

# the osteopath

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General  
Osteopathic  
Council

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BRITISH COLLEGE OF OSTEOPATHIC MEDICINE

DAYTTO ZINKEVICH / SHUTTERSTOCK

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**Chair of Council:** Alison White  
**Chief Executive and Registrar:**  
Tim Walker



Last year, more than 800 of you took part in interviews and an online survey to help a team of independent researchers investigate how osteopathy can best be regulated. The result was a 180-page report, published in February, whose findings and recommendations will feed into the GOSC's work in the coming months and years. To find out what osteopaths think about the regulation of the profession, and how the researchers think it might be developed, see our summary of key points from the report overleaf.

We were pleased to see that the report's recommendations included support for peer review as part of the proposed new CPD scheme. Our consultation on the scheme is drawing to a close, so please remember to take part by **31 May**. As well as seeking your views on the main features of the scheme, we also want feedback on how it will operate; you can read more about this on page 6, and on page 7 you'll find answers to some of the questions we've been asked so far about the proposals.

Investigating complaints about osteopaths is a necessary and important part of our work, and recently we've worked with osteopaths, patients and others to clarify what sort of complaints come under the GOSC's jurisdiction. The resulting 'threshold criteria' are described on page 9, while pages 10-11 contain information about the complaints we have investigated over the past year.

In the near future, hundreds of osteopathy students will be graduating and joining the Register. On pages 12-13 we describe new guidance to help them through the transition into practice, and reveal what last year's graduates thought of the registration process. If you're a final-year student, good luck – and turn to page 15 to read our FAQs for first-time registrants.

We hope you enjoy reading this edition.

**Jeremy Pinel**

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

**Online tax guidance for health professionals from HMRC – see page 16**



## the osteopath

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# Making regulation more effective

An innovative programme of research involving hundreds of osteopaths has provided new insights into regulation and how best to support osteopaths to practise in accordance with the *Osteopathic Practice Standards*



Professor Gerry McGivern

**H**ow do osteopaths understand the *Osteopathic Practice Standards* and judge whether their practice complies with those standards? Which standards are more or less easy to comply with? And which regulatory activities most support or hinder better osteopathic practice, quality and patient safety?

Those were some of the questions posed last year by an independent team of academic researchers, led by Professor Gerry McGivern at Warwick Business School, in a major research project commissioned by the GOsC to identify

the regulatory activities that best support patient safety and quality of care.

Over the course of 2014, the researchers carried out an online survey of the profession, in which 809 osteopaths (17 per cent of registrants) took part, and interviewed 37 osteopaths and 18 other interested parties (including patients, insurers, journalists, politicians, and representatives of other healthcare regulators).

In February this year, their detailed findings were published by the GOsC in a report, *Exploring and Explaining the Dynamics of Osteopathic Regulation, Professionalism and Compliance with Standards of Practice*.

## Findings

The research team noted that the complexity of osteopathic practice and the limited evidence base make it harder to regulate the profession against standards. Most of the osteopaths interviewed believed that osteopathy improves patients' health in a distinctive way, so should have its own regulatory body.

The *Osteopathic Practice Standards* were considered a useful benchmark for good practice by many of the interviewed osteopaths. But others thought them too open to interpretation or too rigid, particularly those standards relating to:

- communicating risks and gaining consent – because of concerns about alarming patients and undermining their confidence in osteopathy
- keeping patient notes – because of uncertainty about what constitutes adequate note-keeping and why notes are necessary

- patient dignity and modesty – because these standards are perceived as being overly prescriptive.

Some osteopaths said they always thought about the standards, and others that they thought about them unconsciously; the researchers noted that “osteopaths often judge compliance with standards using a ‘sense’ rather than ‘evidence’”.

In the survey, almost a quarter (22 per cent) of osteopaths said they had worried about their practice not complying with the standards. Reflection, communication, sharing, learning and discussion with osteopathic colleagues were suggested as the most effective ways of addressing malpractice and maintaining high-quality practice, but many felt they lacked opportunities for these activities.

The survey also revealed relatively poor understanding of, and confidence in, fitness to practise hearings; additionally, two interviewees who had gone through those hearings said they took too long and left them doubting the validity of osteopathic regulation rather than reflecting on their own practice.

Processes such as peer review were identified as methods of preventing potential malpractice, complaints, and fitness to practise hearings. More than half (52 per cent) of the osteopaths surveyed agreed that informal peer review would have a positive effect and more than two-thirds (69 per cent) agreed they “would be able to bring up problems and tough issues” during a peer review.

Interviewees told the researchers that the GOsC had improved significantly in recent years, “largely because it had

made efforts to reach out and personally engage with osteopaths". Engagement by the GOsC had improved osteopaths' understanding of and belief in the *Osteopathic Practice Standards*, although some were suspicious of the GOsC and questioned the standards' legitimacy.

## Recommendations

The report recommends that the GOsC should:

- encourage the development of more evidence about the benefits and risks of osteopathy, to strengthen the basis for some of the *Osteopathic Practice Standards*
- provide more communication and training about the standards, particularly those relating to communicating risk and gaining consent, keeping patient notes, and patient dignity and modesty
- continue to reach out to and engage with the profession, in order to stay in touch with osteopathic practice and the issues that osteopaths face
- aim to minimise the number of complaints taken to formal disciplinary investigations and fitness to practise hearings
- identify a mechanism to distinguish between serious and less serious concerns, which could then be addressed in different ways
- support and encourage more reflective discussions of practice, learning and sharing between osteopaths – this is particularly important as many osteopaths practise in isolation and have few such opportunities
- adopt our proposed new approach to continuing professional development (CPD) and peer discussion review. Reviews should take place annually and be confidential (unless serious problems are raised), osteopaths should be allowed to choose their own reviewer (so they feel able to openly discuss their practice), and training for reviewers should be supported.

## Building on the research

GOsC Chief Executive Tim Walker greeted the publication of the research report enthusiastically, saying that it provides "valuable insight and evidence on which to build effective osteopathic regulation and identify where improvements are needed".

The research supports our extensive programme of engagement with registrants, as well as patients, the public,

osteopathic organisations and other health professionals, to communicate the rationale for the *Osteopathic Practice Standards*. It has given us very useful feedback about the need for better communication on some aspects of the standards.

It also provides evidence in favour for the proposed new CPD scheme for osteopaths, in particular the value of the peer discussion review as a means of

creating a safe space for practitioners to discuss practice and thus promote patient safety and quality of care.

We will consider all of the report's recommendations and implications, and will publish a report later this year exploring the options for next steps.

**i** You can read the research report on our website at: <http://bit.ly/gosc-mcgivern-report>



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## Mentoring pilot

The Osteopathic Development Group (ODG) is planning to pilot a mentoring scheme which will provide support for osteopaths in the early stages of their careers. It is also considering how this programme might benefit those osteopaths providing the mentoring.

If you are interested in taking part in the pilot as a mentor, or if you are a new graduate who would like the opportunity to access a professional mentor, please email ODG Programme Manager Matthew Rogers ([matthew@osteopathy.org](mailto:matthew@osteopathy.org)) to find out more.

**i** For information about the ODG and its mentoring project, see the Institute of Osteopathy website at: <http://www.osteopathy.org/for-osteopaths/development-of-the-profession/>

# CPD consultation needs your views

Our consultation on the proposed new CPD scheme for osteopaths closes at the end of May, and we hope you've been reading about the proposals and discussing them with colleagues. There's still time to have your say and shape the scheme, from the tone of the *CPD Guidelines* to the detail of how the scheme will operate

## Online support

We want the new CPD scheme to include a high level of online support, which could include:

- the facility for osteopaths to record CPD activities and upload/retain evidence electronically
- automated feedback to tell individual osteopaths what they need to do in order to move into the next CPD cycle, and compare their progress with others' on meeting the scheme's requirements.

Currently around 85 per cent of osteopaths complete their CPD submissions online. We want to know whether you think online submission should be a *requirement* under the new CPD scheme, subject to this facility being made available on a wide range of devices including tablets and smartphones.

## Audit

As at present, we will need to carry out a qualitative audit of a sample of CPD folders and Peer Discussion Review forms under the new CPD scheme.

The proposals allow for Peer Discussion Reviews to be conducted by individual osteopaths, or under the auspices of organisations such as regional osteopathic groups and educational institutions. We hope that reviews carried out by those organisations will be demonstrably independent and quality assured; additionally, their reviewers will have a wider immediate community to turn to if they need advice on conducting a review.

The GOsC is therefore proposing to put more emphasis on auditing Peer

Discussion Reviews that are undertaken by individual osteopaths. This should mitigate any risk of collusion between the participants in a review, as well as helping us to give feedback and support to those conducting reviews. Please let us know whether you agree.

We will also seek to provide assurance of the quality and consistency of discussions and decisions between osteopaths and their reviewers. As well as providing feedback through the audit process, we intend to produce online training videos, guidance about how CPD criteria will or may be met, and (in time) completed examples of CPD folders. We may also provide 'train the trainer' courses to organisations that will conduct Peer Discussion Reviews, so they can support their own reviewers.

We'd like to know whether you think these mechanisms will be sufficient to assure external observers of the CPD scheme's quality.

## Charging

We have explored the option of allowing reviewers to charge for their role in the Peer Discussion Review. Any fees paid would have to be declared on the Peer Discussion Review form.

Some organisations have told us that charging a fee will enable them to train reviewers, provide quality assurance and



perhaps support a local complaints mechanism. Others think that charging would 'deprofessionalise' the review process and raise expectations of a positive review.

Any osteopath should be able to choose from a number of reviewers – some who may charge and some who may not – when organising their Peer Discussion Review, but we know this issue provokes strong opinions. Please tell us yours.

**i** To offer your feedback on these topics and any other aspect of the proposed new CPD scheme, please take part in the consultation. You'll find all the consultation questions at: <http://cpd.osteopathy.org.uk/documents/full-consultation>. You can submit your responses online (<https://www.survey.bris.ac.uk/osteopathy/fullconsultation/>) or by post.

## iO live webinar – 6 May

The Institute of Osteopathy is hosting a live webinar at 6.30pm on Wednesday 6 May, when osteopaths – whether iO members or not – will be able to discuss the proposals with the GOsC. Find out more on the **zone** at: <http://bit.ly/ozone-cpd-consultation>

# Your CPD questions answered

## Q Why change the CPD scheme?

**A** The current CPD scheme was introduced in 2005. Since then, we have monitored its application in practice, receiving feedback from osteopaths, osteopathic organisations and CPD providers, and in 2011-12 we conducted an extensive formal review.

We have also been part of wider government-led discussions, among health regulators and others, to address concerns that current CPD systems do not offer the public adequate assurance that health professionals are keeping all their essential skills up to date and are fit to practise.

Working closely with osteopaths and osteopathic organisations across the UK, and testing ideas with patients, we are looking to strengthen the osteopathic CPD system by building on what we know is already working well.

The proposed scheme has many familiar features, but suggests clearer requirements in areas where there is evidence that practice could be improved. Most importantly, it aims to address the risk of professional isolation by fostering a culture of peer support and creating collaborative learning environments.

## Q Why the focus on communication and consent?

**A** We know, from complaints that we deal with and from claims handled by insurers, that there is a prevalence of problems around communication and consent in osteopathic

practice. This is particularly significant because of the physical nature of osteopaths' interactions with patients.

The GOsC and others are looking at improvements in teaching and guidance to address the issue. To support this, the new CPD scheme proposes that osteopaths refresh their knowledge and skills in the area of consent at least every three years. This approach should also meet public expectations about incorporating areas of high risk into any scheme that provides assurance of continuing fitness to practise.

## Q I'm involved in postgraduate education and specialist areas of practice. Can my work to develop the profession and mentor others count as CPD?

**A** Potentially yes, under the proposed new scheme (but not under the current CPD arrangements). The draft *CPD Guidelines* advocate a broad approach to what constitutes 'acceptable' CPD and professional practice:

'Professional practice can include clinical work, education, research or management responsibilities. Over the course of a three-year CPD period, CPD should be appropriately balanced over the whole of an individual's practice. An osteopath who undertakes one day a week in education should undertake an appropriate proportion of their CPD in the area of education or teaching practice, in addition to their CPD in clinical practice. Over the course of a three-year period, osteopaths with management responsibilities should be able

to demonstrate balanced CPD in this area.'

Above all, the proposed new scheme encourages you to take a balanced approach that ensures your CPD reflects the full range of your osteopathic practice.

## Q Could the Peer Discussion Review be open to abuse?

**A** The Peer Discussion Review is not a pass/fail test; it is about continual learning and development, both personally and professionally. Cheating will mean the osteopath loses out on these benefits. The fundamental aim of the new CPD proposals is to offer all osteopaths a supportive environment in which they can explore any concerns they have about practice, and gather feedback from a professional colleague whose views and suggestions could add value to practice.

In common with any educational process, quality assurance is important; osteopaths and the public should have confidence in the process. The GOsC will apply an appropriate process for auditing Peer Discussion Reviews to minimise the risk of collusive activity (see page 6).

The proposed CPD scheme is not a 'soft' option. If an osteopath fails to engage in the CPD process, or does not undertake all the required activities, they will be removed from the Register and prevented from practising. Meeting the CPD standards is a statutory requirement for registration. If the Peer Discussion Review identifies the need for further development, the osteopath

will be expected to undertake this CPD.

We will monitor implementation of the proposed scheme to ensure that the Peer Discussion Reviews are working properly.

