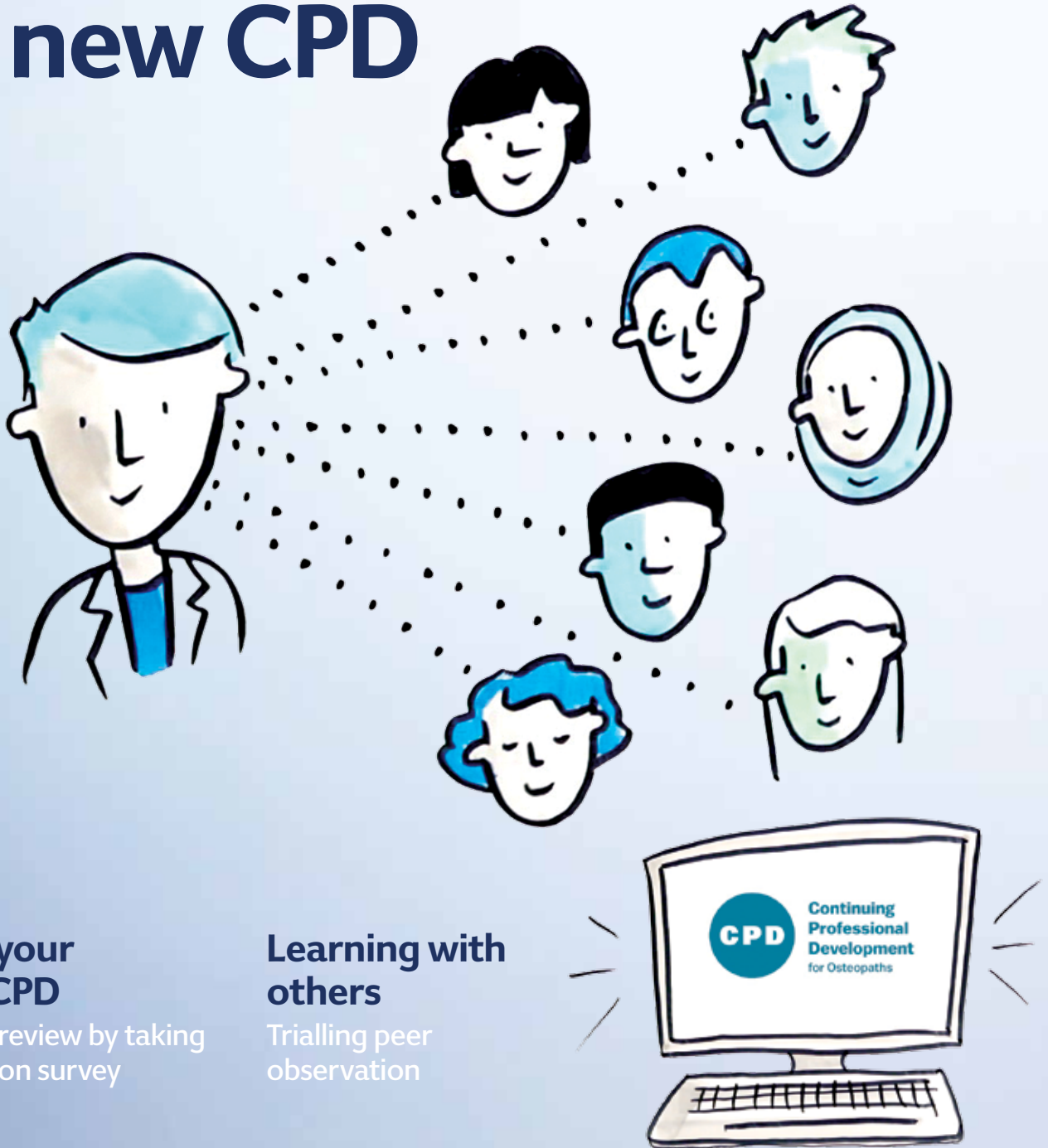


the osteopath

December 2017/January 2018 | Volume 20 | Issue 6

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Get ready for new CPD



Build on your current CPD

Reflect and review by taking
our evaluation survey

Learning with others

Trialling peer
observation

PLUS: Reviewing research on restless legs syndrome



General
Osteopathic
Council

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the osteopath



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Download PDFs at: www.gosc.org.uk/theosteopathmagazine



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The Government is consulting on regulation of the healthcare sector and would like to hear from you. On page 5, the GOsC's Chief Executive, Tim Walker, explains what this could mean for the regulation of osteopathy in the future.

We'd like to encourage everyone to take part in our 2nd annual CPD evaluation survey (page 12).

The results of the first annual survey were used to develop tailored resources to help osteopaths make the transition into the new CPD scheme. Taking the survey also gives you the opportunity to review and reflect on your CPD activities and plan ahead for next year – you can count the time spent for your CPD.

We also have a guide to peer observation, an option for an objective activity in the new CPD scheme (page 8), and osteopaths who've tried it share their tips on pages 9–10. You can still sign up to take part in the GOsC's online CPD workshops in 2018 (page 11).

Thank you to everyone who responded to the consultation on the revised *Osteopathic Practice Standards* (OPS). We had a high level of engagement (page 4) and the GOsC is now working on collating and analysing all the responses.

We are also looking at how we can develop *the osteopath* magazine and we'd really appreciate your thoughts on what you'd find most useful in the future (see the back cover). As a thank you for your time, we have four £25 John Lewis vouchers that will be allocated randomly to four participants but you can respond anonymously if you prefer.

Wishing you all the best for the festive season, and for a happy and productive new year.

Clare Conley
Managing Editor
Email: editor@osteopathy.org.uk

Let us know how you'd like *the osteopath* magazine to develop in the future at: bit.ly/TO-readers17

the osteopath

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Engaging with the Osteopathic Practice Standards

OPS

Many of you engaged with us, read and reflected on the draft revised standards, and shared your views in the 2017 OPS consultation, which ended on 31 October.



318 responses from individuals and organisations

We met more than **200** people

We held face-to-face meetings in:

- Glasgow
- Kent
- Bournemouth
- Bedfordshire
- London
- Plymouth
- Swansea

We heard from

- Members of the public
- Patients
- Osteopaths
- Local osteopathic groups
- Students
- Osteopathic educators
- Osteopathic Educational Institutions (OEIs)
- Other healthcare professionals
- Health regulator
- The iO
- Sutherland Cranial College of Osteopathy
- The Osteopathic Sports Care Association
- Registration assessors

We received more than **5,000** page views on our OPS consultation site

907

social media engagements



What are the next stages?

From November 2017

Feedback is being evaluated and considered with the help of a group of stakeholders including the iO, the Council of Osteopathic Educational Institutions (COEI), the National Council for Osteopathic Research (NCOR), the Osteopathic Alliance and patient representatives

May 2018

The GOsCs Council will consider a final version of the updated standards, taking on board consultation feedback, for approval

Summer 2018

The new OPS will be published

September 2019

The new OPS officially come into effect (they must be published for a year before officially coming into effect)

The Institute of Osteopathy (iO) sent a response on behalf of its **3,864** members

Find out more about the draft revised OPS at: <https://standards.osteopathy.org.uk/>

What could new Government proposals mean for the regulation of osteopaths?



With the Government publishing a long-awaited consultation on regulation, GOSc Chief Executive **Tim Walker** assesses its implications

At the end of October, the Department of Health (England) published a consultation on the reform of healthcare professional regulation in the UK, 'Promoting professionalism, reforming regulation'. This consultation has its origins in the Law Commission's proposals for reform published in 2014 (see p7, *The Osteopath* June/July 2014 at: bit.ly/TheOsteopathJuneJuly2014).

While the subject matter might seem dry – 'boring but important' was how Health Secretary Jeremy Hunt described it on Twitter – it does have potential implications for the GOSc and our relationship with osteopaths and the osteopathy profession.

The consultation is divided into three main areas:

1. Protecting the public
2. Responsive regulation
3. Efficient regulation

1. Protecting the public

The first section explores the issues of which professions should be regulated or whether patient and public protection can be guaranteed in other ways, such as by employers, and how risk in relation to professions can be assessed. The paper also asks whether existing regulated professions – which would include osteopathy – should be reassessed to see whether they should be regulated.

The Government also asks whether

Respond to the consultation by 23 January 2018:

The DH is inviting views on options for the development of regulation of healthcare professionals in the UK. Read the consultation document and respond at: bit.ly/DoH-regulation-consult2017-18

there should be fewer regulators – possibly as few as three or four – which would imply that the GOSc would cease to be the regulator for osteopaths. Although the GOSc's Council has yet to discuss this, it is likely that the view will be no different than when this issue was last raised in 2011. The important point is that, whatever regulatory arrangements are in place, they should play a supportive role in developing and promoting good practice in the clinical context in which osteopathy takes place.

2. Responsive regulation

The section on responsive regulation marks a change in emphasis in debate about the role of regulation and how regulators work. The paper recognises that regulators should be doing more work to

promote professionalism and help prevent problems occurring in practice, with the aim of reducing the number of lengthy and expensive investigations and hearings. The paper also seeks views about whether the fitness to practise processes used by regulators could become more flexible and proportionate in the way they operate. These ideas reflect the GOSc's own view that regulation should support the majority of practitioners, and not solely be focused on the small number of people who are subject to complaints.

3. Efficient regulation

The final section of the paper looks at efficiency, particularly how regulators can be encouraged to work together, as well as having more flexibility and freedom in the way they operate. For example, at the moment, any changes that the GOSc makes to its rules have to be approved by both the Department of Health (England) and the Privy Council.

While 'Promoting professionalism, reforming regulation' sets out a wide range of potential future changes, many would be subject to Parliament finding time to legislate. With the ongoing preoccupation with Brexit, this seems unlikely within the next few years. However, there are proposals within the report that we can support and help implement without legislation, and we will be seeking to incorporate these into our work over the next few years.

