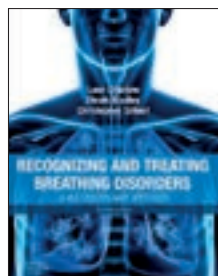
I feel privileged to have worked with some fantastic people, been part of this great profession, and played some part in its development. I wish the profession a great and bright future.

# Bookshelf

A selection of illustrated reference books for osteopaths

## Recognizing and Treating Breathing Disorders: A Multidisciplinary Approach (2nd edition)

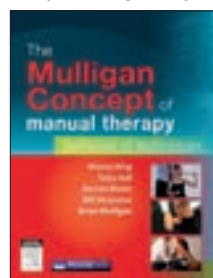
Leon Chaitow, Dinah Bradley and Christopher Gilbert



Churchill Livingstone Elsevier (2014)  
ISBN 978-0-7020-4980-4. 320 pages  
A fully updated guide to the causes and effects of disordered breathing, with strategies and protocols to help restore normal function. It presents the latest research findings and a range of completely new techniques.

## The Mulligan Concept of Manual Therapy: Textbook of Techniques

Wayne Hing, Toby Hall, Darren Rivett,



Bill Vicenzino and Brian Mulligan  
Churchill Livingstone Elsevier (2015)  
ISBN 978-0-7295-4159-6. 500 pages  
Designed as a companion to Mulligan Concept training courses, this highly illustrated book contains step-by-step instructions for more than 160 techniques, including Mobilisation With Movement and Pain Release Phenomenon.



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

## Book reviews



### Myofascial Release

Ruth Duncan

Human Kinetics (2014)  
ISBN 978-1-450444-57-6

Reviewed by Kate Lockwood  
MSc, BSc (Hons) Ost Med

This is a clear and comprehensive guide for manual therapists, including osteopaths, demonstrating how to learn, use and apply myofascial release skills.

It begins with a good description of the structure and importance of fascia, including conditions and problems that affect its function. Duncan then explains the concepts and

benefits of myofascial release, when to use it, and contraindications against its use. She offers good tips on postural and palpatory assessments, case history-taking and client communication.

Every technique is clearly illustrated with photos and descriptions. Especially useful are the small sections dotted throughout the text describing what myofascial release feels like to the practitioner and to the patient, as well as 'client talk' sections with advice on communicating and interacting with patients.

'Quick questions' and 'Closing remarks' sections enable you to test yourself on the key points – very useful when learning a new technique.

I would thoroughly recommend this book to osteopaths wishing to gain a better understanding of myofascial release techniques and how to integrate them into their current treatment plans.

### Fascial Stretch Therapy

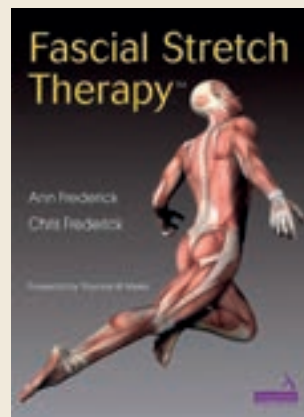
Christopher Frederick and Ann Frederick

Handspring Publishing (2014)  
ISBN 978-1-909141-08-7

Reviewed by Alex Probert BSc (Hons) Ost

Written by an American husband and wife – a physical therapist and a stretch therapist/retired dancer – this is a book written for all types of manual therapists, not just osteopaths. However, it has a lot to offer those of us who work both structurally and more craniosacrally.

The first section presents the groundwork, with a short background of stretching theory and research, then more about



the Fredericks' own approach. I found this really informative; I was interested to find out about 'romancing the nervous system', a concept designed to be gentler on the therapist's body ('working with finesse not force').

The chapter entitled 'The great debate about stretching' left me confused and ready to read more around the subject – I think this level of detail deserves another book.

The next section describes the Fredericks' method of assessment, and then the bulk of the book is devoted to photographs and descriptions of Fascial Stretch Therapy techniques. These are well laid out, easy to refer to and simple to follow. This section alone would be enough of a tome for many osteopaths, but it was balanced by the first explanatory and informative part.

I found this a book worth reading, and I have applied some of the Fascial Stretch Therapy techniques to patients, with pleasing results.

