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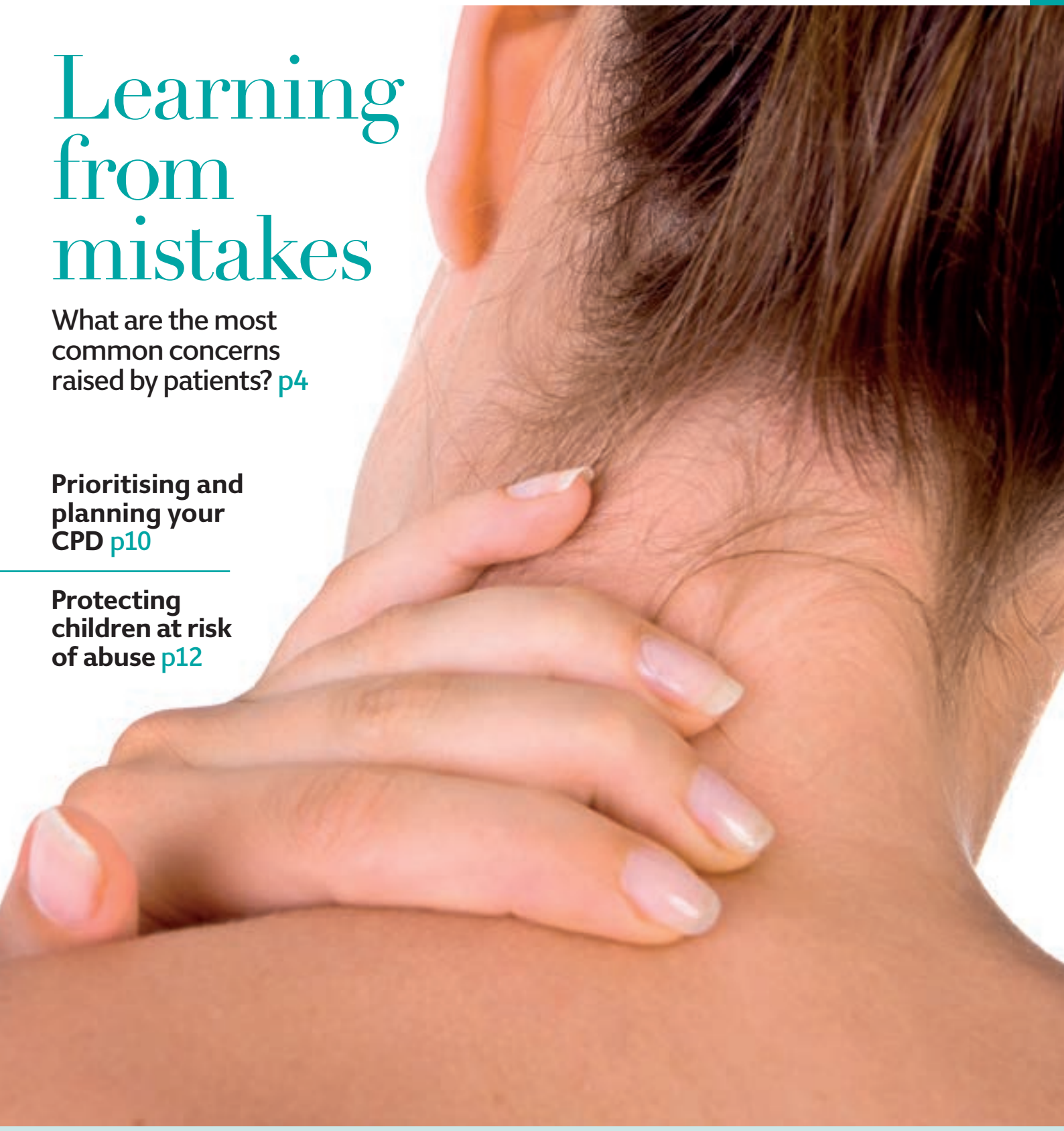

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General Osteopathic Council

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Welcome to the latest edition of the osteopath

PANDORABOX/SHUTTERSTOCK

Want to know more? Look out for this symbol accompanying articles in each section of the magazine for links to further information

We know that the vast majority of osteopathic patients are very satisfied with the care they receive, so it can be troubling to learn that a patient wants to raise a concern about their treatment.

Overleaf we reveal the most common issues arising in complaints made to the GOsC last year, as well as claims lodged with insurers and concerns raised with the Institute of Osteopathy. Communication and consent are shown to be recurring themes when patients raise concerns, and on pages 14–15 the National Council for Osteopathic Research (NCOR) explores how best to gain patients' informed consent and involve them in decision-making.

Elsewhere in this issue, you'll find advice on what to do if you suspect that a child is at risk of abuse (pages 12–13); a look at our work developing guidance around the professional duty of candour (page 8); and a call for recognition of osteopaths' contribution to performing arts medicine (page 17).

Ever wondered what the GOsC Council does? Osteopath and blogger Penny Sawell did: see page 18 for her impressions of attending a Council meeting. On pages 6–7 we highlight some of the GOsC's activities over 2014–15, and explain how your registration fee was spent. And don't forget that we're recruiting new members of the GOsC Council and our fitness to practise committees; the closing date for applications to join the Council is **Wednesday 21 October** (for the committee vacancies you have until **Wednesday 11 November**), so visit **http://bit.ly/gosc-recruitment** now if you'd like to get involved in regulating the profession.

We hope you enjoy reading this edition.

Jeremy Pinel
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the osteopath

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Causes for concern?

Details of the concerns, claims and complaints raised about osteopaths in 2014 have been published. What lessons can the profession learn from them?

MARTIN ALLINGER / SHUTTERSTOCK

Since 2013, the GOsC has been working with the Institute of Osteopathy (iO) and the major providers of professional indemnity insurance to pool information about the causes of concerns raised about osteopaths.

All these organisations now have a common system for recording and classifying the complaints, claims and concerns received. At the end of every year, the anonymised data is sent to the National Council for Osteopathic Research (NCOR) where it is collated and analysed. NCOR's analysis of the issues that gave rise to concerns in 2014 has now been published.

Conduct

There was little change between 2013 and 2014 in the number of concerns, complaints and claims raised about osteopaths' conduct. A total of 109 were received last year, and again the most common issues included:

- failure to communicate effectively
- failure to obtain valid consent
- sexual impropriety and personal relationships with patients.

You can find advice about effective communication and obtaining consent – including the 'five steps to shared decision-making' – on page 14.

Additionally, the o zone offers recommendations for improving your communication with patients (**http://bit.ly/ozone-communication-advice**), from explaining why for diagnostic reasons you may need to watch the patient get undressed, to asking the patient to adjust their own clothing rather than doing it yourself.

You must have the patient's consent for every aspect of the examination and treatment that you undertake. It is also important to record in your notes that you have their consent for the agreed course of action that you are taking; this will, of course, include discussion of the options and their associated benefits and risks.

If you were ever to face a complaint or be in a dispute with a patient, your records – made at the time – would need to be able to support your account of what happened.

Do not think that getting a patient to sign a form at their first appointment constitutes consent for you to provide any specific treatment later; the provision of valid, informed consent for examination and treatment is an ongoing process.

If a patient is unable to make decisions for themselves, or to understand the information you give them, they cannot provide consent; someone with responsibility for them must do so. We recognise that it can be difficult to assess whether some patients have the capacity to consent, so we have published guidance and example scenarios on the o zone at: **http://bit.ly/ozone-capacity-consent**

Clinical care and adverse events

While 86 concerns, claims and complaints regarding osteopaths' clinical care were raised in 2013, there was a substantial increase to 139 in 2014. The overwhelming majority of these were about treatment that the patient considered was:

- inappropriate or unjustified
- forceful
- incompetently administered
- responsible for causing new or increased pain or injury.

Bear in mind that, in some of these cases, the patient's concerns about the treatment may have arisen because information about the treatment was poorly communicated.

To minimise the risk of a complaint being raised about your clinical care, it's important to review your learning needs periodically and identify gaps in your knowledge or areas of practice where you would benefit from a refresher. See page 10 for advice on setting objectives and planning your CPD around these learning needs.

Needless to say, you must not administer treatments that you are not qualified and confident to carry out. As a case heard earlier this year by the Professional Conduct Committee and described in our May 2015 *Fitness to Practise e-bulletin* (on the o zone at: **http://bit.ly/ozone-ftp-0515**) makes clear, that prohibition also applies if you are studying for but have not yet gained a qualification to administer the treatment.

One in six of all concerns, claims and complaints raised about osteopaths in 2014 related to new or increased pain or injury following treatment. In many of these cases, the patient may not have known that osteopathic

treatment can commonly cause a temporary worsening of symptoms. When you communicate the risks of treatment to patients, don't forget to point out the relatively high probability (approximately one in two) that they will experience a short-term increase in tenderness or pain, as well as the much more remote risk of a serious adverse event. Advise patients to seek further advice from you if they have any concerns or if the discomfort persists for more than 48 hours.

Capturing patients' views

The figures quoted above relate to complaints received by the GOsC, concerns raised with the iO and claims made to insurers. If a patient feels able to raise directly with you any concerns they have about their treatment, or even your conduct towards them, these issues are far less likely to escalate.

Our major survey of public and patient perceptions of osteopathy last year confirmed that patients want and expect to have the opportunity to give feedback to their osteopath. Very often they want to share positive or helpful observations with you, but your complaints procedure should also be clear and well-publicised. You can read about collecting patient feedback in the August/September issue of *the osteopath* (pages 14-15), and the NCOR website offers advice on responding to concerns raised in patient feedback at: **http://bit.ly/ncor-patient-feedback**

You can download the NCOR report *Types of Concerns Raised about Osteopaths and Osteopathic Services in 2013 and 2014* from the GOsC website at: **http://bit.ly/gosc-concerns-2014**

Alison White reappointed as GOsC Chair

Alison White has been reappointed as Chair of the GOsC for a second four-year term, to start on 1 April 2016.

The reappointment was made by the Privy Council, in line with standards set by the Professional Standards Authority for Health and Social Care.

Alison said: "I am absolutely delighted to have been reappointed, and very much look forward to the challenges of leading the development and implementation of a new corporate plan, together with a streamlined Council, and continuing to play my full part in the regulation and development of the osteopathic profession."

In addition to being the GOsC Chair since April 2012, Alison is the Registrar of Consultant Lobbyists, a non-executive director of both the Maritime and Coastguard Agency and the Queen Elizabeth II Centre, and a member of the audit committees of the UK Statistics Authority and the Parliamentary and Health Service Ombudsman.

Want to play a role in the regulation of osteopathy? We are now recruiting registrants to join the GOsC Council and our committees that investigate complaints about osteopaths and conduct hearings.

For full information about the vacancies and how to apply, visit http://bit.ly/gosc-recruitment

Advertising update

The quality of osteopaths' advertising, particularly on their practice websites, has been the focus of attention this summer.

In September the GOsC, the Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) wrote to all osteopaths in the UK, strongly advising you to review carefully the information promoting your services without delay. The letter also summarised the CAP guidance that is relevant specifically to osteopaths.

Osteopaths have a duty under the GOsC's standards to ensure that their advertising meets legal requirements. We are concerned to have recently been receiving a steady stream of complaints that some osteopaths are making unsubstantiated claims on their websites. This can be very harmful to the professional reputation and regard of osteopaths generally.

Organisations including the GOsC, the Institute of Osteopathy (iO), the Osteopathic Alliance and the National Council for Osteopathic Research have been exploring strategies to promote high standards in osteopaths' advertising. The ASA and CAP have been keen to work with the profession, meeting with the GOsC and the iO to look at improvements to their guidance and support.