Accrediting osteopaths who work with children

Ben Katz, President of the Institute of Osteopathy (iO) and Project Manager for the Accredited Clinical Practice project, outlines plans for the new framework

The Osteopathic Development Group's (ODG) Accredited Clinical Practice project (ACP – formerly known as The Advanced Clinical Practice project) was established to explore the need for a framework to help patients more reliably identify practitioners with a higher level of proficiency in particular fields of osteopathic practice, such as the care of children, sportsmen and women, and older people (see p19-20 of Dec 2016/ Jan 2017 *the osteopath* at: bit.ly/TheOsteopathDec16Jan17).

Having consulted with patients, the public and the profession, the project team is now developing a framework for voluntary accreditation of osteopaths who work with children, with the intention that this can later be adapted to other areas of practice.

Our aim is to promote best practice and provide greater assurance to patients, the public and other healthcare professionals by recognising clinical expertise. This will also help to raise the profile and standing of osteopathy in the UK.

The project team is working with external consultants and a panel of experts from the four UK colleges that offer formal post-registration training in the osteopathic care of children: the British College of Osteopathic Medicine (BCOM); the Foundation for Paediatric Osteopathy; Sutherland Cranial College of Osteopathy (SCCO); and the University College of Osteopathy (UCO).

By defining the knowledge, skills and capabilities required to work with



Collaboration key to future

The Osteopathic Development Group (ODG) brings together the major osteopathic organisations in the UK to collaborate on projects to support the long-term development of the profession:

- The GOsC
 - The iO
 - The Council for Osteopathic Educational Institutions (COEI)
 - The National Council for Osteopathic Research (NCOR)
 - The Osteopathic Alliance
- See: www.osteodevelopment.org.uk



children, the framework will help osteopaths to more effectively plan their professional development, with accreditation offering formal recognition for those who wish to take this further. Accreditation will be voluntary, and osteopaths without accreditation will not be precluded from working with children.

We will be seeking your views on the proposed scheme early in 2018. Please look out for the consultation.



Find out more about the ACP project at: bit.ly/odg-acp

'Accreditation will be voluntary, and osteopaths without accreditation will not be precluded from working with children'

Participants 'confident' after ODG Leadership Programme

The Osteopathic Development Group's (ODG) Leadership Programme completed its third year in early October with the 'graduation' of the latest group of participants (pictured). A total of 57 osteopaths have now completed the programme, which has been run as a partnership between the ODG and the Open University (OU).

The aim of the programme has been to deliver a low-cost introduction to leadership theories and skills to support the development of new and emerging leaders from across the profession. With the completion of this year's programme, more than 1% of UK-registered osteopaths are now better placed to support the development of the profession in their chosen area of practice.



Individuals who have completed the programme have reported a range of positive developments, including:

- Leading new clinical and academic development within colleges
- Helping to establish new special interest groups within the profession
- Applying for governance roles with the GOsC and the Institute of Osteopathy

Find out more

1. On the ODG website at: osteodevelopment.org.uk/theme/leadership

2. Watch a short video by the OU, featuring participants talking about the benefits and flexibility of the course, at: bit.ly/OU-video-ODG-Leadership-Prog

3. To register an interest in the programme in future, email Tim Walker, Chief Executive of the GOsC, at: twalker@osteopathy.org.uk

- Strengthening practice management
- Providing NHS placements for osteopaths
- Improving leadership of local osteopathic groups
- Setting up a local mentoring scheme.

Many participants reported that the programme had given them more confidence in their existing abilities, and helped them to take on new challenges without feeling they needed permission from others to do so.

The ODG team will now evaluate the programme and decide early next year whether to continue with the OU or in another form. The ODG team is also considering whether to develop further bespoke leadership materials for the osteopathy profession, including a Leadership Development Framework.

Should overseas osteopaths pay full cost of application process?

We are consulting on a proposal to increase the charges for assessments paid by internationally qualified osteopaths applying to register with the GOsC, which then enables them to practise in the UK.

The current charges do not cover the full costs of the process, which means that, in effect, existing registrants are subsidising the registration application pathway for internationally qualified applicants.

The application process involves assessment by osteopaths who have been trained as GOsC Registration Assessors.

Applicants currently pay a total of £430, which includes £100 for the initial paper-based assessment and £330 for an Assessment of Clinical Performance, which involves three GOsC assessors. The current fee does not cover the cost of the fees paid by the GOsC to the assessors or the administration costs of GOsC staff.

We are proposing to increase the charges paid by internationally qualified applicants to reflect the true costs. The total amount would rise to £2,290, which would include £690 for assessment of qualifications; £690 to review evidence of practice; and £910 for the Assessment of

Clinical Performance. If agreed by Council, the new charges would take effect from 1 June 2018.

The processes, cost implications and rationale behind the proposed changes are laid out in detail in the consultation document at: bit.ly/chargescons

Let us know what you think by 30 January 2018. There are six questions in the consultation and you can also add comments. Please respond to the online survey at: bit.ly/chargescons Email: mredford@osteopathy.org.uk or by post to the GOsC at the address on page 3.

Planning for peer observation

Managing Editor, **Clare Conley**, explores the resources available to plan and carry out peer observation

In the new CPD scheme that will start in autumn 2018, you'll need to carry out at least one objective activity and demonstrate how this has influenced your CPD and improved your practice. The scheme enables you to build on and enhance your current CPD. You may find that you're already doing some – or even all – of the new required elements in your current CPD activities. You'll find an overview of the new scheme, resources and FAQs on the new CPD website at: cpd.osteopathy.org.uk

An objective activity involves getting objective feedback on your practice – this can be an osteopath or another healthcare professional, or from patients. The following are four examples of objective activities, but remember that you can choose any CPD activities that fulfil the criteria:

- Peer observation
- Patient feedback
- Clinical audit
- Case-based discussion

Resources to use for peer observation

Peer observation involves being observed in practice by a peer. This might be an osteopath, or it could be another healthcare professional. It's usually a two-way process, with colleagues observing each other to provide feedback on practice. Both participants can then reflect on the exercise and the feedback to identify opportunities for further learning and professional development.

You'll find a number of resources about peer observation and giving and receiving constructive feedback on cpd.osteopathy.org.uk including:

1. Preparing for peer observation – short checklists to help you prepare, conduct, reflect and record on the peer observation. Take a look at bit.ly/cpd-prep-peer-observation
2. A practical peer observation workbook that you can download and fill in for your CPD folder at: bit.ly/peer-obs-workbook. The workbook includes:
 - a short overview of the new CPD scheme
 - details on how carrying out peer observation is likely to relate to more than one theme of the *Osteopathic Practice Standards (OPS)*
 - guidance on how to prepare and carry out a peer observation
 - resources to help you prepare for giving and receiving constructive feedback – remember that this research and learning could also count towards your CPD
 - details of how to reflect and record the peer observation activity, with two examples of templates that you could use to record the observation
 - an example of a CPD reflection form to help reflect on learning activities and keep as evidence in your CPD portfolio
3. Resources and research studies for giving and receiving constructive feedback for peer review activities at: bit.ly/peer-obs-workbook

What other benefits can you get from carrying out objective activities?

1. You can start incorporating an objective activity into your current CPD cycle to make the transition into the new CPD scheme easier.
2. By carrying out an activity that involves peer review, you may identify a suitable peer to carry out your Peer Discussion Review (PDR) with at the end of your three-year cycle. (See: bit.ly/CPD-Peer-Discussion-Review). Some osteopaths are already choosing to identify a suitable peer at an early stage, so that they can build up a good relationship with them by speaking regularly and using this as an opportunity to reflect on CPD on an ongoing basis.

Share learning tips with other osteopaths

Have you carried out peer observations or any other objective activities? Share any tips or helpful resources with other osteopaths by emailing editor@osteopathy.org.uk

“Peer observation involves being observed in practice by a peer”



CREDIT: KAMPFNER PHOTOGRAPHY

'Observations are time well spent'

Managing Editor, **Clare Conley**, finds out what osteopaths learned from the exercise and what tips they have for others

Mary Bridger
DO PGCHE HEA fellow

'The observations have already led to some small changes in practice for both parties'

Mary Bridger graduated from the British School of Osteopathy (now the University College of Osteopathy) in 1983.

She practised in Sussex, then Skipton as an associate, and went on to set up her own practice in Wetherby, Yorkshire, in 1984. This is where she now works with four osteopaths, a podiatrist, chiropodist and two acupuncturists.

Mary has just finished dividing her time between clinical practice and a part-time 10-year role as an educator at Leeds Beckett University. She is a member of the Leeds hub of the National Council for Research (NCOR) and the Northern Counties Society of Osteopaths (NCSO) CPD groups.

Mary recently joined a group of other osteopaths to take part in a series of online workshops about peer observation, led by a CPD expert from the GOsC (see p11 to find out more and join an online workshop in 2018). This was the first time she had tried peer observation as a CPD activity. Here, she shares what she learned.

How did you choose your peer observer?

One of my associates volunteered – he's part-time in my practice and also works



'Generally, patients were very supportive of the process'

a full week in other places. He has been practising for four years, while I have 34 years of experience.

How did you get consent from the patient?

Generally, patients were very supportive of the process. I relied on verbal consent from the patient – the receptionist gave them an initial explanation about the peer observation exercise and asked if they were willing to participate. We didn't want to make them feel 'coerced', and thought this would give them the opportunity to think about it and decide if they wanted to take part or not.

My peer and I also discussed, in advance, that consent may be an issue for some patients if they preferred to see a practitioner of a particular gender – as I'm female and my associate is male. We decided that either of us would have to be prepared to rearrange the observation according to the patient's preferences.

How did you carry out the observed consultation?

We explained what peer observation involved and that it is part of a professional development programme.

