

# the osteopath

## What do patients expect?



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General  
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## How good is good?

Tim Walker, GOSC Chief Executive and Registrar

**How often have you been in a restaurant when the waiter has asked, "How is your meal?" Everything is fine, you say through gritted teeth, as you silently decide never to return. This scenario illustrates the difficulties we all have in giving and receiving honest and effective feedback, in the work that we do and in the services we give and receive. Recently the GOSC commissioned an important piece of work looking at patients' expectations and experiences of osteopathic care, and whether those expectations were met.**

The really good news from the study was that an overwhelming proportion of patients – over 96% – were satisfied or very satisfied with their care. Osteopathic patients were not only satisfied, but also believed they were treated with respect, listened to sympathetically and dealt with seriously and professionally.

But looking more closely at the detailed report, we can see that in some areas patients see scope for improvement. Many patients want to know more about the treatment they will receive and the possible side effects. They want reassurance about confidentiality and they want to know how to complain if they need to. New patients in particular have high expectations but may have little awareness of osteopathic treatment, for example not realising they will need to undress.

As the study covered over 1,700 patients, recruited through around 270 practices, it gives us a good picture from across the profession as a whole. It gives us insight into why patients may or may not return and, perhaps more importantly, what might motivate them to refer others to you.

While this study has provided really important, high-quality information that osteopaths can use to improve their own practice and to promote osteopathy, it can't answer the more basic question, "How good is my own practice?"

Up to now there has not really been any mechanism for osteopaths to explore this question in a meaningful way. But the different approaches or 'tools' that have been developed as part of the Revalidation Pilot give osteopaths the opportunity to try to answer this question for themselves.

The tools are varied and can be used in many different ways. Some are based on gathering feedback from patients or colleagues, others on analysing significant clinical events or reflecting on patient case histories. Put together, they offer osteopaths the ability to compile and review both subjective and objective evidence about their own practice.

We hope that as well as the 720 or so osteopaths who have expressed an interest in taking part in the Revalidation Pilot, many others will take the opportunity to try out some of these tools as a way of exploring their own practice and reflecting on how it might be

improved. And they could also be useful, particularly when working with other health professionals, in demonstrating to others the high quality of osteopathic care and high level of met expectations among osteopathic patients.

In my discussions with osteopaths – and I have met several hundred over the past nine months – I am struck by the differences I encounter. Many osteopaths have practices that have thrived through difficult economic times, while others have clearly found it more difficult. The study showed us that many patients were willing to make a financial sacrifice to obtain osteopathic treatment, suggesting they place a high value on what they receive. Can we be safe to presume that there is likely to be a link between a successful practice and one that provides high-quality care while meeting patients' expectations?

So I hope that all osteopaths will take the time to look at the results of the patient research and start to explore what we are trying to achieve through Revalidation. They both have the same aim: helping to ensure the high quality of osteopathy for the benefit of patients and, of course, a thriving profession.



# What patients expect from their osteopath

## Findings of the GOSC Osteopathic Patient Expectations (OPEn) study

**Patient choice has always been a feature of osteopathy, but until now little has been understood about how and to what extent decisions about the purchase and provision of osteopathy may be determined by patients' expectations.**

Understanding and responding to patient expectations can only improve the quality of osteopathic care, so osteopaths will want to know all they can in relation to two pertinent questions:

1. What are the expectations patients have of osteopathic care?
2. To what extent are their expectations met or unmet?

A need to better understand patients' experience of osteopathy prompted the GOSC to commission an extensive investigation of patient expectations of osteopathic treatment.

### What have we learned?

This month we publish the findings of the **GOSC Osteopathic Patient Expectations (OPEn) study** in which the opinion of over 1,700 osteopathic patients across the UK provide a wealth of objective feedback that will enable osteopaths to meet and manage the expectations of their patients even more effectively.

Full and summary reports of the Osteopathic Patient Expectations study – known in short as the OPEEn study – are now available on the GOSC public website ([www.osteopathy.org.uk/resources/research](http://www.osteopathy.org.uk/resources/research)) and on the **o** zone. Osteopaths will find much of interest: not only in the rich mine of both quantitative and qualitative data produced by the study and in the patient priorities this signifies, but to see also how these fit with the changing expectations of patients in the wider healthcare environment.

Osteopaths will be encouraged by the very positive feedback from respondents across the country. Patients' perception of their care serves here also to highlight some aspects of service delivery where small adjustments could significantly improve patient satisfaction.

### About the OPEEn Study

#### Who conducted it?

A University of Brighton research team tendered competitively and won the commission to conduct the research. Patient views were collected during 2009–10.

#### The study aims?

To gain an understanding of the expectations of patients receiving osteopathic care, and to quantify the extent to which their expectations are being met, the research posed two principle questions:

1. What are the specific aspects of osteopathic practice about which patients have expectations?
2. To what extent do patients perceive that their expectations are met or unmet?

#### How was the study constructed?

For a detailed understanding of the expectations of osteopathic patients, the study drew on a wide range of sources, generating quantitative and qualitative data through several complementary phases:

1. **Phase 1 – A literature review** of patient expectations in healthcare revealed little similar published work relating to osteopathy. Evidence from a range of disciplines, including general practice, surgery, physiotherapy and chiropractic, indicated a complex range and interaction of factors that influence expectation, and highlights some dissonance in the views of patients and practitioners.

2. **Phase 2 – Patient focus groups and interviews** were conducted across the UK with osteopathic patients diverse in age, social status, education, and ethnicity, to gain an in-depth understanding of the nature and range of expectations. This qualitative work contributed to the development of the questionnaire used in Phase 3 of the study to survey patients.

Importantly, focus group discussions and the questionnaire intentionally explored with patients aspects of care highlighted in the GOSC's *Code of Practice and Standard of Proficiency*, further testing also patient views arising from the BOA Common Language Project, as well as issues generating patient complaints to the GOSC and claims to professional indemnity insurers.

3. **Phase 3 – An osteopathy-specific survey questionnaire** was developed and used to quantify the importance of expectations identified in patient focus groups and interviews, and to measure the extent of unmet expectation.

To evaluate patient expectations, survey respondents were asked in Part One of the survey to indicate the degree to which they agreed or disagreed with 51 statements (expectations) relating to different aspects of care (for example, 'I expect to be involved in making decisions about my treatment').

To then evaluate the extent to which

patients' expectations were actually met, Part Two of the questionnaire asked respondents to indicate whether this had actually happened when they were seen by the osteopath.



## Who took part?

- > Over 1,700 osteopathic patients across the UK (including focus group and survey participants).
- > 800 practices were randomly-selected from the UK Register of Osteopaths and invited to participate.
- > 270 practices agreed to participate and recruited patients.

## Patient profile of respondents

- > Predominantly aged between 40 and 70 years.
- > 70% female and 30% male.
- > 95% white ethnic origin.
- > Equal proportion of rural and urban residents.
- > High level of education.
- > 58% employed, 32% retired and 3% unemployed.
- > 90% self-funding their treatment and 7% have health insurance.

## Patient health profile

- > 82% with prior experience of osteopathic care and 18% new to osteopathy.
- > 63% with prior experience of physiotherapy.
- > 30% with prior experience of chiropractic.
- > 15% rated their general health fair or poor.
- > 11% have a disability.
- > 59% rated their symptoms of moderate severity and 15% consider their symptoms severe.



## The findings – what do patients tell us?

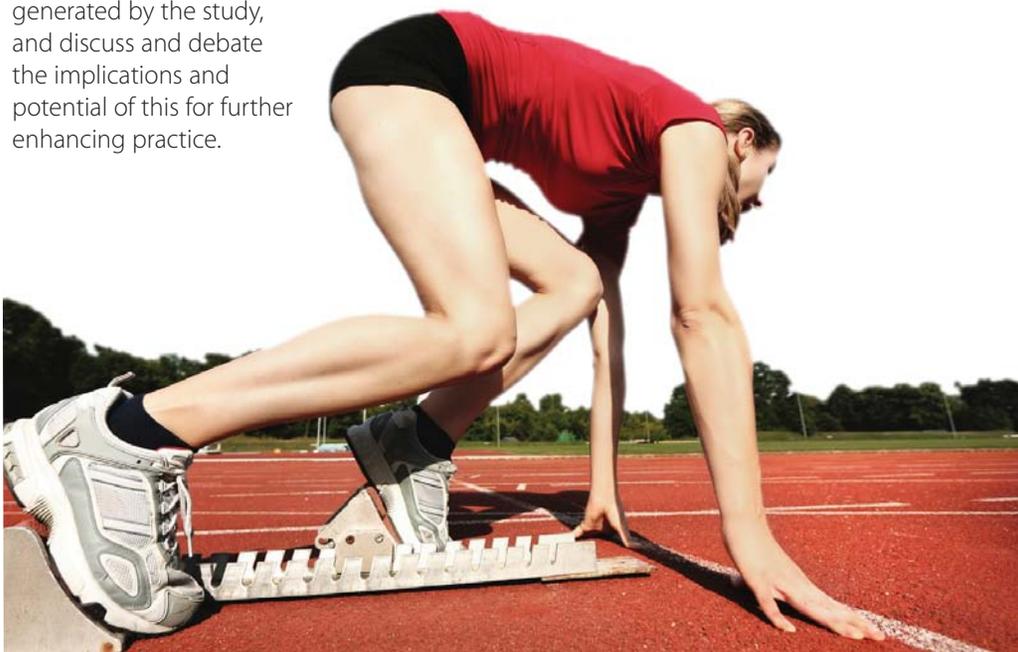
**Over 96% of respondents reported being satisfied or very satisfied with their osteopathic care, their expectations largely met.**

This headline figure is powerful evidence of patient satisfaction and a clear affirmation of the quality of the practitioner-patient relationship that typifies osteopathic care. For the public and other healthcare professionals this is an important independent endorsement of the expertise and professionalism of osteopaths.

However, osteopaths will appreciate the complexities of private sector health provision and recognise that the dissatisfaction of patients who vote with their feet can be difficult to ascertain and quantify; practice has to continually be reappraised and adjusted to keep in step with changing patient expectations.

Opposite we have selected aspects of the patient perspective arising from the OPEn study that highlight particular strengths

and weaknesses in osteopathic practice, as perceived by patients. We hope this will encourage osteopaths to examine more fully for themselves the rich data generated by the study, and discuss and debate the implications and potential of this for further enhancing practice.



## Patient expectations – a snapshot

### What do patients want?

Invited to name in their own words their “most important expectations” of care, surveyed patients articulated familiar themes in patient attitudes to dealing with their health problems, some that can pose challenges for all health professionals. Patients wish for:

- > A perceptible improvement in symptoms.
- > A return to normal activities/improved quality of life.
- > Advice on how to manage the problem, prevent recurrence and worsening of symptoms.
- > A clear explanation of the problem and an honest assessment of what can be achieved.
- > The problem to eventually resolve completely as result of treatment.
- > Appropriate, effective treatment, including, where necessary, a suitable referral.
- > The practitioner to be caring, to listen, and to be sympathetic.

The desire of patients to take control of their condition and seek some improvement is predictable, but osteopaths will recognise here the challenge of managing patient expectations, i.e. off-setting the risk of disappointment and patient dissatisfaction with clarity and honesty about what is achievable for this particular patient.

The OPEn study report notes: “When there is a gap between patients’ expectations of a service and the service they perceive they have been given, the unmet expectations in this gap have a direct influence on outcomes such as satisfaction and effectiveness of treatment, and are therefore very relevant to practice.”

### What do patients expect ?

Patients *strongly* agreed that they expect:

- > the osteopath to treat only one patient at a time.
- > to be reassured that information provided would be kept confidential.
- > the osteopath to take a detailed account of their clinical history.

- > to be treated with respect.
- > the osteopath to listen to them.

Many patients also expected practices to offer waiting areas that are comfortable and relaxing, and some expected to be able to telephone the osteopath for advice.

### Patients’ “best met” expectations

Patient expectations that the OPEn study found to be well met by osteopaths:

- ✓ To be treated with respect.
- ✓ To be able to ask questions and to have questions answered to their satisfaction.
- ✓ The osteopath to listen.
- ✓ The osteopath to be sympathetic and caring.
- ✓ The osteopath to make them feel at ease.
- ✓ The environment to be hygienic and professional-looking. (Many patients expected the practice to display evidence of the osteopaths’ qualifications.)
- ✓ The osteopath to examine the specific problem area with his/her hands.
- ✓ The osteopath to record a detailed account of their clinical history.
- ✓ The consultation to last at least 30 minutes.
- ✓ To be given a clear explanation of the cause of the problem, that they can understand.
- ✓ The treatment to represent value for money

Patients expected also:

- > To be told what the treatment will involve, before it is given.
- > The osteopath to monitor reactions to treatment.
- > To be involved in making decisions about treatment.
- > To be given advice about how to manage the symptoms.
- > To be given activities to do at home.
- > To see the same osteopath at each visit.

**Patient feedback confirmed that osteopaths are delivering a good service, with 80% of the 51 specific aspects of practice explored in the survey confirming expectations were well met.**

### Worst met expectations

Aspects of practice that are very high priority for patients but are poorly met by osteopaths:

- ✗ To be made aware of the practice complaints procedure.
- ✗ For there to be communication between their osteopath and GP about their problem.
- ✗ For the osteopath to be able to refer the patient elsewhere when symptoms do not improve. (Patients expected osteopaths to have links with other local health services/professionals and good knowledge of other treatment modalities.)
- ✗ To be informed of risks and side effects of treatment.
- ✗ To be asked about the effects of previous treatment.
- ✗ Reassurance from the osteopath that information provided will be kept confidential.
- ✗ To be given the opportunity to receive advice from the osteopath over the telephone.
- ✗ Before the first appointment, to be given adequate information about what would happen during treatment.
- ✗ For there to be access for people with disabilities.



