

the osteopath

The magazine for osteopaths

Acting on your feedback



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Take part
in our
consultations
p6



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legacy p11



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Enquiries about registration fees, VAT, payments.

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Enquiries about Council members and meetings, GOsC Committee business.

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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
www.osteopathy.org.uk

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

GOsC staff contacts

Kelly Barnard (ext 229)
Registration Administrator
registration@osteopathy.org.uk

Monika Bojczuk (ext 235)
Professional Standards Assistant
psadmin@osteopathy.org.uk

Joy Bolt (ext 238)
Professional Standards Officer
jbolt@osteopathy.org.uk

Fiona Browne (ext 239)
Head of Professional Standards
fbrowne@osteopathy.org.uk

Brenda Buckingham (ext 256)
Senior Registration Officer
bbuckingham@osteopathy.org.uk

Alan Currie (ext 255)
Head of MIS
acurrie@osteopathy.org.uk

Marcus Dye (ext 240)
Professional Standards Manager
mdye@osteopathy.org.uk

Sarah Eldred (ext 245)
Communications Manager
seldred@osteopathy.org.uk

Kellie Green (ext 236)
Regulation Manager
kgreen@osteopathy.org.uk

Priya Lakhani (ext 249)
Regulation Officer
plakhani@osteopathy.org.uk

Suzanne Miller (ext 222)
Senior Communications Officer
smiller@osteopathy.org.uk

Margot Pinder (ext 228)
Web Manager
mpinder@osteopathy.org.uk

Matthew Redford (ext 231)
Head of Finance and Administration and Acting Head of Registration
mredford@osteopathy.org.uk

Abdul Saadeddin (ext 251)
Facilities Manager
asaadeddin@osteopathy.org.uk

Marcia Scott (ext 246)
Assistant to Chief Executive and Registrar
mScott@osteopathy.org.uk

Velia Soames (ext 248)
Head of Regulation
vsoames@osteopathy.org.uk

Vanessa Tailor (ext 224)
Regulation Assistant
vtailor@osteopathy.org.uk

Brigid Tucker (ext 247)
Head of Policy and Communications
btucker@osteopathy.org.uk

Sonia van Heerden (ext 242)
Information Officer
svheerden@osteopathy.org.uk

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Welcome to another edition of *The Osteopath*.

We've reached the end of 2012 and what an eventful year it's been. The theme of this issue is 'Acting on your feedback'. We've been acting on what you told us in the Opinion Survey (see page 4) to improve our services, we will be reporting shortly on the outcome of the recent consultation on registration fees (see page 8) and work is continuing in response to feedback on the revalidation pilot to develop the right scheme for the profession (see page 8).

On page 6 we are inviting your views on three other issues which affect osteopaths, including draft guidance on consent, the use of 'consensual disposal' in certain fitness to practise cases and what type of data should the GOsC keep. So please have your say.

I hope you find this issue of *The Osteopath* helpful to your practice. As we move towards 2013 may I take this opportunity to wish you season's greetings from all at the GOsC.

Suzanne Miller
Editor
The Osteopath

the osteopath

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Email: editor@osteopathy.org.uk

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General Osteopathic Council
Osteopathy House
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Email: editor@osteopathy.org.uk
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The Advertisement Manager
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Acting on your

Earlier this year, we asked for your views on the role of the GOsC and osteopathic regulation, and how we can engage and work most effectively with the profession.

We received 1,372 responses – approximately 30% of registrants. Thank you to everyone who took time to give us their feedback. You can view the full findings on the GOsC websites, along with a fuller commentary.

Your feedback is helping to shape our plans and priorities for the year ahead. Here we reflect on some of the issues you highlighted in the survey and how we are responding.

The role of the GOsC

You said: The role of the GOsC in registration, maintaining standards, and managing complaints is clear. Less clear is who should be leading development of standards of practice and training – some felt this ought to be more profession-led.

Our action: The GOsC has a statutory duty to set these standards, but osteopaths are involved in their development. Following the regional conferences this summer looking at how the profession develops, we are working with all the main osteopathic organisations with the aim of fostering and spreading leadership more evenly across the profession.

Promoting awareness of osteopathic regulation

You said: Regulation has had a broadly positive effect on osteopathy, enhancing osteopaths' standing and recognition in the healthcare community. But osteopathy is not sufficiently-widely recognised and more could be done.

Our action: We will be renewing our efforts in the coming months to promote wider awareness of osteopathic

regulation and standards, but you can help too, for example by using the new leaflet we've recently produced for use with other health professionals. It is important to remember that it is not the job of the GOsC to promote the benefits of osteopathy to patients; that is for the BOA and individual osteopaths.

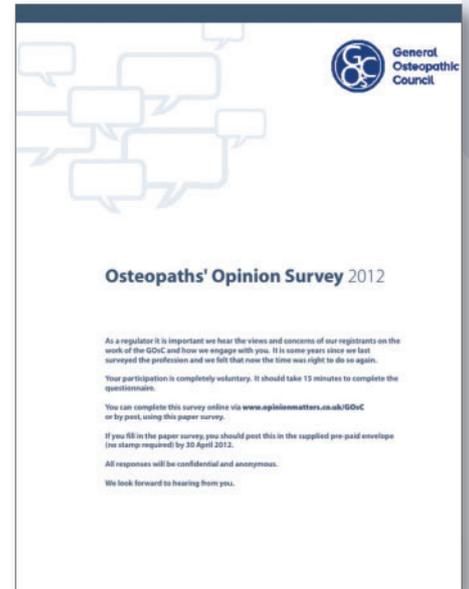
You said: It benefits your practice to highlight your professional registration in your publicity material.

Our action: Next year we plan to develop a new Certification Mark (currently the Safe in our Hands mark), based on the GOsC logo, to help you assure patients of your 'registered practitioner' status, as many of you indicated you would welcome this.

Reporting illegal practice

You said: You are highly likely to report a practitioner falsely claiming to be an osteopath.

Our action: We depend on you to alert us to illegal practice in your area and where we have sufficient evidence we will prosecute, but we have noted from your feedback that we could do more to keep you in touch with how cases are progressing.



Reporting concerns about another health professional

You said: As many as one in three of you have at some time had concerns about another osteopath's attitude or behaviour, clinical knowledge and skills, or health – but only half had taken action, in the interests of patient protection and preserving the profession's reputation.

Our action: Recent media reports about hospitals and care homes have highlighted the importance of healthcare professionals raising any concerns they have about colleagues.

The *Osteopathic Practice Standards* say that you should 'Act quickly to help patients and keep them from harm'. Feedback indicates that many osteopaths were unsure what to do in these circumstances, but a call to the GOsC can provide you with the advice you need.

feedback

Fitness to practise: the complaints process

You said: On the whole you believe the regulatory complaints processes produce fair outcomes, but fewer than half of you feel you have a good grasp of what the GOsC complaints processes and procedures entail.

Our action: Very few osteopaths are the subject of complaints – less than 1% each year – so it is not surprising that the majority don't really understand the whole process.

But for the profession as a whole, most important is learning what causes patients to complain, and how professional behaviours and clinical practice can be adjusted to avoid dissatisfaction and dispute. Every year we produce a Fitness to Practise report detailing the complaints of the previous 12 months and any trends. We also produce a Fitness to Practise bulletin, offering case studies and guidance to address issues that provoke complaints, and echo this guidance also in *The Osteopath* magazine and on the **o** zone.

We are always keen to explore new and more effective ways of engaging osteopaths in sharing and learning lessons from concerns raised by patients – we would welcome your suggestions.

Customer service

You said: Almost three-quarters of you had contacted us with a query in the last year, mostly by telephone or email, and very largely you were satisfied with the experience.

Our action: Your feedback has highlighted areas for improvement, however, and from this we have formulated new customer service standards (published on our

websites) which, along with staff training and a reorganisation of our telephone system, should help ensure we deal more quickly and satisfactorily with all who contact us.

We are also working to improve our online CPD and Registration renewal processes. At the moment, while 80% of osteopaths use the online CPD return, only 30% renew their registration in this way. Increasing take up of both systems will save us money and help to reduce your registration fee.

Communicating with you

You said: Most importantly, you want to have available a range of different ways in which you and the GOsC can communicate, as this best suits the busy, clinical environment in which you work.

Our action: Our aim is to offer you a choice of ways to receive information and to communicate with us. Most osteopaths still prefer to receive important information about their registration by mail, and this will remain our policy, but we want to use email for as much other communication as we can, so do ensure we have your up-to-date email address. We now also use Facebook and Twitter to communicate with osteopaths and plan to introduce an online forum on the **o** zone for raising queries and issues with the GOsC, and openly share our responses.

You said: The tone of our publications and bulletins is too formal and the language overly complicated and full of jargon. The content should relate more directly to the day-to-day practice of osteopaths and further support professional development.

Our action: We hope changes to the language, tone, content and design of our communications will soon be apparent to you. As part of this, you can expect to see a

difference in *The Osteopath* magazine in the months ahead.

You said: You would like to see improvements to the content, navigation and searchability of our websites.

Our action: Work is already underway on both the public website and the **o** zone, so that information is easier to find and navigate. If you would like to be part of a virtual **o** zone user group, giving us more detailed feedback on the website, please email webmanager@osteopathy.org.uk.

Consulting you

You said: While most (70%) consider that the GOsC consults osteopaths well, a substantial number of you believe that the outcomes of these consultations are pre-determined and your feedback will have no effect.

Our action: We recognise a need to be clearer about the purpose and aims of each individual consultation, as your input is essential to shaping osteopathic regulation and development. We already undertake always to publish consultation feedback in full and explain where and how your input has influenced Council thinking and shaped policy development. We hope our online forum and face-to-face meetings, which many of you attend, continues to help all-round understanding.

Your feedback arising from this survey, along with the full survey results, are available on the **o zone, where these issues are more fully explored.**

Your feedback on consensual disposal

We are currently asking for your views on consensual disposal under Rule 8 of the GOSC Professional Conduct Committee (PCC) Rules. These Rules govern the way the PCC carries out its functions.

Consensual disposal is when the PCC and the osteopath in question agree by mutual consent for a case to be concluded without the need for a hearing to take place. This is as an alternative to a full hearing if the PCC has reviewed the evidence and considers the complaint should be dealt with by way of admonishment. In some instances this may be the most appropriate and proportionate way to deal with a complaint.

For consensual disposal to take place, the osteopath in question must:

- > Admit all the facts set out in the complaint, and
- > Admit that those facts amount to unacceptable professional conduct, professional incompetence or that he has been convicted of the offences referred to in the complaint

A sanction of admonishment would then be imposed.

Consensual disposal has always been in place but we have rarely used this option and we are keen to seek the views of osteopaths as to whether this is something that the profession would like us to use more often.

This consultation will run until the end of January 2013. For more information or to take part, log on to the **o** zone, select the 'Get Involved' tab and click on 'Consultations'.

More information on how the GOSC deals with concerns and complaints about osteopaths is available on the **o zone under the 'Get Involved' tab.**



What information should we keep and for how long?

Since the GOSC was established we have acquired and kept a large amount of information about registrants, sometimes of a personal and sensitive nature. This is in line with our statutory obligations and functions.

However, going forward, we only want to be storing information for as long as we need it, and we are seeking the views of osteopaths and others as to the length of time for which various kinds of information should be retained.

This consultation will open on 1 January 2013 and run until the end of March. For more information or to take part, log on to the **o** zone, select the 'Get Involved' tab and click on 'Consultations'.

Fee reductions in 2013-14

Following on from this year's 10% reduction in the GOsC registration fee, Council is proposing to pass on further cost savings to osteopaths in the coming financial year.

Over the last two months, we have been consulting with you on how best to reduce the registration fee in 2013-14. Thank you to everyone who responded. The final decision on this will be made later in the year to be implemented from May 2013.

While we are keen for any cost savings we can make to be passed onto osteopaths,

as a statutory body we need to ensure that we still have sufficient funds in reserve to cover any major upcoming projects and activities such as a possible revalidation scheme.

For further information, please contact
020 7357 6655 or email
info@osteopathy.org.uk.

