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The General Osteopathic Council  
Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU

tel: 020 7357 6655  
email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk)  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

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



Plenty of information before the first appointment, a practitioner who listens and involves me in decision-making, and the ability to comment on my care. That's what osteopathic patients expect, according to our recent national survey, and this issue looks at how you can be sure of meeting those expectations.

You'll find the second part of our survey analysis overleaf, then on page 6 we outline useful information to provide in advance to new patients. Turn to page 18 for advice from the National Council for Osteopathic Research on the risks associated with osteopathic treatment and how to discuss these with patients. And pages 14-15 suggest some questions to ask when gathering patient feedback.

Elsewhere in this issue, we report on the new Osteopathic Leadership Programme and explain how you can take part in this and other activities aiming to develop the profession – see pages 8-9. There are also opportunities to get involved in the GOsC's work: on page 11 you can learn about forthcoming vacancies on our Council and fitness to practise committees (and find details of a workshop this September for potential applicants), while page 13 invites your views on new draft guidance for the committees.

Our regular 'CPD spotlight' feature (page 10) goes back to basics with advice on reviewing your own professional development and identifying learning needs. If you're seeking a new CPD activity, joining a 'research hub' offers a stimulating means of learning with others – or if you think you can contribute to osteopathic research yourself, why not write up a case study for publication? Find out more about both on pages 16-17.

We hope you enjoy reading this edition.

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

Check that your website complies with advertising standards – see page 7



## the osteopath

*the osteopath* is the official journal of the General Osteopathic Council.

Editor: Jeremy Pinel

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

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**Design and production**  
CPL (Cambridge Publishers Ltd)  
275 Newmarket Road  
Cambridge CB5 8JE  
01223 477411  
[www.cpl.co.uk](http://www.cpl.co.uk)

Send editorial to:  
General Osteopathic Council  
Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU

**Advertising sales only:**  
Richard Walters or John Wheaton  
CPL  
275 Newmarket Road  
Cambridge  
CB5 8JE

Tel: 01223 273555  
Email: [theosteopath@cpl.co.uk](mailto:theosteopath@cpl.co.uk)

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# What do patients expect from their treatment?

When a patient first visits an osteopath, what aspects of the therapeutic experience will give them trust and confidence in their practitioner? Find out as we continue to look at the findings from our extensive survey of patients and the public

In the last issue of *the osteopath*, we examined the level of confidence that the public has in osteopaths compared with other health professionals. The findings from a survey of 1,566 members of the UK public, carried out for us in late 2014 by market researchers YouGov, suggested that osteopaths can build levels of public confidence by promoting their educational qualifications and their professional registration.

We also listed the types of information that members of the public said they need when deciding whether to seek osteopathic treatment for the first time –

information that osteopaths can provide in their practices, on their websites and in marketing materials.

## Patients' initial anxiety

Once a patient has taken the decision to book a first appointment with an osteopath, their need for information changes but does not diminish. In many cases they will have little idea what to expect and may feel vulnerable as a result; feedback from patient focus groups last year showed that this can be cause for considerable anxiety.

The chart below shows how people with no prior experience of osteopathy rated

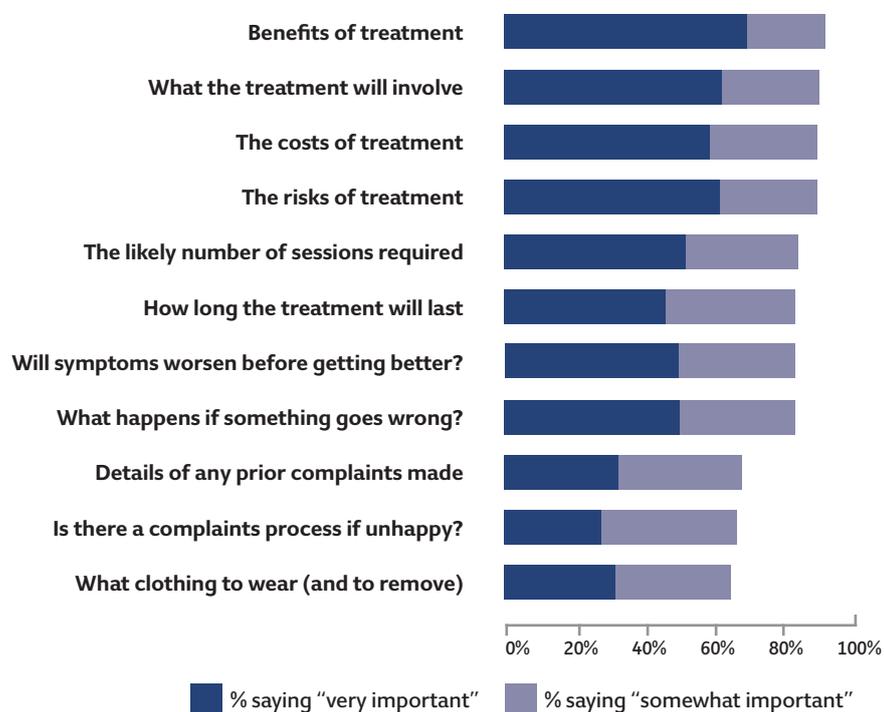
the importance of information that could be provided before a first appointment.

As well as wanting to know about the benefits and risks of treatment, more than 80 per cent said it would be important to know what would happen at the appointment and the likely length and cost of their course of treatment. About two-thirds considered it important to know about complaints processes and suitable clothing (including whether they would need to remove any clothes).

Even among people who had visited an osteopath in the previous 12 months, two-thirds considered it important to receive most of this information in advance – indicating that osteopaths should not make assumptions about the knowledge and expectations of 'experienced' patients.

## What do new patients want to know before their first visit?

If they had booked an appointment with an osteopath, how important would members of the public think it is to receive the following information in advance?



Providing information to new patients before their first appointment – whether they have previously received osteopathic treatment or not – is a crucial first step in establishing a bond of trust and a relationship in which they can feel they have enough control.

It is not possible to give new patients all the information they say they want in advance (for example, on the number of treatment sessions they will need), but there is a lot that you can provide – see page 6.

## The first appointment

While it may be that assurance of your professional competence (through personal recommendations as well as displays of your qualifications and registration, for example) will lead a patient to choose to see you, it is at the first appointment that you can begin developing their trust in you as a practitioner.

Our survey wanted to understand people's expectations of the therapeutic encounter with an osteopath: what *actions* by the osteopath would give them a positive experience of osteopathy? Two actions above all were rated as highly important:

- The osteopath discussed the options for treatment thoroughly with me.
- The osteopath took my medical history.

People who had never visited an osteopath also rated the following highly:

- I was given clear information about the costs of treatment.
- The osteopath will liaise with my GP about my care.
- The osteopath told me about the potential risks of treatment.

Recent osteopathic patients were more likely to choose:

- The osteopath gave me a diagnosis.
- The osteopath made me feel at ease.
- The osteopath's approach to my treatment was holistic.

Additionally, people who had seen an osteopath in the past year were asked to rate the importance of statements mostly relating to *the way an osteopath behaves*; the chart below shows the result. As well as valuing the quality of treatment and advice, well over 90 per cent said it is important for osteopaths to listen, treat patients with dignity, explain diagnoses clearly, put patients at their ease and involve them in decision-making.

This echoes the response to another question in the survey, which asked about factors that generate *trust* in private health professionals: once they have experienced osteopathic treatment, patients seem to overcome their initial concerns about the costs, risks and lack of GP involvement, and place more value on their osteopath's communication and interpersonal skills.

The survey provides valuable insights into new and returning patients' expectations and how osteopaths can establish and maintain their confidence and trust. Although it found (in line with previous research) that patients generally have a lot of confidence in their osteopath, the profession cannot be complacent: participants in the focus groups last year reported inconsistent quality of care, with many saying that they had tried a number of osteopaths before finding one with whom they were happy.

Patients think it is important for their osteopath to tell them about the associated risks; the survey found that they also want to be told about risks when deciding whether to visit an osteopath and when preparing for their first appointment. See page 18 for advice from the National Council for Osteopathic Research (NCOR) on discussing risks with patients.

New patients also attach great importance to information-sharing between their osteopath and their GP. This appears to become less important once they have more experience of and confidence in osteopathy, but it shows that building professional relations with local GP practices can be beneficial in meeting patients' expectations.

Both new and existing patients believe that providing a detailed case history is important, and want to feel confident that the options for treatment have been thoroughly discussed: this all contributes to a sense that they are being listened to and involved in decisions about their treatment.

We will explore the issues of shared decision-making and informed consent in the next issue.

## Providing feedback

Nine out of ten patients said it is important to provide feedback about their experience to an osteopath.

While older patients in particular said they would be happy to give this feedback face to face, most people favoured doing so online, with about one-sixth preferring an anonymous paper feedback form.

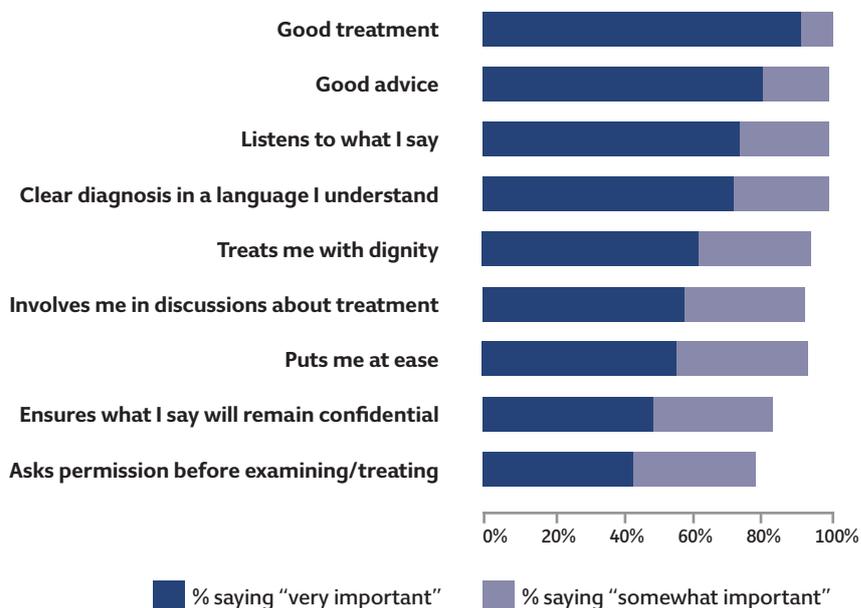
As might be expected, the findings suggest that patients who have got to know their osteopath are more likely to feel comfortable about discussing the quality of their treatment openly with them – but it is important to provide an alternative feedback mechanism for the majority who would prefer it.

Seeking patient feedback on your practice is important in appraising and improving the quality of the care you provide. The survey shows that patients are willing to provide feedback, and suggests that they expect to be asked for their views. See pages 14-15 for advice on collecting feedback.

The next issue of *the osteopath* will focus on the survey results relating to complaints, mistakes and public awareness of the GOsC's work. You can see the survey results in full at: <http://bit.ly/gosc-public-patient-perceptions>

## Building patients' confidence

How important do recent osteopathic patients think the following factors are in giving them confidence in an osteopath?



# Give a warm welcome

It's vital to build a relationship of confidence and trust with a new patient as soon as you can – and that process starts before their first appointment

**W**hen a patient first comes to see you, they may have a very limited understanding of osteopathy. This may make them nervous, or lead them to have false or unrealistic expectations – perhaps coloured by their previous experiences or comments from friends and family – of what osteopathy involves.

Even if they have had osteopathic treatment in the recent past, they will almost certainly appreciate being told what will happen when they visit you for the first time (see pages 4–5).

With this in mind, it's good practice to give new patients some information before their first appointment. Many osteopaths like to speak to them on the phone, or point them towards a page on the practice website; an alternative is to send them a leaflet or factsheet by email or post. This might begin by stating:

- your name as it appears on the Register, and your GOsC registration number
- details of your experience and qualifications
- any other professional registrations that you have
- information about your osteopathic approach, and any other therapies (such as acupuncture) offered by your practice
- your practice address (with a map and details of disabled access), telephone number(s) and website address.

## What to expect

Next, be sure to tell the patient how long the first appointment will last and how much it will cost, and explain what will happen; this will help to ensure that their expectations match your own.

For example, unless you tell them what a general examination involves and why you do it, they may be surprised when you examine their whole body and not just the site of their pain. While it may seem obvious to you, it may not occur to them to wear appropriate clothing and underwear, unless they know in advance that they may need to remove some clothes in order for you to examine them properly.

You should also tell the patient that:

- you will need to ask them detailed questions about their previous health and current symptoms, and it could be important for you to know what regular medications (such as Warfarin) they are taking
- you will explain your diagnosis and discuss treatment options with them before proceeding with treatment
- you and they will decide together how best to proceed with treatment
- the information they provide will be treated confidentially, but in some circumstances you may need (with their consent) to share information about their care with their GP
- they can be accompanied by a friend or relative to act as a chaperone if they wish
- they should seek their private health insurer's authorisation in advance if they intend to recover the cost of treatment from their insurance.

Finally, we know from our survey that most new patients like to know in advance what action they can take if they have any concerns about the quality of their treatment.

## Leaflets

In focus groups held last year, both osteopathic patients and people with no experience of osteopathy were very positive about the GOsC's public information leaflets *What to expect from your osteopath* and *Standards of osteopathic care*.

