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

tel: 020 7357 6655 email: info@osteopathy.org.uk www.osteopathy.org.uk

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



At the end of last year, market researchers from YouGov spoke to more than 1,500 members of the public – both existing osteopathic patients and those who have never visited an osteopath – in a major piece of GOsCcommissioned research to better understand their perceptions of osteopathy and those who practise it. Over the next few issues of *the osteopath*, we'll be

looking in depth at the findings from the survey and what they mean for everyone in the profession – starting overleaf with the confidence that patients and the wider public have in osteopathic care, and the information needs of those who are thinking about seeking osteopathic treatment for the first time.

If you can't wait to see the rest of the survey results, you'll find them at: http://bit.ly/gosc-public-patient-perceptions

It's clear from the research that awareness of osteopathy's status as a regulated profession increases public trust and confidence; you'll find advice about raising this awareness on page 6. And potential patients want to be told about osteopathy's benefits – but there are strict rules about what you can and can't tell them on your website and elsewhere. Pages 8-9 outline what you need to know.

There's also public demand for a central source of reliable information on different osteopaths' areas of interest and expertise. That doesn't exist yet, but the Osteopathic Development Group is seeking your help to establish how this demand can best be met. Find out more on page 7.

As well as talking to patients and the public, we've recently been asking osteopaths for their views on a proposed new CPD scheme. Following the closure of the consultation window in May, we're now analysing the feedback and will present it in *the osteopath* in due course. In the meantime, turn to page 11 for a round-up of our consultation activities.

We hope you enjoy reading this edition.

Jeremy Pinel Email: editor@osteopathy.org.uk

the osteopath

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Email: editor@osteopathy. org.uk

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Email: theosteopath@cpl.co.uk

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Public perceptions

Do patients and the public consider that osteopaths provide high-quality care? Yes, a major new survey says, but there's plenty that we can all do to boost confidence in the profession further and address the public's more common concerns

ublic confidence in the quality and safety of osteopathic care is crucial to the profession and to the GOsC. We work closely with patients to better understand their expectations and perceptions of osteopathy, and last year we devised and conducted a two-phase research programme to learn more about the general public's awareness of the profession and of the standards applied to osteopathic education, training and practice.

The first phase comprised public focus group events around the country, led by independent market researchers Community Research. These were reported in the April/May 2014 edition of *the osteopath* (http://bit.ly/gosc-theosteopath), and you can read the full results at: http://bit.ly/gosc-public-patientperceptions

The focus groups involved people aged 18-80 from diverse backgrounds; some were osteopathic patients and others had no prior experience of osteopathy. The participants provided valuable insight into general perceptions of osteopaths and osteopathy, awareness of healthcare regulation, information needs when beginning a course of treatment, expectations of treatment, and attitudes to raising concerns.

To test whether the focus groups' opinions were more widely held, we commissioned another market research company, YouGov, to carry out a quantitative survey in the second phase of research. A nationally representative sample of 1,566 members of the UK public, including 523 people who had visited an osteopath in the past 12 months, were surveyed online in November and December 2014.

The results of the survey (which you can read in full at: http://bit.ly/goscpublic-patient-perceptions) show a high level of confidence in and satisfaction with osteopathic care, as well as scope for increasing confidence further among those who have no experience of osteopathy. Here and in future issues of the osteopath, we will explore how we can use the knowledge gained from the survey to enhance the patient experience. We start with the public's general impressions of osteopathy and regulation of the profession, and the information that prospective patients want when considering whether to seek osteopathic treatment.

Confidence and trust

Our survey revealed that the three most important attributes that give the public confidence in a health professional are: having a recognised level of education and training

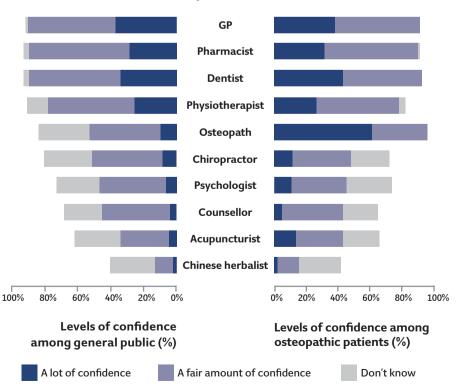
- providing good-quality advice and treatment
- being monitored by a regulatory body.