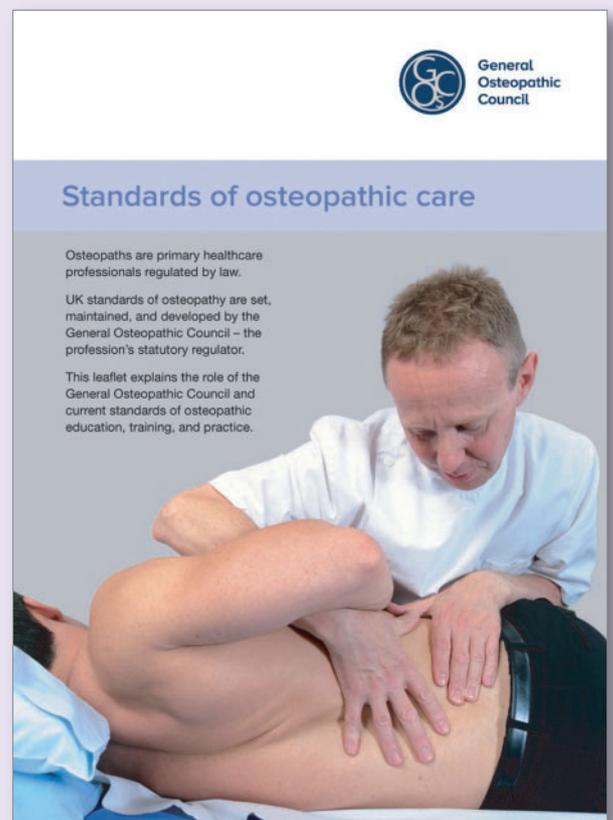
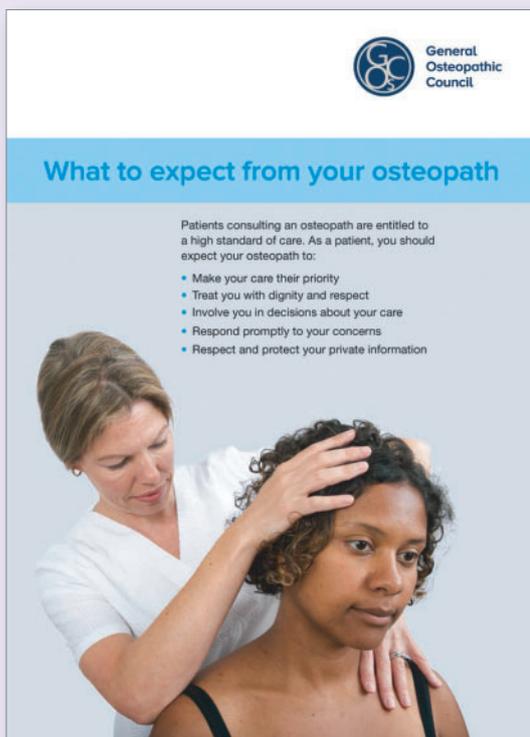


Promoting quality care

Be sure the public and patients are fully aware of the quality of care they can expect from you.

Both leaflets – *What to expect from your osteopath* and *Standards of osteopathic care* – aim to help the public and your patients recognise the high standards of treatment provided by osteopaths.

Order yours today from the **o zone** at a cost of **£2.50** for 25 leaflets plus postage and packaging.



Revalidation: what's happening?

1 in 18 of all osteopaths stayed with the pilot all year and completed the revalidation portfolio – an immense achievement and great value for the profession. Thank you to everyone who contributed.

All feedback about the pilot has been passed to KPMG for them to write an independent report which we plan to publish in Spring 2013.

The Council for Healthcare Regulatory Excellence (CHRE), now called the Professional Standards Authority (PSA), which oversees all the statutory health care regulators has also recently published its report *An approach to continuing fitness to practise based on right touch principles* (2012).

The report clarifies thinking on some important issues including:

- > The outcome of revalidation or equivalent schemes should be that registrants can demonstrate they are safe and fit to practise

- > Regulators should be able to provide assurances of the continuing fitness to practise of its registrants
- > Compliance with CPD requirements, while helpful, is not in itself a measure of continuing fitness to practise
- > Risks should be interpreted broadly to include factors relating to context and practise, and conduct as well as competence
- > Regulators of lower risk professions may not need to have such high levels of confidence in their continuing fitness to practise decisions but must be able to demonstrate that registrants meet standards.

The PSA Report also encourages us to think more broadly about ways to build on activities at a local level to support continuing fitness to practise. For

example, if local groups of osteopaths were involved in analysis, such as comparing patient reported outcome measures (PROMs), then the approach taken to these groups could be different to those not involved.

We will know more once we have received KPMG's report. More information on this will be in the next edition of *The Osteopath*. In the meantime, we would welcome your further thoughts about how we can demonstrate that registrants continue to meet our standards. Please email Fiona Browne at fbrowne@osteopathy.org.uk.

The report *An approach to continuing fitness to practise based on right touch principles* is available from www.professionalstandards.org.uk.

Auditing your CPD

Every year, osteopaths must demonstrate that they have fulfilled the continuing professional development (CPD) requirements as part of their registration renewal. At the same time, regulators must be able to show to others that registrants comply with the CPD scheme.

There are two ways to ensure this:

- > Test every single CPD Annual Summary Form against guidelines and provide feedback or
- > Audit a sample of all forms and CPD record folders

We currently audit a sample as this is the most proportionate and cost-effective option.

How does the audit work?

The GOsC sample 20% of the CPD Annual Summary forms and 2% of CPD record folders against CPD Guidelines. There is a 1 in 5 chance of your form and a 1 in 50 chance of your folder being audited each year.

We check that all forms fulfil the minimum of 15 hours of learning with others activities within the 30 hours total. Sometimes (in around 13% of submissions), we may contact an osteopath if information is missing or more clarification is needed. Common reasons for seeking further information can include the osteopath:

- > Claiming 'learning with others' by giving presentations to students or patients and public when no learning element is clearly identified (page 14 of the CPD Guidelines)
- > Not clearly explaining the purpose of each group meeting and topics discussed (page 20 of the CPD Guidelines)
- > Not providing enough detail about reading of articles (page 16 of the CPD Guidelines)
- > Claiming 'learning by oneself' hours following attendance at a course but not providing enough detail about these activities (page 19 of the CPD Guidelines)
- > Not providing enough detail about specific modules when claiming for Higher Education courses (MSc, PhD etc) (page 25 of the CPD Guidelines)
- > Not stating relevance to human patients when claiming hours for undertaking Animal Osteopathy courses (page 17 of the CPD Guidelines).

When submitting CPD, you must explain how this is relevant to your work as an osteopath, and if your role includes delivering education and research, your CPD should relate to this as well as clinical practice. For instance, 'discussion and debate with colleagues, sourcing and preparation of new lecture material, teacher training programmes and involvement in research', and there are many other types of CPD that could contribute (for more information, see CPD guidelines).

While the sample of CPD submissions is initially chosen at random, we are making efforts to target osteopaths who have never been audited.

If you are struggling to meet the CPD requirements, need advice or want to access our e-learning facility, please do get in touch – we are here to help.

You can contact the Professional Standards Team on 020 7357 6655 ext 238 or email cpd@osteopathy.org.uk

Conference presentations online

If you were not able to make it to the GOsC regional conferences in person this year, the presentations relating to the new *Osteopathic Practice Standards* and communicating risk to patients are available to watch on the o zone.

These presentations were recorded at the GOsC regional conference in Borehamwood on 16 July 2012.

Pleased to tweet you

October this year saw the launch of our new Twitter feed and since then we have seen our followers increase to over 120. Many thanks for your support.

Follow us at twitter.com/gosc_uk to receive regular tweets from Chief Executive Tim Walker. So far, Tim has tweeted on various topics including revalidation and has made announcements on topics such as the outcomes of surveys and our upcoming consultations.

As well as keeping up to date with all the latest news, you can engage with other colleagues.

You can also join us on Facebook at www.facebook.com/goscnews



Velia Soames, GOsC Head of Regulation introduces the *Osteopathic Practice Standards*.

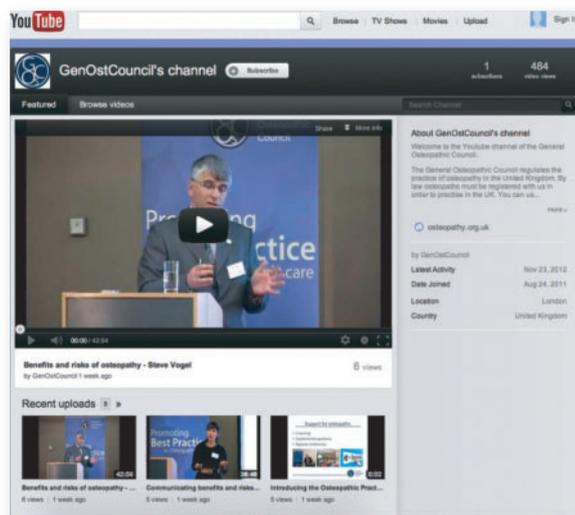


Steve Vogel, Vice Principal (Research and Quality) at the Bridge School of Osteopathy and Editor of the *International Journal of Osteopathic Medicine* presents new data from the Clinical Risk Osteopathy and Management (CROaM) study, including the frequency and character of minor and major adverse events in UK osteopathy.



Pippa Bark, Principal Research Fellow at University College London discusses how best to communicate benefit and risks effectively to patients, including how to integrate risk information into practice, ensuring common sense prevails.

You can watch all of these at www.youtube.com/user/GenOstCouncil



Clarifying non-practising status

Since the Register was introduced, osteopaths who plan to take a career break (maternity leave or a sabbatical for example), or who intend to stop treating patients (for instance, while pursuing research), can describe themselves as 'non-practising' and claim a reduced registration fee if not working for three or more continuous months.

We have become aware recently that a very small number of osteopaths who are eligible for this fee discount continue to practise occasionally during the course of the year. Following a recent discussion at Council, it was agreed that in the interests of patient protection some clarification in this area was necessary.

We have no plan to change the eligibility for the fee discount for those wishing to take a career break, and those osteopaths who want to be described as non-practising on the Register can still be.

However, if for any reason at any time in the course of the year an osteopath intends to practise – and by this we mean have any clinical contact with

patients as an osteopath – then they must be listed as 'practising' and meet the relevant requirements of registration. This will ensure that there is no confusion for anyone consulting the online Register as to whether an individual osteopath is entitled to treat them.

We have written to every osteopath who is currently receiving the fee discount to explain this change. We do not believe that it will have a significant effect on any osteopath, but if you are already non-practising or are thinking of becoming non-practising in the near future and require any clarification, please contact the Registration Team on 020 7357 6655 ext 256 or 229, or email registration@osteopathy.org.uk

Join your local professional network

Osteopaths are actively tackling practitioner isolation with a growing community of local and regional osteopathic groups. We set up the Regional Communications Network to enhance communication between the GOsC and the osteopathic profession to encourage greater communication among osteopaths. To date we are aware of over 30 well-established regional groups across England, Wales, Scotland and Northern Ireland.

Our recent osteopath survey tells us that nearly half of you belong to a local peer group, and you value greatly the social and CPD opportunities this provides.

The Regional Communications Network also contributes to the development of osteopathic standards and policy initiatives.

The Network usually meets GOsC staff and Council members twice a year at Osteopathy House.

The next Network meeting is due to be held on 15 March 2013 and further details will be available on the **o** zone in the new year.

To find your nearest regional osteopathic group, go to the directory of contacts on the **o zone under 'Get Involved'. If no group currently exists in your locality, contact the GOsC Communications Team on 020 7357 6655 ext 222 about setting up your own.**



The Olympics' legacy: osteopathy is still a winning team

Now that London 2012 is over, the osteopaths who were part of Team Osteo have had time to take stock and see what the games have paved the way for osteopathy in the future.



