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REGULATION

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CASE STUDY
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CONCERNS
LEARNINGS FROM
LATEST REPORT

The Osteopath

Supporting high standards in osteopathic practice

JANUARY/FEBRUARY 2020 | VOL 23 | ISSUE 1



UNDERSTANDING THE PATIENT PERSPECTIVE

THE GOSC WANTS TO FIND PATIENTS WILLING TO
TAKE PART IN UPCOMING ACTIVITIES



General
Osteopathic
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theosteopathmagazine](http://osteopathy.org.uk/theosteopathmagazine)



Welcome



I hope you enjoyed the festive break. Now is a great time to get planning your CPD. Dr Stacey Clift provides insights into how osteopaths have already begun to plan for their CPD (p6). On p9 we look at an example of a CPD plan and on p21 we

round up our most frequently asked CPD questions.

A new survey on regulation will give you a chance to be heard. On p11 we take a look at how the last survey of its kind informed GOsC's development of key policy areas.

Despite a new report showing that the number of concerns has fallen, we explore why communication and consent are a consistent feature (p14), and look at the types of concerns in relation to the Osteopathic Practice Standards (p17).

Carol Fawkes, of NCOR, shares the results of a clinical audit she conducted on her own practice to discover if care provided for managing low back pain and sciatica is in line with recommended NICE guidelines (p22).

Do you have patients who would like to share their views? Turn to p18 for more details.

And finally, I'm delighted to inform you that all issues of The Osteopath, including this one, will now be delivered to you in plastic-free packaging, with the magazine itself continuing to be produced from responsibly sourced FSC certified paper.

I hope you enjoy this issue.

Clare Conley

Managing Editor

Email: editor@osteopathy.org.uk

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UPDATE

January/February 2020

GOSC NEWS

Views sought on Professional Indemnity Insurance guidance

Views are being sought on draft guidance developed on Professional Indemnity Insurance (PII). The aim of the guidance is to provide clear information for registrants about the requirement to have adequate PII and public liability insurance in place while registered with the GOsC.

PII cover needs to be in place even if registrants are not seeing patients. Its purpose is to protect and assure patients and the public and to ensure that an osteopath is indemnified against liabilities incurred while registered.

The Osteopathic Practice Standards (OPS) clearly set out these requirements under Theme D: Professionalism and Theme C: Safety and quality in practice.

The GOsC continues to receive concerns about PII. Since the beginning of 2018, and at the time of writing, the GOsC has opened 18 investigations relating to an alleged failure to maintain adequate PII.

The guidance, which is also intended to be used by fitness to practise committees, addresses the main issues that have arisen in indemnity insurance cases at the Professional Conduct Committee over the past five years.

The proposed draft guidance is part of our ongoing work to raise awareness



■ PII cover needs to be in place even if registrants are not seeing patients

about insurance requirements for the profession.

A three-month consultation commenced in January 2020 and the results are expected to be reported to Council in May 2020.

READ MORE ABOUT THE CONSULTATION AND SHARE YOUR VIEWS

See the March/April 2019 issue of The Osteopath which outlines the differences between PII and public liability insurance and explains the requirements: bit.ly/TheOsteoMarApr19

GOSC NEWS

Restoration guidance published

Council has approved the introduction of guidance on applications for restoration to GOsC's Register.

If an applicant who has been removed from the Register, following a fitness to practise hearing, wishes to apply for restoration, the legislation states that they can do so after a period of 10 months.

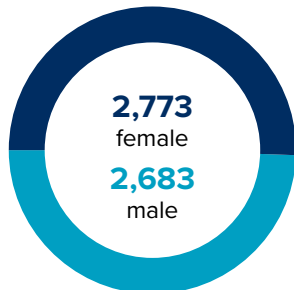
The new guidance, which is primarily aimed at the Professional Conduct Committee, details the arrangements and procedure for a hearing for instances where such an application for restoration is made.

This guidance was approved by Council in November 2019, following a public consultation that ran from April to June 2019.

Read the guidance in full at osteopathy.org.uk/restoration-guidance

SNAPSHOT

REGISTER STATISTICS: 1 JAN 2020



GOSC NEWS

Next Chair announced

Dr Bill Gunnyeon CBE has been appointed as the GOsC's next Chair of Council. He will take over from Alison J White on 1 April 2020.

A past President of the Faculty of Occupational Medicine, Bill is currently Chair of the Board of the Institution of Occupational Safety and Health and a Lay Governor at Glasgow Caledonian University. He is also currently Chair of the GOsC's Policy Advisory Committee (PAC). Bill will continue to serve as a member of GOsC's Council and Chair of the PAC until he takes up the post of Chair of Council.

Speaking about his appointment, Bill said: 'I feel hugely privileged to have been appointed to this role and



■ Dr Bill Gunnyeon CBE will take up the post of Chair of Council on 1 April 2020

to follow on from the strong leadership Alison has provided during her tenure. I look forward to working closely with the osteopathic profession, with our many stakeholders including patients, and with the great team of people at GOsC as we continue to develop our approach to ensuring the protection of patients and the public'.

NEW CPD

Are you a recent graduate?



■ GOsC is seeking feedback from recent graduates about the CPD scheme

Did you graduate in the past 12 to 18 months? If you did, we would love to hear from you.

We are hosting an online focus group in the near future with recent graduates to seek feedback on your preparedness for practice and your experiences of the new CPD scheme.

The aim of the focus group is to better understand how recently qualified osteopaths are approaching the scheme and to explore the networks they get

involved in once they begin osteopathic practice.

This is an opportunity for you to share your experience with peers and to hear how other recent graduates are approaching the new CPD scheme. You will also be able to claim this as CPD.

If you are interested in taking part, (currently expected to take place in February) or want more information, please email Stacey Clift: sclift@osteopathy.org.uk.

GOSC NEWS

Getting your advertising right

The GOsC is reminding osteopaths about the importance of continuing to remain aware of, and comply with, the requirements around advertising.

As regulated health professionals, osteopaths have a responsibility to ensure that their marketing information, including website content, entries in service directories, posters, practice leaflets and social media promotions, all conform with the Advertising Standards Authority's requirements.

The guidance to Standard D1 of the Osteopathic Practice Standards (OPS) states: 'You should not allow misleading advertising or information about you and your practice. You should make sure that your advertising and promotional material, including website content, is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to current guidance, such as the UK Code of Non-broadcast Advertising and Direct and Promotional Marketing (the CAP code).'

Reviewing the OPS and the relevant ASA and CAP guidance, and using this to update your advertising materials, can be good CPD under the OPS theme of Professionalism.

For further advice and guidance, see: osteopathy.org.uk/advertising



■ Osteopaths are reminded that they must comply with the ASA standards

New year, new plan for your CPD



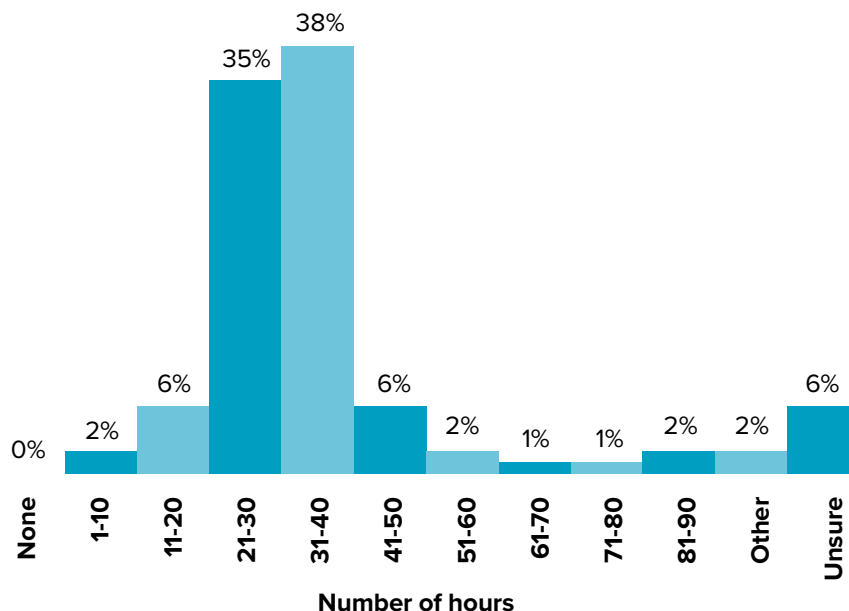
With the new year upon us, now is a great time to get planning your CPD. **Dr Stacey Clift**, Research and Policy Officer at the GOsC, looks at the results of the 2019 CPD Evaluation Survey to find out how osteopaths are already starting to plan their CPD

The results from the latest CPD Evaluation Survey show that nearly two-thirds of respondents (65%) had already joined the new CPD scheme at the time of completing the survey.

Number of hours planned

Those osteopaths who were already on the scheme were asked more detailed questions about how many hours of CPD they were planning to do in their first year of the CPD cycle. Almost three-quarters (73%) said they would undertake between 21-40 hours in their first year. This suggests that osteopaths are taking account of the CPD guidance which recommends undertaking CPD at regular intervals throughout the CPD cycle – and doing approximately 30 hours per year – including 15 hours of learning with others. Figure 1 shows how many hours of CPD osteopaths told us they were planning to do in the first year of their three-year cycle.

Figure 1: **Number of hours of CPD planning to do in first year of three-year CPD cycle**





■ Over half of respondents told us they plan their CPD mostly according to their learning needs

None of the respondents said they would not undertake any CPD in their first year. From these findings, we can predict that only 8% of the Register may complete just 1-20 hours in the first year of their CPD cycle.

We intend to use this information for our verification and assurance process to help us identify what further guidance and resources might be needed to help osteopaths transition to the three-year cycle and keep on track for their CPD. See earlier article on verification and assurance in the May/June 2019 issue of The Osteopath bit.ly/TheOsteoMayJun19

Incorporating the four OPS themes

Almost three-quarters of all respondents reported planning their CPD activities to incorporate all four themes of the Osteopathic Practice Standards (OPS), with 68% doing this to some extent whether that is always, most of the time, or occasionally, which is a 3% increase

on the previous year's figures. Similarly, 73% have also planned their CPD to some extent to include an objective activity. However, only 40% have to some extent planned activities to prepare for their Peer Discussion Review.

Choosing CPD based on providers and evidence provided

As Figure 2 shows (see p8), over half respondents (53%) reported that they plan their CPD mostly according to their learning needs, which they identified themselves (this is a 3% increase on 2017-18 figures). There was a slight decrease this year in the number of osteopaths who occasionally plan CPD around their learning needs which they have identified after discussion with a colleague (56%, this is a 6% decrease on 2017-18 figures).

A significant proportion of respondents reported selecting CPD activities based around what courses are available (44%, which is very similar to 2017-18 figures).

