

the osteopath

New Osteopathic Practice Standards

inside

- > In Council
- > Recruiting a new GOsC Chair
- > Regional Communications Network meeting
- > Reducing the cost of regulation





General
Osteopathic
Council

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Key GOsC services

**Freephone helpline
for osteopaths** **0800 917 8031**

**Communications and Osteopathic
Information Service** **ext 242 / 222 / 228**

Enquiries about conferences, workshops and events, *The Osteopath*, GOsC websites, Certification Mark, the media, NHS, publication orders (including GP consent forms and off-work certificates), presentation material, Regional Communications Network, consultations.

Professional Standards **ext 238 / 235 / 240**

Enquiries about continuing professional development, osteopathic education, standards of practice, Assessments of Clinical Competence, Recognised Qualification process, NCOR.

Finance and Administration **ext 231**

Enquiries about registration fees, VAT, payments.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 229 / 256**

Enquiries about annual renewal of registration, updating your Register details, non-practising status, practising abroad, graduate registration, retiring/resigning from the Register, professional indemnity insurance.

Regulation **ext 224 / 249 / 236**

Enquiries about the *Code of Practice* for osteopaths, dealing with patient concerns, ethical guidance and consent forms, fitness to practise, Protection of Title.

Clerk to Council **01580 720 213**

Enquiries about Council members and meetings, GOsC Committee business, Governance.

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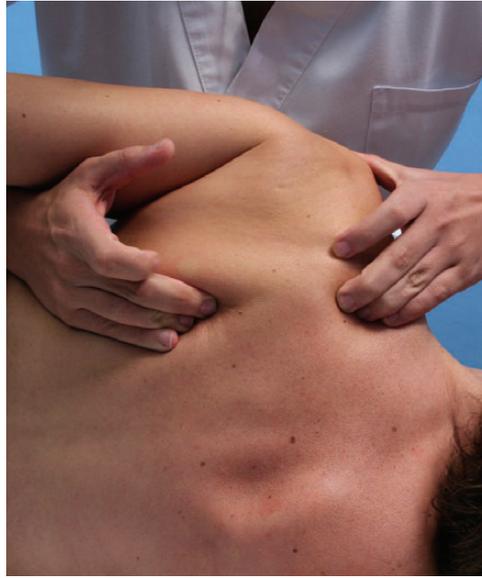
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the osteopath



4 GOsC news

- > New Osteopathic Practice Standards
- > In Council, April 2011
- > Student fitness to practise consultation
- > Revalidation: looking towards the pilot
- > Recruiting a new GOsC Chair
- > How prepared are osteopathic graduates for professional practice?
- > Regional Communications Network meeting
- > Meet Tim Walker

20 in practice

- > Osteopathic education: setting world-class standards

Courses 2011

23 marketplace

12 health matters

UK

- > Reducing the cost of regulation

International

- > New Zealand opens fast-track process to registration

14 research

General

- > *IJOM*: Research: helping us to be less wrong

NCOR

- > Research hub news
- > Conference calendar
- > More than one type of 'evidence'

the osteopath

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New Osteopathic Practice Standards to be published

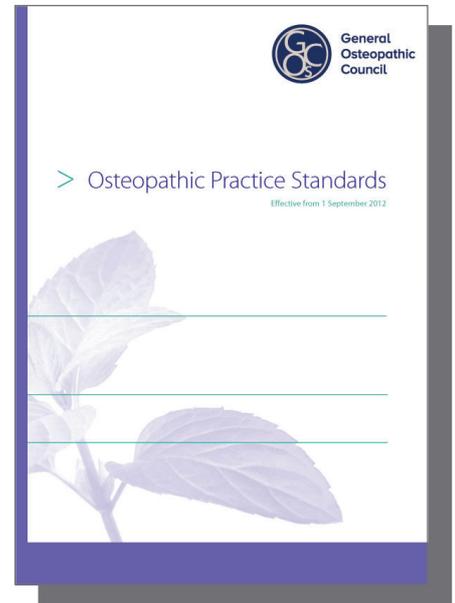
New *Osteopathic Practice Standards* will be published on 31 July 2011 and will take effect from 1 September 2012 – giving the profession over a year to become familiar with these new standards.

This means your current standards – set out in the 2005 *Code of Practice* for osteopaths and the *Standard of Proficiency (Standard 2000)* – remain in force until 31 August 2012.

Every osteopath will soon receive a hard copy of the new *Osteopathic Practice Standards*. These will also be available to download from the GOSc's public website and the **o** zone – the GOSc's dedicated website for osteopaths.

To help you get to know the new standards and ensure that by 1 September 2012 you are complying with them, over the coming year we will focus on different aspects of the *Osteopathic Practice Standards* through features in *The Osteopath* and other CPD activities.

For further information on the *Osteopathic Practice Standards*, visit our websites at: www.osteopathy.org.uk or contact us via email at: standards@osteopathy.org.uk and/or tel: 020 7357 6655 x235.



Reports on Osteopathic Practice Standards consultation 2010 now available

The final report from the Osteopathic Practice Standards consultation, produced for the GOSc by independent consultants Hewell Taylor Freed and Associates (HTF), is now available on both our public website and on the **o** zone.

We received responses on such a wide range of issues that we cannot review them all in this article. However, to share openly all the feedback we received and to explain what action we took arising from your input, we have produced a detailed, 97-page response to the consultation and have also posted this on our websites. Hard copies are available on request.

What you told us

To summarise, osteopaths in general supported combining the *Code of Practice* and the *Standard of Proficiency* and approved of the clearer language and format.

Some aspects of the Code represented particular areas of concern for osteopaths, namely:

- i. Consent (including explanation of risk);
- ii. Patient modesty;
- iii. Treatment of intimate areas;
- iv. Civil proceedings;
- v. Appropriate online behaviour;
- vi. Personal relationships with patients who are no longer in your care.

Here we summarise the feedback on these issues and how this has influenced the drafting of the new standards, but you are strongly encouraged to refer to the full consultation report and the GOSc's response on our websites.

i. Consent

Practitioner concerns related to the guidance on communicating risks and seeking valid consent. Additional feedback suggested that further clarification of the guidance on consent for young people was also required.

- > **Ongoing consent** – osteopaths expressed concern about the need to obtain ongoing consent and consent

for each procedure. Many interpreted this as needing to continually interrupt examination or treatment to receive explicit oral or written consent from the patient. Others asked why it was not possible to rely on the patient's attendance at the clinic as implied consent to all treatments.

- > **Explaining risks** – concerns were raised by osteopaths about the need to explain fully to patients the risks associated with osteopathic procedures. Above all, many osteopaths expressed concern and lack of confidence about communicating risk that is not yet well understood in osteopathic practice or clearly defined.

- > **Form of consent** – the distinction between the process of seeking consent (i.e. communication) and the form in which a patient can provide their consent (i.e. implied, oral or in writing) is not well understood.

As a result of your feedback, significant amendments have been made to this section of the *Osteopathic Practice Standards* to clarify the requirements for consent under UK law. To assist osteopaths and patients further, the GOSc will produce supplemental guidance.

ii. Patient modesty

The HTF consultation analysis summarised osteopaths' concerns about the guidance relating to patient modesty issues as follows:

"Everyone appeared to wish to respect cultural/religious beliefs, but many felt that in order to provide a 'best quality treatment' they did need to see the patient undressed and they found covering them up during treatment a hindrance to this. They felt that this guidance worked against the fundamentally holistic nature of osteopathy. Others talked about the ridiculousness and cost (initial outlay for suitable covers, ongoing laundry etc.) of this, whilst others appeared to have no issues with it at all, and many commented that patients were also responsible for saying if they were uncomfortable."

Some osteopaths requested that a definition of 'intimate areas' be provided. Others suggested that the words 'intimate areas' were superfluous.

Based on this feedback, the GOsC has clarified the wording on modesty, particularly in terms of what is meant by 'undressing' and the communication necessary for patients.

iii. Treatment of intimate areas

Concerns were expressed relating to the examination and treatment of intimate areas, in particular issues such as the GOsC advice to delay this procedure to a later appointment, the list defining what are intimate areas, and under what circumstances written consent is required.



As a result of your feedback, the GOsC has amended the guidance on treatment of intimate areas to provide more clarity. The word 'mouth' has also been removed from the list that defines 'intimate areas'.

iv. Civil proceedings

Proposals to include in the *Osteopathic Practice Standards* an obligation on osteopaths to report immediately to the GOsC if they are subject to civil proceedings, raised concerns.

These views have been carefully considered by the Council after also investigating how the matter is dealt with by other healthcare regulators. As a result, a decision was taken to remove this requirement from the draft standards. Osteopaths will continue as before to report the outcomes of any civil proceedings only at the time of their annual renewal of registration.



v. Appropriate "online" behaviour

The British Osteopathic Association (BOA) raised a concern in the course of the April Council meeting regarding proposals for standards around behaviour related to internet activity. The BOA argued that osteopaths may not be responsible for or have control over all of the information about them that may be published online.

The Council agreed that the wording should be improved to make it clear that osteopaths should maintain the same level of professional conduct as expected elsewhere.

vi. Personal relationships with patients who are no longer in your care

The BOA also asked Council to give some indication of when an appropriate amount of time had passed, which would then make it possible for a practitioner to establish a personal relationship with a previous patient. The Council agreed that it was not possible to give a time. The concern is to ensure that practitioners do not abuse their position of power to pursue a personal relationship with a vulnerable patient. This approach accords with the research and guidance produced by the CHRE on maintaining Clear Sexual Boundaries – <http://www.chre.org.uk/satellite/133>.

In Council

12 April 2011 – 71st meeting of the General Osteopathic Council

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

ENABLING EXCELLENCE – AUTONOMY AND ACCOUNTABILITY FOR HEALTHCARE WORKERS

This Command Paper sets out the Government's proposals for healthcare professional regulation. The tone and emphasis of the document seeks 'to create a better balance of responsibilities between the state, business, civil society and individuals.' It also takes an approach to professional regulation that is 'proportionate and effective, imposing the least cost and complexity consistent with securing safety and confidence for patients, service users, carers and the wider public.' Council discussed, in detail, the issues set out in chapter 2 of the paper around reducing the costs of regulation and considered some of the options available to the GOSC. See page 12 for further information.

COUNCIL MEMBERS' REMUNERATION AND EXPENSES FOR 2011/12

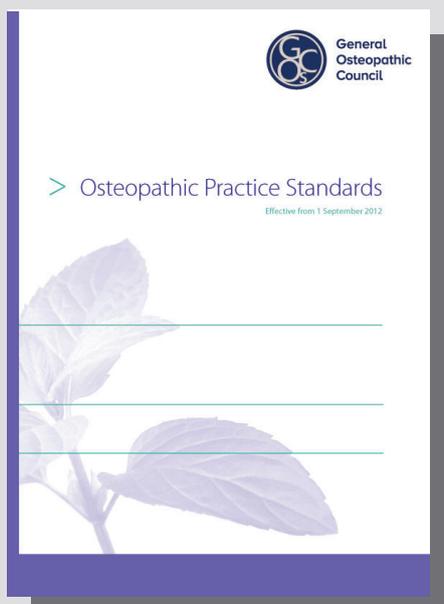
Council agreed that in the current economic climate there should be no increase in Council members' honoraria, or committee members' allowances or expenses in 2011/12.

