# theosteopath

## **Carrying out** clinical audit

'My first audit will

### How is smartphone use affecting your patients?

Read about new research on 'text neck'

# Preparing for new CPD

**Explore objective activities** 

PLUS: professional indemnity insurance - avoid common mistakes



General Osteopathic Council

#### Contacts

# Contents



News	
Take part in consultations on: <b>p</b>	4
Proposals for new accreditation for workin with children	g
Guidance for the GOsC's Investigating Committee	
Plans to update the GOsC's websites <b>p</b>	5
News in brief	
OPS	

OPS
Timeline to updated OPS
Jane Fox reports progress



In practice	
Tim Walker on evidence, practice and advertising	р8
New CPD	
Guide to clinical audit	p10
Case study: how clinical audit can	p12
improve patient care	
Fitness to practise	

professional indemnity insurance



#### Research

How to search Science Direct	p16
Access IJOM Plus package	p17
Text neck: summarising new research Read Snapshot Summaries of research	p18
Perspectives	
Matthew Rogers on developments for Allied Health Professionals	p19
Bookshelf: new books Read three book reviews by osteopaths	p20

**Registration and** 

### **Key GOsC services and contacts**

#### Communications **Enquiries about:**

publication orders (including public information leaflets), Registration Marks and posters, general information. x242

#### **Enquiries about:**

the osteopath magazine, ebulletins. x222

#### **Enquiries about:**

events, the media, consultations and surveys, regional groups, osteopathic regulation overseas. x245

#### **Enquiries about:**

р6 р7

GOsC website (including the online Register) and o zone, social media, International Journal of Osteopathic Medicine x228

#### Governance

**Enquiries about:** Council and committees (including all meetings and business), Chief Executive and Registrar, staff, complaints about the organisation.

x246

#### Regulation

**Enquiries about:** 

**Enquiries about:** 

**Enquiries about:** 

policy development

and research. x230 or x233

complaints against an osteopath.

and the new CPD scheme

Osteopathic Practice Standards,

**Education, standards** 

osteopathic education, the

the new CPD scheme and

dealing with patient concerns,

#### protection of title.

x224

x249

#### current CPD **Enquiries about:**

applying to the Register, annual renewal of registration, registration fees, updating your registration details, nonpractising status, practising abroad, retiring/resigning from the Register, professional indemnity insurance, the current CPD scheme, CPD audits. x229, x256 or x235

# Welcome to the latest edition of the osteopath



#### Courses

Course listings and advertised courses **p22** 

#### Marketplace

Classified and display advertisements **p24** 

p36

#### **Back cover**

Still time to take part in *the* osteopath readers' survey

Want to read an article in a past issue? Download PDFs at: www.gosc.org.uk/ theosteopathmagazine



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in linkedin.com/company/generalosteopathic-council

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Do you feel ready for the new CPD scheme? Osteopath Penny Dathan tells how she feels more confident about the new scheme now that she's found out more about it and tried out an objective activity – clinical audit, on page 12. The new scheme builds on your current CPD, rather than being drastically different. We want to help osteopaths prepare to make

the transition as smoothly as possible. We had more than 500 responses to our annual CPD survey – thank you to everyone who took part, your feedback will help us to provide tailored information and resources.

Recent concerns about advertising regulation have highlighted issues around osteopaths' scope of practice and the role of the GOsC. On page 8, Chief Executive, Tim Walker, explains how the GOsC links the issues of advertising, evidence and how osteopaths practise.

Are you seeing more patients who are affected by using new technology? NCOR's Carol Fawkes summarises recent research into the new condition of 'text neck' on page 18. And we have instructions to help you make the most of your free access to *Science Direct* and the *IJOM Plus* journals on page 16.

All osteopaths on the register need to have continuous professional indemnity insurance (PII) – even if you're on holiday or taking a break from treating patients. The article on page 14 explains some of the misconceptions about PII that can lead to problems, in order to help you understand what you need to do and why.

Thank you to everyone who has fed back through our readers' survey about *the osteopath* – we've extended the deadline until the end of February as we'd like to hear from as many of you as possible.

#### Clare Conley Managing Editor Email: editor@osteopathy.org.uk

Take part in our quick readers' survey at: bit.ly/TO-readers17

# the osteopath

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# Accreditation for working with children: have your say

he Osteopathic Development Group (ODG) is seeking feedback on a competence framework for osteopaths who work with children, and a draft scheme for accrediting those with expertise in this area. The aim of the new Accredited Clinical Practice (ACP) project, is to promote best practice and provide greater assurance to patients, the public and other healthcare professionals. It will focus on children in the first instance but the intention is to develop frameworks for other areas



of practice over time. The scheme will be voluntary and osteopaths who are not accredited will not be restricted from working with children.

Ben Katz, President of the Institute of Osteopathy is leading this project for the ODG, and said: "Our hope is that the competence framework will help osteopaths to understand the knowledge, skills and capabilities required to deliver safe, effective, high quality osteopathic care to children. Accreditation will offer formal recognition for those who have developed their expertise to a defined standard."

To develop the draft framework, the ODG worked with a team of external consultants and the four UK colleges that offer formal postregistration training in the osteopathic care of children: the British College of Osteopathic Medicine, the Foundation for Paediatric Osteopathy, Sutherland Cranial College of Osteopathy and the University College of Osteopathy (formerly BSO).

Read the draft proposals and feed back your views on the ODG website at: **osteodevelopment.org.uk/ osteopathy-for-children** 

# Share your views on guidance for Investigating Committee decisions

The guidance which the GOsC's Investigating Committee (IC) uses to make decisions about which matters should be referred to a public hearing, is being updated and we are consulting on the draft new guidance.

The IC is a panel of at least five people who consider cases prepared and referred by the GOsC's regulation team. The overall aim is to enable the IC to make consistent, fair and proportionate decisions.

The key changes proposed for the Guidance include:

- providing detailed guidance on the IC's role and function
- being clearer about the process for reaching decisions
- detailed guidance on issuing advice
- providing reasons

incorporating the threshold criteria into the guidance

The draft IC Decision-Making Guidance has been produced taking into account views fed in by members of the IC and the GOSC's Policy Advisory Committee. Read the draft Guidance and share your views: **bit.ly/IC-Decision-Makingconsult-Jan18** 

# Improving the o zone

e are working to make it easier for you to find what you're looking for on our websites. We are starting with the • zone, which is the passwordprotected area of the website for osteopaths.

The first stage will involve streamlining content to avoid duplication and moving some material out of the • zone and onto the main GOsC website to sit with related content.

There will be links and signposting on the • zone, so if you have bookmarked any pages you should still be able to find what you're looking for.

The main changes are:

- Streamlining the content to reduce unnecessary duplication
- Organising the remaining material to make it easier for you to find content
- Highlighting key content.

As a result, some content will be moved and some content will be available only on the main website (www.osteopathy.org.uk) – at present there is a substantial amount of website content duplicated on the • zone.

There will be guidance and signposting on the **o** zone, so you

will know where to find moved content.

You will still use the • zone to: renew your registration; record and submit your CPD; update your contact details; access *IJOM* and the other research journals; and browse or order from the online shop.

Other changes include:

- The events diary will move to the CPD website at: bit.ly/CPD-events
- The link to the online shop will be more prominent
- The research journals will be easier to find
- Navigation to 'Update my details' and 'My practice details' will be improved
- A new link will be created to the 'Change password' feature.

The decisions we have taken about moving and reorganising content are based on analysis of how users have been navigating and visiting pages on the • zone and we hope you will find the experience of using the • zone better in future.

Once the project has been completed we will be asking for feedback about the updated site, but if you have any concerns or suggestions in the meantime then do please get in touch at: webmanager@osteopathy.org.uk



### News in brief

# Read the GOsC's response to regulation consultation

The GOsC has submitted a response to the Department of Health (England) consultation on the reform of healthcare professional regulation in the UK, which is available to read online at: bit.ly/GOsCresponse-Jan18. The 'Promoting professionalism, reforming regulation' consultation launched at the end of October 2017 and closed on 23 January 2018. It asked questions about the role of regulation and how regulators work, including whether there should be fewer regulators.

25 May 2018

#### Get ready for new data protection rules from May 2018

Registered osteopaths must comply with the law on data protection, as referenced in the Osteopathic Practice Standards. Existing rules for data protection will change from 25 May 2018 with the introduction of the new **EU** General Data Protection Regulation (GDPR). This will impact on how personal data - including patient records - is stored, processed and used, and the permissions you need to seek in order to do this. The Information Commissioner's Office (ICO) has information at: www.ico.org.uk and a free telephone helpline: 0303 123 1113.

# updated standards?

Updated Osteopathic Practice Standards (OPS) will be published this year - check the OPS site for information and updates

pdated Osteopathic Practice Standards (OPS) will be published this year. The purpose of updating the standards is to ensure they are clear and that they support osteopaths to continue to deliver high quality care for their patients.

Stakeholders have been involved at each stage of the review of the OPS, which started in 2016. Draft revised standards are currently being reviewed using feedback from the consultation last year. The timeline (right) tracks key dates towards the introduction of the updated standards.

You can find the timeline plus information about the current and draft revised standards (that were consulted on from August-October 2017) on the OPS site: standards.osteopathy.org.uk It's worth bookmarking this site, as the updated OPS will be available digitally here when they are published this year.

#### January 2016 to May 2016

Initial call for evidence to develop/ improve the Osteopathic Practice Standards before consultation begins in 2017.

#### November 2017 to January 2018

Feedback evaluated and considered with the help of the Stakeholder Reference Group.

#### March 2018

Policy Advisory Committee to consider the analysis report and any changes to the standards.

#### Summer 2018

Publication of the updated Osteopathic Practice Standards. The standards must be published for a year before officially coming into effect.

August 2017 to October 2017

Consultation on the draft revised standards.

#### January 2018 to March 2018

Development of a consultation response and analysis report.

