

the OSTEOPATH

The magazine for Osteopaths

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In this month:

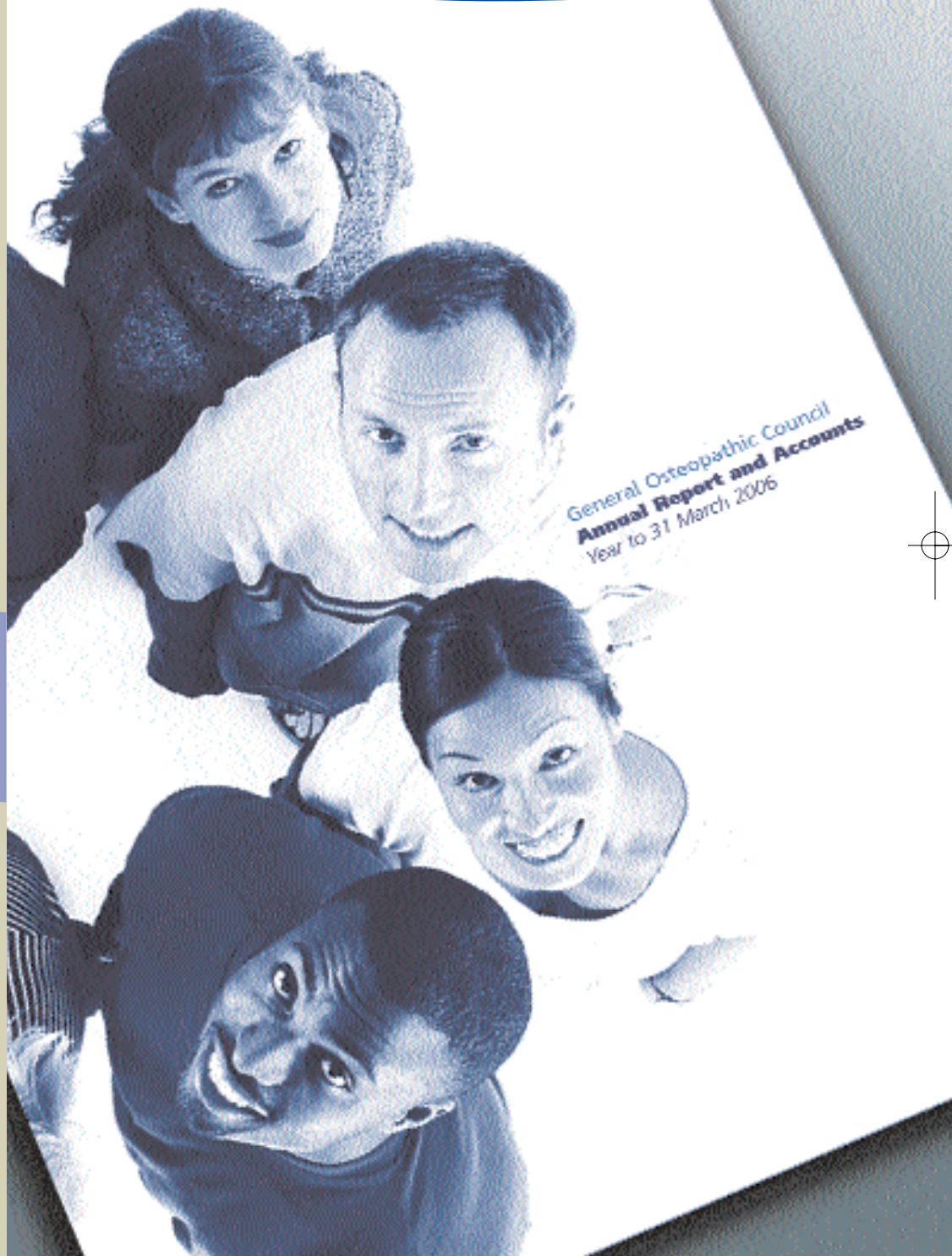
Public Awareness 2006

In Council Sept '06

Critical C's course dates

**Regional Conference
update**

*International Journal of
Osteopathic Medicine
enclosed*



Annual Report & Accounts 05-06

The General Osteopathic Council

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Registrar's report

Following the successful outcome of the Foster Review, we are all now settling back into more routine matters. At this time of year, that means detailed preparation of the following year's Budget (1 April 2007 to 31 March 2008). It is also the time when we present the previous year's *Annual Report and Accounts* to you and, inevitably, our "cost" is well-scrutinised. The full accounts are presented as a supplement, and I would urge you to read the "Notes to the Accounts", as these tend to answer a lot of the questions you might have. Head of Finance & Administration Matthew Redford has also written a feature which anticipates key areas of interest, and attempts to clarify some of the detail – see pages 8-9.

Two recent significant events could lead us to believe that, while we are still asked the "What do I get for my money?" question, there is a better understanding of the work of a statutory regulatory body. Firstly, those osteopathic Council Members able to stand for a second term were all voted back by you. And, secondly, over half the profession voted for retaining their own distinct regulatory body. A cynic might say – "well, the other half did not!" Pollsters, however, say that is not the case. Well-tested extrapolation indicates that support of over 50% means that there is a significant silent majority who feel the same.

Nonetheless, the money question is not unreasonable and we, ourselves, also want to know that the registration fees are being appropriately and effectively spent. This is why Council established an Audit Committee and insists that 50% of its Members be external specialists in the field. All nine UK healthcare regulators are also subject to an annual performance review by the Council for Healthcare Regulatory Excellence (CHRE).

In spite of a better understanding of the cost of regulation, it is still difficult for some to see why osteopaths pay the second highest registration fees. It does, I'm afraid, come down to numbers of registrants and economies of scale. This is why the registration fee is higher for osteopaths than for nurses, and higher for chiropractors than for osteopaths. The Nursing and Midwifery Council (NMC), for example, has 682,000 registrants and a budget of around £27m per year to operate. We have only 0.6% of their number of registrants, but 10% of that income, which is the minimum needed to meet the remit of a regulatory body.



There is, as suggested above, a base sum below which no regulatory body could exist, as there are certain activities it must carry out to meet its remit. We protect your patients by setting the standards which must be achieved to enter the Register and to stay on it. But it is no good just setting standards: they must be continually developed and tested. Osteopaths have to be involved in this process (see 'Critical C's' training course article on page 11), as the other key role is protection of the title 'osteopath'. Very few practitioners actually become the subject of Fitness to Practise hearings, but this is an expensive and necessary process which not only protects patients, but the reputation of the profession. It is estimated that every 1% of registrants going through this process costs the regulatory body around 10% of its budget. We do, however, feed back the learning from fitness to practise matters into the development of standards and scope of practice, so there is some benefit from this expense.

Measuring success in the regulatory field is not easy. We do know, though, from our recent Public Awareness Survey (see page 14–15) that over 80% of the population have now heard of osteopathy. The public, your potential patients, also have a greater understanding of the level of training needed to become an osteopath and there is acknowledgement of your professional status. The recent award of a fine and costs totalling almost £27,000, made against an individual claiming to be an osteopathic practitioner, was a real breakthrough. The courts too now recognise that abusing the title 'osteopath', by passing oneself off as such, is a serious offence, as patients are in danger at the hands of an unregistered practitioner.

We could also say that surviving Foster, after a great deal of scrutiny, was a great measure of success for the profession and the Council. In fact, the Foster Review reports that, "The evidence available to us is that regulators today, including the smallest UK ones, are able to carry out their functions effectively." I hope you will see the enclosed *Annual Report and Accounts* as further evidence of this.

Madeleine Craggs,
Chief Executive & Registrar

“Quality is never an accident. It is always the result of intelligent effort”

John Ruskin



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In Council

Jane Quinnell, Clerk to Council

The 51st meeting of the General Osteopathic Council took place on Tuesday 19 September 2006 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted included:

Chairman's report

Reviews of Healthcare Regulation

It was confirmed that the results of both the Chief Medical Officer's review of the General Medical Council and the Foster Review of the non-medical regulators have been received and the latter communicated to the profession. Council agreed to prepare a response to the Department of Health's consultation during the Council Strategy Day which followed. The Chairman thanked staff, Council Members, osteopaths, the Osteopathic Educational Institutions and the British Osteopathic Association for their help coordinating the successful *Osteopaths Act NOW!* campaign.



Business Plan Budget 2004-7: Exception Report

The Exception Report and additional work beyond the Business Plan was noted.

Risk Register

Council carried out its annual review and agreed the high level risks.

European Union (EU) Registration Risks

Council accepted the recommended approach to dealing with EU registration.

Legislative Review

The further work, which was postponed by Council pending the outcome of the Foster Review, was considered and the relevant Foster proposals will now be taken forward as part of the Legislative Review.

The involvement of the GOsC in international osteopathic matters

General strategic issues were debated and it was agreed that the GOsC maintain a neutral and independent stance using the Forum for Osteopathic Regulation in Europe (FORE) as the vehicle to promote cooperation and information exchange between European countries. Should the FORE model continue to prove successful, it may be offered worldwide. It was also agreed that membership of other international bodies will aid understanding of osteopathy in the interim.

Council for Healthcare Regulatory Excellence (CHRE)

Minutes and papers for CHRE Council meetings can be found on www.chre.org.uk or via the GOsC website (www.osteopathy.org.uk/links) link to CHRE.

