

STANDARDS HONESTY AND INTEGRITY CASE STUDIES COMMS AND CONSENT

YEAR IN REVIEW GOSC ANNUAL REPORT HIGHLIGHTS

NOVEMBER/DECEMBER 2019 | VOL 22 | ISSUE 6

Supporting high standards in osteopathic practice

The

COMMUNICATION AND CONSENSE GET GUIDANCE, SUPPORT AND PRACTICAL ADVICE



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Design and production The Osteopath is designed on behalf of the GOsC by Immediate Media Co. imcontent.co.uk

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ISSN 1466-4984

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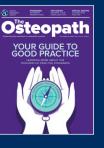
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Welcome



In this issue we focus on communication and consent in practice, with Fiona Browne, GOsC's Director of Education, Standards and Development, explaining why both are central to the new CPD scheme (p7). On p9, I examine the law on consent

and the impact of the Montgomery judgment. And two osteopaths told me what they learned about communication and consent from carrying out case-based discussions (p12).

Liz Niman, GOsC's Head of Communications and Engagement, looks at how recent research sheds light on the expectations of patients in relation to communication and consent, with dialogue proving to be a key factor (p10).

Are you wondering how to approach your CPD for communication and consent? Our updated workbook (p15) can help guide you through this element of the CPD scheme, and using your online CPD Diary (p16) can help you to keep track of your CPD progress. Steven Bettles, GOsC's Policy Manager, looks at the concepts of honesty and integrity, and what to consider to maintain high standards in these areas (p18).

And finally, Chair of Council Alison J White introduces the GOsC's Annual Report and Accounts, and reflects on some of the key achievements in an important year for the GOsC (p19).

I hope you enjoy this final issue of 2019 and wish you all the best for the festive season. As ever, please do get in touch with any feedback or content ideas for future issues.

Clare Conley

Managing Editor Email: <u>editor@osteopathy.org.uk</u>

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UPDATE

November/December 2019

GOSC NEWS

Innovative GOsC project connects patients, practitioners and regulators

The Journal of Evaluation in Clinical Practice, a medical journal covering the evaluation of clinical practice in all medical and health disciplines, has published an article by the GOSC Professional Standards team.

The article – Connecting patients, practitioners, and regulators in supporting positive experiences and processes of shared decision making: a progress report – was published on 9 October, and details an innovative project exploring the role of the regulator in reducing harm.

Through a series of workshops, the research looked at how regulators, working with patients and practitioners, can contribute to supporting personcentred care. A range of resources were developed as a result of the research that could be used to support patients and practitioners in making explicit what is important to them during a consultation.

The team, led by Fiona Browne, the GOsC's Director of Education, Standards and Development, has been working on this research project since 2014 and the



It is hoped that the project will raise the profile of osteopathic regulation

hope is that the article will help to raise the profile of osteopathic regulation and practice across the health sector.

We will report on the research in more detail, as well as look at the next phase of the programme, which focuses on the resources that have come out of the research, in a future edition of The Osteopath.

You can read the full article at: bit.ly/Wiley-Connecting

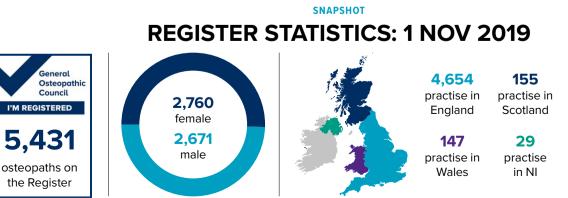
PCC UPDATE

Rule 19 Practice Note published

Following approval by Council in July 2019 and a consultation that launched in March 2019, the Practice Note: Cancellation of Hearing under Rule 19 has been published.

Rule 19 of the General Osteopathic Council (Professional Conduct Committee) (Procedure) Rules Order of Council 2000 (the PCC Rules) enables either the GOsC or the registrant to make an application to the Professional Conduct Committee (PCC) to conclude a case without a final hearing. The reasons behind such an application can cover a broad range of circumstances that may arise subsequent to the Investigating Committee's referral of the case to the PCC.

The Practice Note is intended to guide the PCC through the appropriate procedure, which will in turn help to ensure the PCC adopt a consistent approach to applications, while preserving the safeguards built into Rule 19. The Practice Note ensures the PCC takes account of the protection of the public and the wider public interest. Read it here: osteopathy.org.uk/rule-19





GOSC NEWS

Now is your chance to join the GOsC Council

Two new roles start on the GOsC's Council from April 2020 – read on to find out how you can apply



We are recruiting two new osteopath members to join the GOsC's Council. The roles start from April 2020 and interviews will be taking place in January 2020.

'If I can be a Council member, any osteopath can,' said current Council member and osteopath Haidar Ramadan. John Chaffey, a current Council member, osteopath and member of the GOsC's Policy Advisory Committee, said: 'I encourage you to apply and do something interesting that is helpful to patients and the profession... All you have to do is match some experience you have to the competencies. Relevant experience can be from any part of your life.'

Osteopath Deborah Smith, appointed in 2016 and also a member

of the Remuneration and Appointments Committee, said: 'Council provides a broad range of experiences... and excellent opportunities for professional development.'

You can hear more from these current Council members, who outlined what they have gained from the roles and why they would recommend other osteopaths should consider applying on p6 of the July/August 2019 The Osteopath, at: <u>osteopathy.org.uk/</u> <u>theosteopathmagazine</u>

If you are interested in applying, or want to know more about the role, please email Marcia Scott at: <u>mscott@osteopathy.org.uk</u> or visit: <u>osteopathy.org.uk/recruitment</u>

GOSC NEWS

The GOsC wants to hear from patients

We are recruiting patients to take part in a range of activities such as focus groups, surveys and consultations, so we can better understand the patient perspective. This will help us to improve the information we provide for patients as well as our guidance for osteopaths. If you have patients who you think might be interested in getting involved, please email Rachel Heatley at: goscmail@osteopathy.org.uk



GOSC NEWS

Matthew Redford appointed Acting GOsC Chief Executive and Registrar



Matthew Redford, Director of Registration and Resources, has been appointed as GOsC's Acting Chief Executive and Registrar. Leonie Milliner, former Chief Executive and Registrar, has stood down to pursue other interests.

Matthew has been with the GOsC since October 2000 and brings considerable organisational knowledge to his new role.

Chair of Council, Alison J White, said: 'I am pleased to announce that Matthew will be our Acting Chief Executive and Registrar, and I would like to acknowledge Leonie's contribution during her time with us. We wish her well for the future and the exciting times ahead'.

Matthew Redford said: 'I am committed to continuing to put patient and public protection at the heart of what we do at the GOsC. I look forward to working with staff and all our stakeholders over the coming months to help continue the development of the osteopathic profession'.

Matthew took up his new role on 23 September and the GOsC will announce its plans to make a permanent appointment in due course.





Why communication and consent?



Fiona Browne, GOsC's Director of Education, Standards and Development, outlines why communication and consent is being emphasised in the new CPD scheme

ffective communication is at the heart of successful therapeutic relationships and is central to the concept of shared decision-making with patients.¹

We have good evidence that patient-reported satisfaction with their osteopaths is very high. Levels of almost 96% satisfaction, which have been maintained over a number of years, are a very positive endorsement.²

So why is communication and consent central to the CPD scheme?

Communication and consent has been included as a mandatory component of the CPD scheme because of the significance of good communication within healthcare. NCOR's (National Council for Osteopathic Research) monitoring of concerns and complaints raised about osteopaths since 2013 shows that issues related to communication and consent account for over 60% of concerns reported by patients.³

Communication and consent encompasses a whole range of aspects and activities that osteopaths might choose to undertake as part of their CPD. How can osteopaths ensure, for example, that they really understand what is important to a particular patient in terms of their osteopathic

HOW COMMUNICATION AND CONSENT FITS INTO THE CPD SCHEME

Communication and consent is a mandatory component of the CPD scheme, as good communication is a key part of effective healthcare



treatment? How can osteopaths elicit the individual patient's expectations and goals for their care? What words are osteopaths using to describe their findings, and how might this be interpreted by this particular patient?

The Montgomery judgment has also informed the communication and consent requirement, so practitioners engage in dialogue to enable a patient to consent to treatment. There is now a legal as well as a professional requirement to understand what is important to a patient (see p9 for more on the Montgomery judgment).

Communication through touch Communication is both verbal and



→ non-verbal. Osteopathy takes place through the medium of touch, which has very little language to describe it, whether it is being given or received. Touch is used in a variety of societal contexts, both intimate and professional. These factors can increase the possibility of miscommunication in the osteopathic context.

Touch is also of great therapeutic importance and arguably a critical component of such high satisfaction rates in osteopathy.

Have you read our literature review, How is Touch Communicated in the Context of Manual Therapy? See: <u>osteopathy.org.uk/how-is-touch-</u> <u>communicated</u>. Reading and reflecting on your practice in light of the questions raised here could be an excellent form of CPD in communication and consent.