You are welcome to download these leaflets free of charge from our website (<http://bit.ly/gosc-leaflets>) and put them on your own practice website. You can also order printed copies for a nominal charge by emailing [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk) or calling 020 7357 6655 x242.

## At the appointment

Whatever information you provide in advance, and however you provide it, you must check at the first appointment that the patient has received and understood it – and be prepared to explain it all to them again.

As well as confirming that the patient knows what to expect, you should ensure that they are happy and comfortable about that. Even if they understand that you could ask them to undress, for example, they may feel ill at ease and appreciate the offer of a gown.



# Complaints about osteopaths' advertising



JIMKS / SHUTTERSTOCK

In the last issue of *the osteopath* we again alerted the profession to public concern about advertising by osteopaths, and allegations that there are still a number of osteopaths whose websites do not meet the Advertising Standards Authority's (ASA) requirements.

We have highlighted to osteopaths on numerous occasions that abiding by the ASA's *UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing* (known as the 'CAP Code')

is a legal requirement – and that failing to comply with an ASA ruling could potentially put an osteopath in breach of the *Osteopathic Practice Standards*.

From time to time we have also written to individual osteopaths strongly recommending they check that their website information about their practice complies fully with the CAP Code.

Growing public concern that some osteopaths persist in making non-compliant claims about the treatments

they provide has now given rise to a campaign to address this by reviewing osteopaths' websites and lodging complaints where there is believed to be a breach of the CAP Code. More than 50 osteopaths have recently had complaints made against them.

The GOsC is under a duty to consider all complaints made against osteopaths, but in relation to complaints about advertising it defers in the first instance to the ASA.

To minimise the risk of your being subject to a complaint, we would very strongly encourage all osteopaths who have not recently checked their website information to do so. Detailed advice on the ASA's requirements can be found online at <http://bit.ly/cap-advice-osteopathy> and was summarised in the June-July issue of *the osteopath* (pages 8-9).

You can also seek advice from the ASA's Copy Advice service on whether the practice information you provide online and in print complies with the CAP Code. See [www.cap.org.uk/Bespoke.aspx](http://www.cap.org.uk/Bespoke.aspx) and [www.cap.org.uk/Advice-Training-on-the-rules/Website-audit.aspx](http://www.cap.org.uk/Advice-Training-on-the-rules/Website-audit.aspx) for details.

## GOsC is an effective regulator, says PSA

The GOsC has again met all the 'Standards of Good Regulation' set by the Professional Standards Authority (PSA) – the body that monitors the performance of the UK's healthcare regulators.

The PSA's annual *Performance Review Report 2014/15*, published in June, concluded that the GOsC has 'continued to perform well'. It added: 'The GOsC has demonstrated, in particular, an impressive commitment to using the learning from its work to improve its performance across its regulatory functions.'

GOsC achievements highlighted in the report include:

- consulting on our proposals for a new CPD scheme (see page 10)
- commissioning independent research into the effectiveness of osteopathic regulation (see the April/May issue of *the osteopath*, pages 4-5, and <http://bit.ly/gosc-mcgivern-report>)
- engaging with patients and the public to research their perceptions and expectations of osteopathic care (see pages 4-5)
- developing 'threshold criteria' which clarify the sorts of issues that will be investigated under our fitness to practise procedures (see *the osteopath*, April/May, page 9, and <http://bit.ly/gosc-threshold-criteria>)
- working with partner organisations such as the Institute of Osteopathy and

the Osteopathic Alliance to develop osteopathic practice in the UK.

GOsC Chief Executive Tim Walker said: "We welcome the PSA's report and the recognition of what the GOsC has achieved over the last year. We are committed to ensuring our policies and public protection functions are based on good evidence and best practice, so we can continually improve our effectiveness and the quality of osteopathic patient care."

**i** See <http://bit.ly/psa-report-201415> for the full PSA report on the UK's nine healthcare regulators. The review of the GOsC is on pages 98-108.

## OSTEOPATHIC DEVELOPMENT GROUP



# Leading the way

Twenty osteopaths from around the UK have embarked on the first Osteopathic Leadership Programme

A partnership between the Osteopathic Development Group (ODG) and the Open University (OU), the new Osteopathic Leadership Programme aims to help osteopaths who want to gain leadership

skills and apply them for the wider benefit of the profession.

This year's programme got under way in July with a workshop delivered by the OU and the ODG. Over the summer, the 20 participants will complete an OU online

leadership course and undertake a group activity; then, in the autumn, they will come back together in a second workshop to consolidate their learning and plan how to apply it in future.

The programme has been oversubscribed in its first year, with more than two applicants for every place. As well as their osteopathic practice, the participants are involved in education, research, regional groups, specialist societies and a diverse range of clinical practice. Everyone who completes the programme receives a small bursary towards the cost of the OU course.

GOsC Chief Executive Tim Walker, who has been involved in planning the programme, said: "Leadership skills are often undervalued and, in a small profession like osteopathy, sometime difficult to obtain. But there is a growing need for more osteopaths to have these skills to drive forward the development of the profession."

The ODG aims to run the programme for at least three years. If you think you might want to apply for the 2016 course, you can express an interest at any time by emailing [twalker@osteopathy.org.uk](mailto:twalker@osteopathy.org.uk)

**i** Details of the programme are on the Institute of Osteopathy website at: <http://bit.ly/odg-leadership>

# Committing to quality

Proposals seek to help osteopaths demonstrate their pride in the care they offer

Many healthcare professions have a framework that allows clinical staff to benchmark their services against best practice, beyond the minimum competencies required as part of the profession's standards. Practitioners can use the framework to demonstrate that they are committed to achieving the highest quality of patient care.

Patients, insurance companies and other health professionals are increasingly asking how osteopaths demonstrate this commitment. In response, the Osteopathic Development Group (ODG) is proposing the development of service standards for

osteopaths and the adoption of a 'Patient Charter' which osteopaths could sign up to.

In essence, the **Patient Charter** would be a series of best-practice statements reflecting the *Osteopathic Practice Standards*, which would help to improve confidence and set patients' expectations regarding osteopathic treatment.

The **service standards** (a version of which was consulted on by the ODG late last year) would take this further, by clarifying how osteopaths might demonstrate evidence of their commitment to quality beyond the minimum required by the *Osteopathic Practice Standards*. Osteopaths would be able to audit their

service using a self-assessment pack.

ODG Programme Coordinator Matthew Rogers said: "We hope that this simple and easily applied approach could improve confidence in the profession among people who have not previously experienced osteopathy, and could demonstrate the pride osteopaths take in offering the high-quality care they provide."

Please note that the standards would be entirely voluntary; they would not be additional regulation applied by the GOsC.

If you would like to share your views on these proposals with the ODG project team, please email Katie Griffiths at: [katie@osteopathy.org](mailto:katie@osteopathy.org)

## OSTEOPATHIC DEVELOPMENT GROUP

# Recognising expertise

How can osteopaths best be helped to develop and promote their clinical interests?

**A**s reported in the June/July issue of *the osteopath* (page 7), the Osteopathic Development Group's Advanced Clinical Practice project is exploring how osteopaths' areas of clinical expertise can best be communicated to the public, and how osteopaths can be supported in developing their clinical interests.

The project team has now identified and developed three options for achieving these aims.

### Clinical interest groups

Healthcare practitioners who share an interest in a particular area of practice often form groups to share good practice and promote development in that field.

There are already a number of osteopathic clinical interest groups in the UK, but none in some areas of osteopathic practice. The project team wants to know where you think clinical interest groups are particularly beneficial or are needed, and what activities and services these groups could provide – the possibilities include:

- providing online forums where particular areas of practice can be discussed
- conducting research
- developing specialist CPD
- maintaining a public register of osteopaths' clinical interests.

### 'Credentialing' for advanced practitioners

Many healthcare professions have developed a process, commonly known as 'credentialing', for recognising and/or accrediting advanced practice.

In the osteopathic profession, a formal credentialing process could be developed to cover general osteopathic practice and/or specific patient groups, health issues or clinical approaches.

Credentialing schemes in other professions have been developed in many different ways. More formal schemes confer higher levels of public confidence, but tend to require more resources. The project team needs your feedback on

whether credentialing is appropriate for osteopathy and how it might work in practice.

Credentialing for osteopaths could be based on, for example:

- completing an accredited training programme
- accumulating a certain level of relevant full-time equivalent experience
- passing a clinical competence examination
- completing a mentoring programme.

The project team stresses that participation in any credentialing scheme for osteopaths would be entirely voluntary and would not limit the broad scope of general osteopathic practice.

### Knowledge and skills framework

Most UK healthcare professions have developed a 'knowledge and skills framework' that maps the knowledge, skills and capabilities required to practise at a range of levels in different roles/contexts.

As well helping employers to assess candidates' suitability, such a framework can help practitioners to identify any gaps in their training or experience and to plan their professional development and career progression.

### Share your thoughts

The project is now seeking your views on these options (and on how you currently promote your clinical interests), and is also asking patients what information they would find useful when seeking an osteopath to treat a specific condition or patient group.

You can find the survey for osteopaths, and a flyer that you can download and put up in your practice to promote the patient survey, at: [www.osteopathy.org/acp-survey](http://www.osteopathy.org/acp-survey)

The patient survey can be accessed at: [www.osteopathy.org/acp-patients](http://www.osteopathy.org/acp-patients) – please encourage your patients to take part. Both surveys close on **Friday 28 August**.

# Mentoring for recent graduates

To ensure that recent graduates do not become isolated and are able to sustain themselves through their first years of practice, the Osteopathic Development Group is developing a mentoring scheme for early-career osteopaths.

The project team is now inviting all osteopaths to take part in a short online survey. If you have recently entered the profession, you are currently involved in any mentoring activities, or you just want to share your views on what form a mentoring scheme should take and the support required to deliver it, please visit <http://bit.ly/odg-mentoring-survey> by **Friday 28 August**.



Formed in 2012, the Osteopathic Development Group is a national initiative to bring the profession together for the long-term development of osteopathy through eight strategic projects. It is a partnership between:

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

The Institute of Osteopathy website contains more information at: <http://bit.ly/io-odg>

# CPD spotlight: Identifying learning needs



TASHIATUWANGO / SHUTTERSTOCK

**W**henever you record a CPD activity on your annual summary form, you need to explain how the activity has contributed to your professional development.

So it's important for you to review periodically the stage you are at in your professional life, and reflect on where you want to be in the future, in order to identify areas for development that can be addressed by CPD.

Questions that you can ask yourself include:

- What have I already achieved?
- What are my strengths and what areas do I need to develop?
- What areas of interest would I like to pursue further?
- What challenges in my work have I found difficult and not fully addressed?
- What development of my knowledge and skills would enhance my practice for my patients' benefit?

- What aspirations do I have for my career, and what areas of learning are vital for my career progression?

When answering these questions, it can be helpful to refer to the *Osteopathic Practice Standards* and reflect on your own experience in practice. For example, are there learning points that you can derive from a particular clinical problem or questions presented by a patient, a treatment that you thought went particularly well or could have been better applied, or challenges encountered when communicating with a patient?

If you have carried out a similar review in the past, refer back to the learning needs you identified then: should they now be reinforced or advanced? It is also beneficial to look back over your previously completed CPD activities, and to assess your progress to date in any ongoing learning activities.

## Using feedback

Objective feedback on your practice from patients and colleagues can be particularly valuable in helping you to identify areas for development – and remember that you can claim CPD hours for time spent collecting and analysing this feedback, if you can show the benefit to your practice.

Objective feedback may take the form of:

- patient feedback (see pages 14-15)
- peer review or observation
- clinical audit
- case-based discussion.

The proposed new CPD scheme for osteopaths (see box) includes a requirement that at least one of these activities is undertaken every three years. Although this isn't required under the current scheme, why not start carrying out these activities now?

## Balance and benefits

Having identified some learning needs, you will need to prioritise them, bearing in mind that your CPD should strike a balance between the

different activities that contribute to your professional work as an osteopath.

Be sure also to identify how your patients are likely to benefit from any learning activity that you undertake.

Above all, you should be honest with yourself and open to new challenges when identifying your learning needs. Make notes as you go along, so that you can refer to them throughout your CPD year and subsequently evaluate your progress towards meeting longer-term goals.

We have produced a 'Reviewing your CPD learning needs' form to help you record your thoughts – you can download the form from our website at: <http://bit.ly/gosc-learning-needs-form>, and Appendix A of the *CPD Guidelines* (<http://tinyurl.com/gosc-cpd>) contains an example of how you might fill it in.

**i** For more information about identifying and prioritising learning needs, see pages 23-24 of the *CPD Guidelines*.

## CPD scheme proposals

The responses to our consultation earlier this year on the proposed new CPD scheme for osteopaths are now being analysed by an independent consultant. We'll report on them in *the osteopath* soon.

In the meantime, the draft guidelines for the proposed CPD scheme and a series of supporting documents can be found on our website at: <http://bit.ly/gosc-proposed-cpd-scheme>

The supporting documents contain resources to help you carry out a range of CPD activities such as collecting, analysing and reflecting on objective feedback. Please make use of them and tell us your experiences.

# Wanted: Council and fitness to practise committee members

**T**his autumn the GOsC will be recruiting up to five registrant Council members and four members for the committees that investigate complaints and conduct hearings involving osteopaths. This is the largest recruitment exercise the GOsC has undertaken since the Council was 'reconstituted' in 2009. It is a real opportunity for more osteopaths to get involved in the regulation of their profession.

