

New directions for CPD

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One of the GOSC's biggest communications activities of 2015 was our consultation on a proposed new CPD scheme. Hundreds of you told us your views, and all the feedback has now been independently analysed – see overleaf for a summary.

Many of the enquiries we receive relate to patient information: what it can be used for, who it 'belongs' to in a multi-practitioner practice, how it should be stored, and so on. This issue we're beginning a series of articles that will cover various aspects of information management; turn to page 10 to find out whether you are a 'data controller' and what you can do to keep your electronic data secure.

Also in this issue, we present the final findings from our extensive research into public and patient perceptions of osteopathy, focusing on raising concerns (page 6); look at a new website aimed at helping you benefit from international developments in osteopathy (page 9) and describe one practice's experience of collecting patient feedback for the first time (page 12).

If you're a final-year osteopathy student, this may be the first issue of *the osteopath* you've seen. Welcome – on page 8 you can find out about the support the GOSC offers you. One of the resources we provide to both registrants and students is free access to a range of research journals, which is proving more popular than ever: read all about it on page 19.

We hope you enjoy reading this edition.

Jeremy Pinel
Email: editor@osteopathy.org.uk

**Sharing opinions and advice on
adverse incidents – see page 18**



the osteopath

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New CPD scheme gains profession's approval

This spring we conducted a major consultation on new CPD proposals – the latest stage in the development of a scheme that has involved osteopaths every step of the way. Here's a summary of the feedback we received, and an outline of the next steps

The GOsC's proposed new continuing professional development (CPD) scheme has been years in the making, with osteopaths engaged in developing, testing and trialling potential enhancements to the existing CPD requirements.

After working with the profession to develop a scheme that builds on what many osteopaths are already doing, we carried out a public consultation exercise between February and May 2015. This

invited the views of osteopaths, partner organisations and the public on draft guidelines which described the proposed scheme and how it would operate.

Alongside the formal consultation, we hosted 'listening events' across the UK – mainly through osteopathic regional societies – where GOsC staff talked about the scheme with around 500 osteopaths, responding to questions and comments.

Support

At its core, a new CPD scheme must satisfy public expectations that osteopaths remain up to date and fit to practise. It must also have the confidence and support of the profession, and overall the consultation – to which more than 90 per cent of respondents were osteopaths – found broad support for the proposals.

Many aspects of the proposed scheme

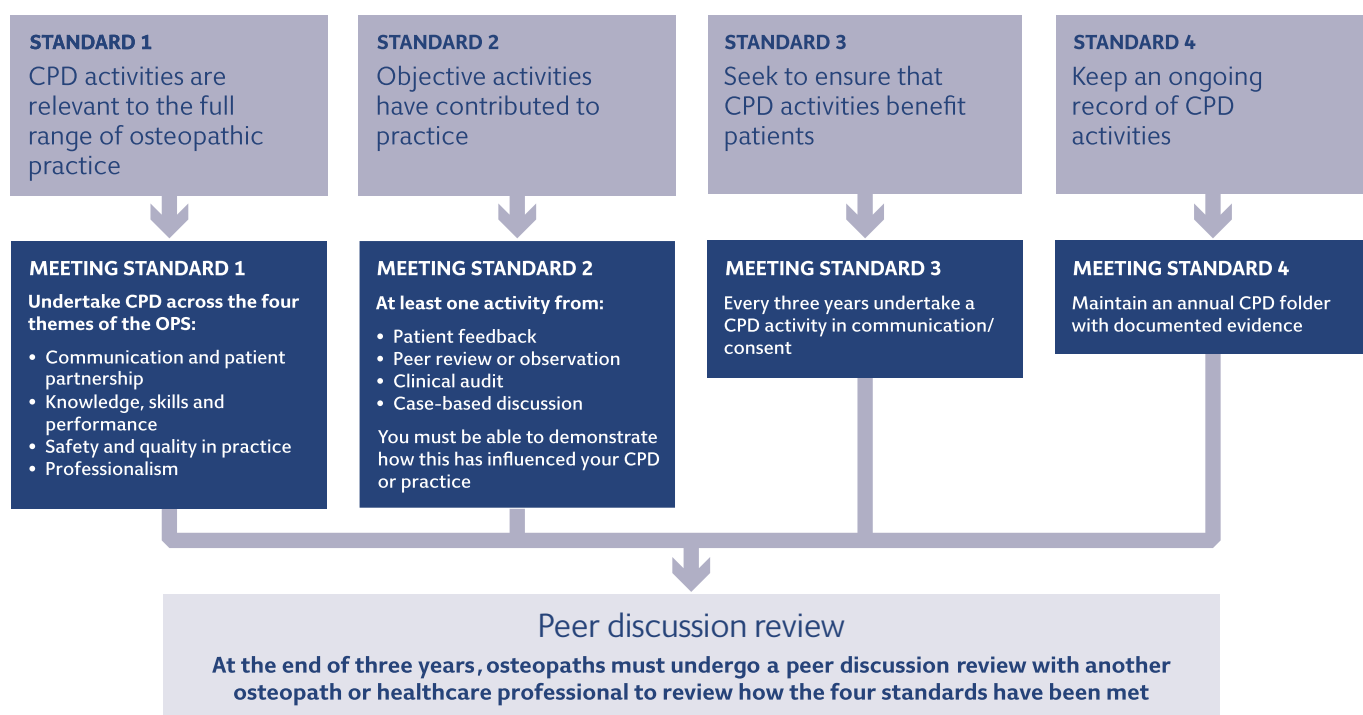
received significant praise and were thought likely to work well, bringing benefits for both patients and the profession. These included:

- the three-year cycle of CPD, including more flexibility around the annual requirement
- the more structured approach to CPD
- the compulsory categories of CPD
- the focus on reflective practice and encouragement to seek patient and peer feedback.

More than two-thirds of respondents considered that the scheme would encourage osteopaths to discuss their practice with others, thereby strengthening professional bonds and enhancing the quality of practice.

Many said that the culture envisioned by the scheme – in which, the draft guidelines

'Peer discussion review generated the most questions and provoked the greatest interest'



said, osteopaths 'are empowered to inspire and influence others through the shared aim of creating benefits for patients, practitioners and colleagues within and outside the profession' – was one that they wanted to see.

Concerns

As well as measuring support for the proposals, the consultation sought to understand the potential impact on specific groups within the profession, identify weaknesses and obtain suggestions for improvement. Concerns raised about the scheme included the potential costs, the likely time commitment, and the supporting resources that would need to be produced by the GOsC and partner organisations.

Feedback also highlighted the specific concerns of sectors of the profession, such as those who:

- practise part-time
- practise in remote areas or outside the UK
- are non-practising
- have dyslexia
- work in education or research
- are also on other professional registers
- do not use IT, or have limited broadband access.

We will pay close attention to these groups' needs as we develop the scheme further. We will also address other suggestions and queries including:

- how often the compulsory categories of CPD in the scheme will be reviewed – a number of additional compulsory categories were suggested
- how much CPD will be required in each of the compulsory categories
- the role and expectations of regional societies
- support for new graduates
- guidance on the use and format of patient feedback exercises and case-based discussions
- guidance on how to claim discussions and meetings with peers as CPD.

Videos produced to accompany the consultation, featuring GOsC Chief Executive Tim Walker outlining the proposals and osteopaths explaining how they felt the new scheme would benefit their practice, were well-received – as was a frequently updated webpage containing questions asked by osteopaths and our answers to them. These videos and the

Q&As are all still available, alongside the draft guidelines that we consulted on, at: <http://bit.ly/gosc-new-cpd>

Respondents said they would like to see more resources like these, and information that is concise, accessible, jargon-free and relevant.

Peer discussion review

Compared with the current CPD requirements for osteopaths, the proposed scheme's biggest innovation is the peer discussion review: a structured discussion for every osteopath to undertake with a suitable 'reviewer' towards the end of their three-year CPD cycle.

The aim is to give the osteopath an opportunity to discuss practice and CPD and to confirm that all the scheme's required elements have been completed and CPD standards have been achieved.

We propose that osteopaths should be able to choose their own reviewer – who may be a colleague or another health professional – and to arrange the review themselves or through organisations such as educational institutions, regional societies, advanced practice societies or even the GOsC.

The peer discussion review process generated the most questions and some concern among osteopaths responding to the consultation. It also provoked the greatest interest, particularly from those who saw it as an opportunity for osteopaths to have more autonomy around their professional development.

The consultation materials included a proposed template to guide an osteopath's peer discussion review. More than two-thirds of respondents considered that the template was easy to follow, the instructions for completing it were clear and appropriate, and the guidelines helped osteopaths to understand how to undertake their own review.

Questions and concerns were raised about who could and should be reviewers, the potential need for reviewers to have training, the role of the regional groups, how to handle appeals and complaints following a review, the audit process, and whether reviewers should be able to charge for carrying out a review.

The listening events that formed an important part of the consultation exercise gave osteopaths the opportunity to test the peer discussion review process in pairs and groups. Feedback indicated that this did much to address their anxieties about

'The consultation also aimed to identify weaknesses and obtain suggestions for improvement'

the process and the need for training. We will give particular attention to drawing up a strategy for familiarising osteopaths with the review process as we move forward.

Further development


For osteopaths and those using their services, attitudes to CPD are closely linked to perceptions of professionalism. So it is important for the profession to 'take ownership' of its CPD scheme, promoting it as the central force that drives up professional standards.

Given the level of support for the proposals indicated by the consultation, the GOsC Council confirmed at its meeting in November 2015 that we will proceed with developing a new CPD scheme along the lines of the proposed model.

The next phase of this project will focus on developing the infrastructure, resources and information necessary to support the new CPD scheme; all of these will need to be tested and operational before the scheme can be launched. An overview of development activities, which has been considered by the Council, is available on our public website at: <http://bit.ly/gosc-implement-cpd>

Continued partnership with both individuals and organisations in the profession will be essential to ensure that the scheme is workable, viable and considered by all to add value. An all-day GOsC workshop in March 2016, involving osteopathic regional societies and osteopathic organisations, is an important date in the project schedule.

Regular reports in *the osteopath* magazine will keep you up to date with the CPD scheme's further development, including opportunities to be involved in developing and testing CPD resources and specific aspects of the scheme as it evolves.

 The full independent report analysing the consultation feedback is available on the GOsC public website at: <http://bit.ly/gosc-new-cpd>

Patients speak up about complaining and candour

In our final look at recent research into public perceptions of osteopathy, we reveal what patients want to happen if they – or you – have concerns about their treatment

When market researchers YouGov surveyed more than 1,500 osteopathic patients and members of the public on our behalf at the end of 2014, they found that patients have high levels of confidence in osteopaths, and the overwhelming majority like to give their

osteopath feedback (see *the osteopath*, June/July and August/September 2015).