All of these were rated as important by more than 90 per cent of respondents.

The same three factors were most widely considered to give the public *trust* in a private health professional. Existing osteopathic patients said that communication and interpersonal skills (demonstrated by explaining diagnoses clearly, listening to the patient to understand their problem, putting the patient at ease and treating them with dignity) are also particularly important in developing trust. We will explore this in more detail in the next issue of *the osteopath*.

Among the survey respondents who were not osteopathic patients, more than half said they would have confidence in receiving treatment or advice from an osteopath, with most others saying that they did not know. Only one in six (17 per cent) expressed little or no confidence in osteopaths. Among existing osteopathic patients, 96 per cent expressed confidence in osteopathic treatment and advice.

Public confidence in health professionals



The chart on page 4 shows how these results compare with those for other health professionals. If the 'don't knows' among the public could be converted to 'confidents', the public level of confidence in osteopaths would be comparable to the figures for GPs, dentists and pharmacists.

These results strongly suggest that confidence is closely linked to familiarity with a particular health practice – and to awareness of whether it is regulated.

A little under half (43 per cent) of the public said they thought that osteopathy is regulated in the UK – much lower than the public's perceptions of GPs and dentists as regulated practitioners. Alarmingly, a quarter (25 per cent) of recent osteopathic patients did not realise that their osteopath is a regulated professional.

As people attach great importance to knowing that a health professional is regulated and has a recognised qualification, it's vital that you publicise your qualifications and your GOsC registration – see page 6.

Check that all your patients are aware of your registered status. Patients are great advocates of osteopathy, and have very high levels of confidence in osteopathic care; if they know that you are a regulated health professional, they can play a role in spreading awareness of this to the wider public when recommending osteopathy to family and friends.

Looking for information

Asked where they would expect to find information about the regulation of osteopathy, safety of care and practice standards, members of the public said they were most likely to search the internet, ask their GP or visit the NHS Choices website. This finding highlights the need for the GOSC, other osteopathic institutions and the wider profession to ensure that their information shows up prominently in internet searches, and is clear and helpful.

The survey also asked what information should be on the online Register of osteopaths. The Register already contains practitioners' contact details, opening hours and disciplinary history, which were all considered important by more than three-quarters of respondents. There was also a very high level of demand for information about osteopaths' specialist interests – but at present this does not exist, as there is no mechanism for qualityassuring osteopaths' specialisms.

The survey findings about GPs echo those of the focus groups in the first phase of the research, which indicated that GPs play a major role in informing and guiding patient choices. This illustrates one of the benefits of establishing professional relations with your local GP practices.

The profession's 'Advanced Clinical Practice' project is exploring how the public demand for details of osteopaths' specialist interests and expertise can be met. The project, part of the work of the Osteopathic Development Group, is currently surveying osteopaths to seek their views – see page 7.

Information required

People who have never been to an osteopath overwhelmingly said that, in deciding whether to receive osteopathic treatment, they would want to know about: • the potential benefits of treatment

• the potential benefits of treatm

the potential risks of treatment
the osteopath's professional standards
what osteopaths do.

The chart below indicates the importance they attached to these and other factors.

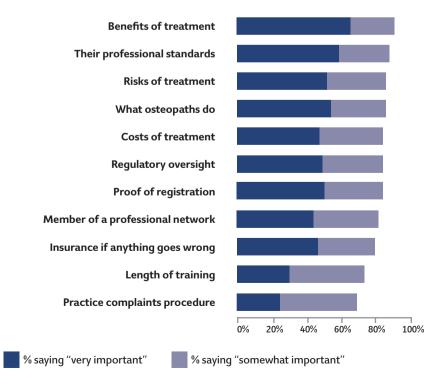
The GOsC leaflets *What to Expect from Your Osteopath* and *Standards of Osteopathic Care* contain independent, impartial information about topics including the nature of osteopathic treatment, what osteopathic regulation entails, complaints procedures, professional indemnity insurance and osteopathic training. You can download these leaflets from our website at: **http:// bit.ly/gosc-leaflets** and place them on your own website to meet some of your potential patients' information needs.

When publishing information about the benefits of osteopathic treatment on your website or elsewhere, remember that you must ensure you comply with the requirements of the Advertising Standards Authority – see pages 8-9.