Osteopaths also reported occasionally

choosing activities provided by the following:

- other professionals (61% – a 9% increase on 2017-18)
- the GOsC (60%)
- accredited osteopathic educational providers (53% – a 7% increase on 2017-18 figures)
- run by their colleagues or acquaintances (50% – a 4% decrease on 2017-18 figures)
- the iO (49%)
- commercial providers (45%)
- shared interest groups (44% – a 3% decrease on 2017-18 figures)
- regional or local group (37% – a 2% decrease on 2017-18 figures)

Almost half of the respondents reported that their selection of CPD activities was occasionally unplanned, allowing them to take advantage of good learning opportunities as they arise (48%), with a further 23% doing this most of the time (similar to 2017-18 figures) and a further 7% always selecting →

Figure 2: **When selecting a CPD activity, osteopaths were asked to tick to what extent they agreed or disagreed with each of the statements below:**

I plan my CPD according to...	Never	Occasionally	Most of the time	Always
my learning needs that I have identified by myself	2%	23%	53%	23%
my learning needs that I have identified after discussion with a colleague	25%	56.5%	17%	2%
courses that are available	8%	31%	44%	17%
the activities provided by commercial CPD providers	29%	45%	22%	4%
the activities provided by the osteopathic education providers	21%	53%	22%	4%
activities provided by my local or regional group	34%	37.5%	22%	7%
activities provided by shared interest groups	40%	44%	14%	2%
activities provided by the Institute of Osteopathy	44%	49%	6%	1%
activities provided by the GOsC	34%	60%	5%	1%
activities provided by other professionals	17.5%	61%	20%	2%
activities which are run by my colleagues/acquaintances	30%	50%	16%	4%
whether a certificate or proof of attendance will be provided by the activity organisers	42%	25%	21%	11%
My selection of CPD activities is unplanned, to take advantage of good learning opportunities as they arise	22%	48%	23.5%	7%

→ CPD activities in an ad hoc manner (similar to 2017-18 figures).

Interestingly, 57% of respondents plan their CPD to varying degrees (occasionally, most of the time, or always), because of the evidence that is provided by the activity organisers eg certificates and proof of attendance (similar to 2017-18 figures). This is suggesting osteopaths look out for providers that will issue certificates, and that those CPD providers that begin to document which of the OPS Standards have been covered on their proof of attendance certificates may be more popular.

How can you start planning your CPD?

A good way to start planning your CPD is to use a development plan template. Using a development plan can help you:

- identify your learning need(s)
- think about how you will address the learning need(s)
- decide what resources you require (if any)
- think about how you will evaluate the learning need that has been addressed
- decide when you want to have completed the relevant CPD

You will find a completed example of the development plan template on page

17 of the Planning your CPD workbook. Whether or not you plan your CPD in this way is up to you, but you might find it helps to think through what you'll aim to do and when, so that you can balance your activities evenly through the three-year cycle. It can also help to show your peer that your CPD has informed your practice.

In preparing to successfully complete the requirements of the CPD scheme you should consider:

- Who will you choose as your peer?
- What objective feedback will usefully contribute to your practice and context?
- How will you meet the communication and consent CPD requirement?
- How will you record and reflect on your CPD?

You can find advice and resources to help you plan your CPD at cpd.osteopathy.org.uk

You can also contact us at: newcpd@osteopathy.org.uk or call 020 7357 6655 x242 if you need further advice or support. ●

MORE INFORMATION

Have a look at the Planning your CPD Workbook on the CPD site: cpd.osteopathy.org.uk/planning

Planning your development

It can help to think about what areas of CPD you wish to focus on during a particular timeframe. If you can find the time to do some planning, this can help you to feel confident about meeting the requirements of the CPD scheme.

Planning your development proactively, rather than responding to events that happen to crop up from time to time, might also help you to identify different, more relevant or cheaper ways of meeting your CPD objectives. It could provide an opportunity for you to identify other people who are interested in the same areas or activities as you, so you might be able to work together.

Planning CPD can be helpful to:

- Help you to feel confident about meeting the requirements of the scheme
- Support you to enhance particular areas of your practice
- Identify more relevant or cheaper ways of meeting CPD needs you have identified, eg a group interested in doing CPD in the same areas or in the same way.

Getting started with planning

What better time of year to start planning your CPD? It might help put your mind at rest if you can find the time now to think about when you're going to meet each requirement of the CPD scheme over the remaining years of your cycle. Here is one example of a CPD plan for a three-year cycle that you might find helpful.

Example CPD plan

Year 1

- Carry out an objective activity (eg case-based discussion) to get feedback on my practice
- Think about the Osteopathic Practice Standards (OPS) to see which themes

and how much of my range of practice I'm covering

- Decide on my peer for my Peer Discussion Review and agree this with them
- Record and reflect on my CPD

Year 2

- Carry out a communication and consent activity
- Cover more OPS themes and more of the range of my practice
- Try to carry out a practice Peer Discussion Review or at least meet with my chosen peer to talk through my CPD
- Record and reflect on my CPD

Year 3

- Make sure I have done CPD activities in all four themes at least once over the three-year period and my CPD covers my whole range of practice
- Record and reflect on my CPD
- Complete my Peer Discussion Review

Need help choosing an objective activity?

What exactly is an objective activity is a question a number of osteopaths have asked us (you can see the answer on page



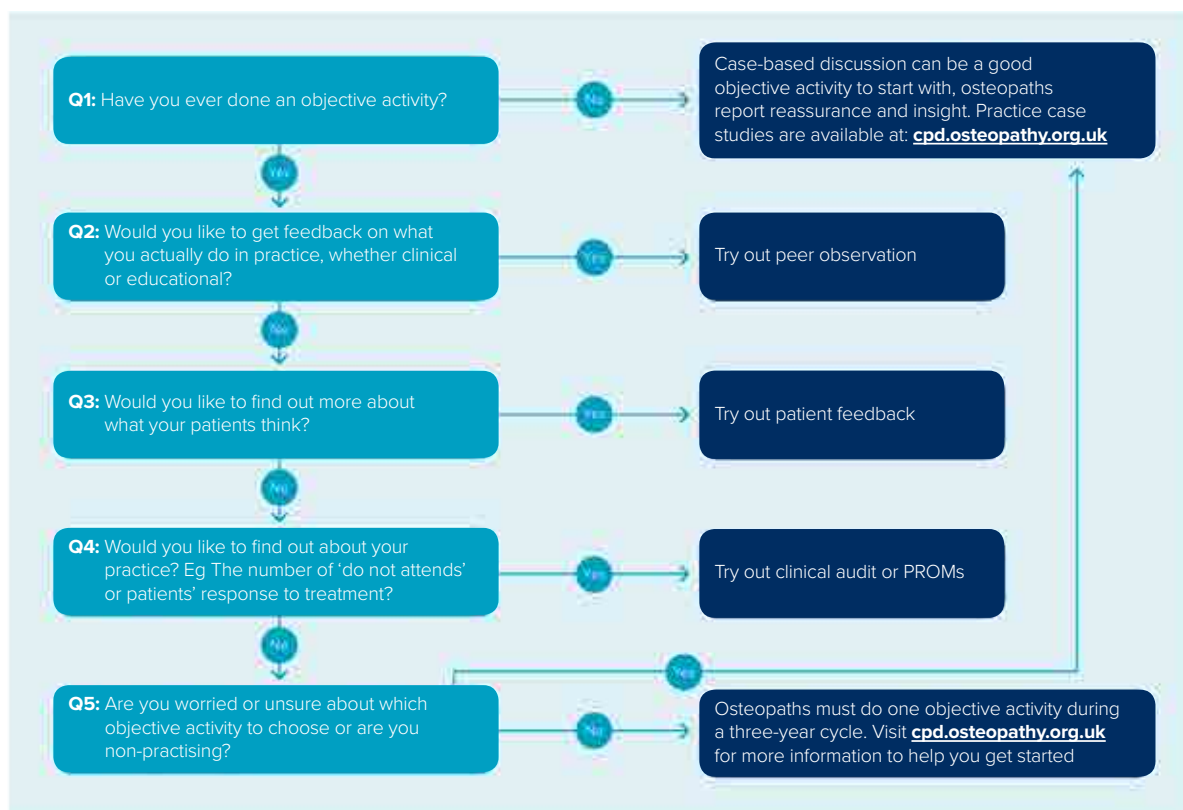
Visit the CPD website

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

21). We have found that once osteopaths get started with objective activities they seem to find them useful, as they often seem to go on to do more.

If you're just starting out and are not sure where to start, or if you want some inspiration as to which activity to do next, you might find this 'decision tree' below useful. ●

Objective activity decision tree



**New
independent
survey on
regulation:
Don't miss
the chance
to get your
voice heard**

Professor Gerry McGivern and his team at the University of Warwick are running a new survey to build on the important findings from their 2014 survey (see next page).

Take the survey at:
tinyurl.com/Wbs-osteo

- This is your chance to let the GOsC know what effect you think regulation has on osteopathic practice, professionalism and patient care.
- The survey is quick and easy to complete and should take you about 10 minutes.
- It is completely confidential and anonymous, and the GOsC will not have access to the raw data.
- You will have the chance to be randomly selected for one of 5 x £100 gift vouchers.



What do osteopaths think about regulation?

With a fresh research project just under way, **Professor Gerry McGivern** talks about the original research he led back in 2014, which asked osteopaths about their views and experiences of regulation and its impact on practice



Gerry McGivern is Professor of Organisational Analysis and Head of the Organisation and Human Resource Management

(OHRM) Group at Warwick Business School. His research focuses on understanding professionals' knowledge, practices, identities, leadership and how they are affected by systems of regulation and organisation, primarily within health care systems.

I was delighted and honoured to be given the opportunity to lead a research project in 2014, which was commissioned by the General Osteopathic Council (GOsC), to explore the factors that encourage or inhibit compliance with the GOsC's Osteopathic Practice Standards (OPS). The project team interviewed 55 people involved in, affected by, or with a useful perspective on, osteopathic regulation. This included 37 osteopaths, osteopathy patients, GOsC staff and representatives from other regulatory and professional bodies and interest groups such as the Professional Standards Authority,

Institute of Osteopathy and the Osteopathic Alliance.

We also conducted an online survey, which over 800 osteopaths completed – and I would again like to thank all of you who took the time to take part as your input was invaluable.

Key research findings

We published our research findings in early 2015. The interviews we conducted to inform the research suggested the GOsC had improved the way it regulated osteopaths under then Chief Executive and Registrar Tim Walker's leadership, and increased compliance by reaching out and personally engaging with osteopaths (which GOsC had done through visiting regional groups and other face-to-face events, running workshops and webinars etc), the effect of which had been to enhance osteopaths' understanding and belief in the legitimacy of osteopathic regulation.

Our survey findings also unexpectedly showed a positive association between osteopaths being receptive to evidence-based practice and compliance, meaning that osteopaths who were more open to the value of evidence were also more likely to have a positive attitude towards regulation and

complying with regulatory standards.

However, narratives within the profession about distressing fitness to practise hearings resulted in some osteopaths being wary of openly engaging with regulatory processes, which had the effect of undermining compliance.

These findings provided evidence supporting the GOsC's continued 'relational' approach to regulation (ie attempts to personally engage, communicate and consult with osteopaths) and support for the development and use of evidence in osteopathic practice.