Given this enthusiasm for sharing their views, it's unsurprising that two-fifths (39 per cent) of people who had seen an osteopath in the past 12 months said nothing would stop them from expressing their concerns if they were dissatisfied with their care.

However, that means the majority of patients would *not* always make their concerns known if they were dissatisfied. Substantial numbers gave the following reasons for not doing so:

- "I wouldn't know how to complain/no complaints mechanism available."
- "I think I might be treated differently in the future."
- "It wouldn't make any difference."

If your patients share these views, they may decide not to raise any concerns with you – but they may take their business elsewhere,

and may take their concerns to the GOsC.

Three-quarters (74 per cent) of the patients surveyed said they were confident or very confident that the GOsC would properly investigate and address any concerns raised about osteopaths.

To reduce the risk of patient concerns escalating into formal complaints, it's vital to ensure not just that you have a complaints procedure (as required by standard D7 of the *Osteopathic Practice Standards*), but also that patients know about and can easily access this procedure. Many osteopaths publish their complaints procedure on their practice website, and encourage feedback – positive and negative – as a way of improving their practice.

The procedure should tell patients how they can raise a concern with you, and explain what action you will take; ideally, it should also give them an alternative contact (possibly another osteopath, or



WAVEBROOK MEDIA / SHUTTERSTOCK

Osteopaths and CPD: what do patients think?

While most responses to our recent consultation on a proposed new CPD scheme (see pages 4–5) came from the osteopathic profession, the 2014 survey also provided insights into what patients and the public want from a CPD scheme for osteopaths.

Participants in the survey were shown a list of activities that could give assurance of an osteopath's fitness to practise, and were asked to choose the three activities that were most important to them.

The results showed support for osteopaths' CPD

to include certain specified elements.

Half of patients (50 per cent) said that completing a set number of hours of learning, to include specific types of training, would be one of the best ways for osteopaths to show they were keeping up to date and fit to practise. Fewer than half as many would be equally reassured if the learning was chosen entirely by the osteopath.

Peer observation and the use of patient feedback were each cited as being among the most important activities by almost a

quarter (24 per cent and 21 per cent respectively) of patients, indicating that large numbers of patients think it is vital for osteopaths to collect and act on objective feedback.

Also on the list were activities that could *test* an osteopath's continuing fitness to practise. It was perhaps to be expected that 57 per cent of patients said inspection by an independent body/regulator would give them the greatest reassurance – but in a focus group carried out alongside the survey, patients recognised that this

was unlikely to be viable (and we agree).

The next most popular options were 'annual appraisal with a manager or senior professional' and 'discussion with a fellow professional of their professional development and feedback received', chosen by 24 per cent and 21 per cent of patients respectively. This suggests that the proposed peer discussion review process has the potential to give patients a good degree of assurance about osteopaths' continuing fitness to practise.

the Institute of Osteopathy's complaints resolution service, if you are a member) in case they feel awkward making a complaint directly to the practice.

If you have ever changed the way you practise as a result of patient feedback, why not tell your patients? Producing a 'you said, we did' summary can be valuable in assuring patients that making suggestions or raising concerns can make a difference.

Mistakes

Asked whether they would want their osteopath to tell them if a mistake had been made relating to their care, more than three-quarters (79 per cent) of patients said they would *always* want to be told, regardless of the severity of the mistake.

This echoes the results of feedback gathered in focus group discussions with the public and patients about the duty of candour, as described on pages 8-9 of the last issue of *the osteopath*.

We will soon be carrying out a review of the *Osteopathic Practice Standards*, part of which will look at whether new standards relating to candour are required; we will draft new guidance for osteopaths accordingly. If you want to be involved in our work developing new guidance, please email candour@osteopathy.org.uk

Awareness of regulation

Even among osteopathic patients, there was a lack of awareness of some basic facts about the profession in the UK. Over one-third (36 per cent) did not know that osteopaths must be registered in order to practise, and more (39 per cent) did not realise that osteopaths are trained to degree level with a minimum of four years' study.

Among the general public, awareness was considerably lower.

The 'standards and guidance' section of the GOsC public website describes the standards of osteopathic practice, education and CPD that we set. If you think your patients and potential patients would benefit from reading this, you can add a link from your practice website to www.osteopathy.org.uk/standards

Only two-fifths (42 per cent) of patients – and fewer than one in 10 members of the public – were aware that there is an online register (www.osteopathy.org.uk/register-search) where they can check whether an osteopath is qualified to treat them. Again, this is something that you can link to on your practice website, to promote your regulated status and qualifications.

Are you renewing online?

Almost two-thirds of registrants are now renewing their registration on the **o zone**, since we improved the online renewal process earlier this year.

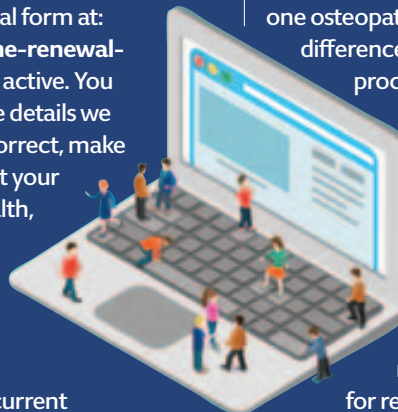
Two months before your registration is due to be renewed every year, your online renewal form at: <http://bit.ly/ozone-renewal-form> will become active. You can check that the details we have for you are correct, make declarations about your character and health, and specify how you will provide your photo (if you want a GOsC identity card) and evidence of your current

professional indemnity insurance.

You can also pay your registration fee online via an external secure-payment website, if you haven't arranged to pay it by direct debit.

After renewing his registration online, one osteopath told us: "What a big difference the new registration process is. It's so much simpler and easy to use."

Using the online renewal system also helps the GOsC keep our costs and your fees down. If you haven't used it yet, please give it a try when your registration is next due for renewal.



SANTIRO / SHUTTERSTOCK

In Council – November 2015 decisions

The 89th meeting of the General Osteopathic Council took place on Thursday 12 November 2015. You can find the agenda and all the papers at: <http://tinyurl.com/gosc-meetings>

Here are some of the meeting's outcomes.

CPD scheme

Council reviewed the findings from the public consultation on the CPD scheme proposals, and considered next steps (see pages 4-5).

Fitness to practise guidance

Council agreed new guidance for use by the Health Committee when imposing conditions of practice on an osteopath, and by all GOsC fitness to practise committees

when imposing interim suspension orders.

Both guidance documents had been revised following public consultations this autumn.

Registration fees

Council agreed to hold registration fees at their current level in 2016-17.

Osteopathic Practice Standards

Council approved a proposal for a review of the *Osteopathic Practice Standards*, to begin in early 2016.

Reappointments

Council agreed the reappointment of Anthony Kanutin, Jacqueline Salter, Corinna Kershaw and Judith Worthington as members

of the Professional Conduct Committee and Health Committee, and Bernadette Griffin and Robert McCoy as members of the Education and Registration Standards Committee.

All were reappointed from 1 April 2016 until 31 March 2017.

Future Council meetings

Thursday 4 February 2016
Thursday 5 May 2016
Tuesday 12 July 2016

Meetings take place at 10am, at Osteopathy House. Osteopaths are welcome to attend.

i For more information, call Marcia Scott on 020 7357 6655 x246 or email msscott@osteopathy.org.uk

The next generation

If you are a final-year osteopathy student, sending you every issue of *the osteopath* isn't the only way that the GOsC is working to help prepare you for practice



WAVEBREAKMEDIA / SHUTTERSTOCK

January will see the start of the GOsC's annual round of visits to osteopathic educational institutions around the country, where we introduce ourselves to final-year students and explain what it means to be a regulated health professional.

The table on the right shows the dates of these visits – please make a note of when we will be at your institution, and make sure you come to meet us. You will have the chance to find out more about the GOsC's work, the process of registering as an osteopath for the first time, the requirements that you will need to meet once you are an osteopath, and how we aim to support you in practice once you are registered.

If you will not be able to attend on the date when we visit your institution, please email info@osteopathy.org.uk and we will try to arrange for you to attend at another institution.

Online resources

You should recently have been sent an email reminding you of your username and password for accessing the dedicated website for osteopaths, the

• zone (<https://members.osteopathy.org.uk>). If you haven't received this email, please contact registration@osteopathy.org.uk to check that we have your current email address.

The • zone contains a range of guidance and resources for osteopaths, including a section specifically for students.

One recent addition is our *Guidance for Osteopathic Pre-registration Education (GOPRE)*, which describes the outcomes that you will be expected to demonstrate when you graduate in order to show that you will

practise in accordance with the *Osteopathic Practice Standards*. It also provides advice on how you can get involved in the professional community and build support networks once you have graduated. You can download the guidance from <http://bit.ly/ozone-gopre>

Your • zone account also enables you to access a range of relevant research journals free of charge as part of the GOsC's 'IJOM Plus' package – see page 19 for details. If your contact details change, you can

'We recently emailed you a reminder of how to access the • zone'

update them on the • zone.

If you have any comments about the student section of the • zone, including suggestions for new content that could be added, please email webmanager@osteopathy.org.uk

When will we be visiting you in 2016?

Institution	Date
British College of Osteopathic Medicine	20 January 2016
British School of Osteopathy	27 January 2016
College of Osteopaths (Hendon)	13 February 2016
College of Osteopaths (Stoke-on-Trent)	5 March 2016
European School of Osteopathy	29 January 2016
Leeds Beckett University	To be confirmed
London School of Osteopathy	23 January 2016
Oxford Brookes University	2 March 2016
Surrey Institute of Osteopathic Medicine	7 March 2016
Swansea University	19 February 2016

BSO is granted degree-awarding powers

The British School of Osteopathy (BSO) will in future be able to develop and validate its own degree programmes, under new powers granted to it by the Privy Council.

Currently the BSO's osteopathy degree courses are validated by the University of Bedfordshire. The change reflects the Quality Assurance Agency for Higher Education's (QAA) confidence in the high standards of the BSO's governance, academic management, academic requirements, quality assurance, teaching and learning infrastructure.

Additionally, the BSO has become a 'designated' institution, meaning that it will receive funding for its higher education provision directly from the Higher Education Funding Council for England (rather than through its partnership with the University of Bedfordshire), starting in the next academic year.

GOsC Chief Executive Tim Walker said: "This is a major achievement for the BSO and I congratulate all those who have worked hard to bring it about."

OSTEOPATHIC DEVELOPMENT GROUP

International insights

A new website is aiming to highlight international developments in osteopathic practice, for the benefit of the profession in the UK



The International Collaboration Initiative website – www.osteointernational.uk – aims to support UK osteopathy by providing information about international osteopathic developments and sharing contacts, learning and resources.

Created by the Osteopathic Development Group (ODG), the website provides details of international projects in the areas of osteopathic education, research, regulation, clinical practice and business development, which UK osteopaths may find useful.