Visit <http://cpd.osteopathy.org.uk/questions-and-answers> for responses to more of your questions, including:

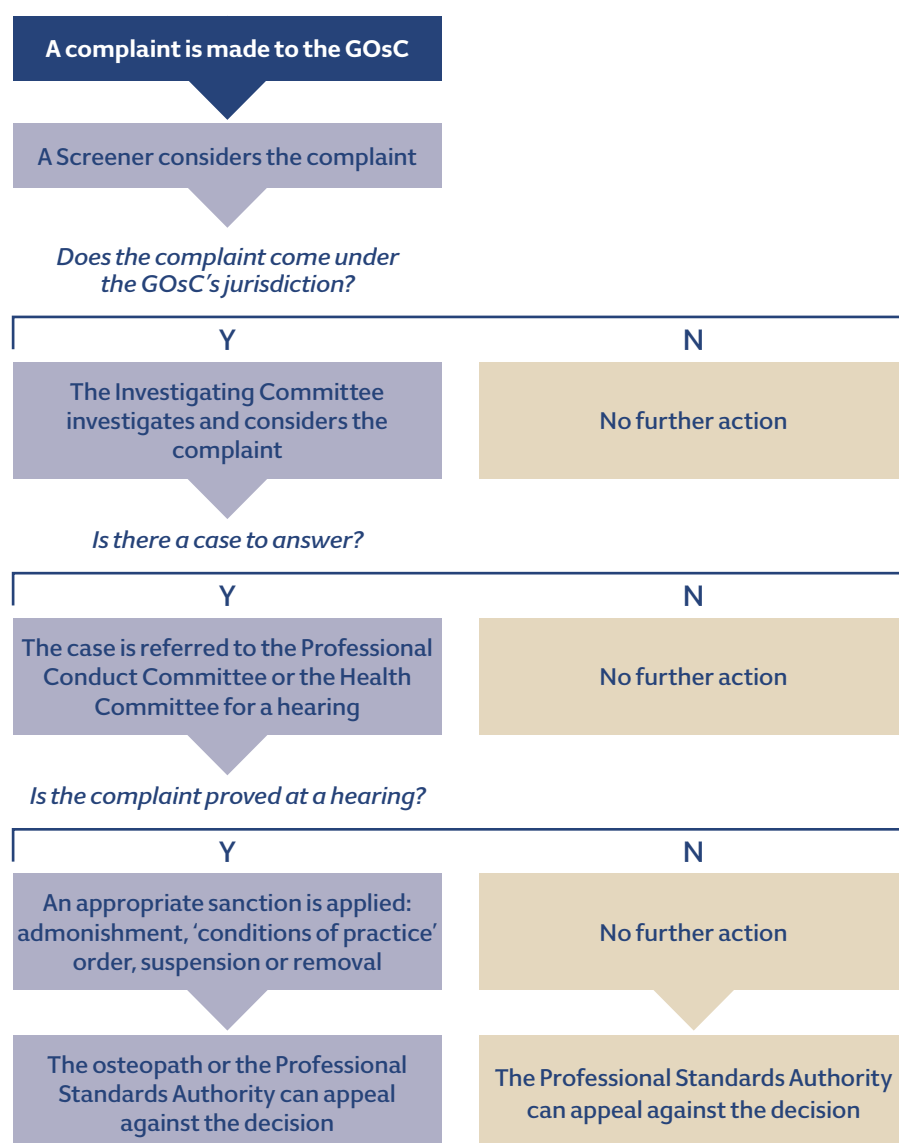
- Is this a consultation or preparation for implementation?
- Will I have to take an exam as part of the new scheme?
- I'm non-practising. How can I fulfil the 'objective activity' requirement?
- I agree with 90 hours' CPD over three years, but why the fixed requirement of 30 hours per year?
- I don't know how to do a clinic audit or collect patient feedback. Where can I find help?
- Why would I want to talk to another osteopath about my practice?
- Can two osteopaths review each other?
- Will you have to change your peer reviewer from cycle to cycle?
- By getting osteopaths to conduct peer reviews, isn't the profession doing the GOsC's job?
- If I sign off another osteopath's Peer Discussion Review, but a GOsC audit concludes they have not met the CPD Standards, will I be liable?

If you have any other questions about the proposals, email them to [cpdconsultation@osteopathy.org.uk](mailto:cpdconsultation@osteopathy.org.uk) and we will add them to the Q&As on the consultation website.



# Investigating complaints

Maintaining patient safety and public confidence in the osteopathic profession means that the GOsC must investigate and consider complaints about osteopaths appropriately. Here we outline the process followed when a complaint is received – including improvements that will come into effect later this year – and overleaf we look at the work of our fitness to practise committees over the past 12 months



**A**nyone with a concern about an osteopath's fitness to practise can bring this to the attention of the GOsC's Regulation Department.

We receive a wide range of complaints, on topics ranging from commercial disputes to serious sexual abuse and dishonesty. However, the only complaints that we can investigate are those relating to:

- unacceptable professional conduct
- professional incompetence
- convictions for relevant criminal offences
- health matters that may seriously impair the osteopath's ability to practise.

Every complaint we receive is considered by a 'Screener' – an osteopathic member of our Investigating Committee – who decides whether it falls into one or more of those categories.

From May this year, Screeners will be able to refer to new 'threshold criteria' to help them decide whether an activity complained about constitutes unacceptable professional conduct. These criteria (described on page 9) have been developed and refined with the input of osteopaths and patients, through activities last year including a public consultation and focus-group discussions.

Where the Screener considers that a complaint does fall under the GOsC's jurisdiction, it is referred to the Investigating Committee, which will carry out the initial investigation of the complaint and decide whether the osteopath being



complained about has a case to answer. (The committee will, from May, take the new threshold criteria into account when making its investigations.) If there is a case to answer, the Investigating Committee will refer the complaint to a hearing before the Professional Conduct Committee and/or the Health Committee.

In a case involving serious allegations, the Investigating Committee may immediately order the Registrar to suspend an osteopath's registration pending the hearing, if it thinks this necessary to protect the public. This '**interim suspension order**' is likely to remain in place for the duration of the investigation, unless there is a change in circumstances in the case (because, for example, the complainant has withdrawn the serious allegation).

## Hearings

The **Professional Conduct Committee** considers cases where there is an allegation against the osteopath's conduct or competence, or a conviction for a criminal offence. Its role is to decide whether the allegation is well-founded.

Hearings of the committee take place in public unless there is a good reason for the allegations to be heard in private. The

osteopath and the GOsC both attend the hearing and present their cases.

The **Health Committee** considers cases where an osteopath's physical or mental health may be seriously affecting their ability to practise. These hearings are held in private.

## Sanctions

If a hearing finds that a complaint against an osteopath is well-founded, the Professional Conduct Committee or the Health Committee can impose one of four sanctions on the osteopath:

- admonishment
- imposition of conditions on the osteopath's practice
- suspension from the Register
- removal from the Register.

Sanctions must be applied appropriately, consistently and in line with the law. When deciding what sanction to impose, the Professional Conduct Committee takes into account:

- the GOsC's *Indicative Sanctions Guidance* (available at: <http://bit.ly/gosc-sanctions-guidance>)
- any aggravating and mitigating features of the case

- the principle of proportionality
- the osteopath's previous character and fitness to practise history
- the osteopath's insight into the issues that have led to the finding
- testimonials produced by the osteopath.

It also considers the need to protect the public; to declare and uphold proper standards of professional conduct; and to maintain public confidence in the regulation of osteopathy.

If either committee imposes a 'conditions of practice' order or a suspension order, it can review the case before the order expires. A **review hearing** allows the committee to monitor the osteopath's compliance with the order and to decide whether it should be revoked, allowed to expire, extended or varied.

## Appeals

An osteopath may appeal against a decision made against them by the Professional Conduct Committee or the Health Committee. Additionally, the Professional Standards Authority may appeal against a decision if it considers that the decision was incorrect or that the sanction applied was inappropriate (too harsh or too lenient).

# What are the threshold criteria?

The new threshold criteria are designed to help Screeners and the Investigating Committee decide whether a complaint comes under the GOsC's jurisdiction.

They have been developed in the light of a legal ruling in 2012, which established that a complaint or allegation cannot amount to unacceptable professional conduct (UPC) unless it is 'worthy of the moral opprobrium and the publicity' associated with a finding of UPC.

The criteria, which are not intended to be exhaustive, specify a range of types of complaint that do not normally amount to UPC and therefore should not generally be referred to the Professional Conduct Committee. These include:

- complaints about note-taking and record-keeping alone, in the absence of:
  - (i) incompetence or negligence of a high degree, or
  - (ii) evidence of a failure to comply with relevant information governance legislation
- vexatious complaints, including where the complainant:
  - (i) repeatedly fails to identify the precise issues that he or she wishes to complain about,
  - (ii) frequently changes the substance of the complaint or seeks to raise new issues, or
  - (iii) appears to have brought the complaint solely for the purpose of causing the registrant annoyance or disruption

- complaints that have been made anonymously and that cannot be otherwise verified
- complaints that amount to a difference of professional opinion, provided that:
  - (i) the opinion is accepted as proper and responsible by a responsible body of osteopaths who are skilled in that particular area of practice and who are acting responsibly, and
  - (ii) the opinion is reasonably held, and is capable of withstanding logical analysis
- complaints which have no public protection implications but which are made simply on the basis that the complainant is aware that the other party to a dispute is a registrant (e.g. boundary disputes between neighbours).

The other threshold criteria cover subjects including employment disputes, contractual disputes, business disputes, and disputes between registrants and patients about fees.

You can read the criteria in full at: <http://bit.ly/gosc-threshold-criteria>

The threshold criteria have been kept as simple as possible, but they will be reviewed after their first year of operation to see whether additions suggested during the consultation should be incorporated into them.

# Investigations and hearings 2014-15

**D**uring the 12 months from 1 April 2014 to 31 March 2015, the GOsC's Investigating Committee met nine times and considered 43 cases. It concluded that 22 of those cases should be heard by the Professional Conduct Committee or the Health Committee:

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	15	21
Unacceptable professional conduct and/or professional incompetence*	1	0
Conviction	3	0
Health	2	0
Unacceptable professional conduct and health*	1	0
<b>Total cases considered</b>	<b>22</b>	<b>21</b>

\* It is not uncommon for more than one allegation to feature in a case.

In two cases, the complaints were sufficiently serious for the Investigating Committee to impose interim suspension orders pending hearings.

## Health Committee

Over the same period, the Health Committee heard four cases, imposing conditions of practice on three osteopaths.

## Professional Conduct Committee

From April 2014 to March 2015, the Professional Conduct Committee heard

20 new cases relating to unacceptable professional conduct, and reached the following decisions:

Decision	Number of cases
Not proved	8
Admonished	5
Conditions of practice	2
Suspended	2
Removed	3
<b>Total</b>	<b>20</b>

Below we look at the circumstances that led the committee to impose specific sanctions in some cases this year.

## Removals

Removal from the Register is a sanction imposed only in the most serious of cases. The Professional Conduct Committee removed one osteopath from the Register for serious, deliberate and persistent dishonesty over three-and-a-half years. This included completing patient reports in the names of other healthcare practitioners; treating patients himself, even though they had been referred specifically for physiotherapy; and falsely representing to insurance companies that a qualified physiotherapist had treated those patients, in order to receive payments to which he was not entitled.

The osteopath had also encouraged an associate in his practice to arrange treatments that were not clinically justified for patients, and had failed to pay money that he owed to other associates, even going so far as to stop the payment of cheques.

In imposing the sanction of removal, the committee noted that the osteopath had shown no remorse or insight into

the seriousness of his actions, and that his failures amounted to a fundamental disregard for the principles set out in the relevant codes of practice in force at the time. It concluded that his behaviour was fundamentally incompatible with his continued registration with the GOsC.

Another osteopath was removed from the Register because he had progressively and seriously transgressed sexual and professional boundaries with a patient over a period of time. He had encouraged informal exchanges and the patient's growing dependency upon him; had failed to use chaperones; and had failed to protect the patient's dignity and modesty during his consultations. His actions had eventually constituted assault.

The committee found that the osteopath's conduct and actions were sexually motivated, and his actions constituted both a serious abuse of his position of trust and a serious violation of the patient's rights. It concluded that "sexual misconduct is fundamentally incompatible with registration as an osteopath".