Osteopaths' views of the OPS: A useful guide to good practice

Many osteopaths reported finding the OPS a useful guide for their practice but almost one in five survey respondents said that they did not always comply with them. Some osteopaths perceived the OPS to be both legalistic and rigid, but also ambiguous.

There was particular concern about the OPS in relation to communicating risks associated with osteopathic treatments to patients, patient note-keeping, and maintaining patient modesty and dignity.

→ In response to these specific findings relating to the OPS, the GOsC provided more information about them to osteopaths to improve understanding. The GOsC also went on to update and revise the OPS, and one of the aims in doing this was to make them clearer and easier to understand. Following consultation, the updated Standards were published in September 2018 and came into effect on 1 September 2019.

Improving quality of practice through discussion and reflection with colleagues

Most osteopaths who participated in our research agreed that the most effective way of maintaining and improving the quality of their practice was to reflect on and discuss their practice with trusted colleagues.

Similarly, in our report, we argued that reflection and discussion in what we refer to as ‘formative spaces’ provides a proactive way of preventing professional malpractice and isolation. ‘Formative spaces’ are spaces within regulatory systems that provide time and opportunity for open discussion between professionals about how to improve practice and address problems and challenges, similar to peer or clinical supervision.

This finding provided evidence supporting the GOsC’s introduction of the ‘Peer Discussion Review’ as an essential element of its new CPD scheme that launched in October 2018 and supporting the scheme’s themes of engagement, support and community. ●



Have your say at:
tinyurl.com/Wbs-osteo

See QR code instructions on page 9.

MORE INFORMATION

You can read the research findings from 2015 at: osteopathy.org.uk/research-to-promote-effective-regulation.

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

Why the McGivern research matters

The original research by Professor Gerry McGivern was a significant piece of work that has been instrumental in providing evidence to inform the GOsC’s development of key policy areas. Now is your chance to have your voice heard as part of this new piece of research

The policy areas informed by the 2014 McGivern research included clearer Osteopathic Practice Standards, a new CPD scheme which facilitates support, reassurance and learning about practice, and a continued extensive programme of engagement which has enabled the GOsC to listen and learn from osteopaths.

Here we take a look at what you told us as part of that original piece of research published in 2015, entitled: Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice,[†] and we set out what we did as a result.

Further work remains to be done, particularly with regards to reducing concerns and complaints to the regulator ensuring that only the most serious cases get our attention.

Overall, the McGivern research could make a real difference to patients, osteopaths and regulation. Please support Gerry and Tina by completing their survey and by encouraging your friends, colleagues and peers to do so too at: tinyurl.com/Wbs-osteo

[†] osteopathy.org.uk/research-to-promote-effective-regulation

New follow-up research now running

I am now excited to be conducting follow-up research with my colleague Professor Tina Kiefer (pictured), who is Professor of Organisational Behaviour at Warwick Business School, to see whether and how osteopaths’ views and experiences of osteopathic regulation have changed since the 2014 study, and what the impact of recent regulatory changes has been.

This new piece of research again aims to provide evidence informing regulation. We would therefore be grateful if you could participate in our new survey, which should only take about ten minutes to complete, and can be accessed at: tinyurl.com/Wbs-osteo. Thank you for your anticipated help with this important research.



Tina Kiefer is Professor of Organisational Behaviour at Warwick Business School. She is an organisational psychologist by background and received her PhD from the University of Fribourg (Switzerland). Tina previously worked at Birkbeck College, University of London, as a Visiting Scholar at the University of British Columbia in Vancouver (Canada) and as a lecturer at the University of St Gallen (Switzerland).

The research said...**The GOsC did...**

The GOsC must support and encourage more reflective discussions of practice, learning and sharing between osteopaths, whether between individuals or in groups...

The research was pivotal in ensuring a CPD scheme more appropriate for a maturing profession. Prior to the report, the focus was on 'revalidation' and a positive assessment of performance against standards incentivising osteopaths to demonstrate that their practice was perfect with no room for dialogue and learning. (Ironically, such an approach has a negative effect on patient safety.)

The research supported the proposals for a new CPD scheme that the GOsC had been developing. These were based on dialogue and community where osteopaths could discuss practice in a safe space with a peer. The research allowed us to show that there was a sound basis for a scheme based on dialogue between practitioners as a mechanism for strengthening patient safety and quality of care.

The GOsC should provide further communication and training about the OPS...

The review of the Osteopathic Practice Standards (OPS) has received positive feedback. We edited the Standards to improve their clarity and accessibility. We enhanced the guidance on communication and consent, and on boundaries. We also developed additional learning resources about communication and consent to support osteopaths.

We published a literature review on communication and miscommunication in the context of touch, undertaken by

Dr Michael Concannon of the University of Huddersfield. This highlights the importance of effective patient-centred communication in healthcare practice but notes the lack of research in this area. As a consequence of this, we are working to highlight the importance of supporting patient expectations and supporting patients to understand and communicate what they want. We published case studies to support discussions in these areas.

Further work is planned.

Our research supports the work the GOsC is doing in reaching out, personally engaging and improving relations with the osteopathic profession...

The research showed that listening to osteopaths was really important to help us build a common understanding of the challenges in osteopathic practice and to provide resources and support to assist.

Last year we met with hundreds of osteopaths and students both online and in person, in venues across the UK to discuss a range of issues including the Osteopathic Practice Standards, communication and consent, and boundaries.

Osteopaths told us that they were concerned about sharing their practice

with others in case they were doing something wrong. However, once osteopaths began to discuss their practice with others they found they got support and reassurance as well as gaining new insights about practice from their colleagues, and from the OPS, which have increasingly been viewed as a framework to inform and support practice.

And now we are finding that osteopaths who discuss their CPD and practice with others are more likely to keep on doing it. This suggests that they are finding it beneficial to their practice.

The GOsC should encourage and support the development of more evidence relating to the benefits and risks of osteopathy...

We continue to support the National Council of Osteopathic Research to develop evidence summaries and to promote completion of the Patient Reported Outcome Measures. This work continues.

All osteopaths have free access to a range of research journals including the International Journal of Osteopathic Medicine. These are available at: osteopathy.org.uk/journals on the o zone.

What causes concerns?



The number of concerns has fallen again but communication and consent remain a significant feature. Managing Editor **Clare Conley** explores what we can learn from the latest sector-wide report on types of concerns

The number of concerns in 2018 fell to 188 which is the lowest number since 2013 when this independent report was first collated by the National Council for Osteopathic Research (NCOR) in conjunction with the GOsC, the Institute of Osteopathy, and insurers.

The trend towards lower numbers of concerns reported, despite a growing Register of osteopaths, is positive, and the implication is that patients are reporting fewer concerns about their experience with osteopaths because they have fewer concerns overall. However, the report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2018, shows that there are still areas to continue to be aware of, including communication and consent, maintaining boundaries, and professional indemnity insurance.

Which issues are most likely to lead to concerns?

The majority of concerns in 2018 – around 97% – related to conduct (61%) (much of which relates to communication and consent) and clinical care (36%). See Figure 1 on the next page.

Communication and consent

Issues around conduct (which includes communication and consent and lack of shared decision-making) remain the highest proportion of concerns rising from 48% to 60% this year.

Over a third of these concerns were caused by:

- failure to communicate effectively – 13%¹



Patrick George

Figure 1: **Number of concerns and complaints 2013-2018**

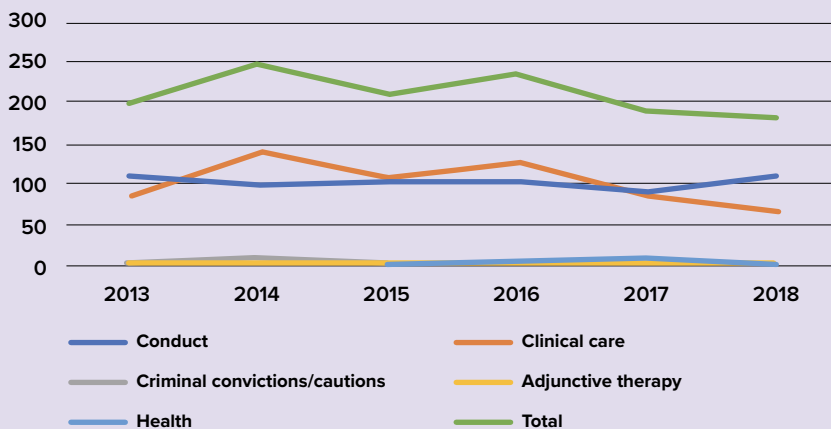
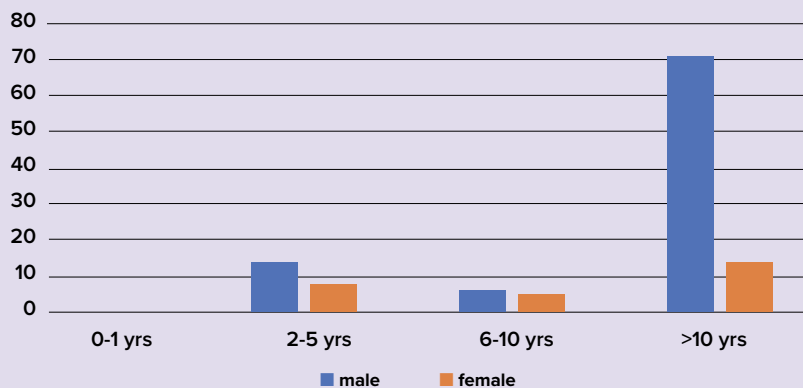


Figure 2: **Concerns and complaints against males and females by years of practice, 2018**



- communicating inappropriately – 13%
- failure to obtain valid consent/no shared decision-making with the patient – 8%
- failure to treat the patient considerably/politely – 7%

Most of the remaining concerns, classified as ‘clinical care’, may also relate to communication and consent. Reflecting on the guidance in the Osteopathic Practice Standards (OPS) and talking about cases where communication felt less comfortable can be useful in enhancing communication and meeting the communication and consent requirement of the GOsC CPD scheme.

Concerns raised about clinical care

The number of concerns about clinical care in 2018 were the lowest proportion recorded in the past six years, at 36%. Despite this, particular issues included:

- Treatment causes new or increased pain or injury – 43%²

- Forceful treatment –18%

Both of these issues could relate to poor communication or poor management of expectations. We know from other research that an ‘immediate increase in pain/symptom intensity was the most frequent reaction post treatment and occurs in around 20% of patients.’³ So ensuring that patients are clear about reactions and risks of adverse events associated with treatment options can help to clarify expectations in these areas. Reviewing, for example,

NCOR CONCERNS AND COMPLAINTS WORKSHOP

A workshop is due to be held in March 2020 to explore the data that has been collected on complaints, claims and informal concerns raised about practice since 2013. Keep an eye out for a report on the workshop in a later issue of The Osteopath.

the Clinical Risk Osteopathy and Management Summary Report (CROAM) and updated research summaries on the NCOR website can be useful CPD.