Under 'business development', for example, you can find Osteopathy Australia's advice on promoting osteopathy to the public, other health professions and government; and the USA Federation of State Medical Boards' exploration of the challenges and opportunities posed by social media and other online communications.

The website, which was launched in October, also includes:

- information about international networks for osteopathy
- contact details for osteopathic organisations and schools in countries around the world, plus a brief description of osteopathy's regulatory status in each country
- links to forthcoming conferences and events.

The ODG welcomes your views on the site. Please email questions or comments to seldred@osteopathy.org.uk

Leadership programme proves a success

All 20 of the participants in the first Osteopathic Leadership Programme – a partnership between the Osteopathic Development Group and the Open University to help osteopaths gain leadership skills and apply them for the benefit of the profession – have completed the programme successfully.

Consisting of an online Open University leadership course and a group activity, bookended by workshops in July and October, the 2015 programme was warmly praised by those who took part. All of them said the online course had been relevant to their professional work, with well over half describing it as very relevant, and all aspects of the final workshop were

rated positively; a personal development plan review activity was considered particularly helpful.

Additionally, the participants have already been engaging in a variety of new or extended activities as a result of the programme.

You can find details of this year's programme on the Institute of Osteopathy website at: <http://bit.ly/odg-leadership>

The 2016 programme is currently being planned, taking account of suggestions made by this year's cohort. If you are interested in taking part in next year's programme, look out for more information in the next issue of *the osteopath*.



The Osteopathic Development Group (ODG) is a national initiative bringing the

profession together for the long-term development of osteopathy through eight strategic projects. Formed in 2012, it is a partnership between:

- the GOsC
- the Institute of Osteopathy
- the Council of Osteopathic Educational Institutions
- the National Council for Osteopathic Research
- the Osteopathic Alliance.

You can find more information about the ODG and its projects at: <http://bit.ly/io-odg>

Who's in control of your patient data?

When patients give you their personal information, they expect you to keep it secure and use it appropriately. In the first of a series of articles on information management, we look at why you need to identify the 'data controller' for your patient records, and outline some of a data controller's responsibilities relating to electronic data security



WIK1003MIKE / SHUTTERSTOCK

Every month we receive a wide range of enquiries from osteopaths about how they should manage their patients' personal information.

Guidance to standard D6 of the *Osteopathic Practice Standards* ('Respect your patients' rights to privacy and confidentiality') stresses the need to hold patient data securely and in confidence, and to comply with data protection law.

Information Commissioner

The *Data Protection Act 1998* (DPA) is the main piece of UK law governing the protection of personal data. The Information Commissioner's Office (ICO) is an independent public body, which is responsible for ensuring compliance with the DPA and other legislation; it can issue fines of up to £500,000 for breaches of data security.

The DPA uses the term 'data controller' to mean someone who is responsible

(either alone or with others) for processing data. 'Personal information' means any detail about a living person that can be used on its own, or with other data, to identify them. And 'processing' covers the obtaining, recording, storing, updating and sharing of that information.

Under the DPA, every data controller who processes personal information in an automated form must register with the ICO.

Who needs to register?

The ICO describes data controllers as people or organisations who 'determine why and how particular personal data will be used'.

A data controller must be a legal entity – so it could be an individual, an organisation or another group of people.

If you work in a multi-practitioner practice, it may be unclear who the data controller is. Do not assume that the practice is responsible for processing patient

data simply because, say, the reception staff manage the non-clinical relationship with the patient, or the patient pays the practice rather than you for treatment.

Earlier this year, research by the ICO into the dental profession (see below) revealed widespread confusion: some dentists were registering as data controllers when they did not need to, while others had not registered but should have done.

The ICO stresses that there is no one-size-fits-all rule for identifying data controllers. It suggests that you consider the following questions:

- Are you responsible for the control and security of patient records, and do you have other responsibilities associated with them?
- Do you maintain a patient list separately from the practice, which would follow you if you left the practice?
- Do you treat the same patient at different practices?

If you answer 'yes' to any of these questions, you probably are a data controller.

Note that, if there is any doubt whether your patient list would go with you or remain with the practice in the event that you left the practice, you should discuss this with your principal or practice manager immediately.

The examples from the ICO on page 11 may also be helpful, and you can check your status using the ICO's online self-assessment questionnaire at: <http://bit.ly/ico-self-assessment>

If you do need to register, you can do so at: <http://bit.ly/ico-register>

Registration costs £35, and must be renewed annually. Failure to register is a criminal offence.

Risks and challenges

Between June 2014 and June 2015, the ICO looked at how UK dentists manage their patient data. Given the similarity between the types and sizes of practice seen in dentistry and osteopathy, the findings are likely to be relevant to osteopaths too.

The ICO visited dental practices across the UK and carried out an online survey, finding plenty of good practice but some common areas – particularly relating to electronic records – where dentists were unaware of their responsibilities.

The ICO appreciates that dentists, and osteopaths, who run their own businesses face huge pressures on their time; they are ‘understandably focused on delivering care to their patients’, and ‘cannot spend large amounts of time addressing complex information governance matters’. The ICO says it is ‘pragmatic’ about this, and is keen to provide advice and guidance.

IT support contracts

The DPA requires data controllers to have appropriate security in place to prevent personal data being compromised (whether deliberately or accidentally).

Information security is a wide-ranging topic. As the ICO’s report on dental practices says, it covers ‘everything from physical security of records and premises, to using firewalls and anti-virus software, to training staff appropriately’.

While the ICO found that dental practices’ information security was generally good, many dentists did not have appropriate formal contracts in place with their providers of IT support.

If you are a data controller and you want to use a third-party ‘data processor’ to process personal data on your behalf, the DPA says you must choose one that provides sufficient guarantees about information security. You must also have a written contract in place, specifying that the data processor must:

- act only on your instructions
- comply with information security measures comparable to those in the DPA.

Even if you do not want your IT support provider to act as a data processor, there may be circumstances in which they could gain access to some personal data – because, for example, you want them to install new software without supervision on equipment that can be used to access patient records.

For this reason, it is good practice to have a formal contract, containing appropriate information security clauses, in place. However, the ICO found that many dental practices’ IT support was provided by small-scale providers under informal arrangements or service-level agreements which did not refer to information security. If you have such an arrangement in place, talk to the provider about setting up a formal contract that includes information security assurances.

The ICO’s *A Practical Guide to IT Security* states that, if you are using an IT contractor, ‘you should be satisfied that they are treating your data with at least the same level of security as you would’. Written with small businesses in mind, it suggests:

- asking for a security audit of the systems containing your data, to help identify any vulnerabilities
- reviewing copies of the contractor’s security assessments
- ensuring that they erase IT data and dispose of IT equipment adequately, if this is part of the contract – you may be held responsible if someone manages to extract personal data, gathered by you, from your old IT equipment.

The guide is available at: <http://bit.ly/ico-it-security-guide>

Home and mobile working

Dental practices did not generally have procedures in place to control how practitioners working away from the practice used patient data, the ICO found. Activities that could create information security risks included:

- typing up patient notes at home and sending them to the practice by email or on USB memory sticks

- using pseudonymised or anonymised patient information in CPD activities
- using personal devices for work purposes, and using third-party remote access software to access the practice’s systems.

While noting that ‘it is entirely possible to use these tools securely’, the ICO urges practices ask questions such as:

- ‘Do home computers have security software to prevent unauthorised access (by other users or if they are lost)?’
- How are home computers destroyed at the end of life?
- Are USB memory sticks appropriately encrypted when transferring data?
- Are USB memory sticks properly scanned to prevent the potential import of malware into practice systems?’

For information and guidance on topics including disposing of IT assets, writing a ‘bring your own device’ policy, encrypting data and computing ‘in the cloud’, see

<http://bit.ly/ico-info-security>

Retaining data

The ICO also found that many dental practices did not know how long they should keep patient data for – and even where they had policies for disposing of paper records, they retained electronic records indefinitely.

The next edition of *the osteopath* will look at the issue of data retention in detail.

i You can read the ICO’s report on dental practices at: <http://bit.ly/ico-dental-report>

If you have any questions about complying with data protection requirements, call the ICO’s helpline on 0303 123 1113 or 01625 545 745.

Are you a data controller?

Example 1: A self-employed associate osteopath works across two practices, each led by a principal. The patients treated by the associate may be treated at either practice. Although the principal osteopaths organise their practices’ premises and IT systems, the associate also maintains her own laptop, on which the records of the patients she treats are stored, and takes it from site to site. The associate is likely to be a data controller, and so should register with the ICO.

Example 2: A self-employed associate osteopath works for a small practice, led by a principal. The principal organises the premises and IT systems. The associate treats only those patients who come to the practice, and does not treat patients at any other practice. When the associate leaves the practice, he does not take any patient data with him. The associate is unlikely to be a data controller.

Adapted from *Information Governance in Dental Practices: Summary of Findings from ICO Reviews*

Question time

If you haven't done it before, asking your patients for their feedback may be a daunting prospect. How much of a burden will it be – for you and for patients – and what can you do to maximise the chances that it will produce useful results? Osteopath **Kenneth McLean** describes one practice's recent experiences

At a practice meeting in May, we considered ways of engaging with patients outside a patient consultation. We discussed using communication channels such as social media and the practice website, as well as running events where patients and the public could learn more about osteopathy.

The conversation then turned to how we might give patients the opportunity to feed back to the practice on their experience. Having been part of the GOS's revalidation pilot (a precursor of the proposed new CPD scheme), I had some understanding of various patient feedback mechanisms and was able to help colleagues explore the process.

The result was a decision to carry out a trial using the Consultation and Relational Empathy (CARE) Measure. This is a set of 10 questions (available on the **o zone** at: <http://bit.ly/ozone-care-measure>) which focuses on the patient experience, with the aim of identifying opportunities to improve or enhance that experience. Developed at Glasgow and Edinburgh Universities for use by GPs, it has since been used in a variety of healthcare settings around the world, and was adapted for osteopaths as part of the revalidation pilot – during which I saw that patients found it easy to use, and osteopaths were able to analyse the results easily.

[See *the osteopath*, August/September 2015, pages 14-15 for more information about the CARE Measure and other patient questionnaires.]

Our aims in carrying out the trial were to:

- explore how we, individually and as a practice, could best manage a patient feedback exercise
- understand how patients felt about providing feedback
- evaluate the feedback in order to better meet patient expectations.

Planning the exercise

We decided that we would trial the CARE Measure during June, and then review the experience at the end of the summer. This was not the best time of year for the trial, as we suspected (correctly) that the holiday period would make participation harder for both practitioners and patients. However, in preparation for the proposed new CPD scheme, we felt it would be a useful logistical exercise as well as a valuable patient engagement activity.