In particular, we explained that the observer was also a qualified osteopath; that they wouldn't get involved with the actual consultation, and that any notes made by the observer were to support the practitioner and were not about the patient.

Case notes were annotated to show that there was an observer and that the patient had given verbal consent.

How is it best for the peer to record their observations?

There are two different examples of templates for recording your observations during the consultation, on the CPD site: bit.ly/peer-obs-workbook. I tried out both templates and much preferred resource two that related to the four themes of the *Osteopathic Practice Standards* (OPS). The other one felt more like an assessment tool in its structure.

How did you carry out the discussion after the observations?

It's good to agree mutually in advance how much time to spend on the feedback discussion phase and how you will structure the discussion so that the exercise doesn't become onerous and encroach on too much practice time.

We had the first discussion for five minutes immediately after – an instant 'what went well and what could be different?' Then we had longer discussions over a lunch break later that day while it was still fresh in our minds, but we had also had time to reflect and relax after the observed consultation.

Any tips for giving effective feedback?

My best tip is to remember it's a two-way process. Start by looking for the positives

and ask the observed how they feel it went before you tell them what you think. I'd also recommend allocating plenty of time for reading around the subject of feedback, and how to give feedback effectively and constructively, in advance of the observed consultation.

This also helped to put the process in the context of supporting and enhancing practice, rather than assessment in a critical way.

Is it important that both parties are 'observer and observed'?

We both observed each other on different occasions, and so generated two-way feedback. It also meant that we had both undergone the same experience of being observed, which created more empathy when giving feedback.

Would you recommend selecting a theme for your peer observation?

As the observed, I hadn't established a particular theme to work with and, on reflection, I think that would be a better idea. By selecting a theme in advance, you may have a more positive mindset of support, rather than feeling you're being assessed.

Have you altered your practice in any way as a result of peer observation?

The observations have already led to some small changes in practice for both parties. For example, it led us both to reflect that it's easy to fall into habits of using words that can unwittingly give a patient an inaccurate impression of what we are actually doing; phrases like "I'm soon going to have a quick look...". I think the word 'quick' may be best avoided – a 'good look' or 'observe' may give a better impression.

We also discussed that using anatomical reference words that are quite technical could be inappropriate if a patient isn't familiar with osteopathy. So that learning point has prompted more awareness for me, to check the patient's levels of understanding of the information we're giving them.

Would you do this again?

Yes, it's not as bad as I thought it would be! It actually gives you an opportunity to

'It gives you an opportunity to recognise the things you're already doing well, while also getting feedback that helps you reflect on how you want to develop your practice'



recognise the things you're already doing well, while also getting feedback that helps you reflect on how you want to develop your practice.

We both agreed that the observations were time well spent, and a bonus was that as well as trialling an objective activity for the new CPD scheme it also fulfils current CPD as it counts towards 'learning with others', in addition to 'the reading of resources'.

Peer observation will definitely be a CPD topic that we can now share with our practice colleagues for discussion and review in a future practice group CPD meeting.

Carlisle Osteopathic Group: overcoming concerns about peer observation

'Participants found both parties learned a great deal from the process'

Ten osteopaths from the Carlisle Osteopathic Group carried out peer observations and shared tips on how to overcome any concerns or barriers to being observed in practice.

"The main concern was to build a trustful and supportive relationship between the osteopaths ahead of peer observation. It can be intimidating to allow another osteopath to observe one's practice.

"The group recommended that the osteopaths spent some time getting to know each other before beginning the observation. The peer observation was treated as a reciprocal experience, so that both parties experienced the giving and receiving of feedback. It is also important that osteopaths are comfortable with the approach, and the patient has confidence in the process, in order to provide informed consent."

Read the full account from the Carlisle Osteopathic Group, as well as other case studies and blogs at: bit.ly/peer-obs-Carlisle-group



Take part in free, interactive, online CPD workshops

We are running more online workshops to enable you to try out elements of the new CPD scheme and share learning with your peers

Due to popular demand, we are running a series of free interactive online workshops. Here you can join a group of up to nine other osteopaths to explore aspects of the new CPD scheme in more detail, from now until September 2018. Led by members of the GOsC team that has led on developing the new CPD scheme, the online workshops offer the opportunity to:

- Gain the knowledge and skills to help you undertake and share the new features of the CPD scheme with your colleagues and CPD groups (community)
- Learn with others in a convenient and supportive manner
- Interact with other osteopaths (up to 10 in each group) by asking questions and receiving answers throughout the online workshop
- Take part wherever you are, simply by using your computer during your lunch hour or in the early evening
- Get visual presentations with PowerPoint slides to guide you through the learning and to keep as a prompt for future CPD activities, plus guidance on other resources available
- Claim up to five hours of free CPD for your current CPD by taking part. You



may claim more if you carry out an activity such as a case-based discussion outside the workshops.

Find out more and apply to join an online workshop

1. Check out the dates planned so far. Please note that you will need to be able to attend all online workshops in that series.
2. Download and fill in a form to specify your order of preference for the online workshops and email it to info@osteopathy.org.uk

3. Note that all spaces will be allocated on a first come, first served basis, so please contact us as soon as possible, if you are interested in taking part.

Osteopaths who have already participated in the online workshops have said:

- "Very useful in removing some of the 'fear' from embarking on the new CPD scheme."
- "I have enjoyed the CPD webinars and hope to continue connecting with osteopaths online, as I have found it beneficial to expose myself to others' viewpoints."
- "Very helpful in understanding how key components of the new scheme work, and it has helped me appreciate the value of case-based discussion."
- "The most beneficial support I've had from the GOsC came from the webinars."
- "Working in a group concentrating on case-based discussions has enhanced my communication with colleagues, as we practised giving and receiving feedback."
- "Taking part enhanced my knowledge and raised areas for further study."

Which online workshops are planned for 2018?

We have planned the following series of online workshops and may arrange more later this year.

You can find further information and dates at: bit.ly/GOsC-CPD-online-workshops

Clinical audit: 13 March, 17 April, 26 June, 11 September and 13 November (1-2pm).

Patient Reported Outcome Measures (PROMs): 15 January, 5 March, 25 June and 24 September (1-2pm).

Case-based discussion: 9 January, 6 February and 6 March (1-2pm).

Patient feedback: 20 March, 24 April, 22 May and 19 June (1-2pm).

Take our survey and reflect on your CPD

Filling in our annual survey could help you prepare for the new CPD scheme next year and you can also count time spent towards your current CPD

We are running our second annual CPD survey (2017-2018) to understand how osteopaths are currently carrying out their CPD, and how prepared they feel for the new scheme that will be introduced from autumn 2018. It's therefore important to us that as many osteopaths as possible take part in the survey.

The findings will help us to develop resources and communications to support you to make the transition into the new CPD scheme.

How the annual survey informs planning for resources and support

We are aiming to run the evaluation survey annually so that we can track the impact of the new CPD scheme and identify gaps where more support and resources may be needed. The responses we received last year in the 2016-17 survey helped us to plan resources supporting the new scheme's introduction, including:

- CPD champions – launch events to learn about the 'what and why' of the scheme in 2016 attended by around 150 osteopaths
- Interactive online workshops on how to carry out elements of the new CPD scheme, recording benefits, sharing stories, promoting engagement, community and support (see page 11 for details of how you can sign up for these in 2018)
- Working with partners in the sector, including the Institute of Osteopathy, educational institutions and CPD providers
- Development of a dedicated CPD

What's in the survey

The CPD evaluation survey 2017-2018 asks questions in the following areas:

- How you discuss your CPD concerns with others
- How you select, record and reflect on CPD activities, and how many hours you completed last year
- How much of the new CPD scheme forms part of what you are doing already.

For example:

CPD in the areas of communication and consent and objective activities

CPD in relation to the four themes of the *Osteopathic Practice Standards*

CPD involving collecting feedback from patients, colleagues or other professionals

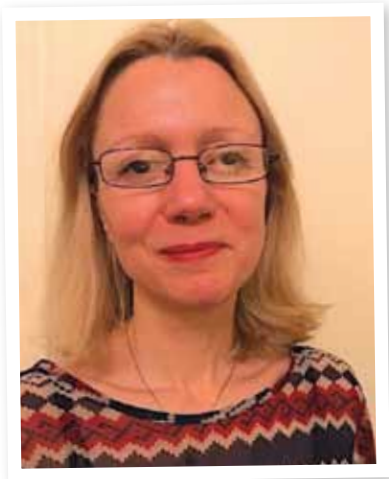
website featuring resources, case studies and examples from osteopaths already involved in the new scheme at: cpd.osteopathy.org.uk

- Read more about the information learned from the first annual survey in the April/May 2017 and June/July 2017 issues of *the osteopath* magazine at: www.gosc.org.uk/theosteopathmagazine

'The findings will help us to develop resources and communications to support you'



Two osteopaths who participated in the survey last year share the benefits they gained for reflecting on and planning their own CPD



Lucy Mackay Tumber
BSc (Hons) Ost MEd

“The CPD survey is a useful reflective tool that can be used to look at what you’ve been doing so far. From that you can work out the areas that you want to develop.

For example, I realised that I didn’t have much learning in the areas of communication and consent, which encouraged me to take part in the Early Adopter webinars.

‘It helped me consider the range of activities that can be counted as CPD’

The survey can also be a useful planning tool. It helped me to consider the broad range of activities that can be counted as CPD, as well as the different ways that we can build CPD into our working lives. The more you engage with this survey, the more you will be contributing to the development of our profession.”



Elizabeth Elander
DO BEd DipED MSc

“CPD rules are changing, so I will need to change the way I approach my annual CPD plan. I participated in the 2016-17 CPD evaluation survey so that I would have a baseline that might help me to gauge whether I am being successful in making the transition.