Concerns about impropriety

There has been a small but continuing trend in concerns about ‘sexual impropriety’ (10%) and ‘failure to protect the patient’s dignity/modesty’ (3%). Indeed, the GOsC fitness to practise report presented to GOsC Council in November 2019 showed that of the 27 concerns reported, six involved sexually motivated conduct. These findings show that boundaries remain an important area for raised awareness and training. One of the ways of reviewing requirements in this area can be to look at the OPS and the associated guidance for this Standard.

Theme D: Professionalism

D2: You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath

Failure to maintain professional indemnity insurance (PII)

Concerns about failure to maintain PII reached the highest level over the past six years (10%).

Theme D: Professionalism

D1: You must act with honesty and integrity in your professional practice

The OPS guidance also states that: ‘You must have a professional indemnity insurance arrangement which provides appropriate cover in accordance with the requirements of the Osteopaths Act 1993 and the current Professional Indemnity Insurance Rules’. Check your current insurance and make sure to read our guidelines at: osteopathy.org.uk/insurance. You might also find it helpful to read the March/April 2019 issue of The Osteopath, see: bit.ly/TheOsteoMarApr19

Data protection issues

Data protection issues including management, storage and access of confidential data, resulted in the highest level of concerns in this category since 2013, with 5% of concerns in 2018. This could have been due to a greater public awareness of data protection issues



→ since the new General Data Protection Rules (GDPR) were introduced in May 2018. There is helpful guidance about data protection on the Information Commissioner's website at: ico.org.uk/for-organisations/guide-to-data-protection.

Reviewing this guidance and then reviewing your privacy notices and data protection policies can help you to confirm that you are complying with the law and will also mean you have covered the professionalism theme of the OPS as part of the requirement to do activities in all four themes of the OPS within the CPD scheme.

Advertising

Although the data shows that concerns about advertising reduced greatly in 2018 (down 76 concerns from the previous year), we are, nonetheless, still receiving concerns. Remember to review your advertising and ensure that it is compliant with the Advertising Standards Authority requirements and the CAP executive guidance on advertising for osteopathy. See: asa.org.uk/advice-online/health-osteopathy.html for further information and see Getting your advertising right on page 5.

Insight into osteopaths who receive complaints

There continued to be a higher

proportion of complaints (82%) about male osteopaths in 2018. And the longer that osteopaths are in practice, the more likely they are to have a concern raised against them (67%), especially those with more than 10 years of experience – and 84% of this group were males. (See Figure 2 on page 15). Note that data about gender and time in practice has only been collected for the past three years.

The number of concerns raised about osteopaths involves a very small proportion of the total population of osteopaths. However, it is useful for all osteopaths to be aware of the main causes of concerns, not only to avoid complaints in the future, but also to look for insights

READ THE FULL REPORT

This NCOR report is an independent analysis of the complaints and concerns raised about osteopaths and osteopathic services from 2013 to 2018, written by Dr Dawn Carnes, the Director of NCOR. Data is collected annually by the GOsC, the Institute of Osteopathy and the three major providers of professional indemnity insurance.

Read the full report: osteopathy.org.uk/concerns-report-2018

that could help with planning CPD and continuing to enhance their practice for the benefit of their patients. Remember that having a policy in place to manage complaints is a requirement of the OPS.

Theme D: Professionalism

D4: You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.

The guidance to D4 states: 'A complaint is an opportunity to reflect on the communication and standard of care that was given, and it may highlight areas of your practice that could be improved. A complaint which is handled well can also result in a stronger bond of trust between you and your patient, leading to improved patient care'. The guidance also states: 'You should ensure that anyone making a complaint knows that they can refer it to the GOsC, and provide them with appropriate details explaining the procedure'. ●

References

- ¹Of concerns about conduct
- ²Of concerns about clinical care
- ³See Vogel, S et al, 2012, **The Clinical Risk Osteopathy and Management Summary Report** available at: www.uco.ac.uk/sites/default/files/research_supporting_docs/croam-summary-report-final%20%281%29.pdf and accessed on 19 November 2019

Some learning points from the research

Here is a summary of how you might reflect on this year's NCOR research report and some suggestions for relevant CPD options:

1 Communication and consent:

Reflecting on the guidance in the OPS and considering cases where communication felt less comfortable are useful in enhancing communication as well as a good way to meet the requirements of the GOsC CPD scheme.

2 Boundaries: Reviewing OPS Standard D2 (see page 15) and the associated guidance can be helpful in maintaining and supporting professional boundaries with patients.

3 Professional indemnity insurance: It's a legal requirement for every osteopath to have this in place, even

if you're not seeing patients. Check the requirements at: osteopathy.org.uk/insurance. Insurance is critical to patient safety and care, both now and in the future.

4 Managing concerns and complaints: Concerns and complaints provide a good opportunity to hear and learn from patients, with a well-handled complaint potentially resulting in a stronger bond of trust between you and your patient, leading to improved patient care.

5 Advertising: Review your advertising and ensure that it is compliant with the Advertising Standards Authority requirements and the CAP executive guidance on advertising for osteopathy (see: asa.org.uk/advice-online/health-osteopathy.html for further

information). This can be useful for CPD in professionalism and can ensure that you are complying with OPS Standard D1 (see page 15).

6 Data protection: Reviewing guidance from the Information Commissioner's Office and then reviewing your privacy notices and data protection policies can help you to confirm that you are complying with the law and can also cover the professionalism theme of the OPS.

7 Stay connected: It's a good idea for everyone to avoid complacency by continually looking at ways to enhance practice, and ideally to do this with others. This can include CPD activities where you get objective feedback from an osteopath or other health professional.

Types of concerns and the OPS



Steven Bettles, GOSc Policy Manager, looks at the types of concerns and complaints raised about osteopaths in relation to the OPS

The latest NCOR report on types of concerns and complaints raised about osteopaths and osteopathic services (see article on pages 14-16) outlines five main categories for classifying concerns. Here we look briefly at these and consider them in the context of the Osteopathic Practice Standards (OPS). Reviewing the OPS in relation to these areas can be good continuing professional development.

1. Conduct of osteopaths

This is a broad theme that could relate to a number of Standards.

Theme A: Communication and patient partnership

- Failing to be polite and considerate with patients, or to treat them with dignity and courtesy (A1).
- Not giving patients the information they want or need to know in a way they can understand (A3).
- Not receiving valid consent for examination and treatment (A4).

Conduct might also relate to other OPS themes, particularly Theme D, eg:

Theme D: Professionalism

- Failure to act with honesty and integrity in professional practice (D1).
- Failure to establish and maintain clear professional boundaries with patients, or abusing the position of trust which you have as an osteopath (D2).
- Not upholding the reputation of the profession through your conduct, in or out of the workplace (D7).
- Not being honest and trustworthy in professional and personal financial dealings (D8).

2. Clinical Care

Examples would include:

Theme B: Knowledge, skills and performance

- Not demonstrating the appropriate knowledge and skills to support your work as an osteopath (B1).
- Not working within the limits of your training or competence (B2).

Theme C: Safety and quality in practice

- Failure to conduct an osteopathic examination and deliver safe, competent and appropriate osteopathic care to patients (C1).

3. Criminal convictions

This could relate to anything which involved a conviction or police caution. Key issues to bear in mind would include:

Theme D: Professionalism

- Upholding the reputation of the profession at all times (D7) through your conduct, in or out of the workplace.
- Informing GOSc as soon as practicable of any significant conduct and competence information (D12).

4. Adjunctive therapies

This category is, potentially, quite broad. Key points would include:

Theme A: Communication and patient partnership

- The provision of information to patients, including benefits, risks of any treatment proposed (A3).
- Receiving valid consent (A4).

Theme B: Knowledge, skills and performance

- Having the knowledge and skills required to support your practice (B1).

- Working within the limits of your training and competence (B2).

Theme D: Professionalism

- Acting with honesty and integrity in your practice eg not pressurising patients to undergo particular treatment or purchase particular products (D1).

5. Health

The issues around an osteopath's health and the impact of these on patients may relate to a number of Standards. Health is specifically referred to in D11, which states: 'you must ensure that problems with your own health do not affect your patients'. Issues might include:

- Knowing or suspecting your physical or mental health is impaired in a way that might affect the care you give patients, but not seeking medical advice.
- Continuing to practice against medical advice.
- Failing to inform the GOSc of a health issue that might impact on patient care.

Conclusion

It's important to remember that this article isn't exhaustive. Complaints and concerns are often complex, and each needs to be considered in its own specific context against the Standards and guidance in the OPS. ●

MORE INFORMATION

You can read the OPS online. If you haven't already, why not bookmark: standards.osteopathy.org.uk

**I want to
share my
personal insights
to help make a
difference**

Would your patients like to share their views? We want to hear from patients to help us learn more about the patient perspective

A major priority for the GOsC is to listen and learn from osteopathic patients. We want to work in partnership with patients and osteopaths to make sure that we put patients at the heart of what we do, and to do everything we can to maximise the opportunities patients have to share their views.

It can be challenging for patients to get involved in areas such as osteopathic education, standards and regulation, as they can sometimes seem remote to their own experience of osteopathic practice. However, the only experience we require is for patients to have seen an osteopath in the past 12 months.

If your patients are interested in supporting good quality osteopathic care, we can provide training and the support necessary for them to participate fully to help inform our work.

WANT TO KNOW MORE?

If you would like to know more, or are interested in some free posters and/or flyers for your practice, then please get in touch. Or, you can download the materials from: osteopathy.org.uk/patient-voice.

If you have your own ideas for how we can enhance our partnership working with patients, or if you would like to share learning from your successful patient engagement activities, then do let us know.

Please email Rachel Heatley at: goscmail@osteopathy.org.uk



BENEFITS OF PATIENT ENGAGEMENT

For patients

Patients can:

- Use their unique insights and experience to help others learn and to enhance patient safety and patient care.
- Gain additional knowledge and skills in relation to communicating with health professionals, participating in working groups, and in influencing and communicating.
- Receive feedback on how their participation has informed change or the development of a particular initiative.

For osteopaths

Osteopaths can:

- Show patients that osteopaths are committed to involving patient views in their practice and to being regulated effectively.
- Be assured that their education, standards and the way they are regulated are informed by patients' perspectives.
- Gain new insights and consider different perspectives by hearing from patients.

For the GOsC:

Feedback from patients can provide different insights and perspectives, which can help us to:

- Ensure we are meeting our core objectives of protecting, promoting

and maintaining the health, safety and well-being of the public; promoting and maintaining public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of that profession.

- improve our guidance for patients and the public so they get the information they need about osteopathic practice.
- enhance our guidance for osteopaths to support working in partnership with patients.
- inform training about patient involvement within osteopathic education.

Recruiting patients

We are looking for patients who would be interested in taking part in any or all of a range of upcoming activities including focus groups, workshops, magazine articles and surveys, but we need your help.

Are your patients keen to share their feedback? Would they like to help inform health regulation, education and standards? If so, please encourage them to get in touch with us.

We have produced some materials that you can use in your practice to help you highlight this opportunity to patients and how they can share their perspectives (see samples above).