Council and Committee meeting dates – April 2007 to March 2008

Public meetings for Council and Education Committee for the period are:

Council	Education Committee
14 June 2007	10 May 2007
18 September 2007	17 July 2006
4 December 2007	25 September 2007
12 March 2008	22 November 2007
	19 February 2008

Matters arising

Medico-legal training – Critical C's programme – Context, Communication, Consent, Case history and Confidentiality

Tenders have been completed for the venues, marketing and support of the programme, and trainers have been selected. The programme will be piloted in November 2006, and an initial schedule of one course per month for the seven months from January 2007 is planned.

Continuing Professional Development (CPD) Rules

The Department of Health's lawyers are still processing the Rules and it is hoped they will be available for Council to approve in December 2006.

National Council for Osteopathic Research (NCOR) – research and development recommendations on the Experience of Treatment, Risks, Benefits and Consent
NCOR's Working Group on Adverse Events will present their full research proposal to Council at the December 2006 meeting in anticipation of receiving funding from the GOsC for this project.

Financial matters

Annual Report and Accounts 2005-6

The audited Report and Accounts for the period from 1 April 2005 to 31 March 2006, including the accompanying notes and Management letter from Buzzacott (Auditors) was approved by Council. (See the full *Annual Report and Accounts Year to 31 March 2006* enclosed in the centre portion of this issue.)

Committees and Senior Management Team

Update reports were received on the work of the Committees that have met since the previous Council meeting in June 2006 and from the Senior Management Team. More detail will be available in the full minutes when they are posted on the GOsC website (www.osteopathy.org.uk/about_gosc) following approval at the next Council meeting.

Future Council meetings

- 5 December 2006
- 13 March 2007

GOsC matters: Foster and the Legislative Reviews

Madeleine Craggs, Chief Executive & Registrar



It is too soon after my report in last month's magazine, which was written as we went to print, to advise further on Council's response to the Foster consultation. You may recall that this has to be returned to the Department of Health (DH) by 10 November, and we intend to put the response on the GOsC website once completed.

I can report that the Reviews are still causing much debate, with several of the Councils of our fellow regulators still formally to address the issues. The GOsC Council is currently working on the draft, which needs to be agreed before it is put into the public domain. Various conferences and meetings around the subject have provided useful forums for the stakeholders to discuss the key issues.

I recently attended one entitled 'Patient Safety in a Reformed Regulatory System' run by the law firm Bevan Brittan. Professor Sir Ian Kennedy, who is chairman of the Healthcare Commission and also chaired the public inquiry into paediatric cardiac surgery at Bristol, opened the conference with some very searching questions. The first was along the lines of "Does a change in structure always

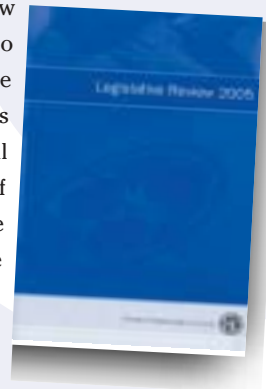
Meetings will commence at 10.00 am at Osteopathy House. The agenda for the public session will be available on the GOsC website, or from Jane Quinnell approximately seven to ten days before the meeting. Public sessions of Council meetings are open to members of the public, which, of course, includes osteopaths.

Contact Jane Quinnell on tel: 01580 720213, email: janeq@osteopathy.org.uk for further information, or if you would like to attend the next Council meeting.

change substance?" I imagine this might resonate with osteopaths!

Sir Ian also challenged us to think about the relationship of patient safety to regulatory reform and to ensure that there was a commonality of language to avoid misunderstandings. He was equally concerned that we reflect on the oft-said perception that regulation is inevitably burdensome, oppressive and a necessary evil, suggesting that this need not be so. Council's response will include the results of reflection on these important issues and challenges.

A further impact of the Foster Review has been that we have been unable to progress the changes proposed in the GOsC Legislative Review. This is because the DH wants to process all changes to the Acts governing each of the healthcare regulators at the same time, to ensure consistency where possible. There were some useful proposals following our consultation with you and we hope these will help shape future legislation.



Changes to credit/debit card payments

Because of a mandatory upgrade to the credit/debit card system, initiated by the major card companies, the General Osteopathic Council (GOsC) now requires extra information for any credit/debit card transactions. This information is in addition to the 16-digit number and start or expiry dates.

To process a payment when the cardholder is not

present, we now require the three-digit number shown on the back of your card. For the GOsC this is every transaction we process, be it for the annual Registration Fee or leaflets and poster orders.

For further information, contact Matthew Redford on tel: 020 7357 6655 ext. 231, or Madeline Hogan on ext. 227.

Annual Report & Accounts overview

Matthew Redford, Head of Finance and Administration

Accompanying the magazine this month is the *Annual Report and Accounts* for the period ended 31 March 2006. Council Members are pleased to report another year in which the secure financial position has been maintained, in spite of the many challenges faced during this time. This feature highlights some of the key areas of interest, and attempts to clarify some of the detail in the Report and Accounts.

Income

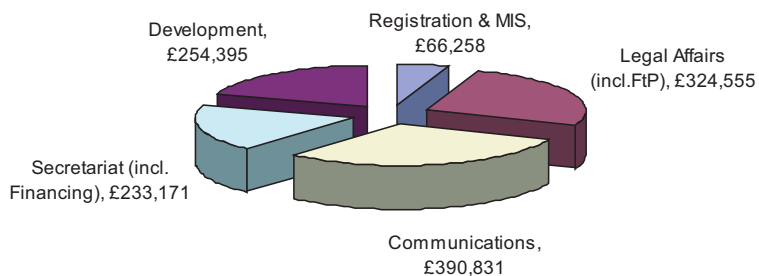
Income totalled £2,687,131, of which £2.4m is from retention fees.

Your retention fees are accounted for on an accruals basis, which means matching revenue to the period to which it relates. More information is available on page 26 of the accounts.

Expenditure

Last year, we spent £2,485,396 on meeting our remit. This is an increase of 16.8% on last year, as Council continued to meet its Business Plan objectives alongside managing the *Osteopaths Act NOW!* campaign. Further detail on expenditure, by activity, is shown on pages 28 and 29 of the accounts.

The pie chart highlights **net expenditure** by department as some activities generate income. Staffing costs are not included.



Surplus 05–06

When preparing our annual budget we hold a contingency fund to “insure” against any unforeseen events. Council needs sufficient reserves to respond quickly to unexpected demands.

The surplus for the year after tax was £186,979 and, of this, 50% was the contingency fund.



Balance sheet

Fixed assets

The total fixed assets stand at £972,177 – the vast majority relating to the GOsC offices at Osteopathy House. Under financial regulations we are required to depreciate the value of Osteopathy House, while its actual value rises.

Cumulative reserves

Council takes seriously its responsibility to ensure the business has sufficient reserves to meet any unforeseen challenges. We base the level of reserves on six months' average annual expenditure.

Council has also designated £400,000 for specific projects encompassing:

1. Adverse Events
2. Standardised Data Collection
3. The 'Critical C's training workshops

As at 31 March 2006, the 'general reserve' stood at £1,007,341. This is equivalent to five months' average annual expenditure, and is slightly below our desired level. However, Council is not worried by this as the overall financial position is healthy.

More detail on the Balance sheet can be found on page 23 of the accounts.

Cash flow statement

In the past year, cash in hand increased by £234,355, and now stands at £765,224. In addition, we also have a short-term deposit where the Council invests £1m of its reserve to generate interest which is then used to fund our planned activities. Last year c£44k was raised from the short-term deposit alone (see page 24).

Audit process

Following recent convergence of UK and International Accounting Standards, our auditors were required to spend time prior to the audit performing preliminary testing of the Council's internal controls to ensure the possibility of fraud was minimised. This helped to inform work during the actual audit period.

This year, the Finance & General Purposes Committee considered the financial accounts, but the Audit Committee scrutinised the Management Letter from the Auditors. As part of our governance mechanisms, the Audit Committee met with the auditors privately to discuss any matters arising. I am delighted to report that no adverse issues were raised.

The accounts, as expected, passed inspection, and represent a "true and fair" view of the Council's state of affairs as at 31 March 2006.

The full auditors' report can be found on pages 19 and 20 of the *Annual Report and Accounts*.



Legislative Review

The Legislative Review was introduced to the profession, for consultation, at last year's Regional Conferences. Your feedback has helped to shape the proposals for the regulation of osteopaths. At a total cost of £28,759, this important document cost less than £8 per

registrant, including postage.

Fitness to practise folder

We hope that the launch of the new *Fitness to practise* folder, costing less than £15 per registrant, will help to minimise the number (and subsequently, cost) of future fitness to practise cases, by providing clear guidance to osteopaths on important ethical and osteopathic practice matters.



The future

Like your professional activities, the work of Council is continually evolving. New legislation and the pursuit of good practice bring repeated challenges. They can also be a drain on resources. Nonetheless, it is always refreshing to end my report to you by looking ahead to the future, and the activities we have planned. These activities, across all departments, include:

1. The introduction of a password-protected website resource for osteopaths, to assist their continued development;
2. Further enhancements to our governance process;
3. Finalisation of the benchmarks for osteopathic practice and training;
4. The introduction of an internal audit model, to demonstrate the effectiveness and efficiency (or otherwise!) of the GOsC.



The Register

The cost of the Register was £32,328, with one third of the cost spent on just postage, (£10,909). We printed 3,900 copies of the Register at a cost of £8.30 per copy, which includes the production and typesetting. I hope you agree that this high quality production is excellent value for your money.

While on this subject I encourage you all, if you have not done so already, to check your Register proof sent to you recently to ensure you appear accurately in the forthcoming Register.