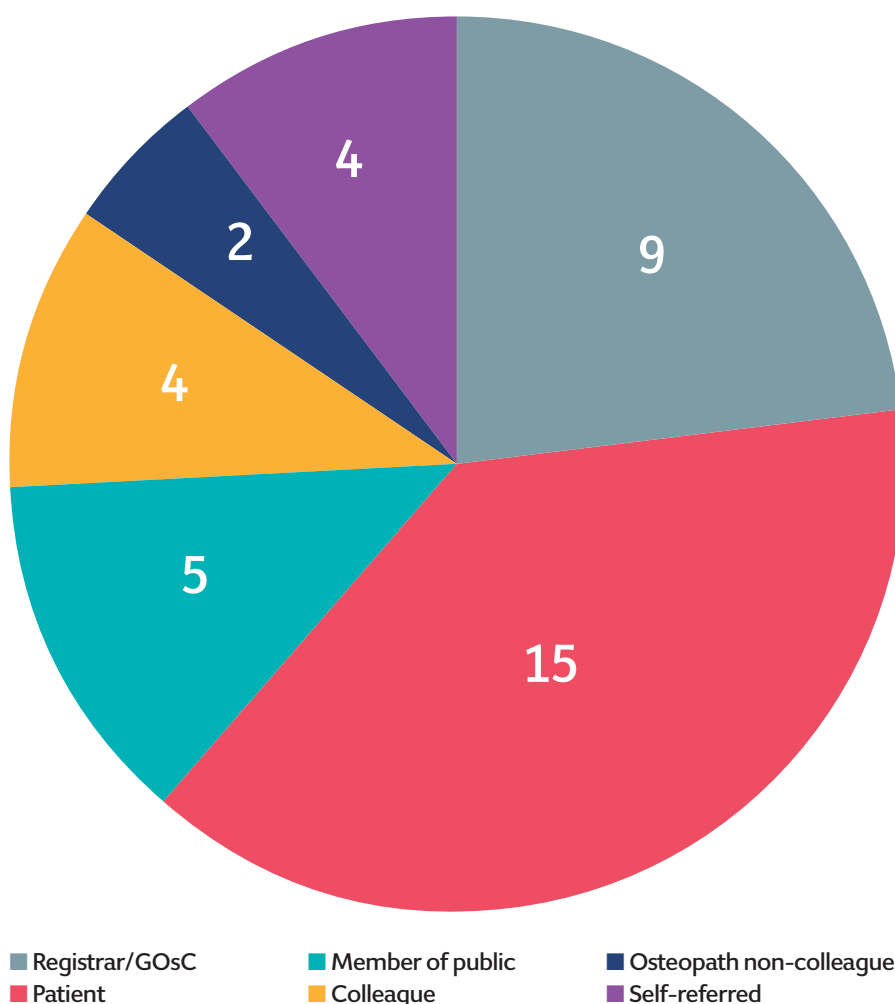
## Suspension

A nine-month period of suspension was imposed on a registrant who had pressurised his patient to receive treatments, including cervical high-velocity thrust techniques, at an open-air festival in circumstances that did not afford the appropriate degree of patient privacy and confidentiality. He had failed to:

- examine the patient adequately or obtain a full case history
- formulate a clinically reasoned differential diagnosis or patient treatment plan
- explain the risks of treatment to the patient (in order to obtain the patient's valid consent)
- maintain adequate treatment records.

## Who makes complaints?

Sources of formal complaints received 31 March 2014 – 1 April 2015



The Professional Conduct Committee emphasised that the *Osteopathic Practice Standards* must be applied by osteopaths at all times while practising, regardless of the clinical setting. It specifically rejected the contention that an osteopath's standard of practice could be lower in the setting of a festival.

## Conditions of practice

In two cases, the Professional Conduct Committee imposed 'conditions of practice' orders on registrants who had demonstrated a lax approach to patient modesty. They had failed to provide their patients with towels or gowns for use during treatment and, in one case, the patient had been required to remain undressed for longer than was clinically necessary during the treatment.

The committee also found that the registrants had failed to communicate effectively with the patients, by not explaining why they needed to place their hands on particular parts of the patients'

bodies, and had therefore failed to obtain the patients' valid consent.

## Admonishment

One osteopath was admonished for performing injection therapy on two patients when he was not yet fully qualified to perform the technique, and had therefore not received enough training or practical experience to carry it out safely and within the limits of his competence. He had also failed to ensure that he had adequate insurance in place. In mitigation, the Professional Conduct Committee

## 'A lax approach to patient modesty led to the imposition of conditions of practice orders on two osteopaths'

noted the osteopath's previous good character and genuine motivation to assist his patients, and the fact that he had subsequently completed the appropriate qualification in injection therapy.

The sanction of admonishment was also imposed on a registrant who had failed to communicate effectively with a patient over a number of consultations; he had used language that appeared dismissive of the patient's concerns (describing her reaction to cervical manipulation as a "huge over-reaction") and came across as sexist (telling the patient, "Relax, just relax, woman"). By remaining in the room while the patient undressed, he had also failed to preserve her dignity and modesty, and had failed to pick up on her verbal and non-verbal cues that she was embarrassed and uncomfortable at his presence.

A registrant's administrative inefficiencies and confusion, exacerbated by the breakdown of the patient-practitioner relationship, were considered to warrant admonishment when they resulted in a failure to provide a report and to refund the patient's overpayment of £50.

Another registrant was admonished for practising over a period without ensuring that he had appropriate professional indemnity insurance in place. In mitigation, the committee noted that he had put retrospective insurance cover in place, but it emphasised the absolute duty on all practising osteopaths to have in place professional indemnity arrangements as "a fundamental obligation of professional practice".

## How quickly do we process complaints?

Time taken for cases to be heard, 1 April 2014 – 31 March 2015

	Median time from receipt to decision
Investigating Committee	11 weeks* (target = 16 weeks)
Professional Conduct Committee	51 weeks* (target = 52 weeks)

\* Median figure across all cases considered by the respective committee this year.

# Preparing students for practice

Following a consultation last year, we're publishing landmark guidance to help ensure the high quality of education for osteopathy students – and to clarify how graduates can demonstrate that they follow the *Osteopathic Practice Standards*

**B**efore an osteopathy student in the UK can be awarded a 'Recognised Qualification', enabling them to register and practise as an osteopath, they must demonstrate that they practise in accordance with the *Osteopathic Practice Standards* (OPS).

Our new *Guidance for Osteopathic Pre-Registration Education* now links the OPS more directly to osteopathic education: for the first time, it lists the outcomes that we expect osteopathic educational institutions to deliver and graduates to demonstrate in order to show compliance with the standards.

To be published this spring, the guidance also describes the professional aspects of osteopathic pre-registration education, and contains information about the transition into practice.

It is designed to be read by osteopathy students, prospective students, osteopathic educational institutions and anyone involved in quality-assuring qualifications. It may also be of interest to other health professionals and patients seeking information about osteopathic education and training.

## Outcomes

Osteopathy students need to be equipped for the demands of independent practice – with scientific and clinical knowledge and skills, underpinned by a critical appreciation of osteopathic principles, but also effective communication, critical evaluation and marketing skills. Most importantly, the guidance says, 'independent practice also includes the personal and professional values needed to deliver high-quality healthcare, ensuring that the osteopath makes the care of the patient their first concern'.

To ensure that graduates are equipped

for practice, the guidance sets out required outcomes under the four themes of the *Osteopathic Practice Standards*: Communication and patient partnership; Knowledge, skills and performance; Safety and quality in practice; and Professionalism.

The outcomes focus on safe, effective and ethical clinical care, and the skills necessary to set up a business to deliver such care. Under 'Knowledge, skills and performance', for example, the 23 outcomes include the ability to:

- record patient history and findings succinctly and accurately, in accordance with GOsC guidance (recognising that a patient can request their own notes)
- critically evaluate information collected, from different investigations and sources, to formulate a differential diagnosis sufficient to identify any areas requiring referral for further treatment or investigation
- participate in the process of referral from primary to secondary and/or tertiary care, and vice versa, and demonstrate an ability to make referrals across boundaries and through different care pathways, as appropriate.

Institutions may, of course, require students to demonstrate additional outcomes as part of their courses.

## Transition

Part of the guidance is dedicated to graduates' transition into practice. It advises that newly registered osteopaths should 'take steps to integrate fully into the professional community and to build support networks while continuing to learn', and suggests some ways of doing so, including:

- introducing themselves to fellow osteopaths, GPs and other health

professionals in the locality in which they intend to practise

- joining their local regional group, special interest societies and professional associations
- keeping in touch with their fellow students and their osteopathic educational institution
- making use of journals and other relevant peer-reviewed resources and guidelines (including those available via the **o** zone at: <https://members.osteopathy.org.uk/news-and-resources/research/research-journals/>)
- seeking out mentors
- knowing where to access help if things go wrong.

## Developing the guidance

The guidance was developed by a working group comprising representatives from the GOsC, the Osteopathic Alliance, osteopathic educational institutions, students and the public. We consulted on a draft version between February and May last year, and the responses have informed the final version.

The guidance will be kept under review, particularly with regard to how the outcomes can be measured and whether further standards will be required on the delivery of education and assessment.

**'The outcomes focus on safe, effective and ethical clinical care, and the skills necessary to set up a business'**





# Registering approval

We want to make the transition from student to registrant as straightforward as possible. A survey of last year's new registrants has revealed that they value the support provided by the GOsC, and has shown where we can make improvements

**T**he registration process for UK graduates begins every year in January, when we send application packs to final-year students at osteopathic educational institutions. Our staff then visit each institution to deliver presentations to these students on the GOsC's work and the registration process. From February onwards, the students can send us their application forms, with other documentation to follow later.

Between November 2014 and January 2015, we carried out an online survey of those osteopaths who registered in 2014, receiving a good response rate of around 15 per cent (49 respondents).

## GOsC resources

The *Registering with the GOsC* information booklet, which is part of the application pack, was considered clear and useful by almost all respondents (95 per cent).

Eighty per cent of the new registrants had logged on to the ● zone after being emailed about it by the GOsC; only one had experienced a problem doing so, but reported that this had been resolved quickly. The ● zone's 'For students' section (<https://members.osteopathy.org.uk/for-students/>), including information on how to register, was found useful by about two-thirds of respondents who had visited it. Other sections of the website were less commonly visited by respondents, but also considered useful. In our future surveys of new registrants, we will ask more detailed questions to discover how we can enhance the ● zone content for students.

Forty of the new registrants said they had attended the GOsC student presentations, with 37 of them (93 per cent) finding the presentations useful. In light of their feedback, we have revised our presentations to this year's final-year

students to improve the flow of information and to stress the importance of starting the application process as soon as possible, so that any issues with the application form can be resolved early.

## Contacting us

Among the new registrants who said they'd had a query about their application, most (60 per cent) had resolved it by contacting the GOsC; others had found the answer in the information booklet, on the ● zone or by asking a question during a GOsC presentation.

Those who contacted the GOsC did so because they preferred to have a conversation with someone, and they found the information provided to be clear, accurate and quick to obtain.

Of the 38 registrants who contacted the GOsC during their registration process, 37 (97 per cent) were satisfied with the way their query was handled.

Nine respondents (18 per cent) reported that there had been a problem with their application for registration. Where specified, these mostly involved problems or delays in obtaining an enhanced check for regulated activity or a health reference; these matters tend to be outside our control, although our Registration Team had been able to advise the registrants on steps they could take to resolve the issues.

## Registration and beyond

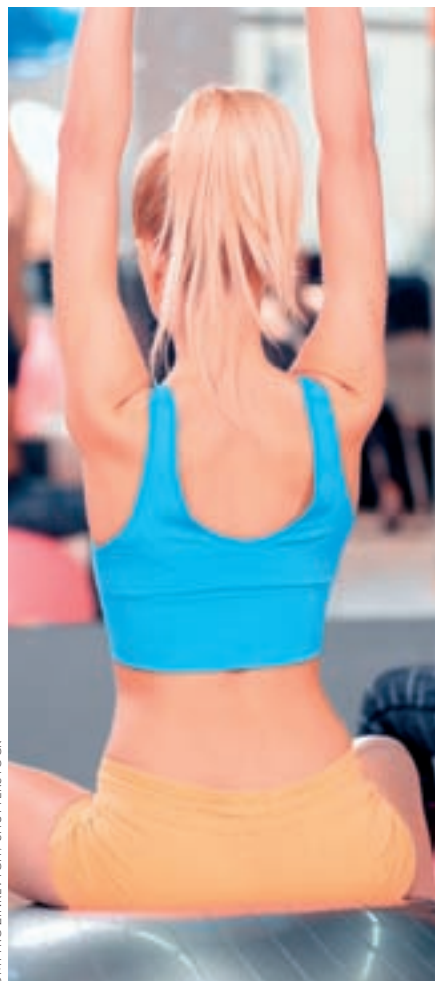
Almost all the respondents (96 per cent) thought the GOsC registration forms were easy to complete, but we have amended the forms to improve their layout in response to feedback.

Following registration, all new registrants are sent a GOsC registration pack. Respondents considered the contents of the pack to be useful.

Asked what further information or support students would find helpful as they make their transition into practice, a number of respondents requested business support of various kinds – including advice on finding work or working abroad, discounted insurance, help to set up a business, and information about tax procedures in the UK. Although this is not part of the GOsC's role, we are passing this feedback on to the osteopathic educational institutions and to the Institute of Osteopathy – and you can read about new e-learning on tax issues from Her Majesty's Revenue and Customs on page 16.

# CPD spotlight

## Pilates and yoga



**M**any osteopaths count activities based on pilates or yoga as part of their continuing professional development (CPD). But before you can record these activities on your CPD annual summary form, you need to distinguish whether the activities were undertaken for your own *personal* development or primarily for your *professional* development.

Personal development activities – such as personal fitness, exercise or meditation classes – are *not* considered acceptable for claiming as CPD.

However, many of you report drawing on pilates and yoga-based techniques in your practice as an osteopath – so activities where you studied these techniques *can* be included on your CPD form. These activities might include, for example:

- matwork qualifications
- pilates/yoga instructor training
- exercise prescription to your patients
- training in relaxation, breathing and alignment techniques.

You should ask yourself how strong the link is between the activity and your professional development, and the benefit to your practice and patients. Can you demonstrate

that you directly draw on pilates or yoga in your practice as an osteopath?