By completing the survey I was

forced to consider certain issues, such as ‘do I have a peer with whom to review my CPD?’ I decided to explore the premise that there are advantages to be gained when one’s peer reviewer thinks slightly differently to oneself, perhaps moves in different professional circles and has access to different CPD opportunities.

‘By completing the survey, I was forced to consider certain issues’

I’ve also decided to have regular reflective phone conversations with my peer reviewer as part of my ongoing CPD, rather than leaving it to the end of the three-year cycle to meet them for the first time.

The person who is helping me has already given me some great ideas and led me to reflect on how I do things. Without even trying, I am developing my skills as a reflective practitioner – and, at its heart, isn’t this what the new CPD scheme is all about?”

How to take part in the consultation:

1. It should take about 30 minutes to complete, but you don’t have to finish it in one sitting – you can return to it as and when you have more time.
2. You may find it useful to have your most recent CPD record in front of you and to check the draft revised *Osteopathic Practice Standards* at <http://standards.osteopathy.org.uk> and the new CPD site at cpd.osteopathy.org.uk
3. Once completed, you can save a copy in your CPD folder as evidence of CPD completed in your current annual cycle.
4. You could consider using this survey as a ‘learning with others’ exercise with colleagues or your CPD group, given that ‘reflective learning’ is central to the new CPD scheme.
5. Remember, if you completed the evaluation survey last year, it’s still important to fill it in again this year so that we can compare the results.
6. Responses to the survey are anonymous.
7. The closing date for responses is **21 January 2018**.



Start the CPD evaluation survey now at: bit.ly/CPDsurvey17

What can we learn from sector-wide report on common concerns?

Communication and consent continue to be the most common concerns raised about osteopaths with the GOsC, the Institute of Osteopathy (iO) and professional indemnity insurance providers, according to a new report compiled by the National Council for Osteopathic Research (NCOR). **Tim Walker**, GOsC Chief Executive, explores the report's findings

Over the past four years, NCOR has been supporting a collaboration unique to the osteopathic profession. It collates data on claims made to insurers, concerns raised with the iO and complaints made to the GOsC. Every report of dissatisfaction or disquiet, made to any of these organisations, is recorded on a common classification, and each year NCOR brings this together in a single

annual report, which will build a bigger picture as data is accumulated.

Number of concerns increased in 2016

In 2016, overall concerns raised about osteopaths rose to 410, from 369 in 2015.

When complaints relating to advertising, which nearly all emanate from one source are excluded, there was an increase from 213 to 235 over the same period.

However, this is still a lower total than in 2014 (248). The graph on page 15 shows the trends from 2013-16 (excluding advertising).

In 2016, among the concerns raised about osteopaths' conduct, the highest number related to:

- Failure to communicate effectively (18)
- Communicating inappropriately (18)
- Failure to obtain valid consent/no-shared decision-making with patient (13).

'We hope that forthcoming revisions to the OPS will make requirements around communication and consent clearer to osteopaths'



Between them, these three made up 48% of conduct issues. This has been an ongoing trend over the past four years, and this data has been one of the factors in the GOsC including a requirement to undertake CPD in communication and consent as part of the new CPD scheme being introduced from October 2018.

It's important to maintain Professional Indemnity Insurance

A growing concern in 2016 has been the failure of some osteopaths to maintain professional indemnity insurance (PII), with 11 reports of this compared to five in 2015. This is of particular concern to the GOsC because under the *Osteopaths Act*, any osteopath who does not hold insurance has to be either removed from the Register or investigated for Unacceptable Professional Conduct. These issues are also sometimes compounded when an individual attempts to cover up what was an honest mistake in failing to renew insurance.

Drop in reports relating to patient dignity

There was a welcome decrease – from 14 in 2015 down to five in 2016 – in the number of reports of failure to protect a patient's dignity/modesty or not offering a chaperone. It is hoped that this reflects a growing awareness within the profession of some of the challenging circumstances

that can arise in practice and how to avoid concerns being raised.

Concerns relating to clinical care

In relation to clinical care, the highest numerical categories continue to be:

- Treatment causes new or increased pain or injury (40)
- Inappropriate treatment or treatment not justified (29).
- 'Forceful treatment' (15)

Although all of these concerns are classified as relating to clinical care, they too may involve poor communication. For example, in the case of 'treatment causes new or increased pain or injury' – not informing a patient that they may experience some soreness after treatment before feeling better.

It is important to note that not all of these concerns result in complaints to the GOsC. As was reported in the August/September 2017 issue of *the osteopath* magazine, there were 56 complaints investigated by the GOsC, far fewer than all of the concerns analysed in this report (see page 14-15 at: bit.ly/TheOsteopathAugSept2017).

63% of concerns involved male osteopaths

This year, for the first time, demographic data was also collected which indicates a male/female split of 63% to 36%, and with 63% of those osteopaths subject to a complaint or concern having been in

practice 10 or more years. Interestingly, the male/female ratio was wider for these osteopaths who had been longer in practice (74% to 25%).

What can we learn from this report?

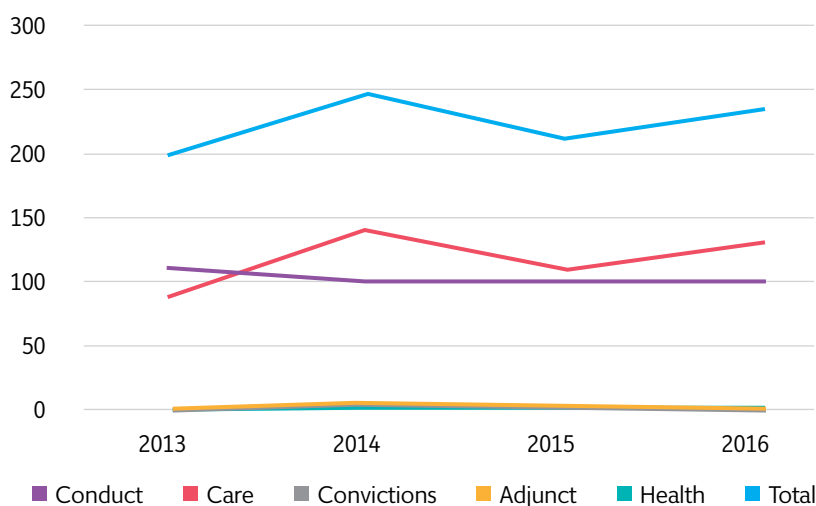
It is important to be cautious about drawing too many conclusions from this data as it uses a small dataset. Nevertheless, as we build the dataset year on year, it becomes clearer where there is a persistence of some problems. As noted, the continuing preponderance of complaints and concerns about communication and consent issues supports our ongoing work on CPD. In addition, we hope that forthcoming revisions to the *Osteopathic Practice Standards* (OPS) will make the requirements around communication and consent clearer to osteopaths. We are also working jointly with the General Dental Council on the development of tools to support communication and shared decision-making between osteopaths and patients.

While analysis of this data has excluded concerns about osteopaths' advertising, this continues to be a concern. The GOsC has been notified about fewer concerns about advertising in 2017, but we are aware that some osteopaths are still not complying fully with the Advertising Standards Authority (ASA) requirements. Osteopaths need to be aware that if their advertising is found to fail to comply with the CAP Code, they risk further investigation by the GOsC. For guidance on advertising, see:

bit.ly/ozone-advertising

Overall, the report provides a useful picture of the problems that arise for some osteopaths in practice. While a minority of the concerns are extremely serious and must be investigated by the GOsC, there are a number of minor issues that can, and should, be avoided. The report provides an opportunity for individual osteopaths to reflect on aspects of their own practice and provides useful background for the GOsC in providing information and other resources to support osteopaths in practice.

Number of concerns and complaints 2013-16



Read the full report

Types of concerns raised about osteopaths and osteopathic services in 2013-2016 at: bit.ly/NCOR-report-concerns-2013-16

Final year students: preparing for practice

If you are a final year student, there are lots of resources from the GOsC that you can start accessing now and continue to use for your professional development

It's important that you understand what you'll need to do to practise in a regulated profession. There are a number of ways to engage with the GOsC and also find the information you need:

1. Come along to a presentation at your educational institution

Staff from the GOsC will visit the osteopathic educational institutions (OEs) between January and March 2018. They will give short presentations and answer questions about:

- The role of the GOsC and information and resources available
- How to register as an osteopath for the first time
- Your professional obligations once you are registered
- The support you can expect to receive from the GOsC, as a registrant
- Information about the new CPD scheme to be introduced from autumn 2018.

See the table on the right for the dates that have been agreed for the GOsC's visits to educational institutions.

If you can't attend that date at your institution, please email info@osteopathy.org.uk and we'll try to arrange for you to attend at another place or time.



CREDIT: MARK TURNBULL

Check date and time of visit to your school in 2018

Institution	Date of visit
British College of Osteopathic Medicine	24 January (1.30-3.30pm)
College of Osteopaths (Hendon)	11 February (10am-12pm)
European School of Osteopathy	26 January (10.45am-12.45pm)
London School of Osteopathy	20 January (10am-12pm)
Surrey Institute of Osteopathic Medicine	22 February (10.30am-12.30pm)
Swansea University	9 February (1-3pm)
University College of Osteopathy	17 January (2.30-4.30pm)

2. Use the GOsC's online resources

In addition to information and resources available on the GOsC website, the **o** zone is a password-protected section of the website for osteopaths, which has a section for final-year students. You can log in via the **o** zone box in the top right corner of the homepage of the GOsC's website at: www.osteopathy.org.uk

Check you have your log-in for the **o** zone

We have recently emailed all final-year students with a reminder of your username and password to access the **o** zone. If you haven't received this email, please check that we have your

'There are lots of resources that you can access now and continue to use'

current email address by emailing: registration@osteopathy.org.uk

Visit the students' area of the **o** zone (bit.ly/ozone-students) for information, including:

- The registration process
- How to apply for an enhanced check for regulated activity (previously called a CRB check)
- Requirements for continuous

professional indemnity insurance cover for all registrants

- Events: conferences, local osteopathy group meetings, CPD events.