During the Legislative Review feedback suggested that the majority of you wanted to keep receiving a printed Register each year and we are building this into our 2007-2010 budget.

www.osteopathy.org.uk

Visit the GOsC website to keep up-to-date with the latest GOsC, osteopathy and healthcare news.

GOsC registration fees: FAQs

Matthew Redford, Head of Finance and Administration

Some frequently asked questions about registration fees:

How much are my registration fees?

	UK Practising	Overseas/Non Practising
1st year	£375.00	£187.50
2nd year	£500.00	£250.00
Thereafter	£750.00	£375.00

Should I be paying the non-practising fee?

If you registered before 9 May 2000, your fee (and Registration) year runs from 9 May. If you registered after 9 May 2000, your fee year runs from the anniversary of your Registration. If you do not practise as an osteopath for three months or more continuously – as a result of maternity leave, ill health or a sabbatical, for example – you are entitled to pay the non-practising fee.

What if I pay the full fee and then my circumstances change so I do not work for three months or more?

You qualify for the non-practising fee rate and you are entitled to a refund on the excess amount.

What happens if I go and work abroad?

If you are abroad for three months or more continuously during your fee period, the overseas fee rate will apply. You are entitled to a refund if you have already paid the UK practising fee.

Why should I pay a fee at all if I am working abroad?

The *Osteopaths Act 1993* only applies to osteopaths working in the UK. Therefore, if you choose to live and work abroad you do not need to be registered with the General Osteopathic Council (GOsC). You can resign from the Register, but this may not be advisable if you intend to return to the UK within one year.

Information on Value Added Tax (VAT)

Do I have to pay VAT?

The *Value Added Tax (Osteopaths) Order 1998* amended Group 7 of Schedule 9 to the *Value Added Tax Act 1994* so that osteopaths registered with the GOsC were added to the list of medical and health professions whose services are exempt from VAT.

What this means to you

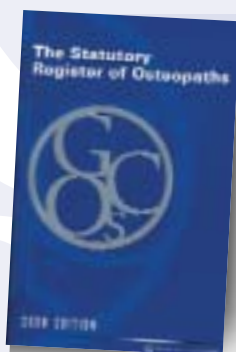
A business is required by law to register for VAT when its annual turnover of taxable supplies reaches the VAT threshold (currently £61,000). Because the fee charged for your osteopathic services is exempt from VAT, it does not count as a “taxable supply”. Therefore, if your income is wholly or mostly derived from your osteopathic services, you should never reach the threshold. If you have income from other sources, providing goods or services that are considered to be “taxable supplies”, you may need to register for VAT. This is compulsory if the threshold is breached.

HM Revenue & Customs

The Government's HM Revenue & Customs website features news and information on tax, national insurance and VAT matters in the United Kingdom.

The core purpose of HM Revenue & Customs is to “ensure that everyone understands and receives what they are entitled to and understands and pays what they owe, so that everyone contributes to the UK's needs”.

For more detailed information on VAT, visit the HM Revenue & Customs website on www.hmrc.gov.uk.



The Statutory Register 2007

The next edition of the Statutory Register is due to be published in January 2007. You should have already received a proof of your entry for any necessary corrections. The GOsC website –

www.osteopathy.org.uk ‘Find an Osteopath’ section – should reflect any changes. If the details are incorrect on the website, please either email: gilliano@osteopathy.org.uk or tel: 020 7357 6655 extension 233. **Further changes will be accepted up to and including 17 November 2006.**

Critical C's - dates for your diary

Jane Langer DO, London

While I was on the GOsC Council, one of my commitments was to sit on the Investigating Committee. When reading the complaints made by patients, I was very sad to see that many cases would not have needed to come before the Committee, if only there had been better communication between osteopath and patient. We are all busy practitioners and it is easy to rush through the case history, and not leave enough time for the patient to ask questions, or for us to explain what we are about to do.



Dr William Grunbaum, a well-known osteopath/doctor used to say, "You are never too old to learn more." Even at 75, just before he died, he and I were still attending regular seminars on osteopathy.

So, when at a GOsC Council meeting some months ago, we were informed that there was a small surplus of funds, I requested that we use these reserves to share the knowledge we had gained from the investigative cases – the 'Critical Cs' workshop.

We did try to launch the workshop last year, but the trial programme was too legalistic and required some fine-tuning, so that it is now truly osteopathic. We will be launching the workshop programme at the end of January 2007 (see dates below). Please join us, as there is a wealth of knowledge you can share with us, and we with you, about everyday good practice!



Another issue that became obvious to the Committee, even if there was no case to be found against the osteopath, was his/her poor, or limited, case notes. I have to admit that I often went back to my practice after a Committee meeting and critically reviewed my own note-taking, as I believe did some of my colleagues.

It is not necessarily poor management on the osteopath's part, but in the legislative world we have moved into over the past years, much more detail is expected in our case notes, than was taught at osteopathic schools some years ago. As my late father,



The Critical Cs, as they relate to osteopathic practice, are given as:

- **Context** – the expectations that contemporary society places upon osteopaths
- **Communication** – the building of rapport and managing patients' expectations
- **Consent** – the exploration of the difficulties of obtaining informed consent
- **Case histories** – the purpose, essential elements, and ownership of records
- **Confidentiality** – a topic everyone thinks they know but that few understand in detail

Month	Region	Location
27 January 2007	Greater London	London
24 February 2007	Northern England	Harrogate area
10 March 2007	South West England	Taunton area
21 April 2007	Central England & Wales	Warwick area
27 May 2007	Scotland	Edinburgh area
23 June 2007	South East England	Winchester area
14 July 2007	London & Eastern Counties	Heathrow or Gatwick

For more information, contact David Simpson on ext. 248 or email: davids@osteopathy.org.uk.

Regional Conference round-up

Promoting osteopathy – making the most of the profession's potential? What is the Regulator's role in this? What part does the professional association play? And, you, the osteopath? What steps are needed now to ensure the profession flourishes in the future and so that patients enjoy greater access to osteopathic care?

Now more than ever, we want to ensure the osteopathic profession is:

- Making a name for itself that is widely-regarded and highly-respected;
- Growing and prospering;
- Making a real difference for the quality of patients' lives and UK healthcare.

These crucial issues were addressed at the first 2006/7 GOsC Regional Conference in Ilkley, West Yorkshire on Saturday 30 September.

The programme – 'Promoting Osteopathy – making the most of our potential' – was opened by Brigid Tucker, GOsC Head of Communications, who outlined the challenges and the very real opportunities for the profession brought about by the Foster Review.

The presentations that followed explored the priorities and potential for dramatically increasing the visibility of osteopaths in the healthcare arena, working collectively with colleagues and through enhancements to your own everyday practice.

Feedback from the Conference was enthusiastic, with delegates applauding the clarification of GOsC priorities and the progress of the profession since statutory self-regulation.

What the delegates said

Margaret Gul BSc (Ost), Manchester

Despite an anxious period awaiting the outcome of the Foster Review, our profession has, thankfully, maintained its independence. The recent Foster Report has, however, highlighted areas of concern regarding the current promotional remit of the



GOsC, amongst other regulators, and the perceived conflict this may cause with its role as regulator.

Brigid Tucker clearly outlined the need for change in order for the

osteopathic profession to maintain its credibility and integrity as a self-regulating body.

To this end, the Council has agreed to remove the promotional remit from the Osteopaths Act. Consequently, future GOsC promotional activity will change very little. The Council will continue to promote and maintain best practice within the profession and to raise awareness of these high standards amongst external audiences, including the general public, other healthcare professionals and politicians.

There was ample opportunity for discussion throughout the day and it was useful to be brought up to date on current GOsC activities and proposed changes, which also helped make clear our role in promoting the profession. A most enjoyable day!



Richard Griffiths BSc (Ost), Cheshire

In Session II, 'Osteopathy – prospering profession?', osteopath and researcher **Steven Vogel** discussed the current state of the profession and the vacuum between what we know and what we need to know in order to effectively promote the profession. He illustrated the need for more robust primary data, which he explained will help external audiences to better understand the nature of osteopathy.

One observation was that even in the absence of a positive treatment outcome, research shows that patient satisfaction is still extremely high. Steven suggested that there would be great benefit in the entire profession taking part in a profession-wide practice survey. Discussions between the National Council for Osteopathic Research (NCOR) and the GOsC are reportedly under way.

Osteopath **Robin Lansman** looked at how we can manage our own practice audits individually and the many and varied applications for the data.

In Session III, **Dr Tamar Pincus**, Reader of Psychology at the Royal Holloway, University of London, presented an extremely interesting lecture which explored various aspects of the patient – clinician relationship, with a focus

on the emotional and depressive aspects of pain. She argued that in order for us to understand our patients better, particularly from an emotional perspective, we need greater knowledge of cognitive behavioural therapy. Clearly we all recognise the role “stress” plays – in its various guises – in our patients’ presenting conditions and response to treatment, but the more we understand about the cognitive behavioural aspects of these issues, the better able we will be to address the psychological needs of our patients, leading to better treatment outcomes.

Communications expert **Steve Barton** gave a lively, witty presentation



Dr Tamar Pincus



to end the day, suggesting we promote ourselves more proactively using the power of word-of-mouth. Steve pointed out that personal recommendation is the most important form of advertising to most businesses.

The day was enjoyable and enlightening, with some constructive debate. I left feeling positive with the sense that having survived Foster, this is an ideal time for the profession to grasp the nettle and move onwards raising its profile.

I would definitely recommend making every effort to attend your local Conference.