We aimed (as the revalidation pilot had done) to receive at least 10 responses,



from a variety of patients, for each practitioner. The CARE questionnaire consists of statements that are scored by the patient on a scale of 1 (poor) to 5 (excellent). We considered differentiating between returning and new patients, as their expectations of osteopathic care might differ, but ultimately we decided to offer the questionnaire to all patients.

What did we do?

Before launch, we developed a poster which asked patients for their help and briefly explained what we wanted to do and why. We then printed off questionnaires with the practitioner's initials on the reverse, so we could track them back to the relevant practitioner.

“Patients were very supportive of the initiative, and none declined to take a questionnaire”



We handed out a stamped addressed envelope with every questionnaire, and also placed a box in the practice where patients could deposit their completed questionnaires.

Overall the exercise was simple to implement and manage. The main issues for us were:

- remembering to offer patients a feedback questionnaire
- remembering not to offer a questionnaire to patients who had been offered one already; however, patients were pretty good at reminding us that they already had a questionnaire when this happened, and some would thank us for the reminder to return it.

The costs involved were fairly modest, covering envelopes, second-class stamps and the printing of posters and questionnaires.

I spent around four hours on set-up, management and analysis, and all the practitioners spent a further hour discussing the results and reflecting on the experience.

The results

Patients were very supportive of the initiative, and said they were happy in principle to take part. None declined to take a questionnaire, but not all questionnaires were returned; patients were given no further prompt to complete and return the questionnaire once they had been given it.

The response rate varied between practitioners, with some of us receiving 80 per cent of the questionnaires we had given out. We considered that anonymity would encourage patients to provide meaningful feedback, so we asked them not to write their names on the completed questionnaires, and none did.

Patients generally scored practitioners very highly: on most questions, the ratings were either 'very good' or 'excellent'.

Only three respondents gave a 'good' rating to any questions (related to 'Really listening' and 'Explaining things clearly'), and two rated their practitioner as 'fair' (on 'Helping you take control' and 'Making a plan of action with you' respectively).

These responses gave us points to reflect

on and be mindful of during future patient consultations.

Lessons learned

In future, we would consider putting simple procedures in place to help us identify who had been given a questionnaire, so we could prompt patients to complete and return it. We might also consider identifying whether questionnaires were completed by new or returning patients.

We also felt we needed a prompt so that we would remember to give out a questionnaire at the end of a consultation, and would allow ourselves time to explain the exercise's purpose and how we would inform patients of the findings.

Overall, the exercise was a success, and offered valuable learning points. We would use the CARE Measure again, but would also consider other patient feedback tools.

Kenneth McLean is the member for Scotland on the GOsC Council, and is a member of the Osteopathic Practice Committee. He practises in North Berwick and Edinburgh.

Help your patients stay well this winter

New campaign encourages people to take simple protection measures if they are vulnerable to winter ailments

NHS England and Public Health England have launched a national campaign to keep the public healthy and relieve pressure on health services during the winter months – and they want osteopaths to help spread the message.

Similar campaigns are expected in the other nations of the UK.

Through TV, radio and press advertisements, plus an advice booklet being delivered to 11 million households, the 'Stay Well This Winter' campaign is targeting vulnerable groups with simple advice such as:

- Seek advice immediately from a pharmacist if you start to feel unwell, even with just a cough or cold, before it becomes more serious.
- Ask your pharmacist which medicines you should have in your cabinet, and stock up on them to help you through the winter.

- Make sure you don't run out of prescription medicines during the Christmas holiday, and always take prescribed medicines as directed.
- Ask your GP for a flu jab (or a flu nasal spray for children between two and seven years old).
- Heat your home to at least 18°C (65°F) to prevent colds, flu and more serious health problems.

Standard D11 of the *Osteopathic Practice Standards* says you should 'be aware of your role as a healthcare provider to promote public health' – so do share the above advice with your patients.

The Public Health England website contains a range of posters and other resources, each carrying clear messages for different patient groups, which you can print and put up in your practice. You can find these at: <http://bit.ly/phe-winter-resources-15>

NHS England is also keen for you to receive the flu jab yourself, so there's no risk that you will catch the virus and pass it on to your patients. Your GP can arrange this.



CPD spotlight:

Relevant evidence



These won't help us keep track of your CPD

Previous editions of 'CPD spotlight' have looked at how best to write about different types of CPD activity on your CPD annual summary form. We have now collected these on the **o** zone at: <http://bit.ly/ozone-cpd-spotlight> to provide a developing online store of good-practice advice and examples.

Remember that your entry for each CPD activity

'Every year we audit around 2 per cent of osteopaths' CPD record folders'

on the form must include an overview of its relevance to your professional practice as an osteopath. Every year we audit 20 per cent of annual summary forms; if yours is one of them, we will need to be able to see how all your CPD activities benefited you and your patients.

So you should be specific, avoiding generalities and making it clear why you undertook each activity – but at the same time, be sure to keep your description clear and easily understandable.

Use the same approach as you would when explaining a course of treatment to a patient: unless you were certain that they could understand the technical language underpinning a particular

technique or treatment, you would use lay terms.

In one example of a simple but effective overview, the osteopath explained how attending a group meeting about the anatomy of muscles, ligaments and joints had benefited their practice:

"We discussed the techniques in these areas and how they can be applied in practice. This was helpful as it ensured my anatomical knowledge was current, which is important for osteopathic diagnosis."

We have noticed that writing about a reading activity can trip some osteopaths up. As with other CPD activities, make sure you focus on the relevance to your work – don't simply describe the article or book that you read.

Another clear and informative overview, found during a recent audit, described how the osteopath had read up about ways of communicating with a patient who had progressive Alzheimer's disease. The osteopath explained how they had extracted elements from the material they had read, and how they planned to adapt their communication style accordingly.

If your annual summary form is audited and is found to provide an insufficient description of a CPD activity,

in many circumstances we will accept the activity but will give you feedback to improve your future submissions. However, if the relevance of the activity to your practice is unclear, we will ask you for more information.

Record folder

You must also maintain a 'CPD record folder' of evidence confirming that you have completed the CPD activities listed on your annual summary form, and that the activities were relevant to your practice. Don't forget to keep evidence of all activities undertaken over the last five years.

Around 2 per cent of osteopaths have their CPD record folders audited by the GOsC each year. We ask them to submit the contents of their folders in either electronic or paper form, so that we can compare the evidence with their annual summary forms.

The table below lists some of the types of evidence that are commonly supplied in audited CPD record folders. If you supply insufficient evidence for a particular CPD activity, we will contact you to request further information and/or give you guidance so that your record folder will meet our requirements in future.

i Page 19 of the *CPD Guidelines* provides more information about the detail required on your CPD annual summary form, and pages 15 and 20 list examples of the evidence we will accept for different CPD activities. You can find the *CPD Guidelines* at: <http://tinyurl.gosc-cpd>

CPD activity	Sufficient evidence	Insufficient evidence
Training course	Certificate of attendance	Course publicity material
Group meeting	Meeting minutes or signed declaration of meeting notes	Meeting agenda or train tickets
Reading a journal article	Review of the article	Photocopy of the article (unless it is annotated)

Frequently asked questions



MARIE C FIELDS / SHUTTERSTOCK

Q One of my patients made an appointment but then failed to turn up. They are now requesting a refund of their 'cancelled appointment' fee. Should I refund it?

A Standard D15 of the *Osteopathic Practice Standards* requires registrants to be honest and trustworthy in their financial dealings. Part of the guidance to the standard says:

'It will help you avoid disputes about fees if you make information available, in advance of consultations and treatments, about the fees you charge, indicating what each fee covers.'

This information should include details of the fee charged if an appointment is cancelled at short or no notice.

You should deal with the question of a refund

in accordance with your practice's procedure and policy, which should have been provided to the patient at the outset.

Q HM Revenue and Customs (HMRC) wants to check my business records. How can I let HMRC do this without disclosing my patient list and breaching patient confidentiality?

A According to the HMRC website, 'Businesses must keep records to fill in their tax returns correctly [so they] pay the right tax at the right time to avoid interest and penalties.'

On occasion, the HMRC may decide to check your business records in detail; it will usually contact you about this by letter. The check will involve a telephone discussion lasting 10-15 minutes, which may on occasion lead to a face-to-face visit.

During a visit, the HMRC officer will ask you to explain how you run your business, note how you keep your business records and look at a sample of your current business records (usually for the last four months).

The HMRC does not need to see details of the patients you have seen. All it wants to see are the records of your income and outgoings, so it can tell whether you are making adequate records and are therefore likely to submit an accurate tax return.

All your records need to say in terms of the dates and patients you treated is as follows: "[Date] I saw 'x' no. of patients and they paid me 'x' amount."

If the visiting officer finds that your record keeping needs to improve, they will discuss this with you.

For more information, see <http://bit.ly/hmrc-record-checks>

Q A patient has asked me to countersign their passport application. Can I do this?

A Under Home Office rules, an application form for a passport must be countersigned by someone who works in (or has retired from) a recognised profession or

is 'a person of good standing in their community'.

The Government provides some examples of acceptable professions; its list includes chiropodists but not osteopaths or physiotherapists. However, the UK Passport Agency has told us that as an osteopath in the UK you can be a countersignatory to an application, provided that you:

- have known the applicant for at least two years and are able to identify them
- are not closely related to, involved with or living at the same address as them
- hold a current British or Irish passport.

For information about countersigning a passport application, visit www.gov.uk/countersigning-passport-applications



LIPOWSKI MILAN / SHUTTERSTOCK

New tax guide for business start-ups

HM Revenue and Customs (HMRC) has produced a new version of its online guide *Starting Your Own Business*.

Presented as an e-learning tutorial, the guide covers the following topics:

- Choosing a structure for your business
- Telling HMRC about your self-employment
- Keeping your business records and claiming expenses
- Sending HMRC your tax returns and payments
- Finding further help and support

It features case studies, plenty of links to other resources for self-employed people, and interactive questions so you can check your understanding.

You can find the guide at: <http://bit.ly/hmrc-syob3-guide>

Assessing patients' capacity to consent

Osteopaths understand the need to gain patients' valid consent before examining and treating them, but sometimes it can be difficult to know whether a patient is able to give that consent – or what to do if they are not

Most osteopaths treat a wide variety of patients, some of whom (for reasons of age or illness) may lack the capacity to give their valid consent for examination or treatment.

Sometimes it can be difficult to judge whether patients have the capacity to consent, and – if they do not – to establish who else may

be entitled to give consent on their behalf.

In addition to the guidance accompanying standard A4 of the *Osteopathic Practice Standards* ('You must receive valid consent before examination and treatment'), in 2013 the GOsC published further guidance clarifying the different legal requirements in each of the nations of the UK.

Osteopaths asked us for help in putting the guidance into practice, so here is an example scenario which outlines the issues to consider in a potentially challenging situation and suggests a course of action.