If you record an activity based on pilates or yoga on your CPD annual summary form, you must – as with all CPD activities – state the time spent on it, declaring how many hours were spent learning with others and how many by yourself. You must also explain what the activity was and your purpose in undertaking it: why did you choose that particular activity to enhance your professional skills and knowledge as an osteopath? The following good examples were provided by one osteopath on their annual summary form:

**“Greatly increased my knowledge and understanding of core stability exercise prescription.”**

**“Visual cue sessions greatly increased my confidence in communicating core exercise instructions to my patients.”**

Corresponding evidence to put in your CPD record folder might include copies of exercise prescription worksheets you have produced or records of relevant discussions.

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

## Quality assurer announced

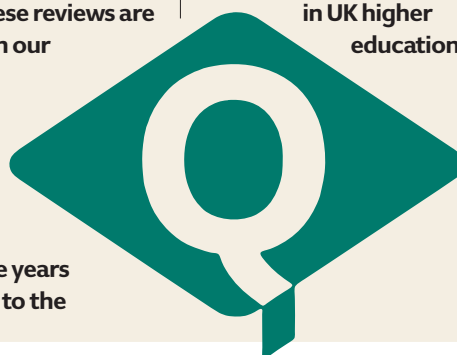
The Quality Assurance Agency for Higher Education (QAA) has been selected to continue working with the GOsC to assure the quality of osteopathic pre-registration education and training.

Courses that are assessed as meeting our requirements for standards and quality (as well as for

the course provider’s governance and management) are awarded ‘Recognised Qualification’ status; holders of those qualifications (which are listed at <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/training-courses/>) can register with us and practise osteopathy in the UK.

Courses and course providers are usually reviewed every three to five years, and these reviews are carried out on our behalf under contract. Following a tendering exercise, the contract for the next three years was awarded to the

QAA, an independent body entrusted with monitoring and advising on standards in UK higher education.



# Frequently asked questions

**Q** I've heard that the *Professional Indemnity Insurance Rules* are changing, and that the minimum level of cover is increasing to £5 million. As I practise overseas, do I need to increase my level of cover?

**A** You are right that the rules are changing: osteopaths who practise in the UK will need to ensure that their level of cover is at least

£5 million (increased from £2.5 million) the next time they take out or renew their professional indemnity insurance after 1 May 2015. The February/March issue of *the osteopath* (page 13) contains more information.

If you do not practise in the UK, you must continue to ensure that your insurance is sufficient and suitable for the country or countries where

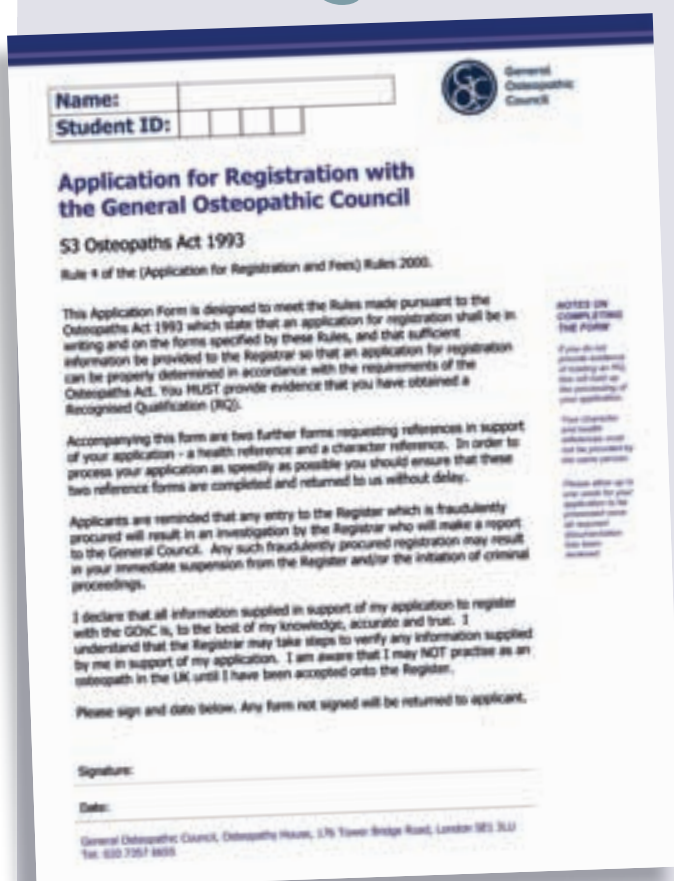
you practise. The [● zone \(http://bit.ly/ozone-pii\)](http://bit.ly/ozone-pii) lists a number of indemnity insurers, which may or may not cover osteopaths practising overseas – if you want one of them to insure you, you should contact them directly to confirm whether their cover will be appropriate for you.

The GOsC does not hold information about insurance companies outside the UK.

**Q** I'm a practising osteopath aged over 70. BUPA has told me that I must undertake an appraisal in order to maintain my status with them as a service provider. What should I do?

**A** We have raised this issue with BUPA, which has agreed that it will accept evidence of an osteopath's annual renewal of registration in place of an appraisal.

## New registrants' questions



The image shows a sample of the 'Application for Registration with the General Osteopathic Council' form. It includes fields for Name and Student ID, and text explaining the application process and rules. The form is titled 'Application for Registration with the General Osteopathic Council' and 'S3 Osteopaths Act 1993'. It also mentions 'Rule 4 of the (Application for Registration and Fees) Rules 2008'.

**Q** How soon in advance can I submit my registration application form (above)?

**A** As soon as you like. You can complete and return it to us now with your fee, and provide the other

required documents (such as your health reference and character reference) later. This will save time if you want to start work quickly after you have graduated.

Please ensure that you fill in all the boxes on the

registration form. Do not leave any sections blank.

**Q** Can I send my form to you electronically?

**A** No. We need to see the original form, which you should send us by post.

**Q** How will I know if there is a problem with my application?

**A** We will contact you if we have any questions about the information you have submitted.

**Q** What is an enhanced check for regulated activity, and how do I apply for one?

**A** This used to be known as a Criminal Records Bureau check. You must apply for it through an 'umbrella body'. The GOsC is not an umbrella body, but we can put you in touch with one – GBGroup plc – which processes these checks on our behalf.

We will not automatically put you in touch with GBGroup plc; you will need to give us written permission to share your contact details

with them. You can give us this permission in writing by emailing [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk)

**Q** How long does it take to be registered?

**A** When all of your completed paperwork has been received and any outstanding questions have been answered, it should take no longer than five working days (and normally less) for your name to be signed onto the Register.

The Registrar will confirm in writing that you are registered, but you will then need to contact your intended professional indemnity insurance provider and ensure that your policy has been activated. Until you have a live insurance policy, you cannot begin to practise.

When your insurance provider sends you a copy of your policy, please forward an electronic version of your schedule of cover to us; alternatively, you can ask your provider to send evidence of cover directly to us.



# In Council – February 2015 decisions

The 86th meeting of the General Osteopathic Council took place on Wednesday 4 February 2015. You can find the agenda and all the papers at: <http://tinyurl.com/gosc-meetings>

Here are some of the outcomes of the meeting.

## Appointment of legal assessors

Council agreed the appointment of 14 legal assessors to the GOsC from 1 April 2015 to 31 March 2019, and noted the high calibre of the assessors (who include

Queen's Counsels for the first time).

## Professional indemnity rules

Council made the new rules, which increase the minimum level of professional indemnity insurance cover from £2.5m to £5m, to take effect on 1 May 2015. The new rules were then sent to the Privy Council.

## Threshold criteria

Subject to minor amendments to the draft, Council approved the threshold criteria for unacceptable professional

conduct, which will help the Investigating Committee to decide which complaints come under the GOsC's jurisdiction and should proceed to hearings (see pages 8-9).

## Guidance on osteopathic pre-registration education

Council approved the new guidance for osteopathic educational institutions and students (see page 12).

## Other decisions

Council also approved the proposed business plan and

budget for 2015-16 and decided to make no changes to the GOsC's investment portfolio.

## Future Council meetings


Thursday 14 May 2015

Thursday 16 July 2015

Thursday 12 November 2015

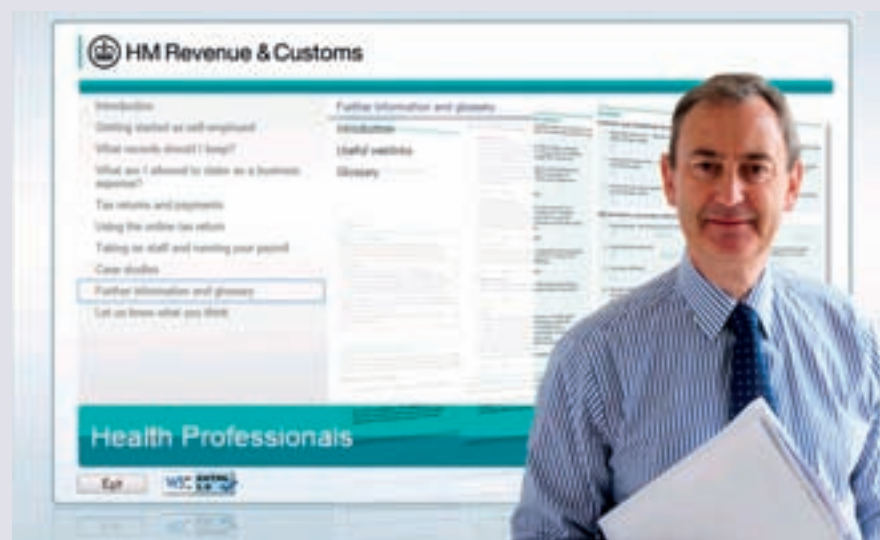
Meetings take place at 10am, at Osteopathy House.

Osteopaths are welcome to attend.

 For more information, call Marcia Scott on 020 7357 6655 x246 or email [mscott@osteopathy.org.uk](mailto:mscott@osteopathy.org.uk)

# Tax guidance online

New e-learning offers guidance on tax issues for self-employed health professionals



In 2013, Her Majesty's Revenue and Customs (HMRC) ran a tax avoidance campaign targeted at osteopaths and other health professionals. Now HMRC has produced an online guide that makes it easy for self-employed healthcare professionals to understand when and how to pay the right amount of tax.

Keeping on top of your tax affairs is an important part of professional practice (see section D17 of the

*Osteopathic Practice Standards*) so, if you find tax matters challenging, HMRC's new *Tax Guide for Health Professionals* may help you. It explains:

- when and how to tell HMRC that you have started self-employment
- which National Insurance contributions you may have to pay
- the type of business records that you may need to keep
- business expenses and tax allowances

- tax returns and payments
- how and when to pay your income tax and National Insurance to HMRC
- the self-assessment online tax return (a step-by-step guide)
- growing your business, including your VAT and PAYE obligations.

You'll find learning checks at the end of most of these sections, to help you confirm that you have understood what you've read. These are purely for your benefit – your answers are not recorded.

There are also a number of useful tips, as well as case studies featuring self-employed health professionals in different circumstances.

You should be able to work through the entire e-learning guide in about 90 minutes, but you can dip into any section at any time if you need to refresh your memory. Time spent on the e-learning can count towards your continuing professional development.

We have found the guide to be useful, user-friendly and easy to navigate. You can try it for yourself at: <http://www.hmrc.gov.uk/courses/syob2/hp/index.htm>



# Conference call

**Joanna Figg-Latham** graduated from the European School of Osteopathy (ESO) last year with a Master's degree in Osteopathy. Here she outlines the research that led her to address a prestigious international conference in Brazil

**I**n 2014, as part of my Master's degree, I carried out a qualitative study to explore the attitudes, beliefs and behaviours of osteopaths and osteopathic students in respect of evidence-based guidance for managing low back pain.

Participants in the study were third- and fourth-year students and qualified osteopaths who said they disagreed with evidence-based guidelines for acute low back-pain management. They considered their professional identity and role to be important, and believed that in their training they had developed distinct and superior characteristics that differentiated them from other healthcare professionals.

A questionnaire and semi-structured interviews revealed that the participants favoured expert opinion over research (which they considered irrelevant, biased and reductionist). This explained their rejection of clinical guidance, but the same practitioners generally followed this guidance when treating NHS patients – reflecting an expedient response to new opportunities to engage with the NHS following changes in healthcare commissioning.

I found it particularly interesting to interview osteopaths and students, and to explore their attitudes and beliefs – which I believe are developed in training – at a time when the profession is being asked for evidence to support clinical practice.

The ESO research department awarded me the Elsevier Research Prize for the most innovative and publishable research, and encouraged me to submit my major findings and conclusions to the International Conference on Advances in Osteopathic Research (ICAOR) organising committee.

**'I found it particularly interesting to explore osteopaths' attitudes and beliefs'**

The ICAOR committee then told me I'd been selected to present my research at the 10th conference, which took place last November in São Paulo, Brazil.

I immediately started to condense, rehearse and perfect my presentation, with the guidance and support of the ESO research team and students at the ESO – until, with trepidation, I delivered it on the final afternoon of the conference.

The audience's attention was captured by the subject of the research and by my qualitative approach (which was unusual in the work presented at the conference). I described the study participants' apparent belief that osteopathy is superior to the science on which research is based, and is distinct and separate from other manual therapies such as physiotherapy and chiropractic. This was particularly thought-provoking for educators from other osteopathic institutions, who recognised these attitudes and were keen to discuss the findings and its implications further. The ICAOR committee subsequently recognised

my work with a special commendation in the 'new researcher' category.