3. Use IJOM Plus for research

Your **o** zone account allows you to access a range of relevant research journals, free of charge, as part of the GOsC's IJOM Plus package.

GOsC guidance for students includes:

'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students' at: bit.ly/gosc-student-ftp
'Guidance for Applicants and Students with a Disability or Health Condition' at: bit.ly/students-healthanddisability

Check out range of GOsC Welsh language resources

If you practise in Wales, these GOsC Welsh language resources may be useful for your patients and other health professionals.

Public information leaflets are available in Welsh

You can download Welsh language versions of these public information leaflets at bit.ly/gosc-leaflets:

- **What to Expect from Your Osteopath (Beth i'w ddisgwyl gan eich osteopath)** – aimed at patients considering osteopathy for the first time
- **Standards of Osteopathic Care (Safonau gofal osteopathig)** – describing osteopaths' high standards of training, conduct and professional skills
- **Who Regulates Health and Social Care Professionals? (Pwy sy'n rheoleiddio gweithwyr proffesiynol iechyd a gofal cymdeithasol?)** – a leaflet produced jointly by the UK's health and social care regulators, describing what they do.

Direct your patients to Welsh language section of the GOsC website

Your patients may also find the Welsh language section of our website useful at: www.osteopathy.org.uk/cymraeg
It includes information about the GOsC, how to search our Register, what to do if they want to raise a concern, and more.

Indicate on the Register that Welsh is spoken

If the Welsh language is used in your practice, you can indicate this on the Register, along with other practice details like opening hours. You can do this in 'My practice details' on the **o** zone (bit.ly/practdets) or by emailing our Registration team.

Promoting your registration

Our Registration Marks assure patients, the public, health service commissioners, private health insurers and others that you are a regulated and registered healthcare professional, and they can easily check our

Register. We can issue the 'I'm registered' and 'We're registered' marks in Welsh (bit.ly/ozone-reg-mark) and our 'I'm registered' and 'We're registered' posters can be downloaded in Welsh from bit.ly/ozone-reg-posters.



Reviewing research on restless legs syndrome

Papers reviewed by **Carol Fawkes**, Senior Researcher at the National Council for Osteopathic Research (NCOR), and osteopaths from the Bristol research hub: **Corinne Grice, Zara Ford, Gabrielle Waldron, Katie Johnston, Jon Thompson, Keith Howard** and **Hugh Vickers**

Management of restless legs syndrome (RLS) was the topic for the Bristol research hub, at its last meeting on 28 September 2017, where we looked at a selection of papers. A summary of the papers is given in this article – it is by no means exhaustive and it is not intended to be a systematic review of the management of RLS. Links to further information about more extensive reviews of RLS are given at the end of this article.

What is restless legs syndrome (RLS)?

RLS is a common and often chronic sensorimotor disorder (Yee et al, 2009). The first known description was in 1672 when Sir Thomas Willis emphasised the sleep disruption and limb movements experienced by patients (Coccagna et al 2004). However, in 1945, Karl-Axel Ekbom provided a more comprehensive description of this condition (Ekbom, 1945). It has been quite simply described by some of our patients as ‘the fidgets’. Despite its common occurrence, RLS is frequently undiagnosed. Although there are no specific tests for RLS, sound history-taking and examination are required to exclude a number of underlying conditions which can contribute similar symptoms (see ‘Criteria for RLS’).

Criteria for RLS

However, according to the National Institutes of Health, the US Government’s medical research agency, the criteria for RLS should include the following:

- An irresistible urge to move the limbs with or without sensations
- Improvement in symptoms with activity (moving the affected arms and/or legs)
- Onset and worsening of symptoms during periods of relaxation or inactivity
- Worsening of symptoms in the evening or during the night (Allen et al, 2014).

RLS is a spectrum disorder where some people will experience minor symptoms, while others experience more notable disruption to their wellbeing and quality of life.

Who is affected?

Epidemiological data reports that 2.5 to 15% of the American population is affected by RLS, while worldwide it is seen in approximately 10% of the general population, with a higher prevalence of 10-20% in women and the elderly (Yee et al, 2009; Gamaldo and Earley, 2006). RLS occurs in 3% of individuals from Mediterranean or Middle Eastern regions, and in 1-5% of people from the Far East (Gamaldo and Earley, 2006).

Patient evaluation and differential diagnosis

Most research has focused on the primary and secondary causes for RLS. Primary causes include dysfunction of the dopaminergic system, dysfunction



of iron metabolism, and a family history of RLS. The cause of dopaminergic dysfunction is unclear but it may explain some of the fluctuating symptoms associated with RLS. Although individuals who are not iron-deficient may experience RLS, it is suggested that insufficient iron levels in the brain produce spinal hyperexcitability and restlessness in the lower limbs through decreased dopaminergic function. Secondary causes of RLS can include, for example: pregnancy; iron deficiency; peripheral neuropathy; diabetes mellitus; thyroid disorders; fibromyalgia; rheumatoid arthritis; and kidney disease (Pantaleo et al, 2010).

Differential diagnosis

Detailed clinical history-taking and physical examination should attempt to identify any underlying causes to the symptoms mimicking RLS, allowing them to be treated appropriately where possible. This can include polysomnography to investigate patients' sleep quality, and the use of the International Restless

legs syndrome patient-reported outcome measure. In children, symptoms of RLS can be misinterpreted as growing pains, attention deficit hyperactivity disorder (ADHD) or other sleep disorders (Yee et al, 2009).

Management of symptoms

Treatment is broadly aimed at either eliminating aggravating factors or employing interventions to address symptoms. Aggravating factors have been documented to include: iron deficiency; use of certain medications; excessive consumption of caffeine, alcohol, and/or nicotine. Although a range of initiatives exist to support patients in reducing their intake of alcohol or nicotine (eg bit.ly/nhsmakingeverycontactcount), any changes to patients' medication should be made following discussion with their doctor.

Intervention approaches

A range of intervention approaches exist: each approach will be discussed in turn, summarising the research papers examined by the Bristol research group. (This list is not exhaustive and this summary is not intended to be a systematic review of the management of RLS.)

Non-pharmacological management

● Osteopathic

The CARL trial, published in 2012, describes a pilot osteopathic study to investigate the management of RLS (Peters et al, 2012). This single-blind randomised controlled trial involved a total of 39 patients: 20 received the active intervention of four weekly sessions of manual treatment within the space of nine weeks. Longden's specific points for RLS were used. The control group received counterstrain techniques to the lower half of the body treating any tender Jones point identified, but avoiding Longden's specific points for RLS. The study reported that patients receiving the active intervention recorded an

improvement of 42.2% in the IRLS scale compared with 8.7% in the control group. The findings were encouraging and the research team suggested further research addressing the longer term effects of treatment, and comparison of this osteopathic approach with medication.

● Manual therapy;

Dinkins and Stevens-Lapsley reported a case series where they employed a traction straight leg raising (tSLR) technique to reduce RSL symptoms. A small sample size was involved (n=13) but the researchers reported a symptom improvement of 63%; they recommend a prospective RCT to investigate this approach further.

● Yoga

Innes et al investigated the use of an eight-week Iyengar yoga programme for patients with RLS (Innes et al, 2013). They measured change of the IRLS scale, sleep, mood state, and perceived stress. In their patient sample (n=13), striking reductions were reported on all outcomes measured. They have recommended a larger study involving this therapeutic approach.

● Other

There is recent evidence also that compression stockings may improve RLS symptoms (Lettieri and Eliasson, 2009). In their overview of a range of interventions to manage RLS, Bega and Malkani recommended regular physical activity (Bega and Malkani, 2016). Kuhn et al employed targeted pressure on the abductor hallucis and flexor hallucis brevis to help RLS symptoms (Kuhn et al, 2015). They undertook an eight-week single arm trial (n=30) where patients wore one pressure device on each foot for set periods during the study duration. Outcomes were measured using the IRLS scale, and a clinical global improvement scale. Significant change was reported in both outcomes, suggesting the value of a



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larger study using these pressure devices.

In a departure to previous interventions, Happe et al investigated the effect of cryotherapy based on the rationale that patients with RLS frequently report standing on cold floors to try to gain symptomatic relief (Happe et al, 2016). This three-arm study involved patients being in a cold air chamber at -60°C ($n=12$) or at -10°C for three minutes wearing only a bathing suit, or receiving local cryotherapy at -17°C with cold air applied via a flexible tube for three minutes to the appropriate body area. Outcome data was recorded at baseline and at four weeks post-treatment. Significant improvements in symptoms and in quality of life were recorded in the group using the cold air chamber at -60°C . Although the sizes of the trial arms were small, the results indicate the value of a larger study.

Pharmacological management

A range of medications are commonly prescribed for RLS, and are usually taken one to three hours before going to bed. Medication includes dopamine precursors (eg Levodopa), dopamine agonists (eg Ropinirole), and non-dopaminergic products (eg Gabapentin). Further information concerning the evidence for medication is available in the clinical knowledge summary for RLS.

Summary

RLS can be a distressing condition for some patients. There is clearly a range of causes which need thorough investigation. As mentioned, this is a summary of the papers reviewed by the group. However, a more detailed consideration of RLS symptoms and management can be found in the clinical knowledge summary produced by the National Institute of Health and Clinical Excellence (bit.ly/NICERLS), or through searching research resources like the Cochrane Library (bit.ly/Cochrane-library).