## Managing patient expectations and concerns – priorities identified by the study

The immense value of the OPEn study is that it highlights where simple changes in practice could diminish the gap between expectations and delivery, recognising that this 'gap' can have a negative effect on the outcome of care. Some areas where osteopaths can take positive action include:

- > **Providing patients with adequate information before their appointment:** for example, forewarning about the need to undress, the hands-on nature of the treatment, that some techniques can use a small amount of force, your potential use of other modalities (e.g. acupuncture), etc. Patient participants described feeling ill-prepared for their first consultation, causing uncertainty and sometimes alarm. Some were surprised, even confused by the use of other therapies.
- > **Professional and respectful behaviour:** at all times observing clear boundaries, especially in respect of patients being afforded privacy when undressing and intimacy of touch in clinical examination – ensuring nothing in your conduct undermines trust.
 

Nearly one in two patients (48% of new patients and 41% of returning patients) expected to be offered a towel or gown, suggesting to osteopaths a noteworthy 'client preference' that could reliably improve the patient experience.
- > **Setting clear goals for treatment outcomes:** patients need to fully understand what can and, as importantly, what cannot be achieved; managing expectations by ensuring a proper understanding of the likely treatment outcomes; asking patients explicitly about their treatment goals.
- > **Providing an honest assessment of your certainty/uncertainty of the patient's diagnosis/prognosis.**
- > **Explicit information about potential side effects:** many patients had not anticipated the pain levels experienced during and after treatment, giving rise to unnecessary anxiety.
- > **Understanding the course of treatment:** in general, patients expect that consultations will allow sufficient time for thorough examination, diagnosis and manual treatment; treatments will be spaced at appropriate intervals to improve symptoms, and an estimate of the likely course of treatment and outcomes will be provided (e.g. the number of treatments that might be required before relief of symptoms). Good communication will help osteopaths meet and manage these expectations.
- > **Communication with the patient's GP:** as this may not always be straightforward, through discussion, osteopaths may need to manage patients' expectations.
- > **Confidentiality:** the appropriate handling of personal information highlighted significant concerns among respondents, particularly lapses associated with support staff (receptionists discussing other patients or leaving notes unattended). In terms of both professional behaviour (observing boundaries) and confidentiality, patients rated GP practice more highly.



will help to shape further supporting guidance for osteopaths, to be developed in coming months, as well as advice to Osteopathic Educational Institutions.

This work, though extensive, suggests various areas of potential further research to test and validate the findings, and it is hoped that many more osteopaths will be encouraged by these results to continue to invite their own patients to provide valuable feedback on their practice.

### Project outputs

The OPEn study provides invaluable insight into the patient perspective. It offers:

- > A wealth of data and evidence for the profession, training providers, GOsC and patients.
- > Priorities for improving care and/or better managing patient expectations, which osteopaths may choose to explore further with their own patients.
- > Insight to better target information for patients and guidance for osteopaths.
- > A rich resource for osteopaths' continuing professional development.
- > Overall, a very positive endorsement of the quality of osteopathic care.

### Next steps

We have presented here only a selected snapshot of the experiences provided by osteopathic patients and we encourage osteopaths to explore the study reports more fully, in particular in relation to the context of your own practice and patients.

The patient perspective provided by the study report – and further discussion of this with osteopaths – will helpfully inform new public information currently being drafted by the GOsC, which has the aim of increasing public confidence in osteopathic care.

Issues raised by the OPEn study have usefully informed the new *Osteopathic Practice Standards*, published in July, and

\* This article draws on reports and presentations produced by the University of Brighton OPEn Study Research Team: J Leach, V Cross, C Fawkes, A Mandy, M Hankins, A Fiske, L Bottomley, A Moore. Full and summary reports are available on the GOsC websites.

# Osteopathic Practice Standards

**All osteopaths should have received their copy in July of the new *Osteopathic Practice Standards*, incorporating updated versions of both the *Code of Practice* and *Standard of Proficiency*. This document sets out the standards required of an osteopath to ensure the quality of care that patients are entitled to receive. It is important to recognise that these standards also exist to protect the osteopath by making it clear what is expected of you as a registered health professional.**

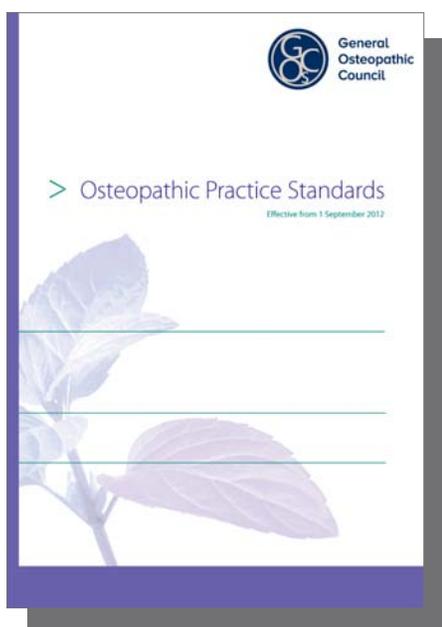
We hope that the new *Osteopathic Practice Standards* are clearer and more concise than the two existing standards documents.

The 37 revised standards and guidance are split into four main Themes:

- A. Communication and patient partnership.
- B. Knowledge, skills and performance.
- C. Safety and quality in practice.
- D. Professionalism.

## Easy reference

The *Osteopathic Practice Standards* are designed to insert into your existing 'Fitness to Practise' folder. This is the purple folder originally issued in May 2005, or in your GOSC Registration Pack if you registered after this date.



This pack currently contains the existing *Code of Practice* (May 2005), supplementary guidance on *Obtaining Consent* and *Visual and audio recordings of patients*, a *Consent form for examination and/or treatment by an osteopath* and a *Consent form for visual and audio recording of a patient*. **All of these documents remain in force until 31 August 2012 and should be retained.**

The existing *Standard of Proficiency* also remains in force until 31 August 2012 and should be retained until that time. This document is contained in the blue GOSC 'Development' folder, issued in August 2007, or in the GOSC Registration Pack if you registered after this date.

## Implementation

The new *Osteopathic Practice Standards* will take effect from **1 September 2012**. This gives you a year to get to grips with the new standards and undertake any continuing professional development (CPD) that you feel may be necessary to meet these from 1 September 2012. We will also be amending our policies and procedures to reflect the new standards from September next year.

To help you make the transition to the new standards, we will be providing support through features in *The Osteopath* magazine and CPD activities highlighted on the **o zone**. In future articles for the magazine, we plan to focus on each of the four main Themes of the *Osteopathic Practice Standards*, providing a good opportunity to support your own continuing professional development.

The proposed schedule of articles is as follows:

### October/November 2011

- A. Communication and patient partnership:
  - > Communication.
  - > Consent.
  - > Intimate areas.

### December/January 2012

- B. Knowledge, skills and performance:
  - > Clinical audit.

### February/March 2012

- C. Safety and quality in practice:
  - > Record keeping, including storage and Data Protection Act.

### April/May 2012

- D. Professionalism:
  - > Professionalism, including personal conduct.
  - > Patient feedback and complaints.

### June/July 2012

- D. Professionalism:
  - > Health and safety, personal health and communicable diseases.

### August/September 2012

Launch of a new consent leaflet to accompany the *Osteopathic Practice Standards* coming into effect on 1 September 2012.

**For further information on the new *Osteopathic Practice Standards*, contact the Professional Standards Department on 020 7357 6655 ext 240 or email: [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk).**

# Council gives green light to Revalidation Pilot and review of CPD

**Professionals well recognise the necessity of keeping their specialist knowledge and skills up to date, and the GOsC's continuing professional development (CPD) requirements for osteopaths are a means of assuring patients of the currency and quality of care they receive from osteopaths.**

But just how effective is the current osteopathic CPD scheme at helping osteopaths to maintain and increase their proficiency?

At its July meeting, the GOsC Council gave the go ahead for two key projects aimed at developing continuing fitness to practise in osteopathy: the launch of our Revalidation Pilot and a review of our current CPD scheme.

All osteopaths have the opportunity to influence thinking about these initiatives, either by taking part in the Revalidation Pilot or by responding to a CPD Discussion Paper we will be issuing in September to generate debate about how we might improve the current scheme.

## Revalidation Pilot: quick facts

- > The official launch of the Revalidation Pilot is 1 September 2011.
- > To help us properly understand the benefits, costs and proportionality of Stage 1 (self-assessment) of the proposed Revalidation scheme, participating osteopaths are asked to contribute in two important ways during the year-long Pilot:
  - > Generate evidence about the quality of their practice using the templates and guidance provided in a Revalidation Pilot Participation Manual.
  - > Inform KPMG (which is undertaking an independent evaluation and impact assessment of the Pilot) at regular intervals about their experiences – what they did, how long it took, whether it was useful and whether they learned anything.

## Revalidation Pilot Participation Manual

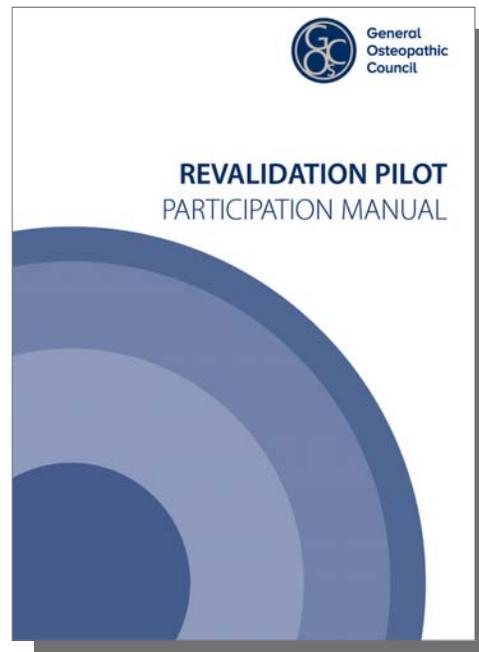
To help provide osteopaths interested in taking part in the Pilot with a clearer picture of what this will entail, we have produced a Revalidation Pilot Participation Manual. This was sent out in late July to around 720 osteopaths. The Manual is also available for anyone to view on the **o** zone, and offers extensive information for all osteopaths curious to learn more about the Revalidation process and self-assessment.

### What is self-assessment?

The self-assessment stage of the proposed Revalidation process is being piloted. Pilot Participants will be assessing a wide range of aspects of their practice against standards in the new *Osteopathic Practice Standards*. The Pilot provides an opportunity to generate evidence to inform this self-assessment.

Osteopaths may find interesting the completed examples of evidence contained in the Manual, which include exercises such as case-based discussion, patient questionnaires, and significant event analysis. The National Council for Osteopathic Research (NCOR) has also developed its *Introduction to Clinical Audit for Practising Osteopaths* – available now via the **o** zone – which provides guidance on undertaking clinical audits during the Pilot.

Even if you are not taking part in the Revalidation Pilot, please take the opportunity to read the Manual and use it for your own developmental purposes. The templates, for example, could be useful to structure learning with others as part of your current CPD development – those osteopaths completing the Pilot receive an automatic CPD certificate for 30 hours.



Irrespective of future government policy on Revalidation, it is well worth reflecting on the potential benefits of this process. There is a general public expectation that all professionals, particularly in areas such as healthcare, are regularly assessed in some way to ensure that their knowledge and skills are up to date and they continue to be fit to practise. In all four UK countries, it is expected that systems of quality improvement will be in place in all areas of healthcare. This could influence the expectations that patients and other healthcare professions may have of osteopaths now and in the future.

## Training workshops for Pilot Participants

The Revalidation Pilot Participation Manual also includes further information on the Revalidation Pilot training workshops open to osteopaths who have formally enrolled on the Pilot. The workshops will provide guidance about how to self-assess practice, produce an action plan and plan your participation during the year-long Pilot.

We will be holding 14 workshops across the UK during September and early October, funded by a Department of Health grant we received for the

development of the Revalidation Pilot. These will be led by experts and will take Participants through the self-assessment process as part of the Pilot. The workshops take place on the following dates:

Date	Region
Friday 2 September	London
Saturday 3 September	Winchester
Sunday 4 September	Taunton
Friday 9 September	Oxford
Saturday 10 September	Cardiff
Sunday 11 September	Nottingham
Saturday 17 September	London Gatwick
Sunday 18 September	Chester
Friday 23 September	Ipswich
Saturday 24 September	London
Sunday 25 September	Leeds
Friday 30 September	London Heathrow
Saturday 1 October	Belfast
Sunday 2 October	Stirling

## CPD – does it work for you?

During the Revalidation Pilot, we will also be asking for feedback from osteopaths and other interested parties on the purpose and structure of the GOSC's CPD scheme, together with possible options for change.

We are keen to hear any views you may have on the current CPD scheme and the ways in which it could be improved to better meet its primary purpose – keeping osteopaths up to date and enhancing standards of practice.

It is vital that the CPD and any Revalidation schemes are complementary, so that together they help you to demonstrate that your practice is meeting current standards and expectations, and enables you also to develop your practice in a way that best suits you.

The discussion paper seeks to generate debate and invite your thoughts on the purpose and aims of the CPD scheme, its effectiveness and possible options for change.