The roles will commence on 1 April 2016. Full training will be given to all successful applicants, and we are offering free practical advice at a workshop in September for any osteopaths interested in applying (see box).

So what exactly are the roles and what will they involve?

## Council

There are currently 14 Council members (seven lay and seven registrant); we anticipate that, subject to approval by the Privy Council, this will reduce to 10 (five lay, five registrant) from 1 April 2016. At that point, new members will be appointed by open application.

Council is the body responsible for setting the GOsC's strategy; agreeing business plans, budgets and major policies; sitting on various committees; and scrutinising the work of the Chief Executive and his team.

Council members normally serve for a term of four years, which can then be extended for another four years. The time commitment for Council members is normally up to 18 days a year; they are paid a fee of £7,500 per year.

## Investigating Committee

There will be two vacancies for registrant members of the Investigating Committee (IC) from 1 April 2016.

The IC is the body that undertakes the initial scrutiny of complaints against osteopaths; it decides whether a complaint is within the jurisdiction of the GOsC, and whether there is 'a case to answer' which should be considered by the Professional Conduct Committee. The IC is currently made up of 13 members (a mixture of lay and registrant).

Up to eight times a year, a panel of seven IC members meets for a day to consider a number of cases.

Members of the IC are paid a daily rate of £306 for attending meetings, as well as an allowance for reading documents.

## Professional Conduct Committee

There will be two vacancies for registrant members of the Professional Conduct Committee (PCC) from 1 April 2016.

The PCC conducts hearings of cases relating to breaches of the *Osteopathic Practice Standards*, when such cases are referred to it by the Investigating Committee. It hears evidence, decides whether an osteopath is guilty of unacceptable professional conduct, and determines any sanction to be imposed.

PCC members also sit as members of the Health Committee, considering matters relating to serious health concerns about registrants.

The PCC currently has 12 members (a mixture of lay and registrant). Members sit as a panel of three to hear cases, which can last from one to five days. They can expect to sit for approximately 20 days each year, and are paid a daily rate of £306 when they are sitting.

**i** Full details of all of these vacancies will be published on the GOsC website in early September at: [www.osteopathy.org.uk/about-us/the-organisation/recruitment/](http://www.osteopathy.org.uk/about-us/the-organisation/recruitment/)



GENERAL OSTEOPATHIC COUNCIL

## Helping osteopaths to apply

We know that many osteopaths would like to become more involved in the work of the GOsC and its committees. However, they sometimes find it difficult to present their experience effectively through the application form and their CV.

The GOsC, in conjunction with the Institute of Osteopathy, is holding a recruitment workshop on **Saturday 12 September** at Osteopathy House. Participants will learn more about the Council and committee roles, and will be given help with the practical skills needed to prepare a good application and perform effectively at interview.

If you are interested in attending the workshop, please email Tim Walker at: [twalker@osteopathy.org.uk](mailto:twalker@osteopathy.org.uk)

# Frequently asked questions

**Q** I have been running my osteopathic practice from the same premises for 11 years. Recently another osteopath has begun to practise nearby, and has set up a website with a very similar name to mine. He has not poached any of my patients, but I am concerned that he is getting business from me. I have sought legal advice, but have been told there is nothing really that I can do. Is this something that the GOsC can investigate?

**A** The 'threshold criteria' for unacceptable professional conduct (UPC), which are used by our 'screeners' and Investigating Committee to decide whether complaints should proceed to a hearing by our Professional

Conduct Committee, state that the following matters are among those that do not usually amount to UPC:

**'Complaints that relate to business disputes, including:**

- i) **passing off/similar sounding web domain names or trading names;**
- ii) **'patient poaching'; and**
- iii) **matters arising from the break-up of a principal/associate relationship provided that there is no allegation of a breach of patient confidentiality or data protection issues.'**

Therefore, unless a complaint alleged data protection issues or a patient confidentiality breach, it is highly unlikely that this sort of case would be referred for hearing.

You can read the threshold criteria on our website at:

<http://bit.ly/gosc-threshold-criteria>

**Q** Do osteopaths on the Isle of Man have to register with the GOsC?

**A** Yes. Since July last year, the Isle of Man's *Health Care Professionals Act 2014* has put osteopaths on the same footing as the Island's other healthcare professionals, meaning that they must now be registered.



GRAHAM TAYLOR / SHUTTERSTOCK

## In Council – July 2015 decisions

The 88th meeting of the General Osteopathic Council took place on Thursday 16 July 2015. You can find the agenda and all the papers at: <http://tinyurl.com/gosc-meetings>

Here are some of the meeting's outcomes.

### Interim suspension orders

Council agreed that the GOsC should consult on new draft guidance for our fitness to practise committees on the imposition and review of interim suspension orders. For details of the consultation, see page 13.

### Council allowances

Council approved a new scheme of allowances for Council members, to take effect from 1 April 2016, as recommended by the Remuneration and Appointments Committee.

The new allowances will be publicised in the recruitment materials for new Council members – see page 11.

### Committee reappointments

Council agreed to the reappointment of James Kellock as Chair of the Investigating Committee until 31 March 2019, and the extension of the

appointment of Jane Fox and Manoj Mehta to the Osteopathic Practice Committee until 31 March 2017.

### Auditor reappointment

Council agreed to reappoint Grant Thornton as external financial auditors for a period of three years, following a review and recommendation by the Audit Committee.

### Annual Report and Accounts

Council approved the GOsC's Annual Report and Accounts 2014-15, which will be laid before Parliament and then published on the GOsC website.

### Future Council meetings

Thursday 12 November 2015

Thursday 4 February 2016

Thursday 5 May 2016

**i** Meetings take place at 10am, at Osteopathy House. Osteopaths are welcome to attend. For more information, call Marcia Scott on 020 7357 6655 x246 or email [msscott@osteopathy.org.uk](mailto:msscott@osteopathy.org.uk)

## Linking to your Register entry

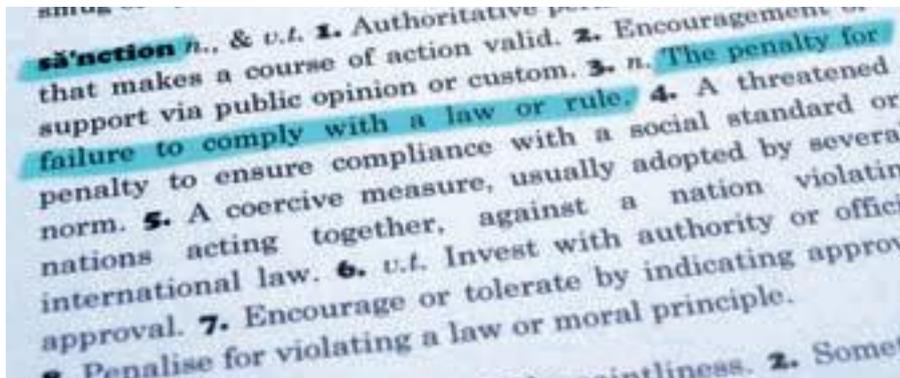
Following enhancements made to the GOsC websites earlier this year, the web address for the online Register of osteopaths has changed to [www.osteopathy.org.uk/register-search/](http://www.osteopathy.org.uk/register-search/)

If your website contains a link to the Register, or to your individual entry on the Register, please update the link so that your patients can continue to be assured of your registered status. Don't forget that you can also ask us for a Registration Mark to put on your website – find out how on the **o** zone at: <http://bit.ly/ozone-reg-mark>

We apologise for the inconvenience.

# Views sought on fitness to practise guidance

We're consulting on three proposed new guidance documents to assist our committees in fitness to practise cases



## Imposing conditions of practice for health reasons

The GOsC's Health Committee considers cases where an osteopath's physical or mental health is alleged to be seriously impairing their ability to practise. Where relevant, it can impose conditions that the osteopath must comply with while they continue to practise.

Conditions of practice are imposed to protect the public while allowing the osteopath to receive health treatment. The conditions imposed must address the specific risks or shortcomings identified, and the osteopath must be able to understand what they are expected to do and the timescale for compliance.

The Health Committee can impose *restrictive* conditions of practice, which prevent the osteopath from practising in a certain way or on certain types of patient, or conditions that *address deficiencies or risks* by requiring the osteopath to undergo improvement activities such as training. All conditions imposed must be attainable and measurable, so that the committee can later consider how well the osteopath has complied with them.

Working with committee members and representatives from the Institute of Osteopathy, we have drafted guidance for use in cases where the Health Committee decides to impose conditions of practice.

The draft guidance sets out the questions that the committee should

ask itself when formulating conditions to impose, and provides sample wording for those conditions. You can find it at: <http://bit.ly/gosc-draft-hc-guidance-conditions>

## Drafting determinations

Cases involving allegations about an osteopath's conduct or competence, or where they have received a criminal conviction, are heard by a panel comprising three members of our Professional Conduct Committee (PCC). At the end of the hearing, the panel will set out its findings and any sanctions in its 'determination' of the case.

To ensure the consistency and quality of decision-making, we have developed draft guidance – available at: <http://bit.ly/gosc-draft-guidance-determinations> – on how determinations are drafted.

The guidance has been designed to be accessible and clear to everyone involved in our fitness to practice proceedings, including the public. Intended to provide a framework for decision-making while not affecting a panel's ability to reach independent decisions, it covers topics including:

- the structure and format of a determination
- the type of language to be used
- the need to state how the panel has made its findings and arrived at the sanctions to be imposed.

## Imposing interim suspension orders

Any of our three fitness to practise committees – the Health Committee, the PCC and the Investigating Committee (which carries out the initial scrutiny of complaints about osteopaths, and decides whether to refer them for hearings) – can impose an interim suspension order (ISO) if they feel that this is necessary to protect the public in a case involving serious allegations.

Following a review of our existing guidance on imposing ISOs, we have drafted a substantially revised version which is designed to be more consistent with the powers set out in the *Osteopaths Act* while interpreting those powers in accordance with current regulatory developments and case law. The revised draft is at: <http://bit.ly/gosc-draft-guidance-iso>

## Consulting you

We now want to know what osteopaths, patients and others think of all three draft guidance documents. If you'd like to comment on any of them, please visit <http://bit.ly/gosc-consultations>, download and complete the relevant response form, and return it to [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk)

The closing date for feedback on the Health Committee conditions of practice guidance is **Tuesday 6 October**. The consultations on the other two documents close on **Friday 30 October**.

We will take every response received into consideration; if you would prefer yours not to be made public, you can request this on the response form. We look forward to receiving your comments.

 Visit <http://bit.ly/gosc-committees> to find out more about the GOsC's committees, including all three fitness to practise committees.



STOCKLITE / SHUTTERSTOCK

# The patient perspective

Asking patients for their opinions of their treatment and the service your practice offers is beneficial for everyone – they appreciate being listened to, and you can use the results to identify areas for development in your practice. So how do you go about it?

It used to be widely thought that obtaining feedback from patients is an onerous task, likely to be met with resistance, but the signs are that patients are very happy and keen to comment on their care – as shown by the results of our recent national survey (see pages 4-5) and the experiences of practitioners piloting the 'PROMs' app to collect data on the outcomes of treatment (see *the osteopath*, December 2014/January 2015, page 16).

Guidance to the *Osteopathic Practice Standards* suggests that patient feedback

can be used to critically appraise your practice and keep your professional knowledge and skills up to date (standards B2 and B4). And you can claim CPD hours for time spent collecting and analysing this feedback, if you can show that you have used it to develop your practice.

While some patients in our survey said they like to give feedback to their osteopath face to face, most prefer to do so in writing (see page 5). In any case, it is better to collect patients' views in a formal and structured way so that you can more

easily analyse it, identify themes and derive any learning points; a questionnaire (paper or online) is an effective way to do this.

## What to ask

A patient questionnaire should give you information on what your patient expects from you and how they perceive the quality of care you have provided. Understanding their expectations, perspectives and perceptions (which may not match yours) is vital to establishing a sound, trusting relationship.

A questionnaire covering every aspect of the patient experience would be impractically long, so it's important to focus on a small set of questions covering an aspect of your practice that you want to appraise. For example, the questionnaire on the right (adapted from a model questionnaire used in our 2011-12 revalidation pilot) asks about the patient's satisfaction with their first consultation.

The Consultation and Relational Empathy (CARE) Measure covers similar ground, asking 10 questions (on topics including 'being interested in you as a whole person' and 'helping you to take control') based on 'a broad definition of empathy in the context of a therapeutic relationship'. Originally designed at Glasgow and Edinburgh Universities for GPs, and used in more than 3,000 GP consultations in the west of Scotland, it has been adopted by a range of health professionals and is available at:

[www.caremeasure.org](http://www.caremeasure.org)

On average, the CARE Measure website says, the questionnaire takes 10 minutes to complete. Patients answer each question on a five-point sliding scale from 'poor' to 'excellent'. Applying a numerical value of 1 to 5 to these answers, you arrive at a total 'score' out of 50 from each patient. If you collect data from at least 25 patients, you can enter the results into the website and receive a report detailing your results and how they compare with others'.

Alternatively, you can use a questionnaire with a 'yes'/'no' format. The National Council for Osteopathic Research (NCOR) handbook *An Introduction to Clinical Audit for Practising Osteopaths* (available via the **o** zone at: <http://bit.ly/ozone-clinical-audit-handbook>) contains two examples:

- a patient satisfaction survey (on page 36) which asks 13 diverse questions, ranging from 'Were you always seen promptly for your sessions?' to 'Would you

recommend osteopathic treatment? as well as questions about the patient's expectations and the treatment they received

- a survey of patients who did not complete their course of treatment (on page 37), which seeks to identify the reason(s) for non-completion.