#### May 2018

Final version of the revised standards will be reported to Council for approval.

#### September 2019

The updated Osteopathic Practice Standards fully come into effect.

#### See: standards.osteopathy.org.uk

# Stakeholders consider response to consultation



**Jane Fox**, Chair of the OPS Stakeholder Reference Group, updates on progress towards the publication of updated standards in 2018

here has been an active review of the existing Osteopathic Practice Standards (OPS) taking place over the past year. The overall aim is to review and update the standards to ensure that they are modified in order to fully reflect current professional and wider health care norms.

As part of this review process, the GOsC set up an OPS Stakeholder Reference Group at the end of 2016, to provide input and advice to support the process of developing, and consulting on, the updated OPS. The group, which has met three times over the past year, includes members from a number of key stakeholder groups and agencies including:

- Patient representation
- Osteopathic Alliance
- Institute of Osteopathy (iO)
- Council of Osteopathic Educational Institutions (COEI)
- National Council of Osteopathic Research (NCOR).

Discussion within the Stakeholder group has been supported by the consultation upon the draft Standards, which ran from August to October 2017 and received 318 responses. The GOsC engaged with stakeholders in various ways with more than 900 social media engagements, more than 5,000 page views on the OPS consultation site and met with more than 200 people including at:

- Patient forum discussions
- Presentation and displays at events and conferences including the iO's annual conference
- Student feedback sessions
- Local osteopathic groups.

For more details, see the Engaging with OPS infographic on page 4 of December/ January *the osteopath* at: **bit.ly**/

TheOsteopathDec17Jan18

The most recent Stakeholder Reference Group meeting, held on 9 January 2018, considered a detailed analysis of the consultation responses. In particular, in-depth discussion focused on the key areas emerging from the analysis and the draft standards were refined in these areas:

- Standards relating to osteopathic philosophy and principles
- Promotion of public health
- Advertising of osteopathic services.

The group also reflected upon how the consultation feedback and analysis indicated the way in which the draft standards had been received by the profession, alongside the effectiveness of the consultation process. Overall, the group concluded that the process had been robust and well received, and so had confidence that minority consultation responses had been carefully considered against majority viewpoints . This resulted in the perception, overall, by the reference group of 'a thorough job well done'.

The consultation report and draft revised standards will be considered by the GOsC's Policy Advisory Committee in March and the final version of the revised standards will be reported to the Council for approval in May.

The revised standards will be published in 2018 and officially come into effect a year after publication, in 2019. See the timeline on the opposite page and: **standards.osteopathy.org.uk** 

The Stakeholder Reference Group has agreed to continue in an advisory capacity to provide support around the implementation of the updated OPS, and in the development of resources to help osteopaths apply the standards in practice.

Jane Fox is a volunteer Chair/lay reviewer for the Dental Complaints Service and a former member of the GOsC's Policy Advisory Committee. Jane's professional background is in nursing and nurse/health education.

# Evidence, practice and advertising



How does the GOsC link the issues of advertising, evidence and how osteopaths practise? **Tim Walker**, the GOsC's Chief Executive and Registrar, explains

ecent concerns about advertising regulation have highlighted issues around osteopaths' scope of practice and the role of the GOSC. It has even been suggested that the GOSC may wish to restrict the scope of osteopathic practice and to seek to regulate the types of treatment approaches that osteopaths use, or the sorts of patients they seek to treat. This is not the case.

The Osteopathic Practice Standards (OPS) state that individual osteopaths should recognise and work within the limits of their training and competence (Standard B3). Similar wording appears in the standards or codes of all regulators, and this allows osteopaths to expand their work in various ways based on the further training they undertake, and skills they develop over the course of their professional careers.

#### **Evidence-based practice**

However, we know that some of the work that is undertaken by osteopaths is subject to challenge from outside the profession (although rarely by patients), with the criticism that there is insufficient evidence to justify particular treatment approaches. While it would be wrong for the osteopathic profession to ignore such criticism, the role of the regulator is to promote public and patient safety rather than to resolve arguments about evidence between the profession and its critics.

But if the osteopathic profession itself is to respond effectively to such challenges,

I would suggest there are a number of things it needs to do.

First, it is important that all osteopaths are aware of the current evidence that is available for osteopathy and related treatment approaches, and also to support the further development of such evidence. That is why the GOsC continues to support the provision of a range of journals for osteopaths (see page 17) and to support the work of the National Council for Osteopathic Research (NCOR). But this alone is not enough; every osteopath can contribute to the development of the evidence base for osteopathy, for example through the collection of patient outcome data using the NCOR PROMs tool.

### 'Osteopaths should embrace the principles of evidence-based practice'

Second, osteopaths should embrace the principles of evidence-based practice. Some people think that this is a challenge for osteopaths and osteopathy but I would argue the opposite. Evidence-based practice (as described by its original proponents) consists of the integration of three separate components:

- individual clinical expertise
- the best available external clinical evidence

 and the values and preferences of patients themselves.

The authors of the article cited above say: 'Evidence-based medicine is not "cookbook" medicine'. Because it requires a bottom-up approach that integrates the best external evidence with individual clinical expertise and patients' choice, it cannot result in slavish,



'We will continue to support osteopathic practice alongside taking a balanced and proportionate approach to advertising'

cookbook approaches to individual patient care.'

To me, this description goes with the grain of osteopathic practice rather than against it.

#### Advertising

So we come to the thorny issue of advertising (specifically how osteopaths advertise their services), which has





troubled a number of osteopaths, and about which more than 400 concerns have been raised with the GOsC over the past two years or so.

In the UK the law on advertising is clear. Under the terms of the *Consumer Protection from Unfair Trading Regulations 2008* it is considered 'unfair' to falsely claim that a product (or service) is 'able to cure illnesses, dysfunction or malformations'.

However, the way this law is implemented is different from many other UK laws as it involves regulation by an independent body known as the Advertising Standards Authority (ASA). While the ASA is an independent body, it can't act outside the law. Its procedures are open to judicial challenge and it is expected to treat any advertiser equally and fairly. No-one is immune from its remit. For example, as well as big corporates such as Deliveroo and BMW, a number of universities have recently had ASA rulings against them. The ASA's remit covers all areas of advertising activity including charities and healthcare; this is not something that osteopaths or the GOsC can simply 'opt out' from.

Given the existence of an independent advertising regulator, it would be misquided for the GOsC to try to take over the role of regulating advertising itself. We do not have the expertise required to do so, nor would we have had the capacity to deal with the large number of complaints in this area. Instead our approach has been to encourage compliance with the ASA's requirements, which, for the majority of osteopaths, has been very straightforward. In the event that an osteopath fails to comply with the requirements of the ASA, this may then be considered by the GOSC to be a potential breach of the Osteopathic Practice Standards.

Our approach to dealing with advertising has been consistent since the issue was first raised with us as a concern in 2010. We reinforced what we say and do in 2012 when we published the Osteopathic Practice Standards, and we will continue to support osteopathic practice alongside taking a balanced and proportionate approach to advertising.

#### **Further information**

See the • zone for information and links to relevant organisations, about how the information you provide to patients on your website, in practice literature, and via social media, service directories and marketing material must comply with the Osteopathic Practice Standards at: **bit.ly/o-zone-advertising** 

# Using clinical audit in osteopathic practice

Carol Fawkes, Senior Research Officer at the National Council for Osteopathic Research (NCOR), has recently led online workshops on clinical audit for the GOsC and here offers a quide to this objective activity option for the new CPD scheme

linical audit is a useful skill for clinical practice. Sometimes confusion exists about what clinical audit is, and what it involves. A common misconception is that it must involve carrying out an audit of your entire practice but, in fact, you can choose to focus on one small area with beneficial results for improving your patient care. Clinical audit is an option for an objective activity - osteopaths will need to carry out at least one objective activity in the new CPD scheme, which launches this autumn. See: bit.ly/cpd-objective-activity

#### This article will cover:

- What clinical audit involves
- Some ideas for simple clinical audits
- The basic steps involved in conducting

a clinical audit in your practice Resources and references for further learning and guidance through the process.

#### What is clinical audit?

Clinical audit is quite specific in its requirements and involves a series of defined stages to follow. Mawson and McCreadie (1993) described clinical audit as a cyclical process consisting of topic selection, observation of practices, comparison of current practice to an identified standard, identification of changes to practice based on this comparison, implementation of those changes, and finally re-auditing to see if the changes have had an effect on clinical practice<sup>1</sup>. This process is summarised in the audit cycle diagram shown below.



Research, clinical audit, and data collection

The terms research, clinical audit, and data collection all have specific meanings, but they are often used interchangeably. There are some basic differences between each activity that it helps to be aware of. More extensive information about the differences between research, clinical audit, data collection, and service evaluation and their definitions can be found on the website for the Health Research Authority<sup>2</sup>. It's worth noting that research and data collection can help to identify topics for clinical audit.

#### **Clinical audit in practice**

Undertaking clinical audit in practice can be as involved or as simple as you wish. If you are unfamiliar with the process, it is better to start with something straightforward. You can decide on what would be most relevant to your practice setting.

#### Ideas for subjects for audit

Osteopathic practices vary throughout the country, and the time and available resources will also be different. Some innovative ideas for practice-based audit have been provided by those osteopaths who have become early adopters for the new GOsC CPD scheme. Examples of projects have included:

- a case note audit
- a time-keeping audit
- a patient satisfaction audit
- an audit to reduce non-attendance by patients.

Osteopath Penny Dathan describes her experience of undertaking an audit for the first time on pages 12-13.