For more information, email Brigid Tucker at: btucker@osteopathy.org.uk, contact the iO, or visit the CAP website at: www.cap.org.uk

The GOsC year in review

Published in October, the *GOsC Annual Report and Accounts 2014-15* set out our activities between April 2014 and March 2015. Here are some of our achievements

Promoting public and patient safety

Over the year, we renewed or extended our **recognition of osteopathic pre-registration qualifications** awarded by the London College of Osteopathic Medicine, Swansea University and Oxford Brookes University, as a result of quality assurance reviews. Following a competitive tender process, we renewed our contract with the Quality Assurance Agency for Higher Education (QAA) to review courses and course providers on our behalf.

We agreed new ***Guidance for Osteopathic Pre-Registration Education***, which will ensure that osteopathic education continues to meet contemporary expectations of multi-professional healthcare. We also contributed to a working group set up by the QAA to renew its *Subject Benchmark Statement for Osteopathy*.

We processed **276 successful applications** to join the Register (a net growth of 159 or 3.3 per cent). This raised the number of registrants to 4,975 by 31 March 2015.

Our **registration assessors**, all of whom are qualified osteopaths, assessed 56 applicants who were educated overseas or wanted to return to practice after a period off the Register.

While upgrading our websites and the online Register, we developed facilities for registrants to **update their details, renew their registration and record CPD** more easily on the ● zone.

We consulted on new **professional indemnity rules**, which increased to £5 million the level of indemnity insurance that osteopaths must have. The new rules came into effect on 1 May 2015.

Following development work on a **proposed new CPD scheme** (which was supported by four 'pathfinder' groups of osteopaths in Cheshire, Cumbria, London and Northern Ireland), we commenced a major, 16-week public consultation on the proposals in February 2015. This included meetings with a number of osteopathic organisations.

Over the year, 42 **formal complaints** were made to us (seven more than in 2013-14). Our Investigating Committee considered 51 cases, of which 22 were referred to a full hearing and eight were adjourned. The Professional Conduct Committee heard 22 new cases (an increase of six over the previous year); 10 of these resulted in a finding against the osteopath. Two cases were heard by the Health Committee.

A new team of 14 **legal assessors** was recruited to support the committees' work. We also recruited and trained nine new **medical assessors**, from a range of specialties, to provide advice in relation to health cases.

We introduced new **practice notes** on the presentation of evidence to the committees (including special measures for vulnerable witnesses), and on how the committees should consider undertakings given by osteopaths.

Our median time for investigating a complaint during the year was 2.5 months; our target was four months. The Professional Conduct Committee took a median time of 11.75 months (against a target of 12 months) to conclude hearings of cases.

New '**threshold criteria**' for unacceptable professional conduct were consulted on, prior to adoption in June 2015. They identify matters that will not usually be subject to the complaints procedure.

In 2014, the provisions of the *Public Interest Disclosure Act 1998* that protect **whistleblowers** were extended to the GOsC. In response, we consulted on and introduced a new policy on the handling of whistleblowing concerns.

As well as initiating prosecution against two **unregistered individuals** who called themselves osteopaths, and issuing 25 cease and desist notices, we consulted on and adopted a policy confirming that we focus in particular on cases that present a risk to patient safety and public protection.

Improving the quality of osteopathic healthcare

During 2014-15, we developed new materials – including e-learning and scenario-based guidance on **capacity and consent** – to help osteopaths comply with the *Osteopathic Practice Standards*.

We also started the process of considering how the *Osteopathic Practice Standards* might develop in the future. We commissioned independent research, led by Professor Gerry McGivern, into the **factors contributing to effective regulation**; this was published in early 2015. And we began working with Professor Bill Fulford and Professor Stephen Tyreman on **values-based practice** in osteopathy and how values inform standards.

With seven other healthcare professional regulators, we produced and published a consistent position on the **professional duty of candour** and the reporting of errors. Work began with patients and osteopaths to identify how the duty should apply in osteopathic practice.

We conducted focus groups and commissioned a national survey to develop our insight into **public and**

Our strategic objectives 2013-16

- **To promote public and patient safety through proportionate, targeted and effective regulatory activity.**
- **To encourage and facilitate continuous improvement in the quality of osteopathic healthcare.**
- **To use our resources efficiently and effectively, while adapting and responding to change in the external environment.**

patient perceptions of osteopathic practice and its regulation.

Working with the National Council for Osteopathic Research, the Institute of Osteopathy and professional indemnity insurers, we completed a report on the types of **complaints, claims and concerns** raised about osteopathic practice in 2013. This work will continue in future years.

Our role encompasses the development as well as the regulation of UK osteopathy, where we can identify a tangible benefit to patient safety or the quality of patient care. This year we continued to work with the **Osteopathic Development Group**, with GOsC representation on five of its eight project teams.

Working with osteopathic organisations and regulators internationally, we concluded a three-year project to develop **pan-European minimum standards** for osteopathy using the Comité Européen de Normalisation (CEN) process.

Using our resources efficiently and effectively

The fee paid by most registrants was reduced to £570 in May 2014. Costs in the fitness to practise area increased this year, but we made **savings** elsewhere – for example, through activities around registration and finance which have largely integrated our transactional services with registrants.

In 2014-15 we implemented a new **information governance** policy to ensure that all the GOsC's data is retained securely. There were no data security incidents that required reporting to the Information Commissioner's Office.

We held our annual **Regional Communications Network** meeting in conjunction with the Osteopathic Development Group, during the Institute of Osteopathy Convention. Over the year, we attended 11 regional groups' meetings across the UK to give presentations and engage with registrants at a local level.

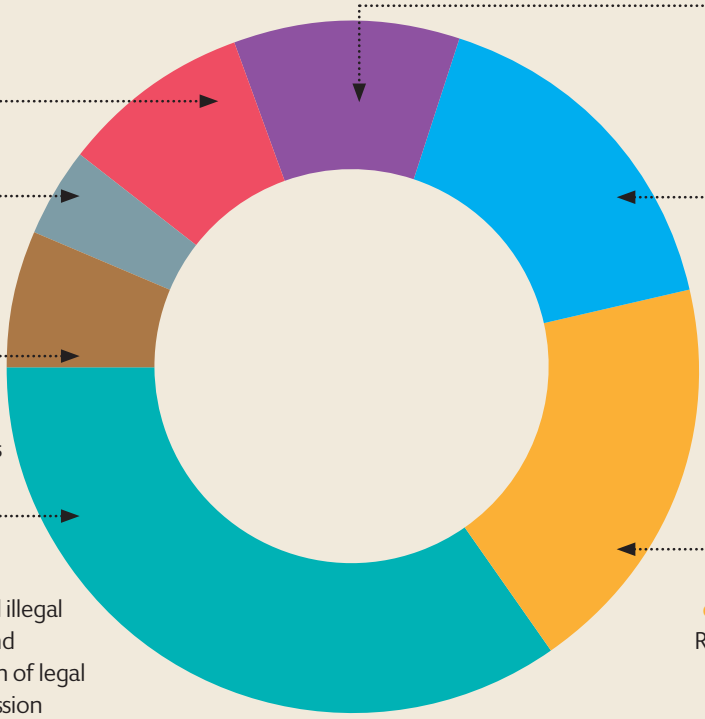
Alongside *the osteopath* and our monthly news e-bulletin, **social media** (Facebook and Twitter) played an increasing role in our communication and engagement work; both services reached more than 1,000 users in 2014-15.

The GOsC Annual Report and Accounts 2014-15 will be laid before Parliament and published on our website at: http://bit.ly/gosc-annual-1415 on 27 October

'Following extensive development work, in February we commenced a major consultation on a proposed new CPD scheme for osteopaths'

How your registration fee was spent

A breakdown of the headline registration fee (£570) to show the amount spent on the GOsC's functions in 2014-15



Education and professional standards: £60.88 (11%)
Includes ongoing reviews of standards of education practice and CPD

Governance: £50.16 (9%)
Council and its committees

IT infrastructure: £22.80 (4%)
Ensuring that the GOsC's websites and IT services are up to date and robust

Registration: £37.22 (7%)
Maintaining the integrity of the Register; processing applications for registration and renewal

Fitness to practise, including legal: £197.68 (35%)
Fitness to practise processes and illegal practice prosecutions; setting and reviewing of standards; provision of legal advice to Council and the profession

Communications, research and development: £93.14 (16%)
All GOsC communications with osteopaths and the public (including online, in print and at events); research activities including NCOR and the provision of research journals to osteopaths

Administration and establishment: £108.13 (19%)
Running costs, including facilities, service contracts, audit fees and non-attributable staff costs

Candour in practice

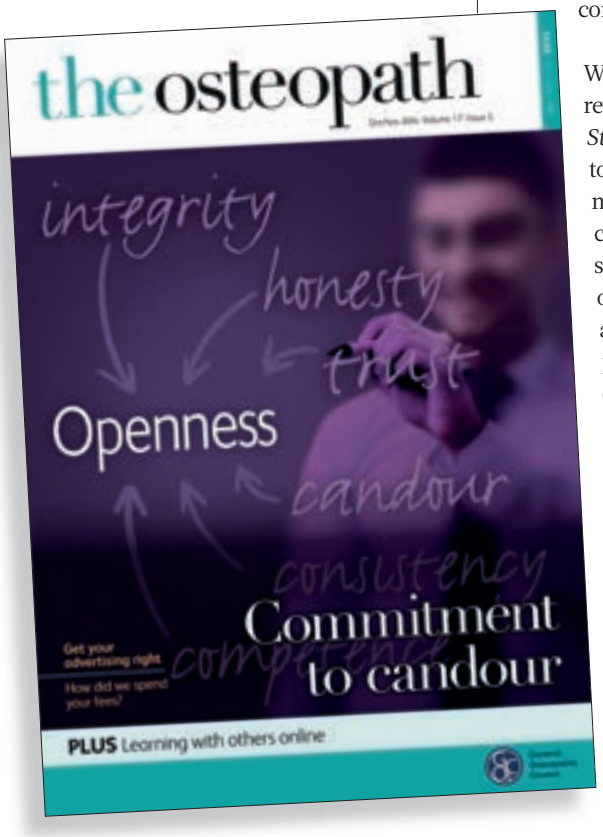
It's a year since the GOsC and seven other healthcare regulators agreed a joint position on the professional duty of candour, and we've been exploring what guidance might be needed to help osteopaths embed the duty in practice

The idea of a duty of candour for health professionals was proposed in the final report, published in February 2013, of the inquiry led by from Robert Francis QC into failures of care at Mid Staffordshire NHS Foundation Trust. In response, the Government recommended that the duty should be applied to individual healthcare practitioners through strengthened references to candour in their professional codes and guidance.

In October 2014, the GOsC and other healthcare regulators produced a joint statement setting out a consistent approach to candour and what this means for regulated health professionals. One aim of this was to help patients and service users understand what they can expect from the professionals who care for them.

The duty of candour set out in the joint statement says: 'Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.'

To read the full text of the joint statement on the duty of candour, see our website at: **http://bit.ly/gosc-candour**



Standards

The *Osteopathic Practice Standards* already contain a number of standards that relate to the duty of candour:

- C9 (Act quickly to help patients and keep them from harm)
- D7 (Be open and honest when dealing with patients and colleagues and respond quickly to complaints)
- D10 (Ensure that problems with your own health do not affect your patients)
- D17 (Uphold the reputation of the profession through your conduct)
- D18 (You must provide to the GOsC any important information about your conduct and competence)

We are currently planning a review of the *Osteopathic Practice Standards* in 2016, which is likely to result in standards that relate more explicitly to the duty of candour. We will produce supporting guidance to help osteopaths take appropriate action if mistakes occur in practice, or if they are concerned a fellow health professioal is risking a patient's safety and wellbeing.