Sources of information and support for patients and clinicians

RLS-UK is a charity which supports individuals experiencing RLS. Further information about their work and resources is at: bit.ly/RLSUKcharity

Find out more about the research hubs

Read the papers discussed in this article at: www.ncor.org.uk/event/bristol-hub-september-2017/

Join a research hub

There are four NCOR research hubs in Bristol, Leeds, Haywards Heath and Exeter (discussing clinical audit on 27 January 2018) and the Oxford Osteopathic Network also has a research hub. Find out dates of forthcoming meetings and download papers at: www.ncor.org.uk/getting-involved/hubs/

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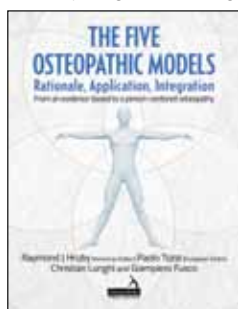
Bookshelf

A selection of illustrated reference books for osteopaths

The Five Osteopathic Models: Rationale, Application, Integration – From an evidence-based to a person-centred osteopathy

Authors: Christian Lunghi and Giampiero Fusco

Handspring Publishing (2017) ISBN: 978-1-909141-68-1



492 pages

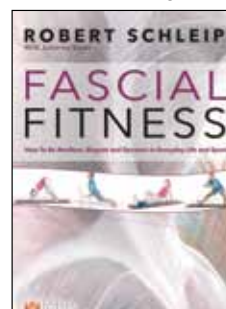
This manual explains osteopathic principles as five models – biomechanical, neurological, respiratory-circulatory, metabolic and behavioural – and the selection criteria for each. It considers concepts and vision, based on the evidence and critical thinking in these conceptual models of the relationship between structure and function,

helping the reader to explore the principles, objectives, origin and application of them with the aim of promoting health rather than curing disease, through manual practice.

Fascial Fitness: How to be resilient, elegant and dynamic in everyday life and sport

Author: Robert Schleip

Lotus Publishing (2017) ISBN: 978-1-905367-71-9



224 pages

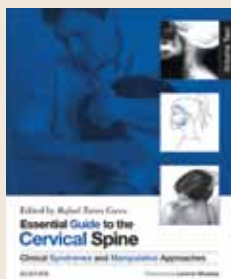
Author Robert Schleip directs the Fascia Research Project at Ulm University, Germany, and is Research Director of the European Roling Association. A greater knowledge and understanding of connective tissues has been gained in recent years. Fascia responds to stress and nerve signals, and if it becomes tangled or stuck together, pain and movement

problems can occur. In this book, Schleip describes how new findings in practical exercise programmes targeting the fascia can be translated into everyday use with short sessions twice a week.



If you would like to review either title (in exchange for a free copy), email: editor@osteopathy.org.uk

Book reviews



Essential Guide to the Cervical Spine Volume 2: Clinical Syndromes and Manipulative Approaches

Rafael Torres Cuenco

Elsevier (2017), 544 pages

ISBN: 978-0-702046-100

Reviewed by Simon Webborn DO Lic Ac

This review follows on from the review of Volume 1 in the October/November 2017 *The Osteopath* (see p23: bit.ly/TheOsteopathOctNov17).

These books are a two-volume guide to assessing and treating disorders of the cervical spine. They are the compilation of research and scientific chapters brought together by the editor and author Professor Rafael Torres Cuenco.

Volume 2 addresses the diagnosis and treatment of common and complex syndromes that occur in the cervical spine. Each chapter comprehensively deals with a cervical condition that presents regularly in practices.

Chapter 1, 'Discogenic pain and radiculopathy' and Chapter 2, 'Cervical spondylitic myelopathy' are both clearly explained and well composed. The use of drawings, photographs and highlighted summaries makes the chapters easy to read. From an osteopathic point of view, the author is using exactly the

same terminology that I would, and his willingness to employ mobilisation techniques, manual traction and neurodynamic stretches only reinforces the type of treatment plan we employ.

Chapter 4, 'Clinical approach to cervical facet joint,' is a subject that we work with every day and this chapter should be read and taught to all graduates, old and new. Drawings explaining the innervation of the facet joint from both the posterior ramus, which will supply pain fibres to joints above and below the segment, and the accessory innervation from the sympathetic chain help us to understand localised and referred pain patterns. Joint dysfunction, whiplash, facet pain patterns and headache are all dealt with in this chapter.

Chapter 5, 'Clinical approach to craniocervical instability,' is a subject that is much covered in the new graduate teaching. It is

covered in this book as a differential diagnosis and as tests to avoid neurovascular accident. Its diagnosis is crucial given the serious consequences of the application of manipulative treatment.

Chapters on Headache, Dizziness and Thoracic outlet syndrome are ones that enhance our knowledge and back up theories and techniques regularly used by osteopaths.

In conclusion, Volume 2 is a well-researched and well-written book that expands our knowledge on topics especially pertinent to a working osteopath.

Much of what is written is supporting the use of spinal manipulation, and it is comforting to see the references, anatomy and neurology that the author brings together to help diagnose and treat the cervical spine with evidence-based practice.

Letters



Do you have an issue you'd like to raise or a tip to share? Please send your letters to editor@osteopathy.org.uk

'No set scripts and no set patients' is fundamentally 'cognitive reassurance'

"There are no set scripts and no set patients"

Steven Bettles, GOC Policy Manager, explains why effective communication with patients is a clinical decision, rather than just a regulatory requirement

There is a paragraph amongst osteopaths that advocates communication with patients in a regulatory requirement imposed by the GOC, when in fact it is part of effective clinical practice.

Communication and patient partnership The Osteopathy Practice Standards (OPS) set out clear expectations for communication and patient partnership. For example:

1.3.1 Give patients the information they need to make their own decisions – supported by guidance which explains the risks and benefits of the various options available to them.

1.3.2 You must ensure you provide the information in a way that is understandable, relevant and accessible to all patients.

1.3.3 You must ensure you provide the information in a way that is understandable, relevant and accessible to all patients.

1.3.4 You must ensure you provide the information in a way that is understandable, relevant and accessible to all patients.

1.3.5 You must ensure you provide the information in a way that is understandable, relevant and accessible to all patients.



It's no more the GOC's responsibility to tell osteopaths exactly what to say to patients, or to interfere with their clinical decisions

Supreme Court judgments affirm that the Montgomery case. It is not just about what it is about telling what is material to patients and ensuring that you are making decisions about their care. The Montgomery case also effectively ended the notion that practitioners take a 'safe' decision on a patient's behalf without discussion. For example, the patient must know to know that there is a material risk of serious side effects. Following a critical response, we would like to see a parallel action for not having the discussion.

Why communicating is a clinical decision There are many osteopaths who communicate with their patients in a clinical decision, not just for regulatory compliance. The osteopath's skills and expertise are essential to the patient's care. The osteopath's expertise is essential to the patient's care. The osteopath's expertise is essential to the patient's care.

Information to help with patient decisions Patients are not only osteopaths but also patients. They have a right to know what is going on. They have a right to know what is going on. They have a right to know what is going on.

It can be challenging It can be challenging to ensure that there is no gap in the patient's care. It can be challenging to ensure that there is no gap in the patient's care.

Join the debate What if your osteopaths were to communicate with you about your care? What if your osteopaths were to communicate with you about your care?

Communicating effectively should be seen as something that osteopaths need to learn, practise, review, reflect on and develop in the same way as they do with other clinical skills



There are no set scripts and no set patients There are no set scripts and no set patients. There are no set scripts and no set patients.

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on creating rapport and showing empathy. But this approach, unlike 'cognitive reassurance', does not engender empowerment and self-care expertise in the patient. Indeed, there is evidence to suggest that this approach leads to a higher symptom burden and less improvement.

It is worth noting that employing cognitive reassurance goes some way to conforming to the Montgomery Judgment 2015 regarding informed consent, particularly while confronting medical paternalism and patient iatrogenic confusion. Both these bedevil the osteopath in primary care and become relevant for those seeking employment as allied health professionals.

However, osteopaths beware! Cognitive reassurance is not a technique easily learned and applied – although all osteopaths use the fundamental elements of empathy at all times. It is a skill developed over time, experience and with self-audit, because it is your person-centred professional skill adapting proportionately to each individual patient consulting with you.

The keystone for successful delivery is fully understanding the biopsychosocial concept: empathy, and proportionately relaying evidence-based knowledge as appropriate for the patient before you. Neither perceived wisdom nor 'habitual' practice have a role here.

Greg Sharp, Osteopath, and Charlie Davison, Medical Anthropologist

If you'd like to find out more about cognitive reassurance, Greg Sharp recommends starting with this research:

Cognitive and affective reassurance and patient outcomes in primary care: a systematic review.

Pain. 2013 Nov;154 (11):2407-16. doi: 10.1016/j.pain.2013.07.019. Epub 2013 Jul 18. Pincus T¹, Holt N, Vogel S, Underwood M, Savage R, Walsh DA, Taylor SJ. See: bit.ly/NCBI-CR-patient-outcomes-research2013

Psychological factors and treatment opportunities in low back pain

'Best practice & research. Clinical rheumatology', vol 27, no. 5, pp. 625-635. DOI: 10.1016/j.berh.2013.09.010 Pincus, T & McCracken, LM 2013. See: bit.ly/NCBI-lowbackpain-research2013

The attitudes and beliefs of clinicians treating back pain: Do they affect patients' outcomes?