It's worth looking at all these questionnaires, as well as any others you are aware of, when considering what sort of feedback to seek from your patients.

### Patients' details

You can invite patients to write their names on their feedback forms, but you should offer the option of providing feedback anonymously. Bear in mind that this will mean you cannot contact any patients who raise concerns in their feedback.

You should aim to obtain feedback from a range of patient groups. With this in mind, consider including questions on the patient's symptoms, sex, age and employment status. However, again it is advisable to make these questions optional, as patients who wish to be anonymous may fear being identified based on this information.

### Concerns raised in feedback

Seeking any sort of objective feedback can often seem daunting, with worries that the views expressed will be negative, but patients are generally positive and enthusiastic about osteopathy. Resist the temptation to regard constructive suggestions for improvement as criticism.

If patients do express concerns in their feedback, at least the procedure will have enabled these issues to be raised, so they can be handled and resolved locally. Respond promptly, politely and appropriately; advice on the NCOR website (at: <http://bit.ly/ncor-patient-feedback>) says you should contact your insurer before gathering feedback, to understand how they would prefer you to deal with negative comments.

### PREOS

In addition to giving you their feedback, some of your patients may feel that their experiences of osteopathic treatment could provide useful learning for the profession as a whole. You may also have patients who feel awkward giving you feedback directly, even through an online or paper form. To ensure that these

patients' experiences are recorded, NCOR has developed an online system called Patient Reported Experiences of Osteopathic Services (PREOS).

To leave feedback on PREOS, a patient – or their friend, relative or carer – visits [www.ncorpreos.org.uk](http://www.ncorpreos.org.uk) and is presented with a simple form asking for basic information about their experiences of osteopathy. There's no need for them to log in, and the information they provide is completely anonymous – in fact, NCOR will remove anything that could identify the patient or the osteopath, before analysing the aggregate data and publishing details of any trends identified.

NCOR research assistant Austin Plunkett says: "We know that patients are generally pleased with osteopathic treatment. Let them know about PREOS – which is completely independent of the GOsC – so we can collect their stories."

If you would like to promote PREOS to your patients, you can download a patient leaflet from [www.ncor.org.uk/patients/preos/](http://www.ncor.org.uk/patients/preos/) which explains what PREOS is and tells them how to use the site.

*The next issue will look at analysing patient feedback, and will feature reflections and advice from osteopaths who have carried out patient feedback exercises.*

## Example patient feedback form

**Your name (optional):** .....

**Your osteopath's name:** .....

As part of our quality assessment, we would like to know how you were treated by the osteopath you have consulted.

Please think about your consultation and tick the appropriate box for each question.

**How thoroughly did the osteopath ask you about why you had attended?**

Not very well       Fairly well       Very well

**How well did you feel the osteopath listened to what you had to say?**

Not very well       Fairly well       Very well

**How well did the osteopath put you at ease during your physical assessment and examination?**

Not very well       Fairly well       Very well

**How well did the osteopath explain your problem?**

Not very well       Fairly well       Very well

**How well did the osteopath engage you in your consultation?**

Not very well       Fairly well       Very well

**How well did you feel the osteopath demonstrated concern for your welfare?**

Not very well       Fairly well       Very well

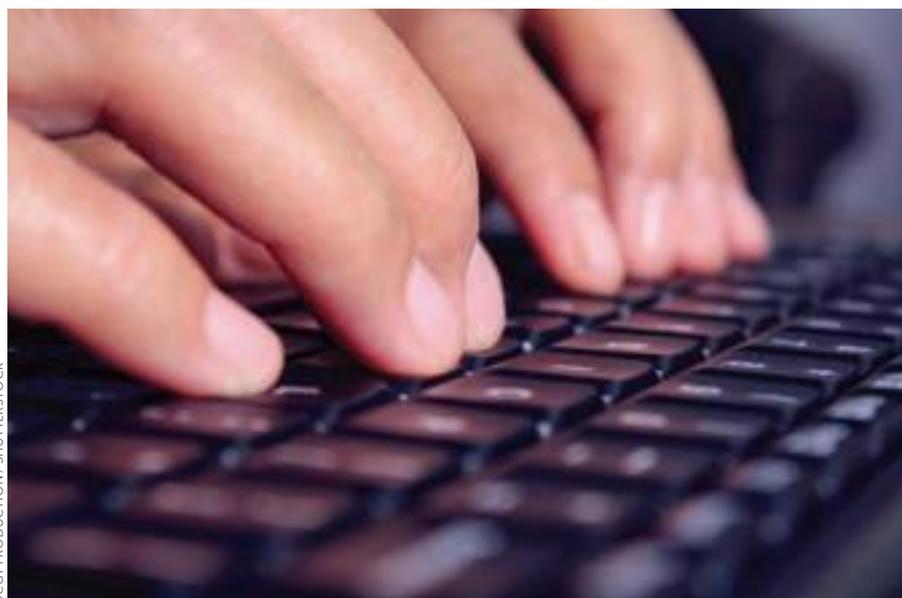
**Do you have any other comments about the osteopath?**

.....

.....

.....

*Adapted from the GOsC Revalidation Pilot Participation Manual (2011).*



BCGY PRODUCTION / SHUTTERSTOCK

# Writing a case study

Do you ever think that an aspect of one of your cases may offer important learning for the wider profession?

**Brett Vaughan**, Clinical Practice Section Editor of the *International Journal of Osteopathic Medicine (IJOM)*, explains how to go about writing it up for publication

**M**ost professional peer-review journals, including *IJOM*, publish case studies (also known as case reports), where unusual or uncommon clinical presentations are described. Writing a case study gives you the opportunity to reflect on your practice, engage with the current research literature and attain CPD hours.

*IJOM* encourages practitioners to submit case studies to the journal on any topic that is relevant to osteopathy. We have published a wide variety of case studies covering such conditions as a cervical disc herniation and tinnitus, through to more unusual presentations such as Scimitar syndrome.

## Types of case study

Three types of case study can be submitted for publication in *IJOM*:

- A **Case Report** describes the unusual presentation of one patient, or an unexpected response to treatment (e.g. an adverse reaction). A good example, describing a prodromal, musculoskeletal presentation of Parkinson's disease, is at: <http://bit.ly/ijom-simpson-14>
- A **Case Problem** outlines the differential diagnosis and clinical reasoning of a presenting complaint.
- **Evidence in Practice** describes how evidence has been applied to inform the management of a presenting complaint. For an excellent example on the validity of cervical pre-manipulative testing, see <http://bit.ly/jom-moran-mullany-03>

To read these examples, you will first need to access *IJOM* via the **o** zone at: <http://bit.ly/ozone-ijom-plus>

## Patient consent

When writing a case study, you must ensure that there is nothing to identify the patient within the manuscript or in any image or picture.

Also, even though they will be anonymous, you must obtain the patient's consent for their case to be written up and published. Ideally this consent should be given in writing and made available to the journal if required – and the manuscript itself should include a statement of consent from the patient.

## Structuring your case study

*IJOM* supports the 'CARE' (CAsE REports) initiative, which aims to ensure that published case studies are transparent, accurate and of high quality. CARE provides a template which sets out the following structure for case studies:

- **Title** – to include key elements of the case, e.g. the presenting symptoms, diagnosis, intervention or outcome
- **Abstract** – about 200 words summarising the case report's rationale plus the presenting concerns, diagnoses, interventions, outcomes and lessons learned
- **Key words** – to assist in an online search
- **Introduction** – a brief summary of the case report's background and context
- **Patient's presenting concerns**
- **Clinical findings**
- **Timeline** – a table, figure or graphic including specific dates and times
- **Diagnostic focus and assessment** – the diagnostic results, challenges, reasoning and relevant prognostic characteristics
- **Therapeutic focus and assessment** – recommendations and interventions, and how they were administered
- **Follow-up and outcomes** – including patient adherence to the intervention, adverse events, patient-reported outcomes and follow-up diagnostic testing
- **Discussion** – strengths and limitations of the case report, with references to the scientific and medical literature, plus 'take-away' messages
- **Patient perspective** – the patient's experience of their care, where appropriate
- **Informed consent** – confirmation of the patient's consent for the case report.

You can download the template, and a checklist of key information to include under each of the above headings, from [www.care-statement.org](http://www.care-statement.org)

## Impactful *IJOM*

For the first time, the *International Journal of Osteopathic Medicine (IJOM)* has increased its 'impact factor' to above 1.000.

An academic journal's impact factor reflects the average number of times that recent articles in the journal have been cited. A high impact factor is generally considered to indicate that a journal is important within its field.

*IJOM* Editor-in-Chief Steve Vogel said: "This represents the efforts of the authors who have submitted to the journal, our reviewers and our supporters."

GOSc registrants have free access to all articles in *IJOM* and a range of other journals published by Elsevier. To find out more, visit the o zone at: <http://bit.ly/ozone-ijom-plus>

### Writing style

If you have never written for publication in a journal before, you may be worried about the style of language that you should use.

The Elsevier Publishing Campus (introduced in the last edition of *the osteopath*, page 19) can help – its 'Writing for books and journals' section at: <http://bit.ly/elsevierpc-writing> includes a video lecture and interactive online course on the use of proper manuscript language, as well as useful resources on related topics such as 'How do editors look at your paper?'

### References

Your case study must refer to the current literature on the topic you are writing about, in order to support and critically explore any claims you make regarding the efficacy and outcome of treatment.

### Submitting to *IJOM*

On behalf of *IJOM*, I would encourage all osteopaths to consider submitting case studies to the journal. *IJOM* Editor-in-Chief Steve Vogel and I are happy to provide guidance on the writing and submission processes – please email me at: [Brett.vaughan@vu.edu.au](mailto:Brett.vaughan@vu.edu.au) if you are interested in finding out more.

*IJOM's Guide for Authors* (<http://bit.ly/ijom-guide-authors>) is another useful source of information, and enables you to track the progress of your case study after you have submitted it.

We look forward to hearing from you.

# Hub hub hooray

In the last issue of *the osteopath*, we looked at claiming CPD hours for reading research – and how this can lead to 'learning with others' if you join one of the research hubs coordinated by the National Council for Osteopathic Research (NCOR). Here **Carol Fawkes** from NCOR explains what the hubs do

There are currently four research hubs across the UK, each of which meets approximately every 10-12 weeks.

Meetings are very relaxed and informal, involving discussion of a topic relevant to clinical practice: we look at a selection of research papers around the topic, and see how they can be applied to our practice. There is one group paper that we all look at, and then we each give a very brief summary of a paper we have looked at individually.

Belonging to a research hub can become a core part of your CPD, as one member of the Exeter hub explains:

"We engage in different activities – searching out and discussing papers on agreed topics, learning how to assess the usefulness of papers, engaging in and discussing NCOR projects, through to developing and contributing to research projects as a group. All these are useful and interrelate with knowledge and skills applicable in practice.

"The regular opportunity for mutual discussion of clinical and professional issues in a small, supportive group is perhaps the thing I find most valuable."

Hub meetings help to keep us up to date with topics affecting our patient management directly, and with topics (such as different pharmacological or surgical management approaches) that our patients may discuss with us.

"I really value our hub meetings," says another hub member. "We are a group of colleagues who come from different backgrounds and have a widely diverse approach to osteopathy. We share our experiences of clinic life, good and bad. We are mutually supportive and generous with advice.

"We have been quite productive over the years. Brainstorming and proof-reading drafts of articles that have eventually been published has been very exciting. Hub meetings have been a source of information and have kept us focused on our aim to maintain and improve evidence-informed practice."

**"The opportunity for mutual discussion in a small, supportive group is valuable"**

## Forthcoming research hub meetings

### Bristol

Thursday 3 September,  
7-9pm

**Topic:** research relating to the piriformis muscle.

### Exeter

Saturday 10 October,  
10am-12noon

**Topics:** Management of the TMJ, and the use of ice in patient care.

### Haywards Heath

Wednesday 9 September,  
7-9pm

**Topic:** research on ankle disorders.

### Leeds

Monday 14 September,  
6-8pm

**Topics:** research on statins, and sharing incidents from clinical practice.

If you would like to read the research papers on any of these topics – whether or not you can attend the meetings – you can find all the information at:

[www.ncor.org.uk/getting-involved/hubs/](http://www.ncor.org.uk/getting-involved/hubs/)

To find out more about hubs or attend one of the meetings, please email [c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk)

# Communicating risk

Prospective patients tell us they want to know about the risks of treatment at a very early stage. **Austin Plunkett** from the National Council for Osteopathic Research (NCOR) explores how to meet patient expectations and your professional obligations

**T**he *Osteopathic Practice Standards* require you to tell patients about the risks associated with a course of treatment, but we know that some osteopaths have practical concerns about this. Independent research into osteopathic regulation last year reported the views of practitioners who felt that:

- there is not enough clear evidence of osteopathy's risks for them to be able to provide this information
- patients have difficulty comprehending and relating to the very remote risks of serious problems following treatment
- spelling out all the possible outcomes could cause patients excessive concern and so be detrimental to patient safety.<sup>1</sup>

## What is the evidence?

Fortunately, serious adverse events appear to be rare, but around half of our patients may experience minor to moderate events after treatment, such as tenderness or a short-term increase in pain.<sup>2</sup>

The table below right gives some best estimates of risks relating to spinal manipulation, and some risks associated with other events for comparison.