Scope of the duty

Earlier this year, we organised workshops with osteopaths and members of our Investigating Committee (IC), which scrutinises complaints made to us about osteopaths, to explore how the duty will affect practice and to inform the development of standards and guidance. These events complemented a workshop at the end of last year to gather the views of patients and the public.

"When complaints aren't handled well, what could have been dealt with at a practice level has led to a full complaint to the GOsC"

Participants in the workshops were unsure whether the duty of candour covers the reporting of 'near misses' and minor incidents as well as those causing serious harm, with osteopaths expressing concern that patients could be caused unnecessary stress if informed about things that could have (but had not) gone wrong.

There was also uncertainty over the proper process for raising concerns about other health professionals. Some osteopaths said they did not know how best to go about this, and were uneasy about challenging non-osteopathic health professionals' decisions.

Saying sorry

The workshops found more consistency regarding the behaviour expected of osteopaths. There was broad agreement that establishing trust and good lines of communication, and being able to provide an *appropriate* apology when needed, are key – but participants recognised that it can be hard to apologise calmly and appropriately at a time of stress for both the osteopath and the patient.

"The difficulty is being in a situation where you're going to sense all of those stresses that are going on and make a judgement ... and behave in a way that uses the correct amount of candour for the moment," an osteopath said.

Importance was attached in all the

workshops to explaining the effects of the mistake and offering appropriate remedial action. The need for practices to have good complaints procedures was emphasised.

One IC member noted that the Francis inquiry had highlighted the damaging effect of insensitive handling and poor communication after something has gone wrong. Referring to their own experience on the IC, they added: "When complaints aren't handled well, what could have been dealt with at a practice level has then led to a full complaint [to the GOsC]."

A common concern among osteopaths was that admitting liability to a patient could have repercussions for their professional indemnity insurance. We have spoken to insurers about this; see page 11.

At the workshop for patients and members of the public, there was support for the idea of a 'safe space' being provided where osteopaths could raise issues around candour without the threat of disciplinary action. "If the duty of candour leads to you being up before the Council and potentially losing your living, I am not sure I would be very candid," one patient observed.

Next steps

A message from all the workshops was that guidance from the GOsC should help oteopaths understand how the duty of candour fits into their everyday practice.

"The overriding message has to be that actually it is what your patients want and it's what is best for you as a practitioner ultimately, because you'll be trusted more and you're providing a much better service all round," one osteopath said.

We will take note of the issues raised in the workshops when drafting guidance on the duty of candour, to accompany any new standards developed through our forthcomng review of the *Osteopathic Practice Standards*.

A series of 'practice scenarios', produced by senior osteopaths and students at an osteopathic educational institution, was used at the workshops to explore the ethical considerations that can arise in practice. These were found to be very useful in highlighting the variety and complexity of issues to consider, and we will look at developing the scenarios into online interactive learning for osteopaths.

If you would like to be involved in our work developing guidance on candour, or to work through the scenarios from the workshops with colleagues, please email **candour@osteopathy.org.uk**

New advice on blood-borne infections

NANETTE GREBE / SHUTTERSTOCK

The GOsC has published an advice note for osteopaths who have blood-borne infections (Hepatitis B or C, or HIV).

Guidance from Public Health England and the Department of Health limits the ability of healthcare workers with blood-borne infections to carry out 'exposure-prone procedures' (EPPs) – defined as 'invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker'.

The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) has advised us that the following procedures are *not* considered to be EPPs:

- intraoral examination or technique
- vaginal or rectal examination or technique
- acupuncture or dry needling
- any other procedure requiring the use of needles or other sharps.

Therefore, UKAP's official advice is that osteopaths *do not* perform EPPs.

Nevertheless, the GOsC advice note stresses that all osteopaths undertaking the above procedures must adhere to routine infection-control procedures at all times: you should have received appropriate training in infection control, adhere to routine infection control procedures, and keep your knowledge and skills up to date through appropriate CPD.

Standards D10 and D11 of the *Osteopathic Practice Standards* require osteopaths to consider how best to safeguard their own health and the health of others. If you are concerned about the risks of infection from a patient, see the Health and Safety Executive's guidance at: **www.hse.gov.uk/pubns/indg342.pdf**

You can read the GOsC advice note on the ● zone at: http://bit.ly/ozone-blood-borne

Current consultations

We are inviting feedback until **Friday 30 October** on two draft guidance documents for use in fitness to practise cases. For more information and to have your say, visit **www.bit.ly/gosc-consultations**

Title	Description
Draft Guidance for the Professional Conduct Committee on Drafting Determinations	The Professional Conduct Committee (PCC) has 12 members. If a case involving allegations about an osteopath's conduct or competence proceeds to a hearing, it will be heard by a panel of three PCC members. This draft guidance aims to ensure the consistency and quality of decision-making between PCC panels.
Draft Guidance for the Fitness to Practise Committees on Imposing Interim Suspension Orders	The PCC, the Health Committee and the Investigating Committee can all impose interim suspension orders (ISOs) on osteopaths if they feel this is necessary to protect the public. Our guidance on imposing ISOs has been redrafted to interpret the committees' powers in accordance with current regulatory developments and case law.

CPD spotlight: Prioritising and planning

CHRISTIAN CHAN / SHUTTERSTOCK

Last issue's *CPD spotlight* looked at why and how you should periodically review the stage you are at in your professional development, so you can see what your learning needs are.

Having identified some areas of practice where you feel you would benefit from further development, and established which of them you need to prioritise, you can set learning objectives for each of these priority areas.

Setting objectives

A learning objective should state exactly what you hope to achieve in an area of learning. Our *CPD Guidelines* provide an example:

'If you have identified that you are unsure about some aspects of clinical neurological testing (a learning need), you could set a learning objective of: "I will be able to perform a quick, relevant and complete neurological examination to evaluate patients presenting with headache".'

To be useful in the planning of your CPD, your learning objectives should involve clearly defined, realistic outcomes: what exactly do you want to be able to do? We recommend that you follow the 'SMART' criteria (see box) when setting objectives.

The next step is to consider how you can meet your learning objectives. If you want to improve how you record case histories, for example, you may be able to achieve this objective by attending a one-day seminar. However, completing an MSc degree may be required for you to meet another learning objective – in which case, try breaking that objective up into a series of smaller ones (perhaps to create one learning objective for each of the MSc course's modules) so that they can be met over a number of CPD years.

Attach a timescale to each of your objectives, to help you monitor your progress through the CPD year. If you think you will not be able to achieve all your learning objectives for the coming year, you'll need to reconsider whether they all need to be achieved this year, and/or whether any can be broken up into smaller objectives.

Choosing activities

Our *CPD Guidelines* advise that your CPD activities 'should inspire you, relate to your professional work as an osteopath, and meet the targets you have identified for your learning needs'.

Consider what type(s) of learning activity would best address each objective, as well as your personal circumstances and your preferred methods of learning. Be open-minded when selecting CPD activities: there are many different types (far more than just reading or attending courses), so why not consider some that you've never tried before?

Keep your CPD plan realistic and achievable, and compatible with your other commitments: 'setting yourself unattainable goals or undertaking excessive amounts of CPD may be detrimental to your morale, your private life and your practice,' the *CPD Guidelines* note.

We have produced a 'planning your CPD' form (available at: **http://bit.ly/gosc-planning-cpd-form**) to help you map your learning needs and related objectives to specific CPD activities. Appendix B of the *CPD Guidelines* provides an example of how you might complete the form.

Pages 25-26 of the *CPD Guidelines* provide more information about planning your learning, and page 15 contains examples of CPD learning activities and the sorts of evidence required from each to put in your CPD record folder. You can find the *CPD Guidelines* at: http://tinyurl.com/gosc-cpd

Be SMART in your learning

A learning objective should be:

- **Specific**
  Identify exactly what it is that you want to learn
- **Measurable**
  Establish how you will know when you have achieved the objective
- **Achievable**
  Be realistic, bearing in mind the time, cost and support that may be required
- **Relevant**
  Be sure that achieving the objective will really help you to meet your identified learning needs, and will advance your professional development as an osteopath
- **Timed**
  Set a deadline for achieving the objective

Frequently asked questions

Q I have read about the duty of candour and the requirement for all osteopaths to be open and honest with patients when things go wrong. If I do this, is there a risk that I will invalidate my insurance?

A The GOsC, along with seven other regulators, agreed a joint statement on the duty of candour in October 2014 (see **http://bit.ly/gosc-candour**). This includes the requirement that all healthcare professionals should:

- tell the patient when something has gone wrong
- apologise to the patient
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the patient the short- and long-term effects of what has happened.

We thought it was important to explore the implications of the statement with the providers of professional indemnity insurance for osteopaths. All of the main insurance providers – Balens, Howden, Lockton (which provides the Institute of Osteopathy's insurance scheme) and Towergate – have confirmed that they support the principles behind the duty of candour and that, in principle, meeting its requirements should have no impact on an osteopath's insurance.

However, insurers will always advise you that you should contact them at the earliest possible opportunity if something goes wrong and you think there may be a possibility of a claim being made by a patient, so that you can receive advice on how to manage the situation. This is not incompatible with being open and honest with your patients.

Q Following a recent break-in at my practice, the police have advised me to install CCTV around the practice and my home. They suggest an internal camera which uses motion detection and subsequently sends a live feed to my mobile if any movement is detected. Although the camera is only 'armed' when the alarm system is also armed, I am concerned about the effect on patient confidentiality etc. The cameras will of course be in visible locations, as a deterrent to any future break-ins.

A Standards C6 and D6 of the *Osteopathic Practice Standards* require you to respect patients' dignity and modesty, and their right to privacy and confidentiality.

The siting of any recording equipment will need to take account of patients' potential concerns about being inadvertently recorded while changing or during examination and treatment.

Practical matters that you must consider include:

- Who will be able to watch the recordings?
- How will the recordings be stored securely and safely?
- For how long will the recordings be retained? What arrangements will be in place to ensure that they are disposed of securely and safely?
- What will be your procedure for responding to requests to view the recordings?
- What measures will be in place to deal with theft or loss of the recordings?

The information that may be recorded by any recording equipment in your practice premises will constitute 'personal data' within the meaning of the *Data Protection Act 1998*. It may also constitute 'sensitive personal data' (by revealing information about a patient's racial or ethnic origin). The recording and storage of video images is likely to constitute 'processing' for the purposes of the *Data Protection Act*. If you are the data controller, you will need to ensure that you are registered with the Information Commissioner's Office, and that your registration enables you to process data captured from CCTV systems.

The Information Commissioner's Office (ICO) provides useful guidance on its website at: **www.ico.org.uk/for-the-public/cctv**

Business users of CCTV are required by the ICO to comply with a code of practice. You can find details of this at: **www.ico.org.uk/for-organisations/guide-to-data-protection/cctv/**

There may be a distinction between CCTV recording within your home and personal environs, and within premises to which members of the public and patients have access, but you should be aware that people whose images are being recorded may have a right to request the data being recorded about them. You will need to ensure that your guidance for patients and the signage within your practice clearly indicate that images are being recorded and the purpose of that recording; they should also address the questions listed above.

Because the live feed will be sent to your mobile, further issues may arise if you take your phone outside Europe and have it switched on. You should seek advice from the Information Commissioner's Office and from your insurers.

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'People whose images are being recorded may have a right to request the data being recorded about them'

What to do if you suspect child abuse

It can be difficult to recognise the possible signs of child abuse and to identify children at risk – but if a child's physical health or behaviour causes you concern, how do you go about trying to protect them from harm?

In recent years, the cases of Victoria Climbié and 'Baby P' have highlighted the tragic outcomes that can result when professionals do not share their concerns about child abuse. You may think that an aspect of a child's health or behaviour is insufficient on its own to justify reporting, but others may have similar concerns which together would highlight the potential need for action to protect the child.