Reunited: Team Osteo

We took the opportunity to catch up with the head of Team Osteo, Simeon Milton:

1. Tell us about Team Osteo and its role in the Games

Being part of Team Osteo was a chance to set the bar for osteopathy in the eyes of the International Olympic Committee (IOC) and we had glowing feedback about our work from each Polyclinic we worked in. The osteopaths chosen to be part of the Central Medical Team began their work at the Olympics on 16 July and

finished on 14 August. The Paralympics took over on 22 August and closed on 12 September. During this time, Team Osteo carried out more than 900 treatments and we had the dual responsibility of treating athletes and educating the other professions about what osteopathy is and what it has to offer.

2. In your opinion, how has London 2012 influenced thinking around interprofessional working?

I believe that London's interdisciplinary approach to physical therapies will set a benchmark for future Olympic and Paralympic Games. Its success and the role of osteopathy in this success, will open more doors and opportunities for osteopaths to work at the cutting edge of sports care.

3. Has the process of selecting people for Team Osteo influenced the development/criteria for specialist practice?

Not so much the criteria, but definitely the need to develop some recognition of the Osteopathic

Sports Care Association (OSCA). OSCA UK is in the final stages of creating a Fellow of the Osteopathic Sports Care Association (FOSCA) which will be externally ratified by a University. We will shortly be publishing the criteria to become a FOSCA so people can decide who they want to put forward for this (self-nominations are not allowed).

4. What skills/experience will be needed for an osteopath to practise in an environment like the Olympics?

Osteopaths interested in working at the elite level will obviously have to show some experience in sports care. Though experience is important, the ability to work as part of a team is absolutely vital. You will need to muck in with whatever tasks are required – not just treating athletes. Also, don't expect it to be glamorous all the time – there will be moments, but the majority of time will be in training venues and dingy changing rooms well away from the public gaze.

5. What impact will the Olympics have on the future of the profession in terms of treating methods?

There was a lot of treatment kit at the Games and we found the Games Ready machines to be of particular use. I would suggest though that the main reflection by Team Osteo after the Olympics was, to quote one of our team members: "If you just do good old Osteopathy the athletes love it." I think it is vital that the profession maintains the highest hands of clinical and treatment skills, and that the undergraduate institutions continue to emphasise this in their training. To quote another Team Osteo member: "We fit in perfectly between the other professions which are sometimes advice heavy and sometimes manipulation heavy."

In terms of what will happen next, the final report is not yet finished but it appears that the IOC will recommend that osteopathy continues to be involved in subsequent Olympic and Paralympic Games, starting with Rio in 2016. We're certainly keen for this to happen and we have been liaising with the Brazilian Osteopathic register and through them the Rio Olympic Committee (ROCOG).

ROCOG will make the ultimate decision about this but it's still early days and for now the discussions are continuing. Now off to polish the Portuguese!



Simeon (centre) and colleagues do the 'Robot'

"If you just do good old Osteopathy the athletes love it"

Osteopathy gets vote from Olympics handball team

While London 2012 was the first time osteopaths were integral to Central Medical Team at the Olympic and Paralympic Games, members of the profession were also playing a key role within national sports teams.

One such osteopath was Alexia Lescure who was selected as lead osteopath for Team GB's handball squads:

"I have been involved with GB handball since 2009 and in the last three years I've travelled worldwide with both teams to help them prepare for the Olympic Games.

"It was very reassuring to know that people on site at the Team GB Performance Centre in the Olympic Village were the epitome of UK medical professionals and staff with whom I had already built a professional relationship.

"I was happy and proud to have been part of Team GB, especially considering that this is the first time that osteopathy has been included in the host medical services."

Listening to patients' concerns

Effective communication with patients is a bedrock of good osteopathic care, especially when responding to concerns or complaints that may arise about treatment.

Examples of poor communication leading to complaints in the wider NHS were highlighted in a new report published recently by the Health Services Ombudsman – a free and independent service for anyone who is unhappy with NHS services in England.

Listening and Learning gives an overview of complaints made to the Ombudsman in 2011–2012 where the NHS has failed to provide an adequate remedy or proper apology when things have gone wrong. In one case seen by the Ombudsman, a man was accused of being a 'baby' when he expressed his anxiety about having a general anaesthetic. Another example involved a patient whose skin cancer was misdiagnosed by his GP practice on six different occasions and who was unable to get the practice to acknowledge any failings. In this report the Ombudsman is calling on the NHS to improve its communication with the people who complain and the quality of the way complaints are handled.

Within osteopathic practice, if you meet the standards in the *Osteopathic Practice Standards* you should be able to practise osteopathy safely, competently and ethically. From time to time, however, patients may be dissatisfied with, or have concerns about, the care they have received. D7 of the *Osteopathic Practice Standards* states: 'Be open and honest

when dealing with patients and colleagues and respond quickly to complaints. 'All osteopathic practices should operate a procedure for considering and responding to any complaints about treatment. Staff should also be familiar with this procedure and know to whom to direct a complaint. If you act constructively, allow patients the opportunity to express their dissatisfaction, and provide sensitive explanations of what has happened and why, you may prevent the complaint from escalating.

More information on how to manage complaints is available at D7 in the Osteopathic Practice Standards, via the o zone at: <https://www.osteopathy.org.uk/ozone/practice-guidance/managing-complaints>

The Health Service Ombudsman's report can be downloaded from: www.ombudsman.org.uk



CHRE name change

The Council for Healthcare Regulatory Excellence (CHRE) that oversees the work of the GOsC and other health and social care regulators in the UK is changing its name.

From December 2012, the CHRE will be known as the Professional Standards Authority for Health and Social Care (PSA).

The PSA's responsibilities are to:

- > Oversee the nine health and care professional regulators in the UK and report annually on their performance
- > Carry out audits, reviews and investigations as necessary
- > Advise the Privy Council on the progress for appointments to the regulators' councils
- > Provide advice to the four UK

- governments on good practice in regulation as requested
- > Promote and develop the application of right-touch regulation
- > Conduct research and monitor developments in regulation in the UK, Europe and internationally
- > Provide consultancy and advice on request to regulators in other countries.

The PSA will also oversee and set standards for voluntary registers of people working in health and social care occupations that are not subject to statutory professional regulation. There are

a range of voluntary registers, but no system that allowed the public, employers or professionals to gauge whether they operated effectively and to high, or common, standards. This decision followed discussions and workshops with organisations that hold voluntary registers, along with members of the public and other stakeholders to develop a set of standards and the PSA's approach to accreditation.

For more information, see www.professionalstandards.org.uk

Forthcoming special issues

International Journal of Osteopathic Medicine



Osteopathic Principles

Guest edited by Gary Fryer, PhD, Victoria University, Melbourne, Australia

Soon to be published! It has been reported that osteopathy and osteopathic medicine continue to suffer from a lack of true clarity and identity, which contribute to continuing difficulties in promoting the unique aspects of the services provided by the profession within many countries.

It has often been stated that osteopathy is not a collection of manual techniques, but the application of 'osteopathic principles'. If this is the case, one would reasonably expect that clear principles have been developed and endorsed and that these principles would distinguish osteopathy or osteopathic medicine from other health professions.

This special collection of papers will discuss and debate the topic and viewpoints from international osteopaths.

Guest Editors

Tyler Cymet DO,
Associate Vice President for Medical Education, American Association of Colleges of Osteopathic Medicine, MD, USA

Stephen Tyreman PhD,
Dean of Osteopathic Education Development, British School of Osteopathy, London,

Now indexed by Thomson Reuters© – a high impacting journal dedicated solely to osteopathy and osteopathic medicine, read by health professionals in more than 80 countries worldwide

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Watch the podcast and interview with Stephen Tyreman at <http://player.vimeo.com/video/50916958>

IJOM Plus research package

From now on you will have free access to articles from certain journals that have been referenced in articles from the International Journal of Osteopathic Medicine (IJOM).

The journals included are listed on the Research journals page of the o zone. Just click on the link in the list of references to read the article.

For more information, call 020 7357 6655 ext 228 or email webmaster@osteopathy.org.uk

NCOR has relocated

The National Council for Osteopathic Research is now being hosted by a new institution. From 1st August it has been moved to Barts and The London, Queen Mary's School of Medicine and Dentistry.

The new contact details are:

National Council for Osteopathic Research,
 Barts and The London School of Medicine and Dentistry,
 Centre for Primary Care and Public Health,
 Blizard Institute,
 Yvonne Carter Building
 58 Turner Street
 London E1 2AB

Telephone: 020 7882 6131

www.ncor.org.uk

Osteopaths' views on the development of a career structure for osteopathy

Thank you to everyone who contributed to this study.

Members of the Exeter research hub have now completed some basic analysis of the study's findings. Some further statistical analysis is being undertaken and the study is currently being prepared for submission for publication.

A brief report will appear in the next edition of *The Osteopath*. In the meantime, for more information contact Carol Fawkes at c.fawkes@qmul.ac.uk

New research assistant appointed

The National Council for Osteopathic Research is delighted to announce the appointment of Elena Ward as its new research assistant.

Elena has worked in manual therapy since 2004, having initially trained in massage and more recently as an osteopath. She studied at Oxford Brookes University, graduating with a full Masters in Osteopathy in July 2011. Over the previous eight years, Elena has worked in multidisciplinary clinics and as part of a team at sports events, including multi-stage cycling events in Europe. She now runs her own sports injury and osteopathy clinic in Oxford. In her clinic she uses a combination of osteopathy and acupuncture (having trained with the British Medical Acupuncture Society) to treat a range of sport and non-sport related musculoskeletal problems. She treats a range of ages, from children to the elderly, but primarily people who wish to be active, whether it is in their sport, leisure time or work.

In addition to running her clinical practice, Elena teaches the Level 5 BTEC diploma in Sports and Remedial Massage at the Oxford School of Sports Massage and is a teaching associate at Oxford Brookes University in the Osteopathy programme.

Having gained an insight into the benefits and challenges of research throughout her Masters, Elena developed a keen interest in being involved directly in the field, and this led her to apply for the research assistant post with NCOR. She is particularly interested in the underpinning research for osteopathy and how this information can direct future investigation into the efficacy of treatments and help us to communicate with other professionals and patients.



For further information about the work of NCOR visit the NCOR website or email the NCOR Research Development Officer Carol Fawkes at c.fawkes@qmul.ac.uk or the NCOR Director, Dr Dawn Carnes, at d.carnes@qmul.ac.uk

Conference calendar

Please refer to the NCOR website – www.ncor.org.uk for details of all upcoming conferences

Redesign of the NCOR website

Work is currently taking place to redesign the NCOR website. A range of new material will be added progressively to the site and it will eventually host a range of new platforms for submission of Patient Related Outcome (PROM) data by both patients and osteopaths, and an adverse events learning platform.

Various social media facilities will also be used e.g. Twitter to stream up-to-date information about research to the profession as it becomes available.

More information will be available in a future edition of *The Osteopath*.



Participating in research

All osteopaths are being asked on their GOsC re-registration form to indicate whether or not they are prepared to participate in research projects involving or concerning the profession.

It would be very helpful if you would support the undergraduates at the Osteopathic Educational Institutions (OEIs) and researchers from other institutions if you agree to participate in future work.

For more information, see www.ncor.org.uk

NCOR research hub news



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

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

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

- > BRISTOL
Please refer to the NCOR website – www.ncor.org.uk
- > EXETER
Please refer to the NCOR website – www.ncor.org.uk
- > HAYWARDS HEATH
Please refer to the NCOR website – www.ncor.org.uk
- > LEEDS
Please refer to the NCOR website – www.ncor.org.uk

Osteoporosis – a brief summary of information from current guidelines

Carol Fawkes, Corinne Brice, Zara Ford, Keith Howard, Hugh Vickers, and Jon Thompson – members of the Bristol research hub.

At a recent meeting of the Bristol research hub, the group chose to look at literature concerning osteoporosis. This brief summary outlines key information from two high level sources, including a Cochrane Review and SIGN guidelines^{1,2,3}. Although this is not designed to be a systematic review of all of the literature in this clinical area, it will provide some outline information on this important clinical topic.

What is osteoporosis?