The next issue of *the osteopath* will look at the survey findings relating to the initial encounter with a new patient, building trust, and meeting patients' expectations.

What do prospective patients want to know?

How important do people who have never visited an osteopath think the following information is?



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Status symbols

Our survey of osteopathic patients and the general public has shown that they have more confidence in health professionals who they know are monitored by a regulatory body – but many don't realise that osteopathy is regulated. Why not use our free resources to help raise awareness?

ince our new Registration Marks were launched last year, more than 1,000 osteopaths have applied for them to promote their GOsC registration on websites, stationery, business cards and other publicity materials.

The '**I'm registered**' Mark is for individual osteopaths, and includes your unique GOsC registration number. It assures patients and prospective patients that they can easily check your registration status on our Register.

The '**We're registered**' Mark is designed for situations where two or more osteopaths work together in a practice, sharing a common website and practice stationery. It does not include individual registration numbers.

Both Registration Marks are easy to obtain by completing an application form available on the • zone at: http://bit.ly/ ozone-reg-mark

Please note that only the principal osteopath in a group practice can apply for the 'We're registered' Mark; they can also apply for their own 'I'm registered' Mark.

If you display your Registration Mark on your website, it is especially helpful to users if you create a hyperlink from the Registration Mark icon to the GOSC website. For example, you can:

- link from your 'I'm registered' Mark to your individual details on the online Register (www.osteopathy.org.uk/ register-search/)
- link from the 'We're registered' Mark to our Standards of Osteopathic Care leaflet (www.osteopathy.org.uk/ news-and-resources/documentlibrary/publications/standards-ofosteopathic-care-leaflet/).

Promotional posters

We also produce public information posters promoting your registered status. You can download the posters free of charge from the • zone, or order them in



www.osteopathy.org.uk

Give safe hands the elbow

Following the introduction of the Registration Marks, we have withdrawn use of the old 'Safe in our hands' certification mark. Also, the GOsC logo should no longer be used by osteopaths; it is now for use by the GOsC only.

If you are still using either of these logos, please remove them as soon as you can; you can use a Registration Mark to replace them.



A3 format (with a small charge for postage and packing) in packs of five – so you can put them up in your practice window, reception area, waiting room, treatment room and any other appropriate areas.

Like the Registration Marks, the posters are available in 'I'm registered' and 'We're registered' variants. They highlight the benefits of registration for patients, including the fact that, as a registrant, you hold professional indemnity insurance: another factor that increases public confidence in health professionals, according to our recent survey (see the table on page 5).

To download or apply for posters, visit **http://bit.ly/promote-posters**

You may also want to display your current GOsC registration certificate prominently in your practice. Patients have told us that they welcome this clear reassurance of your up-to-date professional status.

Safety in numbers

If a prospective patient checks your registration status with the GOsC, they want to be sure that they have found the right record. So we recommend that you routinely include your unique GOsC registration number, and your name exactly as it appears on the online Register, on your practice stationery, business cards, email communications, official documentation etc.

Our leaflet Promoting Your Status as a Registered Health Professional contains more information about the resources available to help you make the most of your professional status. You can download it from the o zone at: http:// bit.ly/ozone-promote-reg

If you have any questions about using these resources, please call our Communications team on 020 7357 6655 x242 or email info@osteopathy.org.uk

OSTEOPATHIC DEVELOPMENT GROUP

Matching patients to practitioners

When choosing where to go for treatment, prospective patients may want to be able to look up different osteopaths' specialist interests and expertise. Now a project is investigating how best to help them find this information. Project manager **Ben Katz** explains why your input is critical to its success

s their careers progress, osteopaths develop their clinical skills; many become interested in particular areas of practice and become specialists in them. The Advanced Clinical Practice project is exploring how these areas of clinical interest and expertise can best be communicated to the public.

The project is being undertaken by the Osteopathic Development Group (ODG), and is led by the Osteopathic Alliance and the Council of Osteopathic Educational Institutions.

Progress to date

We have devoted the first year of the project to research, so we can make proposals based on firm evidence.

Health Academix, a team of independent research and development consultants, has now completed a literature review and a series of interviews with stakeholders including osteopaths, patients and representatives from other health professions. This work has helped us to identify the key issues and options for how we might proceed.