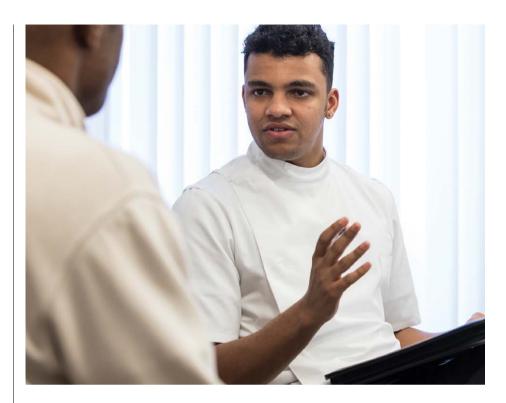
Communication is subjective

We are all different. How we receive and process information from another person will depend on our unique values, life experiences and preferences, among other things. Further, we are all subject to particular assumptions and biases – which are all part of being a human being.

Explore your own biases

Exploring your own biases and reflecting on the results might be a good way of undertaking CPD in communication and consent. For more on this, see for example Project Implicit, which has tests that can show if you have a particular bias that you didn't know about: <u>implicit.harvard.</u> <u>edu/implicit/education.html</u>.

We can't put ourselves in another person's shoes to fully know and understand them – our understanding of another person will always be incomplete. However, we can do all that we can to try to understand others



- particularly patients - by making sure that we help them to express, in a way that is right for them, what is important to them through dialogue.

Different groups of people report 'prejudice, stigma and discrimination' in healthcare.⁴ Do we have the knowledge and skills to understand those groups who report health inequalities – for example, transgender patients, or those with particular health needs?

Reading this article about being a trans patient, for example, could be helpful: <u>bmj.com/content/357/bmj.j2963</u>. This article at: <u>communityresearch.co.uk/</u> <u>our-thinking/2019/6/28/engaging-</u> <u>with-transgender-people</u> also contains useful advice.

Fundamentally, communication and consent involves thinking about how best to facilitate a dialogue with a patient to help them to explain what they need and want. This will also help osteopaths to meet the particular Osteopathic Practice Standards in Theme A.

READ AND REFLECT ON THE OPS FOR CPD

Theme A: Communication and patient partnership Reading Theme A and using the Standards to reflect on a recent case, either by yourself or with a colleague, can be an excellent form of CPD in communication and consent. Dialogue with patients can help them to express the healthcare issues that are important to them

References

¹For more on this see Coulter A and Collins A, 2011, **Making shared decision-making a reality: no decision about me without me**, Kings Fund, available at: kingsfund.org.uk/sites/default/files/Making-shareddecision-making-a-reality-paper-Angela-Coulter-Alf-<u>Collins-July-2011_0.pdf</u>, and also National Institute of Clinical Excellence, **Shared Decision Making**, available at: nice.org.uk/about/what-we-do/ourprogrammes/nice-guidance/nice-guidelines/ shared-decision-making

²YouGov, Public Perceptions Study, 2018. Available at: <u>osteopathy.org.uk/yougov2018</u>, p4 and p17 (accessed 18 May 2019). See also Leach J, et al, Patients' expectations of private osteopathic care in the UK: a national survey of patients, BMC Complementary and Alternative Medicine: The official journal of the International Society for Complementary Medicine Research (ISCMR) 2013 13:122 available at: <u>bmccomplementalternmed.biomedcentral.com/</u> articles/10.1186/1472-6882-13-122 (accessed on 18 May 2019)

³See: osteopathy.org.uk/concerns-report-2013-17

⁴ See, for example, Whitehead, B (2017) **Inequalities in Access to Healthcare for Transgender Patients**. Links to Health and Social Care Vol 2(1), pp63–76

COMMUNICATION AND CONSENT



The law on consent



Managing Editor **Clare Conley** on the impact of the Montgomery judgment on patient consent

The law relating to patient consent for healthcare providers changed four years ago as a result of the landmark decision in Montgomery v Lanarkshire's Health Board, in the UK Supreme Court.

The case has been instrumental in confirming that patients are active, self-determining partners in the process of consent and shared decision-making – making consent even more patientfocused. Practitioners need to consider the significance of treatment options for any individual patient in the context of their preferences, expectations and values – what's important to them, in other words.

What did the case involve?

The Montgomery judgment involved the case of Nadine Montgomery, who had Type 1 diabetes and gave birth by vaginal delivery. The baby was born with serious disabilities after shoulder dystocia during delivery. The doctor had not told the patient about the increased likelihood for a diabetic mother of giving birth to a larger than average baby, and that this could lead to an increased risk of shoulder dystocia occurring during delivery. routinely discuss the risk of shoulder dystocia with women with diabetes for fear that, if told, they would opt for a caesarean section, which, in her opinion, was not necessarily in their best interests. The Supreme Court held that the doctor should have informed the patient of the risks and discussed with her the option of a caesarean section. It held that 'a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it'.

What impact has this had on consent? The Osteopathic Practice Standards (OPS) already required osteopaths to provide information to patients in a way they can understand, and to discuss the benefits and material and significant risks of treatment with them. But the Montgomery judgment embeds this in law. Healthcare practitioners are now required by law to take reasonable care to ensure that the patient is aware of any material risks involved in any treatment, and of any reasonable alternative treatments.

The doctor said that she did not

CPD ACTIVITY

You could consider learning more about the Montgomery judgment, and reflecting on its implications for your practice, as a CPD activity in the area of communications and consent. Consider:

- Reading 'Communication and patient partnership' in the OPS
- Thinking about different patients and how you might adapt your communication strategies to meet their particular needs and the requirements of the OPS
- Discussing with a colleague or in your CPD group to gain different perspectives (remember to maintain patient confidentiality)
- Documenting this can help to consolidate your learning as well as meeting the requirements of the communication and consent aspect of the CPD scheme.

A material risk is described in the judgment as one to which a reasonable person, in the patient's position, would be likely to attach significance, or a risk that the practitioner knows, or should reasonably know, would probably be deemed of significance by this particular patient.

See Osteopathic Practice Standards (OPS) A2, A3 and A4 and A4.6:

Theme A: Communication and patient partnership A4.6: The patient needs to understand the nature, purpose, benefits and material or significant risks to them of the examination or treatment proposed. The patient must then be free to either accept or refuse the proposed examination or treatment. Some patients may need time to reflect on what you have proposed before they give their consent to it.

For more details on the Montgomery judgment, you could:

- Read the Montgomery judgment on the Supreme Court website: <u>supremecourt.uk/cases/docs/uksc-</u> 2013-0136-judgment.pdf
- Read the BBC news article about the Montgomery judgment (11 March 2015) at: <u>bbc.co.uk/news/uk-scotland-</u> glasgow-west-31831591
- Read a thought piece: The Law on Consent – What's New by Deborah Smith, osteopath and GOsC Council member, at: <u>cpd.osteopathy.org.uk/</u> <u>learn-from-others/thought-pieces/</u> <u>the-law-on-consent-has-changed-</u> <u>whats-new</u>
- Read an analysis in the BMJ, Montgomery and Informed Consent: Where Are We Now? (2017) in which Sarah Chan and colleagues discuss the consequences on practising doctors, at: <u>bmj.com/content/</u> <u>357/bmj.j2224</u>

LEARNING POINT

- There is no standard formula for communicating with patients
- Dialogue is key to finding out what is important to your patients and tailoring your explanation of the treatment options to give the patient the information they want and need in a way that they can understand



Patient expectations



Research highlighting the expectations of patients in relation to communication is considered by **Liz Niman**, the GOsC's Head of Communications and Engagement

here is no standard formula for communicating with patients. Dialogue is key to finding out what is important to each patient and tailoring explanations of treatment options to suit the individual and to gain informed consent.

Research commissioned by the GOsC has highlighted what is important to patients in relation to communication and consent. The Public Perceptions Study, conducted by the market research company YouGov in 2018 with patients and the public, indicates that patients have more confidence in an osteopath when they:

- give good advice
- listen to the patient
- explain diagnoses clearly
- treat the patient with dignity
- involve the patient in decisions around their care
- put them at ease
- ask for consent before examination or treatment.

The most important behaviours leading to confidence in an osteopath included listening to what the patient says (72%) and clearly talking through the diagnosis (68%). Using visuals or models is the factor that would have the least impact on confidence (21%).

The osteopath wanting to know more about someone as a person is more important for women (40%) than men (27%). Having a long enough appointment, and being given time to make a decision, is more likely to lead to a positive experience.

'Dialogue is key to finding out what is important to each patient'

You might find it helpful to consider what the Osteopathic Practice Standards have to say on this topic:

Theme A – Communication and patient partnership

A1: You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy. A2: You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them. A3: You must give patients the information they want or need to know in a way they can understand. A4: You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

See: standards.osteopathy.org.uk/ communication-and-patient-partnership

Before first visit

Even ahead of their first visit, communication is important to patients. Patients and the public want to know about the benefits of treatments (over 90%), what the treatment will involve (85–90%), the risks (82–90%) and the costs (84–89%).

Unsurprisingly, more of the public think certain information is important to have before their first visit than those who have seen an osteopath recently. For example:

- likely number of treatments (86% public, 73% patients)
- what happens if something goes wrong (86% public, 72% patients)
- will symptoms get worse before they get better (83% public, 77% patients)
- will they need to avoid activity after treatment (81% public, 73% patients).

Among the public, information about the complaints process is most important to older people, with 74% of those aged 65+ saying it would be very/somewhat important to them.