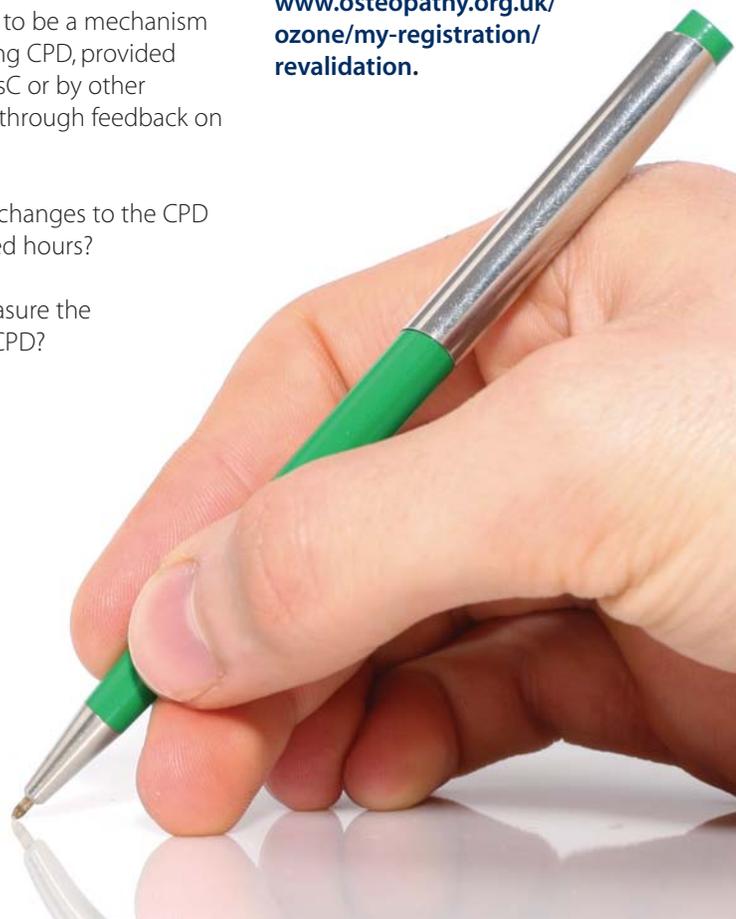
Particular options about which we would welcome views include:

- > Should osteopaths be required to submit evidence of having identified learning needs?
- > Should the scheme specify core CPD content to be undertaken by all osteopaths – and what would this include?
- > Does there need to be a mechanism for quality assuring CPD, provided either by the GOSC or by other organisations, or through feedback on submissions?
- > Should there be changes to the CPD cycle and required hours?
- > How can we measure the effectiveness of CPD?

## Further information

For further information on Revalidation or the CPD review, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk).

You can also find further information on Revalidation on the dedicated section of the **o** zone: [www.osteopathy.org.uk/ozone/my-registration/revalidation](http://www.osteopathy.org.uk/ozone/my-registration/revalidation).



# Regional Communications Network

## Representatives of the Regional Osteopathic Societies met at Osteopathy House on Friday 17 June to share views and information on key regulatory developments affecting osteopathic practice.

These meetings, which take place twice a year, provide an invaluable forum for the GOsC to engage with representatives of the profession at an early stage in future policy development.

Representatives were given information on what participation in the upcoming Revalidation Pilot would entail, and were provided with an overview of the new *Osteopathic Practice Standards*, which were sent out to all osteopaths in July.

Other discussion included the student fitness to practise consultation, which is open until 1 September, and the future of osteopathic regulation and how the GOsC might cut its costs.

Briefing papers on all of the substantive items on the agenda (items 1 to 4) are available on the **o zone** ([www.osteopathy.org.uk/ozone](http://www.osteopathy.org.uk/ozone)). Representatives who attended the meeting are encouraged to report back to members of regional groups to inform discussion at local osteopathic meetings and generate feedback to the GOsC.

If you are currently not a member of a Regional Osteopathic Society, you can find details of your local group and more information on how to join by visiting the dedicated section of the **o zone** ([www.osteopathy.org.uk/ozone/get-involved/regional-network/](http://www.osteopathy.org.uk/ozone/get-involved/regional-network/)).

Information about forthcoming local meetings is also included with the regional

group's contact details and linked to the Events diary at: [www.osteopathy.org.uk/ozone/get-involved/events/](http://www.osteopathy.org.uk/ozone/get-involved/events/).

Local groups can ensure that non-members and members of other nearby groups are aware of meetings in their vicinity by emailing details to: [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk).

**For further information on the briefing papers or any of the issues discussed at the meeting, contact us at [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk) or call 020 7357 6655 ext 242.**

### Friday 17 June Agenda

1. The future of osteopathic regulation.
2. Student fitness to practise.
3. *Osteopathic Practice Standards*.
4. Revalidation overview.
5. Issues update:
  - > GOsC Communications and Engagement Strategy.
  - > GOsC Chair and Council Member recruitment.
  - > Vetting and Barring Scheme.
  - > IJOM Plus package.
  - > Advertising update.

## Fitness to Practise e-bulletin

The latest GOsC Fitness to Practise e-bulletin is available to download via the **o zone** ([www.osteopathy.org.uk/ozone/practice-guidance/fitness-to-practise/fitness-to-practise-bulletin](http://www.osteopathy.org.uk/ozone/practice-guidance/fitness-to-practise/fitness-to-practise-bulletin)).

This issue includes three case studies concerning patient examinations and case histories, an article on the work of the Investigating Committee and a reminder about the importance of maintaining advertising standards. It also introduces a regular question and answer feature where the GOsC gives answers on difficult issues.

As always, we are keen to hear your thoughts on the content, format and language used. You can share your views with us by emailing: [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk).

The Fitness to Practise e-bulletin is emailed directly to osteopaths who have provided us with an email address. If you haven't received the e-bulletin, please contact our Registration Department to update your details: [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk).

Fitness to Practise

bulletin

June 2011

A question of conduct

**In this issue of the Fitness to Practise e-bulletin, we launch a new series of questions and answers to help guide osteopaths through some of the difficult issues that arise in daily practice.**

**Q Question**

I had a baby brought in to me for treatment recently by his grandparents. I am usually very cautious about treating a child without the parents being present and when I questioned the grandparents, it transpired that they had not even let the parents know that the child had been brought to me. The parents were under the impression that the grandparents were just relieving them of their intractable baby for a few hours! Unsure of the legalities of the situation, I asked them to call the parents. They did this, and I spoke to the parents who were happy for me to proceed. It is a situation that I had not come across before - did I do the right thing?

The responsibility may also be delegated in relation to particular treatments or treatments for particular conditions. Osteopaths in these situations need to be absolutely certain that the parents have indeed delegated responsibility to the grandparents (or other regular carers) and in the situation you've described, that seems far from certain. You did the right thing to assure yourself that the parents agreed that the grandparents could provide consent for the examination or treatment of their child.

You can find out more about children and consent from:

- > The GOsC's Code of Practice, which deals with children and consent at clauses 31 to 36.
- > The GOsC's booklet, *Obtaining Consent*, published in 2005, which deals with children and parental responsibility on page 7.
- > The Department of Health website which has a very useful general guide for healthcare practitioners entitled *Seeking consent: working with children* (2011). This should be read in conjunction with the Department of Health's update of 2009, *Reference guide to consent for examination and treatment*.

**A The GOsC answers**

The treatment of children raises complex issues about who can give consent: child, parent - or someone else? As you were asked to treat a baby, you will not need to decide whether (as may happen if you have an older child before you) the child itself is competent to give consent.

So who can give consent to treatment where the child is not competent to do so? It is the person with parental responsibility. This is defined in the Children Act 1989, and includes the child's:

- > Mother and father if married at the time of the child's birth.
- > Mother but not father if unmarried at the time of the child's birth, unless the father has acquired parental rights.
- > Legally appointed guardian or other person with a relevant court order.

The person with parental responsibility can however delegate that responsibility to someone who looks after the child on a regular basis, for example a grandparent.

Do you have a question you would like answered by the GOsC in a future e-bulletin? Please email us at [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk).

**ebulletin highlights**

- > A question of conduct
- > Under examination
- > Under investigation
- > Osteopathic Practice Standards
- > Advertising standards



# Quality assuring osteopathic qualifications

**Earlier this year, we asked for your views on proposed changes to the GOsC/Quality Assurance Agency (QAA) Review Method, including the annual reports submitted by the Osteopathic Educational Institutions (OEIs). These revisions were part of a review of the quality assurance procedures used to assess the standards of osteopathic training courses and course providers at undergraduate level.**

During the consultation we sought feedback from a number of stakeholders, including osteopaths, students of osteopathy, the British Osteopathic Association, patients and the public. Thank you to those of you who took the time to respond to the consultation.

The feedback we received indicated that changes to both the GOsC Review Method and the annual reports were generally met with approval in terms of the content, language, format and clarity. There were also a number of areas where suggestions were made for improvements.

A consultation analysis report was presented to Council at its last meeting in July and is now available on the GOsC public website and on the **o** zone. The revised GOsC Review Method is also available to view on the QAA website ([www.qaa.ac.uk](http://www.qaa.ac.uk)) or via the **o** zone. It will be published for a year before coming into effect on 1 September 2012. This will coincide with the implementation of the new *Osteopathic Practice Standards*. The new template for the annual reports will be used from October 2011.

**For further information, contact Marcus Dye, Professional Standards Manager, on 020 7357 6655 ext 240 or email: [mdye@osteopathy.org.uk](mailto:mdye@osteopathy.org.uk).**

## GOsC welcomes positive CHRE review

**The latest Council for Healthcare Regulatory Excellence (CHRE) annual Performance Review has concluded that the GOsC is performing well.**

The CHRE – the body that oversees the work of all healthcare regulators – highlighted particular areas of work, including the use of GOsC-funded research on patients' expectations of osteopathic care to identify areas of development and improvement (see pages 4–7); improved efficiencies in the way complaints against osteopaths are managed; and the successful use of the civil courts in Scotland to obtain an order preventing unlawful use of the title 'osteopath'.

In common with all the health professions' regulators, the performance of the GOsC is reviewed annually by the CHRE to check that it is carrying out its legal responsibilities and is promoting the health, safety and wellbeing of patients and other members of the public. All regulators' performance is measured against a set of standards that cover different areas of work, including practice standards, professional registration, complaints handling, and education and training.

The full Performance Review report is available on the CHRE website: [www.chre.org.uk/satellite/402](http://www.chre.org.uk/satellite/402). The GOsC's review can be found in section 13 on pages 61–68.



## Could you be the new GOsC Chair?

**Do you have a clear understanding of the role of the GOsC? Are you an excellent communicator? Can you demonstrate wide, current knowledge and experience of osteopathic clinical practice?**

The current Chair of the GOsC Council, Professor Adrian Eddleston, will be retiring at the end of March 2012.

A recruitment campaign, run by the Appointments Commission, to appoint a new Chair is now underway.

The full job description is available on the Appointments Commission website ([www.appointments.org.uk](http://www.appointments.org.uk)) and was advertised in the *Sunday Times* on 10 July.

The deadline for applications is **Monday 5 September** and interviews will take place at the end of October. It is expected that the new Chair will be appointed in December 2011 to allow for an appropriate induction period before formally taking office on 1 April 2012.

# In Council

## 14 July 2011 – 72nd meeting of the General Osteopathic Council

The agenda and all related papers can be found on the GOSC public website.

### REVALIDATION

Council made a series of decisions taking forward the Revalidation Pilot. These were:

- > Agreement of the Guidelines for Osteopaths Seeking Revalidation (Revalidation Pilot) for the 2011/12 Revalidation Pilot.
- > Publication of a report which sets out how the Pilot will be evaluated.
- > Publication of a continuing professional development (CPD) Discussion Paper to generate debate in the profession about improving the CPD scheme alongside Revalidation (see page 11).

Council also agreed formally to launch the Pilot, which will commence with training workshops for Participants in September.

### QUALITY ASSURANCE OF OSTEOPATHY QUALIFICATIONS

Council considered the results of the consultation on a revised Quality Assurance Review Method Handbook and agreed to publish the revised version, which will come into effect on 1 September 2012 (see page 13).

### EQUALITY AND DIVERSITY POLICY

Council agreed an interim policy statement on equality and diversity, produced following the passing of the Equality Act 2010, which will be updated once formal guidance on the GOSC's new equality duty is available.

### ENABLING EXCELLENCE – THE NEXT STEPS

Following initial discussions at its April meeting, Council received an update on work undertaken in response to the recent government policy statement on healthcare professional regulation, *Enabling Excellence*. This included how the GOSC can help with the development of the profession while at the same time finding opportunities to make savings or work collaboratively with other regulators.

### CHRE PERFORMANCE REVIEW 2010/11

Council received the Council for Healthcare Regulatory Excellence's (CHRE) Performance

Review report, *Changing regulation in changing times: 2010/11*, which was extremely positive, confirming that the GOSC had maintained effective regulation across all of its regulatory functions, with patient safety and public interest at the core of its activities. Further information is available on page 13. The full report can be found at [www.chre.org.uk](http://www.chre.org.uk).

### RECOGNISED QUALIFICATIONS – STREAMLINING THE PROCESS

It was agreed to streamline the process of granting Recognised Qualifications (RQs) to minimise delays to Osteopathic Educational Institutions. In future, Council will allow the GOSC Executive to negotiate minor drafting changes and delegate more substantial changes to the Education Committee for decision, while final approval will continue to rest with Council.

### GOSC ANNUAL REPORT AND ACCOUNTS 2010/11

Council approved the Annual Report and Accounts for 2010/11. It will be published shortly on the GOSC public website.

### WELSH LANGUAGE SCHEME

As part of its duty under the Welsh Language Act, the GOSC has developed a Welsh Language Scheme which, following consultation and approval by the Welsh Language Board, has now been approved by Council.

### Future Council meetings

- > 11 October 2011
- > 26 January 2012
- > 17 April 2012

Meetings begin at 10am at Osteopathy House. Agendas and papers for the public session are available at [www.osteopathy.org.uk](http://www.osteopathy.org.uk) 7 to 10 days before the meeting.

**For further information, contact Jane Quinnell, Governance Manager, on 01580 720 213 or email: [jquinnell@osteopathy.org.uk](mailto:jquinnell@osteopathy.org.uk).**

# Consulting you

## Student fitness to practise

We are inviting feedback on new guidance for students of osteopathy and Osteopathic Educational Institutions (OEs) on student fitness to practise. The guidance aims to support students and OEs in the teaching and learning of professional behaviours, and to ensure the appropriate and consistent management of behavior that indicates that students may not be fit to practise.

The draft guidance documents we are asking for views on are:

- > *Student Fitness to Practise Guidance for Osteopathic Educational Institutions.*
- > *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.*

Both documents and the consultation questionnaire are available on our public website: [www.osteopathy.org.uk/about/our-work/consultations-events/consulting-you](http://www.osteopathy.org.uk/about/our-work/consultations-events/consulting-you).

The deadline for responses is **1 September 2011**.

## How prepared are osteopathic graduates for professional practice?

If you have experience of working with new graduates, either as a colleague or an employer, please consider completing the Preparedness to Practise Survey conducted on our behalf by researchers at Queen Mary, University of London.