REVALIDATION

Council approved the scope and aims of the revalidation pilot and agreed the recruitment and selection strategy for the pilot assessors, including the job description and person specification. Finally, Council agreed to the publication of KPMG's report on the methods used to identify costs, benefits, financial and regulatory risks – this report will assist the Council in assessing the impact of the draft revalidation scheme.

OSTEOPATHIC PRACTICE STANDARDS

Following the recent consultation, Council has now agreed the content of the new *Osteopathic Practice Standards*, which will be sent out to the profession in July 2011. The new standards will come into effect on 1 September 2012. The time between publication and implementation allows for osteopaths to familiarise themselves with the new standards and for the Osteopathic Educational Institutions (OEl)s to map their curricula to the new standards. The GOSC's response to the consultation is available on our public website and on the **o** zone (see pages 4 and 5 for further information).



FITNESS TO PRACTISE

A recent audit by the Council for Healthcare Regulatory Excellence of the way concerns and complaints about osteopaths in the initial stages are handled by the GOSC, concluded that we have a 'robust initial stages casework system leading to good decisions that are properly recorded and communicated' and 'a well-managed system of casework with no evidence of significant risks to patients or to the maintenance of public confidence'.

COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE) – STATUTORY LEVY

In October 2010, the Government announced that from 2012, the costs of paying for the CHRE should fall on the nine regulatory bodies that it oversees. CHRE subsequently published options for calculating the statutory levy and how this should be divided amongst the regulators. In considering CHRE's options, Council noted that, while satisfying the principles that they are practical and easy to explain, they do not appear to be equitable nor transparent because there was no explanation of CHRE's costs. The GOSC will respond to the proposals to ensure it is getting the best deal for the profession.

OSTEOPATHS' ADVERTISING

Work continues on issuing individual advice to osteopaths regarding the content of their websites to ensure that they comply with the UK Code of Non-Broadcasting Advertising, Sales Promotion and Direct Marketing (CAP Code). Our work in this area has been supported by the British Osteopathic Association, with which we have shared the drafts of letters and Q&A material. A meeting with the Chief Executive of the Advertising Standards Authority and Committee of Advertising Practice has helped develop our understanding of how both organisations work and how we can help osteopaths comply with advertising regulation.

ONLINE REGISTRATION RENEWALS

The new online renewals process has been implemented, with more than 740 registrants making use of this service to date.

Student fitness to practise guidance: your views count

STUDENT FITNESS TO PRACTISE

Guidance for students and OEIs on student fitness to practise was approved by Council for formal consultation (see alongside for more details). Council also received an update on the development of guidance for the OEIs about the management of health impairments and disability for OEIs, which should be completed by autumn 2011.

COMMUNICATIONS AND ENGAGEMENT STRATEGY

Council approved a new GOSC Communications and Engagement Strategy and related work plan.



Future Council meetings

- > 14 July 2011
- > 11 October 2011
- > 26 January 2012
- > 17 April 2012

Meetings begin at 10am at Osteopathy House and agendas and papers for the public session are available on the GOSC public website (www.osteopathy.org.uk) and from Jane Quinnell, approximately 7 to 10 days before the meeting.

For further information, contact Jane Quinnell, Governance Manager, on 01580 720 213 or email: jquinnell@osteopathy.org.uk.

We are inviting the views of osteopaths on new guidance for students of osteopathy and Osteopathic Educational Institutions (OEIs) on student fitness to practise.

Registration with the GOSC requires osteopaths to practise in accordance with our standards of professional and ethical conduct, the *Code of Practice* and *Standard of Proficiency*, and hold a Recognised Qualification (RQ).

OEIs are responsible for ensuring that only students who are capable of practising to these standards, without supervision, are awarded a RQ.

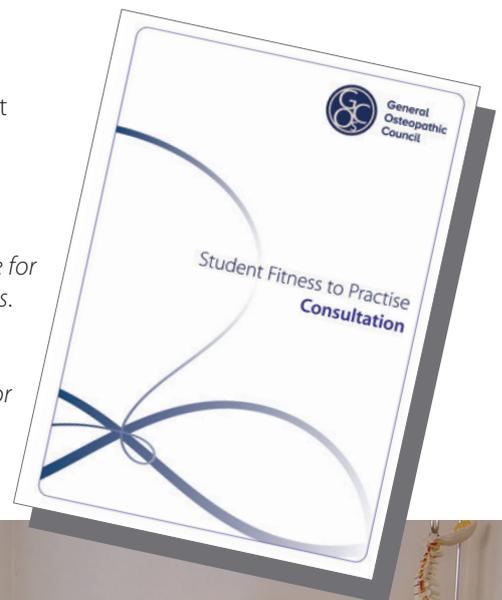
To support students and OEIs in the teaching and learning of professional behaviours, and to ensure the appropriate and consistent management of behaviour that indicates that students may not be fit to practise, we have developed the following draft guidance for consultation:

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

Both documents and the consultation questionnaire are available to download on our public website: www.osteopathy.org.uk/about/our-work/consultations-events/consulting-you.

The deadline for responses is 1 September 2011.

For further information, please contact Joy Bolt, Professional Standards Officer, on 020 7357 6655 ext 238 or email: jbolt@osteopathy.org.uk.



Revalidation: looking towards the pilot

All osteopaths should by now have received a Revalidation Pilot Invitation Pack outlining why we are testing the proposed scheme, how you can get involved, and the benefits to you of participating. To date, over 580 osteopaths have registered an interest in taking part in the pilot.

Timings

In July we will be sending all those interested in participating a Revalidation Pilot Participation 'manual'. This will include the Revalidation Pilot Guidelines and the Self-Assessment Form, which explains in detail what the pilot will entail for participants. Also included will be a Pilot enrolment form to confirm that you would still like to go ahead with testing the scheme. At this point, we will ask those keen to take part to complete a short checklist that describes the general 'characteristics' of their practice – this will help us to be certain that we have the wide range of osteopaths needed to ensure the scheme is tested by a truly representative sample of the profession.

Training workshops for participants are planned for the early autumn and will take place across the UK. These will be

led by relevant experts and will take participants through the self-assessment process. Further information on these workshops will be made available as soon as possible over the coming months, once the dates and locations have been confirmed. We expect the pilot to get fully under way in October and run for a year.

Revalidation pilot assessors

As well as pilot participants, we also need to recruit around 35 assessors to play an important role in the pilot, and a good number of you have already expressed an interest in this position. Revalidation pilot assessors will be osteopaths trained to evaluate the evidence submitted by the pilot volunteers. The pilot will help us to determine what training assessors will need, how they should conduct the

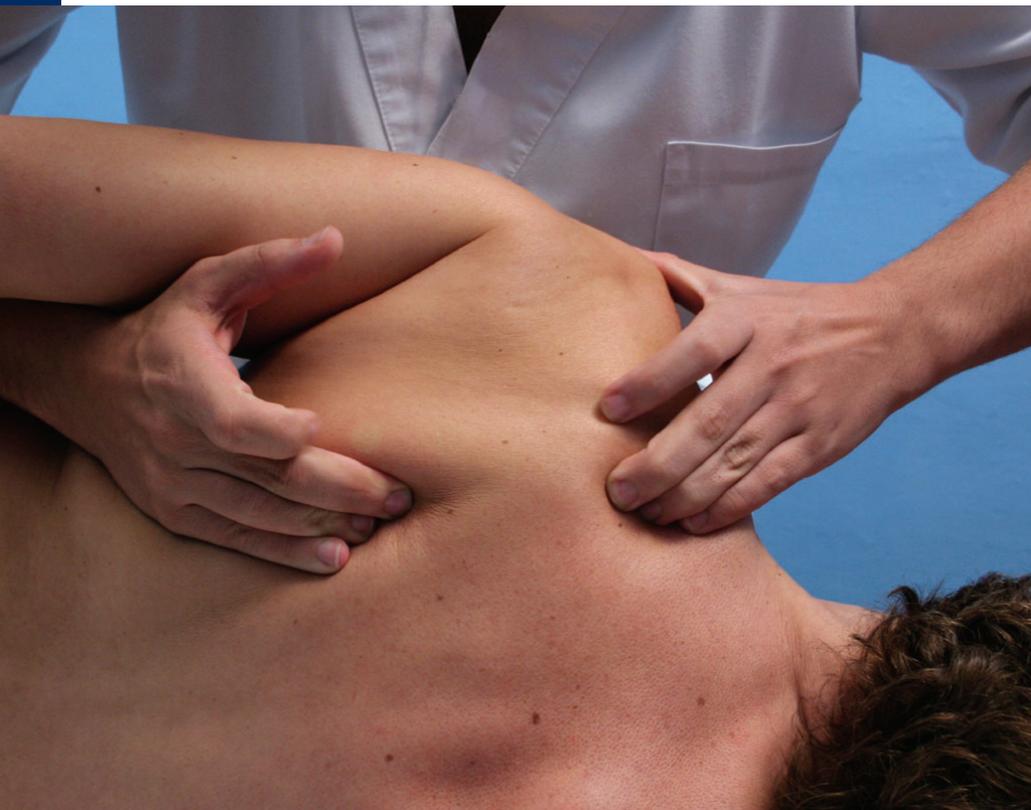


assessment, and what the costs and resource needs are for this aspect of the process.

As this role will be demanding and require time commitments over and above that of the pilot participants, it will be paid. We will be advertising for these positions in the summer, so please keep an eye on our website for further information.

It is important that a proportion of the osteopaths appointed as assessors are also pilot participants so that they understand the demands of the process. If you have already signed up to participate in the pilot and would also like to express an interest in becoming an assessor, please email: revalidation@osteopathy.org.uk or call 020 7357 6655 ext 235.

For further information on revalidation and the upcoming pilot, please visit the dedicated revalidation page on the o zone: www.osteopathy.org.uk/ozone/my-registration/revalidation.



The General Chiropractic Council is putting the brakes on revalidation, but the GOSc is pushing ahead with its pilot. Here, GOSc Chief Executive and Registrar, Tim Walker, explains why.

A number of osteopaths have contacted the GOSc having seen an announcement from the General Chiropractic Council (GCC) that in the light of the response to its consultation it will undertake no further work on revalidation. They have asked why the GOSc has not taken a similar view.