What to wear and whether clothing might need to be removed is important information before their appointment to 80% of women and 58% of men, while bringing a chaperone/friend was important to 50% of women and 31% of men. ●

MORE INFORMATION

Read the full Public Perceptions Study 2018 at: <u>osteopathy.org.uk/</u> <u>yougov2018</u>

Access the OPS online at: standards.osteopathy.org.uk



Our survey said



The 2019 CPD Evaluation Survey could give you ideas for communication and consent in your own CPD, explains the GOsC's Research and Policy Officer **Dr Stacey Clift**

ore osteopaths are identifying communication and consent as part of their CPD and more osteopaths are doing dedicated courses for both, but they are also doing CPD in other ways to meet this requirement, our 2019 CPD Evaluation Survey revealed. A total of 464 osteopaths took part in the survey this year. For an overview of the results see p14–17 at: bit.ly/TheOsteopathSeptOct2019

Well over half of the respondents (65%) had undertaken a communication and/or consent-based activity (an increase of 5% on last year). This can be broken down into the following:

Activity undertaken	%
Communication and consent	51
Communication only	11
Consent only	3
Total	65



If yes, which of the following communication and/or consent based activities have you undertaken in the last 12 months?

	2019	2018	2017
Yes – Not a course	37%	19%	24%
Yes – A course which featured	45%	27%	20%
Yes – A course solely focussed	29.5%	14%	16%

Multi answer: Percentage of respondents who selected each answer option (eg 100% would represent that all this question's respondents chose that option)

Interestingly, courses where communication and consent were featured as part of the activity have increased on last year's figures (45% in 2019, an increase of 18% from 2018), which perhaps demonstrates that CPD providers are working to meet the requirements for osteopaths to be able to fulfil this aspect of the new scheme. We can also see that osteopaths are seeking out alternative options to a taught course this year with 37% having undertaken a communication and/or consent-based activity that was not a course, an 18% increase on 2018 figures (see table, above).

Frequently cited communication and consent-based activities included:

- case-based group discussions using case studies and reviewing treatment notes
- internet research using Institute of Osteopathy or GOsC resources
- reading journal articles or looking at GOsC guidelines
- reviewing the Montgomery judgment and online webinars
- activity related to GDPR (General Data Protection Regulation), which was introduced in 2018.

Resources participants used: Webinars

Frequently cited webinars in relation to communication and consent were those facilitated by the GOsC and the Academy of Physical Medicine.

YouTube videos

- Communicating Benefits and Risks Effectively by Pippa Bark-Williams, Principal Research Fellow at the University College London (UCO), at: <u>bit.ly/communicating-Pippa-Bark</u>
- Risks and Benefits Adverse Events and Outcomes in UK Osteopathy by Steve Vogel, Deputy Vice-Chancellor (Research) at UCO at: <u>bit.ly/risksbenefits-Steve-Vogel</u>

Courses and CPD group talks

Various courses on communications and consent were cited and the Waltham Forest Osteopathic Group was also flagged up on several occasions for a session by the GOsC on communication and consent.

CHECK OUT GOSC'S CPD WORKBOOKS

If you need more ideas for activities that count as CPD in this area, take a look at these workbooks: Planning your CPD and the dedicated Communication and Consent Workbook (see p15). These and other workbooks guiding on various aspects of the new CPD scheme are at: <u>osteopathy.org.uk/</u> workbooks

Learning from experience



Managing Editor **Clare Conley** explores what two osteopaths learned about communication and consent from carrying out case-based discussions

ommunicating effectively is something that is important to continue to learn, practise, review, reflect on and develop. Finding out what matters to patients in their own lives, and giving them the information they need to reach informed choices about their health and care, is a vital part of this. Each patient consultation is different and requires expert dialogue to support the patient to express what they need and want, and to discuss how osteopathy can help.

Case-based discussion (an objective activity option for the new CPD scheme) provides the opportunity to discuss aspects of a case, including communication and consent, to reflect on what went well, any problems encountered, and alternative approaches to consider for the future.

Here, two osteopaths share their learning from case-based discussions considering anonymised cases that they have encountered in practice, focusing on communication and consent.

'Each patient consultation is different and requires expert dialogue to support the patient to express what they need and want'

Case study 1 Treating a minor and communicating the chaperone policy

Rebecca Emerton



Rebecca graduated from The Oxford School of Osteopathy in 1998 with a BSc Hons and has practised as an

associate in a multidisciplinary practice on the Derbyshire/Nottinghamshire border for over 20 years. She completed an MSc at the British School of Osteopathy (now the University College of Osteopathy) in 2016. Rebecca has a specific interest in treating sports people and also enjoys the variety of treating a wide range of patient groups.

What exactly was the issue?

A 14-year-old girl presented with lower back pain and her father sat in on the initial consultation with her consent. However, he asked his daughter if she would like him to leave when it came to the examination. This was a communication issue as he was not aware that due to his daughter's age, a chaperone ideally should be present and that a person with parental responsibility should be involved in the consent process.

How did you approach it?

I was aware that there was a possibility that the patient didn't want her father to stay during the examination. In this instance I explained to the father and the patient that I would like to explore his role as a chaperone, for reasons of consent and to aid communication with the patient.

What were the results?

This was acceptable to both the patient and her father and therefore he stayed.

On reflection, was there anything you would do differently in future?

On reflection, and after discussing the case with colleagues, I realised that there could have been an issue if the parent had not wanted to stay, or if the child hadn't wanted the parent to stay, during the examination. I decided an information sheet tailored to treating minors could be sent out prior to the appointment (we already send out a general information sheet). This could highlight issues including consent, options for an appropriate person to accompany the minor, and types of clothing to wear to facilitate examination and treatment. Undressing could be uncomfortable for both the child and parent, especially as children move into adolescence.

We also discussed other scenarios – for example, children being brought for treatment by someone who doesn't have parental responsibility, and how these would be best managed.

How does this relate to the communication and consent aspect of the new CPD scheme and the OPS themes?

This case related to several aspects of the Osteopathic Practice Standards (OPS), which include:

A2: You must work in partnership with patients, adapting your



communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3: You must give patients the information they want or need to know in a way they can understand. **A4.17:** A young person can be treated as an adult and can be presumed to have the ability to make decisions about their own care. Nevertheless, you will need to use your professional judgment to assess whether the young person in fact has the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid.

A6: You must respect your patients' dignity and modesty.

A6.5: You must always ask a patient if they would like a chaperone when **A6.5.2:** you are treating a patient under 16 years of age.

A6.6: A chaperone can be: a relative or friend of the patient; a suitable person from your practice but not your spouse or personal partner.
A6.7: If the patient wishes to have a chaperone and neither you nor the patient is able to provide one, you should offer to rearrange the appointment.

C2: You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.

C2.1.15: Where an observer is present (for example, a chaperone) you should record the patient's consent to their presence. **D5:** You must respect your patients'



When treating children and adolescents, communication and consent are particularly important aspects to consider

rights to privacy and confidentiality, and maintain and protect patient information effectively.

We reviewed standards in the OPS and how they apply to this scenario. Communicating expectations prior to an appointment could help to avoid difficult situations arising. I try to be sensitive to the specific needs of the patient by adapting my communication strategies.

When treating children, I direct my questioning to them and ask the accompanying adult to add anything they feel is important or to help the patient if they get stuck with what to say.

I feel it is good practice to get consent from a parent as well as the child. However, it is a complex issue and there are some occasions where children may have the ability to consent. Also, there could be situations where due to various issues it may be difficult for a child to communicate with a particular adult present, and this could be an area for uncertainty in practice. I have now enhanced the information provided prior to treatment and I know that if there is uncertainty about capacity or consent or a chaperone for a child, that the appointment can be rearranged.

The need to record who was present during the examination and treatment and recording consent was also discussed, linking with OPS C2.

Issues relating to OPS theme A: Communication and patient partnership, theme C: Safety and quality in practice and theme D: Professionalism were all covered by this case.

As we did a case-based discussion and I got useful feedback on my practice from another person, this was an objective activity for the new CPD scheme, and I will continue to read about communication with children.

Case study 2 Encouraging a patient to get further tests

David Propert



David graduated from Royal Holloway, University of London, with a degree in Physiology before graduating from tising at an

the BSO in 1993. Practising at an integrated multi-clinic he established 11 years ago in Pimlico, central London, David has been a Teaching Fellow at the University College of Osteopathy since 1994 and is also Fellow of the Higher Education Academy and a registrant member of the GOSC Professional Conduct Committee. David has a special interest in developing the role of osteopaths as first point of patient contact within the wider health community.

What was the communication issue?

The patient was in his 60s. He presented (self-referred) with acute low back pain which started about a month previously. He attributed his symptoms to performing

a new exercise in the gym. He had had several episodes of low back pain in the past but never as bad as this. Osteopathy (from a colleague) had worked for him previously. He told me that there was a history of prostate cancer, which was diagnosed last year and treated surgically. The challenge I found with my communication with this patient was how to create an environment that would support good, effective, and patientcentred communication, to enable the patient to get the information that he wanted and needed to make his decision about his care and treatment options. The patient said that he felt that his back pain \rightarrow





Encouraging a patient to go for further tests can be a delicate issue

→ must be mechanical and that it could not be related to his history of prostate cancer.