If you treat children regularly, osteopath Andrew Maddick says, the statistics show you are likely to have encountered some who are being abused or neglected. The December 2014/January 2015 issue of *the osteopath* contained guidance (pages 18-19) on identifying the potential signs of child abuse, based on an article by Andrew and two colleagues in the *International Journal of Osteopathic Medicine* (*IJOM*).[1] This included the advice that, crucially, you should not wait until abuse is obvious before taking action.

The same authors have now written another *IJOM* article explaining the action to take if you have identified any of these signs.[2] They stress that osteopaths are not responsible for confirming abuse or physically protecting the child; instead, the osteopath's role (and a vital one) is to communicate any concerns they have. But how should this communication happen?

Social workers

'The first contact for advice should be a social worker,' advise Maddick *et al*. Social workers are experts in the areas of child welfare and family management, and can accept formal referrals – but often you will not need to name the child or family in order to discuss your concerns. They can provide informal guidance based on a hypothetical and anonymous case, so you can ask them specific questions or seek advice without worrying about getting the family into trouble or breaching patient confidentiality.

Many cases will not proceed beyond these 'what if' conversations, but there may be times when the social worker will tell you it is appropriate to identify the child about whom you have concerns. Social workers have access to information on a family's background which you may not know, and

Perceived barriers to sharing concerns

The UK has no mandatory reporting laws for child abuse, and no-one is legally obliged to refer suspicions of abuse. Nevertheless, Maddick *et al* highlight osteopaths' 'professional, ethical and moral duty to protect their patients from abuse', and standard C9 of the *Osteopathic Practice Standards* requires you to 'act quickly to help patients and keep them from harm'.

The National Institute for Health and Care Excellence (NICE) guideline *When to Suspect Child Maltreatment* (**http://bit.ly/nice-maltreatment**) identifies factors that can deter clinicians from acting on suspicions of abuse, including:

- fear of losing a positive relationship with a family
- discomfort of disbelieving, thinking ill of, suspecting or wrongly blaming a parent or carer
- divided duties to adult and child patients and breaching confidentiality
- fear of losing control over the child protection process, and doubts about its benefits
- stress
- personal safety concerns.

'These are often valid apprehensions,' Maddick *et al* say, 'but they should not deter osteopaths from seeking advice and sharing information in cases where there are safeguarding concerns ... The child's safety overrides issues of patient confidentiality or data protection when information is shared with other clinicians or child protection agencies.'

The same view is expressed in the UK Government's *What to Do If You're Worried a Child Is Being Abused: Advice for Practitioners* (**http://bit.ly/hmg-worried-child-abuse**). Making it clear that safeguarding children is everyone's responsibility, and that practitioners should understand the local multi-agency safeguarding arrangements in their area, it advises: 'If you think that referral is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.'

While recognising that osteopaths may fear disciplinary action from the regulator, Maddick *et al* note that the latter 'would not be mandated unless referral was clearly erroneous and malicious'. In fact, they say, 'the legal aspects of reporting are really only relevant when cases of abuse or neglect are clear and an osteopath has taken no action'.

KENISHIROTIE. / SHUTTERSTOCK

you both may benefit from talking about the child: for example, discovering that a child protection plan is in place may change the way you consider the child's minor injuries or unusual behaviour.

Child and family health services in the UK are coordinated by local authorities. Contact your local authority to get in touch with a duty social worker for the area where your practice is located or where the child lives.

General practitioners

Alternatively, you can contact the child's GP. Maddick *et al* suggest that this may be a useful way for you to raise suspicions of abuse without offending the parents: as might happen if you suspected serious pathology in a patient, you can request the parents' consent to refer the case for a 'second opinion on clinical findings' while not spelling out the precise reason for the referral.

While acknowledging that most GPs are not experts in safeguarding (and that the families of abused and neglected children may avoid visiting their GP), Maddick *et al* point out that all family doctors are trained in dealing with concerns. As well as offering their own opinion on your concerns, the GP can themselves refer the case to social services or to a paediatrician for another opinion.

What happens next?

Osteopaths' suspicions of abuse are unlikely to be clear-cut, so if you contact a social worker it will probably be to seek advice and context, not to make an official referral. An enquiry from you about a child will not prompt a social worker to take immediate action unless your suspicions are serious, there is a history of abuse, or others have also raised concerns.

'Child protection and safeguarding largely involves dealing with children who are being cared for insufficiently or inappropriately, rather than children who are the victims of criminal behaviour.' Maddick *et al* say. 'Often abuse is not malicious or intentional but the result of poor parenting, alcoholism or drug addiction, parental learning difficulties or a result of ignorance. In these cases intervention is largely supportive, with the family receiving advice and support from social workers and other agencies.'

References

1. Maddick AF, Feld A, Laurent S. Safeguarding children in osteopathic practice, part 1: Identifying children at risk. *International Journal of Osteopathic Medicine* 2014; 17(4) 250-255. Available at: **http://bit.ly/ijom-safeguarding-1**

2. Feld A, Maddick AF, Laurent S. Safeguarding children in osteopathic practice, part 2: Managing concerns about children. *International Journal of Osteopathic Medicine* 2015, in press. Available at: **http://bit.ly/ijom-safeguarding-2**

To be able to access the full versions of these articles, log in to the **o** zone first at: **http://bit.ly/ozone-ijom-plus**

Should you seek consent?

Discussions with a social worker can often take place without the need to disclose the child's identity, but the social worker may advise that disclosing or exchanging patient information is necessary.

The UK Government's *Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers* (**http://bit.ly/hmg-information-sharing-2015**) says:

'Wherever possible, you should seek consent ... [but] even without consent, it is still possible to share personal information if it is necessary in order to carry out your role, or to protect the vital interests of the individual where, for example, consent cannot be given. Also, if it is unsafe or inappropriate to do so, i.e. where there are concerns that a child is suffering, or is likely to suffer significant harm, you would not need to seek consent. A record of what has been shared should be kept.'

(The Scottish Government's *National Guidance for Child Protection in Scotland*, available at: **www.gov.scot/Resource/0045/00450733.pdf**, has similar advice.)

This means that you do not need to inform the family or gain their consent before discussing a child or family with their GP or social services, if you suspect abuse or neglect.

As well as not being required by law, a request for consent to involve social services could offend and alienate the family – and could end up harming the child's welfare, if it leads the family to keep the child away from you in future and thus prevent you from monitoring their health.

Nevertheless, you should always consider asking for parental consent when making a formal social services referral, while remembering that the child's safety is paramount.

In a situation where both you and the parent are concerned about the child's needs, or about potential abuse by somebody else, you should seek the parent's consent before discussing the case with a social worker.

Shared decisions

Austin Plunkett, research assistant at the National Council for Osteopathic Research (NCOR), explores how you can best involve your patients in decisions about their care, and gain their informed consent to a course of treatment

For a patient's consent to be valid, it must be informed: the patient must understand the nature of the proposed treatment, its risks and benefits, your reasons for recommending it, and the alternatives.

On page 18 of the last issue of the osteopath, I provided some statistics from research into the risks associated with spinal manipulation, and offered advice on communicating these risks to patients effectively.

As with risks, the information you give patients about the benefits of osteopathic care must be informed by evidence as far as possible. The NCOR website contains links to relevant studies at: **http://bit.ly/ncor-relevant-research**

You can also talk about your own personal experience of clinical practice – for example, citing overall figures for your patients' health outcomes recorded using the PROMs app (see page 16).

Trust and comfort

Whether you are talking about risks, benefits or any other aspect of treatment, your communication is likely to be more effective if the patient trusts you. You can start building trust even before the first appointment, by sending new patients advance information about what to expect (see *the osteopath*, August/September 2015, page 6). They are then more likely to be relaxed and ready to give their informed consent to getting undressed and being examined, for example.

Being honest about what we know and do not know, and explaining and personalising the information you provide, can also help to develop trust. You may find that it helps to use visual aids such as those in the report *Communicating risks of treatment and informed consent in osteopathic practice* (pages 90–94), available at: **http://bit.ly/ncor-communicating-risks**

When discussing treatment options, ensure that the patient feels comfortable and not vulnerable. This may require you to let them put on a gown, get dressed and/or sit up so that they can speak to you at eye level; ask them what they prefer.

Discussion and decision

After providing the patient with all the relevant information, and checking that they have understood it all, give them time to consider the options. Ask them how they would like to proceed: they may prefer, for example, to discuss the options further with you or with a friend or family member before reaching a decision.

However, they must be able to make decisions about their treatment voluntarily and without undue pressure from others, and they should have confidence in their decision. If it becomes apparent that they do not, you should delay active treatment.

Always bear in mind that consent is an ongoing process, both during a treatment session and at subsequent visits; it is not a one-off event that is completed once the patient has signed a consent form at their first appointment.

If all the above sounds daunting, remember that good shared decision-making requires practice. The more you go through the process, the better at it you'll become.

For more information, visit **http://bit.ly/ncor-shared-decision-making**

On the right is an example conversation, developed by NCOR, in which an osteopath obtains a patient's informed consent; it is available at: **http://bit.ly/ncor-conversation-2**

NCOR's other example conversations cover:

- giving the patient the opportunity to change their mind during treatment (**http://bit.ly/ncor-conversation-1**)
- checking that the patient is still giving their consent at a subsequent appointment (**http://bit.ly/ncor-conversation-3**)

Five steps to shared decision-making

1. Understand the patient's experience and expectations
What do they want from the visit, and what do they value as outcomes?

2. Build partnerships
Show empathy, outline the decisions to be made, and explain that they will be made together

3. Provide evidence, including uncertainties
Explain the risks and benefits in a way that is understandable to the patient, and give your view on areas of uncertainty

4. Present recommendations
Propose a course you think is reasonable

5. Check for understanding and agreement
Explore the patient's potential need for more information

Epstein RM, Alper BS, Quill TE. Communicating evidence for participatory decision making. *Journal of the American Medical Association* 2004:291(19); 2359-2366. Available at: **http://bit.ly/jama-epstein-2004**

The osteopath has finished taking the patient's case history

OK, so we have talked about what has been concerning you and what has brought you here to see me today. What would you like to get out of this visit?

Well, I would like to know what is causing my pain and I would like the pain to go away. If there's anything I could do to stop it from coming back, that would be good too, as I've had this a few times before.

Yes, I can imagine that might be frustrating, so we can work together to try to find a way you can manage this problem beyond the treatment room.

Great

The osteopath examines the patient

Bringing together the information you have given me and what I have found in my examination, I believe your pain is a result of x. Has anyone told you this before or are you familiar with this condition?

Yes, I have heard of that ...

... but I have no idea what it means!

I can explain it in some more detail if you like.

Phew, I didn't like to ask!

The osteopath gives the patient an explanation using models and pictures

So are you happy with that explanation? Is everything clear to you; would you like me to explain anything further or do you have any questions?

No that's fine, the model is actually very helpful; I can visualise what's happening now.

Continued in next column

Continued from previous column

There are a few treatment options available. I can offer you a, b or c. I have used all of these approaches with patients who have similar problems to yours and I have found them to be effective; 'a' seems to be particularly helpful. With any of these options it is usual to experience some temporary soreness afterwards; half of my patients experience none at all and half describe some soreness that resolves within about 24 hours. They often go on to make significant improvements following treatment. In my experience, treatment 'a' leads to faster improvements but you need to be aware of some additional risks associated with it. In a very tiny proportion of patients there have been reports of more serious side effects; by 'serious' I mean 'requiring medical treatment'. It is estimated to be 1 in about n osteopathic consultations, so n–1 will not experience any serious side effects; I have never seen any in my clinical practice, nor do I know of any colleagues who have seen these side effects. They are more likely to occur in people who have certain underlying health problems, which is why we ask lots of questions about your general health. There is nothing in your medical history or examination that suggests you would be in one of these higher-risk groups. To put all of this into perspective ... *[The osteopath continues the conversation, referring to risk data.]*

That sounds good to me. So my choices are a, b or c ...