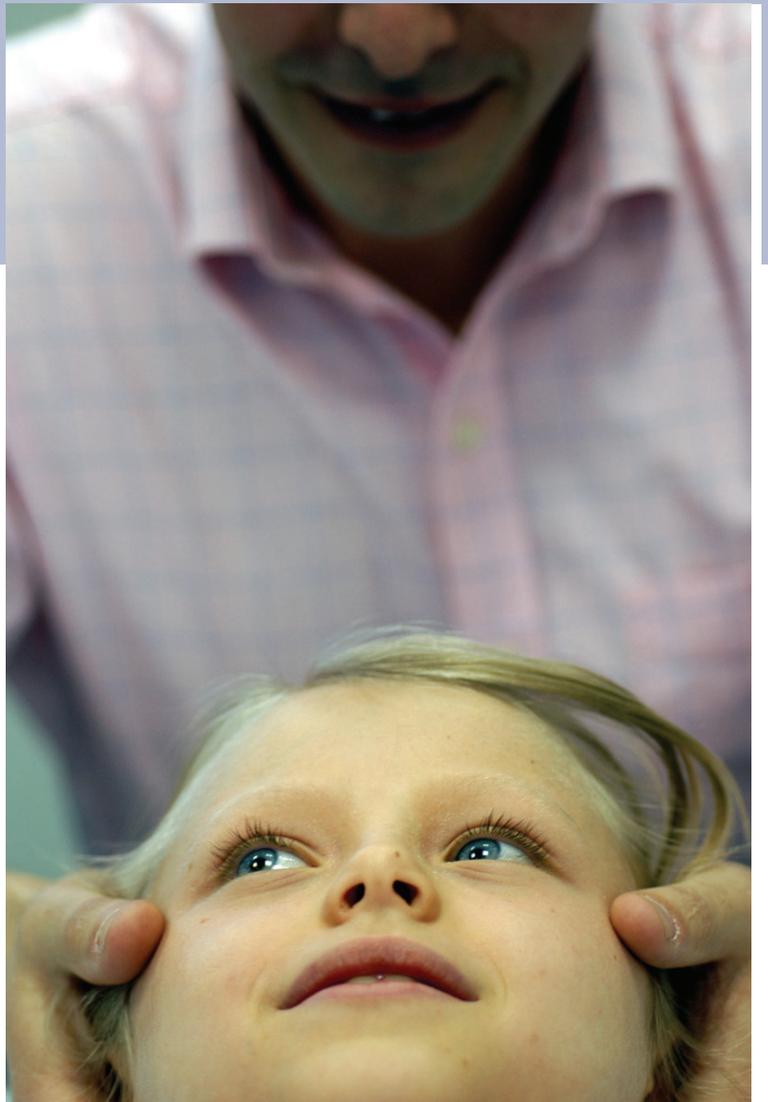
First, it is important to recognise that the GCC had adopted a very different approach to revalidation than us. Its scheme was based, in part, on the identification of 'suboptimal outcomes' in treatment (i.e. where things don't go well) rather than a broader approach to reflective practice. It seems unsurprising that an approach predicated on an assumption of unsatisfactory treatment would be unpopular with the profession. Second, along with all other regulators, we have been asked by the Government (which is funding our pilot) to look at the evidence as to whether our revalidation scheme would add value, either to

patient safety or improved quality of care. To this end, our pilot aims to quantify the costs and benefits of revalidation. Only then, after further consultation, will we be in a position to take a final decision on whether to introduce revalidation.

Third, the GCC has not completely halted work in this area. It has instead proposed to the Department of Health that it develops its CPD scheme as an alternative, something that would bring its proposals more in line with our own.

Finally, I think it is worth reflecting on what the potential benefits of

revalidation might be. There is a public expectation that all professionals – particularly in areas such as healthcare – are regularly assessed in some way to ensure that they remain up to date and fit to practise. In an area such as osteopathy, where most people practise outside the NHS or other managed environments, this is particularly important. I believe that if we can get revalidation right – ensuring that it is appropriate to all osteopaths – it will be a significant enhancement to patient care and the professional standing and reputation of osteopaths wherever they practise.



Recruiting a new GOSc Chair

Professor Adrian Eddleston, the Chair of the GOSc Council, will be retiring at the end of March 2012. A recruitment campaign, run by the Appointments Commission, to appoint a new Chair will get underway in June/July 2011. It is expected that the new Chair will be appointed in December 2011 to allow for an appropriate induction period before formally taking office on 1 April 2012.

The full job description will be available on the Appointments Commission's website (www.appointments.org.uk) and the GOSc's websites, and will also be advertised in the *Sunday Times* in early July. The deadline for applications will be September 2011 and interviews will take place at the end of October.

The post is open to both lay and osteopath applicants, with lay applicants being those who:

- > are not and have never been on the GOSc Register.
- > are not eligible to apply to join the Register.

The role

It is the Chair's role to lead the Council in discharging its primary statutory function – ensuring the protection of the public through the development and regulation of the osteopathic profession – and to be the principal spokesperson for the GOSc. The Chair will direct the Council in the institution of good governance, including appropriate business, financial and risk assurance.

Competences

To effectively perform these duties, the role of Chair requires leadership skills, effective strategic thinking, excellent communication skills, integrity, and a clear understanding of the role of the GOSc.

An osteopath applicant for the role of Chair would need to be able to demonstrate wide, current knowledge/experience of osteopathic clinical practice.



Desirable knowledge and experience

It is desirable that the Chair, in common with all Council members, can demonstrate knowledge, skills and experience in one or more of the following areas:

- > consumer engagement;
- > policy making;
- > corporate governance;
- > professional regulation;
- > equality and diversity;
- > change management;
- > audit or financial management.

It is hoped that osteopath applicants would have experience in one or more of the following areas:

- > Education and training of osteopaths, which could include teaching, assessment, research or management.
- > Policy development in relation to the osteopathic profession.
- > Patient/public engagement on effects of osteopathic treatment.
- > Delivery of service within the healthcare economy in different settings, to include a variety of employer structures.

How prepared are osteopathic graduates for professional practice?

We recently appointed a team of researchers to investigate the preparedness of newly qualified osteopaths for practice.

This is an important area of work that will help us to understand the nature and effectiveness of support mechanisms for osteopaths going into practice for the first time and will help to identify areas where new graduates may benefit from better support.

The research team, from Queen Mary, University of London, will conduct a thorough examination of the literature, including our recent study on patient expectations, and will use a variety of research methods to engage with students and registrants. They are currently inviting 2009 and 2010 osteopath graduates, and those who have experience of working with recent graduates, to complete a Preparedness to Practise survey. You can complete the survey on the Queen Mary website at: <http://surveys.smd.qmul.ac.uk/registrants>.

The survey will look at four main areas of practice:

- > Clinical skills and knowledge, including appropriate self-evaluation of competence.
- > Interpersonal skills, with a wide variety of patients and in relation to situations presenting varying degrees of challenge, as well as interaction with osteopathy colleagues and other health care professionals.
- > Professionalism, including recognising one's limited expertise and scope of practice, respecting confidentiality and commitment to patient safety.
- > Entrepreneurial and business skills.

The survey closes on 30 June 2011 and the results will be available on our public website and the **o zone** in due course.



Regional Communications Network meeting

17 June 2011

Representatives of the UK's Regional Osteopathic Societies have been invited to meet with the GOsC at Osteopathy House on Friday 17 June.

The meeting will update representatives on the latest revalidation developments, including the upcoming pilot, and will explore the new *Osteopathic Practice Standards* document, due to be sent out to the profession in July (see pages 4 and 5 for further details).

These meetings provide an invaluable forum for the exchange of ideas and information between representatives of the regional osteopathic groups and the GOsC.

If you are not currently a member of a Regional Society, you can find out more information on how to join by visiting the **o zone** (www.osteopathy.org.uk/ozone).

Meet Tim Walker

Meeting with osteopaths and getting to properly understand the concerns and challenges they face in practice is a top priority for GOsC Chief Executive Tim Walker. Taking advantage of local and regional meetings, since the beginning of the year Tim has benefited from getting to know and hear from osteopaths in Dorset, Wales, Yorkshire, Suffolk, London, Cheshire, the West Midlands and Devon – roughly 5% of the profession – and is looking forward to many more opportunities in the coming months.

If you can gather a reasonable number of colleagues and would like Tim to attend a forthcoming meeting of your local or regional group, please contact Jodie Wallin, Senior Communications Officer on 020 7357 6655 ext 222 or email: jwallin@osteopathy.org.uk to arrange this.

Osteopaths around the country have been keen to quiz the new Chief Executive about issues ranging from revalidation to the cost of regulation. Osteopath advertising, CPD, patient complaints, new practice standards, GOsC registrant services, are also some of the many subjects osteopaths have been keen to debate. We look forward to hearing from you.

Reducing the cost of regulation

The GOsC's annual fee has been fixed at £750 for a number of years. While this has allowed us to ensure that the organisation and our regulatory services are well resourced and financially secure, Council has considered at what point the fee might need to rise or if the GOsC would need to rethink its approach to regulation to contain costs.

In the current economic climate, with some osteopaths reporting a fall in patient appointments, it is essential that we look at how we can reduce the cost of regulation to individual osteopaths and also ensure we work in a cost-effective way.

A recent Government Command Paper *Enabling Excellence* has also asked regulators 'to secure significant cost reductions over the next three years and contain registration fees.'

At its April meeting, Council explored a range of options that might have the potential to generate savings and allow a reduction in the annual fee. The fee itself is laid down in regulations that require Parliamentary approval, but, with government support, we believe these could be amended to allow a reduction to take place.

The options that Council considered were, broadly:

- > Seeking to identify internal savings, including a fundamental rethink of how we operate as an organisation.
- > Seeking to share costs of some or all of our functions with one or more other regulators.
- > Incorporating other professions (such as non-regulated professions) within the GOsC.
- > Merger with another regulator.

At this point in time, the latter two options have been ruled out for a number of reasons. First, the Government has said that it doesn't plan to bring any new health professions (apart from practitioners of herbal medicine) into statutory regulation. Second, any mergers would require a new Act of Parliament, which is unlikely to be possible within the next four to five years. Third, Council is of the view that it is important for osteopathy to be regulated as a distinct profession.

In recent months there has been a growing debate among osteopaths about whether the Health Professions Council (HPC) might present an alternative to the GOsC. Our role can be distinguished from that of the HPC in a number of ways: we have a more active involvement in the development and quality assurance of osteopathic education; we undertake and support research into osteopathy and its practice; we spend considerable time and resources communicating, consulting and engaging with the profession; and we develop bespoke guidance and support materials for osteopaths. We are also working hard to develop a bespoke revalidation process and improved continuing professional development that supports the development of osteopaths in practice.

So, if we think it is important to retain a distinctive character to osteopathic regulation, what can we do to reduce costs?

Over the next few months, we will be looking hard at whether there are better and cheaper ways to do what we currently do. Council will also look at our commitment to those areas such as research and engagement with the profession, and consider whether what makes the GOsC different from other regulators is important to the osteopathic profession.