Osteoporosis has been defined as a progressive, systemic skeletal disorder, characterised by loss of bone tissue and disruption of bone micro-architecture which leads to bone fragility and a consequent increased risk of fracture¹. The most common clinical manifestations of osteoporosis are fractures of the hip, vertebra, and wrist. Such fractures are responsible for increased mortality, morbidity, chronic pain, and reduction in quality of life³.

Facts and figures

Some basic information is provided below concerning facts and figures about osteoporosis. This has been published by

the National Osteoporosis Society (NOS)⁴. A considerable amount of additional helpful information can be found in the leaflet produced by the NOS⁴. *

- > One in two women and one in five men will suffer a fracture after the age of 50⁵;
- > Women with one existing vertebral fracture have a five-fold greater risk of further vertebral fracture⁶;
- > More than 1.14 million post-menopausal women in England and Wales have been diagnosed with osteoporosis after a DXA scan of the hip⁷;
- > Approximately 480,000 women are currently prescribed medication for osteoporosis in the UK⁸;

- > Prescribed treatments work by either inhibiting bone resorption (bisphosphonates, SERMs), stimulating bone formation (parathyroid hormone) or by a combination of mechanisms which have yet to be fully elucidated (strontium ranelate). Drug treatments have been shown to reduce the risk of fractures by up to 50 %⁹⁻¹⁵.
- > 40% of people diagnosed with osteoporotic fractures in the spine remain untreated¹⁶;
- > The combined cost of hospital and social care for patients with a hip fracture amounts to more than £1.73 billion per year in the UK¹⁷.

The treatment of fractures and subsequent hospitalisation account for most of the economic costs associated with osteoporosis³.

What are some of the key messages about osteoporosis from these studies?

- > Weight-bearing exercise that stresses or mechanically loads the bones is most helpful. Forms of exercise can include aerobics, strength training, walking and tai chi;
- > Smoking has been found to lower bone mass index by 2% with each increasing decade in post-menopausal women when compared with non-smokers;
- > Post-menopausal women with below average body mass index should be considered as being at increased risk of osteoporosis².

How is it diagnosed?

A range of measures are used to assess an individual's risk of osteoporosis. Assessment of the quality of bone (i.e. the total characteristics of the bone that influence its resistance to fractures) can include consideration of a number of key factors including

- > Bone geometry;
- > Cortical thickness and porosity;
- > Trabecular bone morphology;
- > Intrinsic properties of bony tissue.

* For a copy of any of the NOS leaflets, go to www.nos.org.uk or contact 0845 450 0230.

How is osteoporosis detected?

Clinical and research studies collect information on a range of measures in osteoporosis. These include:

- > Low bone mass which is detected by bone densitometry. This is one of the most important risk factors.
- > Bone mineral density (BMD) which can be measured by Dual X-Ray Absorptiometry (DXA), Single Photon Absorptiometry (SPA), Dual Photon Absorptiometry (DPA), or Quantitative Computerised Tomography (QCT).
- > Bone Mineral Content (BMC)
- > Calcium Bone Index (CaBI)

It has been reported that most bone loss is cortical and not trabecular, occurring after the age of 65. BMD measurements contribute to the prediction of fracture risks, but they cannot identify who will have a fracture.

Measurements of bone mineral density are often cited in terms of a T-score, which is the number of standard deviations by which the patient's BMD differs from the mean peak BMD for young normal subjects of the same gender. Another measure of BMD is the Z-score, which is the number of standard deviations by which the patient's BMD differs from the mean BMD for subjects of the same age².

What are the known risk factors for osteoporosis?

The SIGN guidelines discuss a range of risk factors and elaborate on methods of assessing different risks². The risks include:

> History of previous fracture

There is an increased risk of further fractures in women who have suffered a previous fragility. This increased risk is independent of bone mineral density². In some instances painless fractures of the vertebrae can occur resulting in loss of height and increased kyphosis².

> Age

Bone mineral density (BMD) decreases with advancing age, and this can increase the risk of osteoporosis. After the age of 60, a significant increase with each decade has been demonstrated.

> Sex

Women have smaller bones than men, with an accompanying lower total bone mass. In addition, bone is lost more quickly in women after the menopause. Although the rate of bone loss in men is less than in women, osteoporosis is still a significant problem for men with secondary osteoporosis affecting 40% of cases.

> Ethnicity

Higher BMD is present in Afro-Caribbean women than white women at all ages. This is due to a higher peak bone mass and slower rate of bone loss. There is a 2.5-fold increase in risk of osteoporosis in white women².

> Reproductive factors

Higher BMD is associated with a late menopause, or short time from menopause to BMD measurement. Low BMD has been consistently shown to be associated with early menopause as BMD decreases most rapidly in the early post-menopausal years².

> Family history

A family history of osteoporosis is defined as a history of the disorder itself, brittle bones, kyphosis ('dowager's hump'), or low trauma fracture after the age of 50. Lower BMD is found in men and women with a family history of osteoporosis.

> Weight

Low body mass index or weight loss is an indicator of low BMD. Post-menopausal women with below average body mass index should be considered as being at increased risk of osteoporosis².

> Smoking

Examination of pooled data from several studies (meta-analysis) found that BMD was 2% lower with each increasing decade in post-menopausal smokers than in non-smokers; the risk of hip fractures increases in line with cigarette consumption. Men who smoke show greater bone loss at the greater trochanter². Although the risk of osteoporosis declines after stopping smoking, it is not significantly reduced until a period of 10 years has elapsed since stopping smoking.

> Alcohol

There is no consistent evidence for alcohol as a risk factor for low BMD.

> Exercise

A variety of studies have shown that current exercise, and adolescent exercise is associated with higher BMD in postmenopausal women. Further information is provided later in this article.

> Diet

A history of dietary intake of milk in women who are pre-menopausal (aged between 45-49 years) has been positively associated with Bone Mineral Density (BMD). An additional study from Sweden has shown also a positive correlation between Vitamin D and BMD in a population of men and women aged over 80 years who were living independently. No other consistent association has been found between other food items and BMD².

Who is at highest risk of osteoporosis?

A range of interventions are targeted at reducing the risk of falling and sustaining a fracture. In individuals who have not sustained a fracture, the strongest risk factors for osteoporosis include:

- > Female sex;
- > Aged over 60 years;
- > Having a family history of osteoporosis.

Additional significant risk factors include:

- > Caucasian origin;
- > Early menopause;
- > Low body mass index;
- > Smoking;
- > A sedentary lifestyle;
- > Corticosteroid use exceeding 3 months².

What are the secondary causes of osteoporosis?

A range of factors can influence the cause of secondary osteoporosis. They can include some categories of drugs, and a variety of conditions. The conditions most commonly associated with osteoporosis include anorexia nervosa, chronic liver disease, coeliac disease, hyperparathyroidism, inflammatory bowel disease, male hypogonadism, kidney disease, rheumatoid arthritis, long term use of corticosteroids, and deficiency of Vitamin D².

What are the recommendations for non-pharmacological management?

In general, it is thought that disuse (prolonged periods of inactivity either through choice or imposed circumstances) and lack of loading to the bones promotes reduced bone mass³. This is one of the reasons why weight-bearing exercise has been encouraged historically in individuals with osteoporosis. To assess the evidence for this management strategy, the Cochrane collaboration undertook a review which examined 43 randomised controlled trials (RCTs) focussing on non-pharmacological interventions for osteoporosis. The studies were assessed for their exercise interventions, participants' compliance or adherence, the setting for the exercises, the length of the programmes, the number of years' post-menopause of the participants, frequency of the exercise intervention, the content of the exercise programmes, use of any controls, and the outcome measures used. They examined studies involving different forms of exercise and identified that

- > Interventions that stress or mechanically load the bones are most helpful and can include, for example, aerobics, strength training, walking, and tai chi;
- > Individuals who exercised experienced 0.85% less bone loss in the spine than non-exercisers;
- > Individuals who used a combination of exercises experienced 3.2% less bone loss than non-exercisers;
- > Exercisers experienced 1.03% less bone loss at the hip than non-exercisers;
- > Exercisers using strength training experienced 1.03% less bone loss at the hip;
- > Four less women out of 100 who did exercise had a fracture. (This represents an absolute difference of 4%). A total of 7 women out of 100 who exercised had a fracture, and 11 women out of 100 who did not exercise had a fracture.

A considerable amount of additional information is available concerning this clinical topic. Further sources are provided below.

Further sources of information

A range of sources exist which can provide information in formats suitable for healthcare practitioners, patients, and their carers. A small number are provided below.

The National Osteoporosis Society:

<http://www.nos.org.uk/page.aspx?pid=183&srcid=247;>

GP notebook: <http://www.gpnotebook.co.uk/simplepage.cfm?ID=-1979318262;>

Clinical guidelines: A range of different guidelines exists concerned with different aspects of the management of osteoporosis. They can be found at <http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7304#/search/?reload>.

Cochrane Reviews: Additional reviews of osteoporosis have been undertaken by the Cochrane Collaboration on a range of different aspects of management. They can be found at <http://www.thecochranelibrary.com/details/browseReviews/577511/Osteoporosis.html>.

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AQP: NHS changes to primary provision of musculoskeletal services

Jonathan Grice, M.Ost DO

Recently I applied for Any Qualified Provider (AQP) status in the NHS and I thought it might be interesting for fellow osteopaths to learn more about this process and how they can be part of it.

As part of the wider reforms of the NHS, the former care pathway for musculoskeletal services has been redesigned. Most important for osteopaths is the fact that the NHS will no longer make a distinction between the registered manual therapy professions – osteopathy, chiropractic and physiotherapy – when commissioning hands on therapy. Any osteopath may apply for AQP status during procurement rounds. In the London region AQP for *Musculoskeletal services: back pain and neck pain* has already begun with PCT Richmond and Twickenham and PCT Wandsworth. Other parts of the country are working at different speeds and on different timetables.

It is expected that procurement rounds will be rolled out for back pain and neck pain across the UK. Over time other categories of interest to osteopaths are likely to include the peripheral joints and

other musculoskeletal problems and are planned to be rolled out in subsequent rounds. It is likely that an AQP practitioner will hold multiple AQP contracts for different anatomically or pathology defined health issues. NHS contracts run for three to four years.

Patients will be block funded meaning that the qualified provider will be paid a standard amount at referral. The NHS expects that, on average, a referral will require one 45-minute initial consultation and three more treatments. A referral will include up to a maximum of eight visits, at which point the patient will be referred back to the GP for investigations, referral on or re-referral to the AQP. The NHS expects to collect from the AQP outcome data and patient satisfaction statistics. The NHS expects the provider to have capacity for 500 patients per year.

On a personal note, I see this NHS reform as one of the most important things to happen for the profession in some time. The ability to see a larger diversity of NHS patients and expand osteopathy into communities which in the past could not or would not pay for osteopathy has immense potential to increase awareness of the benefit of what we do.

Jonathan Grice is an osteopath. He is a regular contributor to the popular blog *Sacral Musings* (www.sacralmusings.com) and has previously posted on this subject.



Jargon Buster

AQP – Any Qualified Provider.

This is a status of an approved supplier of healthcare services to the NHS. This is an evolution of the Any Willing Provider (AWP) model introduced under the former Labour Government. The issue identified with the AWP model was that companies could win contracts to deliver healthcare services (such as orthopaedic surgery) and not have the identified training to be able to deliver those services.

Care Pathway – The process by which an NHS patient is diagnosed and treated along the chain from primary healthcare providers (e.g. nurse practitioners in GP practices) through secondary care services (e.g. consultant referral, hospital admission) and further ongoing services (e.g. care homes, hospices, health visitors etc).

PCT – Primary Care Trust.

The regional organisations which manage the primary health care services in England in liaison with GPs. PCTs have been progressively stripped down. In April 2013, all remaining service management and commissioning will be handed over to CCGs.

CCG – Clinical Commissioning Groups. Geographically grouped GP practices that coordinate the commissioning of primary and secondary healthcare within their areas. Ultimately the CCGs will be responsible for the budget assigned to healthcare services for their patients in their area.