These would be my suggestions for osteopathic treatment. In my experience, my patients normally improve after about three or four treatments, so I would suggest we have that number of treatments in mind; if over the course of those treatments you don't feel we are making any changes, we can review your symptoms and think about changing the types of treatment we use or referring you to another healthcare practitioner if necessary. The alternative would be to continue as you are without treatment. We don't know the long-term effects of not having treatment; for example, I couldn't tell you if it would make you more or less likely to have future problems. However, a key principle of osteopathy is that if the structure of the body is sound then it will function better and heal itself, so that is the basis for how I would approach your problem. How do you feel about that? Do you have any preferences?

I'll go with whatever you think is best.

Given your presentation and your medical history, I think that 'a' would be a reasonable option for you and we can also use 'b' and 'c'. Are you happy with all of the information I've given you regarding benefits, risks and alternatives? Is there anything you are not sure about or would like me to explain further?

No, I think it is all quite clear and I am happy to go with your recommendation.

OK. If you decide at any time that you want to talk about this further or if you have any more questions, please do ask me.

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Collecting data on patient outcomes

Want to gather evidence about the effect of osteopathic treatment on your patients' health? **Carol Fawkes**, Senior Research Officer at the National Council for Osteopathic Research (NCOR), explains why PROMs could be music to your ears

It may seem that osteopaths are constantly being urged to ask their patients for information, but the fact is that it is difficult to measure or improve the quality of osteopathic patient management without good-quality data on the outcomes of osteopathic care.

Patient Reported Outcome Measures (PROMs) are an effective way of obtaining and tracking patients' own assessment of their health over time. NCOR has developed a PROMs app (for use on PCs, laptops or smartphones) specifically for osteopathic patients, as we appreciate that you may feel more comfortable asking patients to provide feedback to an independent third party rather than directly to you.

A summary of all the data contributed by your patients using the app is sent to you periodically at a time suitable and relevant to your practice; this summary can help you to reflect on your practice, and inform your treatment protocols. Additionally, all the data collected by the app will be combined to give us a national picture of osteopathic treatment outcomes.

Know your PROMs from your PREOS

While PROMs is designed to record evidence on the outcomes of osteopathic treatment, NCOR has developed another online system – Patient Reported Experiences of Osteopathic Services (PREOS) – which collects information about patients' experiences (good or bad) that we can all learn from.

Information entered on the PREOS website at: **www.ncorpreos.org.uk** is entirely anonymous, and will be analysed by NCOR annually so that learning points can be fed back to the profession.

As well as adopting PROMs in your practice and encouraging your patients to use the app, please let them know about PREOS; add the information to your welcome pack or patient information sheet. You'll be helping to make a real difference.

What will it tell me?

A patient is asked to complete a total of three questionnaires: one when they log in to the app for the first time, and again one week and six weeks later.

The first questionnaire collects information including:

- demographics (e.g. age, work status, sex and ethnicity)
- general health information (e.g. duration of symptoms)
- service data (e.g. waiting times to the first appointment offered, and the number of treatments received)
- scores (on a range of 0–10) in seven categories relating to the patient's health condition and how it affects their life.

The follow-up questionnaires collect those scores again, as well as basic details about patient experience and satisfaction; the final one also asks for the patient's overall impression of change in their health.

The app captures a lot of information but is designed to be easy to use; patients generally spend five to seven minutes completing the questionnaire.

Will patients use it?

Some osteopaths have told me that they doubt their older patients' ability to use the app, but more than 40 per cent of participants in NCOR's PROMs pilot this year were aged 60 or over – a figure that is not so surprising given that the Office for National Statistics reported in 2014 that almost half of over-65s use a computer every day (**http://bit.ly/ons-internet-access-2010**)

During the app's development, osteopathic patients were asked for their feedback and were overwhelmingly positive.

If you're still unsure whether your patients will want to complete an online questionnaire, why not ask them?

What do I have to do?

The work involved for osteopaths is minimal. Basically, you need to ask a patient whether they are willing to complete some questionnaires online; if they are, you give them an information sheet and a code for using the app.

The app does all the follow-up work automatically; there is nothing more for you to do, except wait to be sent the PROMs data for your practice.

To find out about using the PROMs app in your practice, please email **c.fawkes@qmul.ac.uk**

Osteopathy and the performing arts

Michael Mehta highlights the historic and current contribution of osteopaths to performing arts medicine, and proposes establishing a new special interest group

Many osteopaths have had experience of providing treatment and care to people in the performing arts. From the elite dancer or opera singer to the amateur musician or acrobat, these individuals place specific demands on their bodies to cope with their artistic disciplines; increasingly, an osteopathic approach is recognised as being both preventative and salutogenic (maintaining their health and well-being), as well as suitable for treating existing injury and dysfunction.

Over the past half-century, a small number of osteopaths have made significant contributions to individual performers or their artistic disciplines. In the mid-1970s, the late Demetri Papoutsis enabled the acclaimed dancer Peter Schaufuss to return to the New York City Ballet Company following a back injury that was considered career-ending by physicians in the USA. And Jacob Lieberman applied osteopathic treatment principles to the larynx in the 1980s, instigating a new method of manual treatment for vocal dysfunction; these techniques are now increasingly used by physiotherapists, speech and language therapists, and a number of osteopaths.

Growing presence

Today, more and more professional performers are actively looking for osteopathic care and treatment, appreciating the holistic 'hands-on' model that is an integral part of our approach. Osteopaths – including some with previous or ongoing careers in dance, music or acting – are treating these performers in larger numbers.

The British College of Osteopathic Medicine has a specialist performing arts clinic, and osteopath Jennie Morton is an honorary lecturer and module leader on the MSc course in Performing Arts Medicine at University College London. Osteopaths and osteopathy are beginning to make their presence felt!

Nevertheless, the wider sphere of performing arts medicine is tiny in comparison to the recognised discipline of sports and exercise medicine (SEM). All medical students today have the possibility of a SEM elective, and it is a defined career pathway with structured further training within the NHS following graduation. No such equivalent exists for performing arts medicine. Within osteopathy, the Osteopathic Sports Care Association (OSCA) is now 20 years old; through its dedicated work, a clear presence for osteopathy has been established in the sphere of SEM.

PANDORABOX/SHUTTERSTOCK

OSCA is now a recognised resource for osteopathic education and further training in the field of SEM, and is the point of contact for sports professionals and their governing bodies seeking osteopathic care. My question to the profession is, has the time come to form an equivalent special interest group for performing arts osteopathic care?

Professional bodies

Various osteopaths are members of professional support bodies for performing arts medicine (Dance UK, the British Association for Performing Arts Medicine and the British Voice Association), and appear on their practitioner lists. There is growing interest from these bodies in our work, but also questions about our approach, our expertise and how we work collaboratively with other medical professionals.

If you already treat professional or amateur performers, or have an interest in this area, I would be interested to hear your thoughts on forming an osteopathic special interest group. This could offer support, share and disseminate best practice among osteopaths, and provide a point of contact for arts professionals, companies and interested bodies on the benefits of osteopathy.

Please get in touch with me by email at: **hermeshealthosteopathy@gmail.com** or call 020 7638 3202 by Saturday 31 October. If there is sufficient response, we could consider holding an initial exploratory meeting in mid-December or early January.

A visit to Council

What happens at meetings of the GOsC Council? **Penny Sawell** from **www.osteofm.com** went to find out – and thinks you should too

In the June/July issue of *the osteopath*, I saw a tantalizing invitation to the next General Osteopathic Council meeting (Thursday 16 July). 'Meetings take place at 10am, at Osteopathy House. Osteopaths are welcome to attend. For more information, call Marcia Scott.' I phoned Marcia and was told yes, that would be fine.

I duly turned up just as the Council members were arriving. I was met by Marcia, introduced to Tim Walker (the Chief Executive and Registrar) and shown to a comfortable seat at the edge of the meeting room. I became aware that I was attracting curious looks. I looked around for the other observers. "Am I the first one?" "You're the only osteopath observing," said Marcia.

Seat of power

A Council member kindly made me coffee, inquiring if I was part of a special interest group. (I was not.) "You're probably the first registrant in eight years to attend," he told me. I was surprised. Considering this is the seat of power, and these decisions affect all of our lives, I had assumed there would be observers from the institutions, or different osteopathic groups, or just curious registrants like myself. Apparently the Institute of Osteopathy's Chief Exec is nearly always there on our behalf, but couldn't attend this meeting.

So seeing as none of you have ever been, I will set the scene. The Council met in a large room, at desks which fitted together to form a large circle. There were about 20 people present, including seven osteopath members of the Council. (All seven were male. Not sure what this says, but come on, girls!) There were a few GOsC staff, and some other people; I guess they were the lay members. To Tim's left, the meeting was chaired by an extremely able lady called Alison White. She is not an osteopath, and told me she was very experienced at "corporate governance". As she gave me a brief sketch of her career, she mentioned shipping regulation and the Houses of Parliament, so evidently she is not just friendly and approachable but a high-powered mover and shaker.

I felt as if I might be cramping the Council's style and inhibiting their discussion. However, Tim and Alison made me feel right at home, formally introducing me with big smiles at the start of the meeting. By the coffee break I realised that I was not so much a suspicious intruder, more an object of curiosity and delight. They were honoured to have a real live registrant there, and wish more would come. I told Alison I'd expected 10 or 15 other osteopaths. "We'll know we've arrived then", she said. I was then given a guided tour of the building and introduced to all the GOsC staff, who impressed upon me that they would love osteopaths to come to visit them more, so that we'd realise they don't have horns, or a big stick.

Listening to the meeting was a bit like tuning into a long-running drama that you've never seen before, with references you don't know and interpersonal dynamics you don't understand. Despite all this, it is still quite enlightening.

Chain of regulation

For example, I hadn't realised that there is an upward chain of regulation. We live under the umbrella of the GOsC to whom we pay fees, while they impose CPD and standards and generally police us, but they have something called the Professional Standards Authority (PSA), which they have to pay and provide lots and lots of evidence to in order to show that they are doing an OK job as a regulator. It sounds a bit like Ofsted, in that you need to do more and more and provide more and more detail in order to get the same rating.

There are various things that the PSA might also like the GOsC to do, which they are resisting. One is to have an online complaints system. The Council's view is that it might attract frivolous complainers (such as the one who objected to towels not being warmed) and create pointless work and stress for everyone, for a trivial complaint which should have been nipped in the bud. (At the same time, nobody wants delays to serious complaints. There was a case which ended in a removal from the Register where the complainer took months to pluck up the courage to complain.)

"The Council were honoured to have a real live registrant in attendance, and wish more would come"

The PSA also felt that admonishment should have a time period. Tim sensibly said that he viewed admonishment as an event, rather than a box of shame you have to sit in for a specified time (my words, not his).

I'm not sure how closely the GOsC has to adhere to the PSA's wishes, but it sounded like Tim is treading on the common-sense side of the line. I think there is an issue with the fact that the PSA oversees nine different health regulators; it is important that they can accommodate the differences and allow a correct level of autonomy for different regulators. Tim emphasised the difference between uniformity and consistency, and does not want everyone to have to do everything the same way. "Uniformity is the enemy of innovation" were his exact words. It's obviously interesting to osteopaths, who practise in very individual ways and who like to be autonomous in our treatments, to hear that the GOsC has similar issues.