Oxford University Press, p. 405-415 Pincus, T., Santos, R. & Vogel, S. 2012 'From acute to chronic back pain: risk factors, mechanisms, and clinical implications'. See: bit.ly/OxMed-attitudes-back-pain-research2012.uk

Courses 2018

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

January

13

Spirituality in osteopathy

Speaker: Connie Mansueto
Venue: Mulberry House Hotel, High Ongar, Essex
Tel: 07952 064752
conniemansueto@gmail.com

14

'The miserable baby', Part 1 – treating feeding and digestive disorders in babies

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

17

Osteopaths in Bedfordshire – Utilising MSK imaging for your patient

Speaker: Edward Proctor
Venue: Beadlow Manor Hotel and Golf Club, Ampthill Road, Beadlow, Beds, SG17 5PH
osteopathsinbedfordshire@gmail.com

20-21

Integrative approach – intelligent organisation of the body. Compartments of pressure approach

Speaker: Prof Renzo Molinari
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

25

Functional origins of women's health problems

Speaker: Prof Renzo Molinari
Venue: Imperial College, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

27

Tissue repair: implications for manual therapists

Speaker: Prof Tim Watson
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

27

The spinal care revolution: a process approach

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

February

3-4

SCCO paediatric pathway 2: neurology

Speakers: Mark Wilson and Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

9-11

Osteopathy in the cranial field: module 2 'mini'

Speaker: Susan Turner
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01453 767607
admin@scco.ac
www.scco.ac

11

'The miserable baby', Part 2 – further treatment approaches to the unsettled baby

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

15-18

Osteopathic medicine

Speakers: Lynn Haller
Venue: Hawkwood, Stroud
Tel: 01453 767607
admin@scco.ac
www.scco.ac

17-18

Biodynamic craniosacral therapy introductory weekend

Speaker: Michael Kern
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
Tel: 07000 785778
info@cranio.co.uk
www.cranio.co.uk

24-25

SCC Foundation course: Module 1

Speaker: Penny Price
Venue: Crista Galli, London
Tel: 01453 767607
admin@scco.ac
www.scco.ac

24-25

Psycho-emotional aspects of osteopathic treatment: Helping you establish and maintain a healthy work-life balance

Speaker: Dr Robert Shaw
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

23-25

Functional neuromuscular rehabilitation

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

23-25

Introduction to neuro-endocrine dysfunction – osteopathic approach

Speaker: Nathalie Camirand
Venue: European School of Osteopathy
corinnejones.mih@gmail.com
www.molinari-institute-health.org

24

Clinical nutritional supplementation in health and sports

Speaker: Prof Adam Cunliffe
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

25

'Bump to baby', Part 1 – treating the pregnant patient

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

March

3-4

Module 1: Advanced technical development – muscle energy techniques and naming lesions

Speaker: Michael Pye
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

6

Importance of foetal positioning

Speaker: Prof Renzo Molinari
Venue: Imperial College, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

10-11

'Minimally Invasive Manipulation' – the secret to gentler and more effective high velocity manipulation

Speakers: Gavin Burt and James Raiher
Venue: The London College of Osteopathic Medicine, London NW1 6QH
www.backsandbeyond.co.uk/training/

23

Managing breathing pattern disorders (BPD): intro

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

24

How to use placebos to help patients: An evidence-based approach

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

24-25

Advanced MET: Spinal, respiratory & pelvic dysfunction

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

25

'Postpartum mum' – treating the postnatal patient

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

April

7-8

Module 1: Advanced technical development – functional approach and emotional release

Speaker: Enda Butler
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

14-15

Advanced MET: Spinal, respiratory and pelvic dysfunction

Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

14-15

A process approach in manual and physical therapies

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

24

Labour and baby dysfunctions

Speaker: Prof Renzo Molinari
Venue: Imperial College, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

28-29

SCCO Paediatric Pathway 3: orthopaedics

Speakers: Mark Wilson and Hilary Percival
Venue: Hawkwood College, Stroud
Tel: 01453 767607
admin@scco.ac
www.scco.ac

May

12-13

Module 1: Advanced technical development – structural made easy

Speaker: Jonathan Daniells
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

13

Paediatric ENT – treating ear, nose and throat disorders in children and teenagers

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

19

Exercise prescription: A process approach

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

26-27

The midline in everything

Speaker: Michael Kern
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
Tel: 07000 785778
info@cranio.co.uk
www.cranio.co.uk

27-1 June

Pregnancy – birth – post-partum

Speakers: Geneviève Kermorgant and Prof Renzo Molinari
Venue: Ios (Greece)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

June

2

Nutritional management of obesity: What really works

Speaker: Prof Adam Cunliffe
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

2-3

Hartman's master class in manipulative techniques: lower body

Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

8-10

Module 2: Healthy visceral – the thorax

Speaker: Francois Allart
Venue: Faculty of Medicine, Nice (France)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

16

Managing the acute and chronic shoulder: a process approach

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

July

1

First aid appointed person

Speaker: Steven Bruce
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
Tel: 07000 785778
info@cranio.co.uk
www.cranio.co.uk

6-8

Module 2: Healthy visceral – the abdomen

Speaker: Franz Buset or Francois Allart
Venue: Faculty of Medicine, Nice (France)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

September

8-9

Osteopathy and focusing – an outstanding practically and clinically-based seminar

Speaker: Dino Muzzi
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

15-16

SCCO paediatric pathway 4: endocrine & chromosome

Speakers: Mark Wilson and Hilary Percival
Venue: Hawkwood College
Tel: 01453 767607
admin@scco.ac
www.scco.ac

16-21

From direct to indirect approach – techniques made easy

Speakers: Susan Turner, Jonathan Daniells and Prof. Renzo Molinari
Venue: Ios (Greece)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

21-23

The fascia – Part 1

Speaker: Serge Paoletti
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

Classifieds

Osteopath required: Cambridge

Join an established osteopath in his new central Cambridge clinic. An exciting opportunity to be a part of a growing clinic with an equipped pilates studio and functional rehabilitation space. The clinic aspires to support practitioner growth with in-house workshops and skill sharing. The position would suit a motivated and ambitious practitioner. Practice days available: Monday, Tuesday and Friday. CV and enquiries to danielrollinsosteopath@gmail.com

Osteopath required: Devon

Osteopath vacancy in Dartmouth, Devon. Multi-disciplinary clinic, including chiropractic, podiatry and beauty. Initially part-time, can be flexible with hours/days as you will have your own room. Email enquiries to martin@dartmouthchiropractic.co.uk or call **01803 835542**.

Osteopath required: Henfield, West Sussex

Opportunity to work in a beautiful holistic therapy clinic alongside experienced

massage therapists. Initially one day a week with a view to increase. On a percentage per client basis initially. Contact Caroline Rowley on **07879 330826**.

Osteopath required Central London:

Enthusiastic, motivated, committed and reliable osteopath for maternity cover and possible permanent position from 1 March 2018. Wednesday all day, Friday afternoon and Saturday mornings (and possibility of Mondays). Must have good holistic approach with soft tissue, HVT, cranial and visceral, diagnostic and patient management skills, and excellent communication. All applications considered. Please forward covering letter and CV to: lescurealexia@hotmail.com

Osteopath required: Surrey

Established osteopathic clinic in Ewell, Surrey, seeks an osteopath to work initially as a locum for three months; Mondays, Wednesdays and Fridays, commencing 27 December. From April an associate position will

be available, Mondays and three Saturdays per month. Excellent structural skills required, full reception, 45-minute list. Off-street parking and good public transport links. email CV and enquiries to info@epsomewellosteo.co.uk or tel **020 8393 3038** for further information.

Osteopath required: Surrey

Are you a consummate professional, team player, dedicated to your professional values and have the abilities to provide the premium level of clinical care required in private practice? If you have a minimum of five years' experience and meet the placement criteria, we would be interested in speaking to you about taking over a fully established patient base.

The position is available on Wednesday and Friday afternoons and evenings with the opportunity to develop further the existing patient base. We offer excellent remuneration, CPD courses and ancillary support for the successful practitioner. Please forward your covering letter and CV to practicemanager@back2health.biz

Associate osteopath required: Aberdeen

Enthusiastic osteopath with good structural skills required to join friendly, well-established, growing, practice in Aberdeen. Mentoring and one to one technique development provided. Initially four days a week with desire to build patient list. New graduates welcome to apply. Please send your CV and covering letter to aberdeenosteopathy@gmail.com or call **01224 707877**

Associate osteopath required: Colchester, Essex.

Self-motivated, hard-working individual required to join a busy, well-established practice. Must be a team player and keen to use the support system in place to develop themselves as a practitioner. Will require excellent communication skills and good structural techniques. Three days a week are initially being offered, with the potential to grow into more. Please call David Kennett on **01206 548899** or email david@mersearoadclinic.co.uk.

Associate osteopath required: Finchley, London

Part-time associate (Tuesdays and Fridays with a view to full-time) with good structural technique and interpersonal skills, a good team player with a minimum of one year experience, is required to replace an outgoing colleague in a modern and newly refurbished practice (est 1988) Please email your CV with a handwritten covering letter to Mr T Togelang info@finchleyosteopaths.com or by post to **Finchley Osteopaths, 259 Nether Street, London N3 1PD**.

Associate osteopath required: Surrey

The Complementary Health Clinic in Claygate, Surrey, is recruiting for an associate osteopath. We are looking for a caring, enthusiastic and self motivated candidate, with a focus on structural treatment. A minimum of two years post-graduation experience is required, and a qualification in sports massage and/or Pilates rehab is preferred. Starting in late February/ March 2018, with two to three shifts per week you will have

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the opportunity to increase your hours as you promote yourself and build your own client base. Please email your CV to Helen at info@comphealthclinic.co.uk Closing date 31 January For more info about us please see: www.comphealthclinic.co.uk

Associate osteopath required: Ayrshire, Scotland.