#### What to consider when planning the audit

If you think you would like to undertake an audit in your practice, there are a few things to consider including:

- Which aspect of your practice do you want to audit and what do you want to learn?
- Who will be involved and what will their roles and responsibilities be?
- How long will the audit take from design to data collection and re-audit?
- Who will collect the data, and is there a suitable data collection tool available already. Try to avoid collecting too much data that may be superfluous, and always ensure that you observe strict data protection principles.
- Analysing the data consider how you will do this and how much data analysis you want from your audit.
- Identifying suitable changes. Look carefully at what you have identified, and what changes you need to make. Be realistic in these changes, and ensure that everyone who will be affected is considered.
- Re-auditing this is often the forgotten final stage of an audit, but it is vital to show whether an audit has actually had an effect on your practice or not. Ensure you allow sufficient time for the changes you have made to embed before undertaking this final stage of the audit.
- Reflect on the findings of your practice audit and disseminate where appropriate. It can be useful to record your findings in the form of a short report. If it is appropriate, it may be useful to share the findings of your audit with patients.

#### **Resources for carrying** out a clinical audit

An audit handbook designed specifically for osteopaths has been created to support the growing interest in clinical audit<sup>3</sup>.

A range of audit tools is available in the



There are also a number of worked up examples in the audit handbook, and the masterclass is published in the International Journal of Osteopathic Medicine<sup>4</sup>.

#### The GOsC's CPD site

The GOsC's new CPD site (cpd.osteopathy.org.uk) is updated regularly with new resources and information. It has a section on clinical audit, which includes:

- 1. What is clinical audit? cpd.osteopathy.org.uk/resource/ what-is-clinical-audit/
- 2. Conducting a clinical audit cpd.osteopathy.org.uk/resource/ conducting-a-clinical-audit/
- 3. Worked up example of a clinical audit of case notes cpd.osteopathy.org.uk/resource/ clinical-audit-worked-up-example/

#### Further reading about clinical audit

Other professional groups have developed audit resources. A number of useful quides on all aspects of the process, aimed at NHS staff, are available at: bit.ly/NHS-clinical-audit

A more detailed guide can be found in the document entitled 'Best Practice for Clinical Audit, which is available at: bit.ly/HQIP-clinical-audit

#### **Examples of clinical audits** from other professional groups

Examples of clinical audits from other professional groups such as the Royal College of Psychiatrists are published online<sup>5</sup>. Further examples of national audits are published on the website for the Healthcare Quality Improvement Partnership (HQIP). This national organisation works to champion national audits in the NHS as a means to try to improve patient care and outcomes. See: bit.ly/HQIP-clinical-audit-prog

#### Support from NCOR

Staff at the NCOR office are available for support if you'd like to check any aspect of your clinical audit process. You can contact Carol Fawkes by email at c.fawkes@qmul.ac.uk.

#### References

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- 4. Fawkes C, Ward E, Carnes D. Clinical audit in osteopathic practice: A Masterclass 2014;17(2):110-118. bit.ly/clinical-auditmasterclass
- 5. Royal College of Psychiatrists archive of national audits: bit.ly/RCPysch-audits-archive

# 'Clinical audit should improve my patient care'

Osteopath Penny Dathan outlines what she learned from her first trial of clinical audit

enny Dathan volunteered as an 'Early Adopter' – osteopaths who have been trialling elements of the new CPD scheme in groups in online workshops and then sharing learning and tips with peers (**bit.ly**/ **GOSC-CPD-online-workshops**). Penny qualified from the British School of Osteopathy (now the University College of Osteopathy) in 1989. She is a sole practitioner based within a GP practice in Buckinghamshire and describes her practice as 'mainstream mechanical osteopathy'. Here, Penny describes her first trial of clinical audit:

'I selected clinical audit from the choice of six available options for the online workshops - my rationale was that I knew least about this topic, I'd never carried one out before. I then joined a group of eight other osteopaths from around the UK for a series of five onehour online workshops last summer. These were facilitated by Carol Fawkes, Senior Research Officer at the National Council for Osteopathic Research (NCOR), supported by Fiona Browne, Head of Professional Standards at the GOsC.

# Deciding on an aspect of practice to audit

After the first session telling us more about the new CPD scheme and an introduction to clinical audit, we were tasked with reflecting on our practice and deciding on an aspect to audit that would be of value to our patients, practice or profession.



For me, this was one of the toughest elements of the whole audit process as the possibilities were endless! The NCOR Clinical Audit Handbook (bit.ly/NCOR-clinical-audit-handbook) was invaluable for learning more about the clinical audit process. We also carried out a sample audit which, along with the group feedback, was a helpful start. (The sample general practice audit, applicable for all osteopaths, is in the NCOR Handbook and at: bit.ly/NCOR-gen-practice-audit.) Carol and Fiona encouraged us not to overcomplicate the process and to focus on one fairly small area initially for our first clinical audit.



See: cpd.osteopathy.org.uk

New CPD

### 'I carried out the audit one afternoon and it took around two hours'

# Audit topic: recording of rehabilitation exercises in case notes

I then decided to conduct my clinical audit on the 'recording of rehabilitation exercises in case notes'. I chose this because I suspected there could be room for improvement in this area as it can be such a rush to get the notes down at the end of the session. I wanted to check that my notes are compliant and include all the information needed to discuss any queries with patients at follow-up appointments. I specifically wanted to make sure I'm complying with the criteria set out in the Osteopathic Practice Standard C8: 'Ensure patient records are full, accurate and completed promptly' and follow the Good Practice identified in NHS Guidelines. The standard of 100% being the target.

# Devising the data collection tool

The next step was to devise the Data Collection Tool. So with Fiona and Carol's words - 'don't overcomplicate things' still echoing in my head, I decided that I needed to ask two key questions about those patients to whom I'd recommended remedial exercises. Consequently, I drew two columns on a sheet of A4 with these two questions:

## **1.** Did I record the exact exercises prescribed? Y/N

2. Did I record the number of repetitions prescribed? Y/N

I selected a sample size of 100 randomly chosen patients, who had been prescribed



remedial exercises in the last six months – I also gave them documentation of the recommendations. I carried out the audit one afternoon in July and it took no more than two hours. I discovered 35% were 'no' to Q1 and 57% were 'no' to Q2. I was surprised at the results and that they were quite a way off the 100% standard, at that point.

# Planned actions as a result of the clinical audit

We had the last online workshop in early September to discuss our findings and it was reassuring to hear colleagues' thoughts too.

As a result of the first audit, I've now modified the paper scripts I use for consultations and added a box at the end as a prompt to note down remedial exercise prescription, so that I can jot down notes in shorthand as I'm speaking to patients. I intend to re-audit before this Easter, using the same two questions, with a sample of 100 patients seen in the last six months, to check if the prompt box is helping me to reach the standard I want to achieve.

Learning more about clinical audit and trialling one has also given me ideas for other areas I could usefully audit in the future. One of these could be looking at patient expectations in some way to understand more as expectations can guide the outcome of treatment. If you don't understand expectations as a practitioner, there's a danger the patient may go away feeling disappointed, or not feel motivated to take the advice given or just not come back. I'd need to think carefully about which questions to ask in the audit to get the information I'd need.

# Reflections on the benefits of clinical audit

On reflection, I feel the clinical audit process should improve patient care within my practice and the process wasn't as onerous as I'd previously thought! Prior to taking part in the workshops, I'd thought that the whole concept of constructing an audit, especially as a sole practitioner doing it on my own in my own practice, would be an enormous and daunting exercise. But I understand audit as a process much better now, and that it can be far simpler and more straightforward than I had realised. I also feel more confident about the new CPD scheme as I have some tools to use and consequently I don't feel so overwhelmed about the forthcoming changes.

# Why it's important to have professional indemnity insurance (PII) cover at all times

The GOsC dealt with 12 hearings relating to PII in 2017. This article outlines the requirements for PII to help you ensure that you have the correct cover

rofessional indemnity insurance (PII) is intended to cover you and your practice in the event of claims made by a patient (or third party) where they have suffered loss as a result of non-performance, breach of contract and/or professional negligence in the services provided. The fundamental purpose of indemnity insurance is to protect and assure patients and the public and to ensure that an osteopath is indemnified against these liabilities incurred while registered.

The legal requirement for osteopaths to have an appropriate level of indemnity cover is set out in Section 37 of the Osteopaths Act 1993. In common with all other regulated healthcare professions, this legal requirement to hold indemnity cover is linked to your registration and therefore is required even if you

#### Key factors for PII that you need to be aware of:

To practise lawfully, you must hold the required professional indemnity insurance at all times. If/ when your insurance ceases you must notify the GOsC Registration team in writing immediately. You should also notify the GOsC if you realise belatedly that you haven't had appropriate PII as soon as you become aware of it. Failing to do this could make your situation worse.



do not intend to see patients or for periods of time where you are on holiday or have been unwell.

In 2017, the Professional Conduct Committee (PCC) dealt with 12 hearings relating to osteopaths not having appropriate PII. So make sure you avoid any problems by keeping your PII up to date and appropriate to your current circumstances. Failing to have appropriate insurance, for any length of time, could make you subject to fitness to practise proceedings before the PCC. If you fail to comply with the above requirements this may be treated as unacceptable professional conduct.

Additionally, if you know you do not have insurance cover and yet continue to practise/remain on the Register of Osteopaths, you could also face an additional allegation of lack of integrity or even dishonesty which would place your registration as an osteopath at risk.

#### **Points raised about PII by the Professional Standards Authority**

The Professional Standards Authority for Health and Social Care (PSA) oversees the work of the health professional regulators in the UK, including the GOsC. The PSA is an independent body, accountable to the UK Parliament (www. professionalstandards.org.uk).

The PSA's work includes reviewing all the decisions taken by the GOsC's PCC, including hearings relating to PII. As a result of this, the PSA has identified 'learning points' to assist our PCC in the approach they take to PII cases as set out on the next page:

- Practising without indemnity insurance calls into question an osteopath's commitment to patient safety.
- It is important that patients can recover any compensation they might be entitled to in the event of a successful claim – six year limitation period.
- An osteopath's failure to have insurance is not an 'administrative' failure and can potentially have wider consequences i.e. for the public interest.
- An osteopath practising without any/adequate indemnity insurance should be taken seriously as it is a statutory requirement.
- A failure to have appropriate PII will not be regarded as less serious by a Professional Conduct Committee simply because an osteopath has not seen patients.