The Survey is available on the Queen Mary website at: <http://surveys.smd.qmul.ac.uk/colleagues/> until 30 August 2011. The results of this project will be available on our public website and the o zone in due course.

# UKBA backs down on inspection of OEs

**After concerted lobbying by the GOsC and the Osteopathic Educational Institutions (OEs), the UK Border Agency (UKBA) has agreed to change its policy requiring further accreditation of OEs which accept international students from outside the EU.**



This policy – Tier 4 Sponsorship Licensing – was originally introduced in 2009 as part of a Government drive to ensure that migrants with student visas should only study at genuine educational providers. The adverse impact of this policy was that, in addition to the accreditation of osteopathic qualifications by the Quality Assurance Agency for Higher Education (QAA) on behalf of the GOsC, OEs had to undergo a further process of accreditation from a UKBA-approved body to gain a Tier 4 Sponsorship Licence, and thus be in a position to accept international students.

The anomaly of this situation was that in one instance the Government, through the Privy Council, was approving the accreditation of OEs for recognition of qualifications, but for another part of the government – the UKBA – this same accreditation provided insufficient educational oversight to warrant Tier 4 Sponsorship Licence status.

In our representations to Government, we called for a change to a policy, that amounted to an unnecessary duplication of cost and bureaucracy; we corrected the misunderstanding about the nature of the accreditation of osteopathic courses; and we emphasised the important influence of UK education and training on students wishing to establish an osteopathic presence internationally.

Following a briefing meeting in May with representatives from the GOsC and the Council of Osteopathic Educational Institutions (COEI), the UKBA announced on 13 June 2011 that no additional reviews of OEs would be necessary to gain a Tier 4 Sponsorship Licence, as the current QAA accreditation process satisfied the UKBA's requirements for educational oversight. This means that all OEs can apply for a Tier 4 Sponsorship Licence to accept students from outside Europe.

## Health professionals crossing borders: Lords inquiry

**The GOsC has submitted written evidence to an inquiry into the mobility of healthcare professionals, carried out by the House of Lords European Union Sub-Committee on Social Policies and Consumer Protection.**

This inquiry is in response to the European Commission's plan to revise the current Mutual Recognition of Professional Qualifications (MRPQ) Directive, which is designed to boost professional mobility within the EU. This legislation also governs the way the GOsC processes applications to the UK Register from osteopaths trained elsewhere in Europe.

We responded to a number of questions, restating our calls for greater patient protection through proper regulation and high standards of treatment. This is the challenge the GOsC has faced in implementing the MRPQ Directive, which

promotes freedom of movement, but does not necessarily address all public safety concerns related to mobility – particularly for a profession not widely regulated across Europe.

In our response we emphasised the need for a legal duty on regulators and governments, or other appropriate bodies, to share a range of information critical to ensuring patient safety and for an amendment to the Directive to permit regulatory authorities to directly test the language competency of healthcare professionals as part of the registration process. We also took the opportunity to highlight our ongoing work with

European colleagues to formalise osteopathic standards across Europe through collaboration with the European Committee for Standardization.

The outcome of this inquiry will influence the UK Government's response to the European Commission's consultation on this Directive over the summer.

**For further information, including copies of the GOsC's evidence to the House of Lords inquiry on professional mobility, please contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: [seldred@osteopathy.org.uk](mailto:seldred@osteopathy.org.uk).**

# More choice for back pain patients in England

**While not all osteopaths want to engage with the NHS, some do. Here we explain new reforms which will enable NHS patients in England to have more freedom to choose their healthcare from April 2012, following a recent Government announcement<sup>1</sup>.**

Health Secretary Andrew Lansley has said that patients should have a wider choice of qualified providers, whether NHS or private providers, including voluntary and third-sector organisations.

Eight services have been identified for which this greater freedom of choice will be available. This includes services for back and neck pain, providing a valuable opportunity to improve access to osteopathy on the NHS.

The timetable for this new scheme is:

- > **September 2011** – all PCTs and commissioning groups should have engaged with patients, healthcare professionals and providers on local priority service areas for extending choice of provider;
- > **October 2011** – this engagement will have been used to identify services for implementation;
- > **April to September 2012** – PCTs to implement patient choice of 'Any Qualified Provider'.

Any providers wanting to offer services to patients will be subject to a qualification process, which is still to be developed. While for most providers this is likely to mean registration with the Care Quality Commission (CQC), it seems likely that for osteopaths, who are not required to be CQC-registered, a different process will apply.

The GOsC will be working to ensure that the qualification requirements are appropriate and can be met by osteopaths, but at a local level it is important that osteopaths, who wish to see osteopathy included in the list of services, engage **now** with their local PCTs and GPs.

## Quick guide to the Care Quality Commission

The CQC was set up in 2008 to regulate health and social care services in England. It regulates services rather than individuals.

Osteopaths in England do not, generally, need to register with the CQC, even if they are carrying out minor diagnostic and screening activities. But it is important to be aware of the requirements placed on CQC registrants as part of a wider picture of healthcare in the UK – particularly if you are considering work within the NHS. These requirements may also influence patients' and other healthcare professionals' expectations of osteopathic healthcare.

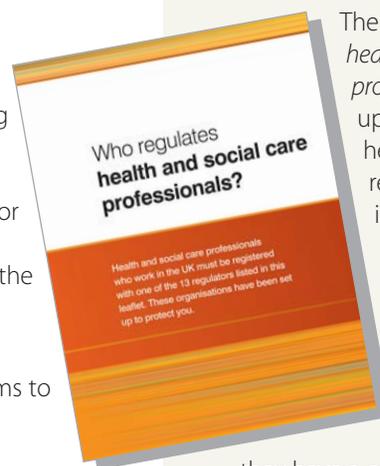
Healthcare providers registered with the CQC are required to meet the following safety and quality standards:

- > Regularly assess and monitor the quality of the services provided, having regard to the views of patients (amongst other things).
- > Put in place effective systems to prevent, detect and control spread of infection.
- > Provide suitable premises.
- > Have suitable arrangements in place for obtaining and acting in accordance with consent to treatment.
- > Bring complaints procedure to the attention of the patient.
- > Maintain accurate records.
- > Co-operate with other providers where reasonably practicable.
- > Have suitable training to carry out the activity.
- > Provide a statement to the patient specifying the terms and conditions and the amount and method of payment of fees.

**For further information about the Care Quality Commission, visit: [www.cqc.org.uk](http://www.cqc.org.uk).**

<sup>1</sup> These plans are set out in the Department of Health's response for one of the commitments for which it sought views in the public consultation, *Liberating the NHS: Greater choice and control*, which ran from 18 October 2010 to 14 January 2011: implementing choice of any willing provider.

## Who regulates health and social care professionals?



The leaflet, *Who regulates health and social care professionals* has been updated by the 13 UK health professions' regulators. It provides information to the public on the standards a health and social care professional must meet in order to be registered with a regulator and who to contact should they have a concern regarding the person that has treated or cared for them.

This is a useful resource for osteopaths to have not only for patients, but also when networking with other healthcare professionals or presenting at speaking opportunities. It lets others know that you belong to a regulated profession and, as such, adhere to high standards of practice.

A copy of the leaflet has been provided in this issue of *The Osteopath* magazine and is available to download on the **o** zone. Additional copies of the leaflet are also available to order, free of charge, on the **o** zone. Visit: [www.osteopathy.org.uk/ozone/resources/publications-and-support-materials/leaflets/](http://www.osteopathy.org.uk/ozone/resources/publications-and-support-materials/leaflets/).

# Osteopathic research at your fingertips

**Developing osteopathic practice is an important role for the GOsC, whether through the continuous improvement of professional standards, quality assuring osteopathic training, or raising the level of research awareness amongst osteopaths and fostering an environment of evidence-based practice.**

One way that we do this is by giving osteopaths access to online research resources, including the *International Journal of Osteopathic Medicine* (IJOM). This IJOM resource not only includes all past issues of IJOM but also free access to a range of other relevant health science journals.

UK-registered osteopaths will enjoy privileged access to the Elsevier website – publishers of IJOM – via the **o** zone. We hope this will provide osteopaths with a whole new range of CPD resources.

## What does your IJOM Plus package include?

The online IJOM includes reviews, original research, conference reports, masterclasses, clinical tips and examples of best practice. You will also have access to case reports, continuing education and professional development articles and quizzes, self-assessment exercises, research and treatment bulletins, commentaries, book reviews, and technical reports.

Other benefits of the package include:

- > Free access to six other Elsevier journals in the field of bodywork and manual therapy, including the *Journal of Bodywork and Movement Therapies*, *Manual Therapy* and *The Spine Journal*.
- > Special discounts on journals of interest to you through individual subscriptions, for example *Physical Therapy in Sport*, *Complementary Therapies in Clinical Practice* and the *European Journal of Pain*.

- > Discounts via the 'Elsevier Bookclub' on hundreds of books within the health professions' field.
- > Free, personalised searches enabling you to keep up to date with topics of interest as soon as the information is published, saving you time finding key resources when you log on.

## Accessing IJOM Plus

Once you have logged on to the **o** zone, no additional information is needed – you can click straight through to the Elsevier website and start personalising your account.

You can set up free e-alerts in your areas of interest, which will automatically notify you when the latest articles are published online.

**To register for the e-alerts, you will need to follow these simple steps:**

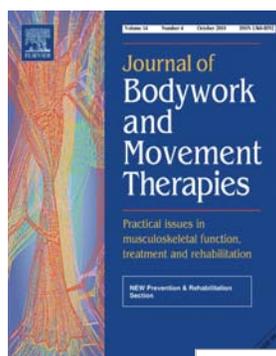
**Step 1** – Log on to the **o** zone and visit the 'Research journals' page under the 'Research' section in 'Resources'. From here, you can access the Elsevier website.

**Step 2** – Click on the link 'Receive free email alerts' on the right-hand side of the page.

**Step 3** – Register as a **guest** by entering your email address and creating a password.

**Step 4** – Create your profile, set your email alerts and manage your account and searches.

Once you have registered, you can save searches on key words and topics to make sure you don't miss any developments in your chosen areas.



In the early part of 2012, when osteopaths will have had access to the Elsevier package for a little more than a year, we will survey you for your opinion on the service and invite suggestions on how this can be further improved. With this in mind, we hope you will take every opportunity to use this new resource over the coming months, so that you can form an opinion of its value to you and your practice.

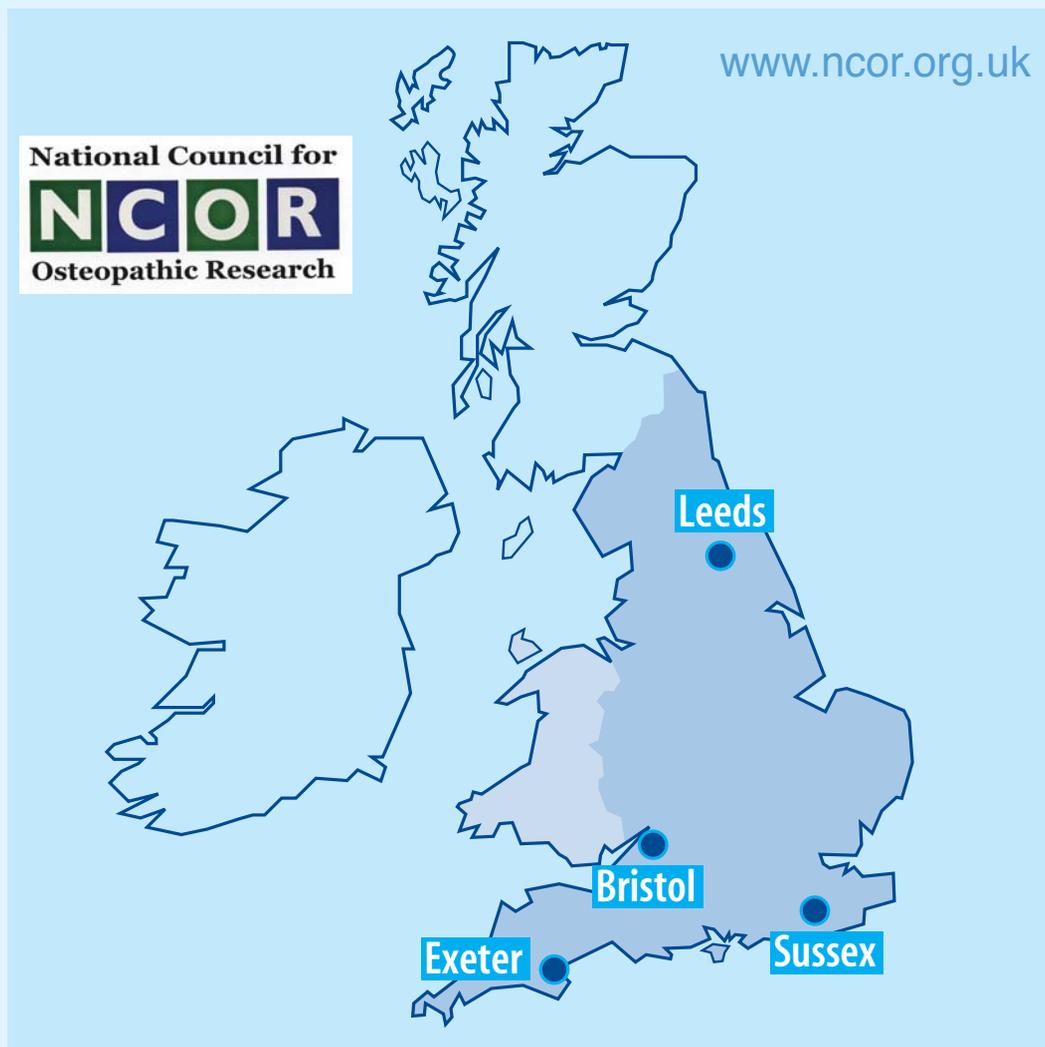
**For further information, contact Brigid Tucker, Head of Policy and Communications, on 020 7357 6655 ext 247 or email: [btucker@osteopathy.org.uk](mailto:btucker@osteopathy.org.uk).**

# NCOR research hub news

In order to encourage and facilitate widespread engagement in osteopathic research, NCOR developed a national network of research hubs.