What were the results?

During the visits I worked hard to develop a good rapport with this patient to support him. I did this by allowing space for the patient to talk about his worries and concerns and his previous experiences with cancer. I focussed on creating a relaxed, open and safe environment for him. I repeated back a summary of what he had told me to make sure I had heard him correctly and to give him the opportunity to correct any misunderstandings. This process helped me to feel more comfortable to articulate my concern that we could be missing information that, in the interest of thoroughness, would be helpful to obtain. We discussed the nature and use of further investigations and the mechanisms available for requesting these. This was a delicate conversation as the patient was clearly becoming concerned, showed some distress and he asked me directly if I thought his

'I tried to provide an empathic space in which he could discuss his concerns and feel supported' back pain was 'cancer'.

I talked to the patient further about the situation, and tried to provide an empathic space in which he could discuss his concerns and feel supported.

We agreed, and the patient gave verbal and written consent (in the form of an email request), for me to share his information in the form of a referral letter to his GP and urologist highlighting our concerns.

Which points did you consider in the case-based discussion?

I discussed the case with osteopathic and medical colleagues. This case was challenging because I needed to manage the distress and concerns of the patient in an effective way for him and for me. We discussed the Osteopathic Practice Standards, in particular, A1, B4, C1 and D3.

A1: You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.
B4: You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

C1: You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

D3: You must be open and honest with patients, fulfilling your duty of candour.

We discussed how good communication is holistic and, with a person who is feeling vulnerable, it forms



Visit the CPD website

Simply open the camera app on your phone or tablet. Position so the QR code appears in the viewfinder. Your device will recognise the QR code and show a notification. Tap the notification to open the link and visit the CPD website.

a firm foundation of trust. We recognised that good communication can be difficult when delivering difficult messages. We explored a number of hypothetical scenarios for communicating that further investigations were recommended so as to practise different types of language and different approaches. ●

(Please note that David gained permission from the patient for using an anonymised version of his case for the case-based discussion and also for permission to publish this anonymised case study in The Osteopath.)

MORE INFORMATION

1. Read: 'There are no set scripts and no set patients' article by the GOsC's Policy Manager, Steven Bettles, explaining why effective communication with patients is a clinical decision, rather than just a regulatory requirement: cpd.osteopathy.org.uk/there-areno-set-scripts

2. For more information and resources on communications and consent, visit the CPD site at: <u>cpd.osteopathy.org.uk/</u> <u>communication-and-consent</u>

3. Find out more about objective activities, including case-based discussions at: <u>cpd.osteopathy.org</u>. <u>uk/objective-activity</u>



Planning CPD on communication and consent

Are you wondering how to approach your CPD for communication and consent? Our updated workbook provides background, guidance, resources and further information

he GOsC has developed a series of workbooks to help guide you through the elements of the CPD scheme. You will need to undertake at least one CPD activity relating to communication and consent during your three-year CPD cycle, but you can decide to do more than this if you prefer.

Communication is central to relating effectively to patients and a core element of the Osteopathic Practice Standards (OPS). We also find that issues around communication tend to feature heavily in complaints and concerns raised about osteopaths, another reason to continue to learn and enhance practice in this area.

The Communication and Consent Workbook contains background information and learning points to help you decide how to approach this area of CPD in a way that works for you. It includes sections on:

- The features of the CPD scheme
- What constitutes CPD
- Communicating with patients





Workbooks guide you through elements of the CPD scheme

- The communication and consent requirement of the CPD scheme
- Linking to the four themes of the OPS: undertaking a communication and consent CPD activity is likely to impact on more than one theme of the OPS, as Standards from all four themes can be relevant to communication and consent in the context of an osteopathic consultation
- Useful communication and consent resources

How can I meet the communication and consent requirement?

You can choose how you do CPD in communication and consent and it can be undertaken in a range of different ways – either by yourself or with others. The workbook looks at the following suggestions:

- Case studies
- CPD events
- Group discussions
- Reflections on practice
- Objective activities



Read the Communication and Consent Workbook See QR code instructions on the opposite page.

Your personal online CPD Diary

Every osteopath has access to an online CPD Diary in the My CPD section of the **o** zone, which you can use to help keep track of your CPD

ince the introduction of the new CPD scheme, you no longer need to submit full details of your CPD to the GOSC each year, but you still need to keep your own records. These records will help you carry out a Peer Discussion Review with a colleague towards the end of your three-year cycle, and are required to enable you to declare the hours and aspects of the scheme you have met on your annual renewal of registration form.

What can I record in the online CPD Diary?

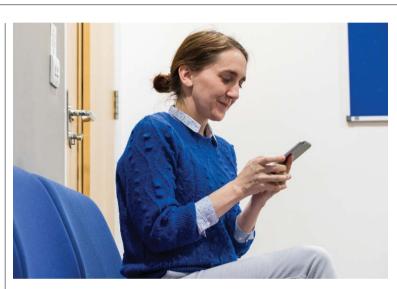
You can record:

- the date and location of each activity
- a summary of each activity
- the hours you have spent on learning with others and learning by yourself
- the type of activity.

You can also tick the required elements of the new CPD scheme when you complete each activity, such as when you have completed an objective activity, or an activity covering one or more of the four themes of the Osteopathic Practice Standards.

You can easily share the online CPD Diary (see opposite) with a peer before your Peer Discussion Review (PDR), which you will need to have completed towards

'You can also easily share your online CPD Diary with a peer before your Peer Discussion Review'



Reviewing each element of the CPD scheme as you go means no surprises towards the end of your threeyear cycle

the end of the three-year cycle. You might find it useful to have a PDR trial run in your first and/or second year too. Or some people are choosing to review each element of the scheme as they complete it, in order to increase their confidence and ensure there are no surprises towards the end of their CPD cycle.

You should continue to keep hold of any evidence, such as notes or certificates, whether you have these in hard copy or online, but you won't be able to upload these to the **o** zone.

Is the CPD Diary compulsory?

You are required to keep records of any CPD that you claim towards meeting the requirements of the scheme. So, if at the end of Year 1 you declare on your registration renewal form that you have done 30 hours of CPD, although you don't need to submit all of the details like you used to, you will need to have recorded these and have some evidence in case you are asked to provide these for verification.

We will contact a number of

osteopaths after they have completed a year of the scheme to ask for more information about the types of CPD activities that have been declared.

However, it is up to you where you keep your records. If you decide you still want to keep your records in the **o** zone, we have developed the online CPD Diary to make this easier for you. Or you might prefer another method, such as paper records or an eportfolio platform.

MORE INFORMATION:

You might find it useful to have a look at the Keeping CPD Records Workbook, which has practical advice to help support you with keeping track of your CPD. See cpd.osteopathy.org.uk/keepingrecords-workbook

Check out your personal online CPD Diary at: <u>members.osteopathy.</u> <u>org.uk/cpd-diary</u>

+

Your online CPD Diary

CPD Summary		
Ms Anonymous	Registration number	: 000
CPD Period: 2019-2022 Your current CPD period	Total CPD hours r Including 45.0 hours	•
Start date: 01 Oct 2019		Hours Completed
End date: 31 Jul 2022	Learning with others: Learning by oneself:	1.00 3.00
	Total hours:	4.00
ADD NEW ACTIVITY	EXP	ORT CPD
CPD screen filters		

Sort by date			Sort newest to oldest 🗘
Shoulder			► Edit ► Delete
Start/end date:	05 Oct 2019 -	05 Oct 2019	
Subject/topic:	Shoulder		
Activity type:	Group meetin	g	
Venue:	Our practice		
Hours completed by	Hours	Minutes	
oneself:	3	0	
Hours completed with	Hours	Minutes	
others:	1	0	
Summary of activity:	common cond orthopaedic to similar approa This will help	ditions affecting esting to ensure ach to evaluation to ensure a cor nd ensure that	the shoulder area, this, and looked at that we all adopt a on and diagnosis. nsistent experience we are all up to
B. Knowledge, skills and performance:	V	prodon	

Honesty and integrity



Steven Bettles, the GOsC's Policy Manager, outlines what osteopaths need to consider in order to uphold high standards in this area

he Osteopathic Practice Standards (OPS) state that: 'Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession.' The concepts of honesty and integrity underpin what it is to be a professional and are reflected through several of the Standards within D, the Professionalism theme, and they are reinforced in Standard D1.

> **Theme D:** Professionalism **D1:** You must act with honesty and integrity in your professional practice.

The guidance to D1 provides some examples that might comprise a lack of integrity, which include:

- putting your own interest above your duty to your patient
- prolonging treatment unnecessarily
- recommending a professional service or product solely for financial gain
- borrowing money from patients or accepting any other benefit that brings you financial gain.

Advertising

The D1 guidance also sets out the requirements regarding advertising and information about you and your practice. This should be 'legal, decent, honest and truthful' as defined by the Advertising Standards Authority (ASA) and conform to current guidance, such as the UK Code of Non-broadcast Advertising and Direct and Promotional Marketing (the CAP code).

'The concepts of honesty and integrity underpin what it is to be a professional'

Professional indemnity insurance

The D1 guidance specifically states that you 'must have a professional indemnity insurance arrangement which provides appropriate cover in accordance with the requirements of the Osteopaths Act 1993 and the current Professional Indemnity Insurance Rules' (see: <u>osteopathy.org.uk/insurance</u>).