According to the best estimate, one serious patient incident occurs in every 36,079 osteopathic treatments; these are not all associated with spinal manipulation.<sup>3</sup>

The NCOR website has more information about the patient reactions and incidents that can occur, and their frequencies, at: <http://bit.ly/ncor-risk-and-incidents>

## Talking to patients

The relevant risks – of minor, moderate and serious adverse events – associated with a course of treatment must be discussed with the patient in order to gain their informed consent to that treatment.

In fact, many people with no experience of osteopathy say they would want to know about risks before they even booked an appointment with an osteopath; however, communication about risk should take place within a relationship of trust, so it is not good practice to give this information in advance.

If a prospective patient asks you about risks, a sensible approach is to point out that the risk of a serious adverse event is very low, but to explain that it varies between different treatments and types of patient – so you will be able to provide more information at their first appointment after you have considered their case history, examined them and identified a potential course of treatment.

The NCOR website contains the following advice (at: <http://bit.ly/ncor-communicating-benefit-and-risk>) on how to discuss risks during a consultation without frightening your patient:

- Place risks in the context of the patient's beliefs, values, and knowledge about their condition or symptoms.
- Compare the potential risks of your recommended treatment with other risks they may experience (e.g. risks associated with travel, alternative treatments and doing nothing). But don't compare them with risks of natural disasters or their recreational activities – and note that some patients say they do not like this type of comparative information.
- Frame the risk in a positive way (x out of N people will suffer no side effects) as well as in a negative way (y out of N people will suffer side effects).

- Present the risks alongside the benefits and alternative approaches available – you can also personalise the message by drawing on your own clinical experience (e.g. long clinical experience and no adverse effects) and the patient's own risk factors, if any.

In the next issue of *the osteopath*, we'll look at how presenting risks to patients in a meaningful way contributes to informed consent and shared decision-making.

## References

- [1] McGivern G, Fischer M, Palaima T, Spendlove Z, Thomson O, Waring J, 2015. *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: final report*. See <http://bit.ly/gosc-dynamics-of-regulation>
- [2] Carnes D, Mars T, Mullinger B, Froud R, Underwood M, 2010. 'Adverse events in manual therapy: a systematic review.' *Manual Therapy*, 14(4) pp 355-63. See <http://bit.ly/ncor-adverse-events>
- [3] Vogel S, Mars T, Keeping S, Barton T, Marlin N, Froud R, Eldridge S, Underwood M, Pincus T, 2013. *Clinical Risk Osteopathy and Management Scientific Report*. See <http://bit.ly/gosc-croam-full-report>

## Likelihood of serious incidents

Any serious adverse event following spinal manipulation	Between 1 per 100,000 and 1 per 1,000,000 manipulations (between 1 per 50,000 and 1 per 100,000 patients)
Major cerebrovascular insults, incidents and accidents	Between 1 per 120,000 and 1 per 1,666,666 cervical manipulations
Lumbar disc herniation	1 per 38,013 lumbar manipulations
Cauda equina syndrome	Between 1 per 3.7 million and 1 per 100 million lumbar manipulations
Death from surgery to the neck	1 per 145 operations
Death by road traffic accident	1 per 20,000 people in any one year
Death from long-term use of anti-inflammatory painkillers for osteoarthritis	1 per 1,000 people

Figures for spinal manipulation taken from a systematic review of research into adverse effects in osteopathy and other disciplines, including chiropractic and physiotherapy.<sup>2</sup>

# iO Convention

**Matthew Rogers**, Head of Professional Development at the Institute of Osteopathy (iO), looks ahead to this year's Convention on 20-22 November

Following last year's hugely successful event, the Institute of Osteopathy is delighted to be returning to the Runnymede-on-Thames Hotel in Egham for its 2015 Convention.

This annual unifying event brings together the profession's leading lights to showcase the very best that osteopathy has to offer, as well as recognising best practice through the iO Annual Awards.

The multi-stream format allows delegates more choice and offers the opportunity for different osteopathic organisations and individuals to share their perspectives.

As well as being an unprecedented networking opportunity, the iO Convention delivers a uniquely diverse programme of lectures and workshops to meet all your professional development needs. The key streams include:

- **diagnostic and clinical skills workshops** – practical workshops delivered by internationally renowned experts
- **osteopathy and psychology** – exploring what modern research and traditional osteopathic perspectives have to say about the body-mind relationship
- **business development** – with an emphasis on remaining true to your values while building a successful practice.

For the first time this year, there will be an **applied research** stream, run in collaboration with the National Council for Osteopathic Research and the *International Journal of Osteopathic Medicine*. You'll be able to engage with practical research that is really useful to osteopaths and can



genuinely benefit patients and the profession.

This year's event will also host the Osteopathic Sports Care Association conference and the British School of Osteopathy's biennial education conference.

With speakers such as Mervyn Waldman, Simeon Niel-Asher, Stephen Sandler and Leon Chaitow already confirmed, Convention is shaping up to be the osteopathic CPD event of the year.

**i** For details of the Convention programme and speakers, visit [www.osteopathy.org/the-io/convention-2015/](http://www.osteopathy.org/the-io/convention-2015/)

## BSO 1985 reunion

The 30-year reunion event for British School of Osteopathy graduates of 1985 will be held on Friday 20 November during the iO Convention.

For more information or to book your place, please call Helen Branson on 01780 763670 or email [helen\\_branson@hotmail.com](mailto:helen_branson@hotmail.com)

## CPD OPPORTUNITIES

### New group in Havering

A regional CPD group for osteopaths in Havering and south-west Essex is being launched in September, with a free talk on the foot and ankle by a local consultant orthopaedic surgeon.

The group will offer its members:

- local, low-cost, high-quality CPD
- preferential rates for imaging for your patients
- networking opportunities with other osteopaths and local consultants
- local peers for help with the proposed new CPD scheme for osteopaths
- a community of learning.

Group founder John Chaffey says: "I imagine this group serving an area centred on but not limited to the Borough of Havering, between the Waltham Forest Osteopathy Group and Essex Osteopaths in Chelmsford."

The first meeting of the group will take place on **Thursday 10 September, 7-9pm**, at the In Health diagnostic centre in Westlands Avenue, Hornchurch. If you are interested in attending this or future meetings, please email your contact details to [hornchurch-cpd@bodybalance.co.uk](mailto:hornchurch-cpd@bodybalance.co.uk)



### Free back pain e-learning

Do you have more than 15 years' experience as an osteopath? Do you want to receive eight hours of free CPD on low back pain while contributing to osteopathic research?

A research study involving the University of Bedfordshire and the British School of Osteopathy is offering free e-learning, informed by the most up-to-date evidence on non-specific low back pain, for osteopaths who graduated more than 15 years ago.

On completion of the e-learning course, participants will receive a certificate which can be used as part of their CPD return to the GOsC. They will also be asked some questions before and after the course to assess the quality of the e-learning programme (but not to test their knowledge).

For more information, please call Jerry Draper-Rodi on 07935 969532 or email [j.rodri@bso.ac.uk](mailto:j.rodri@bso.ac.uk)

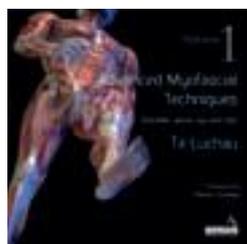
# Bookshelf

A selection of illustrated reference books for osteopaths

## Advanced Myofascial Techniques, Vol 1: Shoulder, Pelvis, Leg and Foot

Til Luchau

Handspring Publishing (2015), 208 pages  
ISBN: 978-1-909141-16-2



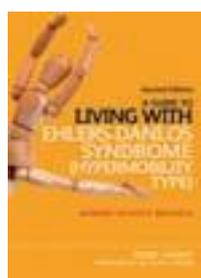
This first of two guides to manual therapy techniques provides a range of tools for addressing common

complaints. It sets out hands-on approaches for restoring function, decreasing pain and refining proprioception, with step-by-step instructions and many illustrations.

## A Guide to Living with Ehlers-Danlos Syndrome (Hypermobility Type): Bending without Breaking (2nd edition)

Isobel Knight

Singing Dragon (2014), 312 pages  
ISBN: 978-1-84819-231-7



A fully revised and updated edition of this guide to all the key aspects of living with this condition. New material covers recent advances in understanding and the value of finding an osteopath who understands EDS-HT.

## Functional Atlas of the Human Fascial System

Carla Stecco

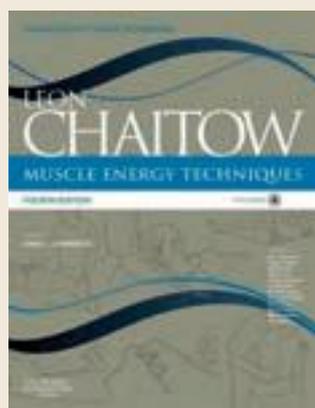
Churchill Livingstone Elsevier (2014), 384 pages  
ISBN: 978-0-702044-30-4



Bringing together research by anatomists, biomechanical engineers, physiotherapists, osteopaths and plastic surgeons, this book uses anatomical and

histological photographs, microscopic analysis and biomechanical evaluation to present 'a global view of fasciae'.

## Book reviews



### Muscle Energy Techniques (4th edition)

Leon Chaitow

Churchill Livingstone Elsevier  
ISBN 978-0-7020-4653-7

Reviewed by  
Lauren Jardine MOst

Given that all osteopathic students study the application of muscle energy techniques (METs) at college, I was interested to see what this book had to offer.

It begins with the history and theory behind METs,

including differences from other techniques. While the history was interesting, the theory was quite a difficult read and very research-heavy. A section on the effectiveness of METs is, although verbose, informative and useful. The research sections are hard going, but stick with them as they do improve your understanding.

The book then describes how and when to use METs, explaining the different types and their uses in chronic and acute settings. Specific descriptions are given for major muscle groups and for joints; I found the latter particularly interesting as I typically associate METs with specific, isolated muscle treatments.

Descriptions of the use of METs in pathology and rehabilitation (including post-surgery and with athletes) are very useful. The

'Athletes' section focuses more on complex movements and corrective strategies, although in all honesty this is not too far from the techniques used for the non-athletic population.

Finally, detail is given to 'classifying' patients in terms of disability, mobility etc. This not only furthered my understanding of the terms used in research, but also described their use in the clinical setting.

Overall, this book was a great read and very useful. To accompany the text, 65 videos are available through a linked website; these are particularly useful as the written descriptions are occasionally confusing.

Since reading this book, I have been utilising these techniques more, and often in a very different manner from how we were taught. Overall, I've found quicker and longer-lasting relief for

patients, as well as a greater understanding of what is going on under my hands. This book is brilliant for anyone working in a rehabilitation setting. (Aren't we all to some degree?)

### Fascia in Sport and Movement

Edited by Robert Schleip and Amanda Baker

Handspring Publishing (2015)  
ISBN 978-1-909140-70

Reviewed by Kathleen Hill BOst, PGCEACE

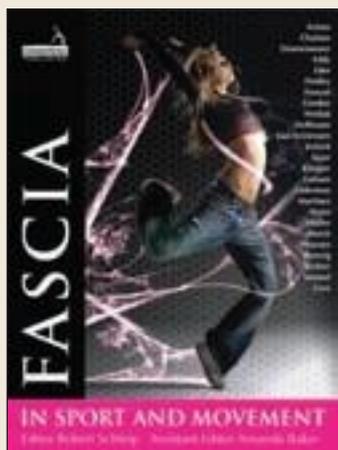
This textbook is a wealth of knowledge, filled with work from numerous contributors and current clinical studies. Although fascia has been relatively neglected in terms of research previously, this textbook delivers new findings that hopefully will inspire more research into the fascial field and more practitioners to address the fascia in treatment.

The book is split into two sections: Theory and Clinical Application. The first section is a thorough anatomical, biochemical and behavioural explanation of the fascia and its functions; while this can sometimes be hard going with regard to the scientific language used, if you can push through that it helps make the second section more applicable.

The section on clinical application explores fascial fitness including elastic storage and recoil dynamics. It goes on to describe how fascial training can be useful in specific sports; I was most interested in the martial arts and yoga chapters as I could see how techniques could be applied. Although not all opinions in the sport-specific sections are backed by scientific evidence, they are still thought-provoking.

This book is designed for those who wish to develop their clinical understanding of fascia and use it to help themselves or others train the fascial body. Osteopathy is mentioned a number of times as a treatment modality, which is promising.

While it is not a book one can skim through, the collection of new research and findings has opened my eyes to the full potential of the fascia and its neurological components I had previously been unaware of.



# Backchat

## Public perceptions survey

I read with interest about the survey of public perceptions in the June/July issue of *the osteopath* (pages 4-5). The authors seem worryingly sanguine about the fact that, over two decades after the *Osteopaths Act*, only about 10 per cent of the general public have 'a lot of confidence' in osteopaths (compared with 30 per cent for physiotherapists), and only 55 per cent 'a fair amount of confidence'.

The figures look much better for those who have seen an osteopath (the difference no doubt has implications that professional publicists could usefully advise us about). This second set of figures looks especially good compared to the other professions, until one realises that it is not people who have visited acupuncturists, herbalists etc who have been asked for their opinion about these professions, but people who have visited osteopaths! Why would you expect their view of the other professions to differ because they have visited an osteopath? Was my interpretation of the results very nearly manipulated?