Dates and locations

As we go to print, GOsC staff will be attending the second Conference in Edingworth, Somerset. The dates and venues for the remaining Conferences are listed in the table below. The cost for the full-day event, including lunch and refreshments, is £50. **A booking form is enclosed** with this issue – please complete and return it as soon as possible to ensure a place at the conference of your choice. **For more information, call the Communications department on ext. 222 or 242.**

CPD

These conferences may be counted toward your annual CPD requirements if you feel they have enhanced your professional work.

GOsC Regional Conferences 2006/7

Series I: Autumn 2006

Saturday 11 November 2006 Region 3: London & Eastern Counties
Venue: Holiday Inn London Elstree, Borehamwood, Herts (M25, J23)

Series II: Spring 2007

Saturday 3 February 2007 Region 4: Central England & North Wales
Venue: Ramada Kidderminster, Worcester (M5, J6)
Sunday 4 March 2007 Region 5: Scotland
Venue: Maitland Field House, Haddington, Edinburgh
Saturday 24 March 2007 Region 6: London & South-East England
Venue: Gatwick Hilton, London Gatwick Airport, South Terminal

Public Awareness Survey 2006

Brigid Tucker, Head of Communications

Awareness of osteopathy currently stands at 83% amongst the UK adult population, according to a recent GfK NOP omnibus survey for the GOsC.

Osteopaths attending this season's GOsC Regional Conferences will know this survey is but one strand in a wide-ranging data collection initiative underway to build up a comprehensive profile of osteopathic practice in the UK today – an invaluable and essential requirement for developing a thriving profession.

GOsC-commissioned telephone surveys of the public have been carried out across the UK during August and September by GfK NOP and The Survey Shop.

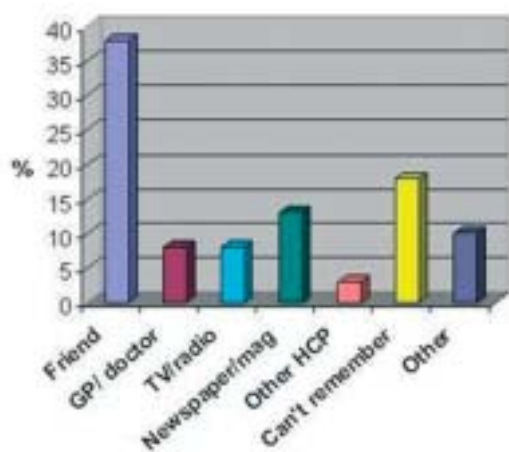
Our aim, not only to gauge current public awareness, but also to sample the British public's opinion of osteopaths and their experiences of osteopathic treatment. For this, a representative sample of 1000 was drawn at random from the UK electoral roll.

Headline Findings

How did you first hear about Osteopathy?

- 38% recalled they had first heard by word-of-mouth from a friend, relative or colleague. Other sources were: a doctor (8%), television (7%), a newspaper (7%), a magazine (7%), and a healthcare professional other than a doctor (3%).
- Almost 30% stated they had first heard of osteopathy between one and five years ago.

How did you first hear about Osteopathy?



Use of osteopaths

- 22% of those who had heard of the term osteopathy had visited an osteopath.



- Only 6% of those aged 18-30 had visited an osteopath. At the age of 30 and above the likelihood of having seen an osteopath increased from 21% for those aged between 30 and 44, to 29% amongst those aged

60 or over.

5. Men and women were almost equally likely to have seen an osteopath, and there was very little variation between people in different socio-economic groups.

6. People in Scotland and the East Midlands / Anglia region were the least likely to have consulted an osteopath.

Reasons for not visiting an osteopath

7. The majority – 80% – of people who had heard of the term osteopath but had not visited one, stated the reason they had never done so was because they believed they had had no need. [Note: *Department of Health statistics estimate that musculoskeletal conditions make up to 30% of primary care consultations.*]

Amongst the other most frequent reasons were: seeing a chiropractor instead (4%); no clear idea what osteopaths do (4%); seeing a physiotherapist instead (2%); seeing a doctor instead (2%); unable to afford osteopathy (1%); their GP's negative attitude (1%).

Mode of referral

8. Over half (52%) of all those who had visited an osteopath had made their own decision to seek help from an osteopath. Just over a quarter (26%) said that a friend, relative or colleague had made the suggestion. One-fifth had been referred by a GP or other doctor, and 2% had been referred by a healthcare professional other than a GP or doctor.

Satisfaction with osteopathic treatment

9. 80% of those who had visited an osteopath were either satisfied or very satisfied with their treatment. Men (81%) and women (80%) were equally likely to have felt satisfied with their osteopath's treatment.

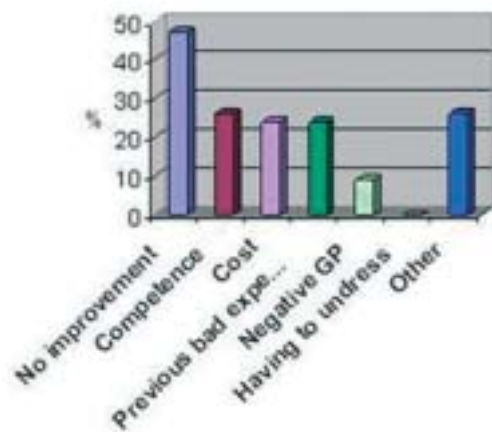
10. One in ten was dissatisfied and a similar proportion had mixed feelings or another point of view.

Concerns over visiting an osteopath

Just under one in six (16%) of those who had visited an osteopath stated that they had a concern or concerns, or had had a concern or concerns in the past, while seeing their osteopath.

Of these, 47% were concerned because there had been no apparent relief or improvement in their condition; 26% said that their concern lay with the competence of the practitioner (this equates to 4% of all those who had visited an osteopath); 24% were concerned about the cost, and the same proportion stated that they had had "a previous bad experience"; 9% mentioned the negative attitude of their GP. None expressed a concern about having to undress.

What concerns do you have?



Likelihood of recommending osteopathy to others

12. Half of those who had visited an osteopath stated that they would recommend osteopathy to a friend and a further 30% stated that they would be quite likely to do so; 19% were either unlikely, or not at all likely, to recommend osteopathy.

Problems suitable for osteopathic treatment

13. Back pain (90%) and neck pain (74%) were the problems most commonly associated with osteopathic



treatment. Other problems respondents believed osteopaths would commonly treat included hip or joint pain (66%), sports' injuries (63%), arm or leg pain (58%) and postural problems (52%).

A minority believed that whiplash (46%), work strain, such as repetitive strain injury (41%), osteoporosis (34%), headaches (28%) and colic in babies (8%) were conditions suitable for treatment by an osteopath.

Osteopathic treatments

14. Manipulation (80%) and massage (72%) were the treatments most commonly associated with osteopaths. Also cited were exercise programmes

(62%), mobilisation (45%) and dietary advice (37%).

Those aged under 45 were somewhat more likely to believe that osteopathic treatments involved some of the techniques



associated with conventional medicine than those aged 45 and older. For example, prescribing medication and steroids was seen as osteopathic treatment by almost a quarter (24%) of those aged under 45 compared to 16% of those aged 45 and older.

Finding an osteopath

Asking a GP or other doctor was the most likely method (66%) to be used to find an osteopath. This proportion was consistent across all age groups and for both genders.

Just under half (48%) would use a local directory such as Yellow Pages, and almost the same proportion (47%) would ask a friend, relative or colleague; 30% would use an online search engine such as Google.

Fees & funding

76% of people who had heard of the term osteopathy believed that osteopaths worked mainly in the private sector.

The estimated average considered to be a reasonable fee for a private 30-40 minute treatment was £36. This was consistent between socio-economic groups.

20% of those interviewed had some form of private medical insurance; 47% of those with medical insurance believe that it included cover for osteopathic treatment.

88% believed that the NHS should be providing osteopathic treatment, or that it was already doing so. 3% believed that it should not and 9% didn't know.

About the profession

53% of those who had heard of the term osteopathy, stated that they were aware that it was a criminal offence to claim to be an osteopath without being registered with the GOsC.

38% of interviewees believed the training required of an osteopath involved a degree level course in osteopathy; 46% believed osteopathic training and examination to be under the administration of the GOsC.

A full report, *National Osteopathy Report 2006 – finding of a survey conducted for the General Osteopathic Council*; The Survey Shop, August 2006, is available on request from the GOsC Communications Department – contact Nicole Tripney on ext. 222 or email: nicolet@osteopathy.org.uk.

www.osteopathy.org.uk

Visit the GOsC website to keep up-to-date with the latest GOsC, osteopathy and healthcare news.

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GOsC diary October 2006

This diary shows a snapshot of some of the meetings and events the GOsC has been involved with over the past month. Should you wish to request further information about any of these meetings please contact the relevant department.