Demystification

At about 3pm, the public part of the meeting ended. I was warmly thanked for my attendance, and after five hours (including one coffee break and an interlude at the 'Cat and Cucumber' for bacon and eggs) I headed for the train. I'd learnt more about the GOsC and what they do that day than previously in my whole career.

Verdict: Highly recommended for purposes of demystification and information, and – in the spirit of that oft-quoted experiment that the act of observing changes the nature of the thing being observed – the more osteopaths attending the better, I would say. Don't be shy.

This is an abridged version of Penny Sawell's osteofm blog post from 18 August 2015. To read the full version, which covers the meeting's discussion of additional topics including the Osteopathic Development Group, the duty of candour, complaints handling, draft interim suspension guidelines, reimbursement for Council members, the National Council for Osteopathic Research and the proposed new CPD scheme, visit http://bit.ly/osteofm-180815

iO launches CPD workshops for all osteopaths

Changes to the way osteopaths conduct their CPD are on their way. The proposed new CPD scheme for osteopaths, which we consulted on earlier this year, will include a requirement to undertake CPD across all four themes of the *Osteopathic Practice Standards* and at least one objective activity (such as gathering patient feedback or carrying out a clinical audit) that contributes to practice.

We will publish the results of our consultation on the CPD proposals in the next issue of *the osteopath*. Meanwhile, the Institute of Osteopathy (iO) is anticipating the changes by developing its CPD offering.

From next year, it will introduce a series of workshops that will be open to all osteopaths, not just iO members. Delivered by seasoned CPD professionals who are experts in their field, the workshops will cover both clinical and business development topics, and will enable osteopaths to meet some of the enhanced CPD requirements, including on consent and communication.

"The iO is committed to supporting all osteopaths through the transition of any changes to CPD that come into effect," says Matthew Rogers, the iO's Head of Professional Development. "We are interested on ideas for topics for future workshops, and also views on how best to deliver CPD in the future."

If you would like to share your thoughts with the iO, please email enquiries@osteopathy.org

The iO has already increased the amount of CPD it provides to its members. Its clinical development online resources now include downloadable versions of the CPD articles published in each issue of *Osteopathy Today*. The members' website also contains a series of clinically focused videos, plus reflective practice tools to help you make the most of your CPD and demonstrate learning.

For details of the iO's CPD workshops, visit www.osteopathy.org/cpd-workshops or call 01582 488 455. See www.osteopathy.org/for-osteopaths for information about iO membership.

You can watch a video introducing the proposed new CPD scheme, and draft guidance for the scheme, on the GOsC website at: http://bit.ly/gosc-proposed-cpd-scheme

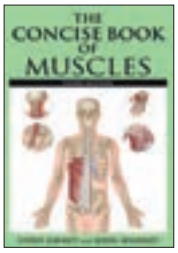
Bookshelf

A selection of illustrated reference books for osteopaths

The Concise Book of Muscles (3rd edition)

Chris Jarmey and John Sharkey

Lotus Publishing (2015), 312 pages. ISBN: 978-1905367627



A fully updated guide, offering information about the main skeletal muscles in a quick-reference format, with details of each muscle's origin, insertion, action, and nerve innervation. The book also offers a range of exercises that can be used to stretch or strengthen specific muscles or muscle groups.

Architecture of Human Living Fascia

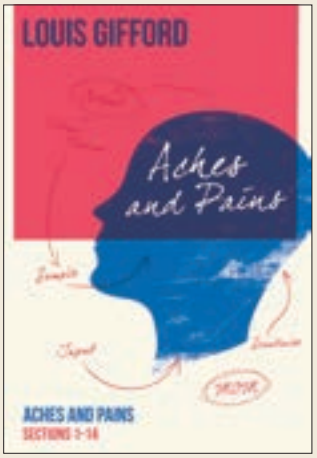
Jean-Claude Guimberteau and Colin Armstrong

Handspring Publishing (2015), 232 pages. ISBN: 978-1-909141-11-7

This richly illustrated book, with accompanying DVD and website, presents the groundbreaking work of Dr Guimberteau – the first person to film living human tissue through an endoscope in an attempt to understand the organisation of living matter – and explains its significance for manual therapists.

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

Book reviews



Aches and Pains

Louis Gifford

CNS Press (2014)
ISBN 978-0-9533423-5-8

Reviewed by Mark Andrews BSc (Hons) Ost Med

This is a unique set of three books (weighing in at 1,319 pages) by a highly respected physiotherapist and early proponent of the biopsychosocial (BPS) model approach to musculoskeletal pain and dysfunction. The culmination of more than 30 years' practice, research and lecturing, it was published posthumously and is partly autobiographical with detailed pain neuroscience, philosophy and illustrative case histories.

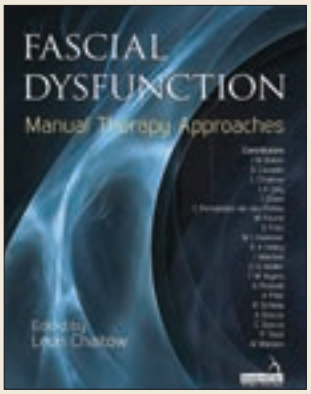
The first book, *Aches and Pains*, sets the scene with Gifford's early years in the NHS, meetings with Patrick Wall and foray into physiotherapy in Australia. His idiosyncratic style of writing is deceptively simple and engaging; before you know it, you are sucked into the neurophysiology of the dorsal horn, placebo, nocebo and memory biology. You are then introduced to Gifford's own Mature Organism Model (MOM) – recently described by Professor Mick Thacker as incorporating biology, ethology, the input-scrutinise-output-scrutinise function of the neuro-immune system, neural matrix perspective, need state, stress biology and neurophilosophy! – via the *Numskulls* (a classic comic strip for those of a certain age). The book ends with a look at nociception, healing, tissue adaptation and stress.

On to the second part of the trilogy, *The Nerve Root*, which as the name suggests is accented towards the function of the nervous system (both central and peripheral). The 'trendy' brain and pain are discussed in detail, all with Gifford's irreverent sense of humour, but the text is detailed, exacting and scattered with clinical gems. The sections on discs and peripheral nerve injuries, including an exquisite description of a journey through the anatomy of the lumbar spine as if you were exploring the space from the inside, are indispensable and of great relevance to osteopathic practice, .

The final book, *Graded Exposure*, draws together the earlier threads into models for patient management. The MOM is developed as the Vulnerable Organism Model when under threat, and there are discussions of the biomedical and BPS models, among others. Again the text is littered with gems for clinical reasoning and approaches to treatment. The whole series ends with a wonderful collection of case histories which triggered some 'aha' moments and often made me smile.

If there were to be any criticism of this *tour de force*, it could be levelled at the lack of formal referencing system and indexing. However, chapters are followed with a page of 'Read what I've read' suggestions, listing books and studies that have been referred to or were influential in Gifford's thinking. I would suggest having a pen and paper handy while working through the text, to make notes of key information and page numbers.

If you use your hands to treat people in pain, in my opinion you cannot afford not to buy this book. It is relevant if you have just started your career or are at a point of reflection and re-evaluation after years in practice. A word of warning: sacred cows are slaughtered and gurus questioned. If you want to avoid cognitive dissonance, don't pick this up. If, however, you are interested in a paradigm shift towards a modern, evidence-based approach to musculoskeletal pain and dysfunction, I cannot recommend it highly enough.



Fascial Dysfunction: Manual Therapy Approaches

Edited by Leon Chaitow

Handspring Publishing (2014)
ISBN: 978-1-909141-10-0

Reviewed by Simon Tolson BSc (Ost)

This book is split into two sections. The first section (five chapters, four written by Leon Chaitow) cover fascia as a tissue, its dysfunction, and assessment approaches. Having read extensively in the field of fascia, I did not find anything new in these chapters, though they are well written and provide ample references for research and further reading. Section two (chapters 6 to 20) tries but fails to explain how different manual therapies view and treat fascia. Actually it just explains what each therapy does generally, rather than specifically focusing on fascial dysfunction. These chapters are probably good for the osteopathic student or for general knowledge, but there's not much meat on the bone.

Chaitow is right to talk about 'the misinterpretation of evidence'': there is a distinct lack of credible research, and many 'made-up' words. Some aspects seem exciting, like 'vibrational information that travels at 700 mph', but there is no reference to the source of this statement! Tom Myers, famous for his book *Anatomy Trains*, admits his lines are made up to suit his criteria and has few references to back up his statements. Chapter 5 tries to explain what the evidence consists of – very little, it turns out. There are lots of words like 'possible', 'maybe', 'potentially', 'suggests' and 'plausible', which might mean there is no link established.

The Bowen Technique provides a great word, 'interoception': I would like to know how this is measured objectively. Connective tissue manipulation is poorly described in chapter 7. The Fascial Manipulation method (chapter 9) and myofascial induction therapy (chapter 14) seem like rebranding of nothing new to me. Fascial unwinding, BLT, MET, Positional Release and Neuromuscular are known to osteopaths, and there's not much fascial content here. There are much better books on the market for these subjects.

The chapter on fascia in sport is more exciting, with the concept of 'use it or lose it', and provides research into the elastic storage capacity in human tendons. Good support for barefoot running is also covered. The chapter on Rolfing at least admits that there is no objective research.

It appears that, because fascia is everywhere in the body and connects everything to everything else, all types of manual therapy have a direct or indirect effect on fascia. I would not recommend this book to graduates. Instead look at *The Fasciae* by Serge Paoletti or *Fascia* by Schleip, Findley, Chaitow and Huijing.

Backchat

Values-based practice

Do we need values-based practice? There have been four articles in *the osteopath* on the subject but so far no practical guidance, or indication of how our practice of osteopathy would be changed by being values-based. The articles have raised several questions in my mind.

The definition is difficult to understand. The *Oxford English Dictionary* definition of values is 'the principles or standards of a person or society', and that is how I would use the word. However, Professor Fulford's definition (provided in a glossary on the website **www.valuesbasedpractice.org**) is 'anything positively or negatively weighted as a guide to action, e.g. needs, wishes and preferences'. Professor Tyreman's definition is 'the patient's unique preferences, concerns and expectations' (*the osteopath*, December 2014/January 2015, page 7). Rather than calling these things the patient's values, would it not be better to use the term 'the patient's agenda'?

Professor Fulford says 'think facts, think values', but that becomes meaningless when we use his definition of values; the patient's expressed wishes and preferences are facts, just as much as the results of laboratory tests or the balance of research evidence, sometimes more so. What does he mean? Can anyone remember a time when ignoring the patient's wishes was regarded as good practice? Surely not.

David Sackett (usually considered one of the founders of evidence-based medicine) includes in one of his definitions of EBM the 'thoughtful identification and compassionate use of individual patients' predicaments, rights and preferences'. What does values-based practice add to that?

I cannot make any sense of the idea that 'context is a value' (see *the osteopath*, June/July 2015, page 10). Of course, the problem here may be my inadequate command of the English language, but I suspect that I am not alone in my bewilderment. In the same article we read that 'clinicians' values have to be balanced with those of their patients'. What do my values (in the sense of wishes and preferences) matter?

The real balancing task is between three things: the Patient's Agenda (what the patient wants to happen), the Practitioner's Judgement (what I think is best for the patient) and the Profession's Values (in the true sense; how the profession expects me to behave). Is that not the discussion that we should be having?

Peter Buxton

The Editor replies:

The GOsC has been seeking the views of osteopaths and patients about values in practice, to see whether this can help us better understand how the *Osteopathic Practice Standards* are interpreted and applied. We welcome more osteopaths' thoughts on this topic.