For further information on PII requirements, see the section about insurance on the GOSC's website at: www.osteopathy.org.uk/trainingand-registration/how-to-registerwith-the-gosc/insurance/

### 'Remember to keep your PII up to date and check that you have the correct continuous cover'





INSURANCE

COVER

# How to search Science Direct

Make the most of your free access to Science Direct and IJOM Plus for research and CPD

here is a wealth of information in the research journals, in the IJOM Plus package, which includes the *International Journal of Osteopathic Medicine, Clinical Biomechanics* and six other journals (see page 17) that you can access for free via the • zone. The

journals are on Science Direct, which is an online platform of peer-reviewed literature set up by publisher, Elsevier.

We get lots of calls from osteopaths about how they can use this facility, so this article aims to show you what is available, how you can access it and how to make the most of the search facilities for your research and CPD.

## How to access IJOM Plus and Science Direct via the o zone

Log in to the • zone in the top right hand corner of the homepage of the GOsC website at: **www.osteopathy.org.uk** You'll need your registration number and your password (if you can't recall your password, there's a Forgotten Password link on the log-in page). Then go to the 'News and resources' tab and click on the IJOM Plus package link.

Journals Consult	Journa	als Books My acco	ount 🔿 🕐
	Author name		
Add to Favorite		r key are	
View issue	International Journal of Osteopathic Medicine Volume 25, Pages 1-48 (September 2017)	Articles 1 - 8	
revious vol/iss >	🖡 🥵 Download PDFs 🔹 Export 💌	Y All access types ▼	
icles in Press en Access articles Volumes 21 - 25 (2016 - 2017) Volume 25	Editorial Board Page ( PDF (115 K)  Wiew PDF		
pp. 1-48 (September 2017)	Research Reports		
Volume 24 pp. 1-50 (June 2017) Volume 23 pp. 1-64 (March 2017) Volume 22	An observational study of ultrasound to confirm cervical spine segmental positional rotation Original Research Article Pages 1-5 Theodore B. Flaum, Frances M. Rusnack, Arfa Mirza, Theresa E. Apoznanski, Aida Munarova, Joseph P. Mazzie, Michael J. Terzella Adstract    Close research highlights    Dep (381 K)    O View PDF	, Sheldon C, Yao	
pp. 1-68 (December 2016) Volume 21 pp. 1-66 (September 2016) Volumes 11 - 20 (2008 - 2016) Volumes 8 - 10 (2005 - 2007)	Highlights       • Palpatory assessment and diagnosis are fundamental to osteopathic medical education and may be improved by ultrasonogr       • This study investigated the use of ultrasound to assess cervical spine segmental positional rotation.       • Results show no significant difference in segmental rotation in cases where ultrasound did and did not agree with palpation.       • Ultrasound many not be an appropriate tool for evaluating segmental positional rotation of the cervical spine.	aphic imaging.	
	Ultrasound many not be an appropriate tool for evaluating segmental positional rotation of the cervical spine. Randomised controlled pilot trial of high-velocity, low-amplitude manipulation on cervical and upper thoracic spin asymptomatic subjects Original Research Ande	ne levels in	



## Browse journals for articles of interest

You can just browse through the journals, selecting articles of interest from the contents list of a particular issue by clicking on the front cover image of each journal.

#### Two ways to search Science Direct

However, if you are searching for articles on specific topics, perhaps for CPD or a lecture, Science Direct offers two ways you can search:

# 1 How to do a simple search on Science Direct

You can do a simple search using one keyword at the top of every journal page (on Journals Consult) and this will bring up articles in that journal or any other journal. You can also search by:

author • volume • issue
See: bit.ly/Science-Direct-Journals Consult

#### 2 How to carry out an advanced search on Science Direct

You can also use the 'Advanced search' facility by clicking on the 'Advanced search' link, just to the right of the main search boxes. See: www.sciencedirect. com/science/search

You can search using more than one keyword (eg shoulder AND arthritis, shoulder OR arthritis), or exclude other keywords (eg shoulder AND NOT arthritis). You don't need to fill in any of the other fields unless you know what you're looking for and you want to reduce the number of results.

This search also enables you to search multiple journals at once. You can get further guidance by clicking 'Search tips' or the Help button at the top right of the page, which is shaped like a question mark.

In a future article we will look at how you can personalise your use of Science Direct and save your searches.

### Which journals can you access in the IJOM Plus Package?

IJOM Clinical Biomechanics • The Lancet • The Spine Journal Journal of Manipulative and Physiological Therapeutics • Musculoskeletal Science & Practice Pain Journal of Bodywork and **Movement Therapies** clinical BIOMECHANICS THE LANC THE SPINE URNAL MANIPULATIVE THERAPEUTIC Musculoskeletal Science & Practice Journal of Bodywork and Movement Therapies

# Researching 'text neck'

Prolonged use of smartphones is resulting in neck problems, particularly in younger age groups. **Carol Fawkes**, Senior Research Officer at the National Council for Osteopathic Research (NCOR) provides a short summary of new research in this area

Recent article by Cuéllar et al. noted the rise in patients presenting to healthcare professionals with neck and upper back pain (Cuéllar *et al.*, 2017). Patients in younger age groups are presenting with changes in the neck which would be expected in older age groups. One common feature among these patients is prolonged smartphone use, which often involves users spending long periods of time looking down at a device held in their hand.

A small number of research studies have investigated this phenomenon. In a systematic review of 13 studies, Xie *et al.* reported a prevalence of musculoskeletal complaints among mobile device users from 1-67.8% neck complaints showed the highest prevalence rates at 17.3-67.8% (Xie *et al.*, 2017).

In an earlier study of 140 Canadian university students, staff and faculty, Berolo et al. reported that 84% of the study participants reported pain at some location in their body with pain at the base of the thumb being the most common (Berolo *et al.*, 2011). Significant associations were identified also between the total time spent using a mobile device and pain in the neck and shoulder. Further research has been conducted by Gustafsson *et al.* in



young Swedish adults (Gustafsson *et al.*, 2017). They found cross-sectional associations between text messaging and reported ongoing symptoms in the neck and upper extremities. Among UK osteopaths, neck pain is one of the symptoms reported more commonly by patients, and is responsible for 15% of consultations with osteopaths (Fawkes *et al.*, 2014).

#### References

Berolo S, Wells RP, Amick BC. Musculoskeletal symptoms among mobile hand-held device users and their relationship to device use: A preliminary study in a Canadian university population. Applied Ergonomics 2011;42:371-378

Cuéllar JM, Lanman TH. Text neck: an epidemic of the modern era of cell phones? Spine J. 2017;17(6):901-902.

Fawkes CA, Leach CM, Mathias S, Moore AP. A profile of osteopathic care in private practices in the United Kingdom: a national pilot using standardised data collection. Man Ther. 2014;19(2):125-30.

Gustafsson E, Thomee S, Grimby-Ekman A, Hagberg, M. Texting on mobile phones and musculoskeletal disorders in young adults: A five-year cohort study. Applied Ergonomics

Xie Y, Szeto G, Dai J. Prevalence and risk factors associated with musculoskeletal complaints among users of mobile handheld devices: A systematic review. Applied Ergonomics 2017;59: 132-142

# **Read new Snapshot Summaries**

COR's Centre for Reviews and Summaries (CFRS) was initiated in 2017, with the goal of providing a 'one-stop shop' for busy osteopaths who want to stay abreast of the latest clinically relevant research, but don't necessarily have the time to read lengthy research papers. The NCOR team mentors groups of osteopaths who produce bite-size synopses of research papers around a particular theme. These 'Snapshot Summaries' are published on the NCOR website at: www.ncor.org.uk/cfrs

The latest Snapshot Summaries join a large collection previously produced by NCOR's Senior Research Officer, Dr Carol Fawkes, to form a repository of plainlanguage documents that osteopaths can easily read during a coffee break. If you have an interesting case that is making you scratch your head, or you'd like to brush-up on your knowledge or you're looking for a good topic for your next clinic meeting, NCOR's Snapshot Summaries may be the answer. They are also a useful resource for CPD activities,

#### Manual therapies - paediatrics

The first project for the CFRS team was a systematic review of manual therapies for paediatric patients, which is due to be published in BMJ Open. Among other findings, the review suggests that manual therapies are generally safe, and may reduce crying time by more than an hour a day in healthy but excessively crying babies. Look out for subsequent NCOR articles on this.

# What does being an Allied Health Profession mean for osteopathy?



NHS England gave osteopathy Allied Health Professional (AHP) status last year. **Matthew Rogers** explores the impact of this development and answers questions raised by osteopaths

he Chief AHP Officer for NHS England (NHSE), Suzanne Rastrick, announced AHP status for osteopaths working in England in April 2017. This was in recognition of the contribution that osteopathy already makes to UK health, both in the NHS and private sector, and in anticipation of the considerable future potential of osteopathic practice.

#### What are Allied Health Professionals?

Allied Health Professionals (AHP) are a broad family of 14 different healthcare professions, including occupational therapists, paramedics, podiatrists and physiotherapists. Working across a wide range of different settings, AHPs are the third biggest professional group in UK health and use their specialist experience and training to make a huge difference to those they treat.

## What does AHP status mean for osteopaths?

Being welcomed into the AHP community is recognition of the maturity and credibility of osteopathic practice and enables us, for the first time, to get involved in the broader conversation about the UK's health. It enhances our influence when lobbying on behalf of our patients and reinforces our reputation with the public and healthcare colleagues. Being recognised as an AHP also means that we are no longer considered to be 'alternative' or 'complementary' in the eyes of NHSE, terms that often carry derogatory connotations.

Being an AHP should also bring opportunities of expanded career pathways. For example, Health Education England is currently spearheading an initiative to deploy osteopaths and other relevant AHPs, such as physiotherapists and podiatrists, into senior roles as First Point of Contact Practitioners, initially for musculoskeletal conditions – treating, requesting MRIs, blood tests and referring for surgery where appropriate – which would also take the pressure off GPs.