2	Monday	*CHRE Fitness to Practise meeting *NCOR bi-monthly meeting
3	Tuesday	GOsC - *GDC: Planning & risk meeting
5	Thursday	*DIA Conference & AGM, Germany 'Greater integration of *CAM' seminar, Northern Ireland *GMC: 'Good doctors, safer patients' workshop Professional Conduct Committee hearing
6	Friday	*DIA Conference & AGM, Germany Professional Conduct Committee hearing
9	Monday	'Patient Safety in a Reformed Regulatory System' conference
12	Thursday	Professional Conduct Committee meeting Public and Patient Involvement meeting European policy on freedom of movement - Engineering Council
13	Friday	Professional Conduct Committee hearing
14	Saturday	South West England & South Wales Regional Conference
17	Tuesday	Scottish Executive Foster Review stakeholder seminar
18	Wednesday	*DH MRPQ Implementation meeting
19	Thursday	'Critical Cs' workshop - programme development
20	Friday	NHS Knowledge & Skills Framework Group meeting
21	Saturday	*COET Graduation ceremony
25	Wednesday	*AURE meeting BOA House of Commons drop-in session
27	Friday	*BSO student induction to the Code
30	Monday	*NCOR - media training Healthcare Registrars - 'The Two Reviews' meeting
31	Tuesday	Musculoskeletal Services Framework launch QAA/GOsC: review method briefing

Key	 GOsC - Ext 242	 Communications Dept - Ext 242	 Development Dept - Ext 235
	 Finance - Ext 231	 Registrar Dept - Ext 246	 Registration Dept - Ext 256
	 Regulation - Ext 249		

*AURE - Alliance of UK regulators on Europe
BOA - British Osteopathic Association
BSO - British School of Osteopathy
CAM - Complementary and Alternative Medicine
CHRE - Council for Healthcare Regulatory Excellence
COET - College of Osteopaths
DH MRPQ - Department of Health Mutual Recognition of Professional Qualification

GDC - General Dental Council
GMC - General Medical Council
DIA - Osteopathic International Alliance
PPI - Public and Patient Involvement
QAA - Quality Assurance Agency
NCOR - National Council for Osteopathic Research

NHS reforms: PCT reshuffle

The number of Primary Care Trusts (PCTs) in England has been reduced from 303 to 152 as part of the latest reforms to create a patient-led NHS.

The restructure, which came into effect on 1 October, is designed to allow for more effective commissioning of services for patients and to support the development of Practiced Based Commissioning (PBC) among GPs and primary care teams.

Strategic Health Authorities (SHAs) were also reduced

from 20 to 10 (1st July 2006) as part of the strategy to shift focus from hospital to community based care.

The Department of Health estimates that together these changes will result in an annual saving of £250 million – through management and administration costs – which will be reinvested in frontline services from 2008/9.

Further details and maps of the new PCTs are available through the DH website: www.dh.gov.uk.

Practising in New Zealand

Jamie Taylor Msc, OSNZ Registrar

Registration

In order to practise in New Zealand, all osteopaths must be registered with the Osteopathic Council of New Zealand (OCNZ) and hold an *Annual Practising Certificate*. Overseas practitioners wishing to work in New Zealand must pass a 3-hour practical examination, held in Auckland, New Zealand. The next examination will be on 25 November 2006, with another to follow early in 2007. For further information about the register and entry examinations visit: www.osteopathiccouncil.org.nz.

The Council (OCNZ) has a similar role to the GOSc, whereby it regulates the osteopathic profession in order to protect the public. It does this by establishing a regulatory framework for registration that includes scope of practice, qualifications, competencies, disciplinary procedures and a system for dealing with complaints from members of the public. It also maintains a public register of osteopaths, where members of the public are able to check if individual osteopaths are registered and hold a practising certificate.



Support

The Osteopathic Society of New Zealand was established in September 2004, when the New Zealand government introduced statutory regulation of osteopaths. The Society has a different role to that of the osteopathic Council of New Zealand (OCNZ). The role of the Society is to meet the professional needs of osteopaths by promoting the development of osteopathy within New Zealand, through undergraduate and postgraduate education, and promotion of research.

The Society (OSNZ) strongly believes in representing the interests of members on osteopathic and professional issues. It has developed a short seminar and practical workshop which runs prior to the OCNZ practical examinations and provides guidance for overseas applicants on the format and expectations of the examination. For further details email: Alison@eenz.com.

GOSc Promotional Material

Ordering Service for Osteopaths



For further information on the leaflets and posters, telephone 020 7357 6655 ext 242 or visit www.osteopathy.org.uk

You may order leaflets and posters by submitting a publication order form with your credit/debit card details or we can invoice you. Orders can be made by post, email or fax. Leaflets cost £14.50 per 100 (plus p&p).

World Cup Osteopathy

Carl Todd BSc (Hons) Ost, Wiltshire

Some time has now passed since my return from Germany and many have asked the question, "So, what was it like?" Well, now that I have had a moment to take a breath, I can tell you a little about my experience. Those of you who read my previous article (*The Osteopath*, May 2006 p. 21) will recall that I was expected to be on duty for the England



World Cup Football Squad, assisting the medical team for three days per game – but that didn't last long. A phone call the day after the players reached Germany requesting I join them immediately was all that was needed. My initial response was, "No, I've got patients this afternoon!" However, after the dust settled, the compromise was to fly out that evening – after all, it was the World Cup.

I could think of worse places to practise osteopathy, and for me the team hotel at Baden-Baden was just about perfect. The countryside was beautiful for my early morning runs and we were staying in a fantastic hotel with our very own rehab gym ... what more could you ask for. I ended up staying in Germany for four weeks and travelled to all the games with the Squad. My wife and boys were able to join me for a short break, and yes, Melanie my osteopath wife became a WAG for a week! It was wonderful that they could share the experience with me – seeing thousands of fans screaming and shouting was out of this world. It was electric! I've never experienced anything like it. The Germans clapped, waved and cheered us everywhere we travelled.

Work proved to be both rewarding and challenging. As a medical team we all worked closely together – communication was the key. A lot of my work involved many forms of direct and indirect techniques incorporating structural, functional and involuntary approaches.

One thing I was very conscious of with the players was hotel fatigue; the boredom effect and the "Could you just crack that for me?" appeals. Over-manipulation of any individual is not good – as we all know – by which I'm referring to the High Velocity Thrust (HVT) technique. This is the very thing that some doctors of sports medicine and physiotherapists can be concerned about when an osteopath begins working at club level. We are more than just "bone crunchers" and I feel we need to demonstrate this accordingly through the application of our techniques. As a

student we were told that the "body has the ability to heal itself"; at club level you "firefight" or "dampen down" the inflammatory response – keeping people fit for games doesn't necessarily mean that their condition has resolved.

An average day in Germany involved working before, during and after training sessions and the earliest I finished was around 11.30pm. On match days I would work before, during and post game, and on one occasion I even made it onto the pitch at the 90th-minute to work on the players before extra time started. A far cry from an FCC with 3–4 people in the room watching! It didn't dawn on me until much later that around 50,000 were observing that day.



As an osteopath I was privileged and lucky to be offered this opportunity and perhaps it will help open doors for other osteopaths who would relish the opportunity to work in the Premiership. However, I do think it takes a certain type of practitioner to work in football or any team sport. Obviously skill, technique, and a good understanding of sports injury treatment and rehabilitation help, but having the correct temperament – relaxed and not too "pushy" – coupled with the ability to work as a team member is crucial.

As osteopaths we all know that every relationship between practitioner and patient is built on trust, and the England World Cup Squad is no different. I first started working for the team two years ago and was originally asked to be available for one day prior to every game; now I work full-time for the England Squad, which grew through trust and ability.

Sad though it was to fly back without a trophy, we do have to look to the future, and as I write this I'm sitting in a hotel in Manchester prior to our friendly with Greece. It's amazing how quickly things have moved on. The build up to European Championship 2008 and World Cup 2010 has already started. I recently felt extremely proud when Steve McClarren asked if I would be happy to continue with him in charge. The only difference being that I would be required full-time, taking me away from my practice for about 10–12 weeks a year. It's tough on my wife and family, but what an honour to invite them to some of the games, and what an honour for the osteopathic profession to be involved with the Football Association and the England medical team.



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- ▶ **Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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**Professor Laurie Hartman
Osteopath**

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Political update

Sarah Eldred, Assistant Registrar (Public Affairs)

Northern Ireland Minister pledges funds for complementary medicine

At a key healthcare seminar last month, Northern Ireland (NI) Health Minister **Paul Goggins** announced a fund of £200,000 towards greater integration of complementary medicine within the health service.

Hosted by Head of Primary Care **Christine Jendoubi**, at the Department for Health, Social Services and Public Safety, this event brought together GPs, Midwives, Nurses and Health Visitors in NI for the first time, to explore complementary medicine on the NHS.



GOSc Acting Chairman, **Fionnuala Cook** (left), sits on the Department's complementary medicine working group (along with officials and other stakeholders), which coordinated the meeting. The GOSc was invited to give a presentation on the status of the osteopathic profession today and models of current NHS integration.

As osteopathy is not commissioned in NI at present, NHS-employed osteopath **Martin Pendry** kindly agreed to talk about Kensington & Chelsea PCT's osteopathic department, and also the key areas of focus for NHS integration in Northern Ireland (as in all regions of the UK). These include the need to continue to raise awareness amongst health professionals of the status of osteopaths today and agreed referral criteria and treatment pathways.

Mr Goggins said: "Through the fund, which will be administered by the Health Boards, GPs will be able to bid for resources to enable them to refer patients to CAM therapies, where they feel the patient could benefit, they are confident that the practitioner provides a safe and effective service, and it is the patient's wish".

Working as primary-contact, regulated professionals, osteopaths can help with the diagnosis, treatment, prevention and rehabilitation of a wide range of musculoskeletal problems, using patient-centred, evidence-based care.

The Department's funding will commence in January 2007. Further details will be provided to GPs by the Department in due course. The Minister also announced additional funding for the introduction of 'Integrated Health Awards' and 'Integrated Health Associates' schemes. Both of these initiatives will run in partnership with the Prince's Foundation for Integrated Health.



Our grateful thanks go to Fionnuala, Martin and local osteopath **Kathryn de Fleury** who all gave up their time to represent the osteopathic profession.

For further information, please contact Sarah Eldred on ext 245 or email at: sarahe@osteopathy.org.uk.