We will also be talking to other regulators to see whether there are services we can share, particularly aspects of our work such as registration or operating fitness to practise panels, where the work might be common rather than distinctive in nature.

It will also be important for osteopaths to be able to have their say in how they see the role of their regulator going forward and, before any fundamental changes are made to the way we work, we will ensure that we engage with the profession and take account of your views.



New Zealand opens fast-track process to registration



In April this year, the New Zealand regulator – the Osteopathic Council of New Zealand (OCNZ) – opened two routes to registration for UK-trained osteopaths:

1 Competent Authority route

You are eligible to apply through the Competent Authority route if you qualified with the following awards:

British College of Osteopathic Medicine	Qualifications approved from 9 May 2000
British School of Osteopathy	Qualifications approved from 9 May 2000
College of Osteopaths (Keele University validated)	Qualifications approved from 1 September 2007
College of Osteopaths (Middlesex validated)	Qualifications approved from 1 October 2001
European School of Osteopathy	Qualifications approved from 9 May 2000
Leeds Metropolitan University	Qualifications approved from 1 September 2007
London College of Osteopathic Medicine	Qualifications approved from 1 October 2001
London School of Osteopathy	Qualifications approved from 9 May 2000
Oxford Brookes University	Qualifications approved from 1 October 2003
Surrey Institute of Osteopathic Medicine	Qualifications approved from 1 January 2003

These qualifications are deemed to have the equivalent standards of quality assurance as pre-registration education osteopathic programmes in New Zealand today.

On completion of an 'eligibility review' to confirm your qualification and registration status, you can jump to Phase 3 of an otherwise three-phase process.

Phase 3 is a workplace-based assessment using a strongly mentored process over a 12-month period, under conditional or modified registration with the OCNZ.

Successful completion leads to full registration with the OCNZ.

2 Standard Pathway route

This three-phase route is open to all candidates who do not meet the Competent Authority route criteria, including all GOsC-registered osteopaths with UK qualifications not listed above.

Phase 1: A three-hour written exam, currently held in your country of residence.

Phase 2: A clinical examination, held in both New Zealand (and Australia) on two to three dates every year.

After Phases 1 and 2, the assessors will have a good understanding of your level of capability and can recommend that you are eligible for Phase 3, or not.

Phase 3: As above.

Why are there two routes for UK-trained osteopaths?

The Australian and New Zealand Osteopathic Council (ANZOC) was appointed as the accreditation agency for overseas qualifications in Australia and New Zealand. ANZOC's guiding principle in the development and operation of assessment processes is the protection of the public.

The justification for the two pathways is that if an overseas practitioner holds a qualification that has been accredited by the competent authority, then that practitioner is perceived to have a sound basis for practice and can follow a different route, as opposed to someone whose qualification was not awarded by an institution accredited by that competent authority. The assessment for the Competent Authority pathway is not of a lesser standard; rather that some of the focus is on the regulatory systems in the home country, in particular the accreditation of pre-registration training. Currently the OCNZ only recognises the GOsC as an equivalent competent authority.

Assessment criteria

The criteria that will be used to assess your application for registration in New Zealand is set out in *Capabilities for Osteopathic Practice*. This document has been adopted by the OCNZ, and is being considered by the Australian osteopathic regulator, the Osteopathy Board of Australia.

Interim registration process in Australia

The overseas assessment process in Australia is closely aligned to that of New Zealand; however, the workplace-based assessment element is currently not available. It is expected that this component will be included over time. For this reason, an interim process is currently in place in Australia, including written and clinical assessments.

For further information and to express your interest in applying to register in either Australia or New Zealand, email: OverseasAssessment@anzoc.org.au.

Research: helping us to be less wrong

Robert Moran MHS (Osteo) and Nicholas Lucas MHS (Osteo), Co-editors of IJOM

As practitioners, we all know and frequently experience the feeling of being 'right'. An insightful hunch, a correct diagnosis, a successful treatment and an appropriate referral are all good examples. We are all familiar with human explanations of the way the 'world works', which have been demonstrated to be wrong. At the very least this demonstrates that humans can be wrong and their interpretation of the world mistaken. We see research as a way of helping us to be less wrong. The information and knowledge gained through research forms an essential component of the way osteopathy can be practised.

Factors that affect the way we all practice osteopathy include the underlying framework with which we approach patients and make decisions, which is more formally described as 'clinical reasoning', and our attitudes and opinions regarding research and the information and knowledge it generates. Each of these issues is specifically addressed in this edition, starting with a study reporting on clinical reasoning in osteopathy, followed by a study on our attitudes and opinions about research and evidence-based medicine. We also publish a paper about how it can be determined whether a test is reliable and then we publish an example of such a study that investigates the reliability of diagnostic tests for sacroiliac dysfunction. Lastly, we publish a review of the breastfeeding literature relevant for osteopaths.

So, just how do osteopaths reason their way through a clinical situation? This is a question that Thomson, Petty and Moore have grappled with and reviewed for our benefit in their paper on clinical reasoning in osteopathy. They make a succinct presentation of the background to clinical reasoning as it applies to osteopathy, pointing out what we do and don't know about how osteopaths think.

To shed further light on the way osteopaths judge information in terms of it being incorporated into a clinical

reasoning process, Humpage reports a thematic analysis of public documents from the UK osteopathy media in the mid to late 2000s. The published letters, online forum posts and various articles published in industry magazines and newsletters serve as artefacts for investigators to systematically draw together evidence. Humpage's findings reflect our personal experience working as osteopaths in practice, education and research, and we encourage you to read through the verbatim quotes in Table 2 to quickly get up to speed on the many and varied views of research and evidence-based medicine expressed by members of our profession.

To get at the heart of the way research information is generated, Lucas and Bogduk provide a masterclass on diagnostic reliability in osteopathic medicine. They provide the rationale for the importance of diagnostic research and then provide a detailed discussion of the methodology of conducting reliability studies. In line with the masterclass, we also publish a primary study of diagnostic reliability by Rajendran and Gallagher, who report on the inter-rater reliability of four tests used to assess sacroiliac joint dysfunction.

We note that the findings of their study are not unique, and that a number of other studies evaluating these tests have been published, demonstrating similar

findings. We also note that, as with some other studies, Rajendran and Gallagher looked at the reliability of students in a small sample. What is of particular interest is that once again the results of this study demonstrate the poor reliability of these tests, and once again the authors question why they continue to be routinely taught in a professional degree. Perhaps the reason for poor reliability in this and other similar studies is simply because the examiners are often senior students and not experienced practitioners? Perhaps not. It's clear that practitioners with years of clinical experience are also unable to reliably identify positive or negative findings with these tests. We draw your attention to a systematic review by Seffinger *et al*¹, an osteopathic physician and researcher from the USA who, along with his colleagues, reports the poor reliability of these tests from the results of multiple studies.

It seems that in the case of sacroiliac joint dysfunction, the profession is, for the most part, ignoring the research evidence and continuing to teach and use these tests to make clinical decisions. This is a fascinating behaviour and one worthy of study. To ignore this research, a decision has to be made in the mind of the practitioner (or teaching instructor) that judges the research to be untrustworthy and that existing practices are worth maintaining.



Accessing IJOM Plus online

Lastly in this issue, Cornall provides a review of breastfeeding literature relevant to osteopathic practice, which includes a review of the benefits of breastfeeding, difficulties associated with breastfeeding, social and cultural factors, and interventions to promote breastfeeding. There is also an interesting presentation of the role of manual therapy to support breastfeeding.

All in all, this is an interesting edition of the Journal. An edition that we feel is representative of the growing depth of experience and collaboration within our profession. Enjoy.

Reference

- 1 Seffinger MA, Najm WI, Mishra SI, Adams A, Dickerson VM, Murphy LS et al. Reliability of spinal palpation for diagnosis of back and neck pain: a systematic review of the literature. *Spine* 2004;29:E413-25.

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The June issue of IJOM is now available on the **o** zone. Simply log on to the site and visit the 'Research journals' page under the 'Research' section in 'Resources'.

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

Online research resources

As well as online access to IJOM, you will be able to review six other Elsevier journals as part of a new package of research resources for osteopaths. These titles include: the *Journal of Bodywork and Movement Therapies*; *Manual Therapy*; *The Spine Journal*; the *Journal of Manipulative and Physiological Therapeutics*; *Medicine*; and *Clinical Biomechanics*.

Other benefits of the package include:

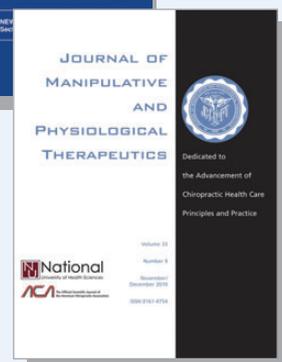
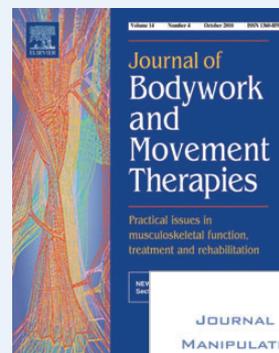
- > special discounts on journals of interest to you through individual subscriptions; for example *Physical Therapy in Sport*, *Complementary Therapies in Clinical Practice* and the *European Journal of Pain*.
- > discounts via the 'Elsevier Bookclub' on hundreds of books within the health professions field.
- > free personalised searches enabling you to keep up to date with topics of interest as soon as they are published, saving you time finding key resources when you log in.

Personalising your account

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

To register for the e-alerts, simply visit the 'Research journals' page on the **o** zone and access the Elsevier site from there. Click on 'Receive free email alerts' on the right-hand side of the page, registering as a guest by entering your email address and creating a password. From there, you can create your profile, set your email alerts and manage your personal account and services.