You can find more example scenarios, and the guidance relating to your part of the UK, on the **o zone** at: www.bit.ly/ozone-obtaining-consent

You receive a telephone call from Ms Black. She says her son Steven has hurt his back playing rugby and the doctor has suggested that she should take him to an osteopath.

Ms Black turns up at the appointment and insists on being present during your consultation with Steven. She has a habit of speaking before Steven can, and intervening to answer questions that you ask him.

While you are examining Steven, Ms Black explains that she is not actually Steven's birth mother. However, her civil partner (Steven's birth mother) had to go to work today, so Ms Black has come instead.

After making your diagnosis, you explain the treatment that you intend to provide to Steven, and the potential risks of such treatment. Ms Black feels that the risks of manipulation are too great, and expresses her concerns. She declines treatment on Steven's behalf.

The next day, Steven turns up alone. He says he doesn't care what anybody else thinks, he's looked up HVT on Google briefly and fast-forwarded through a video he found on YouTube, and it all seems OK. In any event, he is very keen to get back to playing rugby as quickly as possible, so he wants to go ahead with the treatment.

What are the issues?

- How old is Steven? Has he reached the legal age at which he can give consent?
- If not, does Ms Black have parental responsibility and can she provide consent on his behalf?
- If Steven has capacity, can Ms Black override his wishes?

What does the guidance say?

Young people over the age of 16 can consent to medical treatment unless they lack capacity.

Children under the age of 16 may be able to consent, if they have sufficient maturity and intelligence to understand what is involved in the proposed intervention or treatment. (In Scotland, a doctor must certify that the child is able to understand the nature and possible consequences of the procedure or treatment.)

The level of understanding required for different treatments may vary.

Establishing whether a child has capacity to consent is a matter of professional judgement, involving consideration of issues such as:

- the age and maturity of the child
- the complexity of the proposed intervention
- the likely outcome of the intervention
- the risks associated with the intervention.

It is good practice to encourage patients aged under 18 to involve their family in decisions about their treatment.

In England, Wales and Northern Ireland, if a young person with capacity has been given appropriate information and voluntarily provides their consent to treatment, that consent cannot be overridden by a person with parental responsibility. However, where a young person with capacity refuses consent to treatment, that decision may be overridden by a person with parental responsibility or by a court in certain circumstances. The legal position is less clear in Scotland, and you should seek legal advice.

Where a civil partner who is not a birth parent claims parental responsibility, the child's birth date will be a factor in determining whether the civil partner does indeed have parental responsibility.

How should you deal with the situation?

Prior to the appointment, it would have been useful to tell Ms Black that you would need to see documents confirming parental responsibility for the child before you could undertake any examination or treatment.

It is important that you clarify the issue of parental responsibility at the outset of the consultation.

Consider asking Ms Black to wait outside while you consult Steven, or make it clear to her that it is important for you to obtain answers and information directly from your patient.

You may wish to consider inviting Steven, Steven's birth mother and Ms Black to another appointment, to discuss your proposed treatment plan and the risks of treatment. In these circumstances, it might be appropriate to charge a fee for your time.

When Steven returns alone the next day, you should only consider treating him if you are satisfied that he has capacity to consent, and that his consent is fully informed and valid. In these circumstances, explain to him that it would be helpful to keep his parents informed of the situation, while acknowledging the confidentiality of the patient-osteopath relationship.

Consider obtaining legal advice or advice from your professional association.

Always remember to record your actions and conclusions (with reasons) regarding a patient's capacity to consent, in the osteopathic treatment records.



LIGHTWAVE MEDIA / SHUTTERSTOCK

New duty to report female genital mutilation

If you practise in England or Wales, you must now inform the police without delay if a girl under 18 tells you that she is a victim of FGM

As with all forms of abuse of children and vulnerable adults, osteopaths have a responsibility to report their concerns in known or suspected cases of female genital mutilation (FGM).

If you practise in England or Wales, you (along with other registered healthcare professionals) now have a mandatory duty to inform the police if, in the course of your work:

- a girl under 18 years old tells you directly that an act of FGM has been carried out on her, or
- you observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years old, and you have no reason to believe that this was necessary for her physical or mental health or for purposes connected with labour or birth.

In these circumstances, you should report the FGM to the police as soon as possible, and by the end of the next working day at the latest.

How to make a report

Dial 101, the non-emergency number for the police, and be prepared to provide both your own details and the girl's details. You will be given a case reference number, which you should record alongside full details of what has happened (including how and when you reported the FGM).

Usually you will not need to report the FGM to anyone else in addition to the police, but when you make your report the police will advise you of the procedure in your local area.

The Home Office has produced detailed guidance explaining the other actions that you should take, such as considering whether to tell the girl and/or her parents or guardians that you will be making a report to the police. You

can download the guidance, and resources including a leaflet for patients, from the **o** zone at:

<http://bit.ly/ozone-reporting-fgm>

The mandatory duty to report FGM is a personal one: you cannot pass on responsibility for making the report to anyone else. The duty, which came into effect on 31 October 2015, is set out in section 74 of the *Serious Crime Act 2015*.

If the duty does not apply

In circumstances that are not covered by the new mandatory duty – if, for example, you suspect that FGM has been or may be carried out, a woman aged 18 or over tells you that she is a victim of FGM, or you hear from someone else (such as a parent or sibling) that FGM has been carried out on a girl – you should share your concerns in accordance with your local safeguarding procedures.

Usually this will involve talking to a social worker. Contact your local authority to find out about its safeguarding procedures, and to find out how to contact a duty social worker in your area.

See *the osteopath*, October/November 2015, pages 12–13, for detailed guidance on how to safeguard children at risk of abuse.

If you practise in Scotland or Northern Ireland

Osteopaths in Scotland and Northern Ireland are not covered by the mandatory duty, but should report any concerns about known or suspected cases of FGM in accordance with local safeguarding procedures (see above).

Patient incidents: it's good to talk

In September 2014, the National Council for Osteopathic Research (NCOR) launched a website where osteopaths can anonymously discuss and learn from issues arising in the course of their practice. NCOR researcher **Austin Plunkett** looks at some of the issues raised on the website over its first 14 months



The Patient Incident Learning and Reporting System (PILARS) is an online learning resource for osteopaths and osteopathic students in the UK. Once you have logged on, you can report actual and potential adverse incidents relating to osteopathic services, as well as viewing and commenting on incidents reported by others – all in complete anonymity.

You can access PILARS at: www.ncorpilars.org.uk but you will need a username and password to enter the website; these change regularly, but you can always find the current versions on the GOSCo zone at: <http://tinyurl.com/ozone-pilars>

NCOR wants to help ensure that osteopaths can learn from each other, and can become more aware of the situations and circumstances that may lead to adverse events or difficult incidents. Every year we will analyse the incidents that have been reported, as well as the comments and advice that osteopaths have exchanged; themes and trends identified will be fed back to the profession.

Here is a brief summary of some findings from our analysis of PILARS usage in the 14 months from September 2014 to October 2015.

Supportive comments

With one exception, every report on PILARS attracted at least one comment this year; on average there were just over two comments per report. It is

encouraging to see that nearly every comment posted on the site was supportive of the reporting osteopath's actions.

We know that many osteopaths feel they are working in isolation, and cannot – or choose not to – discuss clinical incidents with their immediate colleagues. So PILARS offers a lifeline to osteopaths who may be fretting over a situation that has not gone as well as they had hoped.

Complex incidents

The reports this year covered a wide range of themes, including patient expectations, treatment side-effects, consent, serious pathology, self-care advice and misdiagnosis.

The overwhelming majority of incidents covered multiple themes. This echoes the findings of previous research funded by the GOSCo (available at: <http://bit.ly/trends-in-complaints>), which indicated that complaints made by patients often arise in a complex way: a complaint may

stem from a specific event, but there may have been underpinning factors (around issues of expectations and communication, for example) in the patient-practitioner relationship for some time.

In future years, as the number of incidents reported on PILARS grows, we hope we will be able to understand better the complexity of the incidents reported on PILARS – with the aim of increasing patient satisfaction by improving osteopaths' abilities to predict and manage these situations.

Managing expectations

In more than half the incidents reported, the osteopath referred to the management of the patient's expectations.

References to patient expectations in reports included:

- "He still requested a 'good twisting' which I advised against."
- "She thought that was remiss of me."
- "She was insistent on treatment."

Where the patient's expectations do not match the osteopath's, there is scope for misunderstanding – and in several cases the osteopath felt that this misunderstanding had contributed to patient dissatisfaction. However, there were also reports in which the osteopath had been able to manage the patient's expectations effectively, often ensuring this through follow-up communications.

Boundaries and communication

While most of this year's reports touched on at least four different themes, the theme of professional boundaries between patient and osteopath was never cited



in conjunction with more than one other theme.

This might suggest that boundary issues arise 'out of the blue', with few indicators that would enable osteopaths to predict problematic behaviour. However, there was some correlation between the themes of professional boundaries and reactive communication (situations where follow-up contact was made by the patient rather than the osteopath).

Across all reports, a proactive approach to communication by the osteopath was more likely than a reactive approach to be associated with improved patient satisfaction, as these examples illustrate:

- "I phoned her ... The patient seemed to calm down with this discussion."
- "I bumped into her [later] ... She expressed concern that I had not sent her for an x-ray."

This picture will become clearer as more data is collected in PILARS.

Broad agreement?

Comments on the reports cover a similarly wide range of topics, from discussions of pathophysiology and the duration of symptoms to the sharing of personal experiences.

Some comments raised questions (about the patient's case history and how treatment decisions were made, for example) and suggested alternative perspectives for the reporting osteopath to consider. However, most expressed agreement with the actions taken by the osteopath.

This raises a question: if osteopaths broadly agree about the approaches we all take, is this compatible with reducing the number of incidents that occur? Perhaps you feel that the comments received in PILARS so far are not as helpful as they could be?

To view all the reported incidents and their associated comments in full – and to comment on them yourself – simply visit www.ncorpilars.org.uk

And do use PILARS to make your own reports, if you would like other osteopaths' views on them. Remember that PILARS operates a 'traffic-light' system, enabling you to report actual incidents that have occurred (red), near misses (amber) and potential incidents (green).

We are very grateful to all the osteopaths who have been using PILARS to date. If you're not one of them yet, please join the conversation.

IJOM Plus sees readership rise

Osteopaths view 4,000 research articles free of charge online over the first six months of 2015

The GOSC's 'IJOM Plus' package, which gives osteopaths free online access to relevant research journals published by Elsevier, continues to grow in popularity.

Osteopaths accessing the journals via the **o** zone viewed 4,000 articles between January and June this year – a 5 per cent increase on the figures for the second half of 2014. Articles in the *International Journal of Osteopathic Medicine* (IJOM) accounted for almost one-third of the total.