Be clear on social

Barry Kleinberg BA (Hons) BOST Med ND DO

Nowadays it seems we can hardly pick up a newspaper without reading a story of an individual or organisation falling foul of Facebook or Twitter. There was a recent incident reported in *The Daily Telegraph* and elsewhere of a hospital manager in Wales who was disciplined after posting derogatory comments on Facebook about the staff and conditions at the hospital where he worked. He was accused and found guilty of misconduct after it was determined that he had not used appropriate channels to raise any issues. Likewise, there have been instances of clinicians having to answer to conduct hearings after befriending current or previous patients on Facebook.

Of course, at some time or another I'm sure we've all been tempted to 'sound off' about work on Facebook or Twitter, and equally I'm sure a number of us have received 'friend' requests from people we've treated, but what about far more innocuous exchanges? As someone who lectures frequently on social media and medical legal ethics, I have seen numerous instances where a clinician has made an inappropriate remark on Facebook and elsewhere that he or she is not even aware of. Usually, this is because it occurs during the course of banter between themselves and their friends, and not in their official professional capacity, so it doesn't occur to them that their remark may not be appropriate.

As a former solicitor myself, I am familiar with the Solicitors Act 1974 which states that solicitors can be held liable for anything they do that brings the profession into disrepute. But it's not just solicitors that should be aware of this, as many professions have similar legislation and it can be a fine line. This is why, as a general rule, I always advise that osteopaths refrain from using the word 'patient' in any update or comment they make on a social media site. And remember, no matter what you write or under what circumstances photographs

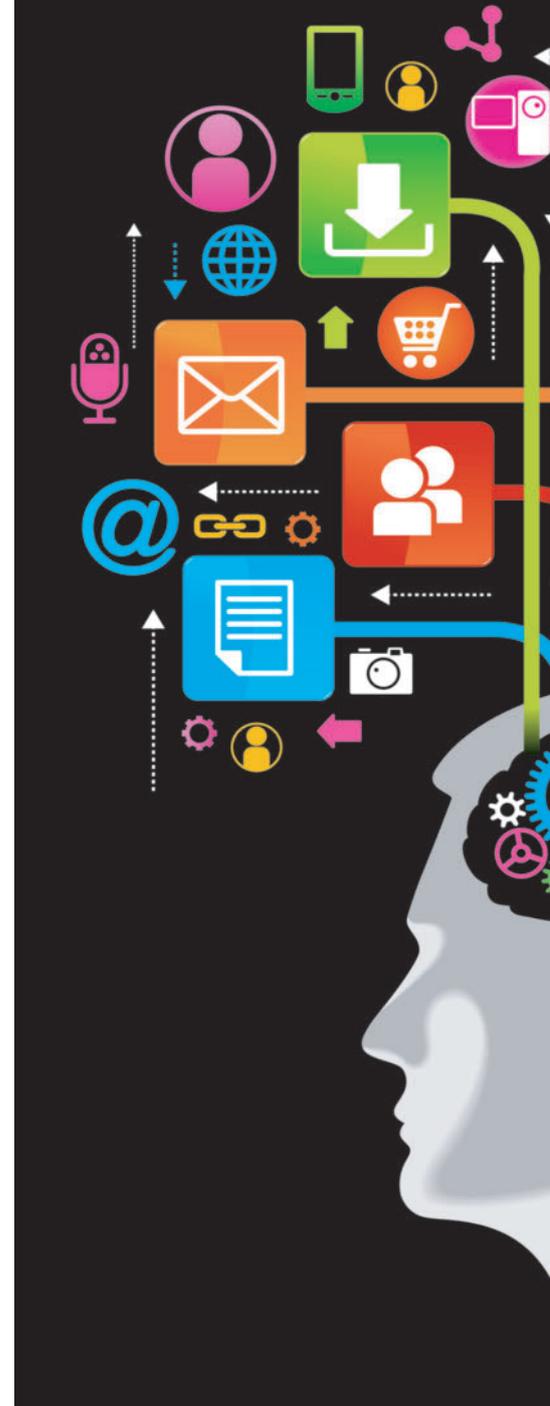
that you are 'tagged' in were taken, you are and continue to be a representative of the osteopathic profession.

It's not all bad news though, and social media presents real opportunities for both practitioners and organisations to engage with one another and share information and knowledge. The risks are there however, and while social media is here to stay, there is a need for proper legislation on this. For now, this is an evolving process and until there is an official legal position, it remains at the discretion of employers and regulators to determine what behaviour is acceptable on social media sites and to advise practitioners accordingly. For many professions, behaviour online falls currently under general guidance (see D17 of the *Osteopathic Practice Standards*)¹ on ethical behaviour but it's still easy to forget that what you do and say online is as 'real' as what you do and say in real life, and that you are rarely (if ever) completely anonymous.

In my opinion, the only sure way to stay completely unscathed as you navigate your way through this potential grey area is to err on the side of caution:

> **Untag yourself from photos.** Even if your profile is set to the maximum

security settings, can the same be said for your friends? We all have a life outside of work but it's best to untag yourself from any photos that you would not be happy for your patients to see. If necessary, you could ask for photos to be taken down.



media



> **Don't forget yourself in interactions with friends.** It's important to be vigilant at all times and to challenge inappropriate behaviour in others. Even if I think that there is no chance that my employer will see what I have

posted, I still never talk about my work online and there have been occasions when I've contacted people about a comment that they have made. Remember, what you say online doesn't just disappear and may one day come back to haunt you so it's best not to take the risk.

> **Set your Facebook page to the maximum security settings** (instructions on how to do this are above) so that only your close contacts can see your page. Your profile picture will always be visible though, so it should be something

How to set your Facebook page to the maximum security settings:

1. Log into Facebook and go to your Account settings then to Security.
2. Go through each option and update.
3. Go to your privacy settings.
4. Go through each option and update. You can choose settings such as limiting the people that can send you messages and see your updates. You can also limit the people that can view your old posts.

> **Don't accept friend requests from current or former patients.** If you're afraid of causing offence, explain to them why you cannot accept their request. If you're still unsure, check with your supervisor or contact the GOsC for advice.



Barry Kleinberg is clinic director at Osteopathy4u in Edgware and Hendon and Deputy Head of Osteopathy at the British College of Osteopathic Medicine.

¹ D17 of the *Osteopathic Practice Standards* requires osteopaths to "Uphold the reputation of the profession through your conduct". This includes maintaining the same standard of professional conduct in an online environment as would be expected elsewhere.



Osteopathy in Malta:

an introduction by Robert Grech BSc (Hons) Ost

Malta is one of the countries in the EU where osteopathy is formally regulated, yet up until earlier this year there was no-one on the osteopathy register.

Osteopathy has been regulated by the Council for Professions Complementary to Medicine (CPCM)* since 2003, following efforts by chiropractors in Malta to persuade the Government to regulate their profession. The Health Minister at the time found it appropriate to also include osteopathy in the list of regulated professions. This allowed osteopathy and chiropractic to become established and separate healthcare professions, with their titles protected by law.

Originally born in Malta, I fell in love with osteopathy shortly after qualifying as a physiotherapist. I realised that my true calling was osteopathy after watching a British osteopath at work. With a clear intention to come back to Malta to establish a practice, I went on to study in London. After graduating from the London School of Osteopathy, registering with the GOSc and working as an osteopath in London, I completed a formal application to join the Osteopathic Register of the Council in Malta. This involved the submission of my academic transcript, along with documents such as my professional registration certificate and letters of recommendation from colleagues. The Council also wanted to know how I intended to work (employed or self-employed) and for which clinic, and my intentions regarding CPD.

My application was successful, and I became the first person to be placed on the osteopathy register in the country. To date, there have only been a handful of inquiries to the Council in Malta which were never finalised. Previous applications were from individuals who hailed from countries where the profession is not currently regulated, and the documentation requested by the Council was never submitted.

The CPCM regulates several other professions under the direction of the Superintendent of Public Health and the Minister of Health. All applications from individuals, both within and outside the EU, are subject to scrutiny and the minimum standard for osteopathic education is that of a BSc (Hons) degree in osteopathy or equivalent. Applications by individuals who hold a Diploma, will be assessed according to years of experience, CPD undertaken and overall

fitness to practise. Registration of EU nationals is permanent (unless an individual is disciplined for misconduct), whereas registration for non-EU Nationals is for a two year period, after which re-registration is required.

Although I strongly feel that there is a great need for osteopaths in Malta, the profession is still largely unheard of. I am excited to be in a position to introduce this wonderful profession to my country of birth. It will take time and effort to slowly gain people's trust in osteopathy, and likewise that of other healthcare professionals. It is also challenging to present osteopathy as separate from physiotherapy or chiropractic, although the fact that it is a protected title is surely a step in the right direction. Getting the necessary permits to operate a clinic requires approval from the Environmental Health Directorate as well as the local Planning Authority. Advertising is also regulated, and like in the UK it is forbidden to make claims which are not substantiated by evidence.

The official languages in Malta are Maltese and English, with English being spoken virtually by everyone. This makes it an attractive destination for UK osteopaths wishing to establish their practice overseas, notwithstanding the challenge of promoting the profession. I am hopeful that osteopathy will gain popularity and I feel certain that the people of Malta will soon realise its value within the community.

Robert Grech is a member of the osteopathy subcommittee within the Council for Professions Complementary to Medicine in Malta, and has an advisory role within the Council for issues related to the profession of Osteopathy.

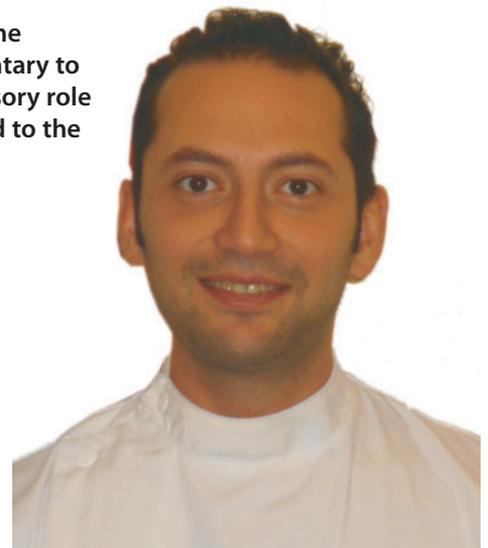
* The CPCM - Malta:
SLH - OPD (Level 1),
St. Luke's Square,
G'Mangia, Malta
email: cpcm@gov.mt

English Institute of Sport – your chance to get involved!

The Osteopathic Sports Care Association (OSCA UK) is inviting declarations of interest from very experienced osteopaths, based in England, interested in working with the English Institute of Sport (EIS). OSCA UK is in ongoing discussions with the EIS and plans are underway to involve osteopaths in EIS medical provision. 86% of Team GB's London 2012 medallists are under EIS medical care.

Criteria for selection to EIS posts has not yet been set, but we will require osteopaths throughout the country, as the majority of EIS centres are outside London.

If you are interested in being involved with the EIS, send your CV with details of your sports care interests and experience, to OSCA: chairman@osca.org.uk



Bookshelf

A selection of illustrated reference books for osteopaths

Muscle Energy Techniques: A Practical Guide for Physical Therapists

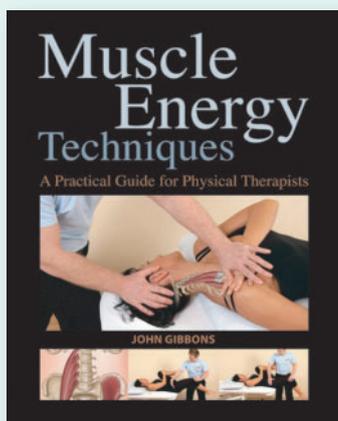
John Gibbons

Published by Lotus Publishing

ISBN 978-1-905367-23-8

192 pages

This practical guide packed full of colour photographs, illustrates the theory and practice of Muscle Energy Techniques (MET).



After demonstrating functional assessment testing for the muscles of 'posture' that can become chronically tight and dysfunctional, the author shows how to apply a specific MET to correct these dysfunctional muscles to restore normality. The principles described can be incorporated very quickly and effectively into a treatment plan, and can be

used to monitor the progress of patients.