Your patients can find out more at: osteopathy.org.uk/patient-voice ●

Reporting from the iO Convention



Rachel Heatley, Senior Communications Officer at the GOsC, met with osteopaths at the 2019 annual Institute of Osteopathy convention

It was great to be part of the GOsC team who had the opportunity to personally meet with osteopaths from across the UK and Europe at the annual Institute of Osteopathy (iO) convention held in Heathrow on 1 and 2 November last year.

The iO convention offers an excellent forum for the GOsC to hear from the osteopathic community and to provide reassurance to osteopaths that we want them to meet the CPD requirements in a way that works for them.

The GOsC offered two interactive sessions at the convention. The first was delivered in partnership with the Council of Osteopathic Educational Institutions (COEI) and focused on osteopaths with educating responsibilities based in osteopathic educational providers. The second was aimed at osteopaths who wanted to know more about GOsC's CPD scheme that launched in October 2018.

CPD resources

As well as the two dedicated sessions, osteopaths also had the chance to discuss their CPD queries with GOsC staff who were hosting our exhibition stand and to find out more about the advice and resources available on the CPD site: cpd.osteopathy.org.uk.

Interactive sessions

On day one of the conference, Fiona Browne, together with Steve Vogel representing COEI, hosted the 'Shaping the future as educators' session. Delegates looked at the impact, potential and communication in the educator role, considered opportunities to participate in the CPD scheme, and had the chance

'We structured our sessions to encourage osteopaths to connect with each other'

to reflect on the Osteopathic Practice Standards (OPS).

Fiona Browne, GOsC's Director of Education, Standards and Development, explains: 'We structured our sessions to encourage osteopaths to connect with each other, try out activities and help them engage with the scheme, and hopefully give them ideas about how they might develop their practice in accordance with the Standards'.

Getting to grips with the CPD scheme

On day two of the conference, Fiona delivered a session on 'Getting to grips with the new CPD scheme', giving delegates a practical overview of the scheme and taking a closer look at what's new, to help them to prepare for and meet its requirements.

With more than 40 attendees at this session, a wide range of questions emerged about the scheme, spanning from how to record and reflect on CPD, to what type of CPD activity osteopaths can undertake to meet the communications and consent requirement of the scheme (see next page for a selection of the most popular questions from face-to-face engagements through 2019).

Fiona's session included a workshop

in which delegates worked in small groups to try out activities, eg working through a case-based discussion objective activity.

By the end of the session, delegates had identified potential peers for their Peer Discussion Review, considered what objective feedback activity would be most suited to them and their practice, and how they were going to meet the scheme's communication and consent requirement.

Finally, delegates reflected on the OPS using an Objective Activity Reflection template which can be found at the back of the Case-based Discussion Workbook (see box below).

Overall the feedback was very positive with delegates welcoming the opportunity to talk to their peers and hear about how others practise, gaining reassurance and learning from each other, which increased confidence in the ability to participate in the scheme. ●



See QR code instructions on page 9.

MORE INFORMATION:

The Case-based Discussion Workbook plus other useful workbooks are available at: cpd.osteopathy.org.uk/workbooks

Q&A



Your questions about the CPD scheme answered

To help osteopaths get to grips with the CPD scheme, we thought it would be useful to share the most common questions you ask us about the scheme

The GOsC was out and about during 2019 meeting osteopaths and talking about the requirements of the CPD scheme at a number of events including regional group meetings across the country; at the Institute of Osteopathy Roadshow in Coventry, Bristol, Manchester, Perth and Maidstone; and at the iO Convention in London. We have also been engaging with osteopaths through online webinars. During this time we have had the opportunity to hear your questions, so we have collated – and answered – some of the most popular CPD related questions here.

Q What exactly is a Peer Discussion Review?

A Peer Discussion Review is a structured conversation with at least one osteopath or other health professional in which you confirm, and discuss how, you have completed all the elements of the CPD scheme.

The peer (or group of peers), who you have chosen, confirm your engagement with the CPD scheme before the end of your three-year cycle. This could be done in several ways, for example through a meeting towards the end of the cycle or through ongoing discussion during the three-year cycle. There may be other ways – your only requirement is to complete the form towards the end of

the three years.

Read more about Peer Discussion Review at: cpd.osteopathy.org.uk/pdr

Q When should I choose my peer?

Although you don't complete a Peer Discussion Review until towards the end of your three-year cycle, it's a good idea to identify and agree your peer at the outset of the CPD cycle so you can build a relationship in which you feel comfortable discussing your practice.

Read more about how practising a Peer Discussion Review helped osteopath Lucy Ross-Browne plan her CPD, on page 14 of the June/July 2019 issue of The Osteopath: bit.ly/TheOsteopathJune19

Q What does 'objective activity' actually mean?

An objective activity is where you seek external objective feedback about your practice and then analyse and reflect on this to show how it has informed your practice or CPD. This activity might include case-based discussion, patient feedback, peer observation or a clinical audit. Your CPD needs to include at least one objective activity that informs your practice and your CPD. Many osteopaths have found that doing a case-based discussion is a good objective activity to start with. For more on carrying out a clinical audit, see page 22.

Q Can I continue to record my CPD activities in the o zone?

Yes, you can use the online CPD Diary available on the o zone to record your CPD activities. The Diary is an enhanced version of the old annual summary form, so it will feel familiar to most osteopaths.

The key difference is that the Diary won't be submitted to the GOsC as the annual summary form was – but the Diary can be downloaded and shared with a peer to inform your Peer Discussion Review. You can also use other ways of recording your CPD if you wish, because the CPD Diary isn't mandatory. Remember you need to keep records of the activities you have done. Examples of the sorts of evidence you might want to keep include notes of a group practice discussion or a course certificate, and remember to include your reflections on your practice and your CPD.

You can get practical help and find out more about keeping records by looking at the Keeping CPD Records Workbook, see: cpd.osteopathy.org.uk/keeping-records ●



Clinical audit in practice



Carol Fawkes, Senior Researcher at the National Council for Osteopathic Research, outlines the stages and results of a clinical audit she conducted on her own practice

In November 2016, the National Institute for Health and Care Excellence (NICE) published guidelines for the management of low back pain (LBP) and sciatica in people aged 16 years and over.¹ These NICE guidelines (NG59) consider various aspects of assessment and management for patients including invasive and non-invasive approaches to care.

I undertook a retrospective clinical audit of case notes in my practice to identify whether the care I had delivered was in line with the recommendations provided by NICE.²

What is a clinical audit?

Clinical audit is a way to measure and improve the quality of patient care. It can be used to find out if healthcare is being provided in line with standards and lets osteopaths and patients know where their service is doing well, and where there could be improvements.³ Clinical audit is also an objective activity option for the

WHAT ARE THE FIVE STAGES OF A CLINICAL AUDIT?

- 1 Identify a priority topic
- 2 Identify standards and criteria
- 3 Baseline data collection
- 4 Evaluate findings, identify changes, and implement changes
- 5 Re-audit

The findings described in this article relate to stages 1, 2, 3, and 4 of the audit cycle.

WHO ARE THE NICE GUIDELINES FOR?

- Healthcare professionals
- Commissioners and providers of healthcare
- People with low back pain or sciatica, and their families and carers

CPD scheme as it involves analysing data and then showing how it has informed your practice and CPD.

What do the guidelines cover?

The guidelines outline the physical, psychological, pharmacological and surgical treatments to help people manage their low back pain and sciatica in their daily life. The aim of the guidelines is to improve people's quality of life by promoting the most effective forms of care for low back pain and sciatica.

What do the guidelines recommend?

The guidelines NG59 advocate the use of a 'risk stratification tool'. Stratified care approaches have been developed to try to implement a more systematic approach to patient management. The STaRT Back tool, developed at Keele University, is an example of a stratified approach which tries to match the most effective form of treatment to patients, based on their prognosis.

Stage 1: Identify an issue in practice

I had already conducted a small data collection exercise which identified that patients with low back pain represented 53% of patients in my practice, compared to a national figure of 36%.⁴ Since this formed my largest patient group, it

seemed a suitable topic for clinical audit and would therefore be most likely to benefit my patients' care in the future.

Stage 2: Set standards and criteria

Low back pain guidelines have been in existence since 2009. The current NICE

guidelines NG59 have extended the scope of the NG88 guidelines published in 2009 to include sciatica.^{1,5} Using the recommendations in the guidelines, I identified a series of standards and criteria. A criterion is an element of care that can be defined and measured by clinicians.

A standard as defined by Samuel et al. (1993) is 'A criterion with its expected level of performance'.⁶ In this case, I set the standard at 100% as we should be aiming to comply fully with the guidelines (see Table left).

Stage 3: Carry out a baseline data collection

I had to consider a range of factors before I started baseline data collection:

- How will the notes be sampled?
- How many notes will be included in the audit?
- Who will be responsible for data sampling?
- Is an audit tool already available?
- How much time do I need to allow to conduct the audit?
- How will I manage the data?
- Who will be responsible for data analysis?

If you work in a single-handed practice the answers to these questions may be quite simple. If some of these tasks will be delegated to colleagues or other staff members in the practice it is worth taking the time to explain the purpose and value of the project and be quite specific about what needs to be done and by when.

I created a simple data collection tool in Excel based on the headings in the table left and then I tested it for relevance and to avoid ambiguity on a set of 10 case notes. No changes were required based on this pilot stage. A total of 100 case notes were sampled randomly from 2017 onwards for patients presenting with low back pain and sciatica.

Stage 4: Evaluate findings, identify changes, and implement changes

I analysed the data using Excel and categorised the data based on summaries from the NICE guidelines including:

- Initial screening and assessment (see Figure 1 left)
- Exercise and treatment interventions (see Figure 2 left)
- Orthotics and electrotherapy (see Figure 3 overleaf)
- Psychological therapies (see Figure 4 overleaf)

Table **Standards and criteria identified from NICE guidelines (NG59)**

1 Other causes of back pain should be considered eg cancer, infection, trauma or inflammatory disease such as spondyloarthritis.	8 Offering manual therapy for the patient where appropriate.
2 A risk stratification tool should be used eg the STarT Back risk assessment tool.	9 Avoiding acupuncture for the patient.
3 Referral for imaging to be discouraged.	10 Avoiding ultrasound for the patient.
4 Providing information on the nature of LBP and sciatica.	11 Avoiding percutaneous electrical nerve stimulation (PENS) for the patient.
5 Encouraging the patient to continue with normal activities where appropriate.	12 Avoiding transcutaneous nerve stimulation (TENS) for the patient.
6 Suggesting exercise to the patient.	13 Avoiding interferential therapy for the patient.
7 Avoiding traction for the patient.	14 Avoiding ultrasound for the patient.
	15 Considering psychological therapies for the patient where appropriate.
	16 Considering a combined physical and psychological programme for the patient where appropriate.