FORE holds 3rd meeting in Helsinki

At the time of publication, the Forum for Osteopathic Regulation in Europe (FORE) was preparing for its third meeting.

Initiated by the GOSc in 2005, this forum brings together osteopathic organisations across Europe to facilitate discussion on standards of osteopathic practice and training across Europe to protect patients.

Why is this important for UK osteopaths?

Albeit seemingly remote, Brussels does have an increasing influence on UK osteopathic practice. EU legislation encouraging freedom of movement across Europe involves greater access for patients, but also wider markets for healthcare professionals. As the UK's regulator, we can vouch for the standards of practitioners on the GOSc Statutory Register, but what about the standards of practitioners from elsewhere in Europe? Currently, there is no equivalent to the GOSc. This is why FORE provides the vehicle to build strong ties with our European colleagues and facilitate recognition and regulation of osteopathy to protect patients, and UK standards.

Two meetings have already been held in tandem with the EU Presidencies (UK - London, Nov.'05, and Austria - Vienna, May '06), to explore mechanisms to improve patient safety. This



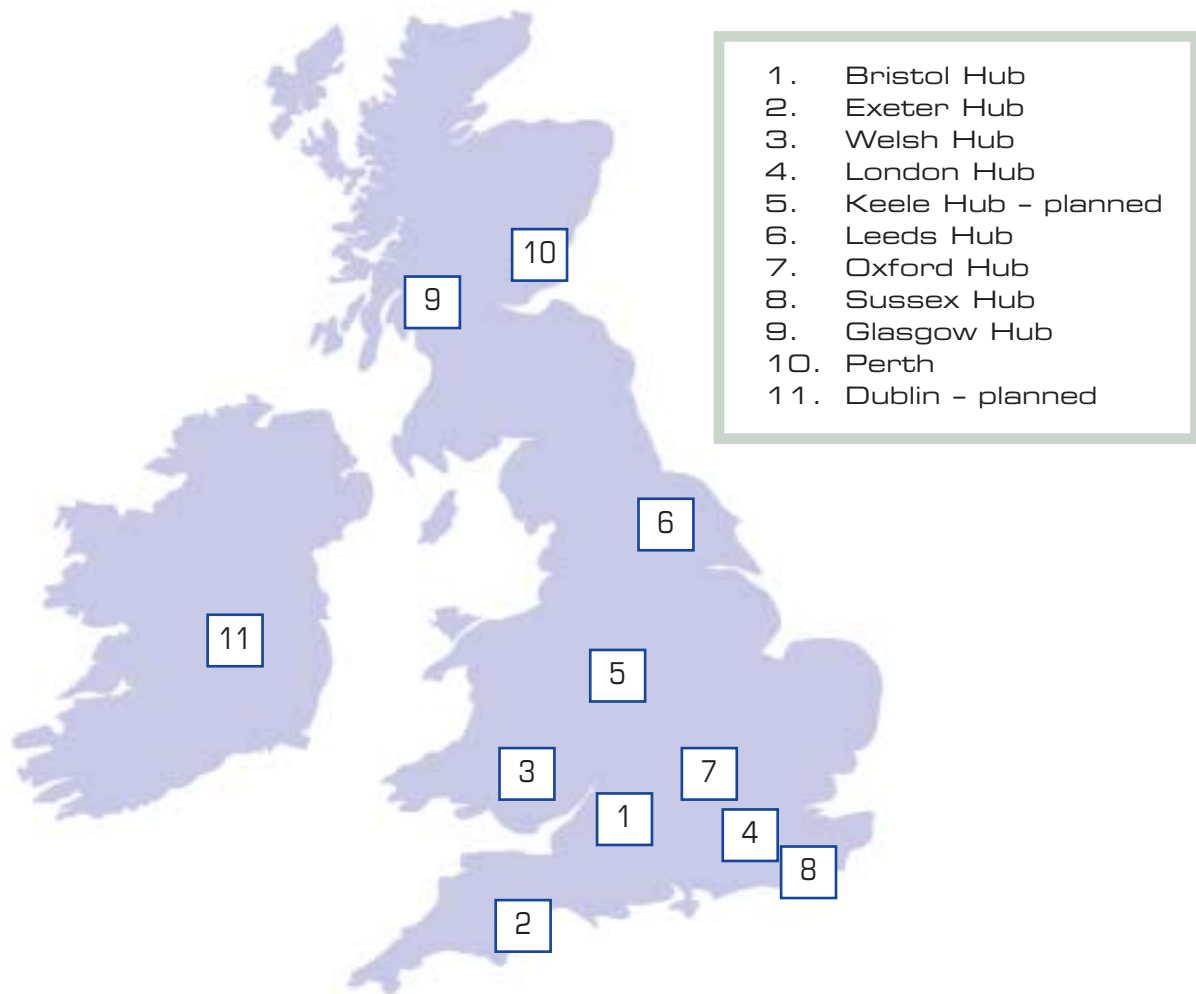
has encouraged increased information exchange and, to date, the development of a draft framework for European Codes of Practice (based loosely on the UK profession's *Code of Practice*).

FORE's third meeting, in tandem with Finland's EU Presidency, will finalise this draft Framework, before the development of a consensus on standards of proficiency. Again, UK standards (*Standard 2000*) are being used as a template.

A full report on the meeting will be featured in due course. **For further information, contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk.**

National Council for
NCOR
 Osteopathic Research

NCOR research hubs



The development of a standardised data collection tool has been proceeding in many of the longer-established hubs. Some of those hubs are now undertaking slightly different activities and these are listed below.

BRISTOL

Thursday 23 November, 7–9pm. Small project work – looking at data on referral patterns from osteopaths.

EXETER

Saturday 9 December, 10am–12 noon. Topic to be decided: details to follow.

HAYWARDS HEATH

Sunday 3 December, 10am–12 noon. Developing a case series looking at osteopathic treatment during pregnancy.

LEEDS

Tuesday 14 November, 7–9pm. Online literature searching workshop and discussion of small projects.

LONDON

Tuesday 23 January, 2007, 7–9pm. Discussion of small project looking at audit of symptom patterns in chronic patients.

OXFORD

Wednesday 22 November, 7–9pm. Developing an audit tool to assess changes in treatment approaches to the cervical spine since the introduction of the GOsC *Fitness to practise* guidelines.

Forthcoming courses and conferences

12–14 December 2006: 14th Annual Symposium on Complementary Health Care, University of Exeter. Further information can be found at www.pms.ac.uk/compmed/symposium.

30 March 2007: Developing Research Strategies Conference, at the University of Northampton. This conference has been held previously in Southampton and hosted by Dr George Lewith. The closing

date for abstracts is 12 February 2007. Please contact Andreas Somner (andreas.somner@northampton.ac.uk) for further information.

11–13 May, 2007 International Congress on Complementary Medicine Research, Munich, Germany. The deadline for submission of abstracts is 31 December 2006 and they can be submitted online at www.CMR-Muc2007.de.

Osteopathy, chiropractic & physiotherapy: moving forward through research & practice

Carol Fawkes BA (Hons) DO, NCOR Research Development Officer

The Anglo European College of Chiropractic, the British School of Osteopathy and the University of Brighton collaborated in organising the 3rd multi-disciplinary undergraduate/pre-registration research conference. The conference is growing in popularity each year and becoming a fixture in the diaries of students and those involved in educating chiropractors, osteopaths and physiotherapists. The venue is rotated between the three institutions and this year the conference was held at the School of Health Professions, University of Brighton (Eastbourne campus).

The conference is designed as a forum for chiropractic, osteopathy and physiotherapy students to present and celebrate their undergraduate/pre-registration research. It featured, 29 student presentations delivered in themed sessions, containing a broad mix of topics and methodologies across the professional groups. The standard of presentations was excellent with some presenters receiving prizes donated by Elsevier and the Manipulation Association of Chartered Physiotherapists. The winning abstract will be published in *Manual Therapy*, an international journal of musculoskeletal therapy.



Sponsorship of the conference and resources for the day was provided by the British Osteopathic Association, the Clinical Research Centre for Health Professions, Elsevier (UK), College of Chiropractors, Chiropractic Patients Association, Chartered Society of Physiotherapy, Manipulation Association of Chartered Physiotherapists (MACP) and PhysioUK. All delegates received a CPD certificate of attendance.

A keynote lecture entitled 'New practitioners and research: acorns or oak trees?' was given by **Professor Ann Moore** (below), Director of the

Clinical Research Centre for Health Professions at the University of Brighton, Editor of *Manual Therapy*, Chair of the National Council for Osteopathic Research and Chair of the Core Executive of the National Physiotherapy Research Network. Professor Moore's presentation emphasised the importance of all newly qualified practitioners taking forward their research skills and continuing to develop them for the benefit of patients, the clinical service and the professions from which they emanate. Next year's conference will return to the British School of Osteopathy.



If you would like to submit an article, or have an idea for a future issue of *The Osteopath*, contact the Editor on ext. 228 or email: editor@osteopathy.org.uk.

What is the patient really telling me?

Meredith Churchill DO, London



I recently attended a series of four seminars, entitled, "What is the Patient Really Telling Me?", jointly led by **Mannie Sher** (pictured left), a psychoanalytically-orientated psychotherapist, and **Danny Sher**, an osteopath also trained in psychoanalytic techniques. The seminars explored some of the emotional and interpersonal issues which arise in the course of our osteopathic work with patients, in order to deepen our understanding of the osteopath-patient relationship. I was joined by four osteopathic colleagues, each of whom had extensive clinical experience and a lively interest in the psychological aspects of what is often seen as a purely "physical" therapy.