Looking for progressive, motivated individual who wants good quality of life. Practice has special interest in paediatrics, the treatment of ME/CFS and developing CPD in Scotland. Flat also available. Please send CV to isla@loudounosteopaths.com

Associate osteopath required: Elgin, Scotland

Great opportunity for an enthusiastic osteopath to join a multicentre group practice in the north of Scotland. The osteopath should be interested

in a long-term position within a group practice that includes both structural and cranial approaches, treats children and uses medical acupuncture. Experience is good but a recently qualified osteopath would be welcome. All enquiries and CV to north.college@talk21.com

Practice for sale: Rushden, Northamptonshire

After 14 successful years in Practice, with year-on-year growth, I am offering my clinic for sale with a view to opening a new practice from home, a one-hour commute away. This is a fantastic opportunity for someone to own their own practice with a guaranteed income but with scope for further development. I am offering both the low overhead, freehold High Street unit (approx 382ft²) and the goodwill, and am willing

to sell either as a going concern or separately. I also can remain for a period of time for continuity and/or as a mentor. Any reasonable offers considered. Interested? Please contact Jo Jones: info@rushdenosteopathicclinic.co.uk or call **01933 355230, 07952 629768**

Practice for sale: Watford, Hertfordshire and Harrow, NW London

Rare opportunity to purchase successful practice, established 55 years, based on two sites. Option to buy purpose built practice premises and attached house in Watford. Owner retiring and relocating. Enquiries to practice manager by email only: fiona@fionatunmore.co.uk

Practice for sale: Glasgow

Established practice. Turnover £70,000, with month-to-month growth. Costs 20%. Price £40,000 ono. Handover

provided. Contact: hello@glasgowcityosteopaths.co.uk

Treatment room for hire: Leeds

Room to rent in multi-disciplinary musculoskeletal/sports medicine clinic. Because of increased patient throughput, we are looking for an experienced osteopath to operate on a self-employed basis in a very busy/well-established musculoskeletal/sports medicine clinic located in Guiseley, Leeds (www.wharfedaleclinic.co.uk). Clinic is multi-disciplinary, with an MSK/sports medicine doctor (who is also an osteopath), podiatrist and physiotherapist. There is an extensive professional referral network and full reception support. All initial enquiries/CV to Dr Martyn Speight/ Mrs Lisa Speight: admin@wharfedaleclinic.co.uk

Spirituality In Osteopathy

This workshop will explore the spiritual journey of Andrew Taylor Still, and how it was essential to his clinical practice. We will look at some of his lesser-known work and use it as the basis for our practical sessions.

We will also compare his approach to other traditions, and participants will learn skills and techniques to enrich their palpation, technique and patient communication. The course is suitable for practitioners of all levels, and plenty of support will be given!

Course leader Connie Mansueto has 25 years experience as principal of a busy cranial practice, and is a former lecturer in osteopathic medicine at the ESO. The course will be held at Mulberry House, a Georgian hotel in High Ongar, Essex, with transport provided from Epping tube station.

CPD – 7 hours

Cost - £125/£100 2014-17 graduates

Contact – Connie Mansueto on 020 8352 2939/07952 064752 or email conniemansueto@gmail.com

Saturday 13 January



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17 January 2018

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“ *The lecturers take all students' levels into consideration and really help the less knowledgeable to understand the terms, getting everyone really involved in the learning process.* ”

Martha (First year M.Ost osteopathic student)

* Please note: if you are not an osteopath, you may not use the term 'osteopath' or any such variation when advertising yourself in the UK. Non-osteopaths will be awarded the Foundation Certificate in Animal Manual Therapy and may use terms such as 'manual therapy' or 'body work' when describing techniques taught on this course. All animal treatment requires prior consent from the animal's vet and practitioners must work within their scope of practice - for further information please refer to the ESO website. Due to higher running costs, all ESO animal courses are subject to sufficient delegate bookings.



CPDO 2018

Professional Development for Manual and Physical Therapists

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Date	Topic	Lecturer	Cost	Deposit	CPD points
27 Jan	Tissue repair: implication to manual therapists	Prof. Tim Watson	£125	£125	7
27 Jan	The spinal care revolution: a process approach	Dr. Eyal Lederman	£125	£125	7
24 Feb	Clinical nutritional supplementation in health and sports	Prof. Adam Cunliffe	£125	£125	7
23-25 Feb	Functional neuromuscular rehabilitation	Dr. Eyal Lederman	£385	£200	18
28 Feb - 2 Mar	Barral's vascular-visceral manipulation	Jean-Pierre Barral	£695	£395	20
23 Mar	Managing breathing pattern disorders (BPD): one day introduction	Leon Chaitow	£165	£165	7
24 Mar	How to use placebos to help patients: an evidence-based approach	Dr. Jeremy Howick	£125	£125	7
24-25 Mar	Advanced MET: management of spinal, respiratory & pelvic dysfunction	Leon Chaitow	£355	£250	14
14-15 Apr	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	£375	£250	14
14-15 Apr	A process approach in manual and physical therapies	Dr. Eyal Lederman	£195	£95	14
19 May	Exercise prescription: a process approach	Dr. Eyal Lederman	£125	£125	7
2 June	Nutritional management of obesity: what really works	Prof. Adam Cunliffe	£125	£125	7
2-3 June	Hartman's Master class in manipulative techniques: lower body	Prof. Laurie Hartman	£375	£250	14
16 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman	£125	£125	7

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Leon Chaitow & Laurie Hartman Comparison of Neck Management



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Gordon Close, off Highgate Hill, London N19

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Covering the Osteopathic Practice Standards, best practice for communication skills and working with specialist groups.

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Use hands-on palpation with a detailed history and active functional examination to find key areas of muscle dysfunction, focusing on lower back pain and sciatica.

17 February, £135, UCO

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Learn about factors for TOS and shoulder dysfunction, participate in practical active palpation and FAR sessions, and gain an understanding of lifestyle ergonomics.

17 March, £135, UCO

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05 & 06 Feb	London
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24 & 25 Feb	Manchester

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19 Jan	Matwork Refresher Day
02 Feb	Pilates & Small Equipment
08 Feb	Pilates for Hypermobility
23 Feb	Reformer on the Mat with the Pilates Resistance Tube
27 Feb	Neuro Pilates
01 Mar	Kids & Teens Pilates
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03 Mar	Neuro Pilates



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EXPLORING THE SCOPE of Osteopathy

22ND-23RD
APRIL

CONFERENCE

Date
Where

Mervyn Waldman, Chris Campbell, Stuart Korth,
Dr Wilfrid Jänig, Pascal Grolaux

Sunday 22nd April 2018 10-5pm. Registration from 9.30am
Wellcome Collection
183 Euston Rd, London, NW1 2BE

WORKSHOP

Date
Where

Mervyn Waldman & Chris Campbell

Monday 23rd April 2018 10-5pm. Registration from 9.30am
London Clinic of Classical Osteopathy,
Science Centre, London Metropolitan University,
29 Hornsey Road, London, N7 7DD

Visit www.classical-osteopathy.org/ico-events/conferences for details
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MORE COURSES

Foundation Course [M1]
with PENNY PRICE

Crista Galli, LONDON non-res
24–25 February 2018 **£275**

Tongue Tie, Lip Tie & Infant Feeding
with FLISS BERTIN & PETER COCKHILL

Hawkwood, STROUD non-res/res
3–4 March 2018 ***£390/£490**

Osteopathy in the Cranial Field [M2]
with TAJ DEOORA

Columbia Hotel, LONDON non-res
10–14 March 2018 **£950**

Foundation Course [M1]
with PENNY PRICE

Still Point, BATH non-res
14–15 April 2018 **£275**

Paediatric Orthopaedics [P3]
with HILARY PERCIVAL & MARK WILSON

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28–29 April 2018 **£549/£599**

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with SUE TURNER

Hawkwood, STROUD non-res/res
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16–17 June 2018 **£275**

RESEARCH CONFERENCE:
**Navigating the CPD Jungle - Enquiry
& Evidence for Cranial Osteopaths**
with KAREN CARROLL

Wokefield Estate, READING non-res/res
30 June–1 July 2018 ***£410/£490**

FEATURED COURSES

Paediatric Neurology [P2]

Leaders: HILARY PERCIVAL & MARK WILSON

non-res / res
£549 / £599



In this weekend course we explore more commonly encountered neurological 'conditions'. Familiarity with neurological developmental milestones and their interpretation enables assessment of age-appropriate development and alerts to possible warning signs. **Take as part of the Paediatric Pathway or on its own.**

*"Loved the case studies from the lecturers, brings to life the theory. Great practical sessions with tutors, love the fact that each tutor brings their experience and techniques."
"Content and quality of teaching were excellent."*

3–4 February 2018

Hawkwood, STROUD

Osteopathic Medicine [M3]

Leader: LYNN HALLER

non-res / res
£950 / £1250



Are we as familiar with the internal milieu of organs and systems as we are with the musculo-skeletal? This truly holistic course returns to the legacies of Still, Sutherland and Littlejohn to instil confidence in treating a wide range of conditions; ultimately broadening and inspiring our approach to clinical practice.

"This course has fundamentally changed my approach and treatment in practice, and now in my practice working with the internal organs blends seamlessly with treatment and understanding of the musculoskeletal system, with impressive results."

15–18 February 2018

Hawkwood, STROUD

The Functional Face [M8]

Leader: LOUISE HULL

non-res / res
£845 / £945



Is the face the missing link in our treatment? How does the face influence the body-wide health of our patients? In this course we will re-familiarize ourselves with the intricate relationships of the facial bones, cranial nerves and special senses and together apply our osteopathic thinking to common viscerocranial problems.

"The quality of tutoring was excellent, the tuition was very personalised and there was space to tailor each practical session as needed."

"Such a wonderful learning environment and great people!"

16–18 March 2018

Hawkwood, STROUD

Some courses have a minimum entry requirement, please call us for further details. * Discounts available for paid Fellows and Members.



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Seminars in Ios (Greece)



27 May to 1 June 2018

"A complete approach of Pregnancy, Birth and Postpartum" with Geneviève Kermorgant and Prof Renzo Molinari

16 - 21 September 2018

"From direct to indirect approach - Techniques made easy" with Susan Turner, Jonathan Daniells and Prof Renzo Molinari

A date for your diary

MIH Conference – 'Osteopathy: Men's, Women's and Child's Health'

London – 19 – 21 October 2018

For more information on all our events and to register your interest, please contact Corinne Jones at corinnejones.mih@gmail.com



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