Groups have so far been established in Exeter, Bristol, Leeds and Sussex (Haywards Heath).

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 (Monday–Thursday) or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).



## > BRISTOL

**Thursday 8 September**  
7–9pm  
Clinical tests for the lower limb and their reliability.

## > EXETER

**Saturday 8 October**  
7–9pm  
Examining findings from a project to look at the profession's views on the development of a career structure for osteopathy.

## > HAYWARDS HEATH

**Wednesday 21 September**  
7–9pm  
The knee joint: evidence for both osteopathic and conservative management.

## > LEEDS

**Monday 10 October**  
5–7pm  
The hip joint: outcome measures and the evidence for clinical tests commonly used.

# Conference calendar

> 14–18 September 2011

## Potsdam, Germany

Summer school on CAM research methodology. Further information and an application form can be found at: [www.charite.de/epidemiologie/english/ag\\_witt\\_news.html](http://www.charite.de/epidemiologie/english/ag_witt_news.html).

> 1 October 2011

## Potsdam, Germany

Sixth International Symposium on Advances in Osteopathic Research, in conjunction with the International Congress of Osteopathic Medicine. Further information can be found at: <http://osteopathie-kongress2011.de>.

> 26 November 2011

## British School of Osteopathy, London

Chiropractic, Osteopathy and Physiotherapy Conference. Further information can be found at: <http://www.bso.ac.uk>.

> 11–13 November 2011

## Meriden, near Birmingham

British Osteopathic Association Annual Convention. Further information can be found at: <http://www.osteopathy.org/NQS/UT865235>.

> 13–15 May 2012

## Jerusalem, Israel

The 2nd International Conference on Integrative Medicine. Further information can be found at: [www.medicconvention.com](http://www.medicconvention.com).

> 15–18 May 2012

## Portland, Oregon, USA

Integrative Medicine and Health. Further information can be found at: [www.IMConsortium-Congress2012.org](http://www.IMConsortium-Congress2012.org).

# Standardised data collection – development of a short-form version of the data collection tool

Carol Fawkes, Research Officer, the National Council for Osteopathic Research

**Many osteopaths participated in the development of a standardised data collection tool for osteopathy and a national pilot during 2009. The project report and an executive summary are available on the National Council for Osteopathic Research (NCOR) website<sup>1,2</sup>.**

While the large data collection tool is suitable for snapshot surveys, a smaller version is regarded as more appropriate for day-to-day use in practice. The short form was developed by Professor Ann Moore and the original project team, and reviewed by the project steering group, including Jorge Esteves, Bryan McIlwraith, Michael Watson, and Kelston Chorley.

Osteopath Martin Grundy, in cooperation with NCOR, worked with a group of osteopaths in Lymm to pilot the short form of the data collection tool. Following data analysis and examination of the feedback from participating osteopaths, minor amendments have been made to the tool and it is now ready for use by the profession. A report of the findings of the pilot process

is being prepared and will be available on the NCOR website shortly. A publication is also being prepared by NCOR, which will include a copy of the data collection tool, accompanied by instructions on how to analyse and present the data.

## What information does the short form include?

In total, 26 questions are included in the short form of the data collection tool. Examples of the information sought include:

- > Demographic data.
- > Use of NHS resources, e.g. medication, imaging, inpatient and outpatient treatment.

- > Duration of symptoms, i.e. the number of patients presenting who have acute, subacute or chronic symptoms.
- > Areas of the current symptoms.
- > Severity of main symptoms.
- > Osteopathic management of the patient, including advice.
- > Funding of treatment.
- > Response to treatment.
- > Total number of treatments.
- > Outcomes of care including, for example, change in pain/disability score, the number of treatments required before return to work, and the necessity for referral.

(Continued on page 20.)

# NCOR Research Conference

## Evidence supporting clinical practice

**Saturday 3 December 2011**

10am to 4pm at Leeds Metropolitan University

Six hours of CPD are available for the conference.



Image courtesy of www.leedsmet.ac.uk

Speakers and topics include:

- > **Dr Dawn Carnes** – Adverse events in manual therapy.
- > **Dr Janine Leach** – Trends in insurance claims and complaints to the regulator.
- > **Professor Ann Moore** – Patients' expectations of osteopathic care.

Further speakers will be announced shortly.

Please contact Carol Fawkes for an application form at [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk) or call 01273 643 457. Alternatively, visit the NCOR website at: <http://www.brighton.ac.uk/ncor/news/index.htm>.

There are a number of potential uses for the data collected in the short form. These include:

- > Profiling a practice – what types of symptoms are patients reporting, for how long have they experienced their symptoms, and what other resources, if any, have they used to try to resolve those symptoms?
- > Providing outcome information – how are patients responding to treatment?
- > Providing information on future areas for continuing professional development.
- > Identifying relevant topics for clinical audit within the practice.
- > Identifying potential research questions.

The tool represents a helpful addition to clinical practice: it has been shown to take only a short time to complete. Standardised data collected by practices can provide valuable information to profile practice at both national and international levels, helping with identifying personal learning needs and being able to provide information to patients where required.

## Standardised data collection – cervical spine

Little information exists concerning the day-to-day management of cervical spine problems in clinical practice. To address this, a snapshot data collection project was undertaken by the profession during 2010. A full report of the findings is currently being completed.

### Summary of findings

Data were collected on 295 patients during the three-month data collection period. In this sample, 39% of patients were male, and 60% were female (1% of patients declined to answer the question). A total of 87.1% of patients described themselves as white British.

The age range for patients was between 0-9 years (2%) and 80-89 years (4%). A total of 58% of patients were between 30-59 years, with 40-49 being the peak age range for presenting patients. Full time employment and self-employment was reported by 50.5% of patients.

The duration of patients symptoms varied; 60.7% of patients reported acute symptoms, 11.2% subacute symptoms, and 25.8% chronic symptoms.

Data were collected on a number of factors relating to general health status and the use of NHS resources prior to visiting an osteopath. Patients reported a range of comorbidities, i.e. a co-existing disease or pathological process diagnosed by a medical practitioner. The most frequently reported included hypertension (11.2%), arthritis (11.2%), asthma (8.1%), and migraine (6.8%). The complete list recorded using a published scale is shown in Figure 1.

A total of 43.4% of patients reported they had visited their general practitioner (GP) prior to visiting an osteopath; among this group, 43% had visited once, and 31% had visited their GP twice. The use of other NHS resources was reported by 20% of patients in the sample; the breakdown of this usage is shown in Figure 2.

The most common areas for symptoms were posterior aspect of cervical spine, lateral aspect of cervical spine, and the cervico-thoracic junction. A list of "other" symptoms was collected and this included (in order of frequency) accompanying

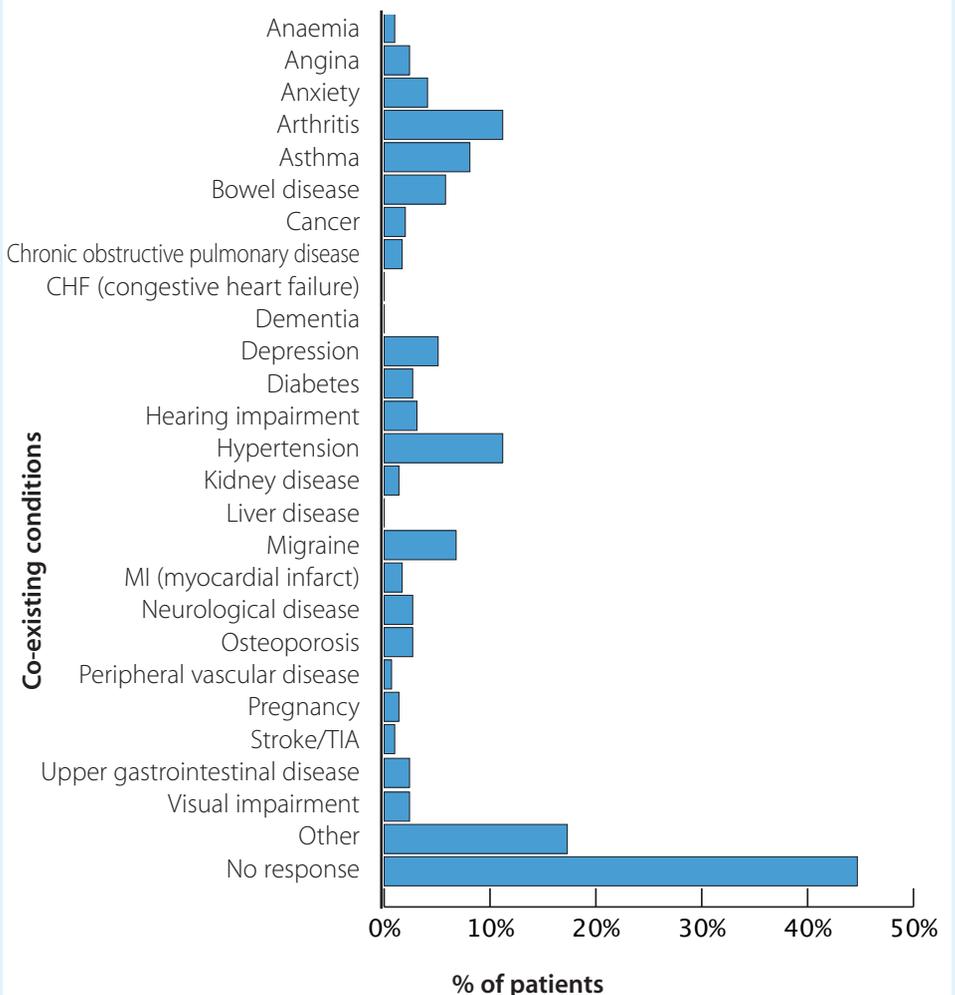
symptoms in the lumbar spine (3.1%), shoulder (4.1%), scapula (2.7%), ribs and sternum (2%), lower extremity (1.7%), and thoracic spine (1.7%). Accompanying symptoms included dizziness (1%) and tinnitus (0.7%).

Patients recorded a variety of routes to an osteopathic practice, but the most common reason was word of mouth (74.6%); 88.5% of patients reported they were self-funding.

Treatment and management approaches were also recorded. Soft tissue techniques were used for 87.8% of patients at their first visit, as well as articulation (74.9%), high velocity low amplitude (HVLA) thrust techniques (50.5%), education (39.3%), and exercise (27.8%). The full range of interventions employed is shown in Figure 3.

At the second and subsequent visits, the pattern of management interventions was similar, with soft tissue (72.9%), articulation (66.4%), HVLA (43.4%), education (29.5%), and exercise (27.8%) being used also.

Fig 1. Comorbidities reported by patients at their initial consultation



Self-management strategies were recorded and these included:

Intervention and subsequent treatments	First visit	Second and subsequent treatments
Specific exercise	51.9%	36.3%
Application of cold	35.3%	20%
Advice concerning physical activity	41.7%	30.5%

Fig 2. Use of NHS resources prior to visiting an osteopath

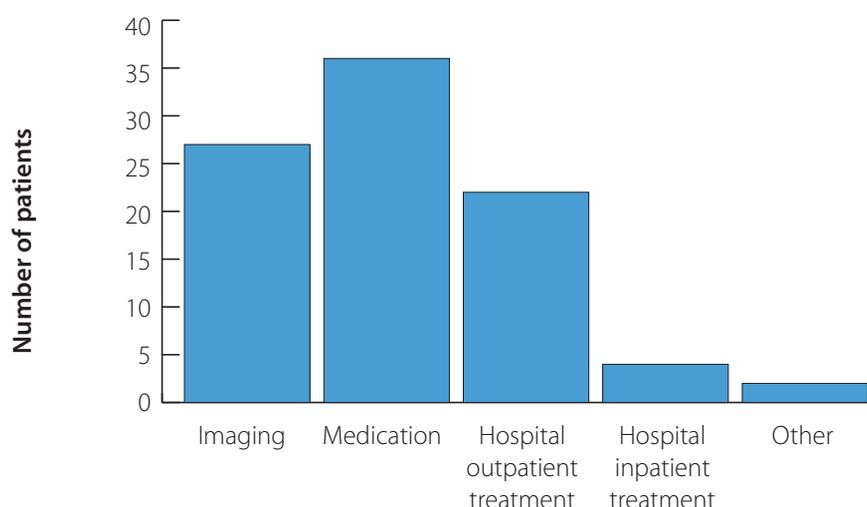
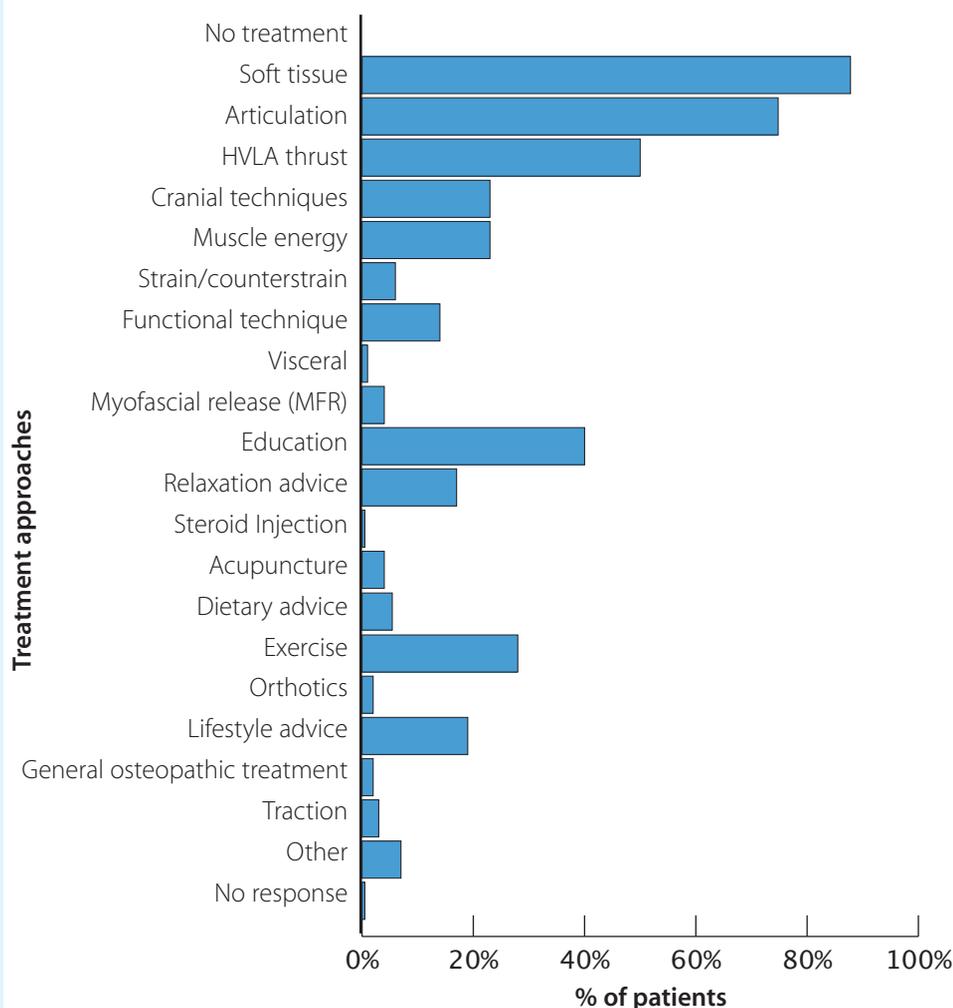