# 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, see the events diary on the ● zone at: <http://tinyurl.com/ozone-events>

## 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](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD.html](http://www.mumandbaby-at-home.com/CPD.html)

### 6-9 SCCO Pathway module 9: An introduction to paediatric osteopathy

Speakers: Hilary Percival and  
Mark Wilson  
Venue: Sutherland Cranial  
College of Osteopathy, Stroud,  
Gloucestershire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

### 7-8 Fascia-related pain and dysfunction: research to practice

Speaker: Leon Chaitow  
Venue: Whittington Education  
Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

### 14 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](mailto:cpd@fpo.org.uk)  
[www.occ.uk.com/  
education/other-courses](http://www.occ.uk.com/education/other-courses)

### 14 Minimally invasive manipulation: Removing the physical and neurological barriers to gentle and successful HVT

Speaker: Gavin Burt  
Venue: British School of  
Osteopathy, London SE1  
Tel: 020 7284 4664  
[info@backsandbeyond.co.uk](mailto:info@backsandbeyond.co.uk)  
[www.backsandbeyond.co.uk](http://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](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

### 15 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](mailto:cpd@fpo.org.uk)  
[www.occ.uk.com/  
education/other-courses](http://www.occ.uk.com/education/other-courses)

### 16 Holding the bowls

Speaker: Andrew Stones  
Venue: College of Cranio-  
Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

### 27-29 Applied kinesiology and nerve entrapment: How to unscramble hidden problems with applied kinesiology

Speaker: Clive Lindley-Jones  
Venue: Oxford Brookes  
University  
Tel: 01865 243 351  
[info@helixhouse.co.uk](mailto:info@helixhouse.co.uk)  
[www.helixhouse.co.uk](http://www.helixhouse.co.uk)

### 28-29 How we learn through neural and immune challenges

Speakers: Stuart Korth, Mary  
Bolingbroke and Ian Wright  
Venue: Marine Hotel, Troon,  
South Ayrshire  
Tel: 07714 239636  
[cranialgroupscotland@  
gmail.com](mailto:cranialgroupscotland@gmail.com)

### 29 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](mailto:osteokids@aol.com)  
[www.mumandbaby-at-  
home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

## April

### 11-12 Fundamentals of applied kinesiology VIII: The acupuncture meridian system

Speaker: Tracy S Gates and Jim  
Townhill  
Venue: Weald House,  
Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

### 17-19 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](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

### 18 Cranio-sacral therapy – introductory day

Speaker: Thomas Attlee  
Venue: College of Cranio-  
Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://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](mailto:info@cranio.co.uk)  
[www.cranio.co.uk](http://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 and  
Emily Hills  
Venue: Regent's University,  
London NW1  
Tel: 020 8875 5293  
[conference@fpo.org.uk](mailto:conference@fpo.org.uk)  
[www.fpoconference.org.uk](http://www.fpoconference.org.uk)

**19****Cranial osteopathy – the birth process**

Venue: Middlesex University (Hendon Campus), London NW4  
Tel: 020 8905 1937  
[cpd@collegeofosteopaths.ac.uk](mailto:cpd@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk/](http://www.collegeofosteopaths.ac.uk/)

**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](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD.html](http://www.mumandbaby-at-home.com/CPD.html)

**19****Fascial unwinding – refining skills, part 1: The arm and the leg**

Speaker: Thomas Attlee  
Venue: College of Cranio-Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**25****Managing shoulder conditions using a process approach**

Speaker: Dr Eyal Lederman  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

**25-29****SCCO Pathway module 2: Osteopathy in the cranial field**

Speaker: Carl SurrIDGE  
Venue: Leeds, West Yorkshire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**28-30****SCCO Pathway module 6: Neurocranium and sacrum – living bone**

Speaker: Jayne Easty  
Venue: Schnega, Germany  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**May****2-7****Birth, babies, children, mothers**

Speaker: Thomas Attlee  
Venue: College of Cranio-Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**14-18****SCCO Pathway module 4: Balanced Ligamentous Tension – Sutherland's approach**

Speaker: Susan Turner  
Venue: Sutherland Cranial College of Osteopathy, Stroud, Gloucestershire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**15****Beyond pain management**

Speaker: Georgie Oldfield  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

**16****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](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD.html](http://www.mumandbaby-at-home.com/CPD.html)

**24****Fascial unwinding – refining skills, part 1: The neck and the trunk**

Speaker: Thomas Attlee  
Venue: College of Cranio-Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**June****8-12****SCCO Pathway module 2/2+: Osteopathy in the cranial field**