Be open and honest

The requirement to be honest with patients, in this case when something has gone wrong or has the potential to cause harm or distress, is included in D3.

D3: You must be open and honest with patients, fulfilling your duty of candour.

The guidance references being open and honest with colleagues and/ or employers, including taking part in reviews or investigations when requested.

D7: You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.

The guidance to D7 provides examples of what this might comprise, including:

- acting within the law
- behaving honestly in professional and personal dealings
- not falsifying records, data or other documents.

These themes are again reflected in Standard D8.

D8: You must be honest and trustworthy in your professional and personal financial dealings.

The focus here is on financial honesty, with the guidance including reference to: the charging of fees responsibly

- not putting pressure on patients
- to commit to unjustified treatment declaring any financial benefit you
- acciding any initialized bench you receive for introducing patients to other professionals of organisations
 maintaining sound financial records
- for your practice.

The requirement to act with honesty and integrity will not come as a surprise to any regulated healthcare professional. The guidance above illustrates how the Standards might impact various scenarios, but does not cover all the issues that might arise. As with any of the Standards, osteopaths will need to use their professional judgment in deciding how to implement the OPS in any particular circumstances and should seek support or advice where they are unsure.

Read the OPS on our dedicated mobile-friendly website at: <u>standards.osteopathy.org.uk</u>



The GOsC's year in review



Chair **Alison J White** introduces the GOsC's 2018–2019 Annual Report, with more detail overleaf

his has been an important year for the GOSC. We have come to the end of our three-year Corporate Strategy. We are beginning to implement our new continuing professional development (CPD) scheme and our updated Osteopathic Practice Standards (OPS), and are helping to make a difference to patient care and the reduction of risk.

In March 2019, we concluded the final year of our strategic plan, of which the highlight was undoubtedly the approval and launch of our new CPD scheme, into which so much effort has been invested during the past three years.

The scheme was highly influenced by our research, which has been so influential as a critical component of 'upstream' healthcare regulation, preventing problems before they occur. The new scheme incorporates mandatory elements chosen in response to areas of practice where regular complaints have been received and, for the first time, requires osteopaths to undertake an objective feedback activity and to reflect on their practice with a peer.

This scheme could not have been developed without the support and partnerships that have been built, and I believe the effort that has been invested will underpin the future success and development of the profession.

Running alongside this important programme has been the review and refresh of the OPS, following an extensive period of stakeholder consultation. Supporting registrants in understanding the changes, and being able to engage with them so that CPD can be carried out across all four themes of the Standards, has been a very important task during the past year, and Council has been highly engaged with how success can be evaluated once the updated Standards come into force.

Even though the number of complaints that Council receives

'This has been an important year for the GOsC'

remain relatively low, it is important that the processes that are used to investigate (and also to learn from) them are conducted with efficiency and effectiveness. In the absence of longawaited changes to our legislation, we are limited in the progress we can make, but Council has overseen a number of changes to policy and practice that have continued to improve our processes and help us achieve both our performance targets and the quality of our outcomes.

I would like to thank the team at the GOsC for their commitment, expertise, and their professionalism in enabling our small organisation to consistently deliver our plans and objectives.

he GOsC has a statutory duty under the Osteopaths Act 1993 to develop and regulate the osteopathy profession in the UK to ensure public protection. The Annual Report for the year to 31 March 2019 describes what we have achieved in the third year of our 2016–2019 Corporate Plan. This is set out under our three overarching strategic objectives:

OBJECTIVE 1: Promoting public and patient safety through patient-centred proportionate, targeted and effective regulatory activity



Education, training and professionalism

- Education thematic reviews an external examiner review in relation to delivery of the Osteopathic Practice Standards (OPS), and another began on public and patient involvement in education.
- Professional boundaries policy work examining issues in this area continued. In conjunction with the General Chiropractic Council we published a report 'How is touch communicated in the context of manual therapy? A literature review' and held multi-disciplinary workshops. See: osteopathy.org.uk/how-is-touch-<u>communi</u>cated
- Quality assurance (QA) major changes were made to processes following earlier consultation, including the removal of expiry dates on 'recognised qualifications', enabling visits to coincide with relevant events.

More than students at 7 institutions attended GOsC presentations

Protecting and promoting registration

The number of osteopaths registered in the UK continues to grow:

5,33

osteopaths on the Register at 31 March 2019

This includes 262 new or returning registrants. The Register is updated daily and can be searched online at: osteopathy.org.uk/register-search

More than 2,150 registration marks used by osteopaths and in practices

42 registration assessments carried out **45** letters sent out to individuals appearing to practise without registration 49 cases resolved

Continuing professional development

- 1 October 2018: new CPD scheme started
- Core guidance published: the CPD Guidance (cpd.osteopathy.org.uk/ PDR-guidance) and the Peer Discussion Review Guidance (cpd.osteopathy.org. uk/CPD-guidance)

5 CPD Workbooks published and a range of other resources including visuals, templates, case studies, animations and infographics. The CPD site was refreshed: cpd.osteopathy.org.uk

20% of all osteopaths' annual CPD summaries scrutinised to ensure they complied with the CPD guidelines 2% of CPD records randomly selected for a more in-depth review

Fitness to practise

68 concerns received and, of these, **53** were made formal

50 cases considered by the GOsC's Investigating Committee and of those:

33 referred to a full hearing

referred to a full hearing of the Health Committee

16 determined as 'no case to answer'

30 cases concluded by the Professional Conduct Committee: in **19** of those, a sanction was imposed against the osteopath



Annual Report and Accounts 2018-19



Read the full version of the GOsC Annual Report and Accounts 2018–19, including key objectives for 2019-20, at: osteopathy.org.uk/annualreport

OBJECTIVE 2: Encouraging and facilitating continuous improvement in the quality of osteopathic healthcare

Updating and embedding the Osteopathic Practice Standards

- 1 September 2019: updated OPS came into effect. During 2018–2019 we have undertaken an extensive programme of activity to raise awareness of and implement them, including face-toface and online engagement with stakeholders
- standards.osteopathy.org.uk dedicated website developed
- Print copy of the OPS sent to every osteopath

Improving quality and patient care

Project to identify what is important in patient consultation – prototype

resources to help patients and practitioners identify what is important in this area were developed. We worked alongside the Collaborating Centre for Values-Based Practice in Health and Social Care, the General Dental Council and the University College of Osteopathy on this project.



Developing the profession

- The GOsC worked with leading osteopathic organisations
- 8 core Osteopathic Development Group (<u>osteodevelopment.org.uk</u>) projects were developed in areas including: evidence; service standards; clinical practice; communities of practice; mentoring; leadership; and international collaboration (<u>osteointernational.uk</u>).

International activities

The Osteopathic International Alliance

 the GOsC continued to contribute
 its knowledge and experience of
 regulation and also continues to work
 closely with established regulatory
 bodies around the world.

OBJECTIVE 3:

Using our resources efficiently and effectively, while adapting and responding to change in the external environment

Communicating with our stakeholders

5 consultations carried out – see: osteopathy.org.uk/past-consultations
6 issues of The Osteopath magazine published and a redesign carried out
12 monthly news ebulletins sent

- Social media followers increased to 2,400 on Facebook and 2,500 on Twitter
- Regular face-to-face meetings held with a wide range of stakeholders both in the UK and internationally.

Governance and performance

The GOsC met all the Professional Standards Authority for Health and Social Care standards of good regulation for the ninth year running.

Administration and establishment £95.26 (17%)

Includes premises, office administration and audit fees.

Governance £50.13 (9%)

Running of Council and Committees and also includes levy to Professional Standards Authority of £13,410.

Fitness to practise, including legal £184.07 (32%)

Conducting investigations and holding hearings; Committees and legal costs.

What does the registration fee fund?

The annual registration fee has been kept at £570 for the fifth year running. This is a breakdown of how this fee was spent on each function carried out by the GOsC in 2017–2018. Education and professional standards \$79.08 (14%)

Quality assuring osteopathic educational institutions; developing the new CPD scheme, and reviewing and updating the OPS.

Communications, engagement and research £86.71 (15%)

Includes GOsC communications and free access to research journals for osteopaths via the **o** zone.

Registration £48.33 (8%)

Maintaining the Register and registration assessment costs.

IT infrastructure £26.42 (5%)

IT for the Register, customer relationship management system and other office services.

How to access journals for research and CPD



Adarsh Muppane, the GOsC's Senior Digital Officer, on how to make the most of your free access to ScienceDirect and IJOM Plus

s an osteopath, you have access to a wealth of research and information in the IJOM Plus package, which includes the International Journal of Osteopathic Medicine, Clinical Biomechanics and many more.

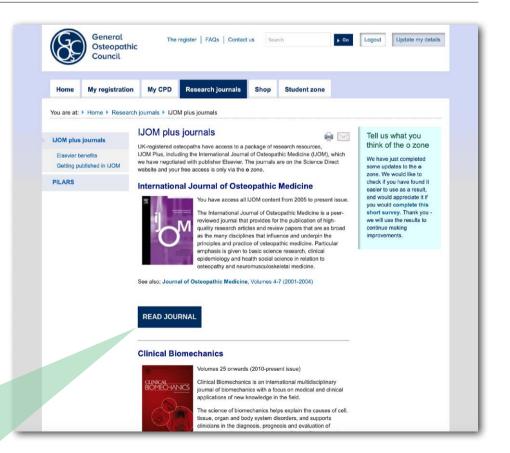
The journals are available on ScienceDirect, which is an online platform of peer-reviewed literature by the publisher Elsevier.