The IJOM Plus package includes every issue of IJOM and its predecessor, the *Journal of Osteopathic Medicine*, since 2001. It also encompasses all editions of the following journals since 2010:

- *Clinical Biomechanics*
- *Journal of Bodywork and Movement Therapies*
- *Journal of Manipulative and Physiological Therapeutics*
- *The Lancet*
- *Manual Therapy*
- *The Spine Journal*
- *Pain* (editions to the end of 2014 only)

All GOSC registrants, as well as students with access to the **o** zone, can read the full text of articles in these journals free of charge. You can find out more and browse the journals online by visiting the **o** zone's 'Research journals' page at: <http://bit.ly/ozone-journals>

Every month, the National Council for

'Every month, NCOR's online news bulletin recommends a selection of recent research papers'

Osteopathic Research's online news bulletin recommends a selection of recent relevant research papers. You can find the latest edition of the bulletin, and an archive of past editions, at: <http://bit.ly/ncor-bulletin>

IE8's number is up

If you use Microsoft's Internet Explorer 8 (IE8) as your web browser, you may find the ScienceDirect website – home to all the journals in the IJOM Plus package – less easy to use from January 2016.

Elsevier, which maintains the website, says it will stop supporting IE8 after the end of this year. If you are currently using IE8, Elsevier advises you to update to the most recent version of Internet Explorer, or use a different browser such as Firefox or Chrome, in order to get the full benefit of the ScienceDirect website's responsive design features and accessibility.



Bookshelf

A selection of illustrated reference books for osteopaths

The Placebo Effect in Manual Therapy: Improving Clinical Outcomes in Your Practice

Brian Fulton

Handspring Publishing (2015), 296 pages



ISBN: 978-1-909141-29-2

A detailed guide to accessing and augmenting your patients' natural healing systems by understanding subtleties in the practitioner-patient relationship. Based on wide research into the therapeutic encounter, it explores how to maximise the placebo response and improve health outcomes within your current methods of practice.

Positional Release Techniques (4th edition)

Leon Chaitow

Churchill Livingstone Elsevier (2015), 272 pages

ISBN: 978-0-702051-11-1

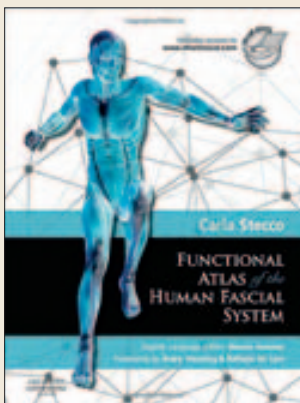


With a revised structure, new illustrations and access to videos and more images online, the latest edition of this guide covers all methods of spontaneous release by positioning. Emphasising safety and usefulness in both chronic and acute settings, it includes problem-solving clinical descriptions and practical exercises to support learning.



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

Book reviews



Functional Atlas of the Human Fascial System

Carla Stecco

Churchill Livingstone Elsevier

ISBN: 978-0-7020-4430-4

Reviewed by
David Rodway DO

In recent years there has been a flurry of publications about the fascia; this atlas surely outshines them all.

Surgeon Carla Stecco's impressive dissections of hundreds of fresh (unembalmed) cadavers over 10 years are presented in more than 300 superbly clear photographs. The emphasis is on the continuity

and organisation of the fascia; its interconnections with other tissues; its role in support, movement and proprioception; and its involvement in pathology and dysfunction.

The author highlights that the fascia is an integral part of the locomotor system and essential in the coordination of muscular activity, in contradistinction to the impression given in some books that fascia is merely an inert and insignificant filler.

The first three chapters deal with the histology, properties and organisation of superficial and dense fascia; the last five chapters cover the detailed anatomy of the head, neck, torso and limbs, from the galea capitis to the plantar fascia. 'Clinical pearls' in each chapter point out some possible clinical implications; these pearls are sometimes less dazzling than one might expect.

The writing is clear and precise when describing the histology and anatomy, but

sometimes tends to the speculative in the occasional digressions about clinical application. As for the word 'densification', I think they mean 'condensation' or 'compaction'. References and bibliography are wide-ranging and apposite.

There have been conjectures that the fasciae may have an intrinsic contractile ability that might manifest as waves or cycles of fascial contraction and expansion throughout the body, or that they are conduits for contractile forces generated by tissues other than muscle. The author says nothing either way about this, except for a small section on the conversion of fibroblasts to myofibroblasts for wound repair (after which they die).

Nowadays the inclusion of DVDs or internet links is rightly expected in textbooks, and this one does not disappoint. If you buy the book, you get access to 14 videos (lasting about 30 minutes in total) that show how fascia connects to the ligaments and muscles.

It is difficult to see how any book on the anatomy of the fascia could surpass this one. It is an essential acquisition for any healthcare professional whose work involves the fascia.

The Concise Book of Muscles (3rd edition)

Chris Jarmey and John Sharkey

Lotus Publishing (2015)

ISBN: 978-1905367627

Reviewed by Susana Weiner
BSc (Hons) Osteopathy, PGCE

My personal interest in reviewing this book was in finding a suitable text on muscles for year 1 and year 2 students of osteopathy. There are many on the market, but what is different about this one?

In addition to the usual attachments, action and nerve supply, the book provides relevant information on both basic functional movements and the sports in which the muscles might be utilised. Advice on self-help is also provided via some simple exercises. The pictures and wording are presented in an uncluttered manner, and

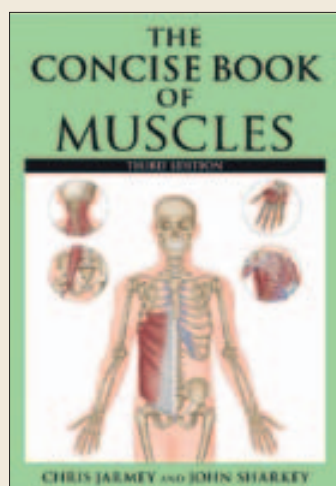
there is plenty of space to insert personal comments.

General information about muscles is well laid out in an easy-to-follow format. The explanation of muscle factors that limit skeletal movement is particularly good as it links directly to dysfunction, with the use of such terms as passive and active insufficiency and concurrent and counter-concurrent movement. Core stability is reviewed and linked to thoracolumbar fascia gain and intra-abdominal pressure, but the research dates from 1997.

One slight disappointment, as it is a new edition, is that 60 per cent of the resources mentioned are from 1936 to 1998. It would have been good to see more recent research evidence.

However, it was refreshing to see information on biotensegrity, which was well explained in a manner that could be understood even with only limited background knowledge.

This is an ideal book for learning and understanding muscle function and dysfunction, making it very suitable and user-friendly for students and as a revision text for more experienced osteopaths. It will definitely go on our list of recommended books at the College of Osteopaths.



Backchat

Values-based practice

I am grateful to Peter Buxton for his comments on values in osteopathic care in the October/November issue of *the osteopath* (Page 21).

Although values-based practice may be a new term, its roots are in everyday clinical practice. It aims to clarify areas of decision-making that, because they are prone to misunderstanding, are potential sources of dissatisfaction and conflict. These are not usually disagreements about facts, but decisions involving choices about what is best for the patient – and where choices are to be made, values (the basis of choices) will be found.

Many of the points that Peter makes are absolutely correct. There is a 'balancing task' to be performed involving the 'patient's agenda, the practitioner's judgement and the profession's values'. If all three obviously coincide – if the patient has a clear agenda that the practitioner has the skills and knowledge to address, and it is all within professional standards and expectations – there is no issue to clarify (or, as Professor Fulford puts it, everything goes smoothly with no 'squeaky wheel').

But, sometimes, even an apparently straightforward question of facts has values underpinning it. For example, I might see a patient who has been used to having strong treatment with 'lots of clicks', but my judgement is that a gentler form of treatment would be more beneficial, or safer, or more effectively provided. On David Sackett's evidence-based medicine model, rightly highlighted by Peter as more than just consideration of research evidence, there is a conflict between the patient's preferences, the practitioner's experience and judgement, and the research evidence (or lack of it). The patient's agenda and the practitioner's judgement do not agree, and professional standards (with respect to patient autonomy and the need to seek consent, provide benefit and do no harm) also present tensions when deciding what the 'right' decision is.

Many practitioners find these situations difficult, and resort to following a set response or try to 'look up' what they should do in the *Osteopathic Practice Standards* so as not to do the wrong thing. Values-based practice aims to offer a framework within which the practitioner and patient together can identify the basis of the choices (which may also entail research evidence), plus a set of values-based decision-making tools to make a mutually acceptable and understood choice.

The problem is that there is no agreed set of professional values in osteopathy (or in most other healthcare professions, which is why many are going through this same process); the question "What makes a good osteopath?" can be responded to in a variety of ways.

The seminars instigated by the GOsC this year have brought together osteopathic practitioners, educators and patients to explore the values that osteopaths hold (and which define osteopathy as a distinct profession). They have explored whether these values can inform and underpin the *Osteopathic Practice Standards*, and can help osteopaths to analyse and reach consensual agreement in clinical decision-making.

The key is for osteopaths to identify with the values underpinning the standards, and recognise that the standards support the work they do rather than being an 'iron cage' that restricts practice and hangs in the background as something not to fall foul of.

All healthcare entails both facts and values, but until recently values have received little focus. Healthcare is about one human being coming to the aid of another human being who is suffering. We are not mechanics mending machines, but clinicians attempting to help a living person who has expectations, dreams, memories, fears and a desire to live well. Achieving this inevitably entails engaging with peoples' values; we need to ensure that we do it most effectively.