More information about the author can be found at www.johngibbonsbodymaster.co.uk.

Baby Shiatsu

Karin Kalbantner-Wernicke and Tina Haase

Published by Singing Dragon

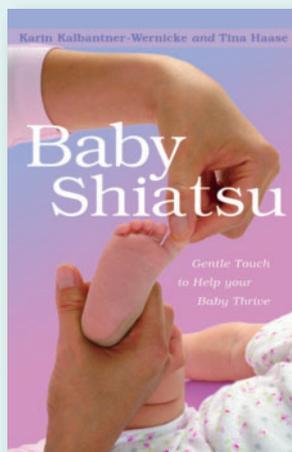
ISBN 978-1-84819-104-4, 220 x

160 pages

Babies feel intuitively what scientists have needed painstaking research to establish: being touched and caressed is good for you and lays the foundation for a healthy life.

This book shows you the various shiatsu techniques step by step. There are also specific techniques to help with health

problems, which can, for example, soothe tummy ache and counteract difficulty in sleeping.



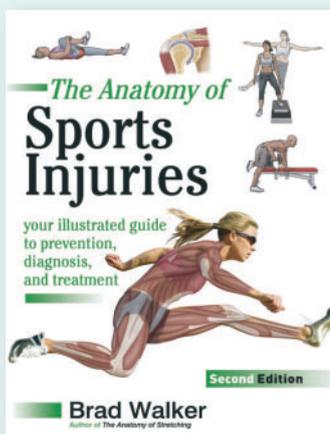
The Anatomy of Sports Injuries (Second Edition)

Brad Walker

Published by Lotus Publishing

ISBN 978-1-905367-38-2

256 pages



Originally released in 2007 by renowned health and fitness publishers Lotus Publishing, The Anatomy of Sports Injuries has remained one of the most popular sports injuries texts. The second edition features 25 per cent more anatomy text and drawings and new colour illustrations of the rehabilitation exercises.

Author Brad Walker works with elite-level and world-champion athletes, and lectures on injury prevention. Taking a fundamental approach Walker brings the reader inside the body to show exactly what is happening when a sports injury occurs. Over 300 full-colour anatomical illustrations show a range of specific sports injuries in detail, along with over 100 colour drawings of simple stretching, strengthening, and rehabilitation exercises that the reader can use to speed up the recovery process.

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

Book reviews

A Guide to Living with Hyper-mobility Syndrome: Bending without Breaking

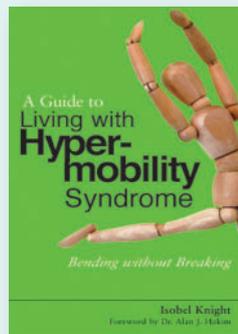
Isobel Knight
Published by Singing Dragon
ISBN 978-1-84819-068-9

Reviewed by Kathleen Hill, BOST

Author Isobel Knight explores the syndrome in this book through her own and other's experiences, and looks at papers and research into this area. Knight describes Hyper-mobility Syndrome as a 'multisystemic disorder' and delves into the many ways HMS affects patients.

Although Knight includes quotes from consultant rheumatologists and physiotherapists (no osteopaths sadly), the author often quotes herself which is repetitive at times, but the book does provide a helpful section on treatments including alternative therapies (no osteopathy unfortunately).

As a hyper-mobile, ex-dancer myself I could relate to this and the treatment options which I try to incorporate into my practice.



The Seven Pillars of a Painless Practice

James Butler and Celia Champion
Published by Painless Limited
ISBN: 9-780957-014206

Reviewed by Janet Bell*

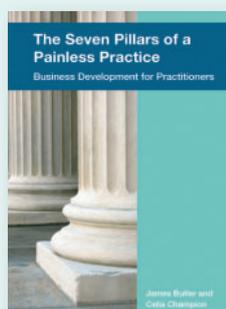
If you want to increase patient numbers, or run your practice rather than it running you, this book is for you. The authors have first-hand experience of developing and running successful businesses, along with extensive experience of working with osteopaths.

The book is divided into seven manageable sections, with exercises for each chapter – ideal for those quieter times in clinic!

If you want to make a real difference to your practice, be it in terms of business, confidence, wellbeing or your bank balance, this book gives you the tools to achieve that.

I wish it had been written 12 years ago when I opened my first clinic.

**Janet Bell has owned and run two osteopathic clinics, a private patient clinic within an NHS hospital and a High Street based clinic that has a team of Osteopaths.*



The Vital Psoas Muscle

J Ann Staugaard
Published by Lotus Publishing
ISBN 978-1-905367-24-5

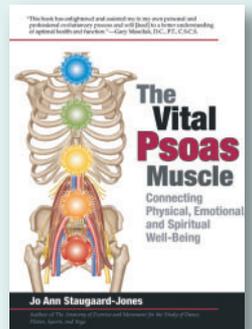
Reviewed by Susan Feetham BSc (Hons) ost

This is a short book all about the psoas muscle. The mixed use of medical and informal language may feel a tad condescending, to the well-worn practitioner, but it is very useable to less academically trained or inclined folk. The book is further enhanced by the use of good quality and easy to comprehend pictures throughout, and good descriptions of exercises.

Section two looks at how the psoas impacts on the central and peripheral nervous system, and its role in behaviour patterns, and how by releasing the psoas the emotional responses can surface.

Section three examines the spiritual side, and the chakras' relationship to the physical body, specifically the lower spine.

Overall, this is a well-written book on all aspects of the psoas muscle and its role in the body.



Change your posture change your life. How the power of the Alexander Technique can combat back pain, tension and stress

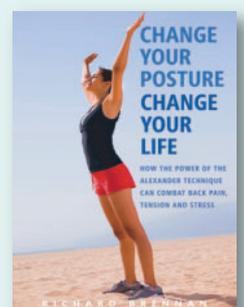
Richard Brennan
Published by Watkins Publishing
ISBN: 978-1-78028-024-0

Reviewed by Alexandra Luzzato B.Sc(Hons)Ost

This book is an ardent appeal for the use of the Alexander Technique to achieve health and well-being and resolve musculoskeletal disorders.

The author explores in depth core reasons for bad posture, from poorly conceived school furniture as a child, to stress in adulthood and even footwear. However, the text is grey and heavy with a tiresome, often zealous, writing style, and there is a lack of quality illustrations. The text is also not fully supported by a comprehensive referencing system.

Despite the often confusing and off-putting content and style, this book still manages to invite the reader to use the Alexander Technique for greater mental and physical health.



Courses 2013

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

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

January

> 11–13

Paediatric Clinical Screening

Course director: Hilary Percival
Venue: London
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 14

Behind the Smile – Emotional Expression: the face, the throat and the heart. A series of three one-day advanced craniosacral seminars; each day stands alone and will provide additional therapeutic cranial skills.

Speaker: Katherine Ukleja DO, RCST, BCST
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
tel: 07000-785778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 17

How to treat: Acute disc/lower back pain

Speaker: Prof. Eyal Lederman
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 24

Loss of muscle mass and strength in the elderly

Speaker: Prof. Geoffrey Goldspink
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 25–27

Functional neuromuscular re-abilitation

Speaker: Prof. Eyal Lederman
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 26

Osteopathy in the Cranial Field

Course director: Tim Marris
Venue: London
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 26

Medicine for osteopaths: An overview of commonly prescribed medicines and their importance to osteopathic treatment

Speaker: Trevor Campbell
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671 558
Email: corinnejones@eso.ac.uk
Website: www.eso.ac.uk/cpd-calendar.html

> 26–27, 9–10

February, 23–24 March Foundation course in acupuncture

Speaker: Jennie Longbottom
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 26–27,

9–10 February,

23–24 February OCF Hour Foundation Course

Venue: Osteopathic Centre for Children
tel: 0845 519 3493
website: www.rollinbeckerinstitute.co.uk

> 26–27

Dynamic Neuromuscular Stabilization Skills Weekend – Reflex Locomotion

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

> 27

Complete Clinical Competence Series

Rapid Orthopaedics
Speaker: Dr Graham Downing
Venue: Warwick Hilton
Warwickshire
0208 504 1462
Email taoseminars@gmail.com

> 27

Spinal Manipulation: Day 1 of 9

Complete Manipulation Course
Speaker: Dr Eedy
Venue: Warwick Hilton
Warwickshire
0208 504 1462
Email taoseminars@gmail.com

> 31

How to treat: Chronic lower back pain

Speaker: Prof. Eyal Lederman
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

February

> 1–3

NM3 Peripheral Nerve Manipulation; Lower Body

Lecturer: Christoph Sommer, Rolfe
Venue: Stillorgan Park Hotel, Dublin, Ireland
tel: 00353-1-2103967
website: www.barralireland.ie

> 2

Counselling skills for physical therapists

Speaker: Tsafi Lederman, Jenny Stacey
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 2–3

Psycho-emotional aspects of osteopathic treatment

Speaker: Robert Shaw PhD
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

> 2–3, 2–3 March Foundation Pilates for physical therapists

Speaker: Susie Lecomer
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 3

The therapeutic relationship: managing difficult situations

Speaker: Tsafi Lederman, Jenny Stacey
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

> 7

How to treat: Chronic neck pain

Speaker: Prof. Eyal Lederman
Venue: London, N19
tel: 020 7263 8551
email: cpd@cpdo.net
website: www.cpdo.net

>9
'The Miserable Baby' – Treating Feeding and Digestive Disorders in Babies
 Speaker: Miranda Clayton
 Venue: London School of Osteopathy, London SE1 3BE
 tel: 07792 384592
 email: osteokids@aol.com
 website: www.mumandbaby-at-home.com/CPD

>9–10
Basic visceral: the abdomen
 Speaker: Joanna Crill Dawson
 Venue: London, N19
 tel: 020 7263 8551
 email: cpd@cpdo.net
 website: www.cpdo.net

>10
Neuromuscular Treatment (NMT)
 Lumbar & Pelvis
 Speaker: David Lintonbon DO
 Venue: Warwick Hilton
 Warwickshire
 0208 504 1462
 Email taoseminars@gmail.com

>13–15
Barral's advanced integrative approach
 Speaker: Jean-Pierre Barral
 Venue: London, N19
 tel: 020 7263 8551
 email: cpd@cpdo.net
 website: www.cpdo.net

>23
An introduction to diagnostic musculoskeletal ultrasound for manual therapists
 Speaker: Lance Bird
 Venue: European School of Osteopathy, Maidstone, Kent
 tel: 01622 671 558
 email: corinnejones@eso.ac.uk
 website: www.eso.ac.uk/cpd-calendar.html

>23
The other temporal factor
 Course director: Tim Marris
 Venue: London
 email: info@sutherlandcranialcollege.co.uk
 website: www.sutherlandcranialcollege.co.uk

>24
Complete Clinical Competence Series
 Case Studies and Diagnosis
 Speaker: Dr Graham Downing
 Venue: Warwick Hilton
 Warwickshire
 0208 504 1462
 Email taoseminars@gmail.com

>24
Integrated Body Work: Day 1 of 8
 Complete Body Work Course
 Speaker Karen Harding
 Venue Warwick Hilton
 Warwickshire
 0208 504 1462
 Email taoseminars@gmail.com

>28–3 March
Metabolic Fields in Biodynamic Practice
 Speaker: Michael Shea BA MA PhD BCST
 Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
 tel: 07000-785778
 email: info@cranio.co.uk
 website: www.cranio.co.uk

March
 >2
Acupuncture in management of tension headaches and migraine
 Speaker: Jennie Longbottom
 Venue: London, N19
 tel: 020 7263 8551
 email: cpd@cpdo.net
 website: www.cpdo.net

>2–3
Male and Female Pelvic Pain
 Speaker: Professor Frank Willard
 Venue: European School of Osteopathy, Maidstone, Kent
 Tel: 01622 671 558
 Email: corinnejones@eso.ac.uk
 Website: www.eso.ac.uk/cpd-calendar.html