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



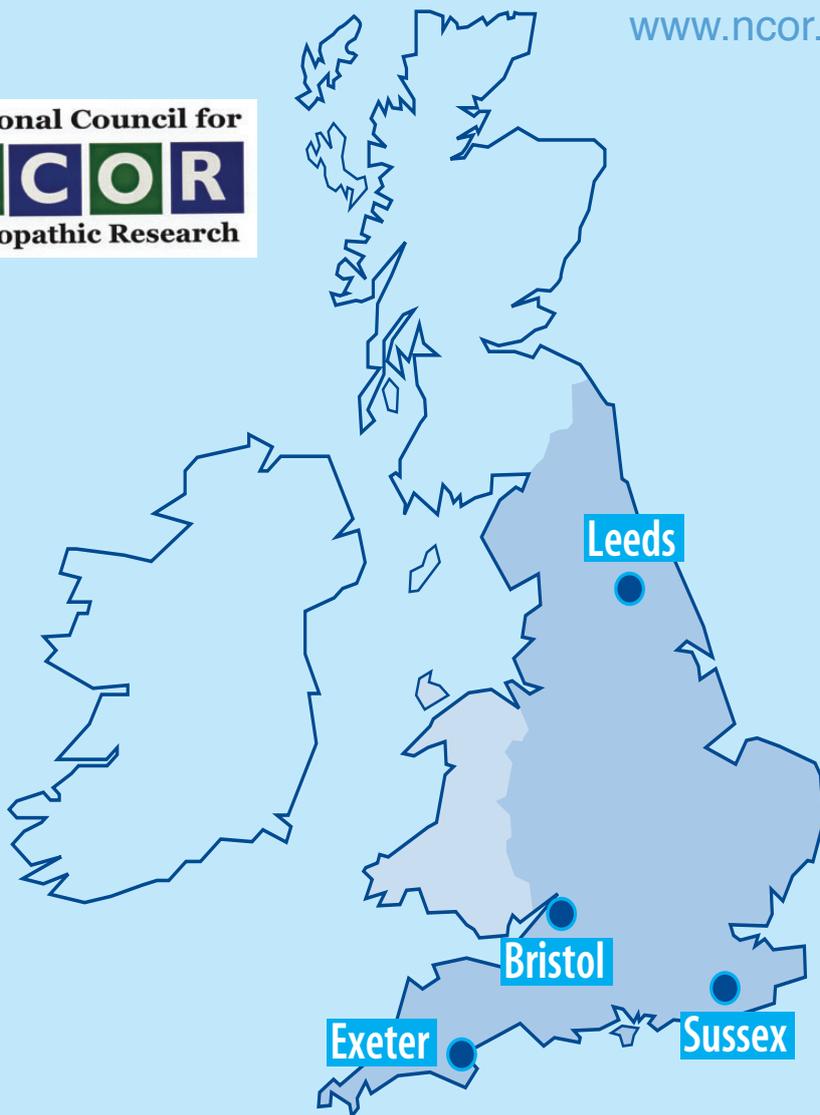
NCOR research hub news

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

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

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

www.ncor.org.uk



> BRISTOL

See www.ncor.org.uk for the next meeting date.

> EXETER

See www.ncor.org.uk for the next meeting date.

> HAYWARDS HEATH

Wednesday 16 July, 7–9pm
Literature review of the osteopathic/physical treatment of menopausal symptoms.

> LEEDS

Thursday 14 July, 5–7pm
Use of outcome measures relevant to shoulder symptoms.

Conference calendar

> 6 July

Manchester, 6th International Conference of the Alternative and Complementary Health Research Network

Further information can be found at www.achrn.org.uk/conference.

> 14–18 September

Potsdam, Germany, Summer school on CAM research methodology

Further information and an application form can be found at www.charite.de/epidemiologie/english/ag_witt_news.html.

> 26 November

British School of Osteopathy, London, Chiropractic, Osteopathy and Physiotherapy Conference

Further information can be found at www.bso.ac.uk.

> 11–13 November

Meriden, near Birmingham, British Osteopathic Association Annual Convention

Further information is available at www.osteopathy.org/NQSUT865235.

More than one type of evidence

Professor Ann Moore, Chair of the National Council for Osteopathic Research
Carol Fawkes, Research Officer, the National Council for Osteopathic Research

Mention the word 'research' and it conjures up strong but different emotions in individuals, irrespective of professional discipline, academic standing, age or gender.

There could be many reasons for this: some individuals have not been introduced to research and research methods in their basic education and find the whole concept difficult to understand; some find it disturbing, and others consider research threatening. There are those who have had a basic educational grounding in research but fail to see its relevance to practice, while others know something about research but find it philosophically challenging. There are also individuals who have but a small amount of knowledge and skills in research, yet would like to become involved in research-related activities – but lack the confidence to do so. And, finally, there are people who know a great deal about research and get involved at every opportunity.

These different attitudes to research relate to the profession of osteopathy just as much as they do to other professions.

Facing many health professionals across a broad spectrum of disciplines, including medicine, is the fact that the most

used/cited evidence-based practice model – Sackett *et al*, 1996 – appears out of sync with the priorities, expectations, values, attitudes and beliefs of those professionals it was developed to support¹.

Sackett *et al* underpinned their model with a statement that “Evidence-based medicine is the conscientious and explicit judicious use of current best evidence in making decisions about the care of individual patients” (Sackett *et al*, 1996).

The model by Sackett *et al* was based on biomedical practice and heavily influenced by the work on prescription medicine. Drugs undergo a phased testing process, including randomised control trials (RCTs), to ensure efficacy, effectiveness and safety, before they are released for use in a wider population. A large number of high-quality drug trials are conducted by drug companies at enormous expense and the systematic review is the best way to organise and synthesise the outcomes of a large number of trials. Systematic reviews are now regarded as highly placed in the hierarchy of evidence for **all** clinical trials, irrespective of whether they involve a single intervention (such as a drug) or multiple complex interventions (such as manual therapy).

By contrast, in many health practices, including some areas of medicine, research culture and evidence bases are still at a level of infancy and immaturity.

It could be said that many professions are now ‘running to catch the bus’, developing research to support practices already in place, with commissioners of healthcare, the Department of Health and guideline

developers regularly calling for more evidence virtually daily.

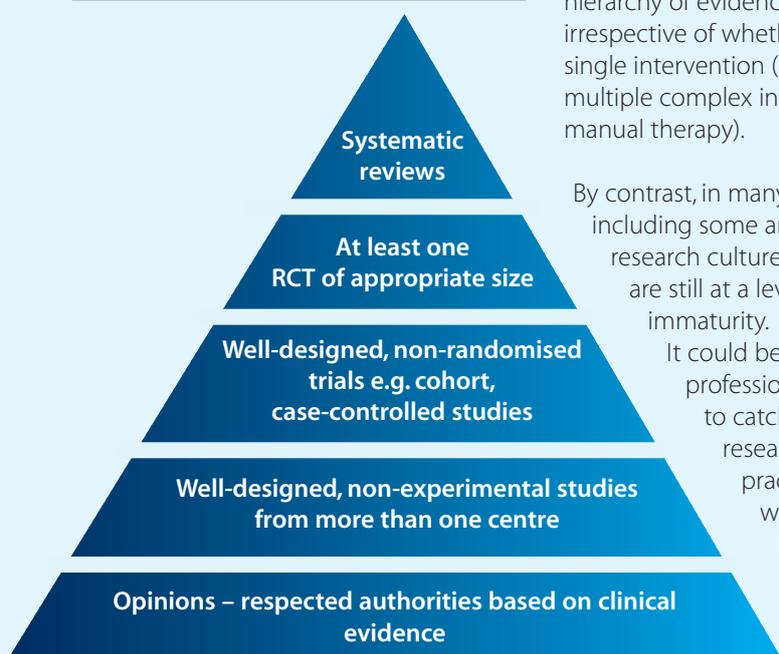
Evidence must be present to support practice. After all, no-one would buy a car, for example, without first conducting some personal research into the range of possibilities to inform the choice of make and model. This is increasingly the case as evidence becomes ever more freely available via the internet and other electronic resources.

However, it should be remembered that Sackett’s model of evidence-based practice, described earlier, is but one of several models, and it relates only to clinical practice activities. Notably absent from this model are other research activities that can underpin clinical practice – for example, laboratory-based activities that enhance our understanding of musculoskeletal and other conditions/modalities/techniques used to examine or treat patients with a range of conditions.

Laboratory-based work can be used to explore a range of elements of clinical practice, including:

- > Ultrasound imaging used to detect the relationship of structures and the size of soft tissue structures, and the movement of these structures in relation to each other during mechanical treatments.
- > Biodex apparatus, which is used in measuring muscle performance.
- > Electrogoniometry used to detect joint movement/position.
- > Electroencephalograms (EEGs) used to monitor electrical brain activity.
- > Electrocardiograms (ECGs) used to monitor cardiac activities.
- > Electromyographs (EMGs) used to detect muscle activity.
- > Metamax equipment used for monitoring blood gasses and energy expenditure.

Fig. 1 Hierarchy of research



- > Force plates to examine patterns of gait and weight distribution in musculoskeletal dysfunction, and analysis of force application during the use of various manual techniques.
- > Accelerometry and gyroscoy employing movement sensors to monitor movement over time.

In more advanced settings, magnetic resonance imaging (MRI) is available to assess anatomical/pathological structures. In addition, it is sometimes helpful to develop a body of 'normative data'; e.g., ranges of physiological movement in a non-patient population, which can then be used as a comparator with data drawn from patients. This list barely scratches the surface for laboratory-based work.

In another spectrum of research, there is an enormous amount of work that still needs to be carried out on the experience of the patient and the osteopath. For example, the osteopath's perspective of the clinical encounter could include examining how osteopaths clinically reason to arrive at their diagnosis and treatment plan. Another example is the exploration of how patients feel about certain techniques; e.g., manipulation, and what do patients with low back pain find most beneficial in relation to osteopathic treatments. Exploring patients' and osteopaths' values, beliefs, attitudes, feelings and emotions, and knowledge levels, together with gaining more understanding of both patients' and osteopaths' perceptions of treatment approaches and modalities, offers an opportunity to produce valuable data on which to base potentially more clinically related studies of effectiveness. This important and underpinning research can only be carried out using qualitative research approaches. A good example of this type of approach has been undertaken by Thomson *et al*, and an introductory paper is being reviewed for publication².

Then there is also theoretical research, where literature is analysed in depth from different perspectives to produce theoretical modelling. This could also be classified as a type of discourse analysis.

At the top of figure 1, the hierarchy of research, the evidence-based practice model includes systematic reviews and meta-analyses. Systematic reviews can only be robust if high-quality, RCTs exist.

Implicit in the classification of 'high quality' should be methodological considerations, including appropriate sample size, appropriate randomisation, blinding, etc., as well as consideration of the robustness and appropriateness of the treatments being applied, the quality and expertise of the individuals applying the treatments and the homogeneity of the population group under study. Too often, systematic reviews focus on the former and ignore the latter, undermining the robustness of their findings. So, the evidence-based practice model really is much more complex than it looks.

More than one way to develop an evidence base

It could be said that all practitioners have a moral responsibility to engage with research evidence and contribute in some way to their profession's evidence base. This means that practitioners need to keep up to date with emerging evidence, be willing to re-examine long-held beliefs that have perhaps become outmoded, and apply new findings to promote the best outcome for patients. The National Council for Osteopathic Research (NCOR) has published a number of articles in *The Osteopath* related to research activities (www.brighton.ac.uk/ncor/tutorials/index.htm), along with summaries of new evidence relevant to osteopathic practice (www.brighton.ac.uk/ncor/summaries/index.htm).

Practitioners can support the ongoing development of the profession's evidence base in a range of ways:

- > Individual osteopaths can contribute to information about osteopathic patient profiles and osteopathic practice by becoming engaged in standardised data collection.
- > The data emerging from standardised data collection can enable clinicians to set standards for audit purposes within their own practices. This can greatly enhance local practice, particularly in practices where there are multiple practitioners working together.
- > Individual practitioners can carry out their own account research, or even join in collaborative research with others in the academic community or with other clinicians in the same or different discipline.