If you would like to share a comment on any aspect of *the osteopath*, please email editor@osteopathy.org.uk

Courses 2015-16

Courses are listed for general information, and inclusion does not imply approval or accreditation by the GOsC. For a more comprehensive list of courses, visit the CPD resources section of the **o** zone at: **http://bit.ly/ozone-events**

November

4
Electrotherapy
Speaker: Tim Watson
Venue: Webinar
Tel: 01933 328152
hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

5–8
Advanced therapy masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

6–7
The Perrin technique for the osteopathic diagnosis and treatment of chronic fatigue syndrome/ME and fibromyalgia
Speaker: Dr Raymond Perrin
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

7
Communication, risk and consent
Speaker: Kelston Chorley
Venue: Staffordshire University, Stoke-on-Trent
Tel: 020 8905 1937
cpd@collegeofosteopaths.ac.uk
www.collegeofosteopaths.ac.uk

7
The miserable baby, part 3: Clinical applications day
Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
osteokids@aol.com
www.mumandbaby-at-home.com

7
SCCO Pathway module 10: Integrating cranial into practice
Speaker: Michael Harris
Venue: British School of Osteopathy, London SE1
Tel: 01453 767607
admin@scco.ac.uk
www.scco.ac

7
Developing osteopathy in paediatrics, part 1
Speakers: Nancy Nunn and Daniel Stuttard
Venue: Osteopathic Centre for Children, London SW18
Tel: 020 8875 5293
cpd@occ.uk.com
www.fpo.org.uk

8
Developing osteopathy in paediatrics, part 2
Details as 7 November

9
Spinal manipulation and mobilisation techniques masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

10
Muscle energy techniques made simple
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

11
Kinesiology taping for the athlete masterclass
Speaker: Mike Grice
Venue: Birmingham Movement Therapy, Harborne B17
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

11
Neurological testing made simple
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

12
Kinesiology taping for the athlete masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

14
First aid in the clinic
Venue: Gosforth Park, Newcastle NE3
Tel: 01933 328152
hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

16
Cervical spine masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

17
Shoulder joint masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

18
Knee joint masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons
bodymaster.co.uk
www.johngibbons
bodymaster.co.uk

18
Treating the pregnant patient
Speaker: Stephen Sandler
Venue: Webinar
Tel: 01933 328152
hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

19
Hip and groin masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

19-22
The face, the base, and embodied compassion
Speaker: Dr Michael Shea
Venue: Skylight Centre, London N5
Tel: 07000 785778
info@cranio.co.uk
www.cranio.co.uk

20-22
Harmonic technique
Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

20-22
SCCO Pathway module 6: Neurocranium and sacrum – living bone
Speaker: Jane Easty
Venue: Hawkwood College, Stroud GL6
Tel: 01453 767607
admin@scco.ac.uk
www.scco.ac

21
Management of coccygeal pain, part 1
Speaker: Caroline Stone
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

22
Management of coccygeal pain, part 2
Details as 21 November

21-22
SCCO Pathway module 1: Foundation course
Speaker: Penny Price and Jenny Lalau-Keraly
Venue: Clitheroe
Tel: 01453 767607
admin@scco.ac
www.scco.ac

28
Symposium: Women in osteopathy and well-being
Contributors: Margery Bloomfield, Marianne Bennisson, Dr Kerstin Rolfe and Audrey, Lady Percival
Venue: British School of Osteopathy, London SE1
jcorneliusobrien@gmail.com
www.noa.ac.uk

28-29
Rollin Becker Memorial Lecture and workshop on the interface between dentistry and osteopathy
Speaker: Dr Martin Pascoe
Venue: Regents Conference Centre, London NW1
Tel: 01453 767607
admin@scco.ac.uk
www.scco.ac

28-29
The intelligent body: enabling the body to re-establish core health through the different breathing systems
Speaker: Renzo Molinari
Venue: Newbattle Abbey College, Dalkeith EH22
Tel: 07714 239636
cranialgroupscotland@gmail.com

December

1-2
Advanced soft tissue techniques masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

2
The GP's perspective, part 2
Speaker: Dr Malcolm Kendrick
Venue: Webinar
Tel: 01933 328152
hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

3
Muscle energy techniques made simple
Speaker: Mike Grice
Venue: Birmingham Movement Therapy, Harborne B17
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

5
Osteopathic care of abdominal conditions
Speaker: Kelston Chorley
Venue: Staffordshire University, Stoke-on-Trent
Tel: 020 8905 1937
cpd@collegeof osteopaths.ac.uk
www.collegeof osteopaths.ac.uk

9
Acupuncture techniques for medical conditions – Level 2
Tutor: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

10-13
Acupuncture techniques for sports injuries – Level 1
Tutor: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

12
Urological disorders and its consequences for lumbo-pelvic mechanics and organ function, part 1
Speaker: Caroline Stone
Venue: Imperial College London, London SW7
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

12
Urological disorders and its consequences for lumbo-pelvic mechanics and organ function, part 2
Details as 12 December

14
Spinal manipulation and mobilisation techniques masterclass
Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbons bodymaster.co.uk
www.johngibbons bodymaster.co.uk

15
Kinesiology taping for the athlete masterclass
Details as 12 November

January

17
Bump to baby, part 1: Treating the pregnant patient – pelvic, pubis, coccyx and lumbar spine
Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
osteokids@aol.com
www.mumandbaby-at-home.com

30
Business development, part 1
Speaker: Dustie Houchin
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

30-31
SCCO Pathway module 1: Foundation course
Speaker: Penny Price
Venue: Crista Galli Osteopathy, London W2
Tel: 01453 767607
admin@scco.ac
www.scco.ac

31
Functional stretching
Speaker: Professor Eyal Lederman
Venue: Huntingdon
Tel: 01933 328152
hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

For the full course list visit: www.bso.ac.uk/cpd or book online at www.bit.ly/bso_cpd

Postgraduate Certificate in Specialist Paediatric Osteopathic Practice

Designed for practising osteopaths, this one year credit bearing course develops and enhances knowledge, and practical and clinical skills in the specialist area of paediatric practice. It will provide you with valuable hands-on experience of working within the UK's largest osteopathic clinic under the supervision of experienced osteopaths.

The course addresses specific needs with regard to recognising and managing safeguarding critical incidents, as well as diagnosing and managing complex paediatric problems whilst working as part of a group or multi-disciplinary practice. It provides a broad range of paediatrically relevant technical and structural approaches to evaluation, treatment and management, enabling you to deal with the inherent challenges of paediatric clinical uncertainty.

This course welcomes UK, EU and international osteopaths who wish to develop specialist skills in paediatric osteopathic practice. Our innovative and exciting award bearing course offers opportunities for both experienced and recently graduated practitioners.

Our next cohort will begin in July 2016. For more information and to register:

Course Leader: Samantha Fennell s.fennell@bso.ac.uk
Admissions Assistant: Suzanne Marrs admissions@bso.ac.uk or 020 7089 5316
www.bso.ac.uk/postgraduate-cpd

Professional Doctorate in Osteopathy

British School of Osteopathy's Professional Doctorate in Osteopathy is the first of its kind, setting a new level of osteopathic scholarship. The Professional Doctorate enables you to work at the cutting edge of osteopathy, giving you the chance to make an original contribution to osteopathic knowledge. You will also have the opportunity to spend a year abroad and the opportunity to study subjects that are highly relevant but not usually associated with osteopathic practice. The programme lasts four or five years and is based on a mixture of taught modules and independent study and research.

The Professional Doctorate is ideal for:

* Osteopaths working in osteopathic education where career enhancement may be a major motivation for pursuing D.Prof. (Ost).
* Osteopaths who are interested in research and who wish to follow an academic career in osteopathy without necessarily wanting to teach.
* Individuals who want to take up the challenge of doctoral level study as part of their personal and professional development and for whom the process will be an end in itself.

Our next cohort will begin in the Spring term 2016. For more information and to register:
Admissions Assistant: Suzanne Marrs admissions@bso.ac.uk or 020 7089 5316
www.bso.ac.uk/postgraduate-cpd

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Phone Husaina on 020 7089 5319 or visit www.bso.ac.uk for a full list of what's available.

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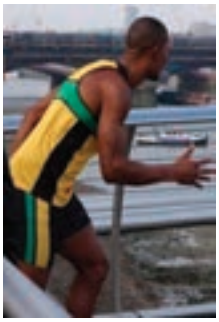
For the full course list visit: www.bso.ac.uk/cpd or book online at www.bit.ly/bso_cpd

BSO Sports Conference 2015



Date: Saturday 7 November 2015
Times: 09.00 – 17.00
Cost: £110
CPD: 7 hours
Location: The BSO Teaching Centre, London
Conference Chair: Shireen Ismail

The British School of Osteopathy are hosting a Sports Conference in Autumn 2015 designed for all manual therapists and medical practitioners. The conference will focus on: Supporting Adolescents and Young Adults in Sport. Suitable for osteopaths, physiotherapists, chiropractors and sports therapist.

Topics that will be discussed include (subject to change):

Common conditions - with a particular focus on tendinopathies and resultant enthesopathy • Gender variations - Key differences between male and female sports injuries, in terms of presenting complaint and management • Rehabilitative exercise - the extent of soft tissue and loading; What does strengthening exercise really mean to this age group • Role of nutrition in patient management • Role of psychology in recovery rather than performance • Pain neurophysiology in this patient group • Overtraining - recognising early signs in relation to adolescent scholars in an elite football academy setting: lessons learned & learning.

To book a ticket please visit https://bsosportsconference2015.eventbrite.co.uk

BSO Education Conference 2015 - "Professionalism and Professional Boundaries: an Institutional Challenge"

Date: Saturday 21 November 2015
Times: 09.00 – 17.00
Cost: £150
CPD: 7 hours
Location: Runnymede Hotel, Egham, Surrey

This conference promises an invaluable opportunity for osteopaths, educators and health professionals to exchange ideas and explore advances for osteopathic education. It will run in parallel with the Institute of Osteopathy annual conference. The conference pivots around the theme of professionalism, drawing together leading academics and practitioners from the world of osteopathy with a view to sharing best practice in education and osteopathic care.

Keynote Presentations:

Making Boundaries Training Meaningful (Professor Julie Stone) • Professional Boundaries and Organisational Cultures (Sue Roff, University of Dundee)

To book a ticket please visit https://bsoeducationconference2015.eventbrite.co.uk

Get in touch...

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

What's on?

Sat 24 Oct
Advanced Spinal Manipulation
Sat 24 Oct
An Anatomical and Pathological Consideration of Joints and Connective Tissues
Sat 28 Nov
Pain 2
Sat 28 Nov
Pain and Pharmacology
Sun 29 Nov (Date TBC)
Still Technique part 1
Sun 13 Dec (Date TBC)
Still Technique part 2
Sat 16 & 17 Jan
Visceral Osteopathy: Pelvis
Sat 30 Jan
NLP for Challenging Patients
Sat 30 Jan
Ergonomics for Manual Therapists

2015-16

We're planning our CPD programme for the year ahead—please share your ideas and requests via **cpd@bso.ac.uk**.

Keep up to date...

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@OfficialBSO

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CPDO 2015

Professional Development for Manual and Physical Therapists

☎ 0207 263 8551
cpd@cpdo.net

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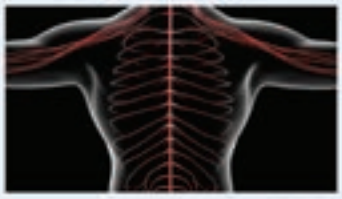
Up to 5 CPD points for Self-Directed Learning



CURRENTLY AVAILABLE ONLINE:

Proprioception: facts, myths and therapeutic implications

Dr. Eyal Lederman

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24-25 Oct	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	Fully booked		**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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Friday 26 to Sunday 28 February 2016

For the first time in Europe - the ESO is delighted to present this exciting three day event. Limited places available so book early to avoid disappointment.