Figure 1 **Initial screening and assessment**

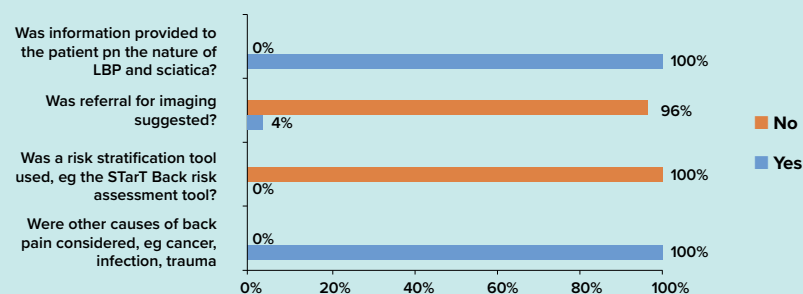


Figure 2 **Exercise and treatment interventions**

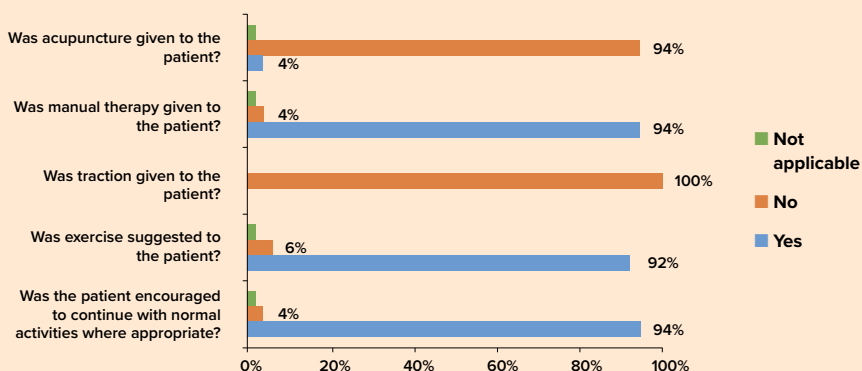


Figure 3 **Orthotics and electrotherapy**

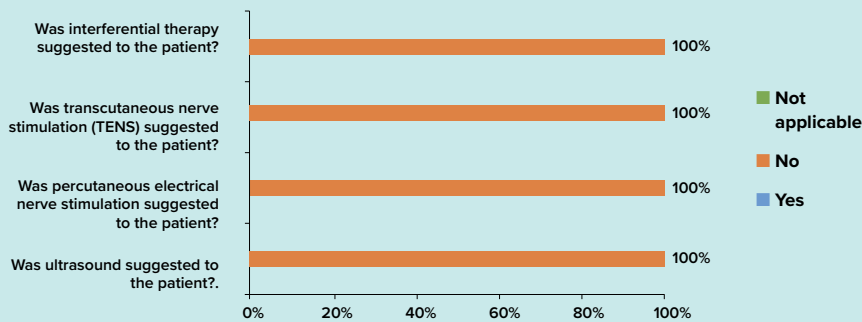
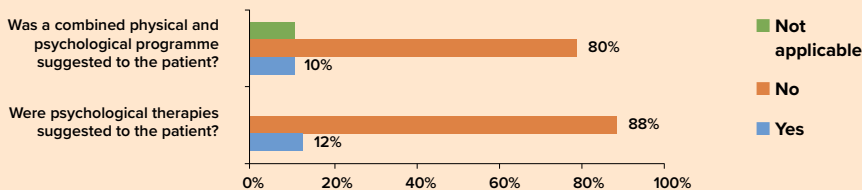


Figure 4 **Psychological therapies**

The role of psychological therapies to support patients in the management of their low back pain has been given increasing prominence. In some cases, where this was discussed, patients indicated they were not interested in this approach. In these cases, they have been recorded as N/A. There is a clear distinction shown in the data (see below) for patients for whom a combined approach has been suggested, and for others for whom the psychological therapy was suggested as a follow on to osteopathic care.



→ Identify changes

After reviewing the findings from the case notes, there appeared to be good compliance with NICE guidelines in most areas. In areas where they have not been followed, there is documentation about the decision-making, and this is based on discussion with patients. Shared decision-making with a patient is an important part of clinical care and there may be instances where they are reluctant to engage in certain forms of management.

The main area where I identified a need for change is with the clear lack of use of a risk stratification tool, for example Keele University's StaRT Back tool. Becoming familiar with the tool for a clinical setting will be a CPD opportunity.

Implement findings

I allowed a maximum period of three months for the StaRT Back tool to be used in practice in new patients attending with episodes of low back pain. Stage 5 of the audit cycle (re-audit) will take place approximately four months after the original audit to allow a large

enough dataset for analysis. It will not just be a case of introducing this tool but an opportunity for reflection on its value to patient management and outcomes, for professional development and understanding of risk stratification for all patients also.

Conclusion

Clinical audit can provide many opportunities to address care delivery, service provision, and processes of care in practice. The topic for any clinical audit must be based on something that will provide value to clinical practice. This was a useful exercise in my practice and provided an opportunity to reflect on care delivery. In reviewing the management of symptoms in any patients it is important to recognise also that care is patient-centred and that care is based upon shared decision-making. A copy of the clinical audit handbook⁷ written especially for osteopaths, and a range of different audit tools, are available on the NCOR website to support osteopaths as they engage with this process: www.ncor.org.uk/practitioners/audit. ●

References

- 1 National Institute for Health and Care Excellence (2016). **Low back pain and sciatica in over 16s: assessment and management**. Clinical guideline 59. www.nice.org.uk/guidance/ng59.
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- 3 NHS England (online) www.england.nhs.uk/clinaudit.
- 4 Fawkes CA, Leach CM, Mathias S, Moore AP. (2014). **A profile of osteopathic care in private practices in the United Kingdom: a national pilot using standardised data collection**. Manual Therapy. 19(2):125-30.
- 5 National Institute for Health and Clinical Excellence. (2009). **Low back pain: early management of persistent non-specific low back pain**. Clinical guideline 88. www.nice.org.uk/CG88.
- 6 Samuel O, Sakin P, Sibbald B. (1993). **Counting on quality**. Royal College of General Practitioners' Audit Programme. Royal College of General Practitioners, England.
- 7 Fawkes CA, Moore AP (eds). (2009). **An Introduction to Clinical Audit for Practising Osteopaths**. National Council for Osteopathic Research. ISBN 978-0-9552750-6-7.

MORE INFORMATION

1. Find out more about Keele University's StaRT Back tool: startback.hfac.keele.ac.uk

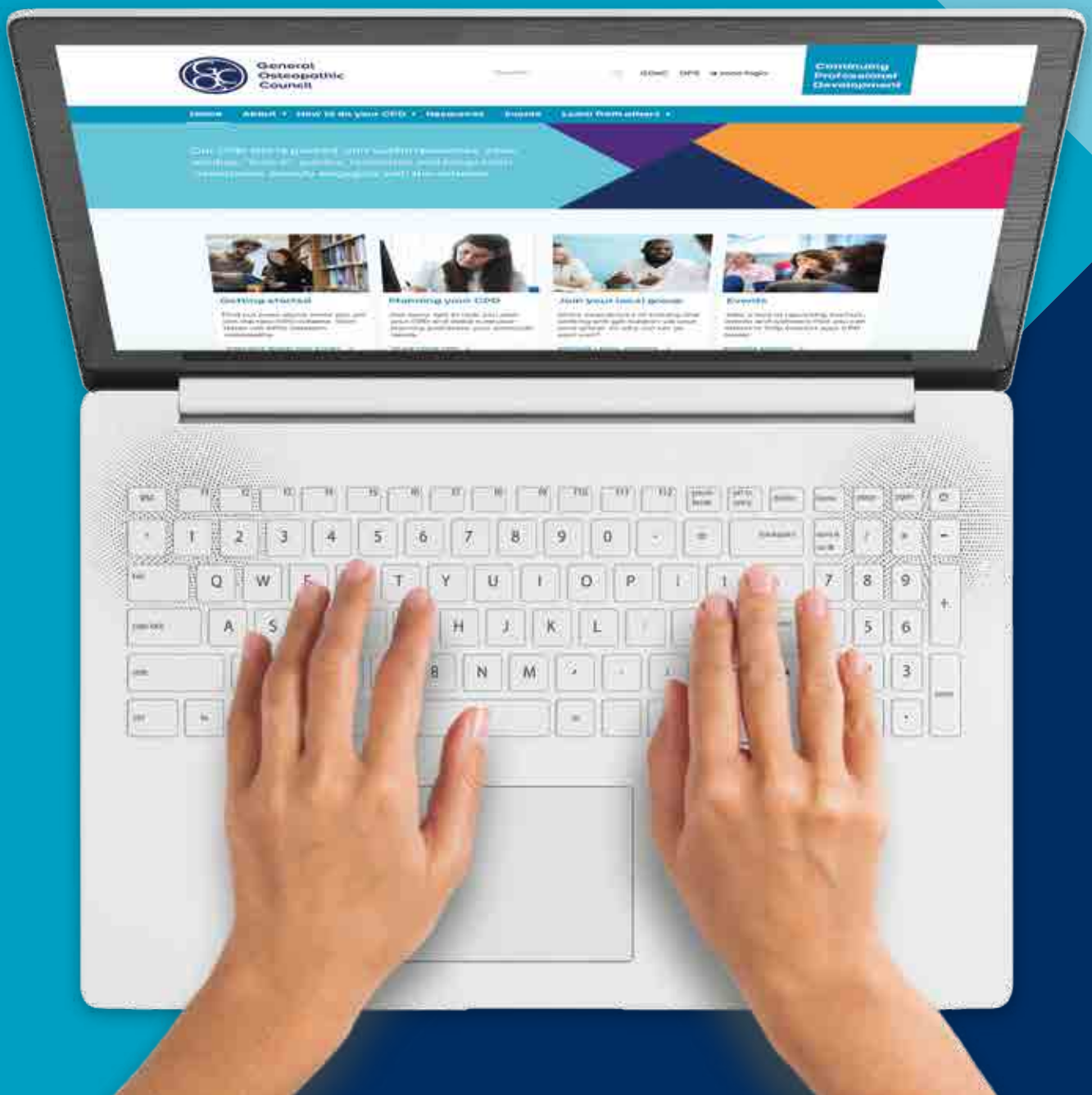
2. See the CPD microsite for a Clinical Audit report template: cpd.osteopathy.org.uk/resources/audit-report-template-2

3. See The Osteopath Nov/December 2019 issue: bit.ly/TheOsteopathJulAug19

CPD resources and guidance are always at hand

Visit: cpd.osteopathy.org.uk

The GOsC's CPD site is packed with useful resources to help you with the CPD scheme. You can explore upcoming events and courses, read case studies and blogs, and there is also a series of practical workbooks on some key elements of the scheme.



Classifieds

Osteopath required: Essex

Opportunity to join a happy multidisciplinary practice (established for 24 years). Some paediatric/IVM/classical training necessary (DPO, SCCO, Biodynamics etc). Patient list includes babies, adults, rehab, sports, some very interesting cases. Days am/pm flexible. Liverpool Street to Chelmsford in 35 minutes. The station is a 10 minute bus ride or 25 minute walk (or relocate!). Visit: www.emmabryant.co.uk. Contact Emma on 01245 280 088 or email emma.bryant4@btinternet.com

Osteopath required: London

Wonderful opportunity to join our prestigious West End osteopathic practice. Rooms available to rent either independently or within our clinical team for an osteopath with own list. The practice benefits from being in association and

located with MRI, ultrasound imaging facilities and clinical services. Contact Helen on 07981 297843 or email helen@cavendishosteopaths.co.uk for more details.