>8–10
Paediatric Osteopathy
 Course director: Hilary Percival
 Venue: Hawkwood College, Stroud
 email: info@sutherlandcranialcollege.co.uk
 website: www.sutherlandcranialcollege.co.uk

>9
Breathing, Breathing Therapy and Capnography in Clinical Practice (Level 1)
 Lecturers Mr. Gerry Gajadharsingh DO & Dr. Robert Kissner BA(Hons) MA PhD
 Venue: Amersham, Buckinghamshire
 tel: 020 7631 1414
 website: www.thehealthequation.co.uk

>9
'Postpartum Mum' – Treating the Postnatal Patient
 Speaker: Miranda Clayton
 Venue: London School of Osteopathy, London SE1 3BE
 tel: 07792 384592
 email: osteokids@aol.com
 website: www.mumandbaby-at-home.com/CPD

>10
Breathing, Breathing Therapy and Capnography in Clinical Practice (Level 2)
 Lecturers Mr. Gerry Gajadharsingh DO & Dr. Robert Kissner BA(Hons) MA PhD
 Venue: Amersham, Buckinghamshire
 tel: 020 7631 1414
 website: www.thehealthequation.co.uk

>16–17
Integrated neuromuscular management of myofascial pain (trigger points)
 Speaker: Leon Chaitow
 Venue: London, N19
 tel: 020 7263 8551
 email: cpd@cpdo.net
 website: www.cpdo.net

>17
Complete Clinical Competence Series
 Rapid Neurology Testing
 Speaker: Dr Graham Downing
 Venue: Warwick Hilton
 Warwickshire
 0208 504 1462
 Email taoseminars@gmail.com

>17
Spinal Manipulation: Day 2 of 9
 Complete Manipulation Course
 Speaker: Dr Eedy
 Venue: Warwick Hilton
 Warwickshire
 0208 504 1462
 Email taoseminars@gmail.com

KENT AND EAST SUSSEX OSTEOPATHS

This group has been very successful with over 75 members joining.

If you would like to join us and are based around the Tunbridge Wells area, please contact Claire Piper on info@intouchhealth.co.uk. Our next meeting will be in March 2013

Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the **o** zone, email details to the editor: editor@osteopathy.org.uk. The resource is open to all osteopaths running courses for their colleagues.

CLASSIFIEDS

RECRUITMENT

Experienced structural locum osteopath required to cover a 1 year sabbatical from Jan 2013. Abilities in cranial and medical acupuncture preferred. Good communication, diagnostic and clinic management skills essential. 3-5 days some flexibility 3 locations Bath/Bristol/Clevedon. Please email CV & covering letter andrew_beacham@me.com

Dynamic and self motivated osteopath required for full time position at a well established clinic in Cape Town. Please email CV to guy.ashburner@gmail.com. Ideal for new graduate or osteopath with good structural and soft tissue skills.

Osteopath required. A dedicated and enthusiastic Osteopath required at an expanding practice for a Saturday based in Sanderstead, CR2 9EE. Preferably someone who lives within 10 mins drive from the clinic. Please send CV's to david-ayres@o2.co.uk

Our busy multidisciplinary clinic in Thame on the Oxfordshire/Buckinghamshire border has a part time vacancy for an enthusiastic and caring osteopath. Flexible hours will be considered for the right person. Please call Kathryn Lock, the Practice Manager on 01844 213344/07595 454232 or email kathrynlock48@gmail.com.

Busy clinic Taunton Somerset needs associate Osteopath to join team, graduates welcome to apply. Please send CV to contact@mh-tc.com attention Jenny Marar. Tel. 01823272227.

COMMERCIAL

Osteopathic practice and apartment for sale. Wye Valley. Established 26 yrs. With excellent earning potential. Centre of town, newly renovated 3 room clinic and adjoining 3 bed apartment. See website for details: www.agincourtmonmouth.co.uk

Practice (and goodwill) for sale in rural Scotland. Principal wanting to relocate closer to family. Spacious high street premises, low rent. Established family practise, turnover excess of £100,000pa yearly growth over 25%. Excellent area for families and outdoor pursuits. scottishbordersosteopaths@gmail.com

COURSES

JEMS Movement ART (Analysis, Treatment and Rehabilitation) Part 1: Understanding and Interpreting Functional Movement in Clinical Practice. January 24th-25th, 2013, London. "This has been a game changer for me in how I treat, observe and advise patients." Registered Osteopath. Contact: info@jemsmovement.com, www.jemsmovement.com.

Classifieds:

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

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

Box number replies:

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

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

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

Marketplace display advertisement rates:

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

Advertising sales contact:

The Advertisement Manager
The Wealden Group
Cowden Close
Horns Road
Hawkhurst
Kent TN18 4QT

tel: 01580 753 322
fax: 01580 754 104
email: osteopath@wealdenad.co.uk



IRISH ASSOCIATION OF PAEDIATRIC OSTEOPATHS

Diploma in Paediatric Osteopathy (D.P.O.)

We have eight places available on the Ireland-based D.P.O course from February 2013. This is following the graduation of eight members of the team.

This is a three year course consisting of:

6-7 Clinical days per year; 3-4 day residential course for techniques/theory, per year.

Clinic days are at the Daisy Clinic Trust, a charity offering osteopathic treatment to children with complex special needs and children/babies referred by the HSC.



For more information contact Ian Wright at: clonmelosteopaths@eircom.net or 00353 52 61 38800

Medicine for Osteopaths: An overview of commonly prescribed medicines and their importance to osteopathic treatment

Saturday 26 January 2013

Presented by Trevor Campbell

Cost: £135 (inclusive of lunch and refreshments) - 7hrs CPD

The day will revolve around the pharmacology of commonly prescribed medicines with focus on the areas of analgesics and anti-inflammatories, cardiovascular, diabetes and osteoporosis. We will discuss and debate the use of these medications from the perspective of the prescriber, the pharmaceutical industry and the patient and will review the role of the osteopath and the place of osteopathy in this context. The day will form a follow-on from the last session "Pharmacology and the NHS" although it is perfectly suitable as a stand-alone session.

Dynamic Neuromuscular Stabilization Skills Weekend: Reflex locomotion

Saturday 26 - Sunday 27 January 2013

Presented by the Prague Rehabilitation School DNS Team

Cost: £330* (inclusive of lunch and refreshments) - 14hrs CPD

Course Objectives: reflex locomotion and active exercise in the developmental positions. In order to attend a DNS Skills Weekend, delegates must have completed DNS Courses A and B.

* This includes the Prague Rehabilitation School registration fee

Psycho-emotional aspects of osteopathic treatment

Saturday 2 - Sunday 3 February 2013

Presented by Robert Shaw PhD

Cost: £270 (inclusive of lunch and refreshments) - 14hrs CPD

This course aims to explore psycho-emotional aspects of osteopathic treatment, drawing on a number of concepts and models from psychotherapy and applying them within an osteopathic context, to aid in the day-to-day management of patients.

An introduction to diagnostic musculoskeletal ultrasound for manual therapists

Saturday 23 February 2013

Presented by Lance Bird

Cost: £80 (inclusive of tea and coffee) - 7hrs CPD

This one-day course will explore the increasingly popular and accessible imaging modality of Musculoskeletal (MSK) Ultrasound and its relevance to osteopathy and other manual therapies. Real case examples will be shown to demonstrate the capacities and limitations of ultrasound imaging.

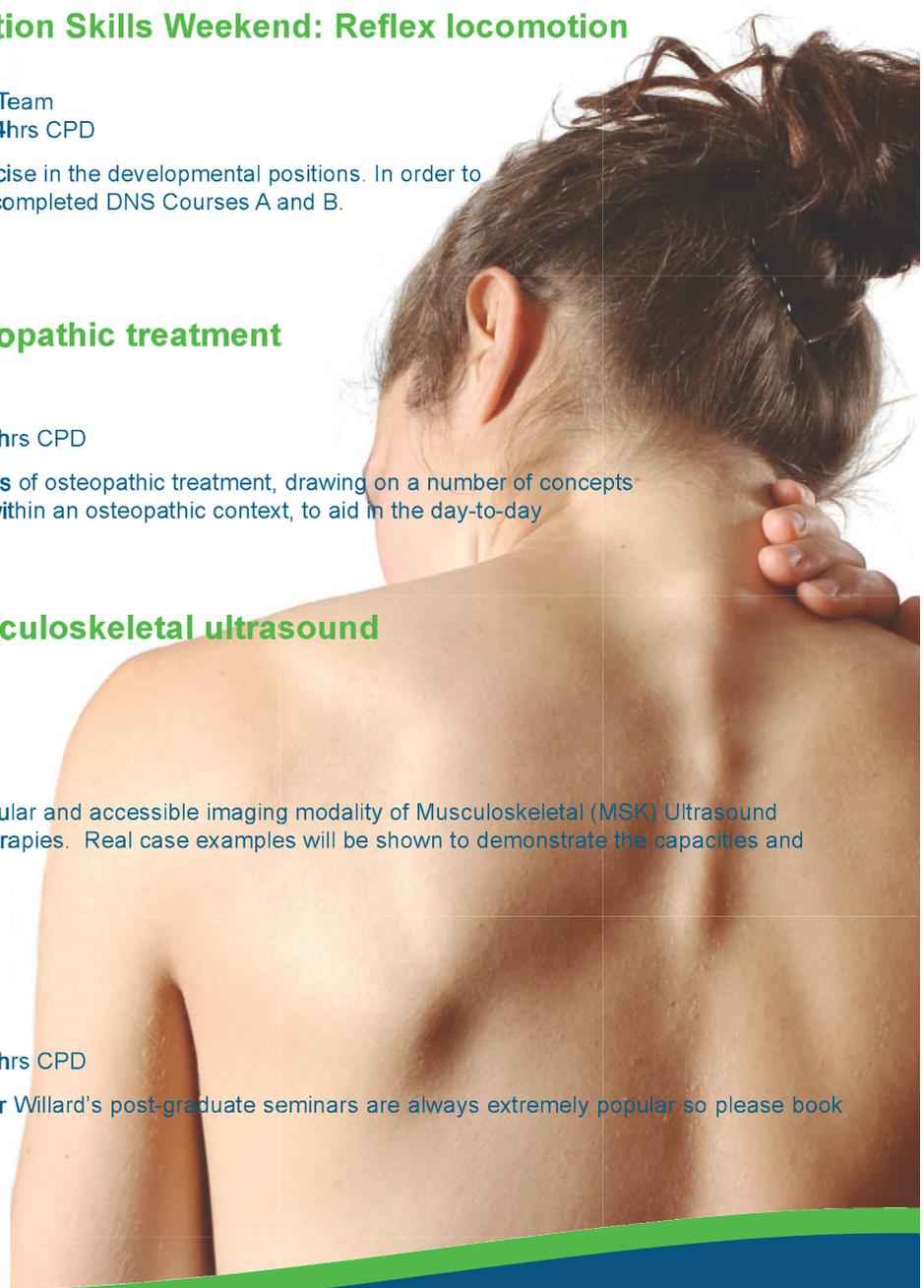
Male and Female Pelvic Pain

Saturday 2 - Sunday 3 March 2013

Presented by Professor Frank Willard

Cost: £300 (inclusive of lunch and refreshments) - 14hrs CPD

Full course details will be available shortly. Professor Willard's post-graduate seminars are always extremely popular so please book early to avoid disappointment.





Plan your 2013 CPD
with our inspiring
programme from beginner
to advanced level

The following courses can be taken alone or as part of our 9 module pathway

Foundation in Osteopathy in the Cranial Field

Is Cranial right for you? Host a two day course in your area.

Dates and location by arrangement | CPD 14 hours | non-residential £275

11-13 January 2013 Paediatric Osteopathy Part 1 - Clinical Screening

London | CPD 24 hours | non-residential £495

Guest Speakers: Dr Gerhard Riegler GP and Dr Roman Stangl Paediatrician from Vienna

8-10 March 2013 Paediatric Osteopathy Part 2

We will study the physiological changes that occur in the neonate, explore the effect of birth on the infant and look at common conditions that present in practice.