#### 'How are we as a profession going to respond to take full advantage of this exciting development?'

## Does it only affect osteopaths who work in the NHS?

This new status represents a huge opportunity for the whole profession, not just those with an ambition to work in the NHS. Overall, this endorsement will raise the profile and awareness of osteopathy, which could result in more members of the public becoming aware of osteopathy and becoming potential new patients. So ultimately it should benefit all existing osteopaths and also could attract more people to train in the profession.

#### Is there a danger that being an AHP could mean that osteopaths may lose their autonomy as primary care practitioners?

NHSE has emphasised that it recognises the fact that, as osteopaths are autonomous primary healthcare professionals (we don't need to sign-off our activities with a doctor and can make independent assessments and decisions about treatment without GP referral), the profession has great, and to some extent, untapped potential to contribute to UK patient health. Rather than being diminished, there will be opportunities to build on this level of autonomy as government health agencies reach out to the profession with more opportunities to contribute to UK patient healthcare over the coming years.

#### What could this mean in the future?

Having AHP status demonstrates that we now have the respect that the profession deserves and raises the question, 'how are we, as a profession, going to raise our game and respond in order to take full advantage of this exciting development?'

Matthew Rogers is Head of Professional Development at the iO and was recently appointed to represent the osteopathic profession on the Public Health England AHP Public Health Strategy Board. He is a practising osteopath.

# Bookshelf

#### Chronic Pain: A resource for effective manual therapy Author: Philip Austin

Handspring Publishing (2017) ISBN 978-1-909141-51-3 244 pages



Philip Austin, the author, is an osteopath with a PHD in Pain Medicine and a Masters in Pain Management. He provides insight into the current understanding of pain mechanisms and how that knowledge can help manual therapists manage pain more effectively. The book is divided into three parts:

• the concept of pain and its neurophysiological mechanisms

• current and potential evidence-based evaluation methods

common functional pain disorders.

A selection of illustrated reference books for osteopaths

#### Osteopathic and Chiropractic Techniques for Manual Therapists: a comprehensive guide to spinal and peripheral manipulations

Authors: Jimmy Michael, Giles Gyer and Ricky Davis Singing Dragon (2017) ISBN-13 978-1-848193-2-60 296 pages



A guide to the "most effective manipulation techniques" used in current clinical practice by osteopaths and chiropractors, including adaptive spinal and advanced peripheral techniques. It provides illustrated references for how to apply the methods on specific sections of the body. Authors Giles Gyer and Jimmy Michael are specialist musculoskeletal osteopaths who teach and lecture

internationally. While Ricky Davis, is a clinical director and chiropractor with a special interest in lower limb biomechanics.

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

# **Book reviews**



#### Finding the Health: Thoughts on Osteopathic Diagnosis and Treatment Robert Lever

Handspring Publishing (2016) ISBN: 978-1-909141-74-2 Reviewed by Alastair Dunbar MOst

The choice of the Chartres Labyrinth to illuminate the cover of Robert Lever's most recent book offers some indication of the depth of the journey into osteopathic thought and practice readers of this book will be undertaking.

Following his first book At the Still Point in the Turning World: The Art and Philosophy of Osteopathy (2013), Lever returns with, what seems to be, a more focused effort directed at the needs of practising osteopaths. Over the course of 14 chapters and 111 pages, Finding the Health is an extended meditation on the practice of osteopathy from a contemporary master. Gleaned from more than 40 years in the profession, Lever addresses holism, palpation, technique and treatment - as well as health, disease and

dysfunction. He urges us to consider the scope of osteopathy; reminding us that: 'good and effective practice is almost less about what we *do* than what we *think*'.

Make space to read *Finding the Health*. Digest each chapter slowly and patiently, let some time pass, then re-visit. It is not 'osteopathy by numbers'. In sharing his understanding of osteopathic principles and in citing clinical cases as examples of those principles in action, Lever brings osteopathy into the quantum age. He illustrates how it has grown over the past 140 years, but in doing so, he does not sever ties with AT Still's original transmission quite the opposite: he imbues it with a 21st century understanding of what it is to be human, and subsequently what it means to treat osteopathically in modern times.

I remember attending a talk by Peter Armitage at the BSO (now UCO) some years ago where he was asked the question: "What is osteopathy?" His response: "It depends who's asking", has stayed with me. I imagine if a room full of osteopaths were to ask Lever that same question, *Finding the Health* might be his answer. I think anyone from prospective to senior students, as well as recent graduates and seasoned osteopaths could all find something to illuminate, inspire and inform their practice and understanding of osteopathy within these pages. An invaluable contribution to the annals of osteopathic literature, and one which will undoubtedly prove invaluable for generations to come.

# **Book reviews**



Motility in Osteopathy – From embryology to clinical practice Alain Auberville and Andree Aubin

Handspring Publishing (2017) ISBN: 978-1-909141-66-7 Reviewed by Ines E Santo MOst In this book, the concept of motility is based on the embryological processes that dictated each tissue's initial movement, forwarding the notion that every tissue has its intrinsic energy or vitality.

Although the concept could be difficult to grasp (especially for those who follow a more structural approach), the writers argue that the mobility model by itself wouldn't be enough to appreciate the qualitative parameters of tissue health. Indeed, they defend the idea that every structure in the body requires mobility and motility in order to function and maintain health. As a result, osteopathic evaluation should include the assessment of the normal osteoarticular movement and the craniosacral rhythm, but also motility in order to be complete. Motility concepts and the clinical relevance of this model is explained in detail, however, there is little evidence-based information.

Chapters 3 to 9 review the main systems of the body: the nervous system, the psychoneuroimmuneendocrine, the cardiopulmonary, the digestive, the urogenital and lastly the musculoskeletal system. In each of these chapters, for each anatomical structure, the authors define: the normal embryological

movement that occurred during embryogenesis; the specific motility movement expected and how to test it; the correspondent motility dysfunction type; the normalisation or treatment strategy to follow, and finally some practical osteopathic considerations. There are illustrations and pictures, which make it much easier for the reader to understand and follow. In the final chapter, 24 clinical cases are succinctly presented and briefly discussed.

I believe this clinicaloriented book may be a good additional tool for osteopaths who are starting to explore the motility concept and for those who want to develop it.



#### The Psoas Solution Evan Osar

Lotus Publishing (2017) ISBN: 978-1-905367-78-8 Reviewed by Pauline Mather BSc(Hons) DO DIBAK

I don't remember learning about the psoas when I was training in the late 1970s. I became aware of the psoas in the 1990s when I attended my first applied kinesiology course. I learned about its: anatomy; function as a primary hip flexor and maintainer of the lumbar curve; how to test it (often finding it to be in a state of inhibition); and techniques to restore normal tone. I was introduced to the idea of a relationship with piriformis, as the only two muscles directly crossing the sacroiliac joints. This muscle has become my first port of call in many cases of back pain and piriformis syndrome. Thus, I was keen to review this book.

- The book's aims are to: • review the functional anatomy of the psoas and its relationship to posture and movement
- identify common signs of psoas dysfunction in posture and movement
- develop a system-based corrective exercise approach that integrates three key principles of optimal posture and movement.

I looked at the pictures first - I was disappointed to see a lot of supine exercises. How can you train someone to stand up and move, by lying on the floor? The greater part of the proprioceptive system will be inactive. Then I started to read and my curiosity grew.

Osar challenges the idea of the psoas as a prime hip flexor, arguing that its fascial attachments to diaphragm, lumbar spine and pelvic floor suggest its function is mainly as a stabiliser of spine and hip joint. Interesting. My belief is that stabiliser muscles are short and have a broad origin and short insertion - for example, a rotator cuff. Prime movers are long, with long tendons. Maybe iliacus is the stabiliser and the psoas the prime mover? Who knows? But then, a lot of research has gone into the hamstrings, due to their problematic nature in sport.

Long muscles, which exhibit all functions in different stages of gait. Think again!

Osar divides the trunk muscles, including diaphragm and pelvic floor, into deep and superficial muscles. The deep muscles (he argues) are primarily stabilisers, and the superficial muscles are prime movers. He justifies starting patients supine, to remove action from the movers and concentrate the mind on alignment and breathing, before moving onto the weight bearing phases. I could buy this idea. I have until now, started with squats, being of the mind that the last time most of us squatted was when we were toddlers. What better way to weaken and shorten the postural muscles? This book has interesting ideas, practical application and achieves its aims.

# Courses 2018

10-11

23

24

approach

Inclusion of courses does not imply approval or accreditation by the GOsC. For a comprehensive list of courses, see the events diary on the new CPD site at: bit.ly/CPD-events

Spinal and peripheral

manipulation course

Ben Calvert-Painter

Speakers: Danny Church and

Osteopathy, London SE1 3BE

Venue: London School of

info@cpd-today.co.uk

www.cpd-today.co.uk

disorders (BPD): intro

Speaker: Leon Chaitow

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

Venue: Whittington Education

How to use placebos to help

patients: an evidence-based

Venue: Whittington Education

.....

Speaker: Dr Jeremy Howick

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

Advanced MET:

dysfunction

management of spinal,

respiratory and pelvic

Speaker: Leon Chaitow

**Obstetric osteopathy** 

Speaker: Helen Robinson

Venue: London School of

info@cpd-today.co.uk

www.cpd-today.co.uk

Osteopathy, London SE1 3BE

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

24-25

Venue: Whittington Education

.....

24-25

#### March

#### 3-4

Module 1: Advanced technical development muscle energy techniques and naming lesions Speaker: Michael Pye Venue: Imperial Wharf, London

corinnejones.mih@ gmail.com www.molinari-institutehealth.org .....