Fig 3. Treatment and management approaches used at the first consultation



Time off work was recorded at initial presentation, with 5.4% of patients being off work for less than one week, 0.3% for one week, 1.4% for two weeks, and 0.3% for five weeks or more. At the completion of treatment/end of the data collection period, data were collected on the number of treatments required to allow return to work. This showed: one treatment (2.4%), two treatments (1%), and three treatments (1.7%). Additional outcome information is described in more detail in the full report of this project, which will be added to the NCOR website shortly.

### Further data collection work

More data collection projects will be undertaken by NCOR during the coming year, including data collection from the paediatric clinics attached to the Osteopathic Educational Institutions (OEIs). The OEIs will also be using the data collection tool during this year to profile the work in their undergraduate clinics.

Little baseline information is available concerning the management of knee pain in osteopathic practice<sup>3-8</sup>. A snapshot data collection survey will be undertaken later this year to examine this area of clinical practice.

The Sutherland Cranial College will be using the short form of the data collection tool to profile osteopathy in the cranial field ongoing in private practice. Further information concerning this work can be found at: <http://www.sutherlandcranialcollege.co.uk/events/article/?strUniqueID=2C8810E8-E913-98B2-B17A318ED5D8FDC9>.

### References

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2. Development of a standardised data collection tool for osteopathy – executive summary. [http://www.brighton.ac.uk/ncor/news/SDC\\_Executive\\_Summary.pdf](http://www.brighton.ac.uk/ncor/news/SDC_Executive_Summary.pdf).
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# Backchat

This section is intended to provide a forum for professional debate. The views and opinions expressed here do not necessarily reflect those of the publishers.

## Prescribing Rights

**Dear Editor,**

Anyone involved in healthcare cannot have failed to notice the rapid expansion of allied health professionals into the field of prescribing drugs. However, what is interesting but perhaps not surprising is the lack of interest among osteopaths. Some three years ago, one of us (Jo Sunner), when enquiring about prescription rights for osteopaths, was told that the profession had decided it did not want such rights. Neither of us can recall ever being asked about this matter. We feel it is now an appropriate time to consider the acquisition of prescription rights.

It has often been said that we are a diverse profession – probably an understatement. Much of our success with patients comes from our empathy, our listening skills and sensitivity, and this is as it should be; these attributes are a vital part of healthcare. Does this not make us best placed to provide a more holistic flavour to scientific medicine? Considering that osteopaths now qualify with a science degree, the movement towards a more scientific approach to practice is slow.

It has been said that allowing osteopaths to prescribe medicines is inconsistent with the philosophical basis of osteopathy. This argument is difficult to sustain, in that we have no universally agreed definition of what osteopathy is or does.

Given that osteopaths vary in their approach to treatment, isn't it right that we should be able to develop our practice in a way that we feel will best benefit our patients? And if that encompasses aspects of modern conventional medicine, so be it.

### A brief history of the acquisition of prescription rights

The process of extending prescription rights gained momentum after publication of the Crown Report in 2000, which recommended extending prescribing rights to allied health professionals. This was followed by the Health and Social Care Act 2001, which allowed "new registered professional groups to be designated by order for the prescription of medicines for human use". This meant that the way was open for statutorily regulated healthcare professions to seek prescription rights.

Spearheaded by the nurses, the physiotherapists, pharmacists and podiatrists rapidly followed, with many in these groups undertaking the appropriate training and thereby gaining

supplementary prescription rights. Currently, physiotherapists, podiatrists and radiographers are working towards full, independent prescribing rights, and dieticians, speech therapists, orthopists and occupational therapists are hoping to gain supplementary rights.

### What does this mean for osteopaths?

A development that we feel ought to concern osteopaths is the adoption of self-referral to physiotherapists without the need to see a GP or consultant (see *Engagement exercises to seek views on possibilities for introducing independent prescribing responsibilities for physiotherapists and podiatrists*, Department of Health, 3 Sept 2010). This, coupled with independent prescribing rights, could see physiotherapists offering a 'one-stop' service to patients with musculoskeletal disorders: consultation, examination, advice, exercise, manipulation, medication and joint injections all available in one place. Is that not a more holistic approach to treatment?

We would urge the profession to get into a serious debate through *The Osteopath* magazine now, and the GOsC to obtain prescribing rights as soon as possible.

**John Roberts MSc DO**  
**Jo Sunner BSc DO JP**

If you have a question to ask or views to share, contact *The Osteopath* editor on 020 7357 6655 ext 222 or email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk).

# Bookshelf

A selection of illustrated reference books for the osteopathic bookshelf

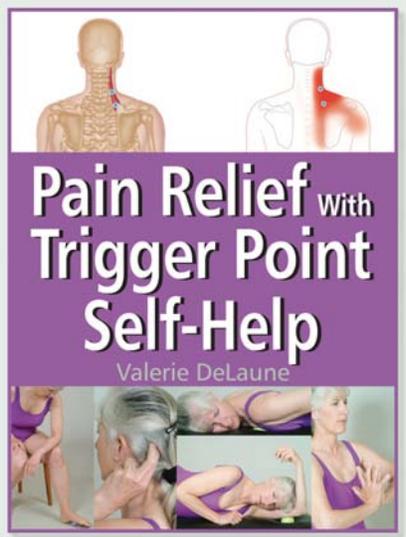
## Pain Relief with Trigger Point Self-Help

Valerie DeLaune

Published by Lotus Publishing

ISBN: 978-1-905367-25-2

This book teaches readers where to search for trigger points, how to treat them by applying pressure and doing stretches, and how to prevent trigger points from forming by making simple lifestyle changes, practicing proper body mechanics, and addressing nutritional deficiencies and other pertinent medical issues. Containing both illustrations and photographs, it is a useful resource for osteopaths whose patients suffer from either chronic or acute pain.



## Neck and Arm Pain Syndromes

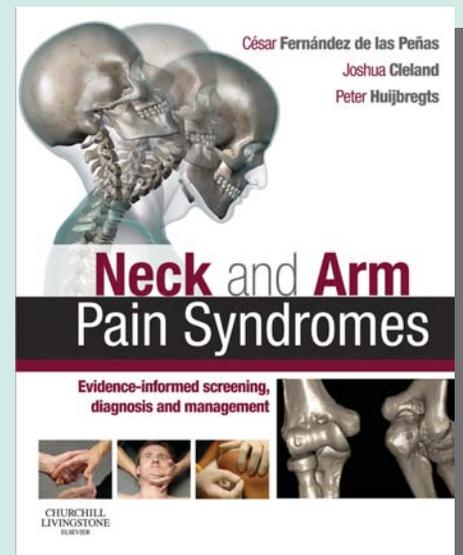
César Fernández de las Peñas,  
Joshua Cleland and  
Peter Huijbregts

Published by Churchill Livingstone  
Elsevier

ISBN: 978-0-7020-3528-9

The first of its kind, this is a comprehensive evidence- and clinical-based book, covering research-based diagnosis, prognosis and management of neuromusculoskeletal pathologies and dysfunctions of the upper quadrant, including joint, myofascial and neural tissue approaches.

It addresses the expanding role of the various healthcare professions which require increased knowledge and skills in screening for contraindications and recognising the need for medical-surgical referral. The book also stresses the integration of experiential knowledge and a pathophysiological rationale with current best evidence, and features over 800 illustrations demonstrating examination procedures and techniques.



If you would like to review either of the books featured above – in exchange for a free copy – contact *The Osteopath* editor on 020 7357 6655 ext 222 or email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk).

You can also now request a book to review through the [o zone](#) website.



## International Congress of Osteopathic Medicine

29 September – 2 October 2011, Germany

This four-day conference will explore the importance of the thorax and its significance in movement, breathing and life. Speakers from across the world will host lectures and workshops on a number of thorax-related areas, including the internal structure of the thorax and its relationship to the neck and abdomen; osteopathic dysfunctions in the thorax; and the anatomy of the thorax.

The conference will also host the sixth International Symposium on Research Developments in Osteopathic Medicine, where Dr Gerd Antes, from the Deutsch Cochrane Centre, and Steven Tyreman PhD MA DO, from the British School of Osteopathy, will each present their research findings.

**For further information on the programme or to book your place at the conference, please visit <http://osteopathie-kongress2011.de/home>.**

## 50th BEVA Conference

7–10 September 2011, Liverpool

The British Equine Veterinary Association's annual conference is the largest of its kind in Europe. The three-day conference programme includes lectures, workshops and clinical research sessions on topics such as muscle disorders, the foot, and the role of the allied health professional in the care of the horse's back.



A special discounted rate is being offered to osteopaths wishing to attend the conference.

**Further information is available from [www.beva.org.uk](http://www.beva.org.uk) or by emailing [clare.ascroft@beva.org.uk](mailto:clare.ascroft@beva.org.uk).**

## Evidence Supporting Clinical Practice

3 December 2011, Leeds

This one-day research conference is being held by the National Council for Osteopathic Research (NCOR) at Leeds Metropolitan University. Topics explored on the day include adverse events in manual therapy, patients' expectations of osteopathic care, and trends in insurance claims and complaints to the regulator.

Speakers include Dr Dawn Carnes, Dr Janine Leach and Professor Ann Moore.

**For further information or to request an application form, please contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).**

# BOA Annual Convention & Trade Exhibition

11–13 November 2011, Warwickshire

This three-day convention looks at all aspects of osteopathic practice, including paediatric assessment, dynamic neuromuscular stabilisation, how to assess workplace ergonomics, and musculoskeletal scanning.



Speakers include Professor Pavel Kolar and Dr Alena Kobesova from the Prague School of Rehabilitation and Manual Medicine; Jason Haxton, Director of the Still Osteopathic Museum; and Professor Nicola Maffulli, Professor of Trauma and Orthopaedic Surgery.

The convention takes place at the Marriott Forest of Arden hotel.

**For further information or to book your place at the event, please visit [www.osteopathy.org](http://www.osteopathy.org) or call 01582 488 455.**

# Tissue Repair and Electrotherapy



3 September 2011, London

Organised by the Osteopathic Sports Care Association (OSCA), the aim of this course is to explore the current concepts in tissue repair, healing and recovery from injury and then to consider how manual therapy, exercise therapies and other interventions could be reasonably expected to influence the process.

A consideration of the role of three electrotherapy modalities (ultrasound, pulsed shortwave and laser therapy) will be included in the afternoon session, followed by a brief consideration of emerging issues with some other modalities which have a growing body of evidence and which are starting to move into the clinical environment.

The programme aims to be both evidence-based and clinically applicable and is relevant to all osteopaths working within a sports care environment.

**For further information, please email: [secretary@osca.org.uk](mailto:secretary@osca.org.uk).**

# The British Conference of Acupuncture & Oriental Medicine

17–18 September 2011, Berkshire

This year's conference features 39 speakers offering innovative, informative and educational workshops throughout the weekend. They will be exploring questions about whether acupuncture can treat every sports injury, what it means to practise Chinese medicine and what the face can tell us.

The programme covers a diverse range of topics, including the impact of classical texts on modern practice, how to spice up your dietary advice, and the benefits of regular supervision support and how it can enhance your practice.

Students and new graduates are encouraged to attend the Open Forum on Sunday morning, where practitioners will explore tips and cautionary tales from their own practice.

**For further information, visit: [www.acupuncture.org.uk](http://www.acupuncture.org.uk). Alternatively, please contact Nigel Kay, Conference Manager, on 020 8735 1216.**



# Courses 2011-12

Courses are listed for general information. This 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 website – [www.osteopathy.org.uk/ozone](http://www.osteopathy.org.uk/ozone).