Osteopath required: Fulham, London

We are looking for an osteopath to join our team in mid-March. We are a family centred practice, offering good support and CPD. Our ideal candidate would have experience with treating babies and have experience in the classical and cranial fields. We may be offering a full-time role. Please send your CV and covering letter to: info@fop.co.uk

Osteopath required: Singapore

We are looking for a motivated and confident osteopath who loves working with babies, children and mothers to join us in our busy, multidisciplinary, family orientated clinic. This is

an exciting opportunity to work alongside osteopaths, physiotherapists and naturopaths in a collaborative environment. We are looking for someone with a minimum of three years' experience and capable of treating patients in a broad range of osteopathic modalities. You need to be registered with the GOsC or AHPRA or OCNZ in order to get an employment pass in Singapore as an osteopath. Please send your CV and covering letter to: victoria@cityosteophysio.com

Practice for sale: Tonbridge, Kent

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

Natural Health Clinic for rent: Guildford

Purpose-built health clinic, operating successfully for over 30 years, situated in centre of Guildford. Large reception area, 4 treatment rooms, own car park, next door to Guildford main line railway station. Available to rent from April 2020. Please email: info@revepavilion.co.uk

Practice for sale due to retirement: £7,000 Newark, Nottinghamshire

This is a well-established practice based in the Sports Direct fitness gym in Newark. Low overheads with just the monthly rent and telephone bill. I have run the clinic for ten years and work on a part-time basis consisting of one full day and two half days. There is great potential to expand the clinic. Contact Barry on 07977 061309.

Practice for sale due to retirement. £30,000 Stafford, West Midlands

Close to M6, within easy travelling distance of Birmingham and Manchester and good rail link to London. Established 41 years. Currently 3 days a week in GP's surgery in shared room with podiatrist. £55,000 p/a turnover. Good structural and pastoral skills essential. Cranial experience advantageous. Potential for expansion. Enquiries: ian.osteopath@googlemail.com

MARKETPLACE ADVERTISING RATE

Approval of material – the publisher reserves the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity. Products and services advertised are for general information and inclusion does not imply approval or accreditation by the GOsC.

Classified:

Up to 40 words is £55 + VAT. Thereafter it is 65p per word. Payment is required at time of booking for classified advertising.

For recruitment adverts please supply your copy in the below format:

Osteopath or Associate required: Location copy underneath

Display:

Please request a media pack from Debbie Blackman

Inserts:

Prices are available on request. All rates exclude VAT.

Contact:

Debbie Blackman

Tel: 0117 300 8562

Email: debbie.blackman@immediate.co.uk

Courses 2020

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

February

1

Emergency first aid

Course tutor: Tony Bennison

Venue: University College of Osteopathy (UCO), 275 Borough High Street, London SE1 1JE

Tel: 020 7089 5333

bit.ly/UCO-first-aid-Feb20

1

The 5Cs of the Osteopathic Practice Standards

Course leader: Deborah Smith

Venue: UCO

bit.ly/UCO-5cs-Feb20

1–2

Applied biomechanics of the lower limb, an osteopathic approach to rehabilitation

Course leader: Francesco Contiero

Venue: UCO

bit.ly/UCO-limb-Feb20

1–2

Clinical biomechanics of the lower extremity: an osteopathic and functional movement approach to treatment and rehabilitation

Speakers: Zainali Panjwani and Josh Gill

Venue: British College of Osteopathic Medicine, Lief House, Finchley Road, London NW3 5HR

bit.ly/clinical-biomechanics

1–2

Positional release: part 2

Speaker: Simon Cabot

Venue: European School of Osteopathy (ESO), Maidstone, Kent

Tel: 01622 671 558

cpd@eso.ac.uk

eso.ac.uk/postgraduate

2

BBENSCH: dizziness – level 1 vestibular assessment, treatment & rehabilitation: a practical evidence-based introduction

Speaker: Alan Sealy

Venue: Holiday Inn London, Elstree, Barnett Bypass, Borehamwood WD6 5PU
bbensch.co.uk

2

Strain-counterstrain: dipping a toe in the water

Course tutor: Rod MacDonald

Venue: UCO

bit.ly/UCO-strain-Feb20

3

The vital shoulder complex masterclass

Speaker: John Gibbons

Venue: Oxford University Sports Complex, Jackdaw Lane, Oxford OX4 1EQ

Tel: 07850 176 600

johngibbonsbodymaster.co.uk

18

Kent and East Sussex osteopaths: clinical audit

Speaker: Phil Bright

Venue: ESO

kentandeastsussexosteopaths@gmail.com
keso.org.uk

21–23

Functional neuromuscular rehabilitation

Speaker: Dr Eyal Lederman

Venue: Whittington Education Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

cpdo.net

22–23

Management of headaches: evidence-based manual therapy approach

Speaker: Dr César Fernández-de-las-Peñas

Venue: Whittington Education Centre

24

Postpartum mum

Speaker: Miranda Clayton

Venue: LSO

mumandbaby-at-home.com/cpd-courses

29

Introduction to neurodynamics

Course leader: Francesco Contiero

Venue: UCO

bit.ly/UCO-neuro-Feb20

March

6

Pain and pharmacology

Course leader: David Baker

Venue: UCO

bit.ly/UCO-pain-March20

9

Kent and East Sussex osteopaths: essential communication skills workshop

Lecturer: Rob McWilliam

Venue: The Spa Hotel, Tunbridge Wells, Kent TN4 8XJ

kentandeastsussexosteopaths@gmail.com
keso.org.uk

14–15

A biopsychosocial framework for clinical practice

Course leaders: Dr Hilary Abbey, Dr Cindy McIntyre, Dr Jerry Draper-Rodi

Venue: UCO

bit.ly/UCO-bio-March20

19

Cancer, understanding pathogenies and clinical aspects

Course leader: Dr David Parry

Venue: UCO

bit.ly/UCO-cancer-March20

20–21

The face: from amphioxus to osteopathy in the cranial field in one short weekend

Speaker: Prof Frank Willard

Venue: ESO

eso.ac.uk/postgraduate

28–29

Applied biomechanics of the shoulder: a functional approach to rehabilitation

Course leader: Francesco Contiero

Venue: UCO

bit.ly/UCO-shoulder-March20

April

4

European School of Osteopathy: the principal's lecture – ESO alumni & faculty only

Course leader: Simon Tolson

Venue: ESO

eso.ac.uk/postgraduate

4

The vital cervical spine masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

7

Spinal manipulation and mobilisation technique masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

9

Advanced spinal manipulation masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

13

The vital glutes and psoas masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

14

Muscle energy techniques masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

15

Kinesiology taping for the athlete masterclass

Speaker: John Gibbons

Venue: Oxford University

Sports Complex

johngibbonsbodymaster.co.uk

24

Introduction to diagnostic ultrasound in musculoskeletal and sports medicine

Course leader: Chris Myers

Venue: UCO

bit.ly/UCO-ultrasound-April20

May

2–3

Pain in clinical practice

Course leader: Hubert van

Griensven

Venue: UCO

bit.ly/UCO-pain-clinical-May20

2–4

Osteopaths of Ireland: spring symposium

Speakers: Jason Haxton,

Dr Charlie Beck, Sam Jarman

Venue: City North Hotel,

Dublin

cpd@qhealthcareni.com

bit.ly/spring-symp

15

Communication and consent

Course leaders: Mark Waters,

Samantha Fennell, Rob McCoy

Venue: UCO

bit.ly/UCO-comms-consent-May20

16

Osteopathic approach to head and neck trauma

Speaker: Walter McKone

Venue: Whittington Education

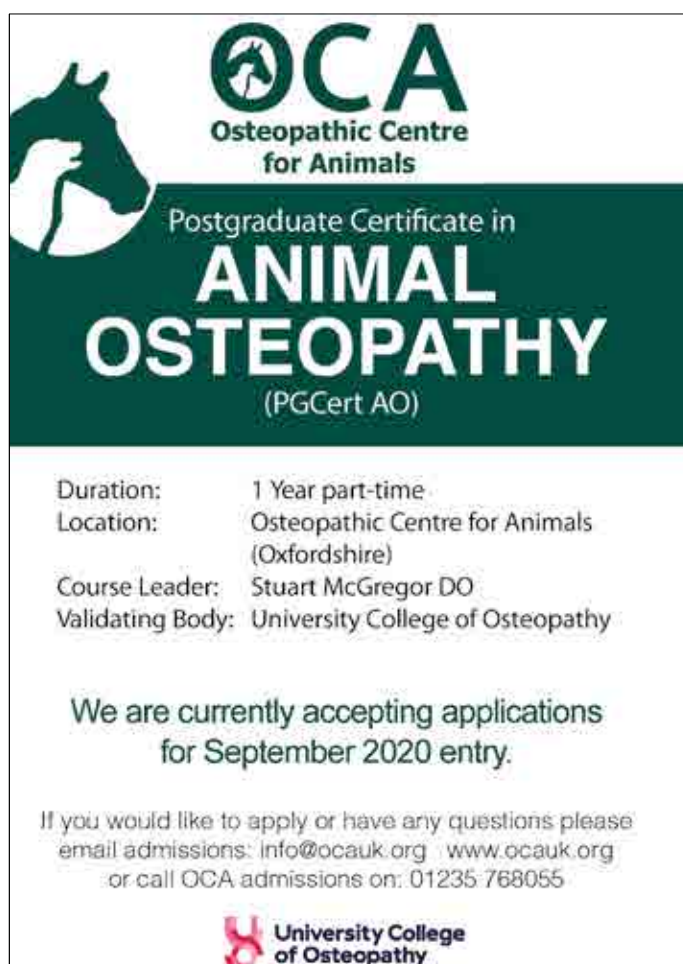
Centre

cpdo.net



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ANIMAL OSTEOPATHY
(PGCert AO)

Duration: 1 Year part-time
Location: Osteopathic Centre for Animals (Oxfordshire)
Course Leader: Stuart McGregor DO
Validating Body: University College of Osteopathy

We are currently accepting applications for September 2020 entry.

If you would like to apply or have any questions please email admissions: info@oca.uk www.oca.uk or call OCA admissions on: 01235 768055

 **University College of Osteopathy**

Join us at the iO Roadshow

During 2020 the iO team will again be hitting the road to meet osteopaths from up and down the country.

Save the date

These full-day events* are eligible for CPD. Both members and non-members of the iO are welcome to join us.

Be the first to find out more about these and other iO CPD events by registering your interest at:

landing.iosteopathy.org/CDP-sign-up/form-interest.html

*Venues and schedules to be confirmed this month

YORK
8 May

BIRMINGHAM
28 February

SWANSEA
27 March

BRIGHTON
12 June

01582 488 455
comms@iOsteopathy.org

iOsteopathy.org

Positional Release - the Thorax

Presented by Simon Cabot

Saturday 1 - Sunday 2 February 2020 - £300

This course will cover the effects of positional release on pain mechanisms and also when positional release is the most effective modality for treatment. Primary and secondary screening tests will be used to gain a baseline to measure treatment effects and to help identify where treatment should be directed. This course will cover the thorax including ribs and spine, shoulder girdle, the cervical spine and cranium. Techniques will be easily implemented in clinical practice immediately after the course.