#### Importance of foetal positioning

Speaker: Prof. Renzo Molinari Venue: Imperial College, London

corinnejones.mih@ gmail.com www.molinari-institutehealth.org

#### 10

**Osteopathic Performing Arts Care Association** Osteopathy and the circus artist - 3rd OPACA symposium

Speakers: Nina Bain and Glen Stewart Venue: The National Centre for Circus Arts, 10 Coronet Street, London N1 6HD www.opaca.co.uk

#### 10-11

**Minimally invasive** manipulation - the secret to gentler and more effective high velocity manipulation Speakers: Gavin Burt and James Raiher Venue: The London College of Osteopathic Medicine, London NW1 6QH www.backsandbeyond. co.uk/training/

#### 25

'Postpartum mum' - treating the postnatal patient Speaker: Miranda Clayton

Venue: London School of Osteopathy, London SE1 3BE Tel: 07792 384592 mumandbabyCPD@ gmail.com www.mumandbaby-athome.com/cpd-courses/

### April

#### 7-8 Managing breathing pattern

Module 1: Advanced technical development functional approach and emotional release Speaker: Enda Butler Venue: Imperial Wharf corinnejones.mih@ gmail.com www.molinari-institutehealth.org

#### 14-15

#### Advanced MET: management of spinal, respiratory and pelvic dysfunction

Speaker: Prof Laurie Hartman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net

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#### www.cpdo.net

#### 14-15

A process approach in manual and physical therapies Speaker: Dr Eyal Lederman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551

cpd@cpdo.net www.cpdo.net

15 Comprehensive taping Speakers: Ben Calvert-Painter and Danny Church Venue: London School of Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

#### 24

Labour and baby dysfunctions Speaker: Prof Renzo Molinari Venue: Imperial College, London corinnejones.mih@gmail.com

www.molinari-institutehealth.org .....

#### 27-29

#### PgCert in Osteopathic Sports Care - Module 2: exercise and rehabilitation

Venue: British College of Osteopathic Medicine, Finchley Road, London NW3 5HR Tel: 020 7435 6464 admissions@bcom.ac.uk www.bcom.ac.uk

#### 28-29

#### SCCO Paediatric pathway 3: orthopaedics Speakers: Mark Wilson and

Hilary Percival Venue: Hawkwood College, Stroud, Gloucestershire Tel: 01453 767607 admin@scco.ac www.scco.ac

## May

#### 12 Developing osteopathy in

paediatrics: part 1 Speakers: Nancy Nunn and Daniel Stuttard Venue: Osteopathic Centre for Children, London SW18 1GG 020 8875 5293 cpd@fpo.org.uk www.fpo.org.uk/othercourses •••••••••••••••••

#### 12

#### Foot and ankle masterclass Speakers: Ben Calvert-Painter and Danny Church Venue: London School of

Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

#### 13

#### Developing osteopathy in paediatrics: part 2 Speakers: Nancy Nunn and

Daniel Stuttard Venue: Osteopathic Centre for Children, London SW18 1GG 020 8875 5293 cpd@fpo.org.uk

www.fpo.org.uk/othercourses .....

#### 13

#### CVS and respiratory clinical examinations

Speaker: James Birkett Venue: London School of Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

#### 12-13

Module 1: advanced technical development structural made easy Speaker: Jonathan Daniells Venue: Imperial Wharf, London corinnejones.mih@

gmail.com www.molinari-institutehealth.org

#### 13

Paediatric ENT - a practical approach: treating ear, nose and throat disorders in children and teenagers Speaker: Miranda Clayton Venue: London School of Osteopathy, London SE1 3BE Tel: 07792 384592 mumandbabyCPD@

#### gmail.com

www.mumandbaby-athome.com/cpd-courses/

#### 19

#### Exercise prescription: a process approach

Speaker: Dr Eyal Lederman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net

www.cpdo.net

#### 26-27

The midline in everything Speaker: Michael Kern Venue: Skylight Centre, 49 Corsica Street, London N5 1JT Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

#### 27-1 June

#### Pregnancy - birth -postpartum

Speakers: Geneviève Kermorgant and Prof Renzo Molinari Venue: los (Greece) corinnejones.mih@ gmail.com www.molinari-institutehealth.org .....

### June

1-3

2018 ROE International **Osteopathic Symposium:** From research to clinical practice in osteopathy: an integrative view Venue: Circulo de Bellas Artes, Madrid www.osteopatas.org

#### 2 Nutritional management of obesity: what really works Speaker: Prof Adam Cunliffe Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net

www.cpdo.net

#### 2-3

#### Hartman's masterclass in manipulative techniques: lower body

Speaker: Prof Laurie Hartman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

#### 8-10

#### Module 2: healthy visceral the thorax

Speaker: Francois Allart Venue: Faculty of Medicine, Nice (France) corinnejones.mih@ gmail.com www.molinari-institutehealth.org

#### 10

Abdominal and neurological clinical examinations Speaker: James Birkett Venue: London School of Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

#### 16

#### Managing the acute and chronic shoulder: a process approach Speaker: Dr Eyal Lederman Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551

cpd@cpdo.net www.cpdo.net 

# July

#### First aid appointed person Speaker: Steven Bruce Venue: Skylight Centre, 49 Corsica Street, London N5 1JT Tel: 07000 785778 info@cranio.co.uk

www.cranio.co.uk

#### 6-8

#### Module 2: healthy visceral the abdomen Speaker: Franz Buset or Francois Allart Venue: Faculty of Medicine, Nice (France) corinnejones.mih@ gmail.com www.molinari-institutehealth.org

#### 14

**Comprehensive taping** Speakers: Ben Calvert-Painter and Danny Church Venue: London School of Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

#### 15

Masterclass in active taping Speakers: Ben Calvert-Painter and Danny Church Venue: London School of Osteopathy, London SE1 3BE info@cpd-today.co.uk www.cpd-today.co.uk

## September

7 Animal osteopathy - parttime, one-year postgraduate certificate Course leader: Stuart McGregor Venue: OCA Oxon, OX12 9BU Tel: 01235 768055 wantageclinica@msn.com

#### 8-9

Osteopathy and focusing Speaker: Dino Muzzi Venue: Imperial Wharf, London corinnejones.mih@gmail. com www.molinari-institute-

health.org

21-23 The fascia - part 1 Speaker: Serge Paoletti Venue: European School of Osteopathy, Maidstone, Kent Tel: 01622 671558 cpd@eso.ac.uk www.eso.ac.uk

#### 28-30

15 - 16

Hilary Percival

Tel: 01453 767607

admin@scco.ac

www.scco.ac

Renzo Molinari

gmail.com

health.org

Venue: los (Greece)

corinnejones.mih@

16-21

easy

SCCO paediatric pathway 4:

endocrine and chromosome

Speakers: Mark Wilson and

Venue: Hawkwood College,

Stroud, Gloucestershire

From direct to indirect

Speakers: Susan Turner,

Ionathan Daniells and Prof

www.molinari-institute-

approach - techniques made

Module 2: healthy visceral the pelvis Speaker: Prof Renzo Molinari Venue: Faculty of Medicine, Nice (France) corinnejones.mih@gmail.com www.molinari-institutehealth.org

### October

#### 12-14

Module 2: healthy visceral somato-visceral Speaker: Baudoin Chatelle Venue: Imperial Wharf, London corinnejones.mih@ gmail.com www.molinari-institutehealth.org .....

#### 24-28

**Biodynamic craniosacral** therapy - two-year practitioner training Speaker: Michael Kern Venue: Skylight Centre, 49 Corsica Street, London N5 1JT Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

.....

# Classifieds

#### **Osteopath required:** Central London

Enthusiastic, motivated committed and reliable osteopath for maternity cover and possible permanent position from 1 March 2018. Wednesday all day, Friday afternoon and Saturday mornings (and possibility of Mondays). Must have good holistic approach with soft tissue, HVT, cranial and visceral, diagnostic and patient management skills and excellent communication. All applications considered. Please forward covering letter and CV to: lescurealexia@ hotmail.com

#### **Osteopath required:** Newmarket

Multidisciplinary clinic in Newmarket, Suffolk, is looking for an osteopath to join our team three days per week: Monday/Thursday/Saturday. Great working environment and remuneration. Please send your CV to info@ derbycottageclinic.com for the attention of Bruce Smart.

#### **Osteopath required:** Suffolk

Osteopath or chiropractor to rent a treatment room full or part-time. The room is in a brand new modern wellness and fitness centre in Needham Market, Suffolk, For more details, call Kara Foster on 07909 693227

#### **Osteopath required:** Surrey

Established osteopathic clinic in Ewell, Surrey, seeks an osteopath to work initially as a locum for two months, Mondays, Wednesdays and Fridays commencing ASAP. From April an associate position will be available: Mondays and three Saturdays per month. Excellent structural skills required, full reception, 45-minute list. Off-street parking and good public transport links. Email CV to:

info@epsomewellosteo. co.uk or call 020 8393 3038

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1/8 page	£150

#### **Inserts**:

Prices are available on request. All rates exclude VAT. Please contact John Wheaton -

01223 378 001 or theosteopath@cpl.co.uk

#### **Osteopath required:** Wimbledon area

Seeking motivated and reliable osteopath who is confident and shows a drive to expand the clinic patient base. Must be secure in structural work and manipulation. An interest in IVM/children preferable. Flexible days. Inquiries: kotekz@yahoo.co.uk

#### Osteopath required: Ottawa, Canada Join our two very successful

businesses in Ottawa, Ontario: www.capitalosteopathy.ca and www.ottawaholistic wellness.ca. Work with

and learn from a diverse. holistic team. Employed/ self-employed, full/part-time available. Requirements: qualified, interested in working in Canada longterm and eligible for a working holiday visa. More info here: **www.cic.** gc.ca/english/work/iec/ eligibility.asp. Contact sue@ ottawaholisticwellness.ca