## October

### > 1 Functional stretching: An active approach

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 1 Craniosacral therapy – two-year course

Speaker: Thomas Attlee  
Venue: London  
tel: 020 7483 0120  
email: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

> 7-9  
**Paediatrics post-pathway**  
Course director: Susan Turner  
Venue: Hawkwood College, Stroud  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

### > 7-9 Applied kinesiology and nerve entrapment: How to unscramble hidden problems with AK

Speaker: Clive Lindley-Jones  
Venue: St Hilda's College, Oxford University, Oxford  
tel: 01865 243 351  
email: [info@helixhouse.co.uk](mailto:info@helixhouse.co.uk)  
website: [www.helixhouse.co.uk/post\\_graduate\\_training\\_courses.asp](http://www.helixhouse.co.uk/post_graduate_training_courses.asp)

### > 19-23 Biodynamic craniosacral

Speaker: Katherine Ukleja  
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

### > 20 How to treat: Whiplash injuries

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 21-23 Pregnancy care

Speaker: Averille Morgan  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 24-28 Osteopathy in the cranial field (module 2/3)

Course director: Kilian Draeger  
Venue: Priotzer Muhle, Germany  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

### > 28 Fascia as a sensory organ: Basic research findings and implications for manual therapy

Speaker: Dr Robert Schleip  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 7-9 Advanced abdomen and pelvic

Speaker: Jean Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 17 How to treat: Impingement syndrome of the shoulder

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

## November

> 4-6  
**Rule of the artery course**  
Course director: Maxwell Fravel  
Venue: Hawkwood College, Stroud  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

> 5-6  
**Basic visceral: The thorax**  
Speaker: Joanna Crill Dawson  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### > 5-6 Osteopathic technique: Cervical spine, CD and UEX

Speaker: Professor Laurie Hartman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

> 18-20  
**Harmonic technique**  
Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

> 18-20  
**Trauma – a comprehensive craniosacral approach**  
Speaker: Thomas Attlee  
Venue: London  
tel: 020 7483 0120  
email: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

> 19

**The therapeutic relationship: Managing difficult situations**

Speakers: Tsafi Lederman and Jenny Stacey  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: cpd@cpdo.net

> 23-25

**The new osteo-articular approach – upper limbs**

Speaker: Jean-Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: cpd@cpdo.net

2012

January

> 13-15

**Discovering the health within trauma**

Course directors: Michael Harris and Anna Greenfield  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk

February

> 9-13

**BLT: Balanced ligamentous tension techniques (module 4)**

Course director: Susan Turner  
Venue: Italy  
email: info@sutherlandcranialcollege.co.uk

> 15-17

**Osteopathic approach to trauma**

Speaker: Jean-Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: cpd@cpdo.net

March

> 2-5

**Functional face (module 8)**

Course director: Dianna Harvey Kummer  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk

> 19-23

**Osteopathy in the cranial field (module 2/3)**

Course director: David Douglas Mort  
Venue: Hinsley Hall, Leeds  
email: info@sutherlandcranialcollege.co.uk

April

> 21-22

**JEMS movement art part 1 (of 4)**

Speaker: Joanne Elphinston  
Venue: Stirling, Scotland  
email: morag.fraser@btconnect.com

> 25-27

**Neuro-vascular manipulation of head, neck and cranium**

Speaker: Jean-Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: cpd@cpdo.net

May

> 10-14

**BLT: Balanced ligamentous tension techniques (module 4)**

Course director: Susan Turner  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk

June

> 11-15

**Osteopathy in the cranial field (module 2/3)**

Venue: Priotzer Muhle, Germany  
email: info@sutherlandcranialcollege.co.uk

July

> 13-15

**In reciprocal tension – membranes and principles (module 5)**

Course director: Peter Cockhill  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk

September

> 10-14

**Osteopathy in the cranial field (module 2/3)**

Venue: Columbia Hotel, London W2  
email: info@sutherlandcranialcollege.co.uk

October

> 6-7

**Internal medicine**

Course directors: Clive Hayden and Liz Hayden  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk

> 20-21

**JEMS movement art part 2 (of 4)**

Speaker: Joanne Elphinston  
Venue: Stirling, Scotland  
email: morag.fraser@btconnect.com

> 26-28

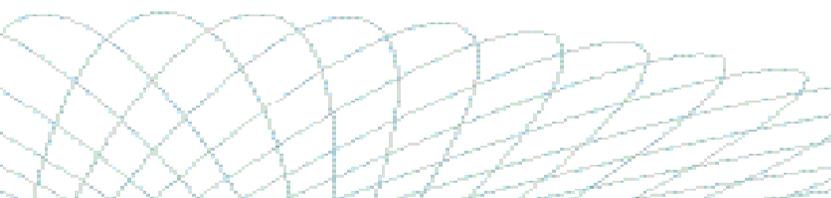
**Spark in the motor – CNS and fluids (module 7)**

Course director: Kok Weng Lim  
Venue: Columbia Hotel, London W2  
email: info@sutherlandcranialcollege.co.uk

**Attention osteopaths:**

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: editor@osteopathy.org.uk.

The resource is open to all osteopaths running courses for their colleagues.



**CLASSIFIEDS**

**RECRUITMENT**

**Associate for clinic in Trinidad.**  
Good mechanical skills important, IMS skills useful. Some work with local sports groups compulsory. Interviews in September. Enquiries and CVs to [rdmaharaj@hotmail.com](mailto:rdmaharaj@hotmail.com).

**Associate required in Norwich.**  
We are looking for a motivated osteopath with cranial training and experience in treating babies and children. For Saturday mornings and Mondays. Please send a CV and covering letter to [Rebecca@norwichosteopathicclinic.co.uk](mailto:Rebecca@norwichosteopathicclinic.co.uk).

**Director sought** for four-room osteopathic practice in London. To take over responsibility for financially sound, long-standing, mainly osteopathic practice. To practise there is desirable. Please reply to Box No 116, The Osteopath, The Wealden Group, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**Enthusiastic osteopath required** to join modern podiatry clinic in Eastbourne. One/two days pw – Monday and Wednesday, opportunity to do more. Newly refurbished clinic, electric couch, busy location with parking. Email: [Margaret.reeve@sky.com](mailto:Margaret.reeve@sky.com). Tel: 07875 045 108 evenings.

**Associate osteopath required** in Holmfirth, West Yorkshire. Initially two half-days, but hours negotiable, with three-week locum cover required in December. Enthusiastic individual wanted, who is committed and motivated. Good structural skills essential and cranial useful. CV to Hannah Stringer – [info@holmevalleyosteopathy.co.uk](mailto:info@holmevalleyosteopathy.co.uk).

**I am an enthusiastic and hard-working** newly-qualified osteopath (Master's of osteopathy). I am confident in, and enjoy all aspects of structural osteopathic technique. I wish to develop my cranial and paediatric skills. I would like to be considered for a part-time/full-time position in London, the Home Counties or the Bristol area. Please reply to Box No 118, The Osteopath, The Wealden Group, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**COMMERCIAL**

**Practice for sale.** Est. 20 years in Georgian market town, Cambridgeshire. Full complementary health portfolio inc. osteopathy, podiatry, craniosacral, sports massage, etc. Excellent reputation, motivated and professional personnel with busy structural patient list. Option to buy freehold plus residential apartment. Owners relocating. Contact 07795 490 998 or [osteoclinic4sale@hotmail.co.uk](mailto:osteoclinic4sale@hotmail.co.uk).

**Director sought** for four-room osteopathic practice in London. To take over responsibility for financially sound, long-standing, mainly osteopathic practice. To practise there is desirable. Please reply to Box No 116, The Osteopath, The Wealden Group, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**Practice and premises for sale.** Unique opportunity to buy practice and premises in Bristol/South Glos. Established over 20 years. Large current database of 5,000+ patients. Prestigious town centre location. Four ground-floor rooms, front and rear access, parking, etc. OIRO £400k. Please reply to Box No 117, The Osteopath, The Wealden Group, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**Consulting room** and dedicated waiting room available on flexible terms within a central London dental practice. Please contact Julie for details: 0207 724 7440 or [info@stanhopeplace.com](mailto:info@stanhopeplace.com).

**Goodwill for sale.** Osteopathic practice established for 38 years in north-west Lancashire. Database of 13,000+ patients. Sale due to retirement. Accounts available. Excellent location with low rent and overheads, plus car park. Expansion possible. Reply to: [matrix22@ntlworld.com](mailto:matrix22@ntlworld.com).

**Graduate diploma in chiropractic methods** (modified chiropractic techniques). Techniques taught: diversified chiropractic (the main method of chiropractic), drop table, mechanical methods similar to an activator gun, extremity adjustments, specific spinal adjusting technique similar to Gonstead chiropractic and much more! Venue: four-star spa hotel in Chiang Mai, Thailand. Chiropractic Advanced Programme, 14–18 November – chiropractic for the full spine, pelvis and extremities, including specific adjustments for difficult-to-treat disc, SIJ and facet cases. Chiropractic Foundation Programme, Manchester, 18–21 December. Teaches chiropractic for the full spine and pelvis. New courses for osteopaths to learn chiropractic methods of assessment and treatment. Techniques easily incorporated into everyday osteopathic practice. Visit: [www.robbiegoodrum.com](http://www.robbiegoodrum.com). Contact Robbie Goodrum, osteopath and physiotherapist, at: [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk), or John Rutherford on 020 7935 4750 / 07850 699 534.

**Pelvic pain and dysfunction course** with Rhonda Kotarinos. London, 2–4 Sept. Fees: £275 (if paid before 31 July, £300 if paid after 31 July). Dry needling course with Claire Waumsley. Modules 1–3: £475, London, 14–16 Oct; Dublin, 21–23 Oct; Leicester, 25–27 Oct. Modules 4 & 5: £350, London, 29–30 Oct. Trigger point therapy course with Claire Waumsley, nr Coventry. 18–19 Oct, £220. Manual therapy for the abdominal viscera. Part 1 (assessment and palpation) and part 2 (clinical applications) with Marty Ryan. London, 5–8 Nov, £248 each (if paid before 31 Sept, £268 if paid after 31 Sept). To book, visit: [www.club-physio.net](http://www.club-physio.net), call: 07748 333 372 or email: [raig@club-physio.net](mailto:raig@club-physio.net).

**Classifieds:**

Up to 40 words – £40 + VAT, thereafter 20p per word. Please email, fax or post your copy to:

Donna Booker  
The Wealden Group  
Cowden Close  
Horns Road, Hawkhurst  
Kent TN18 4QT  
tel: 01580 753 322  
fax: 01580 754 104  
email: [osteopath@wealdenad.co.uk](mailto:osteopath@wealdenad.co.uk)

**Box number replies:**

£7.50 + VAT per box number per issue. Please contact Donna Booker on the above details.

The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

**INSERTS:** A sample or draft artwork of all inserts must be provided for approval by the GOsC, prior to booking. The GOsC can accept no liability whatsoever for inserts which have been produced without prior approval.

**Marketplace display advertisement rates:**

	Mono or 2 colour	Full colour
Inside		
back cover	N/A	£370
Full page	£285	£340
1/2 page	£230	£250
1/4 page	£165	£190
1/8 page	£110	£120

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**GENERAL**

**COURSES**

**Animal osteopathy.** The next one-year course in osteopathy for horses and dogs, using traditional osteopathic techniques, starts in October 2011. Learn how to treat horses and dogs using traditional osteopathic techniques without the use of sedation or anaesthetic. For information, please call Stuart McGregor at the Osteopathic Centre for Animals on 01235 768 055 or email: [wantageclinic@msn.com](mailto:wantageclinic@msn.com).

**Osteopathic promotional material.** Posters, leaflets, exercise sheets, new patient report of findings folders and inserts, promotional flyers, children's stickers, printed balloons, printed pens and more! Join our mailing list for updates on new products and special offers. [www.osteomedia.com](http://www.osteomedia.com).



Dates	Title	Lecturer	Cost	Deposit
<b>Weekend courses 10.00-17.00</b>				
10-11 Sept	Osteopathic technique: Cervical spine, CD and UEX	Prof Laurie Hartman		Fully booked
24 Sept	Sports taping: The upper limb	Tom Hewelson	£135	£135
24 Sept	Pilates: The neck and shoulders in focus	Susie Lecomber	£125	£125
24-25 Sept	Management and rehab of chronic pelvic pain (including pelvic girdle pain)	Leon Chailow	£265	£150
1 Oct	Functional stretching: An active approach	Prof. Eyal Lederman	£125	£125
21-23 Oct	Pregnancy care (Start time Friday 18.00)	Averille Morgan	£385	£200
5-6 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£150
5-6 Nov	Osteopathic technique: Cervical spine, CD and UEX	Prof Laurie Hartman		Fully booked
19 Nov	Therapeutic relationship: Managing difficult situations	Tsafi Lederman & Jenny Stacey	£125	£125
18-20 Nov	Harmonic technique (Start time Friday 18.00)	Prof. Eyal Lederman	£385	£200
23-25 Nov	The new osteo-articular approach: Upper limbs	Jean-Pierre Barral		Fully booked
<b>Evening courses 19.00-22.00</b>				
22 Sept	How to treat: Tennis elbow	Prof. Eyal Lederman		£40
20 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman		£40
28 Oct	Fascia as a sensory organ: Basic research findings and implications for manual therapy	Dr. Robert Schleip		£40
17 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman		£40



## Functional stretching

### An active behavioural approach

Prof. Eyal Lederman

*Passive clinical stretching has limited influence on recovery of movement range  
Most clinical stretching approaches have little value in improving functional daily activities*

Functional stretching is a new clinical approach that focuses on active restoration of movement range, using task-specific, functional movement patterns. This approach is useful for recovering movement losses due to post-injury changes, immobilisation, surgery, frozen shoulder and central nervous system damage.

This research-based approach has been developed in response to the clinical limitations of traditional stretching approaches, which have been shown to be ineffective in helping long-term recovery of movement range.

#### Outcome of course:

- Understanding the biomechanical, biological, neurological and psychological-behavioural processes associated with loss of movement range
- Understanding the processes associated with long-term length adaptation and recovery of movement range
- Ability to identify the indications for therapeutic stretching
- Ability to identify which stretching techniques are most suitable for your patients' conditions
- Understanding the differences between therapeutic and recreational stretching
- Review of various stretching approaches
- Learning new functional stretching techniques to optimise therapeutic outcome

1 Oct 2011, cost: £125.00, 7 hr CPD / For more information and booking see [www.cpdo.net](http://www.cpdo.net)

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# Sutherland Cranial College

*Plan your CPD for the coming academic year!*

- Are you looking for a way to treat those difficult patients who don't respond to your usual techniques?
- Does your treatment focus on specific structures, forgetting the 'whole' person?
- Do you use 'cranial' but find yourself 'floating in the fluids' and lacking precision?