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ALSO COMING UP ...

Unlocking the lumbar spine, thorax and upper extremity

Guest speaker: Tim Coysten
Saturday 24 October 2015 - £140 - Boxley House

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Guest speaker: Dr Raymond Perrin
Friday 6 to Saturday 7 November 2015 - £140 - Boxley House

Caroline Stone: Advanced masterclasses in osteopathic medicine

(All days may be taken independently if preferred - see the ESO website for details)

Management of coccygeal pain and its relevance in respiratory and pelvic disorders
Saturday 21 and/or Sunday 22 November 2015 - £280 - Boxley House

Urological disorders and its consequences for lumbo-pelvic mechanics and organ function
Saturday 12 and/or Sunday 13 December 2015 - £280 - Imperial College London

Dysfunctional breathing ventral fascias - links between the chest, throat and stomatognathic system
Saturday 6 and/or Sunday 7 February 2016 - £280 - Imperial College London

Business Development (Three-part course)

Guest speaker: Dustie Houchin
Saturday 30 January 2016 (P1), Saturday 27 March 2016 (P2), Saturday 9 April 2016 (P3)
£140 each part - Boxley House

Professor Frank Willard

Title to be confirmed - book early to avoid disappointment
Saturday 5 to Sunday 6 March 2016 - £300 - Boxley

CONTACT US:

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UPCOMING COURSES

SEPTEMBER 2015

SPECIALIST COURSE: RULE OF THE ARTERY

Course Director: Tim Marris
Date: 29 Sept - 1 Oct, Stroud
Fee: £995
Summary: Would you like to include blood vessels in your care and management of your patients? Do you think that treating blood vessels directly would be highly beneficial? If yes, then Rule of the Artery is a 'must' for you.

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NOVEMBER 2015

MODULE 10: INTEGRATING CRANIAL INTO PRACTICE

Course Director: Michael Harris
Date: 7 November, BSO, London
Fee: £165
Summary: 'Communicating, consent and engaging with the patient'. A one day course designed to help you integrate cranial work into existing osteopathic practice.

MODULE 6: NEUROCRANIAM AND SACRUM: LIVING BONE

Course Director: Jane Easty
Date: 20-22 November, Stroud
Fee: £945
Summary:This course aims to develop the 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.

MODULE 1: FOUNDATION COURSE

Course Director: Penny Price
Date: 21-22 November, Clitheroe
Fee: £275 (non-residential)
Summary: This fun and accessible two-day course is perfect for anyone who is curious about the anatomy and function of the cranium, sacrum and related structures.

ROLLIN BECKER LECTURE / OSTEOPATHY & DENTISTRY WORKSHOP

Date: 28, 29 November, London
Fee: £70 (lecture), £120 (workshop)
Discounts available to Members
Summary: Dr Martin Pascoe is a BSO graduate whose great interest in facial mechanics led him to qualify as a dentist; he is now the only practitioner in the UK to combine the two professions. On the Saturday he will share his memories of Rollin Becker in a special lecture and on Sunday he will host a unique workshop on the interface between dentistry and osteopathy.

FEBRUARY 2016

MODULE 8: THE FUNCTIONAL FACE

Course Director: Louise Hull
Date: 5-7 February, Stroud
Fee: £945
Summary: This course offers the opportunity to experience not only delicacy of palpation, but precision in treatment and trust in the self correcting principle of the body.

HORMONES, HEALTH AND IMMUNITY WEEKEND

Course Director: Clare Ballard
Date: 27-28 February, London
Fee: from £145 day / £290 weekend
Summary: Advanced level weekend course focusing on the embryology of the neuroendocrine immune system, biological embedding, and how birth control, fertility drugs and HRT can affect long-term health.

MARCH 2016

MODULE 2: OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Carl Surridge
Date: 7-11 March, London
Fee: £950 (non-residential)
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.

APRIL 2016

MODULE 1: FOUNDATION COURSE

Course Director: Penny Price
Date: 9-10 April, London / South
Fee: £275 (non-residential)
Summary: Introduction to the anatomy and function of the cranium, sacrum and related structures. Perfect for those new to cranial osteopathy, wanting to discover more about Sutherland's principle concepts.

JUNE 2016

MODULE 4: BALANCED LIGAMENTOUS TENSION

Course Director: Sue Turner
Date: 9-13 June, Stroud
Fee: £1230
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.

MODULE 3: OSTEOPATHIC MEDICINE

Course Director: Lynn Haller
Date: 30 June-3 July, Stroud
Fee: £1250
Summary: Discover the world of the internal organs. Our Osteopathic Medicine course will give you the confidence to treat many primarily visceral problems, and to understand the influence of the organ systems on whole body health.

JULY 2016

OSTEOPATHY IN PREGNANCY, BIRTH & POST-PARTUM

Course Director: Renzo Molinari
Date: 9-10 July 2016, London
Fee: from £340 (non-residential)
Summary: A specialist course given by the eminent Prof Renzo Molinari who will be presenting a two-day gynaecology course on the full process of child birth, from pregnancy through to birth and post-partum.

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Mrs Sandra Battiston - Course Administrator
Tel: 01202 436505
Fax: 01202 436504
Email: sbattiston@aecc.ac.uk

The AECC is an Associate College of Bournemouth University

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osteopathy@staffs.ac.uk

Closing date for applications: Friday 30 October (midday).

Classifieds

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Rickmansworth. Two to three half-days leading to more if needed. Needs a clear osteopathic identity and philosophy. Osteopathic and business training given with support. Needs passion about their work and willingness to embrace classical techniques. Contact **phil@theosteopathichouse.com**

Osteopath required: Hertfordshire
Ware. Female osteopath wanted. Part-time three afternoons a week. I am pretty busy most of the week, so a great opportunity to grow a list. Please send CV to **John@lancasterclinic.co.uk**

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Associate osteopath required: Hertfordshire
Bushey, nr Watford. Associate wanted for one to two days per week in well-established, family-run, busy clinic. Applicant must be self-motivated and willing to develop their own list. Excellent structural and cranial skills are essential, with a good paediatric knowledge, happy to treat infant to adult. Acupuncture skills preferred but not essential. Please send your CV and covering letter to **geri.orawe@ntlworld.com**

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Associate osteopath required: Wiltshire
Salisbury. Associate position three days, locum two days (for six weeks only) from 21 December 2015. Not Just Backs is a busy clinic working alongside other osteopaths. Candidate needs a positive, personable manner with confident structural practice. Please send your CV and a covering letter outlining 'what osteopathic skills you can bring to the practice' to **rhianosborne@gmail.com**

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Macclesfield. Goodwill of 30 years for sale. Centre of town, good parking facilities and elegant rooms. Massive scope to develop. Current owner now semi-retired. Premises and upstairs accommodation could be included. All assistance will be given during the hand-over. Phone **01625 434202** or **07774 188536**

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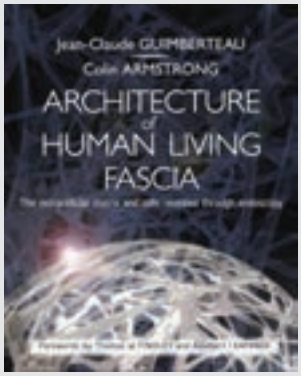

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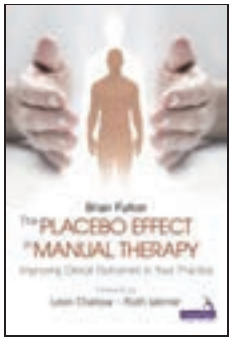

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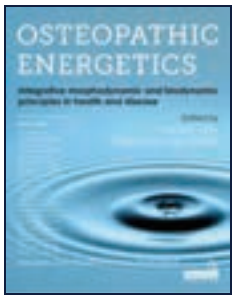

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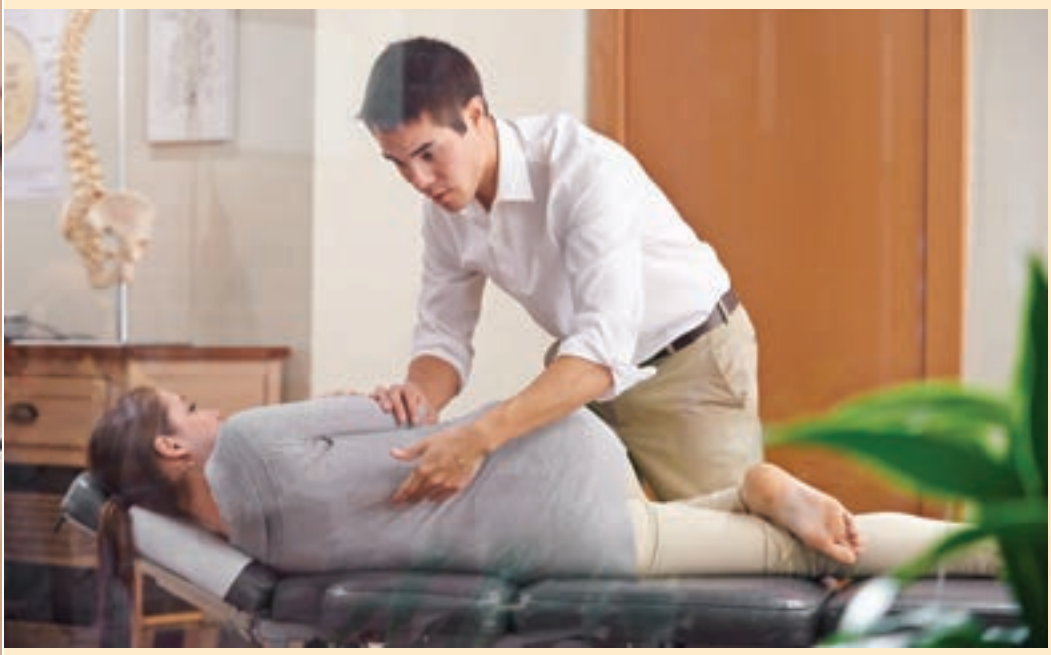

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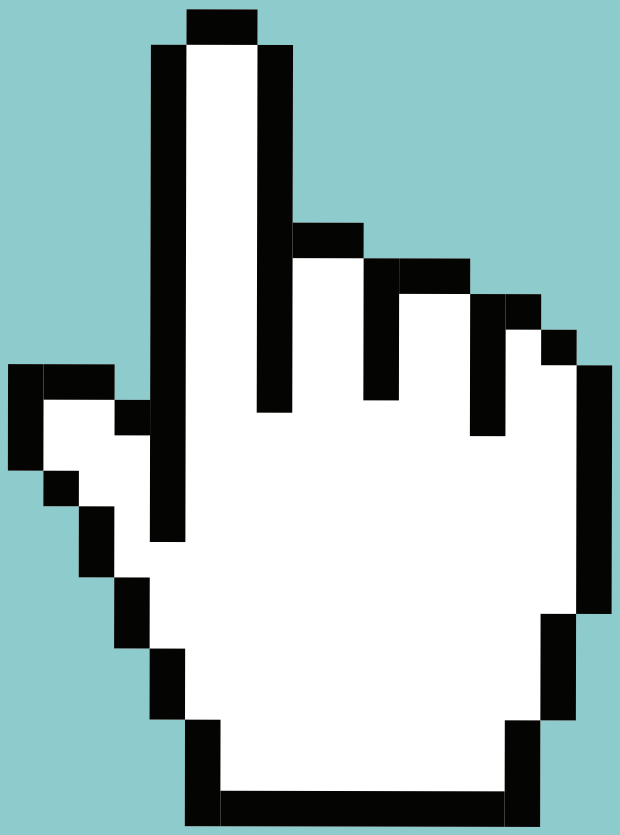

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