Speaker: Eva Moeckle  
Venue: Schnega, Germany  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**13****Postpartum mum – Treating the postnatal patient**

Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1  
Tel: 07792 384592  
[osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD.html](http://www.mumandbaby-at-home.com/CPD.html)

**13-14****Conference: Osteopathy and the third age**

Venue: Columbia Hotel, London W2  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**13-17****Introductory course: Osteopathy in the cranial field**

Course director: Eric J Dolgin  
Venue: Naples, Florida, USA  
Tel: (+1) 317 581 0411  
[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

**18-21****2015 annual conference: Traumatic brain injury – the whole person**

Conference directors: Simeon Hain and Ali Carine  
Venue: Naples, Florida, USA  
Tel: (+1) 317 581 0411  
[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

**20-21****Hartman's masterclass in manipulative techniques: Lower body**

Speaker: Prof Laurie Hartman  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

**20-21****SCCO Pathway module 1: Foundation course**

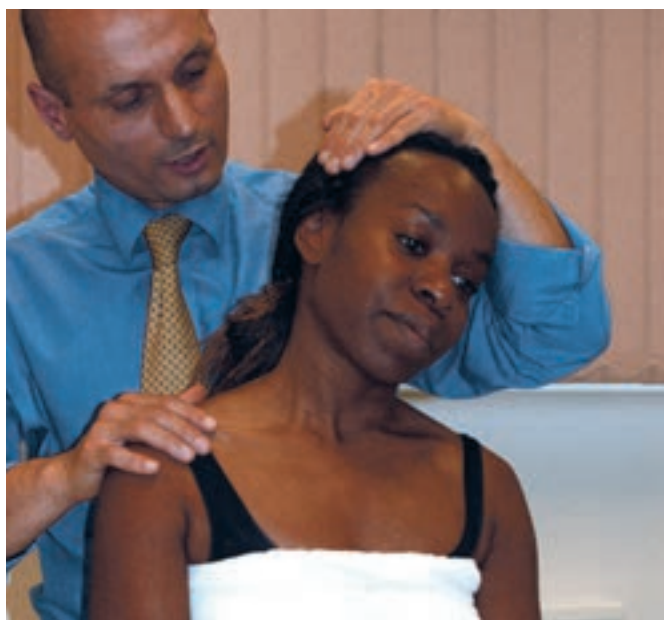
Speakers: Penny Price and Jenny Lalau-Keraly  
Venue: Scotland (details to be confirmed)  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**July****4-5****Paediatric Osteopathy Diploma study weekend 1: Pregnancy, safeguarding children, and consent and immunity**

Venue: The Abbey, Oxfordshire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**17-19****SCCO Pathway module 5: In reciprocal tension**

Speaker: Michael Harris  
Venue: Elim Centre, Malvern, Worcestershire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)



## **MET to Cervical, Thoracic, Lumbar Spine & Pelvis** **A diagnostic & treatment protocol following the Mitchell Model**

Presented by Michael Pye

Saturday 28 February to Sunday 1 March 2015

£280 (inclusive of lunch and refreshments)



By the end of this course, delegates will be familiar enough with the protocols to feel confident in applying the diagnostic routines and treatments on Monday morning with their patients. As part of the course delegates will:-

- review diagnostic system outlined by Mitchell;
- cover pelvic lesions including sacral torsions, unilateral flexion, iliac subluxations, pubic lesions, coccyx diagnosis;
- review spinal diagnostic model including FRS, ERS and NSR lesions, how to find them and how to treat them. This will be applied to all regions of the spine.

Michael Pye has found ways to make this often complex subject simple to follow and apply; he is passionate about osteopathy and MET in particular and brings great energy and enthusiasm to his subject.

## **Fluid Homeostasis and the Low Pressure System**

Presented by Professor Frank Willard

Saturday 7 to Sunday 8 March 2015

£300 (inclusive of lunch and refreshments)



Course details will be available shortly. Professor Willard's courses are always extremely popular so early booking is advised.