I was greatly impressed by the research that was presented at ICAOR. While I am not a professional researcher, I found the event informative, interesting and fun! Being part of an international gathering which included experienced clinicians, researchers, academics, educators and Brazilian osteopathic students was invaluable. It was notable that clinicians are striving to contribute to the evidence for osteopathy while meeting the demands of osteopathic practice.

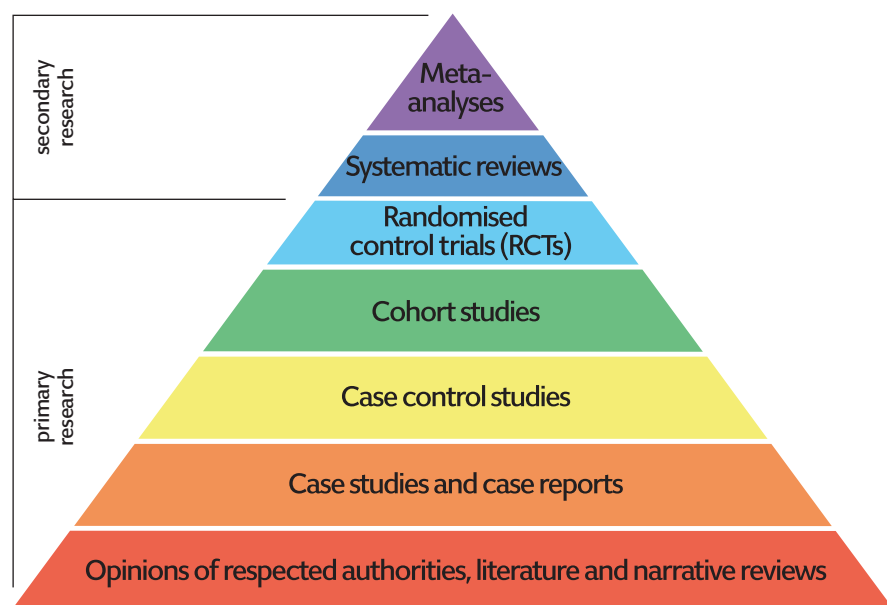
As a newcomer to research and to this profession, I'm grateful to ICAOR for enabling me to visit a beautiful city, encouraging me to network with colleagues, and contributing to my development as an evidence-informed osteopath.

■ **Joanna Figg-Latham practises in Battle, Kent. She has previously worked as a trainer and consultant in educational publishing.**



# Reviewing the situation

Since launching its campaign to fund a systematic review of manual therapeutic treatment of babies and children, the National Council for Osteopathic Research (NCOR) has been asked how osteopathy can be researched effectively. NCOR's **Austin Plunkett** explores some appropriate approaches to research



For information about all these types of research, see the NCOR guide to quantitative research methods at: <http://tinyurl.com/nekjnts>

**T**raditionally, different types of research are ranked in a hierarchy (shown above) according to how repeatable and predictable their outcomes are. The hierarchy makes the distinction between 'primary research', which involves the collection of data by the researcher, and 'secondary research' where the findings from multiple studies are collated and analysed.

For example, a case study is a form of primary research that sits near the bottom of the hierarchy, because it normally describes or discusses an individual case;

this may be interesting but cannot necessarily be generalised to other patients or situations.

## Randomised control trials

Further up this traditional hierarchy are more 'robust' forms of primary research, notably the randomised control trial (RCT).

To test the effects of a particular treatment, many research trials compare that treatment with another treatment, a placebo and/or no treatment at all. If anybody involved in the trial – the practitioners administering the treatments, the patients themselves or even those

assessing the outcomes – knows which patients are receiving which treatment, the results may be biased (because, for example, a patient may respond differently to their treatment if they know which of the treatments it is). In an RCT, patients are allocated to the different treatment groups at random, and details of the allocation are withheld from all participants; this is known as 'blinding' (but is only feasible if the treatments are indistinguishable from one another).

The potential outcomes of the treatments in an RCT are defined in advance, and analysis of the trial's results focuses on the size of the difference in these outcomes between the treatment groups.

Other types of study may identify an apparent link between a treatment and an outcome, but they cannot provide certainty that another factor was not involved. Through randomisation and blinding, an RCT removes systematic differences between the treatment groups which could affect outcomes; it is therefore the most rigorous way of determining whether there is a causal relationship between a treatment and an outcome.

However, RCTs have a number of limitations. In particular, they generally measure the benefit of a treatment under ideal conditions (and with the treatment administered uniformly), but these conditions are unlikely to represent normal clinical practice. And there may be practical difficulties in carrying out an RCT: for example, in some situations practitioners may be reluctant to allow their patients to

be allocated different treatments at random, on the grounds that treatment should always be tailored to the individual patient.

Additionally, in trials of non-drug treatments such as manual therapy, it may be impossible to make the different treatments indistinguishable from the patient's perspective, and the practitioner will inevitably know which treatment they are giving to the patient. This means that the trial cannot be blinded, so it will be less robust.

### Alternative research methods

A number of other methodologies may be more appropriate than RCTs for research into osteopathy.

For example, **pragmatic trials** are concerned with 'effectiveness': the benefits that a treatment delivers under real-life conditions, rather than the ideal conditions in which an RCT may be carried out. The design of a pragmatic trial mimics routine clinical practice as closely as possible, allowing osteopaths to provide the treatment of their choice (provided that it is carefully described in the trial) or to choose how to apply a randomly assigned treatment.

Aiming to inform choices between treatments, a pragmatic trial explains only *whether* a treatment works, not *how* it works. However, it does produce results that can be applied in routine clinical practice.

A **prospective cohort study** follows a group of similar individuals – a cohort –

## 'A pragmatic trial's design mimics routine clinical practice as closely as possible'

over a long period to see how certain factors affect their health and, to identify the risk of developing a particular condition (which is decided in advance). A typical example is whether smoking increases the incidence of lung cancer.

All of the research methods listed in the hierarchy of evidence are 'quantitative', focusing on the collection and evaluation of numerical data. Complementing these, **qualitative research** can provide understanding of complex, real-world situations by gathering large amounts of data from a small number of people.

There is a wide variety of qualitative research methods, which can be used to answer questions such as "why do patients seek osteopathic treatment?"

### Systematic reviews

A systematic review is a type of secondary research which combines and analyses the results from multiple studies (not limited to randomised controlled trials). Results from these studies can be combined using various analytical techniques and methodologies. All evidence is appraised

for quality, and collated to produce an overall picture.

Guidelines on systematic reviews, such as the prestigious Cochrane Reviews (see <http://community.cochrane.org/cochrane-reviews>), recommend that they include unpublished 'grey' literature – such as student theses – as well as published research.

Well-conducted systematic reviews are considered highly robust. They examine all the evidence that the researchers can find, and can detect 'publication bias' (where trial results that fail to support a hypothesis appear not to have been published). As a result, they sit near the top of the hierarchy of evidence.

NCOR's systematic review of manual therapeutic treatments of children will potentially include research conducted using all the different methodologies referred to in this article. By generating robust evidence for osteopathic practice, it will provide benefits for osteopaths, patients and their carers, and other healthcare professionals.

**The NCOR campaign to fund a systematic review ends on 30 April. Many more contributions are needed if it is to meet its target. If you haven't done so already, you can make a donation at: <http://www.ncor.org.uk/donate>**

# Collecting practice-based data



**Do you have patients with chronic low back pain who would be willing to provide information about their symptoms to the National Council for Osteopathic Research (NCOR)?**

The team behind the PROMs app – which captures information on patients' outcomes from osteopathic care – is looking to collect more data, at the moment specifically about patients who present with back

pain lasting 13 weeks or more. The patients will provide the data directly using the PROMs app or the PROMs website.

Once your patients have agreed to participate, you don't need to do anything else. Please help NCOR to build the osteopathic evidence base.

If you think you can assist, or if you would like more information, call Carol Fawkes at NCOR on 07732 178308 or email [c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk)



# Bookshelf

Reviews of reference books for osteopaths

## **Biotensegrity: The Structural Basis of Life**

Graham Scarr

Handspring Publishing

ISBN: 978-1-909141-21-6

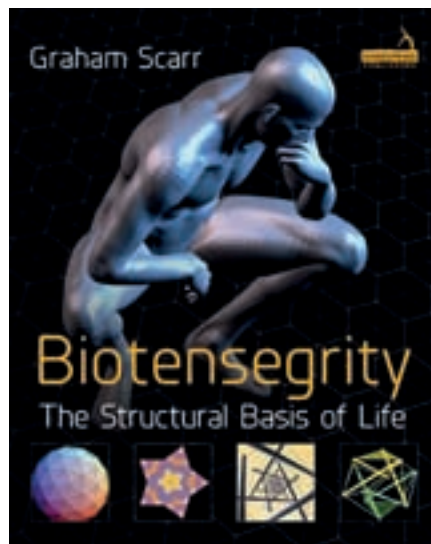
**Reviewed by Robbie Smith BSc (Hons) Ost Med**

This is a textbook more for bio-mathematicians or theorists than the practitioner – it took until page 99 to move from the mathematics and biology classroom to where I could imagine these principles in the therapy room. However, if you persevere, it eventually leads to where I hoped it would go sooner.

Scarr says the tensegrity model does not change a particular approach to treatment, but offers 'new understandings about functional anatomy'. I disagree: a differing understanding will inevitably change an approach to treatment. Or perhaps some of us, as osteopaths, have always been treating according to a tensegrity model – it's just that, until now, there has not been the correct science to explain it.

I can image this as part one of two, with the second part explaining the effects of some treatment modalities according to the biotensegrity concept.

Biotensegrity is not easy to grasp, and apparently this is the first book on the subject. It builds on the foundation of tensegrity in geometry, through architecture and into biology. It argues against the traditional theories of



biomechanics and puts forward a compelling argument, which undoubtedly will evolve rapidly to be the new norm.

I encourage anyone working in the field of manual therapy to get to grips with biotensegrity, but I advise anyone new to the subject to buy a simple tensegrity model before beginning this book.

## **Healing through Trigger Point Therapy: A Guide to Fibromyalgia, Myofascial Pain and Dysfunction**

Devin J Starlanyl and John Sharkey

Lotus Publishing

ISBN 978-1-905367-39-9

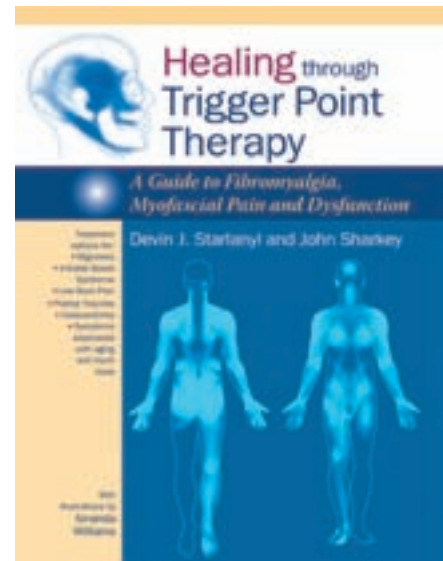
**Reviewed by Luc Woods BSc (Hons) Ost**

This book is written primarily for patients with chronic pain and other symptoms associated with fibromyalgia (FM), trigger points and chronic myofascial pain, and for their care providers.

The first of its three sections presents information about myofascia, how trigger points form, the connection between trigger points and FM, and what happens when trigger points become chronic. There is an interesting chapter about kinetic chains and another listing the symptoms of trigger points. The premise is that central pain in FM results from peripheral stimuli, so you must gain control of those stimuli to control the central pain. The key to controlling trigger points is identifying and controlling perpetuating factors.

The book is particularly good in its second and longest section. Organising the body into regions, this describes the function of individual muscles with colour diagrams, maps of referral patterns, and comments about kinetics, trigger points, perpetuating factors and self-treatment protocols. Notably, trigger points are not marked with an 'x' as in other texts, as the authors point out that a trigger point may occur anywhere in a muscle or its tendon.

The third section offers practical tips for patients and practitioners on history-taking, examination and treatment. Some of this information differs from that in conventional medical and osteopathic textbooks. There is also a short discussion of current and future management of trigger points and FM.



The book combines science-informed content with the authors' clinical experience and opinions. The language falls somewhere between the health-professional and lay level of complexity. I didn't like the style, which reminded me of an online advice blog (for example, 'we are FMily'). However, there is no doubting the authors' sincerity to increase understanding of these conditions, and the book has an evangelical tone at times.

## **Fascia: The Tensional Network of the Human Body**

Edited by Robert Schleip, Thomas W Findley, Leon Chaitow and Peter A Huijing

Churchill Livingstone Elsevier (2012)

ISBN 978-0-7020-3425-1

**Reviewed by David Probert BSc (Hons) Ost FHEA FRSH**

At a time when the teaching of cadaveric dissection at undergraduate level is (quantitatively, not qualitatively) in decline in the UK, it is encouraging to see books like this.

Those of us who experienced dissection first-hand may recall how fascia was the stuff that we were instructed to push aside in order to glimpse the 'real' anatomy of muscles, nerves, blood vessels and the like. Fascia is an oft-neglected aspect of anatomical education, and a work that brings the biomechanical, biochemical and biopsychosocial dimensions of connective



tissue together – as well as illustrating its inherent structure-function relationships – is welcome.