Seminars started with a lecture on theory, followed by case presentations and then discussion. The lectures covered such areas as pain as a means of communication, the role of dependency in the osteopath - patient relationship, the "heart-sink" patient (for whom "nothing helps"), and dealing with endings and loss in the context of the therapeutic relationship. We were introduced to various psychoanalytical concepts relating to human psychological development and make-up, and the frustrations, conflicts and fears that contribute to how we experience ourselves and the world. We also looked at the ways in which difficult early emotional experiences can influence our later



relationships as adults, and how the patient-osteopath relationship can involve the expression of certain emotional difficulties of which both the patient and the osteopath may be entirely unaware.

Through our own and others' case presentations, and by frank and open discussion in a supportive environment, we explored our individual responses to often complicated and uncomfortable emotional situations, and also explored ways to address these more skilfully. It was quite fascinating and inspiring to witness the diversity of clinical experience and unique perspectives of the colleagues. I felt that we all learned a great deal from each other.

It is important to stress that the aim of these seminars was not to turn osteopaths into psychotherapists, but by improving our understanding of psychological issues to increase our effectiveness *as osteopaths*. Recognising that the patient's presenting problems often mask underlying emotional and relationship conflicts, and being able to address these issues, adds an additional dimension to our work as osteopaths. It has definitely improved my ability to be a resource to my patients and by addressing both their emotional and physical symptoms, I feel more focused in the consulting room - essentially, more "professional".

For further information contact tel: 020 8349 9399, or email: m.sher@tavinstitute.org.

CPD resources are listed for general information. This does not imply approval or accreditation by the GOsC.



Yellow Pages deadlines

November

West Midlands South	13/11/06
Plymouth	16/11/06
Cornwall	16/11/06
Brighton	23/11/06
Kingston	27/11/06
Richmond & Twickenham	27/11/06

December

Sheffield	01/12/06
Barnsley	01/12/06
Norwich	07/12/06
Reading	14/12/06
Slough	14/12/06
Chesterfield	21/12/06
Mersey	22/12/06
Warrington	22/12/06

Cut-off dates for advertising in the GOsC Corporate Box in your local areas. Contact Yellow Pages on 0800 37 1755 prior to the final booking date if you have not been contacted by sales staff.

London Osteopathic Society

Healthy driving

Tony Longaretti DO, London

Do any of your patients drive cars? Have any of them experienced an incident involving a car? Then you must come to our next meeting on **Tuesday 7 November** where **Matthew Avery** of Thatcham Research Centre will present findings from the latest experiments on vehicle safety. Osteopath **Tim Oxbrow** will also join us to outline some current treatment approaches for patients who have been involved in road traffic accidents.

The venue: Room G.06, Roberts Building, Torrington Place, University College London (UCL), WC1 (Tube stations: Goodge St/Euston Road, and also nearby Warren St/Russell Square).

Time: Registration from 6.15pm for a 7pm start. The second speaker will commence at 8.30pm and the meeting is due to close at 9.30pm.

Cost: £15 for members and £30 for guests (includes refreshments).

The human voice

Our September meeting was appropriately held in the UCL Anatomy Building. **Prof Tom Harris** illustrated both vocal anatomy and pathology and possible treatment modalities through slides and stroboscope film. This also included osteopathy, as he works closely with **Jacob Lieberman**, who followed with a talk outlining a number of treatment approaches to voice disorders. There were profuse slides and animations, but as these were only valid in context the presentations are not available for download. **Keep an eye on the LOS website (www.zyworld.com/los) as we have another meeting planned for January 2007.**



Prof Harris and Jacob Lieberman

Beacon Seminars

Pelvic Floor and Pelvic Girdle Pain

This two day course will offer Osteopaths the recent research and the tools to identify pelvic girdle pain, pelvic floor dysfunction and pelvic girdle instability.

You will learn how to:

- Test for pelvic girdle pain and instability
- Identify poor recruitment patterns leading to pain and instability/compression
- Teach correct recruitment patterns
- Treat PGP using trigger points, positional release and myofascial techniques
- Identifying inappropriate muscle stabilising patterns leading to descent of the bladder and female stress urinary incontinence and prolapse
- Use of SI belts and taping for SI dysfunction
- Become aware of poor techniques learnt from Pilates Courses which exacerbate symptoms

Course Date: February 3-4 2006

Both courses to be held at: Renewal Centre, Swallowfield, near Reading, Berkshire (accommodation available on site)

Course details and bookings from Diane Kheir on **01494 880649** or email dskheir@aol.com or visit www.beacon-osteopathy.co.uk

Integrating Pilates with Osteopathic Treatment

This two day course will offer Osteopaths the tools and techniques to integrate Pilates into an osteopathic treatment.

You will learn how to:

- Learn about research on form and force closure
- Learn to teach one to one beginner Pilates
- Learn cueing techniques to facilitate breathing and recruitment
- Use Pilates movements to assess the patient dynamically
- To correctly choose the type of exercise required by your patient for their condition
- To incorporate these exercises within a treatment session
- Receive written instructions for each exercise and its relevance to conditions and contra-indications

Course Date: March 10-11 2006

beacon
seminars





CPDO

2007

**10% discount on all workshops
and lectures booked before
1 January 07**

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses				
20-21 October	Positional release techniques	Leon Chaitow	£225.00	£125.00
20-21 Jan	IOT I: Cervical spine, CD and UEX	Prof. Laurie Hartman	£195.00	£125.00
6-7 Oct	IOT I: Cervical spine, CD and UEX	Prof. Laurie Hartman	£195.00	£125.00
24-25 March	IOT II: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
3-4 Nov	IOT II: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
28-29 April	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£195.00	£125.00
2-4 Feb	Osteopathic approach to trauma	Jean-Pierre Barral	£415.00	£250.00 Remaining £165.00 by 1 Jan 07
25-27 Oct	Visceral osteopathy: the abdomen	Jean-Pierre Barral	£415.00	£250.00 Remaining £165.00 by 1 Oct 07
30 June	Healthy Pregnancy	Averille Morgan	£115.00	Pay in full
17-18 Nov	Lymphatic motion	Averille Morgan	£195.00	£125.00
17 March	Pre & post operative care for common joint surgery	Prof. Eyal Lederman	£115.00	Pay in full
28-29 April & 16-17 June	Neuromuscular "re-abilitation" (part I & II)	Prof. Eyal Lederman	£395.00	£250.00
22-23 Sept & 20-21 Oct	Harmonic technique (part I & II)	Prof. Eyal Lederman	£395.00	£250.00
3-4 Feb	How to treat sports injuries: the upper body	Chris Boynes	£195.00	£125.00
6-7 Oct	How to treat sports injuries: the lower body	Chris Boynes	£195.00	£125.00
17 Feb	Working with chronic pain: cognitive-behavioural approaches for clinicians	Heather Muncey	£115.00	Pay in full
19-20 May	Treating the back and neuropathic leg pain	Philip Mouleart	£195.00	£125.00
23-24 June	Osteopathic care of small animals	Anthony Pusey	£225.00	£150.00
23 June	Practical ergonomics and musculoskeletal health	Damon Peterson	£115.00	Pay in full
16 June	Introduction to sports taping: principles and practice	Tom Hewetson	£115.00	Pay in full
30 June	Current concepts in the management of tendonopathies	Glenn Hunter	£115.00	Pay in full
22 Sept	The experience of pain - a multidimensional exploration	Ian Stevens	£115.00	Pay in full
17 Nov	Practical clinical nutrition	Dr. Adam Cunliffe	£115.00	Pay in full
Evening courses				
8 Feb	How to treat: Chronic trapezius myalgia	Prof. Eyal Lederman	£40.00	Pay in full
29 March	How to treat: Acute disc	Prof. Eyal Lederman	£40.00	Pay in full
26 April	How to treat: Chronic lower back pain	Prof. Eyal Lederman	£40.00	Pay in full
17 May	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40.00	Pay in full
24 May	How to treat: Tennis elbow	Prof. Eyal Lederman	£40.00	Pay in full
11 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
1 Nov	How to treat: Impingement syndrome	Prof. Eyal Lederman	£40.00	Pay in full
13 Feb	How to manage hamstrings injuries	Glenn Hunter	£40.00	Pay in full
7 June	Yoga as therapeutic exercise	Luise Woerle	£40.00	Pay in full
8 Nov	How to treat: Achilles Tendonosis	Chris Boynes	£40.00	Pay in full
Evening lectures				
27 Sept	Update on muscle repair and adaptation	Prof. G. Goldspink	£20.00	Pay in full
18 Oct	Update on connective tissue repair and adaptation	Dr. Helen Birch	£20.00	Pay in full
8 Feb	Medical legal: neck manipulation and the law	Paul Grant	£20.00	Pay in full
26 April	Medical legal: clinical examinations and the law	Paul Grant	£20.00	Pay in full
20 Sept	Is structural osteopathy still valid?	Prof. Eyal Lederman	£20.00	Pay in full
15 Nov	Process centred osteopathy: a new clinical model	Prof. Eyal Lederman	£20.00	Pay in full

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**For more information go to:
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Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking. In case of cancellation of courses or lectures all deposits will be refunded. **The course organisers reserve the right to change the course contents and substitute leaders without advance notice. The organisers hold no responsibility for the contents and clinical application of the material taught on the courses**

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Back chat

Your letters



Dear Editor

At the recent (excellent) GOsC Regional Conference in Ilkley, the GOsC's promotional role was under the microscope and I again repeated my view that the Council cannot be both poacher and gamekeeper. For the Council to be seen by the public to be promoting the profession directly detracts from its credibility as regulator of it. I raised the example of the distinction between the General Medical Council (GMC) and the British Medical Association (BMA) respectively regulating and promoting the medical profession.