## **Research in Practice - Using your own clinical resources to generate meaningful patient data**

Presented by Phil Bright

Saturday 28 March 2015

£140 (inclusive of lunch and refreshments)



This course aims to give practitioners an insight into using available resources to conduct their own clinical research in their practice. The course will act as an introduction to basic practical research methods for the experienced practitioner to make sense of the ever-expanding field of evidence-based medicine. Delegates will learn:-

- to use free online resources for searching the literature;
- how to make sense of research findings reported in papers;
- how to determine the best evidence in research;
- to conduct a critically appraised topic review of a clinical condition;
- how to apply different types of outcome measures in practice;
- how to conduct a single case analysis approach using patient data;
- to perform basic descriptive analysis using spreadsheet software;
- to run a statistical process control on patient-type data;
- the ethical implications of handling patient data.

## **Also coming up ...**

### **Foundation Course in Animal Osteopathy**

Course Led by Dustie Houchin

A three-weekend course commencing on Friday 24 April 2015

This fun and inspiring 3-7 day course offers plenty of hands-on experience, alongside the technical foundation required to work with animals safely and effectively. It is intended for osteopaths considering a career in animal osteopathy, who have minimal experience or would like to attend as a refresher.

### **Fundamentals of Visceral Osteopathy 2015 - Taster Day**

Presented by Jean Marie Beuckels

Saturday 25 April 2015

This course is designed for those interested in attending the 2015 Fundamentals of Visceral Osteopathy course – details of which will be available shortly.

### **Paediatric Osteopathy**

Presented by Claudia Knox

Saturday 23 to Sunday 24 May 2015

Full course details will be available shortly

### **Understanding the diagnostics and treatment of the lumbopelvic spine**

Dr Andry Vleeming

Friday 19 to Sunday 21 June 2015

This course will be especially related to better diagnostics and treatment of pelvic girdle patients. The course has theoretical clinical content as well as hands on demonstrations on diagnostics and treatment. Dr Vleeming will show both the clinical research and his clinical work with patients.





# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

For the full course list visit: [www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd) or book online at [www.bit.ly/bso\\_cpd](http://www.bit.ly/bso_cpd)

### First Aid for Child Carers

**Dates:** 7th & 14th March 2015

**Cost:** £250

**CPD:** 14 hours

This course is designed by the Red Cross for people caring for children in any setting, including medical practices, and is recognised by Ofsted. You will learn how to deal with accidents, unconscious and breathing/not breathing babies and children, choking, shock, bleeding and wounds, burns and scalds, first aid kits and hygiene techniques, objects in eyes, ears and nose, sickness and fever, meningitis, broken bones, head, neck and back injuries, and swallowing harmful items.

#### What will I receive on completion of the course?

You will receive a certificate valid for three years and can use the course as evidence towards an NVQ in childcare and education.



### Anatomy, Dissection and Pathology

**Date:** 14th March 2015

**Cost:** £195

**CPD:** 7 hours

A unique day of CPD involving anatomy, dissection and pathology. Focused this time on the anatomy and spread of metastatic cancer, delegates will have the opportunity to look at the body's vasculature, lymphatics and local structures. The day starts at the BSO with a lecture to review the theory, before moving to Kings College London Guy's Campus to observe a dissection and work with demonstrators to answer any questions you may have. The day ends in the world-famous Gordon Museum on Guy's Campus, usually only open to staff and students, to look at relevant specimens and the effect of disease on the body.

#### Who is teaching the course?

Dr David Parry, neuroscientist and clinical anatomist.

Recent delegates said: "Excellent lecture from someone who knows their stuff and can get it across" and "David's style was perfectly paced".



### Ergonomics for Manual Therapists

**Date:** 16th May 2015

**Cost:** £125

**CPD:** 7 hours

Ergonomics is a huge part of health and wellbeing, and many of your patients are likely to be experiencing pain influenced by their work environment. This course is an ideal introduction to ergonomics, linking to applications that can be put into practice by all manual therapists. Delegates will learn to both evaluate patients in relation to their computer workstations/environment and manual handling tasks, and to train them to be more aware of how to prevent future injury.

#### Who is teaching the course?

David Annett, osteopath and ergonomist. Recent delegates said: "Great presentations, great handouts and information explained well" and "a good balance of practical/theoretical that I can take back to my practice and use immediately".



### Get in touch...

For a full list of all our CPD courses or to book your place **today**, phone 020 7089 5352 or email [cpd@bso.ac.uk](mailto:cpd@bso.ac.uk).