Standardised data collection

A standardised data collection (SDC) tool has been developed by NCOR for general use by the osteopathic profession. This has been an important osteopathic development of recent years and the data collection tool is readily available to practitioners – see the SDC project report on the NCOR and the GOsC websites.

All osteopaths can participate in the snapshot surveys that the NCOR team now conducts regularly. A short form of the SDC tool is being piloted; this should be suitable for regular use by all practitioners and will provide useful, unambiguous data. If the majority of the osteopathic profession could be encouraged to become involved in SDC, the profession's database would be significantly strengthened and the data would usefully inform nationally relevant research questions.

Delphi study

Later this year, the NCOR team will be undertaking a research priority exercise on behalf of the osteopathic profession using a Delphi process³. This exercise will involve representatives of all osteopathic stakeholder groups across the profession. Establishing a set of national research priorities will help potential research-funding bodies and professional groups – for example, the Osteopathic Educational Foundation, the British Osteopathic Association and, in some respects, the GOsC, to focus research funding. These priorities will be widely publicised and, therefore, may also be noted by other funding bodies such as the National Institute for Health Research, research councils and national charities.

Clinical audit

Osteopaths are displaying a growing interest in clinical audit, a useful and straightforward discipline that has many benefits for patients and practitioners in terms of measuring quality of practice and introducing relevant changes that improve quality. The NCOR team is developing a Clinical Audit Handbook specifically for osteopaths. Some basic information about audit is already available on the NCOR website www.brighton.ac.uk/ncor/clinical_audit/index.htm.

Practitioners are often confused about the differences between audit and research – the table below outlines these for reference:

RESEARCH

May involve experiments based on a hypothesis.

It is a systematic investigation.

It may involve random allocation.

There may be extra disturbance to patients.

It could be a new treatment.

Creates new knowledge about effectiveness of treatment approaches.

May involve experiments on patients.

It is usually a lengthy process and involves large numbers of patients.

It is based on a scientifically valid sample size (except in the case of some pilot studies).

Extensive statistical analysis of data is routine. Data analysis can take many forms depending on whether qualitative or quantitative research has been carried out.

Results can be generalisable; hence, publishable. Quantitative research tends to be more easily generalisable than qualitative work.

Responsibility to act on findings is unclear.

Findings influence the activities of clinical practice as a whole.

Always requires ethical approval.

Research can identify areas for audit.

AUDIT

Never involves experiments and involves measuring against pre-existing standards.

It is a systematic review of practice.

It never involves random allocation.

There is little disturbance to patients.

It never involves a completely new treatment.

Answers the question 'are we following best practice?'

Patients continue to experience their normal treatment management.

It is usually carried out involving a small number of patients and within a short time span.

It is more likely to be conducted on a pragmatically based sample size.

Some statistics may be useful.

Results are only relevant within local practice settings (although the audit process may be of interest to a wider audience; hence, audits are publishable).

Responsibility to act on findings rests with individual osteopaths.

Findings influence activities of practitioners within a practice.

Does not require ethical approval.

Audit can be a precursor to clinical research by pinpointing where research evidence is lacking.

The NCOR Clinical Audit Handbook will outline the basic steps, offer a worked example of a simple audit and some examples of existing audit tools, and provide sources of further information.

Looking ahead

NCOR has been established for eight years and, in that time, the general interest in research among osteopaths has grown considerably. With the emphasis of NHS commissioning now very much on 'Any Willing Provider' (now 'Any Qualified Provider'), it is clear that those who commission healthcare services will wish to see evidence underpinning the services on offer. Therefore, it is critical that as a profession osteopathy develops a robust evidence base. And the more osteopaths who contribute to the evidence base, the faster it will grow.

Osteopathy is a complex intervention and requires innovative research approaches to adequately explore its application to patient care. The need for innovation in research has been well documented⁴. It is important to rely not solely on RCTs and systematic reviews, but to give proper consideration to other methodological approaches, including qualitative and lab-based methods, which add further dimensions to the existing biomedical model.

The osteopathic evidence base is beginning its development – but it has a long way to go and, like many other professions, osteopathy is on a research journey. Enjoy that journey!

References

1. Sackett DL, Rosenberg WM, Gray JA, et al. Evidence-based medicine: what it is and what it isn't. *British Medical Journal*. 1996;312(7023):71-2
2. Thomson OP, Petty NJ, Moore AP. Clinical reasoning in osteopathy – more than just principles. *International Journal of Osteopathic Medicine*. DOI: 10.1016/j.ijosm.2010.11.003
3. Rushton A, Moore A. International identification of research priorities for postgraduate theses in musculoskeletal physiotherapy using a modified Delphi technique. *Manual Therapy*. 2010;15(2):142-8.
4. Rawlins MD. *On the evidence for decisions on the use of therapeutic interventions*. The Harveian Oration of 2008. The Royal College of Physicians. ISBN 978-1-86016-347-0 <http://bookshop.rcplondon.ac.uk/contents/pub262-9bc950aa-00e6-4266-8e80-e4bc63a25262.pdf>.

Osteopathic education: setting world-class standards

Over 100 delegates from 15 countries attended the third International Osteopathic Education conference on Saturday 9 April 2011 at the Royal Society of Medicine in London. Organised by the British School of Osteopathy (BSO) in conjunction with the Osteopathic European Academic Network (OsEAN), the conference was entitled *Quality in Osteopathic Education*, with a programme focused on quality, assessment and shared standards within the profession and its educational institutions.

The keynote presentations were given by:

- > **Professor Mary Lovegrove**, Head of the Department of Allied Health Professions at London South Bank University, who talked about clinical leadership within the NHS, and challenged the osteopathic profession to draw out and develop the same competencies in its managers and leaders.
- > **Tim Walker**, Chief Executive of the GOsC, who talked about the difficulties inherent in setting equivalent (voluntary or statutory) education and training standards in osteopathy in Europe. He outlined the current plans to develop a European Standard for osteopathy with the European Committee of Standardisation – which would operate as ‘soft law’ in the absence of specific legislation, and create a benchmark standard for the profession.
- > **Professor Stephen Tyreman**, BSO Dean of Osteopathic Education Development, who gave a provocative address about designing an osteopathic curriculum. He explored the potential conflict of values of learners, educators and professionals when deciding what the content of an osteopathic curriculum should be, and how it might be assessed, emphasising the importance of criticality in helping students prepare for uncertainty in practice.

of an osteopathic curriculum, and presenters and delegates shared practice from their institutions. They focused on clinical assessment, assessing practical skills/techniques and supervising dissertations.

Parallel sessions in the afternoon allowed presenters from 14 institutions to share their experiences, best practice and research in three themes – undergraduate innovation, postgraduate challenges and teaching and technology.

Concluding the day, Raimund Engel, President of OsEAN, talked about the importance of collaboration ‘beyond the handshake’ and the way that the discussions from the conference could help institutions move forwards.

BSO Principal Charles Hunt, who chaired the conference, commented:

“The BSO is delighted to have led this conference and to have provided – in association with OsEAN – the opportunity for so many international schools to collaborate and share good practice, which can only help push the profession forward.”

Digests of all conference presentations are available on the BSO website:

www.bso.ac.uk.

For further information, please contact Nina Waters on 020 7089 5308 or email: n.waters@bso.ac.uk.



Drawing on the conference’s themes of assessment and quality, workshops in the morning focused on three areas

Courses 2011

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

For a more comprehensive list of courses, visit the 'CPD resources' section of the o zone website – www.osteopathy.org.uk.

September

> 3

Craniosacral therapy – introductory day

Speaker: Thomas Attlee
Venue: London.
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 10–15

Craniosacral therapy – introductory course

Speaker: Thomas Attlee
Venue: London.
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 10–11

Osteopathic technique: Cervical spine, CD and UEX

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

> 12–16

Osteopathy in the cranial field

Course director: Michael Harris
Venue: Columbia Hotel, London W2
email: info@sutherlandcranialcollege.co.uk

> 16–18

Paediatrics: Covering spectrum of life and clinical conditions 0 – 18 months

Course director: Giles Cleghorn
Venue: Edinburgh
tel: 0117 974 5084
website: integratedosteopathicstudies.com

> 22

How to treat: Tennis elbow

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

> 24

Pilates: The neck and shoulders in focus

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

> 24

Sports taping of upper limb

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

> 24–25

Integrated neuromuscular management of myofascial pain (trigger points)

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

> 19–23

Biodynamic craniosacral

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

> 20

How to treat: Whiplash injuries

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

> 21–23

Pregnancy care

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

> 24–28

Osteopathy in the cranial field (module 2/3)

Course director: Kilian Draeger
Venue: Priotzer Muhle, Germany
email: info@sutherlandcranialcollege.co.uk

October

> 1

Functional stretching: An active approach

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

> 7–9

Paediatrics post-pathway

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

> 7–9

Applied kinesiology and nerve entrapment: How to unscramble hidden problems with AK

Speaker: Clive Lindley-Jones
Venue: St. Hilda's College, Oxford University, Oxford.
tel: 01865 243 351
email: info@helixhouse.co.uk
website: www.helixhouse.co.uk/post_graduate_training_courses.asp

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

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

>17
How to treat: Impingement syndrome of the shoulder

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

>18-20
Harmonic technique

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

>19
The therapeutic relationship: Managing difficult situations

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

>23-25
The new osteo-articular approach – upper limbs

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

>4-6
Rule of the artery course

Course director: Maxwell Fravel
 Venue: Hawkwood College, Stroud
 email: info@sutherlandcranialcollege.co.uk

>5-6
Basic visceral: The thorax

Speaker: Joanna Crill Dawson
 Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
 tel: 020 7263 8551
 email: cpd@cpdo.net

>7-9
Advanced abdomen and pelvis

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

Attention osteopaths:

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

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

2012
 January

>13-15
Discovering the health within trauma

Course director: Michael Harris
 Venue: Hawkwood College, Stroud
 email: info@sutherlandcranialcollege.co.uk

February

>9-13
BLT: Balanced ligamentous tension techniques (applied to the whole body – module 4)

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

>15-17
Osteopathic approach to trauma

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

March

>2-5
Functional face (module 8)

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

>19-23
Osteopathy in the cranial field (module 2/3)

Venue: Hinsley Hall, Leeds
 email: info@sutherlandcranialcollege.co.uk

April

>25-27
Neuro-vascular manipulation of head, neck and cranium

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

May

>10-14
BLT: Balanced ligamentous tension techniques (applied to the whole body – module 4)

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

June

>11-15
Osteopathy in the cranial field (module 2/3)

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

CLASSIFIEDS

RECRUITMENT

Self-employed osteopath required for our busy multidisciplinary Northampton Clinic. We are an established clinic (since 1976) in an ideal central location. Having had osteopathy since 1987, we understandably have numerous enquiries for treatments. This is a unique opportunity to build up your own practice very quickly. Please contact the practice manager for details. Telephone 07809 478733 or email: michelle@devonparadedclinic.co.uk

Locum(s) required for maternity cover in thriving practice in York from July for 8 months, with possibility of long-term position 2-3 days thereafter. Good structural skills required, acupuncture beneficial. Please email jacqui@york-osteopaths.co.uk with covering letter and C.V.