**David Rodway**

### *The Editor replies:*

The public perceptions survey was carried out by YouGov on the GOsC's behalf, but participants – including those who were selected for the survey because they had visited an osteopath in the previous 12 months – were not told who had commissioned it or how they had been selected.

Nor were participants told at the outset that this was a survey about osteopathy. As they worked their way through the survey, they would have noticed an increasing focus on osteopathy, but the questions about levels of confidence in different types of health professionals were asked at the beginning of the survey.

The chart depicting these confidence levels shows that almost a third of the general public *don't know* how much confidence they have in osteopaths; this is about twice as many as those who have *little or no* confidence, suggesting that many people have open minds about osteopathy but lack the knowledge to make a judgement.

The figures for recent osteopathic patients indicate that there is the potential to convert these 'don't knows' into people who have a lot of confidence in osteopaths. We can see that people who have received osteopathic treatment have much more confidence in osteopaths; a question is whether there are ways to increase people's confidence in osteopaths *before* they experience osteopathy for themselves. Since the survey also found that people have more confidence in health professionals who they know have a recognised level of training and are monitored by a regulatory body, it may be that highlighting osteopaths' training and registration will be particularly effective in increasing public confidence.

The levels of confidence reported in other health professionals are informative in a number of ways. For example, while 17 per cent of the general public say they have little or no confidence in osteopaths, a considerably higher proportion lack confidence in many other types of health professional – suggesting that, compared with those professions, osteopathy has more potential to improve its public profile to a level comparable to that enjoyed by GPs, pharmacists and dentists.

Osteopathic patients' levels of confidence in other health professionals were included for the sake of completeness. It is interesting to note, though, that an individual's positive experience with one type of health professional (usually) outside the NHS does not generally lead them to assume that other private health professionals are of similar quality and also deserving of their confidence.

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

# Courses 2015-16

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

## September

### 2 Acupuncture techniques for medical conditions – Level 2

Tutor: Bernard Nolan  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600

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

### 7 Kinesiology taping for the athlete masterclass

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

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

### 8 Muscle energy techniques made simple

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

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

### 9 Neurological testing made simple

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

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

### 10 Spinal manipulation and mobilisation techniques masterclass

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

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

### 10 Muscle energy techniques made simple

Speaker: Mike Grice  
Venue: Birmingham Movement Therapy, Harborne B17  
Tel: 07850 176600

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

### 14 Knee joint masterclass

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

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

### 14-19 SCCO Pathway module 2: Osteopathy in the cranial field

Speaker: Ana Bennet  
Venue: Columbia Hotel, London W2  
Tel: 01453 767607

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

### 15 Hip and groin masterclass

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

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

### 15-16 The heart of healing

Speaker: Suzanne Scurlock-Durana  
Venue: Skylight Centre, London N5  
Tel: 07000 785778

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

### 16 Cervical spine masterclass

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

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

### 17 Shoulder joint masterclass

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

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

### 21-22 Advanced soft tissue techniques masterclass

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

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

### 26 Symposium: Historical significance and present attitudes towards palpation

Speakers: Stephen Tyreman, Laurie Hartmann, Jorge Esteves, Dr Kevin Brownhill and John O'Brien

Venue: British School of Osteopathy, London SE1  
[jcorneliusobrien@gmail.com](mailto:jcorneliusobrien@gmail.com)  
[www.noa.ac.uk](http://www.noa.ac.uk)

### 26-27 Functional stretching

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

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

## October

### 3 Optimising tissue repair with therapeutic intervention

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

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

### 3 Hypermobility

Speaker: Isobel Knight  
Venue: Middlesex University (Hendon campus), London NW4  
Tel: 020 8905 1937

[cpd@collegeofosteopaths.ac.uk](mailto:cpd@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

### 5 Spinal manipulation and mobilisation techniques masterclass

Details as 10 September

6

**Kinesiology taping for the athlete masterclass**

Details as 7 September

17-18

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

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

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

17-18

**Clinical visceral: management of persistent back pain**

Speaker: Joanna Crill Dawson  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551

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

## November

3

**Kinesiology taping for the athlete masterclass**

Details as 7 September

5-8

**Advanced therapy masterclass**

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

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

7

**Communication, risk and consent**

Speaker: Kelston Chorley  
Venue: Staffordshire University, Stoke on Trent  
Tel: 020 8905 1937

[cpd@collegeofosteopaths.ac.uk](mailto:cpd@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

7

**SCCO Pathway module 10: Integrating cranial into practice**

Speaker: Michael Harris  
Venue: London (TBC)  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

9

**Spinal manipulation and mobilisation techniques masterclass**

Details as 10 September

10

**Muscle energy techniques made simple**

Details as 8 September

11

**Neurological testing made simple**

Details as 9 September

11

**Kinesiology taping for the athlete masterclass**

Speaker: Mike Grice  
Venue: Birmingham Movement Therapy, Harborne B17  
Tel: 07850 176600

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

16

**Cervical spine masterclass**

Details as 16 September

17

**Shoulder joint masterclass**

Details as 17 September

18

**Knee joint masterclass**

Details as 14 September

19

**Hip and groin masterclass**

Details as 15 September

19-22

**The face, the base, and embodied compassion**

Speaker: Dr Michael Shea  
Venue: Skylight Centre, London N5  
Tel: 07000 785778

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

20-22

**Harmonic technique**

Speaker: Dr Eyal Lederman  
Venue: Whittington Education Centre, London N19  
Tel: 020 7263 8551  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

20-22

**SCCO Pathway module 6: Neurocranium and sacrum – living bone**

Speaker: Jane Easty  
Venue: Hawkwood College, Stroud GL6  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

21-22

**SCCO Pathway module 1: Foundation course**

Speaker: Penny Price and Jenny Lalau-Keraly  
Venue: Clitheroe  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

28

**Symposium: Women in osteopathy and well-being**

Speakers: Margery Bloomfield and Marianne Bennison  
Venue: British School of Osteopathy, London SE1  
[jcorneliusobrien@gmail.com](mailto:jcorneliusobrien@gmail.com)  
[www.noa.ac.uk](http://www.noa.ac.uk)

28-29

**Rollin Becker Memorial Lecture and workshop on the interface between dentistry and osteopathy**

Speaker: Dr Martin Pascoe  
Venue: Regent's Conference Centre, Regent's Park, London NW1  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

28-29

**The intelligent body: enabling the body to re-establish core health through the different breathing systems**

Speaker: Renzo Molinari  
Venue: Newbattle College, Dalkeith  
Tel: 07714 239636  
[cranialgroupscotland@gmail.com](mailto:cranialgroupscotland@gmail.com)

## December

5

**Osteopathic care of abdominal conditions**

Speaker: Kelston Chorley  
Venue: Staffordshire University, Stoke on Trent  
Tel: 020 8905 1937

[cpd@collegeofosteopaths.ac.uk](mailto:cpd@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

10-13

**Acupuncture techniques for sports injuries – Level 1**

Tutor: Bernard Nolan  
Venue: University of Oxford Sports Complex, Oxford OX4  
Tel: 07850 176600

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

19-20

**Embodying embryology – a continuum movement exploration**

Speakers: Cherionna Menzam-Sills and Jane Okondo  
Venue: Skylight Centre, London N5  
Tel: 07000 785778  
[info@cranio.co.uk](mailto:info@cranio.co.uk)  
[www.cranio.co.uk](http://www.cranio.co.uk)

## January

30-31

**SCCO Pathway module 1: Foundation course**

Venue: South (TBC)  
Tel: 01453 767607  
[admin@scco.ac](mailto:admin@scco.ac)  
[www.scco.ac](http://www.scco.ac)

## February

5-7

**SCCO Pathway module 8: The functional face**

Speaker: Louise Hull  
Venue: Stroud, Gloucestershire  
Tel: 01453 767607  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)



## UPCOMING COURSES

September 2015

### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Ana Bennett

**Date:** 14th -18th Sept, London

**Special Fee:** £950 (non-residential)

Limited graduate bursaries also available

**Course Summary:** The 40 hour Osteopathy in the Cranial Field course is an overview of the whole cranial concept, with treatment approaches that you can use immediately in practice.

### SPECIALIST COURSE: RULE OF THE ARTERY

FULLY BOOKED FOR 2015

**Course Director:** Tim Marris

**Date:** 29th Sept - 1st Oct, Stroud

**Fee:** £995

**Course Summary:** Would you like to include blood vessels in your care and management of your patients? Do you think that treating blood vessels directly would be highly beneficial? If yes, then Rule of the Artery is a 'must' for you.

November 2015

### MODULE 10 INTEGRATING CRANIAL INTO PRACTICE

**Course Director:** Michael Harris

**Date:** 7th November, London

**Fee:** £165

**Course Summary:** 'Communicating, consent and engaging with the patient'. A one day course designed to help you integrate cranial work into existing osteopathic practice.

### MODULE 6 NEUROCRANIUM AND SACRUM: LIVING BONE

**Course Director:** Jane Easty

**Date:** 20th-23rd November, Stroud

**Fee:** £945

**Course Summary:** This course aims to develop the understanding of the involuntary motion in cranial bones and the sacrum. It will help you to understand and treat complex physical trauma patterns in the whole body more effectively.

November 2015

### MODULE 1 FOUNDATION COURSE

**Course Director:** Penny Price

**Date:** 21st-22nd November, Clitheroe

**Fee:** £275 (non-residential)

**Course Summary:** This fun and accessible 2 day course is perfect for anyone who is curious about the anatomy and function of the cranium, sacrum and related structures.

### ROLLIN BECKER LECTURE AND OSTEOPATHY & DENTISTRY WORKSHOP

**Date:** 28th & 29th November, London

**Fee:** Lecture £70, Workshop £120

Discounts available to Members

**Course Summary:** With a great interest in facial mechanics, Dr Martin Pascoe is currently the only practitioner in the UK to combine the two professions of osteopathy and dentistry. On Saturday he will share his memories of Rollin Becker in a special lecture and on Sunday will host a unique workshop on the interface between dentistry and osteopathy.

February 2016

### MODULE 8 THE FUNCTIONAL FACE

**Course Director:** Louise Hull

**Date:** 5th-7th February, Stroud

**Fee:** £945

**Course Summary:** This course offers the opportunity to experience not only delicacy of palpation, but precision in treatment and trust in the self correcting principle of the body.

### HORMONES, HEALTH AND IMMUNITY WEEKEND

**Course Director:** Clare Ballard

**Date:** 28th-29th February, London

**Fee:** From £145 day / £290 weekend

**Course Summary:** Advanced level weekend course focusing on the embryology of the neuroendocrine immune system, biological embedding, and how birth control, fertility drugs and HRT can affect long-term health.

March 2016

### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Carl SurrIDGE

**Date:** 12th-16th March, Edinburgh

**Fee:** £1290 (non-residential)

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

April 2016

### MODULE 1 FOUNDATION COURSE

**Course Director:** Penny Price

**Date:** 9th-10th April, London / South

**Fee:** £275 (non-residential)

**Course Summary:** Introduction to the anatomy and function of the cranium, sacrum and related structures. Perfect for those new to cranial osteopathy, wanting to discover more about Sutherland's principle concepts.

June 2016

### MODULE 4 BALANCED LIGAMENTOUS TENSION

**Course Director:** Sue Turner

**Date:** 9th-13th June, Stroud

**Fee:** £1230

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

### MODULE 3 OSTEOPATHIC MEDICINE

**Course Director:** Lynn Haller

**Date:** 30th June- 3rd July, Stroud

**Fee:** £1250

**Course Summary:** Discover the world of the internal organs. Our Osteopathic Medicine course will give you the confidence to treat many primarily visceral problems, and to understand the influence of the organ systems on whole body health.



### Osteopathy in the Cranial Field

**Dates:** Friday 4th, Saturday 5th, Sunday 6th, Saturday 12th & Sunday 13th September 2015

**Cost:** £975 or £780 for 2014/15 BSO graduates & £877 for ex-BSO students and 2015 graduates from other schools with RQ status

**CPD:** 40 hours



Osteopathy in the Cranial Field courses have been held annually at the BSO since 1974 in association with the Sutherland Cranial Teaching Foundation Inc. (USA), the organisation originally established by Dr. Sutherland to develop and promote high quality teaching in the involuntary mechanism approach. The basic level 5-day course is approved by the SCTF 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 skill. Many practitioners in this field agree that understanding and skills are greatly enhanced by attending the basic course for a second time.

#### Eligibility:

Registered osteopaths. Applications will be accepted from students expecting to graduate in summer 2015 on condition that they register with the General Osteopathic Council before the course commences. Applications will be considered from osteopaths practising outside the UK according to individual circumstances.

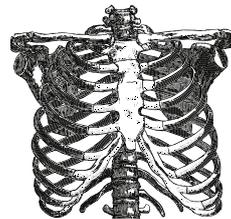
### Visceral Osteopathy: Thorax and Throat

**Date:** Saturday 10th and Sunday 11th October 2015

**Cost:** £250

**CPD:** 14 hours

**Course Leaders:** Valeria Ferreira and Jerry Draper-Rodi



Participants will be encouraged to appreciate the inter-related nature of structure and function of the human body both in function and dysfunction. Great emphasis will be given to postural awareness in an attempt to enhance participants' anatomical knowledge through their palpatory findings. This course is suitable for all osteopaths, including participants with a more structural and biomechanical concept of the body and health. The two-day workshop will cover:

Current theories behind principles of visceral osteopathy.