How to access the journals

Head over to <u>osteopathy.org.uk/journals</u>. If you're not logged in already, you'll be asked to log in to the **o** zone by inputting your Registration number and password. If you need any assistance with this, please get in touch with <u>webmanager@</u> <u>osteopathy.org.uk</u>.

After arriving at the journals page, you can browse a list of available journals and select your choice by clicking on the 'Read journal' button or on the journal image covers.





RESEARCH

Explore

After selecting the journal you'd like to read, you'll be taken to the ScienceDirect website, where you can explore the journal's content in full.

Within the main section of the journal page, you can read the latest issue, see articles in press, or look back at previous issues.

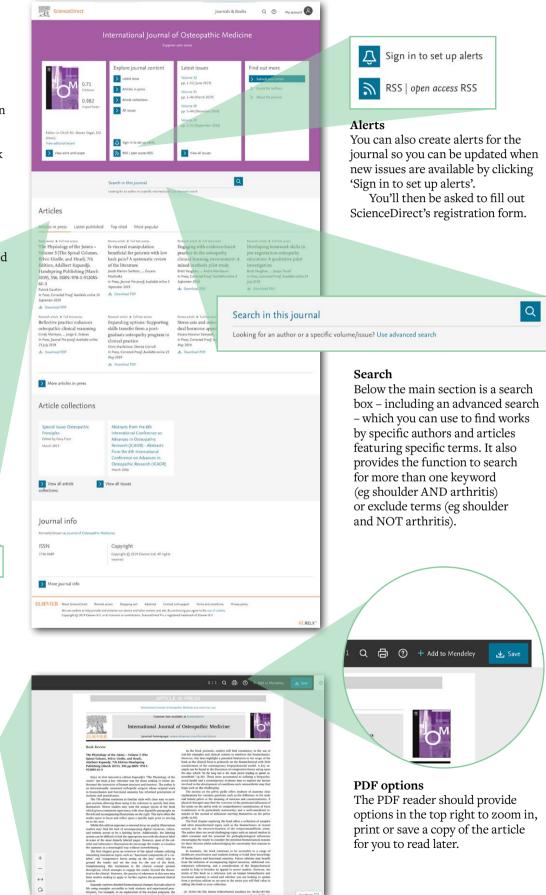
Below the search box, you can browse recent articles in press, the latest published articles, the top cited and most popular.



Download

When you've found an article you'd like to read, you should be able to see a 'Download PDF' icon below the summary.

If you click on the link, a new tab will open on your browser to show the PDF in a reader (see example, right).



Courses 2019/2020

For more courses, see the CPD site at: <u>cpd.osteopathy.org.uk/events</u> Please email details of future courses to: <u>info@osteopathy.org.uk</u> Inclusion of courses does not imply approval or accreditation by the GOsC.

December

3

Kent and East Sussex Osteopaths: Lamberts nutritional course

Venue: The Spa Hotel, Tunbridge Wells, Kent TN4 8XJ <u>kentandeastsussexosteopaths</u> @gmail.com <u>keso.org.uk</u>

3

The vital glutes and psoas masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex, Jackdaw Lane, Oxford OX4 1EQ Tel: 07850 176 600 johngibbonsbodymaster.co.uk

4

Muscle energy techniques masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex

4-6

Viscero-osteo articular connections: cervical spine in focus

Speaker: Jean-Pierre Barral Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net cpdo.net

Communication and consent

Speakers: Mark Walters, Samantha Fennell, Rob McCoy Venue: University College of Osteopathy (UCO), 275 Borough High Street, London SE1 1JE Tel: 020 7089 5333 bit.ly/UCO-consent-Dec19

7

6

UCO international education conference – academic and clinical learning and assessment Venue: UCO bit.ly/UCO-conference-Dec19

7-8

Placebo and touch in osteopathy Course leader: Dr Francesco Cerritelli Venue: UCO bit.ly/UCO-placebo-Dec19

8

Still technique, part 2: introduction to Still technique Speaker: Jonathan Edis Venue: UCO bit.ly/UCO-still2-Dec19

9

Spinal manipulation and mobilisation technique masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex

10

Advanced spinal manipulation masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

11 The vital cervical spine masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex

16

The vital shoulder complex masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

17

Kinesiology taping for the athlete masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

2020

January

12

The miserable baby: part 5 – infant regional examination 0-6 months assessing and treating the infant hip, leg and knee

Speaker: Miranda Clayton Venue: London School of Osteopathy (LSO), 12 Grange Road, London SE1 3BE Tel: 07792 384 592 mumandbabyCPD@gmail.com mumandbaby-at-home.com/ cpd-courses

14

Functional active release (online event) Speaker: Robin Lansman tinyurl.com/yxtmtclk

18

Cambridgeshire Osteopathic Group: anatomy workshop with Cambridge University Venue: The Anatomy Building, 7 Downing Place, Downing Street, Cambridge CB2 3DY cog@oakingtons.com

18-19

The lymphatic system: anatomy, physiopathology, diagnosis and treatment Course leader: Dr Raymond Perrin Venue: UCO bit.ly/UCO-lymphatic-Jan20

18-19

The neck: clinical rehabilitation Course leader: Chris Worsfold Venue: UCO bit.ly/UCO-neck-Jan20

18-19

Paediatric musculoskeletal system Course tutor: Arabella Gaunt Venue: UCO bit.ly/UCO-paed-MSK-Jan20

18-19

Positional Release: part 1 Speaker: Simon Cabot Venue: European School of Osteopathy, Maidstone, Kent Tel: 01622 671 558 cpd@eso.ac.uk

eso.ac.uk/postgraduate

23

Neuro and intracranial anatomy and pathology

Course leader: Dr David Parry Venue: UCO bit.ly/UCO-neuro-intracranial-Jan20

25

Tissue repair: implications to manual therapists Speaker: Tim Watson Venue: Whittington Education Centre

25

The spinal care revolution: a process approach Speaker: Dr Eyal Lederman Venue: Whittington Education Centre

26

Postpartum mum: treating the postnatal patient Speaker: Miranda Clayton Venue: LSO mumandbaby-at-home.com/ cpd-courses

February

1

Emergency first aid Course tutor: Tony Bennison Venue: UCO bit.ly/UCO-first-aid-Feb20

1

The 5Cs of the Osteopathic Practice Standards Course leader: Deborah Smith Venue: UCO bit.ly/UCO-5cs-Feb20

1-2

Applied biomechanics of the lower limb, an osteopathic approach to rehabilitation Course leader: Francesco Contiero Venue: UCO bit.ly/UCO-limb-Feb20

1-2

Positional release: part 2 Speaker: Simon Cabot Venue: European School of Osteopathy, Maidstone, Kent

2

Strain-counterstrain: dipping a toe in the water Course tutor: Rod MacDonald Venue: UCO

bit.ly/UCO-strain-Feb20

3 The vital shoulder complex masterclass Speaker: John Gibbons

Venue: Oxford University Sports Complex

4

The vital cervical spine masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

5

Spinal manipulation and mobilisation technique masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

7-9

The pelvis, sacroiliac joint and lumbar spine masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

11 The vital glutes and psoas masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

12

Muscle energy techniques masterclass Speaker: John Gibbons Venue: Oxford University

Sports Complex

Kinesiology taping for the athlete masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

22-23

Management of headaches: evidence-based manual therapy approach Speaker: Dr César Fernándezde-las-Peñas Venue: Whittington Education Centre

23

Let's breathe: treating respiratory disorders in infants and children Speaker: Miranda Clayton Venue: LSO mumandbaby-at-home.com/ cpd-courses

29

Introduction to neurodynamics Course leader: Francesco Contiero Venue: UCO bit.ly/UCO-neuro-Feb20

March

Pain and pharmacology Course leader: David Baker Venue: UCO bit.ly/UCO-pain-March20

8

6

The miserable baby: part 1 – treating feeding and digestive disorders in babies Speaker: Miranda Clayton Venue: LSO mumandbaby-at-home.com/ cpd-courses

14-15

A biopsychosocial framework for clinical practice Course leaders: Dr Hilary Abbey, Dr Cindy McIntyre, Dr Jerry Draper-Rodi Venue: UCO bit.ly/UCO-bio-March20

19

Cancer, understanding pathogenies and clinical aspects Course leader: Dr David Parry Venue: UCO bit.ly/UCO-cancer-March20

22

The miserable baby: part 2 – treating shock, trauma and birth interventions in the newborn and baby Course leader: Miranda Clayton Venue: LSO mumandbaby-at-home.com/ cpd-courses

28-29

Applied biomechanics of the shoulder: a functional approach to rehabilitation Course leader: Francesco Contiero Venue: UCO bit.ly/UCO-shoulder-March20

April

The vital cervical spine masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

7

Spinal manipulation and mobilisation technique masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex

9

Advanced spinal manipulation masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

13

The vital glutes and psoas masterclass Speaker: John Gibbons

Venue: Oxford University Sports Complex

14

Muscle energy techniques masterclass

Speaker: John Gibbons Venue: Oxford University Sports Complex

15

Kinesiology taping for the athlete masterclass Speaker: John Gibbons Venue: Oxford University Sports Complex

Classifieds

Osteopath required: Glocestershire/ Worcestershire/ Herefordshire border

Confident osteopath sought to replace departing associate working alongside principal in vibrant, community based, family focused practice located in the bustling market town of Ledbury. 30 years established, extremely well run and fully supported environment. Min. 3 days per week. For an osteopath seeking a long term commitment this post has the potential for a greater business involvement. Please email: steve@ledburyosteopaths.com

Osteopath required: New Forest

We are looking for a passionate, talented and driven osteopath to take over an established patient base. A genuine, achievable £40,000-£50,000+ per annum salary is on offer. This full time, employed position comes with holiday pay, a pension and paid CPD benefits. Are you interested in joining our multidisciplinary, musculoskeletal team within a privately owned healthcare company, based in 4 locations along the beautiful South Coast/New Forest area? Apply today with your CV to admin@bodyconsultancy.com

Osteopath required: London

Female osteopath required to join busy and friendly central London practice. Maternity cover 1 December 2019 to 1 March 2020 with option to continue on if the right fit for the team. Full day Monday, Wednesday and half day Thursday. Needs to be a team player open to working closely with a very supportive physio and consultants. An interest in biomechanics, dry needling and cranial models essential. Comfortable supporting people with trauma. Interest in dance and sport useful. Good remuneration. 5 years experience preferred. Please contact: info@nickyellis.org

Osteopath/chiropractic associate required: London

Please visit for a day to see if we are right for you and send CV and covering letter to: Toby Wragg DC. Phone: 07776 444 249 www.imperial-health.co.uk info@imperial-health.co.uk

Locum osteopath required: London

The Penn Clinic is a busy multidisciplinary clinic based in Hillingdon, providing osteopathy, physiotherapy, podiatry and other therapies. Established 50 years ago, we have a large client base and busy lists. There are currently six osteopaths. We require locum cover, this will be regular work possibly every 2-3 weeks. As a locum if we feel you have the ability to build a patient list there is definitely an opportunity to become an associate. Please contact Amit: pennclinic@yahoo.co.uk

Trainee osteopath required:

Train with one of the most successful osteopathic

clinics in the country where our associates earn up to £60k+. We provide mentoring and a training programme to ensure your success. We are an award-winning, busy, fun team-orientated practice established for nearly 30 years. We will teach you how to get new patients and how to educate them as well as the five key business skills needed to run a busy practice. If you are motivated to make a real difference in your community and to help lots of people achieve better health we would love to hear from you. Email: paul@osteo4u.co.uk

Practice for sale: Tonbridge, Kent

For sale due to proposed retirement for £85,000. Turnover £125,000. Share of building also available if wanted. Mostly structural but some cranial work. Good potential for expansion. Good schools and nice area to live. Available in two months. c.bowman@btconnect.com

Participants required:

A study in the area of psychology and sport injury is looking for registered osteopaths who have practised for the last two years, to take part in a survey. Osteopaths' attitudes and self-reported practices towards psychosocial content in sport-injury rehabilitation. To take part in the survey, please visit: www.surveymonkey.com/r/ HC8LXBR

Course: London

Clinical Biomechanics of the Lower Extremity: An Osteopathic and Functional Movement Approach to Treatment and Rehabilitation. This course will help you to understand and assess the interconnected neurological, muscular, and fascial systems joint by joint as they are active during both gait and sports specific movements. Then form treatment and rehabilitation plans based on these principles. Tickets and more info: eventbrite.co.uk/e/ clinical-biomechanicsof-the-lower-extremitytickets-74960529963 Contact: integrativefunctional practice@gmail.com When: 8.30am-6pm 1 and 2 February

Where: British College of Osteopathic Medicine, London Price: £275

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Postgraduate Courses

Positional Release

Presented by Simon Cabot Part 1: Saturday 18 - Sunday 19 January 2020 - £300 Part 2: Saturday 1 - Sunday 2 February 2020 - £300

Each course will cover the effects of positional release on pain mechanisms and also when positional release is the most effective modality for treatment. Primary and secondary screening tests will be used to gain a baseline to measure treatment effects and to help identify where treatment should be directed. The first course will cover lumbar spine, pelvis (both sacrum and ilium), hip, knee, foot and ankle. The second course will cover

thorax including ribs and spine, shoulder girdle, the cervical spine and cranium. There will be more than 100 techniques in each course, which will be easily implemented in clinical practice immediately after the course.

The Face: From Amphioxus to Osteopathy in the Cranial Field in one short weekend

Presented by Professor Frank Willard with osteopathic content by Graham Mason Saturday 21 - Sunday 22 March 2020 £300

How the neural crest formed human behaviour. Over the course of this postgraduate weekend, delegates will acquire a deeper understanding of the development and construction of the human face. Two related concepts will be introduced:- The New Head Theory (Northcutt and Gans): The distinctness of the human head; Development of the neural tube and the formation of the fourth germ layer – Neural Crest. A New Heart for a New Head Theory: Linking the heart to the development of the head through Cardiopharyngeal Mesenchyme, includes:- Forming a respiratory system; Division of the circulatory system into two components.

Theoretical content will be contextualised each day to allow delegates to apply their understanding to clinical practice, with demonstration and guidance provided by Graham Mason. Mr Mason is a senior ESO lecturer and experienced postgraduate speaker, specialising in lectures on the face in neonates, children and adults. "The importance of understanding the development of the face cannot be underestimated by osteopaths who see facial problems and conditions. Over the course of this weekend we will look at the ways osteopaths can use their skills to treat facial and related problems." For more detailed course content please visit the ESO website.





The Principal's Lecture - Open to ESO Faculty and Alumni only - Saturday 4 April 2020

Introducing an annual lecture to remember, honour and pay credit to influential members of ESO Faculty and Staff. This inaugural lecture is in memory of Professor Peter Blagrave - visit our website to find out more

Canine & Equine CPD Courses*

We are delighted to be working in association with Animal Osteopathy International to provide an exciting programme of ESO-validated short courses

Level I CPD Certificate (Canine &/or Equine)

Canine - March 30, 31, April 20 & 21, May 11 & 12, June 1 & 2 (2020)

Equine - April 18 & 19, May 9 & 10, June 13 & 14, July 11 & 12 (2020)

Level II Certificate - (Canine only - condensed format) Canine - March 26, 27 & 28, April 23 & 24, May 14, 15 & 16, June 11 & 12 (2020)

Level II CPD Short Courses (Canine &/or Equine)

A range of courses running through to December 2020

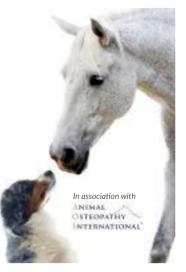
*All animal treatment requires prior consent from the animal's vet and practitioners must work within their scope of practice; for further information please refer to the ESO website. Due to higher running costs, animal courses are subject to sufficient delegate bookings and we recommend that no flights or hotels are booked before final confirmation has been received.

www.eso.ac.uk/postgraduate

European School of Osteopathy, Boxley, Maidstone, Kent, ME14 3DZ Tel: +44 (0)1622 760816 or Email: cpd@eso.ac.uk

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Bursaries for Osteopathy in the Cranial Field [Module 2] now extended to osteopaths within three years of graduation or within one year of completing Module 1

To book, visit: www.scco.ac, email admin@scco.ac or call 01453 767607

MORE COURSES

Foundation Course [M1] with PENNY PRICE	CHECK WEBSITE FOR MORE DATES
Crista Galli, LONDON	non-res
7–8 DEC 2019	£275
Development Windows with HILARY PERCIVAL &	
Hawkwood, STROUD	non-res/res
1–2 FEB 2020	£549/£599
Clinical Applications of Embryology [Pt 1] with JANE EASTY	Biodynamic
Hawkwood, STROUD	non-res/res *£390/*£490
7–8 MAR 2020	*£390/*£490
The Functional Face [Ma with SUSAN TURNER	3]
Hawkwood, STROUD	non-res/res
13–15 MAR 2020	£895/£995
Osteopathy in the Cran with TAJ DEOORA	ial Field [M2]
£150 NEW GRADUATE BU	RSARY AVAILABLE
Columbia Hotel, LONDON	non-res
23–27 MAR 2020	£990
Growing a Frame [P3] with HILARY PERCIVAL &	A MARK WILSON
Hawkwood, STROUD	non-res/res
25–26 APR 2020	£549/£599
Balanced Ligamentous with SUSAN TURNER	Tension [M4]
Hawkwood, STROUD	non-res/res
7–11 MAY 2020	£1150/£1400
Foundation Course [M1] with PENNY PRICE	
Stillpoint, BATH	non-res

4-5 JUL 2020

FEATURED COURSES

Rollin Becker Memorial Lecture & Workshop Speaker: SUSAN TURNER



£25 / *£165

and the second

Susan's lecture, Essential Philosophy within the Art and Science of Osteopathy, explores the philosophical foundations of our craft and how the inspirational teachings of the early osteopaths continue to guide and enliven our community today. Her workshop, Tuning the Instrument, introduces practical applications of 'guiding thoughts' from our osteopathic predecessors and contemporaries in related fields.