#### Associate osteopath required: Derbyshire

Fantastic opportunity for motivated and reliable osteopath with good structural skills and communication/patient management skills to join friendly, established and respected practice in Derbyshire. Initially one to three days a week with a desire to build patient list within a busy practice where the principal is working to capacity. The position would suit someone in the local area. In-house CPD and administration support. Parttime reception provided. Please send your CV and a covering letter to info@ almaosteopathicpractice. co.uk or call 01246 866947

#### Associate osteopath required: Lincolnshire

To join our long-established, thriving and friendly practice in Lincolnshire. Four full days between two practices, so own transport is an advantage. An interest in IVM and children is preferable, providing treatment for a full range of ages and conditions. There's an established patient list, so please contact Fiona Pinder on 01507 608166 who will be delighted to speak to you. Alternatively you can email your CV to: stella.arden@btconnect. com

#### Associate osteopath required: London W1/ SW5

Associate with minimum five years' experience to cover at least three sessions a week. Must have experience with pregnant mothers, newborns, children. Good musculoskeletal skills and patient rapport required. Long-established practice. Send CV to: antony@ kaneandross.co.uk Tel: 020 7436 9007

#### Associate osteopath required: Salisbury

Associate required for Wednesday and Saturday at a busy practice in Salisbury. A mix of structural and cranial skills required. Good diagnostic skills and a personable bedside manner essential. Contact with your CV: rhianosborne@gmail.com

#### Associate osteopath required: Staffordshire

One, rapidly expanding to three, days a week available in the beautiful cathedral city of Lichfield, at Lichfield Osteopathic Practice, due to the relocation of three valued associates over the last year. An interest and

ability in the IVM is preferable, and a willingness to work with children and babies. The practice (est 1983) comprises a busy, friendly team, with full reception cover, and a broad patient base. Flexibility over days worked. Further work available with other local colleagues to make up a full week. Contact Jayne Scratchley with CV and covering letter: lichfieldosteopaths@ outlook.com. Or call 01543 252673

### Associate osteopath required: Scotland

An opportunity has arisen for an associate osteopath to join an award-winning clinic on the beautiful east coast of Scotland in Broughty Ferry. Potential for a full working week over two practices. Excellent transport links. Structural, cranial skills essential. New graduates welcome to apply. Contact Sam at samanthabaradhi@ outlook.com

#### Practice for sale: near Winchester

A brilliant opportunity to own an established practice in Hampshire. Excellent reputation, prime high street location, lease on premises with low overheads, annual growth and handover provided. Any reasonable offers considered. Owner relocating. Please contact: osteo1pilot@gmail.com

#### Practice for sale, Auchterarder (by Gleneagles)

This rural practice has been established in the heart of Scotland for more than 24 years. It currently operates four days per week to a diverse patient base using a wide range of osteopathic techniques, but is built on a strong structural base. Contact Leonard Armfield on 01764 664600 or lensa@talktalk.net

#### Practice for sale, Glasgow

Growing practice with two years' trading history for sale. Excellent location in Glasgow city centre. Proven marketing model (31 new patients per month) producing £70k turnover. Open to sensible offers. Contact Russell Dougall: hello@glasgowcity osteopaths.co.uk 0141 3701119 www.glasgowcity osteopaths.co.uk

#### Treatment Room, Petersfield, Hants

Chance to build your own practice +/- bring your own list, in a long-established busy osteopathic clinic, The Wishing Well. It is set in a characterful village while the room is charming and a lovely place to work.Will also consider a highly motivated associate. Contact Chris Grey 07799 236160 or chris@ wishingwellpetersfield.com



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# **Postgraduate courses**

#### **Psycho-emotional Aspects of Osteopathic Treatment**

Helping you establish and maintain a healthy work-life balance

Led by: Dr Robert Shaw Date: Saturday 24 to Sunday 25 February 2018 Cost: £280 (includes lunch and refreshments)

This course will help practitioners better understand the psychological aspects of osteopathic practice and some

of the difficult interactions that can sometimes occur. It will provide some psychological tools that will help practitioners protect themselves emotionally, aid the management of therapeutic relationships and help to establish and maintain a healthy work-life balance. On completion of the workshop participants will have:-

- Knowledge and understanding of the key figures, movements and approaches in the indicated areas of psycho-therapeutic theory relevant to osteopathic practice.
- Knowledge and understanding of the indicated issues relating to mental health and ability to discuss them with reference to osteopathic case-based examples.
- Awareness and understanding of key concepts and issues relating to neuropsychology and its relevance to osteopathic practice.
- An ability to apply and integrate psycho-emotional knowledge within an osteopathic context and case discussions.

#### **Chinese Medicine in your Osteopathic Practice**

Led by: Gordon Peck Date: Saturday 28 to Sunday 29 April 2018 Cost: £250 (includes lunch and refreshments)

Delegates will gain a basic understanding of Chinese Medicine (including differences between dry needling and classical acupuncture) and learn practical techniques which can be used immediately to improve effectiveness in treatment, increase sensitivity and maintain their own health. By the end of each workshop the practitioner should have a better understanding of Oriental Medicine and a range of practical techniques to use safely in clinic and in daily life.

Gordon Peck is among the most experienced acupuncturists in the UK. He was in the first cohort to complete full time training in Europe. His unique synthesis of techniques has been tested over many years in his own clinic, and draws on expertise in fields such as yoga, palm healing, positional release, qigong and acupuncture. He has been running his own workshops for practitioners for over 30 years, and teaching them everywhere from colleges and professional registers in the UK and Norway to the trauma unit in Elche hospital. With their useful insights and rich practical content, these courses have attracted Doctors, Osteopaths, Chiropractors, Acupuncturists and other bodyworkers.

#### Serge Paoletti presents; The Fascia

- Date: Part 1: Friday 21 to Sunday 23 September 2018 Part 2: Friday 25 to Sunday 27 January 2019
- Cost: £400 for each Part (includes lunch and refreshments)

There are no osteopathic techniques that do not involve the fascia; whatever techniques you choose you must involve it. The fascia is the first point of defence against disease and stores trauma patterns. It links all

osteopathic techniques. The purpose of this course is to demonstrate the subtleties of fascia, their mode of operation and action. Through embryological, anatomical, physiological and biological study we will discover various treatment options and will discuss the latest research on the fascia to allow us to advance therapeutic possibilities. Although essential to devote a portion of this course to theory, to capture all the subtleties of the fascia, most time will be devoted to practical applications.

### For full course details and to book online please visit the ESO website

### **CONTACT US:**

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



## University College of Osteopathy

#### **Blood Sugar: Dysregulation & Advice**

Explore the physiology and pathology of blood sugar dysregulation, including strategies to help patients regain control. 4 March, £135, UCO

#### **Clinical Methods**

Refresh the system testing procedures which can become rusty with time. Includes cardiovascular, respiratory and cranial nerve exams.

4 March, £135, UCO

#### Neuro and Intracranial Anatomy & Pathology

Dr David Parry delivers this unique course including a visit to a dissecting room and the Gordon Pathology Museum. 15 March, £205, UCO

#### Functional Active Release: TOS & Shoulder Dysfunction

Learn about factors for TOS and shoulder dysfunction, participate in practical active palpation and FAR sessions, and gain an understanding of lifestyle ergonomics.

17 March, £135, UCO

#### The Abdomen: Visceral Osteopathy

An opportunity to revise visceral knowledge and skills, including palpation of the abdomen and assessment and mobilisation of the diaphragm, liver and stomach.

18 March, £135, UCO

#### Pain & Pharmacology

Increase your knowledge of pharmacology and improve your confidence when treating patients with poorly controlled pain.

23 March, £135, UCO

#### Clinical Risks in the Management of Older Adults

Refresh your knowledge and skill base for this patient group, including the significant biological processes associated with ageing, clinical risks, assessment, consent and safeguarding. 24 March, £150, Sheffield

#### **Cervical Spine Risk Assessment & Consent**

Recent evidence and tools to address practitioners' concerns about treating the neck.

14 Apr, £135, UCO

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# CPDO 2018 Professional Development for Manual and Physical Therapists

### ☎ 0207 263 8551 cpd@cpdo.net

Date	Торіс	Lecturer	Cost	Deposit	CPD points
24 Feb	Clinical nutritional supplementation in health and sports	Prof. Adam Cunliffe	£125	£125	7
23-25 Feb	Functional neuromuscular rehabilitation	Dr. Eyal Lederman	£385	£200	18
28 Feb - 2 Mar	Barral's vascular-visceral manipulation	Jean-Pierre Barral	£695	£395	20
24 Mar	How to use placebos to help patients: an evidence-based approach	Dr. Jeremy Howick	£125	£125	7
14-15 Apr	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	£375	£250	14
14-15 Apr	A process approach in manual and physical therapies	Dr. Eyal Lederman	£195	£95	14
19 May	Exercise prescription: a process approach	Dr. Eyal Lederman	£125	£125	7
2 June	Nutritional management of obesity: what really works	Prof. Adam Cunliffe	£125	£125	7
2-3 June	Hartman's Master class in manipulative techniques: lower body	Prof. Laurie Hartman	£375	£250	14
<b>2 June</b> Sat 10:00 - 13:0	The myth of core stability: what's next?	Dr. Eyal Lederman	£45	£45	3
16 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman	£125	£125	7
16 June	Chronic Pain: How improving the diagnosis allows for better outcomes	Georgie Oldfield	£125	£125	7
3 Nov	Nutritional management of the local and systemic inflammation & Nutritional managem in supporting recovery from MSK injury and po		£125	£125	7

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# The Functional Face [M8] with LOUISE HULL

non-res / res £845/£945

Is the face the missing link in our treatment? How does the face influence the body-wide health of our patients?



In small group workshops we will re-familiarize ourselves with the intricate relationships of the facial bones, cranial nerves and special senses and together apply our osteopathic thinking to common viscero-cranial problems that we encounter in practice.

"The quality of tutoring was excellent, the tuition was very personalised and there was space to tailor each practical session as needed."

"Such a wonderful learning environment and great people!"