Case history discussions to illustrate the application of techniques.

The anatomy of the thoracic viscera and their ligamentous relationships.

Visceral techniques – these will include assessment and mobilisation of:

Thorax: Diaphragm, Pericardium, Oesophagus, trachea and bronchi  
lungs and pleura

Throat:

larynx including hyoid bone, thyroid cartilage and cricoid cartilage

### Get in touch...

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

### What's on?

#### Sat 5 Sept

Dissection: Central Nervous System Anatomy and Exemplified Pathology

#### Sat 5 Sept

TOS & Shoulder Dysfunction

#### Sat 26

Pain 1

#### Sat 10 Oct

Advanced Ergonomics

#### Sat 10 & Sun 11 Oct

Osteopathic Refresher

#### Sat 10 & Sun 11 Oct

Visceral Osteopathy: Thorax and Throat

#### Sat 7 Nov

Sports Conference

#### Sat 28 Nov

Pain 2

#### Sat 28 Nov

Pain & Pharmacology

### 2015-16

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

### Keep up to date...

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

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

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

Phone Husaina on 020 7089 5319 or visit [www.bso.ac.uk](http://www.bso.ac.uk) for a full list of what's available.

# Clinical Anatomy

## Upper and Lower Limb

**Date:** Saturday October 10<sup>th</sup> 2015

**CPD:** 7 hours

**Cost:** £190.00 (light lunch included)

**Venue:** Keele University School of Medicine, Staffordshire

**Lecturers:** Luke Welsh, Clinical Anatomist / Teaching Faculty at Keele  
Jamie Archer, Osteopath / Clinical Anatomist



A full day spent in the new state of the art anatomy suite at Keele University Medical School. This unique day will provide the opportunity to refresh and revise key areas of upper and lower limb anatomy using a variety of resources such as 3D AV presentations, detailed anatomical models and prosected cadaveric specimens.

**Contact:** Jamie Archer Tel: 01246 866947 email: [jamie.archer@btconnect.com](mailto:jamie.archer@btconnect.com)

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Registered Osteopath.

Contact: [info@jemsmovement.com](mailto:info@jemsmovement.com),  
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Cranial & pelvic lesions & impact of the TMJ;  
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Venue: Hilton London Gatwick Airport RH6 0LL  
Course starts: 12-13 September 2015

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Central Office on [info@icak.co.uk](mailto:info@icak.co.uk)  
[www.icak.co.uk](http://www.icak.co.uk)

### Developing Osteopathy in Paediatrics Part 1

7 November 2015 at 9.15 am

We are repeating the course held in March designed for osteopaths

who wish to explore clinical examination of babies. It will also cover differential diagnosis of the unsettled baby as well as an osteopathic understanding of the effects of birth on the structure of the body and the resulting influence on function.



Each Course:  
7 Hours

### Developing Osteopathy in Paediatrics Part 2

8 November 2015 at 9.15 am

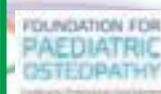
This course follows from the first Developing Osteopathy in Paediatrics

Course and can be booked in conjunction with Part 1. The course will consider the principles of diagnostic clinical

reasoning and paediatric practice as well as clinical presentation and treatment of infants.

This will include colic, gastroesophageal reflux and plagiocephaly.

New graduates and final year students welcome. For more information check our website at <http://www.fpo.org.uk/other-courses> or



phone 020-8875-5293 or  
e-mail [cpd@occ.uk.com](mailto:cpd@occ.uk.com).



Registered charity number 1003934

### **An osteopathic approach to the pelvis and lower limb through the principle of Balanced Ligamentous Tension (BLT)**

Guest speakers: Piers Chandler and Sue Turner

Saturday 10 and Sunday 11 October 2015 (£280 inclusive of lunch and refreshments), Boxley House

Come and join us and find out how to apply this precise and powerful approach to correct the sacro-iliac joint with the patient standing, find resolution of postnatal sacral strains with the patient seated and apply a logical rationale for the comfortable and effective treatment of the feet and ankles and more ...



### **Unlocking the lumbar spine, thorax and upper extremity**

Guest speaker: Tim Coysten

Saturday 24 October 2015 (£140 inclusive of lunch and refreshments), Boxley House

Tim Coysten will examine the lumbar spine, thorax and upper extremity. The course follows on from part one, although previous attendance is not a requirement for a place on part two. Using the same engineering based biomechanical approach, Tim will explore the functions and dysfunctions of these parts of the body. Through his exploration, you will be shown how to assess and treat these important parts of the body using new protocols and techniques. Using a combination of anatomy, physiology and biomechanics, together with demonstration and supervised practical sessions, you will learn new skills to further enable you to understand, diagnose and treat the lumbar spine, thorax and upper extremity. Part three will examine the cervical spine, TMJ and cranial systems.



### **Caroline Stone: A series of advanced masterclasses in osteopathic medicine:**

Saturday 21 and Sunday 22 November 2015 - London

Management of coccygeal pain and its relevance in respiratory and pelvic disorders

Saturday 12 and Sunday 13 December 2015 - venue to be confirmed

Urological disorders and its consequences for lumbo-pelvic mechanics and organ function

Saturday 6 and Sunday 7 February 2016 - venue to be confirmed

Dysfunctional breathing ventral fascias - links between the chest, throat and stomatognathic system



## Still to come:

**Professor Frank Willard** - Title to be confirmed - Saturday 5 and Sunday 6 March 2016, Boxley House

**Business development** - Business support with regular short meetings over the course of several months  
Guest speaker: Ms Dustie Houchin

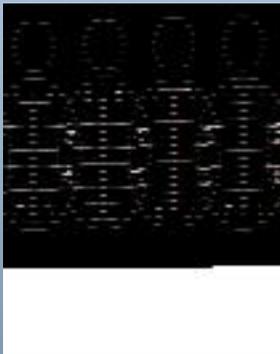
**Visceral programme** - Date and venue to be advised

**Paediatric courses** - A series of short paediatric courses - Date and venue to be advised

## For more information please visit [www.eso.ac.uk](http://www.eso.ac.uk)



**After a successful start last April!**  
***Integrated Techniques  
Education presents: Module 1***  
***September 16-19***



Integrated Techniques  
Education

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BCOM, Finchley  
Road  
London

**When:**  
16-19  
september  
2015

**Integrated Techniques Education** presents a new and revolutionary osteopathic course in which structural, visceral and cranial techniques are combined into one whole concept.

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In four modules we will teach you the theory, and show you the hands-on techniques allowing you to apply this from day 1, helping revolutionize your practice, and giving you a better holistic insight into health.

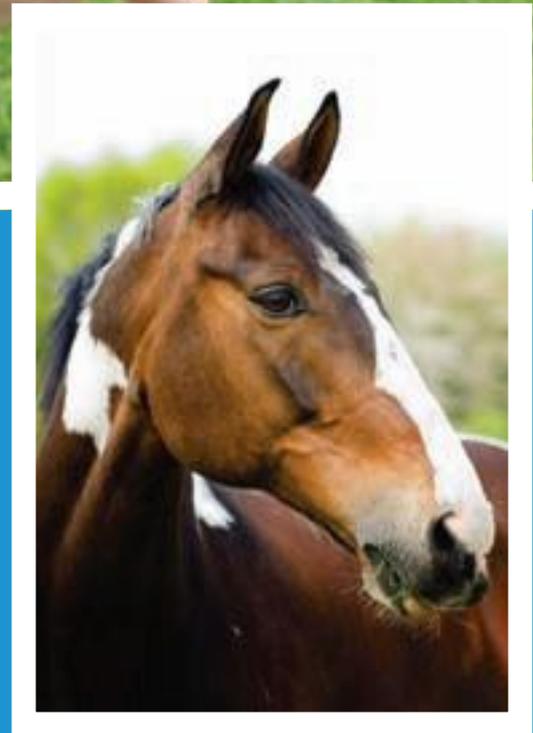
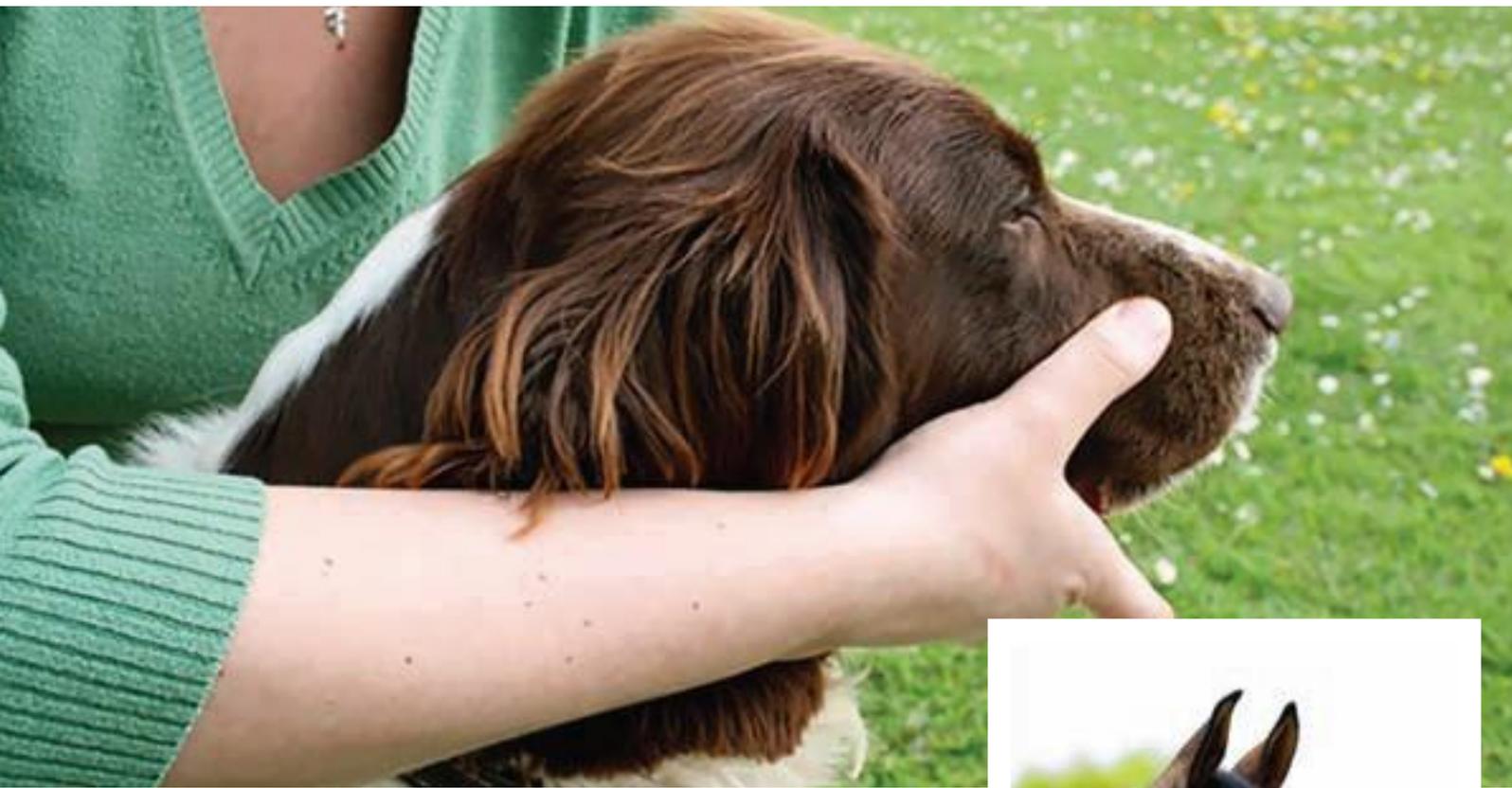
**It explains why and how the organs and musculoskeletal system are related.**

**Are you eager to learn more?**

**For more information and registration:**

**[www.integratedtechniqueseducation.com](http://www.integratedtechniqueseducation.com)**

# Animal Osteopathy - CPD Courses



## Canine courses begin September 2015

Animal Osteopathy courses designed to meet growing standards within the profession and specifically aimed at the working osteopath.

Our courses can be taken as stand-alone 20 credit CPD or you can choose to progress to a validated qualification: Postgraduate Certificate; Postgraduate Diploma (Canine & Equine); MSc Animal Osteopathy (Canine & Equine).

For further information and for details of our Open Events please visit [www.eso.ac.uk/animal-osteopathic-programmes/](http://www.eso.ac.uk/animal-osteopathic-programmes/)

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### September offer - Free CPD credits:

1. Read the article ([cpdoathome.com](http://cpdoathome.com)): A Process Approach in Manual and Physical Therapies: Beyond The Structural Model by Dr. E. Lederman (up to 2 CPD credits Self-Directed Learning)
2. Join the live forum - 10/9/2015 18:30 - 20:00 (1.5 CPD credits Learning with Others)



#### NOW AVAILABLE ONLINE:

**Proprioception: facts, myths and therapeutic implications - Dr. Eyal Lederman**

Up to 3 CPD points for Learning with Others (live forums)

Up to 5 CPD points for Self Directed Learning

Cost: ~~Was £40~~, still discounted at £30 Next live forum 17/9/2015, 18:30-19:30

#### COMING SOON:

**How to manage frozen shoulder - Dr. Eyal Lederman**

Up to 3 CPD points for Learning with Others (live forums)

Up to 5 CPD points for Self Directed Learning

Cost: £30



## Workshops in London:

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

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



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50% discount available to students on most courses (see [www.cpdo.net](http://www.cpdo.net) for further details)

# National Osteopathic Archive History Society (NOAHS) symposia



Saturday 26 September 2015

## Historical significance and present attitudes towards palpation and touch

Speakers: Dr Stephen Tyreman, Dr Jorge Esteves and Professor Laurie Hartman

Chaired by John O'Brien

*Topics include aspects of touch as a primeval language; using palpation as a valuable consistent aid in diagnosis; and aspects of touch beyond technical skills*

Saturday 28 November 2015

## Women in osteopathy and well-being

Speakers include Marianne Bennison and Audrey, Lady Percival

Chaired by Margery Bloomfield

Saturday 12 March 2016

## Chiropractic and osteopathy have been statutorily regulated for over a decade. What has been attained?

Speakers include Ian Hutcheson and Dr Rod MacDonald.