### What's on?

#### Sat 28 February

- Thoraco Lumbar Junction
- Advanced Spinal Manipulation

#### Fri 6 March

- Communication and Consent

#### Sat 7 & Sat 14 March

- First Aid for Child Carers **NEW**

#### Sat 14 March

- Anatomy, Dissection & Pathology

#### 15 Mar/19 Apr/17 May/21 Jun

- OsteoMAP

#### Sat 16 May

- Ergonomics for Manual Therapists

#### Sat 16 & Sun 17 May

- Visceral Osteopathy—Pelvis
- Osteopathic Refresher

#### Fri 12 June

- Communication and Consent

#### Sat 20 June

- Emergency First Aid
- Thoracic Outlet Syndrome and Shoulder Dysfunction

#### Sat 20 & Sun 21 June

- Visceral Osteopathy—Abdomen

#### Sat 4 July

- Prescriptive Stretching
- Cervico Thoracic Junction

### 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](https://twitter.com/OfficialBSO)

We have a variety of teaching rooms, practical rooms and meeting rooms available for hire in our Central London location at competitive rates.

Phone 020 7089 5352 or visit [www.bso.ac.uk](http://www.bso.ac.uk) for a full list of what's available.



# MSc in ANIMAL OSTEOPATHY

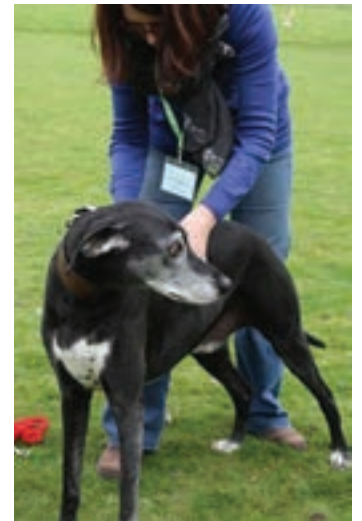
Postgraduate programmes validated for 2015 - subject to University final approval

**The ESO is delighted to announce its new programmes in Animal Osteopathy (specialising in equine and canine care), commencing September 2015.**

The programmes are structured to offer an affordable and flexible pathway to a validated qualification in this fascinating and expanding area of osteopathic practice. The focus will be on the treatment of canines and equines. Those undertaking a Postgraduate Certificate may specialise in either canines or equines if they prefer.

- MSc in Animal Osteopathy
- Postgraduate Diploma in Animal Osteopathy
- Postgraduate Certificate in Animal Osteopathy

**Courses may also be taken on a stand-alone CPD basis**



For further details please contact Corinne Jones in the ESO's Department of Postgraduate Studies on 01622 760816 or email [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)

## CONTACT US:

Department of Postgraduate Studies  
European School of Osteopathy  
Maidstone, Kent ME14 3DZ  
01622 760816  
[www.eso.ac.uk](http://www.eso.ac.uk)

**ESO**  
European School  
of Osteopathy

## Upcoming CPD seminars at AECC 2015

Lumbar Spine MRI Awareness	28 March
Manual Therapy and Exercise Progressions in the Treatment of Common Hip and Shoulder Dysfunction - Evan Osar	28-29 March
Gait Analysis - Brett Winchester	25-26 April
Series in Clinical Musculoskeletal Paediatrics - A day in the Neonate Clinic J Miller & M Browning	25-26 April
Pain Theory for Therapists - Introducing the Biopsychosocial Model Alan P Smith	9 May
Chronic Myofascial Pain and Sensitization - Jay Shah	9 May
Introduction to Dry Needling - John Reynolds	9-10 May
Primary Spine Practitioner Course - Putting it all together - Donald Murphy	6-7 June
The Shoulder, Theory & Practice - Jeremy Lewis	13-14 June
Cervicogenic Dizziness / Vestibular Rehabilitation - Richard O'Hara	20-21 June
The McKenzie Method of Mechanical Diagnosis & Therapy - John Thomson	22 August
Rehabilitation of Temporomandibular and Cervico-thoracic Disorders -James W George	3-4 October
Neuromuscular Re-education <sup>SM</sup> Level 1 - Peter Levy	10-11 October
Functional & Kinetic Treatment with Rehab Concepts - Thomas Jeppesen	17-18 October
Neuro Orthopaedic Institute - Mobilisation of the Nervous System Tim Beames	24-25 October
Series in Clinical Musculoskeletal Paediatrics - A day in the Infant Clinic J Miller & M Browning	7-8 November
The Joint by Joint Approach - Managing Lower Extremity Injuries in Athletes - Jonathan Mulholland	7-8 November
Sports Nutrition for Athletes and Patients in Chronic Pain - David Seaman	14-15 November
Clinical Whiplash & Neck Pain - Christian Worsfold	21-22 November
Motion Palpation Institute - Upper Dynamic Movement Assessment Sarah Macchi	28-29 November
Benign Paroxysmal Positional Vertigo - Richard O'Hara	5 December