This substantial textbook's contributors include academic and clinically practising physiotherapists, MDs, osteopaths, pain specialists, bodyworkers, chiropractors, physiologists, engineers and exercise specialists. Each has their own views on the fascial living matrix, with its connectivity and continuity as a kinetic chain, so the reader is continually challenged and stimulated.

Diagrams, photos, micrographs and scans serve the text well. Each of the approximately 80 chapters is thoroughly referenced, there is a useful glossary, and the index is extensive and accurate.

Four of the book's eight sections are concerned with scientific foundations: 'Anatomy of the fascial body', 'Fascia as an organ of communication', 'Fascial force transmission' and 'Physiology of fascial tissues'. Three sections elaborate on clinical applications: 'Fascia-related disorders', 'Diagnostic procedures for fascial elasticity' and 'Fascia-orientated therapies'. The last section focuses on challenges and new directions in fascial research – especially relevant given the growth in peer-reviewed scientific papers on fascia since the 1970s. It is worth noting that much of the material here is derived from two International Fascia Research Congresses in 2007 and 2009.

The book has some minor annoyances, including an apparent lack of consideration of treatment alternatives to physiotherapy and manipulation under anaesthesia for patients with frozen shoulder. However, in its stated aim to be a trigger for clinicians and academics to explore the realms of the fascial body, it is wonderfully successful.



# Backchat

## Safeguarding children

I read with interest the article about recognising children potentially at risk of abuse, on pages 18-19 of the December 2014/January 2015 issue of *the osteopath*.

Before qualifying as an osteopath last year, I worked for two years as a conference clerk for my local safeguarding unit (in England). Based on this experience, I'd like to add a couple of examples of potential abuse scenarios to those highlighted in the article.

There were several incidences of 'fabricated or induced illness' (FII), formerly known as Munchausen's syndrome by proxy. In terms of the osteopathic profession, a child could be brought to an osteopathic practice with only the parent or guardian there to explain any health concerns about the child, which may or may not be true. We are very reliant on parents/guardians as witnesses, and don't have access to medical records (without making a request) to see previous interventions or investigations. We accept parents' concerns in good faith, which is right and proper in the vast majority of cases.

I was also aware of at least two child protection plans for children who were morbidly obese. Parents/guardians were classified as harming children by not limiting food, or by overfeeding in difficult circumstances such as bereavement or as a replacement for affection. The article highlights neglect as poor nutrition – this can be poor nutrition from large amounts of unhealthy food, not just malnourishment.

I suppose it occurs to me that there are many manifestations of abuse beyond physical symptoms (as the article clearly states). Often, children were the subject of a child protection plan not because they were at risk of direct, intentional harm, but because they could be caught up in violence (domestic violence between parents), and appeared as happy, well-adjusted and healthy children in a difficult situation.

**Kirsty Morrison**

### Andrew Maddick replies:

The article I co-wrote for the *International Journal of Osteopathic Medicine (IJOM)*, which was the basis of the article in *the osteopath*, was necessarily a basic introduction. Its main aim was to highlight the high levels of abuse and neglect within the population, and to help osteopaths identify children at risk; there is no compulsory safeguarding training for osteopaths, and osteopathy lags behind other professions in awareness, recognition, understanding and management. My co-authors and I realised that a comprehensive guide to safeguarding would be impossible, but we were acutely aware that many important aspects – including FII – were omitted.

Regarding obesity, we are beginning to encounter musculoskeletal problems in children as a direct result of their being severely overweight. This is often the result of poor education and awareness of obesity's effects – in my experience, most parents of obese children are surprised and embarrassed to find that they have overfed their child to a point of disease, and they usually welcome advice about diet and exercise.

Allowing a child to become obese is far from ideal, but very few cases raise safeguarding issues. A small number of children will be obese because of specific metabolic or genetic disorders, or learning difficulties; they and their families may need help from social services or from paediatric teams. Neglect or deliberate overfeeding is rare, but – as always – any osteopath who feels that a child is suffering as a result of a parent's or carer's actions or inactions should contact social services.

Safeguarding is a huge area. Recent press reports have highlighted systematic and institutional failures, a large volume of historical child abuse, and high levels of abuse in general. We hope to produce more literature, and we encourage others to contribute to specific aspects of safeguarding, in both *IJOM* and *the osteopath*.

**We welcome your views on any aspect of *the osteopath's* content. If you have a comment that you'd like to share, please email [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)**

# Courses 2015

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>

## May

### 2 Emergency first aid at work

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

**2-7  
Birth, babies, children, mothers**  
Speaker: Thomas Attlee  
Venue: College of Cranio-Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**5-6  
Advanced soft tissue techniques masterclass**  
Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Oxford  
Tel: 07850 176600  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**11-12  
The living matrix**  
Speaker: Michael Kern  
Venue: Skylight Centre, London N5  
Tel: 07000 785778  
[info@cranio.co.uk](mailto:info@cranio.co.uk)  
[www.cranio.co.uk](http://www.cranio.co.uk)

**14-18  
SCCO Pathway module 4: Balanced Ligamentous Tension – Sutherland's approach**  
Speaker: Susan Turner  
Venue: Hawkwood College, Stroud, Gloucestershire  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**15  
Beyond pain management**  
Speaker: Georgie Oldfield  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

**16  
The miserable baby, part 2: Treating shock, trauma and birth interventions in newborns and babies**  
Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1  
Tel: 07792 384592  
[osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

**18  
Kinesiology taping for the athlete masterclass**  
Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**19  
Spinal manipulation and mobilisation techniques masterclass**  
Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**23  
Emergency first aid at work**  
Venue: Staffordshire University (Brindley Building), Stoke on Trent  
Tel: 020 8905 1937  
[cpd@collegeofosteopaths.ac.uk](mailto:cpd@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

**24  
Fascial unwinding – refining skills, part 2: The neck and the trunk**  
Speaker: Thomas Attlee  
Venue: College of Cranio-Sacral Therapy, London NW1  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

## June

**6-7  
Cranio-sacral therapy introductory weekend**  
Speaker: Michael Kern  
Venue: Skylight Centre, London N5  
Tel: 07000 785778  
[info@cranio.co.uk](mailto:info@cranio.co.uk)  
[www.cranio.co.uk](http://www.cranio.co.uk)

**8-12  
SCCO Pathway module 2/2+: Osteopathy in the cranial field**  
Speaker: Eva Moeckle  
Venue: Schnega, Germany  
Tel: 01453 767607  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

**9  
Acupuncture techniques for medical conditions – Level 2**  
Tutor: Bernard Nolan  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**11-14  
Acupuncture techniques for sports injuries – Level 1**  
Tutor: Bernard Nolan  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**13  
Postpartum mum – Treating the postnatal patient**  
Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1  
Tel: 07792 384592  
[osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

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

Venue: Columbia Hotel,  
London W2

Tel: 01453 767607

[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

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

Course Director: Eric J Dolgin  
Venue: Naples, Florida, USA

Tel: (+1) 317 581 0411

[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

**15****Spinal manipulation and mobilisation techniques masterclass**

Details as 19 May

**15-16****Stress – the modern-day plague**

Speaker: Katherine Ukleja  
Venue: Skylight Centre,  
London N5

Tel: 07000 785778

[info@cranio.co.uk](mailto:info@cranio.co.uk)  
[www.cranio.co.uk](http://www.cranio.co.uk)

**16****Kinesiology taping for the athlete masterclass**

Details as 18 May

**18-21****Conference: Traumatic brain injury – the whole person**

Directors: Simeon Hain and  
Ali Carine

Venue: Naples, Florida, USA  
Tel: (+1) 317 581 0411

[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

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

Speaker: Prof Laurie Hartman  
Venue: Whittington Education  
Centre, London N19

Tel: 020 7263 8551

[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

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

Speakers: Penny Price and Jenny  
Lalau-Keraly

Venue: Gillis Centre, Edinburgh

Tel: 01453 767607

[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

**27****The breath of life and breath of air**

Speaker: Sarah Nesling  
Venue: Skylight Centre,  
London N5

Tel: 07000 785778

[info@cranio.co.uk](mailto:info@cranio.co.uk)

[www.cranio.co.uk](http://www.cranio.co.uk)

**28****First aid appointed person**

Speaker: Steven Bruce  
Venue: Skylight Centre,  
London N5

Tel: 07000 785778

[info@cranio.co.uk](mailto:info@cranio.co.uk)

[www.cranio.co.uk](http://www.cranio.co.uk)

**29****Muscle energy techniques made simple**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**30****Neurological testing made simple**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**July****1****Cervical spine masterclass**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**2****Shoulder joint masterclass**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**6****Knee joint masterclass**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**7****Hip and groin masterclass**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**10-12****SCCO Pathway module 5: In reciprocal tension**

Speaker: Michael Harris  
Venue: Elim Centre, Malvern  
Tel: 01453 767607

[admin@scco.ac](mailto:admin@scco.ac)

[www.scco.ac](http://www.scco.ac)

**13-14****Advanced soft tissue techniques masterclass**

Details as 5-6 May

**16-19****Advanced therapy masterclass**

Speaker: John Gibbons  
Venue: University of Oxford  
Sports Complex, Oxford OX4  
Tel: 07850 176600

[john@johnngibbonsbodymaster.co.uk](mailto:john@johnngibbonsbodymaster.co.uk)  
[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

[www.johnngibbonsbodymaster.co.uk](http://www.johnngibbonsbodymaster.co.uk)

**20****Spinal manipulation and mobilisation techniques masterclass**

Details as 19 May

**21****Kinesiology taping for the athlete masterclass**

Details as 18 May

**September****2****Acupuncture techniques for medical conditions – Level 2**

Details as 9 June

**3-6****Acupuncture techniques for sports injuries – Level 1**

Details as 11-14 June

**8****Muscle energy techniques made simple**

Details as 29 June

**9****Neurological testing made simple**

Details as 30 June

**14****Knee joint masterclass**

Details as 6 July

**15****Hip and groin masterclass**

Details as 7 July

**15-16****The heart of healing**

Speaker: Suzanne Scurlock-  
Durana

Venue: Skylight Centre,  
London N5

Tel: 07000 785778

[info@cranio.co.uk](mailto:info@cranio.co.uk)

[www.cranio.co.uk](http://www.cranio.co.uk)

**26-27****Functional stretching**

Speaker: Dr Eyal Lederman  
Venue: Whittington Education  
Centre, London N19

Tel: 020 7263 8551

[cpd@cpdo.net](mailto:cpd@cpdo.net)

[www.cpdo.net](http://www.cpdo.net)

**29-1 October****Rule of artery**

Speaker: Tim Marris  
Venue: Hawkwood College,  
Stroud, Gloucestershire  
Tel: 01453 767607

[admin@scco.ac](mailto:admin@scco.ac)

[www.scco.ac](http://www.scco.ac)

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*Mike Bourne: Registered Osteopath, Malvern*



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*Sarah Spencer Chapman: Registered Osteopath/Lecturer, Swansea University*



“ I can't tell you how impressed I am with all the information on the website and with the quality of the webinars. This has rescued my CPD record for last year and restored my enthusiasm for, and faith in, the profession.”

*Carolyn Norgate: Registered Osteopath, Donegal*



**Steven Bruce**  
Registered Osteopath  
APM Training Director

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# CPDO 2015

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☎ 0207 263 8551

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Date	Topic	Lecturer	Cost	Deposit	CPD points
25 April	Managing shoulder conditions using a process approach	Dr. Eyal Lederman	£125	£125	7
15 May	Beyond pain management	Georgie Oldfield	£125	£125	7
20-21 June	Hartman's master class in manipulative techniques: lower body	Prof Laurie Hartman	£295	£200	14
26-27 Sept	Functional stretching	Dr. Eyal Lederman	£265	£150	15
3 Oct	Optimising tissue repair with therapeutic intervention	Prof Tim Watson	£125	£125	7
17-18 Oct	Positional release techniques for pelvic, spinal fascial and myofascial conditions	Leon Chaitow	£285	£200	14
17-18 Oct	Clinical visceral: management of persistent back pain	Jo Crill Dawson	£245	£150	14
24-25 Oct	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	£295	£200	14
11-13 Nov	Barral's multi-systems integration	Jean Pierre Barral	Fully booked		20
20-21-22 Nov	Harmonic Technique (Starts Friday 17.00-20.00)	Dr. Eyal Lederman	£385	£200	20

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Venue: Whittington Education Centre, Whittington Hospital  
Gordon Close, off Highgate Hill, London N19

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551  
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### Communication and Consent

**Date:** Friday 12th June 2015

**Cost:** £85

**CPD:** 7 hours

The GOsC are consulting about changes to the structure of CPD. One compulsory element they are consulting about is that every osteopath should complete some CPD on communication and consent.

Our CPD day involves a morning session covering a refresher of communication skills and consent with our Part Time Course Leader, Mark Waters, who has taught on this subject for a number of years. The two afternoon sessions focus on communication and consent with specific patient groups. One speaker will be considering patients with dementia, Alzheimer's and/or limited capacity, and our second speaker will be presenting on issues surrounding communication and consent with children and their parents. The day offers a great chance for you to refresh your skills, and share experiences with fellow osteopaths.



### Prescriptive Stretching

**Dates:** Saturday 4th July 2015

**Cost:** £125

**CPD:** 7 hours

As part of Robin Lansman's workshop series, this course offers a critical analysis of commonly used stretching techniques, assessing "muscle chains" in active palpation. The course is ideal if you want to make stretching more effective and motivate your patients to be involved in looking after their own health. You will learn how to modify these stretches for the individual needs of your patient and enhance joint manipulation using focal stretching. Condition specific stretches will include Achilles tendonitis, patellar impaction, hamstring stretching, spinal stretches and shin splints.