Practise osteopathic principles with the SCC's precise yet fluid cranial approach; current research, on-going student support and mentoring.



## Foundation course

Module 1

**Dates and location by arrangement.** A flexible two-day introduction to osteopathy in the cranial field, working with the involuntary mechanism to improve your palpatory and diagnostic skills.

*"very encouraging start to this new area of osteopathy"*

CPD: 16hrs | Fee £275 | 1:4 tutor-student ratio

## Osteopathy in the cranial field

Module 2/3

**September 12-16 2011.** The course is designed to develop palpatory and diagnostic skills using the involuntary mechanism. A balance of theory and practical sessions allows participants to become familiar with treatment principles which can be used in practice to treat a wide range of patients.

*"great content" "excellent feedback during practicals" "very well organised"*

CPD: 40hrs | Fee £1185; new graduate discount available | London – including lunch

## Developing paediatric osteopathy

**October 7-9 2011.** Exciting course designed to foster confidence in our osteopathic approach to infants and children and deepen our understanding of specific conditions e.g. learning difficulties, allergies, cerebral palsy, epilepsy and downs syndrome.

*"clinical examples and practicals so helpful with my own patients"*

CPD: 24hrs | Fee £859 | Stroud, residential | 1:4 tutor-student ratio

## Rule of the artery

**New course**

**November 4-6 2011.** A fascinating approach to the heart, vasculature and the fluid dynamics of the blood, as it interfaces with the primary respiratory mechanism and the autonomic nervous system.

CPD: 24hrs | Fee £795 | Stroud, residential | 1:8 tutor-student ratio

Visiting Course Director Maxwell Fraval DO Aus

## Discovering the health in trauma

**New course**

**January 15-15 2012.** Exploring the impact of trauma with emphasis on integrating physical, emotional and psychological aspects and developing practical skills for osteopaths. Co-directed by an osteopath and a psychotherapist.

CPD: 24hrs | Stroud, residential | 1:8 tutor-student ratio

## The functional face

Module 3

**March 2-5 2012.** The missing link? What's maintaining my patient's postural imbalance? Exploring the sensory and functional aspects of the face in relation to body-wide function.

CPD: 32hrs | Stroud, residential | 1:4 tutor-student ratio

See our website for details or call the SCC office: [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk) 01291 622555

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# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

[www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd)



### **Preliminary Course in Osteopathy in the Cranial Field**

The preliminary five day course is approved by the Sutherland Cranial Teaching Foundation and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

**Dates: Friday 9, Saturday 10, Sunday 11 and**

**Saturday 17, Sunday 18 September 2011**

**CPD: 40 hours**

**Course fee: £975.00**, with discounts for new graduates (£100 deposit required with application)

Deadline for applications and payment of full course fees: Friday 19th August 2011 (subject to availability).

### **Stretching Exercises & Application to Osteopathic Care (1 of 3 parts)**

This intensive one-day course can be 'stand alone' or works well with Sports Biomechanics and Muscle Chains or Function Active Release in Osteopathy. It focuses on tailor-made remedial stretches, which can form part of your patient management plan, building on the theory provided in the previous Biomechanics and Muscle Chains course. The largely practical day will examine ways to modify stretches for individuals, contra-indications and muscle physiology. Participants can experience both performing and teaching stretches.

**Date: Saturday 1 October 2011**

**Course fee: £125**

**CPD: 6 hours**



### **Advanced Spinal Manipulation**

This collaborative course run by osteopaths Dr David Evans, who has authored several publications about spinal manipulation and back pain, and Neil Wayman, an experienced Technique Tutor at the BSO, brings together the theoretical and practical aspects of spinal manipulation in a course that will be of interest to all osteopaths.

The course looks at the effects and processes of manipulation in detail, providing better information for practitioners to inform decisions about when manipulation is indicated or not. It is aimed at proficient manipulators who want to better understand techniques that they already use, and to add more advanced techniques to their current repertoire.

**Date: Saturday 1 October 2011**

**Course fee: £125**

**CPD: 6 hours**



### **Paediatric Osteopathy**

**Date: Saturday 1 October 2011**

**Course fee: £125**

**CPD: 6 hours**

### **Ergonomics and Osteopathy**

The Ergonomics course is a one-day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

Course Leader David Annett is a freelance Ergonomics Consultant with over 15 years experience and an honours degree in Ergonomics, as well as a practising osteopath.

**Date: Saturday 22 October 2011**

**Course fee: £125**

**CPD: 6 hours**



To register your interest or for further information on any of the CPD courses, please contact:  
Nina Waters on 020 7089 5308 or [n.waters@bso.ac.uk](mailto:n.waters@bso.ac.uk).



# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

[www.bso.ac.uk](http://www.bso.ac.uk)

### Introduction to Pilates and its Inter-relationship with Osteopathy

This one day workshop, designed specifically for Osteopaths, provides information on the history and evolution of the Pilates method and its potential benefit for patients.

Consideration will be given to patient environment and activities in addition to postural and movement assessment, in order to help identify poor movement patterns, areas of potential weakness and compensation strategies. Participants will be introduced to a selection of exercises and methods of delivery,

Course Leader Richard Budd, a practising Osteopath, is trained in the Pilates method and injury rehabilitation. He is part of a small team of teacher trainers, presenting in the UK and internationally.

Date: Saturday 22 October 2011

Course fee: £125

CPD: 6 hours



### STOP PRESS



Saturday 26 November 2011	Sports Biomechanics	Course fee: £125	CPD: 6 hours
Saturday 26 November 2011	Whiplash	Course fee: £125	CPD: 6 hours
Saturday 3 December 2011	First Aid	Course fee: £125	CPD: 6 hours
Saturday 3 December 2011	Practice Development	Course fee: £95	CPD: 6 hours
Saturday 28 January 2012	Functional Active Release	Course fee: £125	CPD: 6 hours
Saturday 4 February 2012	Ergonomics	Course fee: £125	CPD: 6 hours



THE BRITISH SCHOOL  
OF OSTEOPATHY

## Postgraduate Courses



University of  
Bedfordshire

### Postgraduate Certificate in Academic and Clinical Education

This programme is designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic-based settings. It offers two modules: Education for Academic Teaching and Education for Clinical Supervision and Teaching Technical Skills. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

**Start date:** September 2011

**Course Leader:** Jorge Esteves

### Postgraduate Certificate Research Methods

This programme is designed to equip osteopaths and other manual therapists with the knowledge and skills required to evaluate practice; and to consider, design, propose and deliver research. It offers two modules: Advanced Research Methods and Design; and Statistics for Healthcare Research. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

**Start date:** October 2011

**Course Leader:** Jorge Esteves

### Professional Doctorate in Osteopathy

This doctoral degree offers the most advanced level of formal learning in osteopathy outside the USA. The course is designed for those who are keen and able to engage with the challenges thrown up by doctoral-level scholarship and in-depth enquiry into a topic relevant to your professional life.

**Start date:** January 2012

**Course Leader:** Professor Stephen Tyroman

To register your interest or for further information any of the postgraduate courses, please contact: Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

# Upgrade your qualifications with BCOM

For holders of a Diploma in Osteopathy

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**PART II** (Project: Research Paper)  
Consisting of an in-practice research  
element, the project, including collecting  
patient data and data-processing  
together with supporting theory and proposal,  
to create a journal-ready paper. There is  
regular contact with supervisors (personally  
or by email) that culminates in the presentation  
of a final project.

### Admissions requirements:

1. Applicants should possess a DO from an Osteopathic Education Institution recognised as equivalent to BCOM (eg IAO in Ghent, ICOM in Italy, SCOM in Sweden)
2. Applicants must be practising osteopaths registered with a professional body in their country of domicile (completion of this degree does not confer eligibility for membership to the General Osteopathic Council)
3. Applicants must be able to demonstrate fluency in English as the course is taught and delivered in English (eg IELTS 6.5 or TOEFL 575 points)
4. Applicants must have internet/email access
5. Applicants must complete an application form and provide appropriate references

Next course date: block 1: 17th - 21st Oct 2011; block 2: 7th - 10th Nov 2011

Course venue: BCOM campus, London

Course fee: £2,500

**0207 435 6464**

**Admissions@bcom.ac.uk**

**www.bcom.ac.uk**

CPD certificates for individual modules/sessions are also available



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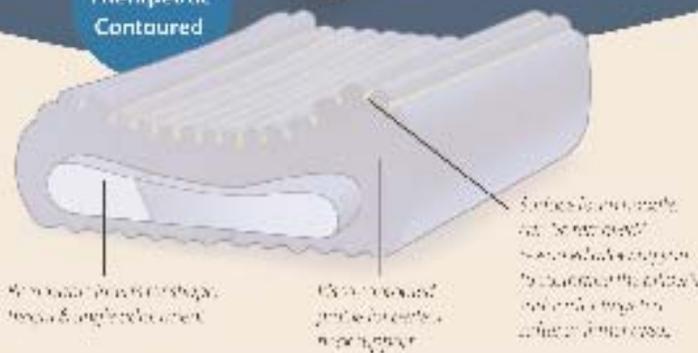
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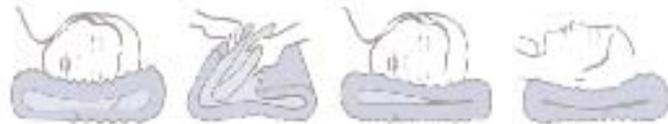
Belinda Ambrose, Practice Manager, Hexham

"I have purchased a pillow for my practice and I have been very happy with it. I have also seen many other practitioners who have purchased the CompleteSleeprrr™ pillow for their practice. I have also seen many other practitioners who have purchased the CompleteSleeprrr™ pillow for their practice. I have also seen many other practitioners who have purchased the CompleteSleeprrr™ pillow for their practice."

Steve Garrett, Practice Manager,  
The Ridgeway Clinic, Plympton

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\*Offer ends 31st October - while stocks last, available per clinic.



## Osteopathic Sports Care Association UK

VENUE: BRITISH COLLEGE OF OSTEOPATHIC MEDICINE, FRASER HOUSE, 6 NETHERHALL GARDENS, LONDON NW3 5RR



SATURDAY 3<sup>RD</sup> SEPTEMBER 2011 9.30AM-4.30PM

'TISSUE REPAIR AND ELECTROTHERAPY'

PROFESSOR TIM WATSON



The aim of this course is to explore the current concepts in tissue repair, healing and recovery from injury and then to consider how manual therapy, exercise therapies and other interventions could be reasonably expected to influence the process. A consideration of the role of three electrotherapy modalities (Ultrasound, Pulsed Shortwave and Laser Therapy) will be included in the afternoon session followed by a brief consideration of emerging issues with some other modalities which have a growing body of evidence and which are starting to move into the clinical environment. The programme aims to be both evidence-based and clinically applicable and is a must for all osteopaths working within a sports care environment.

OSCA UK MEMBERS £95, NON MEMBERS £120, STUDENTS £60

PLEASE MAKE CHEQUES PAYABLE TO 'OSCA UK' AND SEND WITH YOUR NAME, ADDRESS, EMAIL ADDRESS AND CONTACT TELEPHONE NUMBER TO: OSCA UK C/O MICHAEL B BENNETT LTD, 1345 High Road, Whetstone, London N20 9HR  
Enquiries to: [secretary@osca.org.uk](mailto:secretary@osca.org.uk)

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# The path to quality training

The **Rollin E. Becker Institute** is a **Sutherland Cranial Teaching Foundation-approved** organisation providing education, practical skills and development with osteopathy in the cranial field (OCF). Established by an existing team of highly educated, motivated and experienced teacher-practitioners in OCF, the Rollin E. Becker Institute blends philosophical traditions with developments in knowledge in the cranial concept. We aim to inspire newcomers to OCF, as well as those already practising, by delivering essential and expert knowledge, invigorating the way you work.

The **Rollin E. Becker Institute** is committed to delivering a high-quality programme of courses, masterclasses and seminars relevant to the challenges facing osteopaths in the 21st century. Visit [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for more details.



## Train with the Rollin E. Becker Institute in 2011

### The Eye

**Dates:** 15 - 16 October **Venue:** NewL50, London  
**Cost:** £295

**Guest Lecturers:** Dr Joseph Field D.O, Keith Holland F.C.Dptom  
**Course Leader:** Gweth Butler

An exploration of the development of the visual system, the contribution that ocular problems can make to global patterns of neuromusculoskeletal dysfunction, the interaction between optometry and osteopathy and the potential role of OCF in the treatment of ocular disorders.

#### Guest lecturers

**Dr Joseph Field** is an American osteopath with over 20 years' experience in the interaction between optometric problems and the Involuntary Mechanism. He has taught on several SCTF Continuing Studies courses on the eye, the first in Maine in 1991.

**Keith Holland** is the UK's most experienced behavioural optometrist and has a specialist interest in children's vision and reading difficulties, including dyslexia.

This course is open to all participants that have completed at least one 40-hour OCF Foundation Course with any SCTF-approved provider.

### Palpation

**Date:** 26 November **Venue:** BC  
**Course Leaders:** Gweth Butler and Carina Petter

An experiential course to look at gaining a greater understanding of how we palpate and make sense of what we feel.

There will be discussion of the concept of tissue quality, how we quantify it and how understanding what it is helps us to treat more accurately and get better results.

### OCF 40-hour Foundation Course

**Dates:** Jan / Feb 2012 **Cost:** £325  
**Course Leaders:** Carina Petter and Rick Woodhead

This SCTF-approved 40-hour course will run over three weekends to minimise disruption to practice life.

The course will explore the detailed anatomy and function of the involuntary mechanism and diagnostic and therapeutic interventions using the involuntary mechanism approach with the emphasis on application in everyday osteopathic practice.



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



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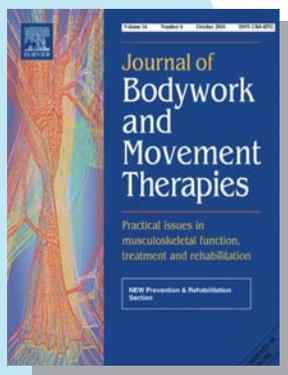
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