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

Presented by Professor Frank Willard with osteopathic content by Graham Mason

Saturday 21 - Sunday 22 March 2020 £300

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

Theoretical content will be contextualised each day to allow delegates to apply their understanding to clinical practice, with demonstration and guidance provided by Graham Mason. Mr Mason is a senior ESO lecturer and experienced postgraduate speaker, specialising in lectures on the face in neonates, children and adults. "The importance of understanding the development of the face cannot be underestimated by osteopaths." For more detailed course content please visit the ESO website.



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

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

Canine & Equine CPD Courses*

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

Level I CPD Certificate (Canine &/or Equine)

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

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

Level II Certificate - (Canine only - condensed format)

Canine - March 26, 27 & 28, April 23 & 24, May 14, 15 & 16, June 11 & 12 (2020)

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

A range of courses running through to December 2020

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





Sutherland Cranial College OF OSTEOPATHY



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

MODULE 2: Osteopathy in the Cranial Field NOW AVAILABLE AS A RESIDENTIAL COURSE IN STROUD

Leader: DIANNA HARVEY

[residential] **£1350**



This 40-hour course is an overview of the whole cranial concept, covering all the key areas and includes treatment approaches that you can use immediately in practice. Each topic is then developed in more detail in the other courses on the pathway.

PRAISE FROM PREVIOUS STUDENTS: *"Fantastic tutors, great individual attention. So much experience brought to one place."* ~ *"Excellent course for all levels of cranial understanding."* ~ *"Loved it, one of the best courses I've been on!"*

1-5 OCTOBER 2020

Hawkwood, STROUD

New Graduate Bursaries for **Osteopathy in the Cranial Field** [M2] have been extended to any recently qualified osteopath within **three years** of graduation.

We also offer bursaries for anyone within **one year** of completing the **Foundation Course** [M1]

All students of Osteopathy in the Cranial Field [M2] receive a voucher worth **£75** towards their next Pathway course of three or more days' duration.

shared learning, knowledge & practice

INTERNATIONAL CONFERENCE & WORKSHOPS 2020

THE SPINE

as the axis of life

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

Registration & info:
icofrontdesk@gmail.com

Location:
London

28th of February 2020
Workshop: Introduction to Classical Osteopathy
With Chris Barton

29th of February 2020
Workshop 1: An Osteopathic approach to diagnosis and treatment of the Spine
With Dr Eric Snider
Workshop 2: Assessment and treatment procedures of the transitional areas of the Spine
With Christian Fossum

1st of March 2020
Conference
Christian Fossum: The transitional areas of the Spine - carry significance at embryonic, practical based on their anatomical interconnectivity
Dr Eric Snider: Diagnosis of segmental vertebral isomeric dysfunctions - Posture and beyond
Tim Sparrow: The Spine as a dynamic neurophysiological axis
Dr Maribel Miguel: Assessment and diagnosis of the spine

2nd of March 2020
Workshop: The Spine as a dynamic neurophysiological axis
With Tim Sparrow

INTERNATIONAL INSTITUTE OF CLASSICAL OSTEOPATHY

classical-osteopathy.org/ico-events/conference



**University College
of Osteopathy**

Applied biomechanics of the lower limb – an osteopathic approach to rehabilitation

The biomechanics of the lower limb will be explored as applied to common function such as gait. The integrated nature of the body mechanics and its physiological components will inform an osteopathic approach to the evaluation and treatment of different conditions. Starting from a review of relevant literature in the fields of fascial sciences and neurobiomechanics, the course will focus on the practical applications of this theoretical framework in everyday practice. The biomechanical understanding of human movement is based on the concepts of Applied Functional Science® (Gray Institute, USA).

1–2 Feb, £285, UCO

Strain-counterstrain — dipping a toe in the water

Strain-counterstrain (SCS) is one of a range of treatment methods officially claimed for osteopathy and yet despite its sixty years of existence it does not seem to occupy a significant place in most UK graduates' toolboxes. We would aim to enthuse you with its history and implications and equip you to start using it on some of the most common and significant conditions we see in practice.

2 Feb, £135, UCO

Introduction to neurodynamics

The mobilisation of the nervous system is an integral part of manual medicine. Its uses extend from assessment techniques, such as the Straight Leg Raise (SLR) test, to the treatment of mononeuropathies of mechanical aetiology. Starting from a review of the relevant literature in the fields of fascial sciences and neurobiomechanics, the course will focus on the practical applications of this theoretical framework in everyday practice.

29 Feb, £135, UCO

Pain and pharmacology

This course will give delegates the opportunity to increase their knowledge and confidence of pharmacology and pain control medication. The course will discuss assessing and treating patients with poorly controlled pain, with advice and education on safe and effective pain control medication selection. Using evidenced based practice, the course will also challenge common dysfunctional beliefs and attitudes to medications.

6 Mar, £135, UCO

A biopsychosocial framework for clinical practice

This two-day course explores advances in understanding the biopsychosocial model of healthcare and ways of integrating physical and psychosocial care more effectively in clinical practice. Participants will be introduced to current theories and research demonstrating best practices and innovative ways of managing patients with non-specific musculoskeletal symptoms.

14–15 Mar, £270, UCO

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designed for use in your daily practice.

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

Cancer, understanding pathogenies and clinical aspects

Dr David Parry leads this unique course specialising in anatomy and pathology. You will have the rare opportunity to learn in the King's College Dissecting Room and visit the prestigious Gordon Museum of Pathology. The day will consist of a morning introduction and overview lecture of the topics. After lunch we spend two hours in the dissecting room, with cadavers, looking at and considering anatomy related to the subject. This is followed by 2 hours in the world-famous Gordon Museum, where we will be looking at real potted pathology, descriptions and the actual case histories.

19 Mar, £205, UCO




CPDO 2020

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Date	Topic	Lecturer	Cost	Deposit	CPD points
8-9 Feb	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	£435		14
21-23 Feb (Start Friday 17:00)	Functional Neuromuscular Rehabilitation	Dr. Eyal Lederman	£385	£200	18
22-23 Feb	Management of headaches: evidence-based manual therapy approach	Dr. César Fernández-de-las-Peñas	£345		15
16 May	Osteopathic approach to head and neck trauma	Walter Llewellyn McKone, DO	£135		7
16-17 May	A process approach in manual & physical therapies	Dr. Eyal Lederman	£195	£95	14
19 June	COURSES IN LEEDS (For venue address please visit www.cpdo.net) Harmonic Technique: one day introduction	Dr. Eyal Lederman	£135		7
20 June	COURSES IN LEEDS (For venue address please visit www.cpdo.net) Functional Exercise Prescription	Dr. Eyal Lederman	£135		7
26 Sept	How to use placebos to help patients: an evidence-based approach	Dr. Jeremy Howick	£135		7
26-27 Sept	Muscle Energy Technique: from science to practice	Prof. Gary Fryer	£345		14
	 <p>This workshop will extend your understanding and skills in the practice of muscle energy technique. The emphasis of this workshop will be to develop your skills in the use of muscle energy for pain and dysfunction of the spine and associated musculature. It will explore variations of muscle energy technique aimed to emphasise different physiological processes based on a scientific rationale. The workshop will cover the most up-to-date explanations for the therapeutic principles underpinning muscle energy and how this information impacts the use of technique and patient management in practice. It will introduce the principles of biopsychosocial management and how to most effectively manage common patient conditions such as neck and low back.</p>				
3 Oct	Functional Exercise Prescription	Dr. Eyal Lederman	£135		7
7-8 Nov	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	£435		14
20-23 Nov (Start Friday 17:00)	Harmonic Technique	Dr. Eyal Lederman	£385	£200	18
2-4 Dec	Barral's visceral: the intervertebral disc in focus	Jean-Pierre Barral	£785	£395	20

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

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551

email: cpd@cpdo.net For more information and booking visit www.cpdo.net

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



Sutherland Cranial College
OF OSTEOPATHY



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

UPCOMING PATHWAY MODULES

MODULE 9: The First Year of Life*



Leader: HILARY PERCIVAL

28 FEB–2 MAR 2020

Hawkwood College
STROUD

£1100
non-res

£1350
residential

Gives you a sound basis on which to build your paediatric knowledge and prepares you to practice safely and examine your youngest patients with confidence and with a deeper appreciation of this extraordinary journey from embryo to childhood.

**Formerly: Introduction to Paediatrics*

Praise from previous students:

"I had a profound breakthrough in my palpatory experience with guidance from my table tutor. Amazing, thank you."

ELIGIBILITY: Successful completion of
Module 2: Osteopathy in the Cranial Field

MODULE 3: Osteopathic Medicine



Leader: LYNN HALLER

25–28 JUN 2020

Hawkwood College
STROUD

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non-res

£1350
residential

This truly holistic course returns to the legacies of Still, Sutherland and Littlejohn to place us on the 'rock of reason' and instil confidence in treating a wide range of conditions; ultimately broadening and inspiring our approach to clinical practice.

Praise from previous students:

"I loved the enthusiasm of the faculty, the high quality of the teaching and knowledge, and the lovely sense of community."

ELIGIBILITY: Successful completion of
Module 2: Osteopathy in the Cranial Field







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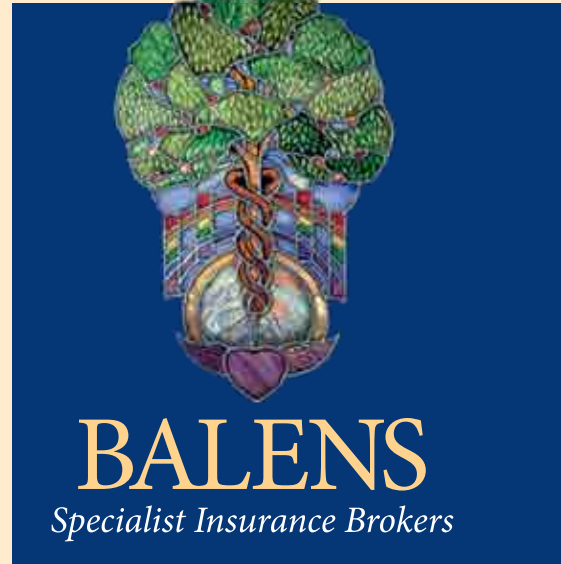
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Professor Gerry McGivern and his team at University of Warwick are running a new research project to build on the groundbreaking findings from their 2014 survey.



Gerry McGivern is Professor of Organisational Analysis and Head of the Organisation and Human Resource Management (OHRM) Group at Warwick Business School.



Tina Kiefer is Professor of Organisational Behaviour at Warwick Business School.

The new survey:

- is quick and easy to complete
 - should take you about 10 minutes
 - is completely confidential and anonymous
- Find out more inside on pages 10 to 13.

You can access the survey now at:

tinyurl.com/Wbs-osteo