Stroud | CPD 24 hours | residential £895

22-26 April 2013 Osteopathy in the Cranial Field

A high standard of training in palpation of involuntary motion and a firm grounding in osteopathic treatment approaches.

Leeds | CPD 40 hours | residential £1430

23-27 May 2013 Balanced Ligamentous Tension Approach to the Body as a Whole

BLT principles are used for treating every joint of the body, providing a useful bridge between structural and 'cranial' approaches.

Stroud | CPD 32 hours | residential £1195

16-20 September 2013 Osteopathy in the Cranial Field

London | CPD 40 hours | non-residential £1225

1-3 November 2013 The Dynamic Basicranium

Stroud | CPD 24 hours | residential £895

Refresher days

26 January 2013 Osteopathy in the Cranial Field

London | CPD 7 hours | non-residential £165

28 September 2013 Balanced Ligamentous Tension

London | CPD 7 hours | non-residential £165





THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

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

Emergency First Aid for Osteopaths



This course offers the minimum level of first aid certification recommended by the Health and Safety Executive. As a clinician it is expected that you would know what to do in a medical emergency. With evidence continuing to show how quickly your First Aid skills deteriorate, you should be aware of the medical, legal and professional implications of getting it wrong.

It is a common complaint that traditional first aid training does not address the needs of the healthcare professional: this course encourages delegates to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios

and case studies.

Saturday 26 January

Course fee: £125 CPD: 7 hours

Thoraco Lumbar Junction

This course gives participants a chance to revise structural, visceral and fascial approaches to this important junctional spinal area. The course will involve learning techniques to address lower rib, thoracic and lumbar restrictions and diaphragmatic imbalances.

Delegates will also review how to determine whether to proceed structurally or viscerally/fascially, considering the clinical presentation.

Course leaders, Fiona Walsh & Valeria Ferreira, will demonstrate how these different approaches to treatment to the thoraco lumbar junction can be applied in an integrative manner.



Saturday 9 February

Course fee: £125 CPD: 7 hours

Running a Successful Practice Conference



This conference will be delivered as part of the MSc Osteopathy programme and will help students translate the theory into solutions to the risks and problems in their own businesses. Speakers include Professor Bob Hayman, Professor of Health Care Risk Management and Julia Foster Turner, Senior Lecturer in Leadership and Management for the MSc Management in Health and Social Care. Topics covered throughout

the day will include; strategic planning for small businesses, inter-professional collaboration and clinical governance.

More speakers to be announced.

Saturday 23 February

Conference fee: £110 (£100 if booked before 14 December)

CPD: 7 hours

Obstetrics and Osteopathy

Dr Stephen Sandler is the leading osteopath working in the obstetric field. In this course he brings together years of practical experience with his doctoral research into physiological changes in pregnancy, and ways that these can be supported.

The course introduces participants to the changes in maternal physiology during pregnancy, and the potential to use these changes to better effect in osteopathic practice. The ventilatory and cardiovascular systems are examined, and practical sessions used to develop techniques and treatments for the ribs, diaphragm and mediastinum, and associated muscles of respiration.

Please note; this course is designed for qualified osteopaths, who must be registered with the GOsC.

Saturday & Sunday 6 & 7 July

Course fee: £250 CPD: 14 hours



Contact

To register your interest or for further information on any of the CPD courses, please contact:

Katie Elford on 020 7089 5352 or cpd@bso.ac.uk.

Courses Coming Up

Sat 12 & Sun 13 January

Nutrition in Practice

Sat 12 January

Whiplash

Sat 26 January

Emergency First Aid

NLP and Osteopathy

Functional Active Release

Sat 26 & Sun 27 January

Visceral Osteopathy 2

Sat 9 February

Thoraco Lumbar Junction

Prescription Stretching

Sat 23 February

Business Conference

Sat 23 March

Paediatrics Part 1 **NEW DATE!**

Ergonomics

Lumbar Sacral Junction

Sun 24 March

Paediatrics Part 2 **NEW DATE!**

Sat 6 & Sun 7 July

Obstetrics and Osteopathy

Discounts

Ex-BSO students receive a 10% discount on all course fees

Mailing List

To keep up to date with the latest CPD courses and special offers, sign up to our mailing list :

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The BSO also offers room hire. Whether you need a board room for your meeting, a lecture room for your talk or a technique room for a course, the BSO can help. Call 020 7089 5352 or visit: www.bso.ac.uk/about-the-bso/room-hire-rates-and-information/



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This flexible programme is designed to develop your professional capability in clinical practice, education and research. It gives you the opportunity to develop and critically apply your knowledge and skills in the areas of business, practice management and professional leadership.

The course is structured to allow you to complete specific units of learning as CPD or undertake the full course of

study.

Each module will run one Saturday a month over four months, which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: September 2013
Course Leader: Shireen Ismail
Duration: 3 years (2 units per year)
Course fee: £1,100 per 30 credit unit

Post Graduate Certificate in Academic and Clinical Education

This unique programme is designed to equip you with the knowledge and skills to effectively support students in classroom and clinic-based settings.

The two modules; Education for Academic Teaching and, Education for Clinical Supervision and Teaching Technical Skills have a strong clinical and practical skill focus.

Each module involves a four-day course of lectures, seminars and practical workshops which are supported by assignments.



Start date: September 2013
Course Leader: Dr Jorge Esteves
Course fee: £2,200

Professional Doctorate in Osteopathy *A new level of osteopathic scholarship*



This programme, the first of its kind, blends teaching and self-motivated investigation that will allow you to make use of a range of specialists who are experts in a variety of disciplines.

You will be introduced to highly relevant, but not normally associated, subjects and will have the opportunity to work at the cutting edge of osteopathic theory and practice. The emphasis will be not just on understanding a theoretical body of knowledge, but on the nature of practice itself.

The course gives you the opportunity to investigate some of the key challenges facing the osteopathic profession today and develop the skills and knowledge to pursue the best interpretation, enhancing osteopathy's body of knowledge and skill.



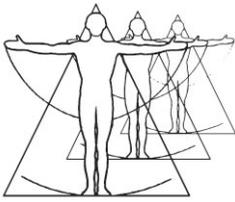
Start date: September 2013
Course Leader: Professor Stephen Tyreman
Course fee: £3,900

To register your interest or for further information on any of the Postgraduate courses, please contact:

Shanaz Rahman on 020 7089 5357 or s.rahman@bso.ac.uk

Or visit our website:

<http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/>



CPDO

2013

Presenting our courses in 2013

There is a 10% discount on all courses booked before 7 Jan 2013*

Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
25-26-27 Jan	Neuromuscular Re-Abilitation	<i>Prof. Eyal Lederman</i>	£385	£200	21
26-27 Jan, 9-10 Feb, 23-24 March	Foundation course in dry needling (3 weekend certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
2-3 Feb & 2-3 March	Foundation Pilates course for physical therapists (two weekend course)	<i>Susie Lecomber</i>	£475	£200	28
2 Feb	Counselling skill for physical therapists	<i>Tsafi Lederman & Jenny Stacey</i>	£125	£125	7
3 Feb	The therapeutic relationship: managing difficult situations	<i>Tsafi Lederman & Jenny Stacey</i>	£125	£125	7
9-10 Feb	Basic visceral: The abdomen	<i>Joanna Crill Dawson</i>	£235	£150	14
13-15 Feb	Barral's advanced integrative approach	<i>Jean Pierre Barral</i>	Fully booked		
2 March	Acupuncture in management of tension headaches and migraine	<i>Jennie Longbottom</i>	£135	£135	7
16-17 March	Integrated neuromuscular management of myofascial pain (Trigger points)	<i>Leon Chaitow</i>	£265	£150	14
20 April	Yoga for management of back pain	<i>Anna Semlyen</i>	£125	£125	7
20-21 April	Contemporary Acupuncture in Women's Health	<i>Jennie Longbottom</i>	£255	£150	14
1-2 June	Foundation cranial course I	<i>Joanna Crill Dawson</i>	£235	£150	14
1-2 June	Therapeutic stretching: towards a functional approach	<i>Prof. Eyal Lederman</i>	£235	£150	14
15 June	The lower quadrant: integration of acupuncture within physical therapy management	<i>Jennie Longbottom</i>	£135	£135	7
4-6 Sept	Advanced thorax and abdomen	<i>Jean Pierre Barral</i>	Fully booked		
21 Sept	Managing shoulder conditions using a process approach	<i>Prof. Eyal Lederman</i>	£125	£125	7
21-22 Sept, 28-29 Sept, 9-10 Nov	Foundation course in dry needling (3 weekend certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
5-6 Oct	Basic visceral: the thorax	<i>Joanna Crill Dawson</i>	£235	£150	14
5-6 Oct	Positional release techniques in management of cervical, thoracic & pelvic pain & dysfunction	<i>Leon Chaitow</i>	£265	£150	14
1-2-3 Nov	Harmonic technique	<i>Prof. Eyal Lederman</i>	£385	£200	21
Evening courses and workshops 18.30-20.30					
17 Jan	How to treat: Acute disc / lower back pain	<i>Prof. Eyal Lederman</i>	£35	-	2
24 Jan	The effect of ageing on muscle structure and function: implications to physical therapies	<i>Prof. Geoffrey Goldspink</i>	£20	-	2
31 Jan	How to treat: Chronic lower back pain	<i>Prof. Eyal Lederman</i>	£35	-	2
7 Feb	How to treat: Chronic neck pain	<i>Prof. Eyal Lederman</i>	£35	-	2
18 April	How to treat: Frozen shoulder	<i>Prof. Eyal Lederman</i>	£35	-	2
13 June	How to treat: Tennis elbow	<i>Prof. Eyal Lederman</i>	£35	-	2
4 Oct	Working with scoliosis from a fascia-oriented perspective	<i>Dr. Robert Schleip</i>	£55	-	2

Venue:

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

For more information, updates and booking: www.cpdo.net

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



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Inspiration in practice

OCF 40-hour Foundation Course

Date: 26th-27th Jan, 9th-10th and 23rd-24th Feb 2013
Venue: Osteopathic Centre for Children (OCC), London
Cost: £825

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

The course will examine the detailed anatomy and function of the involuntary mechanism, including diagnostic and therapeutic interventions using the involuntary mechanism approach.

With the emphasis on application of OCF in everyday osteopathic practice, the course will also provide extensive guided practical instruction with a participant to tutor ratio of 4:1 to maximise development of practical skills.

Later in 2013:

Dates, venues and costs vary - please contact our administrator Gilly Dowling, for further details on 0845 5193 493

27th April 2013 **Ear, Nose and Throat**

Body Course

Date: 16th and 17th March 2013 Venue: BSO, London
CPD: 12 hours
Cost: £270

This 2-day, largely practical course is aimed at developing the OCF practitioner's clinical skills beyond the cranio-sacral axis and extending treatment to the whole of the musculo-skeletal system including the thorax and pelvis, using the OCF approach.

It is designed to follow on and expand upon the 5 and 6-day courses and will revisit OCF principles of diagnosis and treatment, appraise compression and patterns of dysfunction within the body tissues and expand upon the principles of balanced membranous tension, ligamentous tension and fascial tension in a more contemporary way by considering recent physiological hypotheses.

This course is available to all participants that have completed at least one 40 hour OCF, SCTF-approved course.

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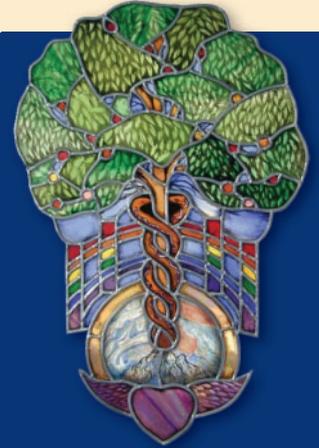
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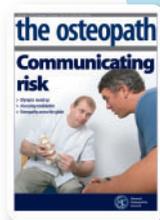
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- > **The Osteopath:** Your bimonthly magazine. You can send feedback to editor@osteopathy.org.uk or call 020 7357 6655
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We look forward to hearing from you