"It was an outstanding example of superb quality teaching. Every piece of information thoughtfully, succinctly and astonishingly put together – a superbly crafted piece of teaching, delivery and presentation of information." ~ "Excellent throughout."

Regent's Conference Ctr, LONDON

Introduction to Paediatrics [M9] Leader: HILARY PERCIVAL

30 NOV 2019 [L] 1 DEC 2019 [W]



28 FEB-2 MAR 2020

Leader: LYNN HALLER

Osteopathic Medicine [M3]

"The tutors were very knowledgeable and fluent - always presenting the information in a practical manner." ~ "Amazing knowledge provided which was both understandable and inspirational."

Hawkwood, STROUD

non-residential / residential

£1100 / £1350

Are we as familiar with the internal milieu of organs and systems as we are with the musculo-skeletal? This truly holistic course returns to the legacies of Still, Sutherland and Littlejohn to place us on the 'rock of reason' and instil confidence in treating a wide range of conditions; ultimately broadening and inspiring our approach to clinical practice. This course will extend both your knowledge base as well as your palpation.

* Discounts available for paid Fellows & Members

"This course has fundamentally changed my approach and treatment in practice, and now in my practice working with the internal organs blends seamlessly with treatment and understanding of the musculoskeletal system, with impressive results."

25-28 JUN 2020

Hawkwood, STROUD

Some courses have a minimum entry requirement, please call us for further details.

£275

shared learning, knowledge & practice

non-residential / residential

£1100 / £1350

We all started life in utero, have been born and had a childhood. This experience along with our genetic programming makes us who we are. This course allows you to identify with the child's unique anatomy and teaches the techniques that work to improve the function to allow healthy development. Childhood is a time of mighty dynamic change that we need to understand and harness within our work as osteopaths.



CPDO 2020 Professional Development for Osteopaths

☎ 0207 263 8551 cpd@cpdo.net

Date	Торіс	Lecturer	Cost	Deposit	CPD points	
					points	
25 Jan	Tissue repair: implications to manual therapists	Prof. Tim Watson	£135	£135	7	
25 Jan	The spinal care revolution: a process approach	Dr. Eyal Lederman	£135	£135	7	
8-9 Feb	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	£435	£435	14	
21-23 Feb (Start Friday 17:00)	Functional Neuromuscular Rehabilitation	Dr. Eyal Lederman	£385	£200	18	
22-23 Feb	Management of headaches: evidence-based manual therapy approach	Dr. César Fernández- de-las-Peñas	£345	£345	15	
16-17 May	A process approach in manual & physical therapies	Dr. Eyal Lederman	£195	£95	14	

Book before 6 Jan 2020 for 10% discount on many courses

3 Oct	Functional Exercise Prescription	Dr. Eyal Lederman	£135	£135	7
3-4 Oct	Muscle Energy Technique: from science to practice	Gary Fryer	£345	£345	14



This workshop will extend your understanding and skills in the practice of muscle energy technique. The emphasis of this workshop will be to develop your skills in the use of muscle energy for pain and dysfunction of the spine and associated musculature. It will explore variations of muscle energy technique aimed to emphasis different physiological processes based on a scientific rationale. The workshop will cover the most up-to-date explanations for the therapeutic principles underpinning muscle energy and how this information impacts the use of technique and patient management in practice. It will introduce the principles of biopsychosocial management and how to most effectively manage common patient conditions such as neck and low back.

7-8 Nov	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	£435	£435	14
20-23 Nov (Start Friday 17:00)	Harmonic Technique	Dr. Eyal Lederman	£385	£200	18
2-4 Dec	Barral's visceral: the intervertebral disc in focus	Jean-Pierre Barral	£785	£395	20

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

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551 email: cpd@cpdo.net For more information and booking visit WWW.cpdo.net 50% discount available to students on most courses (see www.cpdo.net for further details)

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To join or find out more visit **iOsteopathy.org/membership** Email **enquiries@iOsteopathy.org** or call **01582 488 455**



UCO International Education Conference

The conference will be an opportunity for educators and osteopaths from around the world of osteopathy and related disciplines (chiropractic, physiotherapy, dietetics and nutrition) to meet, exchange practice and to learn from each other. The conference aims to share information about innovative curriculum developments and findings from research studies into different educational delivery processes and their effects on student learning outcomes. Keynote lectures: "How to educate osteopathic clinicians" – Dr Brett Vaughan, University of Melbourne; and "What skills do educators need to support students use of evidence– based practice in their learning?" – Steven Vogel, UCO. 7 Dec, £135, UCO

Placebo and touch

This course is designed to explore both theoretically and practically how osteopathic treatment can be applied to specific clinical conditions using an evidence-informed approach. This will be based on critical analysis of the latest published research relevant to osteopathy. More specifically we will discuss placebo, some neurological conditions, headaches and migraines, and chronic inflammatory conditions.

7-8 Dec, £270, UCO

The lymphatic system — anatomy, physiology, diagnosis and treatment

Delivered by Dr Raymond Perrin this course aims to improve the practitioners' knowledge of the immune system and to teach enhanced palpatory skills in assessing the health of the patient's lymphatic system. You will learn different strategies to aid lymphatic drainage in conjunction with other forms of osteopathic techniques.

18-19 Jan, £320, UCO

Paediatric musculoskeletal system

This course focusses on the process of differential diagnosis in the paediatric population from the neonate to teenagers in relation to the musculoskeletal system. The course will cover case history taking, potential red flags and examination of the paediatric patient presenting with a potential musculoskeletal complaint.

18-19 Jan, £270, UCO

The neck: Clinical rehabilitation

Delegates will learn how to integrate the latest, cutting edge assessment and treatment approaches into their clinical practice from Chris Worsfold, a physiotherapist specialising in neck pain. This course will cover one– to–one patient self–management, how to carry out psychological screening to assess prognosis, group–based exercise approaches to neck pain (the 'Neck Gym'), novel 'hands on' manipulative approaches and sensorimotor assessment and management.

18-19 Jan, £270, UCO



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The University College of Osteopathy is a leading provider of osteopathic education.

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For the full list of available courses, visit:

www.uco.ac.uk/cpdto 020 7089 5333

Neuro and intracranial anatomy and pathology

The UCO have once again teamed up with world-renowned expert, Dr David Parry, to deliver a unique course designed to enforce and enhance knowledge of intracranial anatomy and selected pathology. Suitable for all manual therapists, delegates will have the rare opportunity to learn in the King's College dissecting room, where they will examine anatomy related to the subject. This will be followed by a visit to the Gordon Pathology museum, to explore real potted pathology, descriptions and case histories.

23 Jan, £205, UCO



What paediatric CPD are you looking for?

We're refreshing our CPD offer for osteopaths working in paediatrics.

Could you spare 5 minutes to let us know what you're looking for, please? http://bit.ly/OCC-CPD2019



The Osteopathic Centre for Children is the clinical arm of the Foundation for Paediatric Osteopathy Registered charity no 1003934

THE SPINE as the axis

February 28th-29th March 1st-2nd

of life

Registration & info: icofrontdesk@gmail.com

Location: London 28th of February 2020 Introduction Workshop to Classical Osteopathy With Chris Batten.

> 29th of February 2020 Practical Workshop With Christian Fossum and Dr. Eric Snider.

1st of March 2020 Conference Speakers: Christian Fossum, Dr. Eric Snider, Tim Sparrow, Dr. Maribel Miguel Pérez.

> 2nd of March 2020 Practical Workshop Only for ICO members with Tim Sparrow.

THE INSTITUTE OF CLASSICAL OSTEOPATHY

classical-osteopathy.org/ico-events/conference



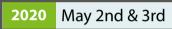
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DATES FOR YOUR DIARY

Feb 22nd & 23rd 2020

Topic: Rib Cage Masterclass. Theory & practical. Speaker: Professor Laurie Hartman, DO Location: Clayton Silver Spring Hotel, Cork. Price: £300.00 (Lunch & refreshments included) 14 certified CPD hours.



Topic: The Philosophy of Osteopathy: 1874 - Present Day Speaker: Jason Haxton (Museum Director, ATSU) Location: Hilton Hotel Dublin Airport, Dublin. Price: £299.00 (Lunch & refreshments included) 14 certified CPD hours.

UPCOMING SPEAKERS FOR 2020



Jason Haxton, Museum Director ATSU



Dr Charlie Beck D.O, FAAO



Dr K.D Halma DO



Sam Jarman M.OMSc.

Prof Laurie Hartman, DO

Information correct at time of going to press

Continuing Professional Development (CPD) Each participant will receive a Certificate of Attendance which they can use towards their CPD requirement.

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Paul McQuade (Events Coordinator) +44 (0)28 9252 8228 For a registration pack E: cpd@qhealthcareni.com Events & CPD updates: osteopathsofireland.com

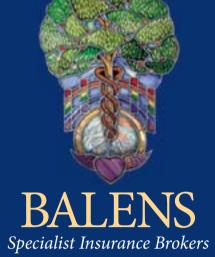
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General Osteopathic Council