**What have previous attendees said about the course?**

*"Made me more confident in use of stretches"*

*"Clear presentation, just the right amount of information"*

*"Using stretching as a diagnosis tool"*

### Paediatric Osteopathy

**Date:** Saturday 4th & Sunday 5th July 2015

**Cost:** £250

**CPD:** 14 hours

Working with babies and toddlers is an increasing part of osteopathic clinical work. This popular course delivered by Andrea Rippe will give you a firm grounding in eliciting a thorough case history, relevant examination and evaluation when treating children aged under 5. You will gain confidence in your treatment management plans for this age group as the emphasis is on making sure you have a firm understanding of factors leading to common infant presentations.

**What have previous delegates said about the course?**

*"A really engaging course"*

*"Andrea was excellent, the handouts were amazing and comprehensive - all in all, a great weekend!"*



### Get in touch...

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

### What's on?

**Sat 16 May**

- Ergonomics for Manual Therapists

**Sat 16 & Sun 17 May**

- Visceral Osteopathy—Pelvis
- Osteopathic Refresher

**Fri 12 June**

- Communication and Consent

**Sat 20 June**

- Emergency First Aid
- Thoracic Outlet Syndrome and Shoulder Dysfunction

**Sat 20 & Sun 21 June**

- Visceral Osteopathy—Abdomen

**Sat 4 July**

- Prescriptive Stretching
- Cervico Thoracic Junction

**Sat 4 July & Sun 5 July**

- Paediatric Osteopathy

### 2015-16

We're planning our CPD programme for the year ahead—please share your ideas and requests via [cpd@bso.ac.uk](mailto:cpd@bso.ac.uk).

### Keep up to date...

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



[@OfficialBSO](https://twitter.com/OfficialBSO)

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

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

## Osteopathic Care of Children with Medical Conditions

Presented by Claudia Knox

Saturday 23 to Sunday 24 May 2015 (£280 inclusive of lunch and refreshments)

A weekend exploring how osteopathic care can support children with diverse medical conditions including: orthopaedic conditions such as hip dysplasia and plagiocephaly; neurological conditions such as epilepsy; ENT conditions, such as otitis media. Delegates will review orthodox medical treatment and develop osteopathic evidence based treatment concepts. There will be opportunities to practise various techniques and you will have guidance and feedback. At the end of the weekend you should be able to offer comprehensive osteopathic care to children with any of these conditions.



## At the Core of "Osteopathy": Bony Dysfunction

Presented by Ben Evans

Saturday 13 to Sunday 14 June 2015 (£280 inclusive of lunch and refreshments)

The weekend will bring together theory, experiential practical and management strategies for dysfunctional patterns within bone – also known as intraosseous patterns – which are found in most patients in various locations. The different types of bony dysfunction will be defined, with anatomical detail described and two-stream practical sessions designed to take attendees at different levels of previous experience to a new understanding, with tools for diagnosis and treatment. Diagnostic and treatment strategies will cover the whole range from IVM to more direct physical approaches applicable to different patient ages and scenarios. This course will focus on the appendicular skeleton and pelvis and pay particular attention to integrating the material into current practice.



## For the first time at the ESO

### Dr Andry Vleeming

#### Understanding the Diagnostics and Treatment of the Lumbopelvic Spine

Friday 19 to Sunday 21 June 2015 - £488 (inclusive of lunch and refreshments)



Over this course, Dr Vleeming will present his research work and distil a 30 year career into a digestible weekend workshop that promises a new understanding and sets of new skills for practice. This course will be especially related to better diagnostics and treatment of lumbar and pelvic girdle patients. The course has both theoretical clinical content as well as hands on demonstrations. Dr Vleeming will show both the clinical research and his clinical work with patients.

#### Main objectives:

1. Provide a critical insight into the complex anatomy and function of the lumbopelvic area
2. Present a clinical reasoning model that analyses the mechanism behind lumbar and pelvic dysfunctions
3. Disseminate new data about rehabilitation strategies in the spine and pelvis

For full course details please visit the ESO website.

***"The best and most useful course I have been on in 25 years!"***

(Previous delegate feedback)



Conference Patrons Margery Bloomfield Renzo Molinari Barrie Savory



# 2015 International Conference

## JULY 11-12 ESO Boxley House

**Osteopathy - Celebrating its origins and inspiring the future**

\*Pre-conference drinks and lectures available on the evening of Friday 10th July

Renzo Molinari Frank Willard Paul Lee  
Robert Lever Barrie Savory Sue Turner  
Cristian Ciranna-Raab Larisa Lasovetskaya  
John Lewis Paolo Tozzi Jean Marie Beuckels  
Colin Natali (Spinal Surgeon) and more...



**Cost £250**

\*Packages will be available to include Saturday dinner, entertainment and student discount rates.

Numbers will be limited for this popular event. Please ensure you reserve your place by contacting Corinne Jones on [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk) +44 (0)1622 671558



# MSc in ANIMAL OSTEOPATHY

## Now accepting applications

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

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

- MSc in Animal Osteopathy (Equine and Canine)
- Postgraduate Diploma in Animal Osteopathy (Equine and Canine)
- Postgraduate Certificate in Animal Osteopathy (Equine and/or Canine)

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



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

### CONTACT US:

Department of Postgraduate Studies  
European School of Osteopathy  
Maidstone, Kent ME14 3DZ  
+44 (0)1622 760816  
[www.eso.ac.uk](http://www.eso.ac.uk)

**ESO**  
European School  
of Osteopathy





## UPCOMING COURSES

### April 2015

#### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Carl Surridge  
**Date:** 25th - 29th April, Leeds  
**Fee:** £1430

Charitable bursaries still available

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

### May 2015

#### MODULE 4 BALANCED LIGAMENTOUS TENSION

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

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

### June 2015

#### 3RD AGE EVENT DISCOVERING HEALTH IN ADVANCING AGE

**Date:** 13-14th June, London  
**Fee:** £195 per day, £350 weekend  
**Course Summary:** A two day event to raise awareness about the special knowledge and skills that are required to treat our ever-growing ageing population. The event aims to assess the role osteopaths can take in maintaining health in this ageing process. An unmissable event which is suitable for all Osteopaths.

#### MODULE 1 FOUNDATION COURSE

**Course Director:** Penny Price and Jenny Keraly  
**Date:** 20th-21st June, Scotland  
**Fee:** £275  
**Course Summary:** Introduction to the anatomy and function of the cranium, sacrum and related structures. Perfect for anyone wanting to discover more about Sutherland's principle concepts.

### July 2015

#### MODULE 5 IN RECIPROCAL TENSION

**Course Director:** Michael Harris  
**Date:** 17th -19th July, Malvern  
**Fee:** £1045  
**Course Summary:** Develop your palpatory awareness of whole body interconnectedness, discover the secrets of the body's structural integrity and explore how this may influence treatment of your patients.



**Course Directors:** Hilary Percival and Mark Wilson  
**Date:** 4th July (cont. for 18 months)  
**Fee:** £2900  
**Course Summary:** The diploma aims to build and challenge your knowledge in all aspects of the treatment and care of children. It consists of a series of weekend workshops, clinic visits, case studies and a dissertation.

### September 2015

#### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Pamela Vaill-Carter  
**Date:** 14th -18th Sept, London  
**Special Fee:** £950  
Limited graduate bursaries also available  
**Course Summary:** An overview of the whole cranial concept, with treatment approaches you can use immediately in practice.

#### SPECIALIST COURSE: RULE OF THE ARTERY

**Course Director:** Tim Marris  
**Date:** 29th Sept - 1st Oct, Stroud  
**Fee:** £995  
**Course Summary:** Would you like to include blood vessels in your care and management of your patients? Do you consider the heart and circulation as important as the nervous system? If yes, then Rule of the Artery is a 'must' for you.

### November 2015

#### MODULE 10 INTEGRATING CRANIAL INTO PRACTICE

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

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

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

#### ROLLIN BECKER LECTURE AND OSTEOPATHY & DENTISTRY WORKSHOP

**Date:** 28th & 29th November, London  
**Fee:** Lecture £70, Workshop £120  
Discounts available to Members  
**Course Summary:** With a great interest in facial mechanics, Dr Martin Pascoe is currently the only practitioner in the UK to combine the two professions of osteopathy and Dentistry. On Saturday he will share his memories of Rollin Becker in a special two hour lecture and on Sunday will host a unique workshop on the interface between dentistry and osteopathy.

### February 2016

#### MODULE 8 THE FUNCTIONAL FACE

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

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

- an exceptional clinical experience: *All the effective learning takes place in and around the clinic. The OCC is very busy seeing up to 100 paediatric patients a day. The consultation and treatment takes place in a vibrant open plan space. Learning is shared and collective, and the treatment, while individual, feels collaborative and community based*
- a syllabus led and delivered by an exceptionally experienced faculty with diverse osteopathic backgrounds and extensive expertise and originality
- the opportunity to gain a profound and expert paediatric knowledge base
- the chance to develop a diverse osteopathic skill set from a broad range of osteopathic traditions and technical approaches, not confined to one particular style or philosophy



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

For the 2015 Intake clinical training will start from the beginning of **November 2015**.

The closing date for applications: **10th August, 2015**.

This year we are pleased to announce that we will be delivering a brand new tailor-made **Access Course** in collaboration with the Rollin E Becker Institute. This course is designed for the less experienced applicants to increase their palpation and paediatric/developmental anatomy relevant to further paediatric training. We offer this as a unique alternative to the SCFT approved "cranial course" which was previously an entry requirement for the DPO. This enables new graduates to reach the required standard for entry and enables us not to be limited to just one technical style.

The **Access Course** dates: **24th, 25th & 31st October, 1st November, 2015** and one further day to be confirmed

Visit [www.fpo.org.uk](http://www.fpo.org.uk) for the prospectus and details of the application process.



**The Rollin E. Becker Institute** is currently planning an exciting programme of courses for 2015, further information is available on our website.



#### Previous 5-Day Course Participant Feedback:

*"Tutors, admin and staff all extremely helpful and supportive"*

*"I have had a fantastic time, thank you for such a phenomenally good course, and for sharing your valuable wealth of knowledge."*

*"This course has given me the tools and skills to practice straight away at my clinic."*

## 5-Day Cranial Course - Manchester:

### Osteopathy in the Cranial Field - July 2015

**Date:** 3, 4, 5, & 18, 19 July 2015 (over 2 weekends)

**Venue:** Manchester Metropolitan University

**Cost:** £975 £877.50 - Early Bird Discount expires 1st May\*

Approved by the Sutherland Cranial Teaching Foundation (USA), the course will explore the detailed anatomy and function of the involuntary mechanism, as well as teach fundamental practical skills to apply in practice.

There is a participant:tutor ratio of 4:1 to maximise the development of practical skills and an eclectic range of tutors and lecturers to help you develop your abilities.

Taking this course at least twice is highly recommended, to both deepen your understanding of the concepts of OCF and to enhance your practical skills. This will allow you to consolidate your knowledge and understanding with your intervening experiences in practice.

**\*Additional 10% discount also applies for new graduates and for those taking the course a second time - phone!**

Call 0845 5193 493 or visit  
[www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk)  
for updated course information and booking.

Visit our website at [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for more details and to book your place.



## Upcoming CPD seminars at AECC 2015

Pain Theory For Therapists – Introducing the Biopsychosocial Model - Alan P Smith	9 May
Chronic Myofascial Pain and Sensitization - Jay Shah	9 May
Fascial Movement Taping 1 (FMT1) - Paul Coker	30 May
Primary Spine Practitioner Course –Putting it all together - Donald Murphy	6-7 June
The Shoulder; Theory & Practice - Jeremy Lewis	13-14 June
Cervicogenic Dizziness / Vestibular Rehabilitation - Richard O'Hara	20-21 June
Psychological Skills Training: Introducing the 'Guided Self-Help Workbook' for chronic pain patients - Patrick Partington	4-5 July
The McKenzie Method of Mechanical Diagnosis & Therapy - John Thomson	22 August
Rehabilitation of Temporomandibular and Cervico-thoracic Disorders - James W George	3-4 October
Neuromuscular ReeducationSM Level 1 - Peter Levy	10-11 October
Functional & Kinetic Treatment with Rehab Concepts (FAKTR) - Thomas Jeppesen	17-18 October
Neuro Orthopaedic Institute – Mobilisation of the Nervous System - Tim Beames	24-25 October
Clinical Musculoskeletal Paediatrics – A day in the Infant Clinic - J Miller & guest speakers	7-8 November

## Postgraduate Programmes starting October 2015

### PgCert, PgDip or MSc Advanced Professional Practice including areas of study in:

- Paediatric Musculoskeletal Health**  
 For those with an interest in health in the paediatric population, epidemiology including risk factors, and public health issues including nutrition and physical activity.
- Functional Musculoskeletal Health**  
 Develop the skills essential for the assessment, treatment, rehabilitation and management of musculoskeletal related injuries for the elite athlete or weekend warrior.
- Clinical Sciences**  
 Attain the skills and attitudes of CPD in clinical practice, utilising experiential learning and reflective practice. The main learning environment is the student's own professional practice and attendance requirements are consequently minimal.