An opinion that was expressed to me – that did not come out publicly in the meeting – was that the GOsC should be promoting our profession as we, the osteopaths, pay for it, whereas the GMC is paid for entirely by the Government not the medical profession. I believe this to be an error on two counts. Firstly, doctors do pay an annual registration fee to the GMC (I fill in my wife's tax returns and it is a deductible expense). Secondly, my argument is not one of moral principle (whether the body ought to be accountable to, and primarily serve the interest of, those who pay for it), but of pure pragmatics. The credibility of the Council as regulator is at issue here: its primary function, as defined in law, is to protect the public. Whether we agree that this *should* be its primary function is irrelevant – we do not make the law, parliament does, and that was parliament's decision.

We fought for decades to achieve statutory regulation; in part, I am sure, out of a concern for the public, but also, importantly, out of self-interest. Statutory regulation enhances our status and is a powerful marketing tool – possibly our *most* powerful marketing tool. If we allow the credibility of the Council, as regulator, to be undermined in any way, then we shoot ourselves in the foot, and for this reason regulation and professional promotion should be divorced.

Incidentally, I accept that the GOsC does have a “de facto” promotional role, particularly in the international and political arenas. But this is very different from promoting our businesses to the public, and it is absolutely right, in terms of the profession's self-interest, that the GOsC should refuse to be seen to be promoting our businesses in the “retail market”. The GOsC does not need the “promotion” clause in *the Osteopaths Act* in order to carry out these functions, and its removal will strengthen our cause in the face of scepticism from other professions, civil service mandarins, politicians and the public.

The question, “Who pays?” is beside the point, since the only people who are going to pay are us, the osteopaths, regardless of who does the promotion – unless someone can persuade Bill Gates to chip in! Trying to promote our profession by freeloading on someone else's budget and effort is a tactic that is doomed to failure – it will simply not produce effective results.

If we want a properly promoted profession, then we, the profession (and I mean every single individual), have to stump up the cash and get on with doing it. And that is why every osteopath should be a member of the BOA – only then will it be truly representative and have the authority it needs to speak on behalf of the whole profession. We need the BOA, not the GOsC, to be in the vanguard of promoting our profession to the public, and those who are not (yet) BOA members have a vital role to play in shaping the future of our profession – the BOA happens to be the organ available for doing that.

Martin Grundy BSc (Hons) Ost, Newcastle

Editor's response

Osteopaths attending the current round of GOsC Regional Conferences will be aware of the Council initiative underway to establish a clear distinction – both in the public and the profession's perception – between the roles of the regulator and the professional association in terms of promoting the profession. The Foster review of healthcare regulation expressed concern that where regulators had a legal duty to “promote the profession”, the potential for conflicting interests poses a risk to the integrity of the profession's self-regulation.

The osteopathic profession has worked hard for the recognition and influence that comes of our regulated status – reforming *the Osteopaths Act* and clarifying the functions of the Regulator, Council believes, has to be in the best interests of patients and the integrity of the profession.

The issues highlighted in this letter are the subject of this year's regional meetings and all osteopaths have a role to play in shaping this evolutionary step – we shall report further on the longer-term impact of Foster in these pages, but as the profession matures into a new stage of development, you are strongly urged to engage directly in the discussion and exchange of ideas at this important time.

Courses 2006/7

Courses are listed for general information. This does not imply approval or accreditation by the GOsC.

2006

Buteyko Breathing for Osteopaths

11 November

Speakers Rachel Ives and Janes Brindley. Organised by CPD International. To be held at Greenwich University – Maritime Campus, London SE10. Contact: tel: 07944 552093 email: office@cpdinternational.co.uk (website: www.cpdinternational.co.uk)

Nutritional assessment practical workshop

11 November

Speaker Dr. Adam Cunliffe. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Harmonic Technique

11–12 November

Lecturer Prof. Eyal Lederman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

IOT 1: Lumbar & Thoracic spine and ribs

11–12 November

Lecturer Prof Laurie Hartman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Osteopathic care of small animals: revisited – weekend course

18 November

Lecturer Anthony Pusey. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Pilates and Osteopathy

18 November

Speaker Susie Lecomber. Organised by CPD International. To be held at Greenwich University – Maritime Campus, London SE10. Contact: tel: 07944 552093 email: office@cpdinternational.co.uk (website: www.cpdinternational.co.uk)

IOT 1: Lumbar & Thoracic spine and ribs – weekend course

18–19 November

Lecturer Prof. Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Harmonic Technique – Weekend Course

18–19 November

Lecturer Prof. Eyal Lederman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Painless Practice CPD Day

19 November

Speaker James Butler. Organised by Painless Practice. To be held in Bristol. Contact: tel: 01491 659073, email: james@painlesspractice.com

How to treat: whiplash injuries

23 November

Lecturer Prof. Eyal Lederman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Trauma – a 3-Day Post Graduate Cranio Sacral Workshop

24–26 November

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Osteopathic care in pregnancy & optimal fetal positioning (weekend course)

25–26 November

Lecturer Averille Morgan. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net

Every Drop Knows the Tide

2–3 December

Speaker Dr Micheal Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1. Contact: tel: 07000 785778, email: info@cranio.co.uk (website: www.cranio.co.uk)

Concepts of Hip Surgery

7 December

Speaker Nadim Adlam. Organised by Osteopaths @Worcester. Contact: Sue Brazier email: info@suebrazier.com (website: susanbrazier-osteopath.co.uk)

2007

Paediatric Clinical Screening

20–21 January

Course Director Susan Turner. Organised by The Sutherland Cranial College. To be held at the Columbia Hotel, London. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

"What Is The Patient Really Telling Me?"

Deepening our understanding of the osteopath-patient relationship.

14, 28 January; 11 February; & 11 March

Course Directors: Mannie Sher, Principal Consultant, The Tavistock Institute; Fellow, British Association of Psychotherapists. Danny Sher, Osteopath, Professional Associate, The Tavistock Institute. Contact: tel: 020 8349 9399, Email: m.sher@tavinstitute.org To be held in Finchley N3, London.

A course of 5 seminars under the auspices of the Tavistock Institute. Maximum of 8 applicants to attend all 5 seminars.

The art of being a practitioner

3–4 February

Speaker Melanie Langer. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Foundation Course in Prescription Orthoses for Osteopaths

4 February

Lecturers Edward Buckwald and Chris Eke. Organised by Pegasus Orthoses. To be held at the Stanborough Centre, Watford. Contact: tel: 01923 260 452 email: info@pegasusorthoses.co.uk

Paediatric Osteopathy

16–18 February

Course Director Susan Turner. Organised by The Sutherland Cranial College. To be held at Hawkwood College, Stroud. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

What is the patient really telling me? (Deeping our understanding of the osteopath-patient relationship)

25 February

Course Directors Mannie Sher and Danny Sher. Contact: tel: 020 8349 9399, email: m.sher@tavinstitute.org

The Dynamic Basicranium

2–4 March

Course Director Liz Hayden. Organised by the Sutherland Cranial College. To be held Hawkwood College, Stroud. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

The speech of the Embryo

2–4 March

Speaker Prof. Jaap van der Wal. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 - 92 Pentonville Road, London, N1. Contact: tel: 07000 785778, email: info@cranio.co.uk (website: www.cranio.co.uk)

Osteopathy in the Cranial Field

31 March –4 April

Course Director Tim Marris. Organised by the Sutherland Cranial College. To be held at Devonshire Hall, Leeds. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

Dentistry and Cranial Work

14–15 April

Speaker Wojciech Tarnowski and Chris Castledine. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Paediatric Osteopathy

27–29 April

Course Director Susan Turner. Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

WG Sutherland's Osteopathic Approach to the body as a whole

16–20 May

Course Director Susan Turner. Organised by the Sutherland Cranial College. To be at Hawkwood College, Stoud. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

Emotion, Meditation and the 7 Transverse Diaphragms

26–27 May

Speaker Andrew Stones. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Classifieds

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ASSISTANT OSTEOPATH REQUIRED to join complimentary centre in south east London. Cranial and Structural preferable. Please contact Cathy Phelps (Practice Manager) on: 0208-301 2222

LANGLEY, BERKSHIRE. An osteopath required to join multi-disciplined practice. For further details please contact Dr Dharwar on: 07946 646399 or email rsdharwar@hotmail.com

ASSOCIATE OSTEOPATH - Salisbury area. Wednesday, Thursday, Saturday am. Working from 3 practices - one is a GP's surgery. Good diagnostic and structural skills essential. Cranial, dry needling and interest in paediatrics beneficial. Would suit dynamic, good humoured osteopath. Tel 01747 820021

BUSY CLINIC within a GP's surgery in Buckinghamshire is looking for an enthusiastic assistant for long-term commitment, with both structural and cranial skills. The osteopathic practice has an excellent reputation and receives regular referrals from GP's, midwives and health-visitors, and other practitioners. The assistant ideally will be able to treat babies, children as well as adults. Phone 0845 838 5517.

BUCKS. ASSOCIATE REQUIRED - caring and motivated with good all round skills (including cranial). Please phone: 01494 864 700 or email: prestwoodosteo@homecall.co.uk

EASTBOURNE - ASSOCIATE OSTEOPATH required for busy practice in Eastbourne. Applicants should be competent in all treatment modalities but with experience in the osteopathic care of children. Telephone: 01823 430444.

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