Associate required. Three days. Expanding Central North London osteopathic clinic. Two years experience, excellent manipulation and interpersonal skills, interest in sports injuries, self-motivated and well presented. Experience with media helpful. C.V. to: info@backsandbeyond.co.uk

Qualified osteopath required to join a long-established multidisciplinary clinic in West London. Excellent facilities, competitive rates, supportive environment. Two years of professional experience and an existing client base preferable, though not essential. Available days: Monday, Wednesday and Saturday. Contact Stelyana on 020 8741 9264 or info@brackenburyclinic.com

Associate osteopath vacancy in Carlisle. We are offering up to four days work with a guaranteed income. Practice using both structural and cranial approach with a very broad patient profile. We pride ourselves on being a mutually supportive practice and have an "in house" CPD programme as well as combining with other nearby practices. Further details on our website: www.wsqo.co.uk. Email: wsqo@me.com. Telephone Richard, Steve or Navin on 01228 524701.

Associate required to take on a busy Friday list joining our friendly, well-established clinic in Rushden, Northants. Good structural and diagnostic skills essential. Contact: Jo Jones 01933 355230: www.rushdenosteopathicclinic.co.uk

Assistantship in Israel: The Israel Centre for Osteopathy. Structural osteopath required to join an established osteopathic centre (with clinics in Jerusalem and Tel Aviv). Work with osteopaths with over 15 yrs experience. For more information visit our website at www.osteo.co.il. Contact Mr. Shanan Sher at +972 52 2931002 or email: shanan@osteo.co.il

Fantastic opportunity in East Molesey, Surrey. Established complementary healthcare clinic seeks experienced practitioner to take over this busy practice. For the right applicant there are great long-term prospects, which include the possibility, eventually, either of buying the premises or moving the patient base somewhere else locally. The therapies offered at present are: osteopathy, cranial osteopathy, reflexology, cranio-sacral reflexology, naturopathy, acupuncture, homeopathy and herbal medicine. There are practitioners in some of these disciplines currently working at the clinic, who would be available to continue. The excellent spacious premises consist of a delightful main consulting room, three further treatment rooms, reception, office waiting room overlooking garden, cloakroom and further waiting area. Starting August / September 2011. Financial arrangements by discussion. Please send C.V. to: jclfa@hotmail.com

6-Week locum required for well established clinic in Rushden, Northants, commencing 4 August 2011. Possibility of a permanent position for two afternoons thereafter. Contact Jo Jones 01933 355230. www.rushdenosteopathicclinic.co.uk

Goodwill for sale - owing to retirement. Part-time London West End practice. Would suit osteopath with acupuncture/dry needling skills. Please call Suzanne on 07976 751 578.

COURSES

Animal osteopathy. The next one-year course in osteopathy for horses and dogs, using traditional osteopathic techniques starts in October 2011. Learn how to treat horses and dogs using traditional osteopathic techniques without the use of sedation or anaesthetic. For information, please call Stuart McGregor at the Osteopathic Centre for Animals: 01235 768055 or email: wantageclinic@msn.com

Relax and learn in the tropics in Thailand (tax-free holiday). Graduate Diploma in Chiropractic methods (based on Chiropractic techniques). Diversified Chiropractic the main method of Chiropractic. Drop table, Mechanical methods similar to an Activator, Extremity adjustments, Specific adjusting technique similar to Gonstead chiropractic and much more! Chiang mai Thailand October/November 2011. Exciting new courses for osteopaths to learn chiropractic methods of assessment and treatment. Techniques easily incorporated into everyday osteopathic practice, see www.robbiegoodrum.com. Contact Robbie Goodrum Osteopath and Physiotherapist on: robphysio-osteopath@hotmail.co.uk

GENERAL

Senior London specialist personal injury and clinical negligence solicitor with 20 years' experience of every type of personal injury claim seeking referrals. Attractive referral fees paid at the conclusion of the case. Also looking for high quality osteopaths to pass referrals to. Interested? Contact Miss Shirley Giani, Senior Consultant Solicitor (London) at Setfords Solicitors on 07506 044 484.

Osteopathic promotional material by Osteomedia. We sell a range of patient-based products such as posters, leaflets, exercise sheets, new patient report of findings folders and inserts, promotional flyers, children's stickers, printed balloons, printed pens and more! Go to the Osteomedia website and join our mailing list to receive updates on new products and special offers: www.osteomedia.com

COMMERCIAL

Goodwill for Sale. Osteopathic practice established for 38 years in North West Lancashire. Database of 13,000+ patients. Sale due to retirement. Accounts available. Excellent location in current setting with low rent and overheads and car park. Expansion possible. Reply to: matrix22@ntlworld.com

Practice space available in Harley St. Are you a sole-established practitioner with your own patient list but would like to reduce your overheads? We invite you to join our practice in Harley St., which has been established for 21 years. Facilities include; newly refurbished treatment rooms, fully equipped Gymnasium, waiting room, reception, website and wireless internet. Practice permitted Mon-Fri 7am-9 30pm, Sat 9am-5pm. Please call or email to arrange viewing and discuss details with John or Giles on 0207 935 4750 or email: john@back2u.wanadoo.co.uk; Giles.Webster@yahoo.co.uk

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fax: 01580 754 104
email: osteopath@wealdenad.co.uk

Box number replies:

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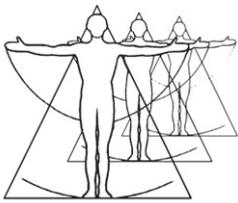
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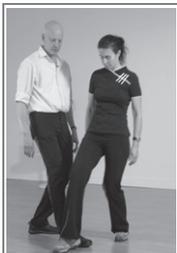
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CPDO

2011

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



Functional stretching

An active behavioural approach

Prof. Eyal Lederman

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

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

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

Outcome of course:

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

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

Venue for courses:
Middlesex University, Archway Campus, Highgate Hill, London N19
(except for Barral's courses)

Book online: www.cpdo.net

Or send payment to:
CPDO Ltd. 15 Harberton Road, London N19 3JS, UK
Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net

50% discount available to students on most courses (see www.cpdo.net for further details)



Sutherland Cranial College

Take part in the SCC Training Programme 2011

*‘We offer an
inspiring programme
from beginner to
advanced level’*



Date	Course details	
Dates and location by arrangement	Foundation course A flexible two-day introduction to osteopathy in the cranial field, working with the involuntary mechanism to improve palpation skills. CPD: 16 hours 1:4 tutor to student ratio Fee: £275 Course Director: Alison Brown DO MSCC	Module 1
June 24–26	Dynamic basicranium An opportunity for in-depth study diagnosis and treatment of the cranial bony articular mechanism, looking at the often complex symptom patterns that we meet in practice. <i>‘Brilliant course, extremely well and professionally run, with just the right amount of challenge and support’</i> CPD: 24 hours 1:4 tutor to student ratio Fee: £859 Stroud, residential Course Director: Liz Hayden DO MSCC	Module 6
September 12–16	Osteopathy in the cranial field A balance of theory and practical sessions helps students to develop palpatory and diagnostic skills using the involuntary mechanism and to learn treatment principles which can be used in practice to treat a wide range of patients. <i>‘Great content’ ‘Excellent feedback during practicals’ ‘VERY well organised’ ‘A refreshing experience’</i> CPD: 40 hours 1:4 tutor to student ratio Fee: £1185 London Course Director: Michael Harris DO MSCC	Module 2/3
November 4–6	Rule of the artery <i>‘Helped improve my understanding of what I do; has given me more tools to work with’</i> CPD: 32 hours 1:8 tutor to student ratio Fee: £775 Stroud, residential Course Director: Maxwell Fraval DO Aus	New

The SCC Pathway...

- Our entry level (module 1) and basic development courses (modules 2–3) provide a high standard of training in palpation of the Involuntary Mechanism (IVM) and a grounding in osteopathic treatment approaches.
- Module 4 is a useful bridge between structural and cranial approaches using BLT to work with most joints of the body.
- Our Pathway Courses (modules 5–9) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge. These can be taken in any order.

See our website for details or call the SCC office: www.sutherlandcranialcollege.co.uk 01291 622555



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

www.bso.ac.uk/cpd

Sports Conference 2011

MANAGEMENT OF THE SHOULDER IN SPORTS

Saturday 2 July 2011

Loughborough University Conference Centre



THE BRITISH SCHOOL OF OSTEOPATHY



ANGLO-EUROPEAN
COLLEGE OF CHIROPRACTIC

This exciting collaborative conference between the AECC and BSO focuses on management of the shoulder in sports. Keynote speakers include Dr Delva Shamley who will explore kinematics and rehabilitation of the shoulder, Dr Jeremy Lewis who will speak about subacromial impingement syndrome and Dr Joanna Bowtell who will explain her research investigating targeted and whole body vibration, on sports performance. Workshops will focus on functional assessment and diagnostic ultrasound of the shoulder, as well as designing strength programmes and prescribing stretching. Sessions will also explore sports nutrition, differential diagnosis of osteopaths and chiropractors, and the specific effects of sports training and injury on adolescent patients. **Register at www.aecc.ac.uk.**

Date: Saturday 2 July 2011

Course fee: £150 (£135 early bird)



Advanced and Applied Ergonomics for Osteopathic Treatment

David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice, ensuring that participants can support their patients effectively in their work environments. You must have attended a previous BSO Ergonomics course to be eligible for this course.