Professor Stephen Tyreman PhD, MA, DO

Do you have an opinion on values-based practice? We welcome your views on this and any other aspect of *the osteopath's* content. If you have a comment that you'd like to share, please email editor@osteopathy.org.uk

Courses 2016

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

January

16

Kinesiology taping for the athlete

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

**16-17 January,
30 April-1 May,
11-12 June**

Clinical integration of visceral osteopathy

Speaker: Jean-Marie Beuckels
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671558

cpd@eso.ac.uk
www.eso.ac.uk

23

Optimising tissue repair: implications to manual and physical therapies

Speaker: Professor Tim Watson
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

**23-24 January,
20-21 February,
19-20 March**

Foundation dry needling course for massage and sports therapists

Speaker: Mieke Vlamynck
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

31

Functional stretching

Speaker: Dr Eyal Lederman
Venue: Huntingdon, Cambridgeshire
Tel: 01933 328 152

hollie@academyofphysicalmedicine.co.uk
www.academyofphysicalmedicine.co.uk

**31 January,
28 February,
10 April**

Business development

Speaker: Dustie Houchin
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671 558

cpd@eso.ac.uk
www.eso.ac.uk

February

1

Hip and groin

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

2

Knee joint

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

3

Cervical spine

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

4

Shoulder joint

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

4-7

Visceral manipulation 2

Speaker: Rita Benamor
Venue: Stillorgan Park Hotel, Dublin, Ireland
Tel: +353 1 210 3967

barralireland@gmail.com
www.barralinstitute.ie

5-7

SCCO Pathway module 8:

The functional face

Speaker: Louise Hull
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767 607

admin@scco.ac
www.scco.ac

5-7

Manual articular spine and pelvis (MASP)

Speaker: Roberto Bonanzinga
Venue: Stillorgan Park Hotel, Dublin, Ireland
Tel: +353 1 210 3967

barralireland@gmail.com
www.barralinstitute.ie

6

Counselling and communication skills

Speakers: Jenny Stacey and Tsafi Lederman
Venue: Whittington Education Centre, London
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

6

Exercise prescription: a process approach

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

8

Muscle energy techniques

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

9

Neurological testing

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

10

Spinal manipulation and mobilisation technique

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

john@johngibbonsbodymaster.co.uk
www.johngibbonsbodymaster.co.uk

14**The miserable baby, part 1: Treating feeding and digestive disorders in the newborn and baby**

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 077 9238 4592

osteokids@aol.com
www.mumandbaby-at-home.com

19**Dry needling in shoulder conditions: a myofascial approach**

Speaker: Mieke Vlamynck
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

19-21**Functional neuromuscular rehabilitation**

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

20-21**Advanced spinal manipulation – minimal lever mid-range techniques to the spine**

Speaker: Daryl Herbert
Venue: Holiday Inn Leeds-Brighouse, Brighouse HD6
Tel: 07879 691344

daryl@dh-o.com

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

Speaker: Penny Price
Venue: Crista Galli Osteopathy, London W2
Tel: 01453 767607

admin@scco.ac
www.scco.ac

23**Kinesiology taping for the athlete**

Details as 26 January

24-25**Advanced soft tissue techniques**

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

john@johnngibbonsbodymaster.co.uk
www.johnngibbonsbodymaster.co.uk

26-28**The real Still exaggeration technique/OMM workshop on classical osteopathy**

Speakers: Dr Jerry Dickey and Christian Fossum
Venue: European School of Osteopathy, Maidstone ME14
Tel: 01622 671558

cpd@eso.ac.uk
www.eso.ac.uk

27-28**Hormones, health and immunity**

Speaker: Clare Ballard
Venue: Hammersmith Hospital, London W12
Tel: 01453 767607

admin@scco.ac
www.scco.ac

March**3-6****Acupuncture techniques for sports injuries – level 1**

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

john@johnngibbonsbodymaster.co.uk
www.johnngibbonsbodymaster.co.uk

3-6**Visceral manipulation 3**

Speaker: Rita Benamor
Venue: Stillorgan Park Hotel, Stillorgan, Dublin, Ireland
Tel: +353 1 210 3967

barralireland@gmail.com
www.barralinstitute.ie

7-11**SCCO Pathway module 2: Osteopathy in the cranial field**

Speaker: Carl Surridge
Venue: Columbia Hotel, London
Tel: 01453 767607

admin@scco.ac
www.scco.ac

10-13**Advanced therapy**

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

john@johnngibbonsbodymaster.co.uk
www.johnngibbonsbodymaster.co.uk

12**Bump to baby, part 1: Treating the pregnant patient – pelvic, pubis, coccyx and lumbar spine**

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592

osteokids@aol.com
www.mumandbaby-at-home.com

12**Symposium: Statutory regulation of chiropractic and osteopathy – what has been attained?**

Speakers: Dr Martin Collins, Ian Hutcheson and Dr Rod MacDonald
Venue: British School of Osteopathy, London SE1

jcorneliusobrien@gmail.com
www.noa.ac.uk

14**Spinal manipulation and mobilisation technique**

Details as 10 February

19-20**Positional release techniques for pelvic and spinal fascial, myofascial and articular pain and dysfunction**

Speaker: Leon Chaitow
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

April**9-10****SCCO Pathway module 1: Foundation course**

Details as 20-21 February

12**Neurological testing**

Details as 9 February

13**Muscle energy techniques**

Details as 8 February

17**The miserable baby, part 2: Treating shock, trauma and birth interventions in the newborn and baby**

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 077 9238 4592

osteokids@aol.com
www.mumandbaby-at-home.com

19**Hip and groin**

Details as 1 February

20**Knee joint**

Details as 2 February

21**Cervical spine**

Details as 3 February

21-26**Interdisciplinary congress: Osteopathy at the interface of body and mind**

Venue: Parkhotel Schönbrunn, Vienna, Austria
Tel: +43 1 879 38 26 40/44

congress@wso.at
[congress.wso.at](http://www.congress.wso.at)

22**Shoulder joint**

Details as 4 February

May**14-15****A process approach in physical therapies: beyond the structural model**

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London
Tel: 020 7263 8551

cpd@cpdo.net
www.cpdo.net

15**Postpartum mum**

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 077 9238 4592

osteokids@aol.com
www.mumandbaby-at-home.com



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

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

Visceral Osteopathy: Pelvis

Date: Saturday 30 & Sunday 31 January 2016

Times: 09.00 – 17.00

Cost: £250

CPD: 14 hours

Location: The BSO Teaching Centre, London

On this course you will learn: the principles and concepts of visceral osteopathy, the relationship between the visceral and the musculoskeletal system in the pelvic cavity, the location of organs and their ligamentous connections, a number of suitable visceral techniques for participants who have a more structural and biomechanical approach to treatment and a comprehensive approach to pelvic assessment and interpretation of findings.



Ergonomics for Manual Therapists

Date: Saturday 30 January 2016

Times: 09.00 – 17.00

Cost: £125

CPD: 7 hours

Location: The BSO Teaching Centre, London

Ergonomics is a huge part of health and wellbeing; many of your patients are likely to be experiencing pain influenced by the set-up of their workstations. This course is an ideal introduction to ergonomics, linking to applications which can be put into practice by all manual therapists. The workshop is hugely popular and always sells out. Upon completion of the course, you will be able to;

- evaluate patients in relation to computer workstations and manual handling
- train patients in ergonomics so that they are more aware of how to prevent injury
- gain knowledge and skills to support your patients with injuries or problems influenced by their workplace environment

This course ideal for all manual therapists (osteopaths, chiropractors & physiotherapists).



Communication and Consent

Date: Friday 19 February 2016

Times: 09.00 – 17.00

Cost: £125

CPD: 7 hours

Location: The BSO Teaching Centre, London

Communication and consent is an essential part of the Osteopathic Practice Guidelines set out by GOsC and is a topic of priority since it is central to most complaints that the GOsC receive from patients.

This course involves a session covering a refresher of communication skills and consent with our Part Time Course Leader, Mark Waters, who has taught on this subject for a number of years. The two afternoon sessions focus on communication and consent with specific patient groups. Rob McCoy will be considering patients with dementia, Alzheimer's and/or limited capacity, and Samantha Fennell will be presenting on issues surrounding communication and consent with children and their parents.



Get in touch...

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

What's coming up...

Fri 8 Jan

3D BIO-Mechanics and Muscle Chains

Fri 15 Jan

Functional Active Release - Hands On Therapy

Sat 30 Jan

NLP for Challenging Patients

Sat 27 & Sun 28 Jan

Paediatric Osteopathy 1 & 2

Sat 12 & Sun 13 Mar

Visceral Osteopathy: Abdomen

Fri 1 Apr

Remedial & Rehab Exercise in Practice; Lower Body & Lower Limbs

Sat 2 Apr

Advanced Spinal Manipulation

Sat 14 May

Ergonomics for Manual Therapists

2015-16

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

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- ◆ Learn topics such as the biology of ageing, effects of polypharmacy and nutrition on health, the impact of complex co-morbidities on prognosis
- ◆ Learn patient-centred comprehensive evaluation and management strategies of older adults, including risk-assessment
- ◆ Learn to critically appraise plausibility of contemporary and established models of osteopathic care for the elderly
- ◆ Learn concepts of safeguarding supported by effective communication and team working
- ◆ Enables you to establish links with local practitioners that manage and treat older adults.
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Course Leader: Shireen Ismail s.ismail@bso.ac.uk

Admissions Assistant: admissions@bso.ac.uk or 020 7089 5316
www.bso.ac.uk/postgraduate-cpd/postgraduate-courses



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- ◆ Learn a broad range of relevant technical and structural approaches to evaluation, treatment and management, enabling you to deal with the challenges of paediatric clinical uncertainties
- ◆ A focus on recognising, managing and safeguarding critical incidents and diagnosing and managing complex paediatric cases.
- ◆ An evidence based approach to paediatrics
- ◆ The only accredited and certified paediatric osteopathy course in the UK
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- ◆ Benefit from working within an expert-led multi-disciplinary practice at one of our off-site clinics in Southwark
- ◆ Gain experience from working in our specialist 78 year old paediatric clinic
- ◆ Benefit from a high tutor to student ratio
- ◆ Flexible with weekend classes, allowing you to commute, work and study
- ◆ Suitable for graduate and experienced osteopaths

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Course Leader: Samantha Fennell s.fennell@bso.ac.uk

Admissions: admissions@bso.ac.uk or 020 7089 5316

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Date	Topic	Lecturer	Cost	Deposit	CPD points
23 Jan	Optimising tissue repair: implications to manual and physical therapies	Prof. Tim Watson	£125	£125	7
23-24 Jan, 20-21 Feb & 19-20 March	Foundation dry needling course for physical therapists (3 weekends)	Mieke Vlamynck	£675	£350	42
6 Feb	Counselling and communication skills for clinicians	Jenny Stacey & Tsafi Lederman	£125	£125	7
6 Feb	Exercise prescription: a process approach	Dr. Eyal Lederman	£125	£125	7
19-21 Feb	Functional neuromuscular rehabilitation (Start Friday 17.00)	Dr. Eyal Lederman	£385	£200	20
19-20 March	Positional release techniques for pelvic and spinal fascial, myofascial and articular pain and dysfunction	Leon Chaitow	£295	£200	14
7-9 April	Foundation Advanced Clinical Massage Techniques	Jing Massage School	See www.cpdo.net		
9-10 April	Hartman's Master class in manipulative techniques: upper body	Prof. Laurie Hartman	£335	£250	14
14 May	A process approach in physical therapies: beyond the structural model NEW COURSE	Dr. Eyal Lederman	£265	£120	14
18-20 May	Barral's viscerο-emotional release	Jean-Pierre Barral	Fully booked		20
4-5 June	Hartman's Master class in manipulative techniques: lower body	Prof. Laurie Hartman	Fully booked		14
18 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman	£125	£125	7
4 June	Acupuncture for managing shoulder and upper quadrant conditions	Justine Munur	£135	£135	7

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www.cpdaonline.com



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or call our friendly office staff on 01453 767607

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available. Book
with a small
deposit to secure
your place.