**For details of all postgraduate opportunities, and to book online, please visit [www.aecc.ac.uk/postgraduate](http://www.aecc.ac.uk/postgraduate)**

For more information  
cpd@aecc.ac.uk  
+44 (0) 1202 436 200

13-15 Parkwood Road  
Bournemouth, Dorset  
BH5 2DF

[aecc.ac.uk](http://aecc.ac.uk)



18th & 19th  
April 2015

# FOUNDATION FOR PAEDIATRIC OSTEOPATHY CONFERENCE 2015

## The Developing Child—An Osteopathic Challenge

### Speakers:



**Dr David Angelucci**  
The Child—the five elements

**Peter Armitage DO DPO FSCCO**  
Can we find Health?



**Chris Batten DO MICO MAO**  
Examining variation of aetiology  
in childhood disorders

**Dr Jane Carreiro DO**  
Approaching feeding disorders in infants

The Allergic March—the colic asthma connection



**Dr Nathan Hasson M.B.Ch.B. M.R.C.P. F.R.C.P.C.H**  
Benign Joint Hypermobility Syndrome

**Emily Hills BSc(Hons)**  
The neonatal environment – impact  
on preterm infant development.



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

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 an exceptionally experienced faculty
- the opportunity to gain a profound and expert paediatric knowledge base
- continuous, close supervision over 90 full days (once a week) in our internationally renowned clinics
- 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.

"...such a stimulating 'must-be-there' event"  
**Clive Hayden DO MSc (Ost)**  
 (author of *Understanding Infantile Colic*)



**Stuart Korth DO DPO FICO**  
 Opening and Closing Addresses



**Kok Weng Lim DO MSc FSCCO**  
 Treatment of infants in special care:  
 an osteopathic challenge



**Angelika Mückler MSc DO**  
 Supporting the unfolding of the newborn,  
 Part II: The newborn and its family - assisting  
 bonding processes



**Dr. Gerhard Riegler DO**  
 Supporting the unfolding of the newborn, Part I: Subplate  
 neurons and their practical importance for the preterm baby



**Pamela Vaill Carter BSc(Hons) MSc ND FSCCO**  
 The impact of early-stress experiences on  
 neuroendocrine and immune function



**Nick Woodhead DO**  
 Osteopathic treatment of adolescents - a growing problem?

Registration: [www.fpoconference.org.uk](http://www.fpoconference.org.uk)

### Developing Osteopathy in Paediatrics Part 1

14th March 2015 at 9.15 am

Back due to  
popular demand

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



Each Course:  
7 Hours

### Developing Osteopathy in Paediatrics Part 2

15th March 2015 at 9.15 am

This course follows from the first Developing Osteopathy in Paediatrics Course and can be booked in conjunction with Part 1. The course will consider the principles of diagnostic clinical reasoning and paediatric practice as well as clinical presentation and treatment of infants. This will include colic, gastroesophageal reflux and plagiocephaly.



## UPCOMING COURSES

### March 2015

#### MODULE 9 INTRODUCTION TO PAEDIATRICS

**Course Director:** Hilary Percival  
**Date:** 6th-9th March, Stroud  
**Fee:** £1250

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

#### MODULE 1 FOUNDATION COURSE (SOUTH)

**Course Director:** Penny Price and Jenny Lalau-Keraly  
**Date:** 28th-29th March, Devon  
**Fee:** £275

**Course Summary:** This fun and accessible two day course will introduce you to the basic embryology, anatomy and function of the cranium, sacrum and related structures by means of mini lectures, palpation and group exercises.

### April 2015

#### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Carl Surridge  
**Date:** 25th - 29th April, 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. The course offers treatment approaches that you can use immediately in practice.

### May 2015

#### MODULE 4 BALANCED LIGAMENOUS TENSION

**Course Director:** Sue Turner  
**Date:** 14th -18th May, Stroud  
**Fee:** £1195

**Course Summary:** Discover 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 WITH ADVANCING AGE

**Date:** 13-14th June, London  
**Fee:** £195 per day

**Course Summary:** A two day conference to raise awareness about the knowledge and skills required to treat our growing ageing population. The conference aims to assess the role osteopaths can take in maintaining health in this ageing process.