16–18 Mar 2018 Hawkwood, STROUD

Hawkwood, STROU

#### **MORE COURSES**

#### Foundation Course [M1]

with PENNY PRICE		non-res
24–25 Feb 2018	Crista Galli, LONDON CALL	OFFICE** £275
14–15 Apr 2018	Still Point, BATH	£275
16–17 Jun 2018	Crista Galli, LONDON	£275
Tongue Tie, Li	ip Tie & Infant Feedin	g
with FLISS BERTIN	& PETER COCKHILL	non-res / res
3–4 Mar 2018	Hawkwood, STROUD	£390/£490*
Osteopathy in	the Cranial Field [M2]	CALL OFFICE**
with TAJ DEOORA		non-res
10–14 Mar 2018	Columbia Hotel, LONDON	£950
Paediatric Ort	hopaedics [P3]	
with HILARY PERC	IVAL & MARK WILSON	non-res / res
28–29 Apr 2018	Hawkwood, STROUD	£549/£599
Balanced Liga	mentous Tension [M4]	CALL OFFICE**
with SUE TURNER		non-res / res
17–21 May 2018	Hawkwood, STROUD	£995/£1250
Summer Conf Navigating the CPD Ju	<b>Terence</b> ungle: Enquiry & Evidence for Cr	anial Osteopaths
with KAREN CARR	OLL	non-res / res
30 Jun-1 Jul 2018	Wokefield, READING	£410/£490*
Please call for details of enti **Courses with limited avai	ry criteria. * Discounts available for paid lability or on waitlist, please call the office	

shared learning, knowledge & practice

# Spirituality in Osteopathy

#### Saturday 14 April 2018

This course will explore Andrew Still's spirituality, with emphasis on Native American and scientific influences. The practicals will help us integrate his ideas into today's clinical work.

For more information contact Connie Mansueto email <u>conniemansueto@gmail.com</u> phone 07952 064 752

7 Hours CPD, £150 including hot lunch

Venue— Mulberry House, CM5, access via the M25 or Epping Tube



Duration: Location:

Course Leader:

1 Year part-time Osteopathic Centre for Animals (Oxfordshire) Stuart McGregor DO

#### Validating Body: University College of Osteopathy

# We are currently accepting applications for September 2018 entry.

If you would like to apply or have any questions please email admissions: wantageclinic@msn.com or call OCA admissions on: 01235 768055



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	14 Apr (2 day)	Manchester	Upcoming Lond	on CPD Courses 🥄	F
	21 Apr (2 day)	London	11 Apr	Pilates for Scoliosis	ō
	23 Apr (2 day)	London	18 May	Pilates for Osteoporosis	o.o
	MATWORK LEVE	EL TWO - Class Instructor	24 Mar (2 day)	Ergon Technique Level 1	
	03 Mar (2 day)	Portsmouth	02 Jun (2 day)	Ergon Technique Level 1	Ъ
	03 Mar (2 day)	Coleraine	15 Sep (2 day)	Ergon Technique Level 2	<u><u></u></u>
	09 Apr (2 day)	London			0 0
	21 Apr (2 day)	Falkirk			Ļ
	28 Apr (2 day)	Nuneaton			dd
	MATWORK LEVE	EL THREE - Inter/Advanced	<b>7</b>		www.appihealthgroup.com
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	17 Mar (2 day)	London			_ ≷_
	07 Apr (2 day)	Nuneaton	NFWI Onlin	e courses are now availe	nble
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#### Outstanding Rollin Becker Memorial Lecture and Workshop from Dr Gerald Pollack

The SCCO Rollin Becker Memorial Lecture and Workshop continued to honour the work of its dedicatee with a fascinating look at The Fourth Phase of Water given by internationally-recognised Dr Gerald Pollack from the University of Washington.

Based on his latest publication, *The Fourth Phase of Water, Beyond Solid, Liquid & Vapor,* Dr Pollack spoke during his Saturday lecture about how water, in certain circumstances, was seen to develop a clear, structured layer that, on quantum examination, was found to exhibit a different structure to water in its other three states. This structured layer showed memory potential, could absorb energy, be recharged



with ultra-violet light, and expanded with the far infra-red spectrum. Dr Pollack also talked about how substances imprint their 'signature' on water which remained no matter how dilute the substance. Since much osteopathic work resonates with fluid dynamics, these are exciting and significant developments.

With such a thought-provoking lecture still fresh in the memory, Dr Pollack was joined by Colin Dove and Mark Wilson, SCCO's President and Chair respectively, for Sunday's workshop. Over three sessions and to a packed room, they explored the osteopathic context of Dr Pollack's findings based on palpation of the knee and with consideration of the Extra-Cellular Matrix. There was even an opportunity to palpate the changes made to body tissues by



infra-red lamps.

This was a fascinating and stimulating weekend given by a very knowledgeable physicist who showed his warm approachability during well-fielded and engaging interactive sessions. The considerable contributions of Colin Dove and Mark Wilson during the weekend continue to demonstrate the very great assets they are to the SCCO.

One of the most stimulating Rollin Becker Memorial Lecture weekends the SCCO has ever run, it completely fulfilled the remit to explore and further understand the workings of the body. — Rollin Becker Memorial Lecture & Workshop delegate





# **Developing Osteopathy in Paediatrics Course**

#### Developing Osteopathy in Paediatrics Part 1 12 May 2018

Designed for osteopaths who wish to explore clinical examination of babies, the course will also cover differential diagnosis of the unsettled baby as well as an osteopathic understanding of the effects of birth on the structure of the body and the resulting influence on function. We will also be discussing practical and legal issues related to gaining consent to examine and treat paediatric patients.

#### Developing Osteopathy in Paediatrics Part 2 13 May 2018

This course follows from the first Developing Osteopathy in Paediatrics Course. The course considers the principles of diagnostic clinical reasoning and paediatric practice as well as clinical presentation and treatment of infants, including colic, gastroesophageal reflux and plagiocephaly.

Each course: 7 hours.

New graduates and final year students welcome. For details and booking form visit: www.fpo.org.uk/other-courses Telephone 020 8875 5293 or email cpd@fpo.org.uk



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### THE COLLEGE OF OSTEOPATHS Head of Clinical Education

n osteopathic practitioner with clinical education experience is sought by the College of Osteopaths to lead on the clinical aspects of the College's degree programme in London. The College offers an Integrated Masters and a Bachelors degree in osteopathy.

Experience of working with a broad spectrum of learners is essential, as is the ability to develop strategies to meet the quality and standards for this professional part-time, University-validated programme. The employer, the College of Osteopaths, is a registered charity. We offer a very friendly and supportive ethos, considerable flexibility for staff, and the opportunity to develop your skills and show initiative.

A job description and an application form are available on request from **k.freed@collegeofosteopaths.** 

ac.uk or, if you would like an informal discussion please contact Kerrie Freed on **020 8905 1937**. **Position:** Head of Clinical Education (Borehamwood)

Hours: 2/3 days per week

**Pay scale:** £41,600 – £46,800 pro-rata

**Closing date for applications:** Friday 16th March 2018

Interviews will be held: Week commencing 16th April 2018

Applicants will not be considered without a completed application form.

EXPLOF of Osteop	RING THE SCOPE 22ND-23RD Dathy APRIL
<b>CONFERENCE</b> Date Where	Mervyn Waldman, Chris Campbell, Stuart Korth, Dr Wilfrid Jänig, Pascal Grolaux Sunday 22nd April 2018 10-5pm. Registration from 9.30am Wellcome Collection 183 Euston Rd, London, NW1 2BE
<b>WORKSHOP</b> Date Where	Mervyn Waldman & Chris Campbell Monday 23rd April 2018 10-5pm. Registration from 9.30am London Clinic of Classical Osteopathy, Science Centre, London Metropolitan University, 29 Hornsey Road, London, N7 7DD
Visit www.classical-o	steopathy.org/ico-events/conferences for details

classical-osteopathy.org | f InstituteOfClassicalOsteopathy



### MOLINARI INSTITUTE OF HEALTH www.molinari-institute-health.org

#### MIH Conference – 'Osteopathy, Men's, Women's and Children's Health' Mary Ward Conference Centre - London – 19 to 21 October 2018



'To celebrate my 40 years in Osteopathy, I am organizing a small conference dedicated to those who inspired me, those who walked beside me on the Osteo-Path and those who will follow in our footsteps. I look forward to welcoming you to this unique event.' **Renzo** Friday 19 October 2018: Conference Day in four sessions:

THE INSTITUTE OF CLASSICAL OSTEOPATHY

Osteopathy:Susan Turner, Jo Buekens, Christian FossumWomen's Health:Prof Renzo Molinari, Geneviève Kermorgant, Anja Engel-SchulmeyerMen's Health:François Allart, Daniel BroganChildren's Health:Stuart Korth, Dr Larisa Lassovietskaya, Prof Frank WillardSaturday 20 and Sunday 21 October 2018: Six excellent practical workshops to choose from.

Early Bird Offer (before 31 March 2018): £485 for 3 days including lunch and refreshments.

#### "Osteopathic Excellence" – Advanced clinical and professional excellence – Visceral health module 12 and 13 May 2018 - Introductory weekend with Prof Renzo Molinari Seminars in Ios – Greece 27 May to 1 June 2018: "A complete approach of Pregnancy, Birth and Postpartum" with Geneviève Kermorgant and Prof Renzo Molinari 16 - 21 September 2018

"From direct to indirect approach - Techniques made easy" with Susan Turner, Jonathan Daniells and Prof Renzo Molinari

For more information and to register please visit our website or email Corinne at corinnejones.mih@gmail.com





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# Let us know what you think of *the osteopath*

Now's your chance to have your say about how you'd like the magazine to develop in the future. The survey will take just 10 to 15 minutes, and is open until 28 February 2018.



As a thank you for your time, we have four £25 John Lewis vouchers that will be allocated randomly to respondents. Please note, you can respond anonymously if you prefer.

Take our quick survey now at: bit.ly/TO-readers17