JANUARY 2016

SCCO Pathway Module 1

Foundation Course

30-31 January 2016 2 days

Crista Galli, London CPD: 16 hrs

£275 Leader: Penny Price

Introduction to the anatomy and function of the cranium, sacrum and related structures. Perfect if you're new to the cranial field and want to discover more about Sutherland's principle concepts.

FEBRUARY 2016

SCCO Pathway Module 8

The Functional Face

5-7 February 2016 3 days

Hawkwood, Stroud CPD: 24 hrs

£945 Leader: Louise Hull

Experience delicacy of palpation as well as precision in treatment and trust in the self correcting principle of the body.

Module 2 (mini)

in partnership with the ESO

12-14 February 2016 2½ days

ESO, Maidstone CPD: 20 hrs

£490 non-res Leaders: Dianna

Harvey & Sue Turner

Designed for ESO graduates as an overview of the whole cranial concept, covering all the key areas.

MARCH 2016

SCCO Pathway Module 2

Osteopathy in the Cranial Field

7-11 March 2016 5 days

Columbia Hotel, London CPD: 40 hrs

£950 Leader: Carl Surridge

Introducing the key concepts of the five phenomena as a way of studying and understanding the body as a whole. The course offers treatment approaches that you can use immediately in practice.

APRIL 2016

SCCO Pathway Module 1

Foundation Course

9-10 April 2016 2 days

Crista Galli, London CPD: 16 hrs

£275 Leader: Penny Price

FEATURED COURSE

Hormones, Health, Homeostasis & Immunity Advanced Level Weekend

27-28 February 2016

W12 Conference Centre, London

2 days

CPD: 16 hrs



£330 | £290 Fellows/Members

Leaders : Pamela Vaill-Carter & Taj Deoora

Course Director: Clare Ballard

Focussing on hormones, health and homeostasis on the first day, and immunity on the second, this special, advanced-level weekend will be an exciting look at balance in the endocrine system throughout all the stages of life, including women's health. The course will also examine the development and function of the immune system with practical applications, including revisiting the lymphatic system.



This weekend course can be booked as separate days for a daily rate of:

£165 | £145 Fellows/Members

JUNE 2016

SCCO Pathway Module 4

Balanced Ligamentous Tension

9-13 June 2016 4½ days

Hawkwood, Stroud CPD: 34 hrs

£1230 res Leader: Sue Turner

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SCCO Pathway Module 1

Foundation Course

25-26 June 2016 2 days

(venue/location tbc) CPD: 16 hrs

£275 Leader: Penny Price

SCCO Pathway Module 3

Organs & Systems

30 June-3 July 2016 4 days

Hawkwood, Stroud CPD: 32 hrs

£1250 res Leader: Lynn Haller

Discover the world of internal organs. This course will give you the confidence to treat many primarily visceral problems, and to understand the influence of the organ systems on whole body health.

JULY 2016

Osteopathy in Pregnancy, Birth & Post-Partum

9-10 July 2016 2 days

Wokefield Park, Reading CPD: 16 hrs

£390 | £340 Fellows/Members - non-res

Leader: Renzo Molinari

A specialist course given by the eminent Renzo Molinari who will be presenting a two-day gynaecology course on the full process of child birth, from pregnancy through to birth and post-partum.

SEPTEMBER 2016

SCCO Pathway Module 2

Osteopathy in the Cranial Field

12-16 September 2016 5 days

Columbia Hotel, London CPD: 40 hrs

£950 Leader: Pamela Vaill-Carter

We are also taking bookings for
~ **Module 7: Spark in the Motor** ~
6-9 July 2017

Go to our website for full details and
bookings for all our courses.

www.scco.ac ~ 01453 767607

Please be aware that some courses require a minimum level of qualification. Information correct at time of going to press.

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Dr Jerry Dickey & Christian Fossum DO

Supported by John Lewis DO, Dr Sharon Gustowski & Dr Turner Slich

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Visit www.eso.ac.uk/event to find out more

Booking deadline 9 January 2016 - Limited places available so book early to avoid disappointment

Also coming up ...

Dysfunctional breathing ventral fascias - links between the chest, throat and stomatognathic system (Days may be taken independently if preferred)

Guest speaker: Caroline Stone

Saturday 6 and/or Sunday 7 February 2016 - £140 per day - Imperial College London



Clinical Integration of Visceral Osteopathy

Guest speaker: Jean-Marie Beuckels

Part 1: Saturday 16 and Sunday 17 January 2016 - £270

Part 2: Saturday 30 April and Sunday 1 May 2016 - £270

Part 3: Saturday 11 and Sunday 12 June 2016 - £270



Business Development

Guest speaker: Dustie Houchin

Part 1: Sunday 31 January 2016 - £140

Part 2: Sunday 28 February 2016 - £140

Part 3: Sunday 10 April 2016 - £140



Professor Frank Willard

Course title to follow - book early to avoid disappointment

Saturday 5 and Sunday 6 March 2016 - £300



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).

Visit www.rollinbeckerinstitute.co.uk for more details.



Previous 6-Day Course Participant Feedback:

"Variety of platforms for learning, bone models, slides, text, pictures, speech, video, illustrations, demonstrations....cannot do better!"

"Great balance, taught me a lot and gave me space to learn alone."

"Very professional. Good quality teaching, very helpful tutors."

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Rollin E. Becker Institute is the trading name for SCTF-UK Ltd, a company limited by guarantee. Company registration number 7148326. Company address: 4 Wellington Circus, Nottingham, NG1 5AL.

6-Day Cranial Course - London: Osteopathy in the Cranial Field - Feb/Mar 2016

Date: 13-14 & 27-28 Feb, 12-13 Mar 2016

Venue: Osteopathic Centre For Children, London

Cost: £975*

In 6 days of lectures and practicals, our expert teachers cover Sutherland's Five Principles through the lens of anatomy, physiology, neurology, embryology, clinical considerations, case examples, research and palpation.

Working in groups of 1:4, our tutors are adept at tailoring their teaching to individuals' learning needs and level of experience to ensure all our delegates leave competent and confident with skills they can use immediately in practice and continue to develop in future.

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Call 0845 5193 493 or visit
www.rollinbeckerinstitute.co.uk
for updated course information and booking.

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Saturday 20 & Sunday 21 February 2016

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Brighthouse HD6 4HW

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14 hrs CPD

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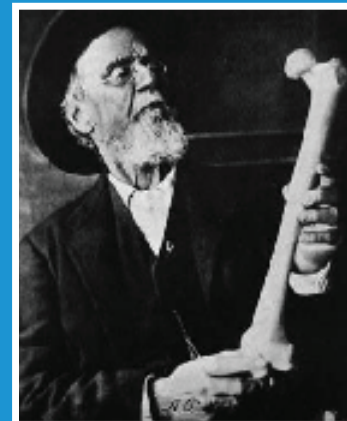
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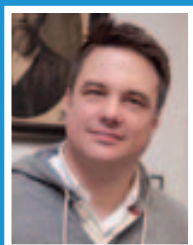


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The Real Still Exaggeration Technique & OMM Workshop on Classical Osteopathy

26-28 February 2016 - ESO Boxley House

Dr A T Still perfected a series of techniques that became the backbone of his treatment but many were 'lost' in the early 20th century as they were difficult to teach to students with limited practise in Osteopathy. Christian Fossum, one of Europe's most respected osteopathic researchers, and Dr Jerry Dickey, a highly successful American osteopath, whose father's cousin was taught by A T Still, have worked together to develop this hugely important seminar, re-introducing Still's lost techniques using a **unique teaching format**. Delegates will benefit from hands on guidance in accessing the healing forces truly discovered by A T Still. They will be shown techniques for the cervical, thoracic, lumbar, ribs, pelvis and extremities and be equipped with tools that will revolutionise their daily practice.



Christian Fossum DO

Christian Fossum is an osteopath, researcher and academic. He is an Associate Professor at the Norwegian School of Health Sciences Kristiania, osteopathic studies. Previous roles include Assistant Professor in the Department of Osteopathic Manipulative Medicine at the Kirksville College of Osteopathic Medicine and Associate Director of the A T Still Research Institute, Kirksville, Missouri, USA. He has also been the Vice Principal (Osteopathic) at the European School of Osteopathy.



Dr Jerry Dickey

Dr Dickey is a third generation osteopath, whose father's cousin was taught by A T Still. He has devoted his career to osteopathic education and, during his 37 years in the profession, has chaired the OMM departments at KCOM and the University of North Texas Health Science Center/Texas College of Osteopathic Medicine. He is internationally recognized and has received the **A T Still Medallion of Honor** presented by the American Academy of Osteopathy (AAO), the highest award conferred by the AAO to members who have exhibited exceptional understanding and application of osteopathic principles and concepts.

Supported by: John Lewis DO, Dr Sharon Gustowski and Dr Turner Slich

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Booking deadline 9 January

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Classifieds

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www.collegeofosteopaths.ac.uk/college_vacancies.html

Osteopath required: Surrey

Osteopath required for 1.5 days in busy multidisciplinary clinic in Surbiton. Experience working with babies and cranial field highly recommended. Please send CV to Kroc312@gmail.com

Associate Osteopath required: Bristol

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Associate Osteopath required: Cheshire

Female associate osteopath required for January/February start in our busy multidisciplinary practice in Cheshire/South Manchester. A minimum of one year's experience with structural and cranial skill and experience in treating paediatrics and pre/post-partum patients. You will be expected to manage an existing patient list and simultaneously build your own list, but we can accommodate osteopaths with existing patients. Please send your covering letter and CV to enquiries@thevillageosteopaths.co.uk

Associate Osteopath required: Cheshire

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Associate Osteopath required: Kent

We are looking for a structural/cranial osteopath with good communication skills, who can help us care for our existing patients and build a list of their own. A willingness to take part in promoting the practice is essential. Day/hours flexible. Please forward a CV to tawny14@btinternet.com

Associate Osteopath required: West Yorkshire

Associate wanted in Huddersfield, West Yorkshire. Long-established structural practice. Initially 1.5-2 days per week. Please send CV to dsykes@spine.co.uk

Associate Osteopath required: Aberdeen

Seeking experienced part-time associate, initially for two days (Monday and Friday), in a well-established multidisciplinary clinic. Potential for further days. Broad spectrum of techniques preferable, but excellent structural skills essential. Forward CV and covering letter to c.tiphonie@btinternet.com

Associate Osteopath required: Dundee

Unique opportunity for a skilled associate to join a principal, medically qualified osteopath in an established, busy and highly regarded practice. Situated by the River Tay in Broughty Ferry, Scotland, we are close to all main transport links and the city of Dundee. Please provide a CV to samanthabaradhi@icloud.com

Goodwill for sale: London

The list is from a busy three-days-a-week clinic developed over 21 years and run from two clinics in Belgravia and Pimlico. Contact Piers at: piersspencer@hotmail.com

Practice for sale: Chester

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Practice for sale: Halifax, West Yorkshire

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Practice for sale: Spain

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