#### MODULE 1 FOUNDATION COURSE (NORTH)

**Course Director:** Penny Price and Jenny Lalau-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.



**Course Directors:** Hilary Percival and Mark Wilson

**Date:** 4th July (cont. for 18 months)

**Course Summary:** The Paediatric Osteopathy Diploma aims to build on the knowledge you have and challenge your thinking in all aspects of the treatment and care of children. It will guide you through the cognitive, physical and social journey of a child's life, from conception to birth and throughout childhood.

### July 2015

#### MODULE 5 IN RECIPROCAL TENSION

**Course Director:** Michael Harris  
**Date:** 17th -19th July, Malvern  
**Fee:** £1045

**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 OSTEOPATHY 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. Each topic is then developed in more detail on each of our other pathway courses.

#### SPECIALIST COURSE: RULE OF THE ARTERY

**Course Director:** Tim Marris  
**Date:** 29th Sept - 1st Oct, Stroud  
**Fee:** £995

**Course Summary:** Would you like to include blood vessels in the care and management of your patients? Do you consider the heart and circulation as important as the nervous system? If yes, then Rule of the Artery is a 'must' for you.

### November 2015

#### MODULE 10 INTEGRATING CRANIAL INTO PRACTICE

**Course Director:** Michael Harris  
**Date:** 7th November, Venue TBC  
**Fee:** £165

**Course Summary:** This one day course is designed to help osteopaths integrate cranial work into existing osteopathic practice including communicating effectively with patients. It will help you to develop the language skills and approach to clinical cases that will help you to write your assignments.

#### MODULE 6 NEUROCRANIUM AND SACRUM: LIVING BONE

**Course Director:** Jane Easty  
**Date:** 20th-23rd November, Stroud  
**Fee:** £945

**Course Summary:** The Neurocranium and Sacrum course aims to develop your understanding of the involuntary motion in cranial bones and the sacrum. It will help you to understand and treat complex physical trauma patterns in the whole body more effectively.



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21-22 March	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	Fully booked		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 booked		20
20-21-22 Nov	Harmonic Technique (Starts Friday 17.00-20.00)	Dr. Eyal Lederman	£385	£200	20

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Days 11-12: 7-8th September  
Days 12-15: 19-21st October  
Days 16-18: 4-6th December

Distance Learning  
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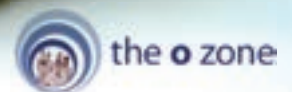
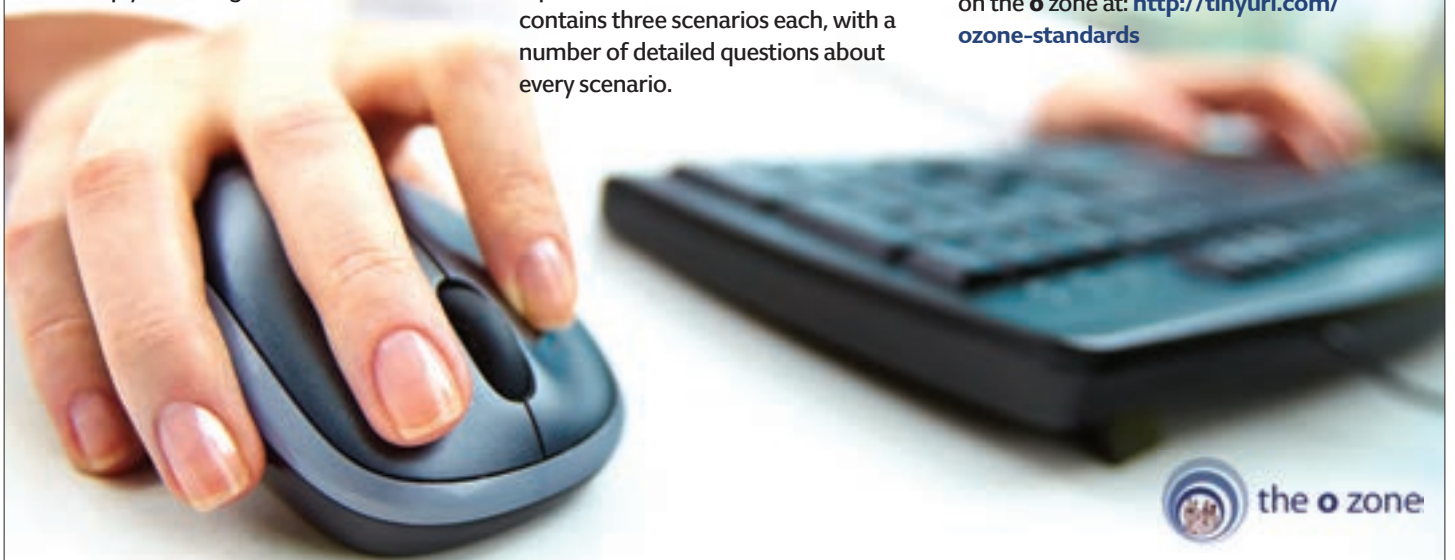
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Some questions ask for your opinions of the osteopath's behaviour in the scenario, and others test your own knowledge of the *Osteopathic Practice Standards*. Working through any or all of the modules can count towards your CPD.