Chaired by Dr Martin Collins

**Symposia are held at the British School of Osteopathy, London SE1**

Each symposium is equivalent to approximately five hours' CPD

Admission per symposium: £20.00 for NOAHS non-members; free for NOAHS members and osteopathic/AECC students

**Annual NOAHS membership costs £25.00**

*For more information, email [Manmohan\\_birdi@hotmail.com](mailto:Manmohan_birdi@hotmail.com)  
[www.noa.ac.uk/noahs](http://www.noa.ac.uk/noahs)*

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- Overground: Alexandra Palace railway station
- Bus: Muswell Hill Broadway bus station
- Car: Free on street parking

Contact James Tanner

Tel: 07836 555100

Email: [james@commsdept.com](mailto:james@commsdept.com)

# Classifieds

## Osteopath required: East Sussex

We are looking for a dedicated, experienced, local osteopath for part-time work a busy multi-disciplinary clinic in Hove. It is preferable if the osteopath has manual therapy and acupuncture skills in addition to structural osteopathy, as our patients are used to a range of techniques. There is excellent potential for the right person to build a thriving list. Please attach your CV and two references to [www.studio57clinic.co.uk/content/jointeam57](http://www.studio57clinic.co.uk/content/jointeam57)

## Osteopath required: Halesowen, W Midlands

Opportunity for self-employed, motivated osteopath to join a team of osteopaths in an established multi-disciplinary practice in Halesowen. The position is for 1-2 days a week (hours and days flexible) to take over an existing list but also to build your own. Ideally I'm looking for someone with skills and experience in dry needling and/or paediatrics, though these can be gained over time. Email [fpassey@hotmail.com](mailto:fpassey@hotmail.com) or call **07956 116297**

## Osteopath required: North Staffordshire

As a result of our clinic development and growth, Leek Osteopathic Health Centre (North Staffordshire) is offering a part-time position to a highly motivated individual. Excellent structural techniques, alongside patient care, are essential and the applicant must be willing to develop their patient list. The successful candidate will be able to work independently and as a team when required. Practice development and CPD support will be offered to the right applicant. For further information or to apply please send CV and covering letter to [info@leekosteopaths.co.uk](mailto:info@leekosteopaths.co.uk)

## Osteopath required: South West of Ireland

Osteopath with proficient structural and cranial skills is required for our busy osteopathic clinic in Limerick. Ability to work some evenings is a requirement. Experience preferred but not essential. CV to include photo, date of birth, osteopathic qualifications and referees to [efosteopathic@gmail.com](mailto:efosteopathic@gmail.com) or call **+353 86 1717749** for further details.

## Locum osteopath required: Surrey

Are you a consummate professional, team player, dedicated to your professional values and have the abilities to provide the premium level of clinical care required in private practice? If you have a minimum of five years' experience and meet the criteria we would be interested in speaking to you about a locum placement, leading to a permanent, part-time position at our integrative clinic. We provide excellent remuneration, CPD courses and ancillary support for all clinicians at the practice. Please send your covering letter and CV to [practicemanager@back2health.biz](mailto:practicemanager@back2health.biz)

## Associate osteopath required: Beds, Cambs, Northants borders

Busy clinic; NHS and private patients; lots of cake; great CPD opportunities; supportive, collaborative environment; all osteopathic approaches used; adult, infant and athlete patients; great team. Interested? Email [claire@asghrovehealth.co.uk](mailto:claire@asghrovehealth.co.uk)

## Associate osteopath required: City of London

Associate (part-time) sought for two-partner practice to replace retiring female partner. Requirements include good communication skills, five years' post-qualification experience and some business ability. Friendly working environment with support. Ideal opportunity for successful candidate to develop practice. Reply with CV and covering letter to [info@devonshireosteopaths.com](mailto:info@devonshireosteopaths.com)

## Associate osteopath required: SW London/ Surrey

Associate wanted to work up to five half-days per week in a brand new clinic. Would suit new graduate who is confident and self-motivated. Good structural technique necessary. We already have an excellent reputation locally at our long-established clinic in Cheam. Please send CV and covering letter to [michael@avenuehealth.co.uk](mailto:michael@avenuehealth.co.uk)

## Associate osteopath required: Nantwich, Cheshire

Full-time associate required to join busy multi-therapy practice in Nantwich, Cheshire, to take over an 18-year patient list. There is also an opportunity for the successful candidate to work within the equine side of the business, treating horses all over the UK and the Channel Islands. Fantastic career opportunity for the right person. Start date: end of August 2015. Please send your CV to [tilstone@btopenworld.com](mailto:tilstone@btopenworld.com) or call **01270 629933**

## Associate osteopath required: Oxon

Associate required in busy market town practice to take over existing list from current female associate. Working in a team environment with principal osteopath and other practitioners. Monday, Wednesday and Thursday 8am-6pm. Ideally with cranial experience but generally a structural approach. Contact Katherine Harris on **07986 284096** or email [katherine.hodson@btinternet.com](mailto:katherine.hodson@btinternet.com)

## Associate osteopath required: South Lincolnshire

Busy multidisciplinary clinic requires associate with good structural skills 1-2 days initially. Must be a good communicator with patients and have a dedicated work ethic. Full clinical support given. CV and letter to [philip@thewellheadpractice.co.uk](mailto:philip@thewellheadpractice.co.uk)

## Associate osteopath required: Surrey

Epsom Downs Clinic. Associate required for 2.5 days a week, including Saturday mornings. Busy established practice, mainly structural and sports injuries but some IVM as well. Please send CV to [simeonmilton@aol.com](mailto:simeonmilton@aol.com) or call **07986 830013**

## Associate osteopath required: Telford

[www.osteopathy-plus.co.uk](http://www.osteopathy-plus.co.uk) We're looking for an energetic, empathic associate with high standards. Up to two days per week. Potential to increase hours and buy into the business long term. Please send your CV and a covering email to [opbroseley@gmail.com](mailto:opbroseley@gmail.com)

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1/8 page	£116	£126

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**Associate osteopath required: Worcestershire**

Part-time associate required to take over existing, busy patient list in well established, structural osteopathic practice (34 years), Kidderminster, Worcestershire. Possibility of increasing hours and potential for growth. Start August 2015. Please send CV and covering letter to [dgrand949@gmail.com](mailto:dgrand949@gmail.com)

**Associate osteopath required: Co. Cork, Ireland**

Associate required to join principal osteopath in a friendly, well-established practice for three days a week. The patient list covers structural, cranial and paediatric osteopathy. A flexible, friendly disposition with excellent interpersonal skills required. Car essential for the commute between two practices (Mallow and Fermoy – 30 mins apart). Ideal candidate would be available to commence in September/October. Email CV and covering letter to [info@mallowosteopaths.com](mailto:info@mallowosteopaths.com) or phone Judith O'Sullivan on **+353 86 1063491**

**Practice for sale: Bedfordshire**

Opportunity to buy goodwill and premises (if desired) of a thriving clinic based in Luton established more than 50 years. Prime location between motorway, hospital and town centre. Patient base 6,000+ with well-known GP connections and referrals. Satellite clinic in local surgery two days a week with main clinic running six days a week. Two other associates providing significant addition to income. Turnover in excess of £150k. Current owner has an opportunity to pursue a new adventure elsewhere but is happy to continue to practise for new owner(s) to facilitate a gradual withdrawal. Interested parties should email [lutonosteo@gmail.com](mailto:lutonosteo@gmail.com) or phone **07931 511797**

**Practice for sale: Charnwood, Leicestershire**

Outstanding and rare opportunity. Leasehold practice for sale, established 2006. Two large clinics, two large therapy rooms, waiting room, entrance area, onsite free parking for six cars. Very busy practice, well

facilitated and located, fully equipped, decorated every 1-2 years. Fully computerised including autoclave. 10 years' worth of accounts. Essentially a multi-therapy centre. Sale price £245k. Support services all included, reception, cleaner, website creator and marketer, accountant. Reason for sale: owner moving. For enquiries call **0116 4422184**

**Practice for sale: Herefordshire**

A rare opportunity to purchase a fully equipped ground floor practice in a county town with huge client base of more than 40 years. Fixtures and fittings, telephone number, superfast broadband and goodwill included. Lease available. Two large treatment rooms, reception, waiting room and separate kitchen/office. Private parking. Flexibility for living accommodation. Well-known practice. NHS referrals. Principal retiring. Contact: [mail@herefordosteopaths.co.uk](mailto:mail@herefordosteopaths.co.uk)

**Practice for sale: South East London**

Ideal, quiet location. Well established. Huge potential.

One spacious room. 50/50 structural/cranial. Excellent transport links. Includes fixtures and fittings. For more information please contact Julie on [Julie600@hotmail.co.uk](mailto:Julie600@hotmail.co.uk)

**Practice for sale: Northern Ireland**

Goodwill of osteopathic and sports injury clinic. The clinic is situated in Strabane, Co. Tyrone, Northern Ireland and has been established 10 years. Average turnover for the last three years was £33k. The clinic is marketed through word-of-mouth referrals, website, local sports clubs and GPs. A new owner could increase the number of operating days each week. The current owner is willing to provide a handover for a buyer. Guide price £50k. For more information please email [info@joylaneclinic.co.uk](mailto:info@joylaneclinic.co.uk) or telephone **01227 266439**

**Treatment room for hire: Sanderstead, Croydon**

Clean, modern and professional room with air-conditioning and adjustable couch. Available Mon-Sat for established practitioner with own patient list. Tel: **07790 007794**

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Wouldn't it be better to have your own, full-time receptionist to book your appointments, book-in your new enquiries and manage your diary but without a huge cost?

Outsource your reception to our friendly Best Receptionists and we'll do precisely this for your practice.

Use your existing booking system (or we can provide alternatives) and be confident that when you're looking after your patients, we'll look after your callers.

Best Reception offer a confidential service that is second to none, at a price that is easy on your pocket.

## From just £1 per call we will:

- Answer the phone in your practice's name
- Book, cancel, move appointments
- Provide information to your callers, i.e.
  - Pricing
  - Location and Directions
  - Cancellation policies
- Work with multiple practitioners & appointment types - no problem and no extra cost!
- Screen unsolicited calls - free of charge
- Send you an email notification of everything we do

What's more, there are NO set-up fees!

So whatever the size of your practice, Best Reception would love to help.

## How it works;

- Tell us how you'd like your calls handled
- Share your diary with us (or we can set one up for you)
- Divert your phone (as and when you need) to the unique number we provide to you
- And relax - we've got it covered.

## A bit about Best Reception

Established in 2006, Best Reception have been providing services to Osteopaths and other private practitioners for nearly 10 years. Our dedication to customer service, close ties with our clients and our friendly yet professional service has resulted in phenomenal client retention and year-on-year growth, every year.

## Our MD, Andy McKenna says,

“When we started our business, our aim was to provide high levels of customer service to a huge range of businesses. We never realised how beneficial it could be to private practices. Over the years, as we've seen how well our service ties in with a practice setting, private practices have become a substantial proportion of our client base.

“As a sector which naturally attracts professional individuals who have invested a great deal of time and energy in not just setting up their own business, but all the training that comes beforehand, the relationship between ourselves and the Osteopath is usually extremely close-knit, enabling our receptionists to provide a fully integrated service to the practice; and this in itself is very rewarding and motivating for our teams.”

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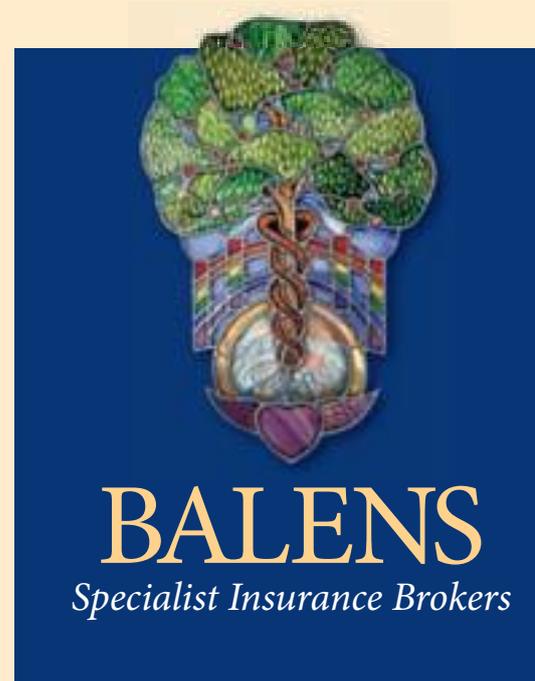
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