## PgCert, PgDip or MSc Medical Ultrasound

Supervised musculoskeletal clinical placements available

- Musculoskeletal Ultrasound Upper and Lower Limb**
- Musculoskeletal Ultrasound Hip, Groin and Soft Tissue**

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

13-15 Parkwood Road  
 Bournemouth, Dorset  
 BH5 2DF

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



ANGLO-EUROPEAN  
 COLLEGE OF CHIROPRACTIC

# Classifieds

## Osteopath required: Aintree

Aintree & Widnes Osteopathy is a multidisciplinary clinic. We are currently seeking a self-employed osteopath to take over a well-established practice two days a week. We offer 25 years of experience in practice, working with NHS and private work. Please email [tvicky@blueyonder.co.uk](mailto:tvicky@blueyonder.co.uk)

## Osteopath required: Bishop's Stortford

Osteopath required for increasingly busy practice in Bishop's Stortford, Herts. Three out of four Saturday mornings plus half a day midweek (potential for hours to increase with time and clients). Please send CV and covering letter to [Martin@StortfordOsteoPhysio.co.uk](mailto:Martin@StortfordOsteoPhysio.co.uk)

## Osteopath required: Cambridgeshire

Osteopath required with cranial and good structural skills for two days a week to take over existing patient list. We are a busy, multidisciplinary, well-established clinic. For more information phone **01480 455221** and speak to Hazel or send your CV with a covering letter to [Jane.comphealth@btconnect.com](mailto:Jane.comphealth@btconnect.com)

## Osteopath required: East Sussex

We are looking for an osteopath to join our busy multidisciplinary clinic in the pretty village of Mayfield. Mainly structural/soft tissue approach preferred; an interest in sports injuries/strapping would be beneficial. To start immediately. Please contact Laura Knight at: [osteo@mayfieldosteopath.co.uk](mailto:osteo@mayfieldosteopath.co.uk) or call **01435 873051** for more information.

## Osteopath required: London

Private, self-contained, ground-floor north London practice, conveniently situated, has days available ideally for established osteopath with own list. No restriction to hours worked most Mondays, Thursdays, Fridays and weekends. £120 per week. Please respond by email to [northlondonosteo@gmail.com](mailto:northlondonosteo@gmail.com)

## Osteopath required: Middlesex

We are seeking a replacement osteopath to work initially on Saturdays with opportunity for expansion. We are a busy clinic with six osteopaths, two physiotherapists and a podiatrist. We are based in Hayes, Middlesex. Ability to drive will be an advantage. Please send your CV to [pennclinic@yahoo.co.uk](mailto:pennclinic@yahoo.co.uk)

## Osteopath required: Oxfordshire

Located near Abingdon, the Oxford Multiple Sclerosis Therapy Centre needs a part-time osteopath to work in its multidisciplinary team treating people in differing stages of MS and associated disabilities. Requires innovative clinical thinking and a diversity of approach. Please call Sue Doran on **01235 832023** or visit [www.omstc.org](http://www.omstc.org) for more information.

## Osteopath required: Petersfield, Hants

An established practice of 20 years is looking for an additional colleague. It would please those who have read *From Dry Bone to Living Man* with passion and believe palpation to be at the heart of osteopathy. Email [Chris.grey@hotmail.co.uk](mailto:Chris.grey@hotmail.co.uk) or **01730 233802**

## Osteopath required: Rugby, Warwickshire

Osteopath wanted to work two-and-a-half days per week in a busy multidisciplinary clinic with a possibility of increasing hours in the future. Starting April/May 2015. Minimum earnings guaranteed for the first year. Experience in structural osteopathy is essential. Please send CV to Adam Sheridan: [adamroc@outlook.com](mailto:adamroc@outlook.com)

## Osteopath required: Surrey

Are you a consummate professional, team player, dedicated to your professional values and offering the premium level of clinical care required in private practice? If you can deliver the highest standards of private osteopathic care, we would be interested in speaking to you about a 1.5 days per week placement at our multidisciplinary practice located in Surrey. We would provide excellent remuneration, CPD and ancillary support. Naturally your skills must also be of the highest standard. If you have a minimum of five years' experience and meet the placement criteria, please send a covering letter and CV to [practicemanager@back2health.biz](mailto:practicemanager@back2health.biz)

## Osteopath required: Edinburgh, Scotland

Part-time osteopath required for a new clinic in Edinburgh, working within an integrated team who appreciate the importance of osteopathy in integrated care. An interest in TMJ treatment desirable. Salary and hours negotiable. Contact [edental.edinburgh@gmail.com](mailto:edental.edinburgh@gmail.com) or **0131 667 6552**

## Osteopath required: north Scotland

Osteopath full-time position available in the north of Scotland. Four-day week with an average 45-50 patients a week. Looking for a practitioner with excellent manipulative skills, mobilisation, soft tissue, MET and some cranial-sacral. It is a multidisciplinary practice. Support given to successful practitioner. **01847 896363**

## Osteopath required: South of France/Monaco

Seriously talented osteopath required for established, friendly expat clinics. Two years' experience minimum, engaging/confident personality and well groomed. Working alongside a team of 14 others (three osteopaths). French not needed, excellent structural osteopath and IT competency required. Contact **+33 6 22 35 24 58** or [info@englishosteopath.com](mailto:info@englishosteopath.com)

## Associate Osteopath required: Bridgewater, Somerset

Enthusiastic part-time associate osteopath required in long-established, multidisciplinary clinic. Immediate start and flexible 2-3 days to suit both parties. Phone Catherine on **07789 935027** for more details.

## Associate Osteopath required: Cheshire

Osteopath wanted for a new wellbeing centre in Cheshire. Ideally with own list of patients but all options considered. Profit-share agreement so no rent commitment. Practice will be situated within a busy dental practice and next door to a pharmacy and GP's surgery. A great opportunity in a rapidly expanding market town. Telephone **01928 740545**

## Associate Osteopath required: Marlow, Buckinghamshire

Associate osteopath required for two evenings and Saturdays in a large multidisciplinary practice. Would suit a person with good communication and structural skills and an interest in sports injuries to join our busy team. Applicants should send enquiries with their CV to [debbie\\_rogers@btconnect.com](mailto:debbie_rogers@btconnect.com)

## Marketplace advertising rates

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Up to 40 words is £42 + VAT. Thereafter it is 21p word. Box number replies – please add £7.50 + VAT per issue.

### Display:

	Mono or 2 colour	Full colour
IBC	n/a	£389
Full page	£299	£357
1/2 page	£242	£263
1/4 page	£173	£200
1/8 page	£116	£126

### Inserts:

Prices are available on request. All rates exclude VAT.

Please contact John Wheaton – 01223 273 555 or [theosteopath@cpl.co.uk](mailto:theosteopath@cpl.co.uk)

Approval of material – the publisher reserves the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity. Products and services advertised are for general information and inclusion does not imply approval or accreditation by the GOsC.

### Associate Osteopath required: SE London

Not being valued at your current practice or not seeing the volume of patients needed to survive? We are a busy, fun practice in Eltham that has full-time professional reception cover. We have been established for over 25 years. We offer excellent training programme and mentoring. New graduates are welcome. Most associates progress to see about 20 visits a day in nine months. The ideal associate will be competent with structural work and HVT, have great communication skills and will enjoy the friendly atmosphere. We are not a patch-up clinic but offer more of a wellness solution to keep people healthy for a lifetime and not just the next six months. Email [paul@osteofu.co.uk](mailto:paul@osteofu.co.uk)

### Associate Osteopath required: Southampton

New associate required to take over existing list for a multidisciplinary practice in Southampton. Wednesday all day and alternate Saturdays, with a view to increasing days when necessary. Good structural approach recommended. New graduates welcome to apply. Please send CV to [info@thetotalcareclinic.co.uk](mailto:info@thetotalcareclinic.co.uk)

### Locum required: Newmarket

Locum required for busy osteopathic and sports injury clinic in Suffolk. For the right person this placement could lead to an associate position. You will have excellent structural skills and further skills in visceral, cranial or paediatric osteopathy. Please send CV and covering letter to [info@derbycottageclinic.com](mailto:info@derbycottageclinic.com)

### Practice for sale: Hampshire

A fantastic opportunity to buy and step into a successful practice, in an affluent and beautiful part of Hampshire. Established 22 years, with an excellent reputation and a large client base of 6,400. Above-average turnover. Attractive leased premises with disabled access and ground and first floor facilities. Parking. To include fixtures, fittings and equipment. Handover help if required. Owner plans to retire subject to sale, otherwise will stay on. Serious enquires only please. Email [clfosa@btinternet.com](mailto:clfosa@btinternet.com)

### Practice for sale: Herefordshire

Goodwill of 40 years for sale plus rent of bespoke premises. Two treatment rooms, reception, waiting room and separate kitchen/office. Ground floor premises in county town with private parking. Flexibility for living accommodation. Well-known practice with NHS referrals. See [www.herefordosteopaths.co.uk](http://www.herefordosteopaths.co.uk) and contact [mail@herefordosteopaths.co.uk](mailto:mail@herefordosteopaths.co.uk)

### Practice for sale: Glasgow, Scotland

Goodwill of osteopathy practice in south Glasgow for sale. Due to retirement. Established 11 years. Good client base in a busy town with excellent growth potential. Optional extras: hydraulic plinth and office furniture. Genuine enquiries for further details to [balancedbody2014@gmail.com](mailto:balancedbody2014@gmail.com)

### Treatment room for hire: Regent Street, London

Quiet, light, south-facing clinic, with meet-and-greet reception cover, air-conditioning, wi-fi, available on Wednesday and Friday for established practitioner with own patient list. Please phone **020 8815 0979**

### Treatment table for sale: Frome, Somerset

Akron treatment table. 24 in wide, hydraulic, vcg. Contact **01373 463548** daytime, **01985 219006** evenings.

### Equipment for sale: Swindon

Plinth 2000, two-section (teal) with electric height adjustment; Akron treatment table in very good condition; hydraulic height adjustment (cream); two portable treatment couches (white and blue); leaflet holders, different sizes; two framed wall pictures, muscular system and skeletal system; tall three-shelved glass cabinet with light; box of couch rolls; Box of Thera Flex. Email [faridehcolthart@icloud.com](mailto:faridehcolthart@icloud.com) Mobile: **+44(0)7966 010929**

### Course: JEMS Movement ART (Analysis, Treatment and Rehabilitation) – London

Part 1: Understanding and Interpreting Functional Movement in Clinical Practice. 27/28 June, 2015. "This has been a game changer for me in how I treat, observe and advise patients" – registered osteopath. Contact: [info@jemsmovement.com](mailto:info@jemsmovement.com), [www.jemsmovement.com](http://www.jemsmovement.com)

### Course: Animal Osteopathy – Wantage

The next one-year course in osteopathy for horses and dogs with Stuart McGregor starts in July 2015. Learn how to treat horses and dogs using traditional osteopathic techniques without the use of sedation or anaesthetic. For course information please contact the Osteopathic Centre for Animals: [wantageclinic@msn.com](mailto:wantageclinic@msn.com) Tel: **01235 768055**

### Clinic tutor required: Surrey

The Surrey Institute of Osteopathic Medicine (SIOM) is based at Nescot, an outstanding college of further and higher education situated close to Epsom in Surrey. SIOM holds GOSC Recognised Qualification (RQ) status, and offers a number of professional degrees validated by the University of Surrey and Kingston University. Because of our recent successful growth and development, we are looking for a clinic tutor to provide specialist paediatric tutorial support and facilitate the delivery of osteopathic treatment in our mother and baby clinic. £18.53 per hour. Details at: <https://workingatnescot.irecruittotal.com/Cac/home.aspx> Closing date: Monday 1 June. Interviews on Wednesday 17 June. Anticipated start date September 2015.



## Your specialism

**There's another side to clinical practice**

- Osteopathic Practice Standards
- Practice Policies and Procedures
- Patient Education
- Information Leaflets

**Our specialism**

**See what's available for Osteopaths**



[www.goodclinicalpractice.co.uk](http://www.goodclinicalpractice.co.uk)

## WANT TO TRAIN AS A UK CERTIFIED METABOLIC BALANCE COACH?

The next weekend course runs on Saturday 7th and Sunday 8th November 2015, London.



Metabolic Balance®, is a sophisticated Natural Nutritional Programme developed in Germany by the late Herr Dr. Med Wolf Funfack. It is a unique individualised food plan calculated on the patients' own blood haematology & biochemistry test results, analysed by a sophisticated computer programme. The job of the Metabolic Balance® Coach is to support the patient through a 3-month programme of nutritional change.

It is ideal adjunct for Osteopaths who have an interest in Nutrition and who are looking for detailed nutritional support for their patients with more complex clinical problems, it is also a wonderful weight management tool and addresses systemic inflammation / toxicity and digestive issues.

Gerry Gajadharsingh (Osteopath) and Antony Haynes (Nutritionist) are the approved Metabolic Balance® lecturers for Metabolic Balance®, UK.

For further course information please contact Ms Gloria Parfit on [gp@metabolic-balance.co.uk](mailto:gp@metabolic-balance.co.uk) or go to <http://www.metabolic-balance.co.uk>

11.5 hours CPD Approved.

### Mr. Gerry Gajadharsingh's iBook The Health Equation – A Way of Life

is a perfect guide for patients and clinicians wanting to find out more about this superb nutritional programme, available to download as an enhanced iBook (includes 10 HD videos) from iTunes. <https://itunes.apple.com/gb/book/health-equation-way-of-life/id871262937?mt=11>



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