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# Classifieds

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## Osteopath required: Brighton

Would you like to join our team? Dyke Road Natural Health Clinic is looking for an osteopath, preferably with paediatric experience, to develop a practice. Established in 1999, Dyke Road Clinic has a team of highly qualified and skilled therapists. For more info contact Marisa at: [naturalhealth@dykeroadclinic.co.uk](mailto:naturalhealth@dykeroadclinic.co.uk)

## Osteopath required: Crieff, Scotland

Osteopath to cover maternity leave from April 2015. Based in Crieff, Perthshire. Initially for two days with potential to build business and for work in another local premises. Applicants must be confident in structural and cranial osteopathy. Contact [clare@chlosteopathy.co.uk](mailto:clare@chlosteopathy.co.uk) or 07747692070

## Osteopath required: London

Osteopath required for locum during maternity leave in central London from 1 April 2015. Monday morning, Tuesday afternoon, Wednesday all day and Saturday morning. Need to have excellent HVTs, visceral and cranial skills to treat from new born to sports injury via pregnancy patients. Please send CV and covering letter to [lescurealexia@hotmail.com](mailto:lescurealexia@hotmail.com)

## Osteopath required: London

Fulham Osteopaths is looking for an osteopath to join our team on Saturdays. The ideal candidate would have classical and cranial training and experience with children. Please send your CV with a covering letter to [info@fop.co.uk](mailto:info@fop.co.uk)

## Osteopath required: Surbiton, Surrey

Osteopath wanted to work two half days per week in a multidisciplinary clinic with possibility of increasing hours in the future. Experience and confidence with cranial and paediatric osteopathy required. Please send your CV to [Aosost161@aol.com](mailto:Aosost161@aol.com)

## Osteopath required: Swindon

Osteopath assistant needed in growing osteopathic practice. Tetbury, Swindon based. Working between four half days to four whole days. Starting March 2015. Structural, functional and visceral-based practice. Send CV and references to [bookings@euphoriabackpain.co.uk](mailto:bookings@euphoriabackpain.co.uk) or contact Louise on 01666 503599

## Osteopath required: Crete, Greece

Osteopath from BCOM 2002 is offering locum position in Chania, Greece, to cover four months maternity leave, from June. This busy, central clinic sees 30-40 patients per week. Mostly structural approach. Good level of Greek and English necessary. [ckakav@hotmail.com](mailto:ckakav@hotmail.com)

## Associate Osteopath required: Rushden

The Rushden Osteopathic Clinic (East Northants). Associate osteopath required to take over an existing list (Tuesday, and/or Wednesday/Thursday afternoon and two Saturday mornings a month) for a long-established busy practice. Good working relationships with local GPs. Experienced or new graduates considered, with competent structural skills and interest in sports injuries preferable. Please send CV to Jo Jones - [info@rushdenosteopathicclinic.co.uk](mailto:info@rushdenosteopathicclinic.co.uk)

## Associate Osteopath required: Barbados

Associate osteopath required for full-time position at busy clinic in Barbados. Minimum of three years postgraduate work experience. A flexible, friendly disposition with excellent interpersonal skills is required. An interest in cranial, visceral, paediatrics and dry needling would be an asset. Please register your interest by sending your CV to [admin@360osteopathybarbados.com](mailto:admin@360osteopathybarbados.com)

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