Date: Saturday 23 July 2011

Course fee: £125

CPD: 6 hours

Preliminary Course in Osteopathy in the Cranial Field

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

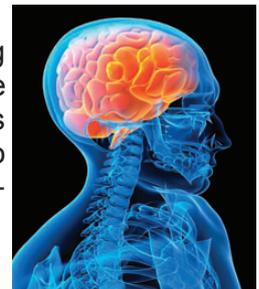
Dates: Friday 9, Saturday 10, Sunday 11 and

Saturday 17, Sunday 18 September 2011

CPD: 40 hours

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

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



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

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

Date: Saturday 1 October 2011

Course fee: £125

CPD: 6 hours

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



THE BRITISH SCHOOL OF OSTEOPATHY

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Advanced Spinal Manipulation



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

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

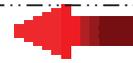
Date: Saturday 1 October 2011

Course fee: £125

CPD: 6 hours



STOP PRESS



Saturday 1 October 2011	Paediatric Osteopathy	Course fee: £125	CPD: 6 hours
Saturday 22 October 2011	Pilates and Osteopathy	Course fee: £125	CPD: 6 hours
Saturday 22 October 2011	Ergonomics	Course fee: £125	CPD: 6 hours
Saturday 26 November 2011	Sports Biomechanics	Course fee: £125	CPD: 6 hours
Saturday 26 November 2011	Whiplash	Course fee: £125	CPD: 6 hours
Saturday 3 December 2011	First Aid	Course fee: £125	CPD: 6 hours
Saturday 3 December 2011	Practice Development	Course fee: £125	CPD: 6 hours



Postgraduate Courses



Postgraduate Certificate in Academic and Clinical Education

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

Start date: September 2011

Course Leader: Jorge Esteves

Postgraduate Certificate Research Methods

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

Start date: October 2011

Course Leader: Jorge Esteves

Professional Doctorate in Osteopathy

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

Start date: January 2012

Course Leader: Professor Stephen Tyreman

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

The Institute for Integrative Morphology of the German School of Osteopathy offers a very special event in England!



Osteopathic approach to the brain and its visceral relations



Patrick van den Heede DO:

Van den Heede's in-depth studies of Blechschmidt and other embryologists over the last 25 years enable him to integrate embryological morphological forces and osteopathic holistic principles. He certainly is one of today's most inspiring osteopaths.

Course content:

- Ectodermal development dynamics
- Cephalisation, brain and asymmetric structuring
- Osteopathic approaches to visceral dynamics
- Viscero-cerebral interactions from an osteopathic point of view
- Implications for osteopathic approaches of developmental dynamics in diagnostics and therapy

Entrance requirement: Osteopath
Date: 9 - 11 September 2011
Number of participants: limited at 20
Venue: Croydon Hall, Rodhuish, Minehead, Somerset, TA24 6QT
Course Fee: 415,- GBP

Osteopathie Schule Deutschland
 Mexikoring 19
 D-22297 Hamburg

Tel: 0049 40 644 15 69 0
 Fax: 0049 40 644 15 69 10
 Mail: osd@osteopathie-schule.de
www.osteopathie-schule.de



ANATOMY LECTURER VACANCY – European School of Osteopathy

Start: September 2011

The role is equivalent to 2 days a week term-time (29 weeks)- generous allowance for preparation/marking and holiday.

The anatomy course includes the anatomy of:

- The musculoskeletal system
- Thoracic, abdominal and pelvic viscera.
- The nervous system including the ANS
- The vascular system
- The cranium

Salary: £35-£38k pro-rata depending on experience

Anatomy teaching is focused in the first two years of our four year M.Ost programme, and is seen as pivotal in the development of students as osteopathic practitioners. All candidates must have a minimum of a BSc in an appropriate subject and relevant teaching experience. A knowledge of osteopathy and/or the application of anatomical knowledge in a clinical setting will also be an advantage, but is not essential.

All candidates must complete an application form and short-listed candidates will be required to attend an interview.

For more details, an application form and role description, please visit our website at www.eso.ac.uk/jobs.html. Alternatively please contact Jacquie Harris, HR Manager by Tel: 01622 671558 or by email at jacquieharris@eso.ac.uk.

Closing date for all applications: 30th June 2011

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- Sound through the brain and the spine
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Geoffrey Montague-Smith D.O.

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or for further
information:**

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E: info@atmanacademy.co.uk

W: www.atmanacademy.co.uk



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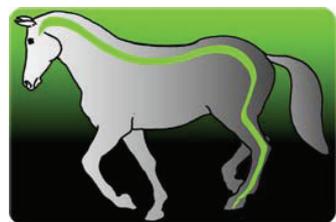


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Practical, hands-on training in the identification and treatment of equine spinal and musculo-skeletal problems

A multidisciplinary course for **Osteopaths** **Veterinarians** **Chiropractors** **Physiotherapists**

- **AEB** seminars offer a fast-track for the busy professional to acquire confidence and proficiency in this challenging field.
- These seminars focus on the core skills of spinal manipulation, myofascial and soft-tissue techniques. Strong emphasis is placed on understanding quadruped biomechanics ... the kinetic chains ... and their importance in postural, dynamic and ridden problems. This is very much a "hands on" course to give real practical skills from day one. Importantly, the course is based and referenced to established science.

Applied Equine Biomechanics Seminars

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"Excellent presentation and content.....lively and enjoyable, practical & effective from the start..... highly recommended"
Steven Brookes MRCVS (Vet)

"Clear, straightforward theoretical and practical work. Very enjoyable, enhanced my myofascial understanding of human work too"
Pierre Antoye D.O. Osteopath

Introductory & Pelvic	Oct 22 / 23	2011
Thoraco-lumbar	Dec 11 / 12	2011
Cervical	Feb 4 / 5	2012
Extremities	Mar 10 / 11	2012
Integrated & Review	Apr 7/8	2012

9.00 - 5.30 Saturday, 9.00 - 1.00 Sunday

Location: Moreton Morrel College, Warwickshire

Cost: £295.00 per module



The Institute of Classical Osteopathy

Are you interested in classical osteopathy?

If so please visit www.classical-osteopathy.org

for details of our courses, events and publications including our latest DVD set

'The Classical Osteopathic Treatment of the Infant and Child'



This 3 DVD set is approximately five hours long and includes an introductory series of lectures and demonstrations by Mervyn Waldman and Christopher Batten (Cost: £40)

The Institute of Classical Osteopathy is a company limited by guarantee registration number 2755034 and a registered charity no 1020193 Registered Office: 20 New Street Horsham West Sussex RH13 5DU



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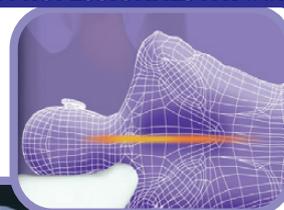
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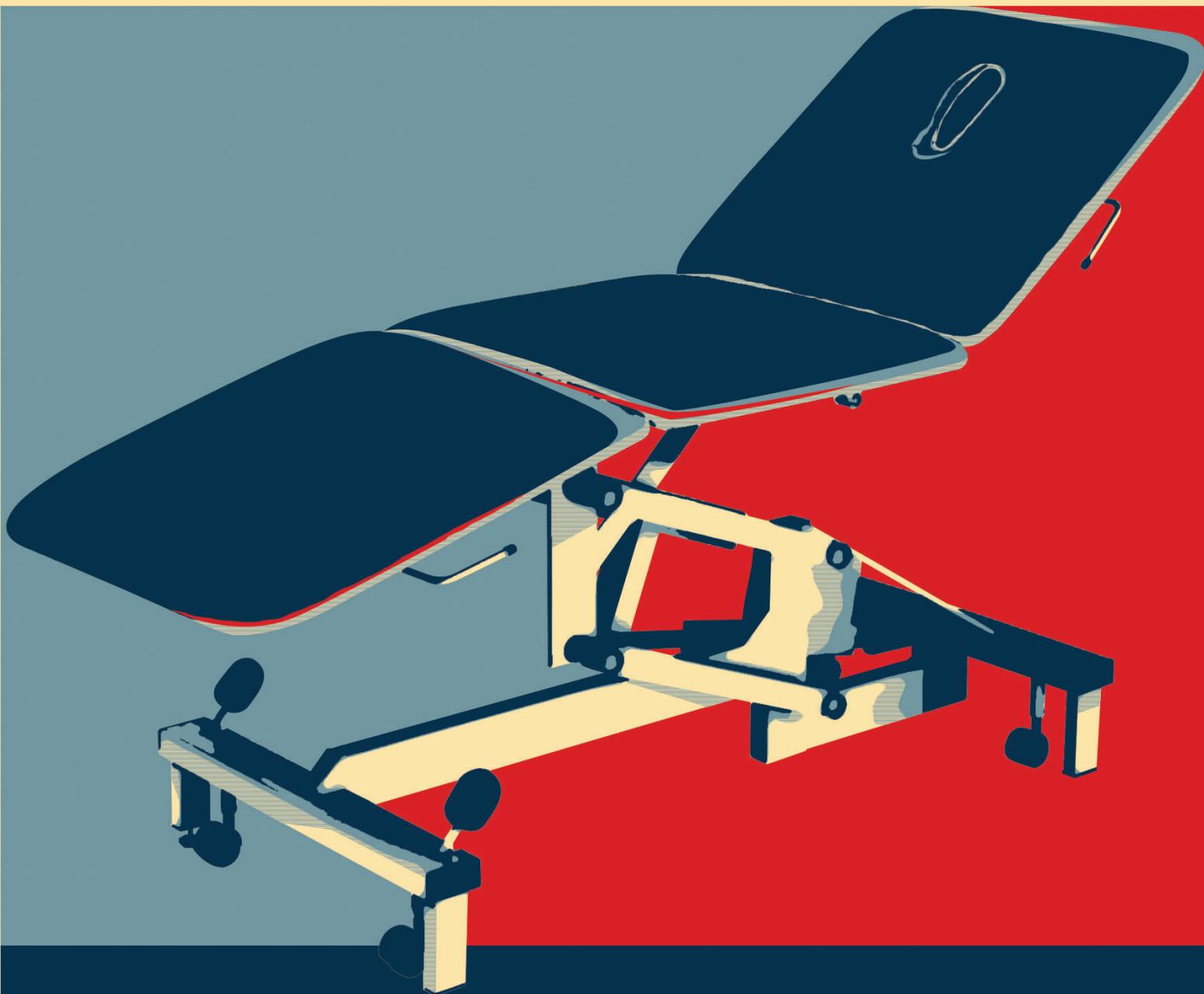
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The path to quality training

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

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



Rollin E Becker Institute
Inspiration in practice

Train with the Rollin E. Becker Institute in 2011

Cranial Anatomy

Date: 12th June **Venue:** LSO
Course Leader: Carina Petter

A detailed exploration of the anatomy of the skull. This will include the bony structure and sutural anatomy, and the significant relationships between the skeletal, dural, vascular and neurological systems.

An opportunity to further your existing knowledge or as a primer if you are interested in taking part in a basic 40-hour course.

Palpation

Date: end Nov/early Dec **Venue:** TBC
Course Leaders: Carol Plumridge and Carina Petter

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

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

The Eye

Dates: 15 - 16 October **Venue:** New LSO, London
Guest Lecturers: Dr Joseph Field DO, Keith Holland FCOptom
Course Leader: Gareth Butler

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

Guest lecturers:

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

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

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



Call 0845 5193 493 or visit
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Would you like to be part of a regional osteopathic society? Could you benefit from getting to know osteopaths in your area?

There are currently at least 34 regional osteopathic societies active across the UK. These groups play an invaluable role in providing CPD, colleague support and information exchange with the GOC on current regulatory developments affecting osteopathic practice.

If you would like to be part of one of these groups, visit the o zone (www.osteopathy.org.uk) for more information on local societies in your area.