We are now carrying out two online surveys to capture the views and needs of osteopaths and patients regarding future developments. All UK-registered osteopaths will receive an email from the GOsC soon explaining how to access the surveys, and you will also be able to find them on the ODG section of the Institute of Osteopathy website at: www.osteopathy.org/acp-survey

Why survey patients?

We have looked at the kind of information osteopaths provide on their websites about their areas of clinical interest and expertise, and we are now trying to understand what information patients actually want.

For example, professional sportspeople or new parents seeking an osteopath to treat their child may prefer to see a practitioner with a higher level of training and experience in that area.

Asking osteopaths

We want to understand how we can support osteopaths in developing their clinical interests and promoting their areas of expertise. To do this, we need to know more about what their clinical interests are, how they develop their skills in these areas, and how they promote them.

We also need to know what they think of the options we have identified to support these activities. These include the development of:

- clinical interest groups to facilitate sharing of good practice
- a knowledge and skills framework to map what advanced practice looks like in different areas
- a credentialing scheme enabling interested osteopaths to obtain recognition for their areas of expertise.

To determine what will work best for our profession, we need your input.

What's next?

Please take part in the osteopath survey when it is launched, and encourage your patients to give their views too. Once we have analysed the feedback, we will develop our proposals for further consultation with the profession in 2016.

For more information about the project, email Ben Katz at: bkatz. osteo@gmail.com

You can find details of the ODG and all nine of its projects on the Institute of Osteopathy website at: www. osteopathy.org/for-osteopaths/ development-of-the-profession/

Is your advertising ASA compliant?

The public tell us that, when deciding whether to see an osteopath, they want to know the potential benefits and risks, and understand what osteopaths do. Your website and other marketing materials can provide this information, but remember there are rules governing what you can say about osteopathic treatment

ver the past six years, we have regularly reminded osteopaths that your practice advertising must be compliant with the Advertising Standards Authority's (ASA's) requirements.

These requirements are maintained by the Committees of Advertising Practice (CAP), and are set down in the *UK Code* of Non-broadcast Advertising, Sales Promotion and Direct Marketing (known as the 'CAP Code'). The CAP Code covers all advertising and marketing materials, including websites, practice leaflets and posters. If anything you produce does not comply, you risk having a complaint made against you to the ASA.

The Osteopathic Practice Standards (OPS) are very clear. The guidance to Standard D14 says: *You should make sure* that your advertising is legal, decent, honest and truthful as defined by the ASA and conforms to the current guidance, such as the CAP Code.'

What can you claim to treat?

'CAP accepts that osteopaths may claim to help a variety of medical conditions, including:

- generalised aches and pains
- joint pains including hip and knee pain from osteoarthritis as an adjunct to core OA treatments and exercise
- arthritic pain
- general, acute and chronic backache, back pain (not arising from injury or accident)
- uncomplicated mechanical neck pain (as opposed to neck pain following injury i.e. whiplash)
- headache arising from the neck (cervicogenic)/migraine prevention
- frozen shoulder/shoulder and elbow pain/tennis elbow (lateral epicondylitis) arising from associated musculoskeletal conditions of the back and neck, but not isolated occurrences

- circulatory problems
- cramp
- digestion problems
- joint pains, lumbago
- sciatica
- muscle spasms
- neuralgia
- fibromyalgia
- inability to relax
- rheumatic pain
- minor sports injuries and tensions."

This list forms part of the advice on advertising relating to osteopathy in CAP's AdviceOnline database (http://bit. ly/cap-advice-osteopathy). It does not constitute legal advice.

Remember that you should be prepared to justify any treatment claims that you make in your advertising and marketing.

Legal obligation

However, there is some confusion among osteopaths and the public as to whether there is a legal obligation to comply with the ASA, and whether the GOsC regulates osteopaths' advertising.

First, although the ASA is a private rather than governmental body, it does in effect have a statutory role. The law on advertising is contained in the *European Directive on unfair business-to-consumer commercial practices*, which the UK government has chosen to implement via the ASA.

Second, it is not the role of the GOSC to regulate advertising or the internet; we have neither the expertise nor the resources to do so. However, if an osteopath were to fail to comply with a ruling from the ASA, they would clearly be in breach of the OPS and we would investigate this.

In the same way, the OPS require osteopaths to meet the requirements of health and safety, data protection and equality law. While it is not our job to investigate such matters, we would consider breaches of the law to be incompatible with osteopaths' duties as set out in the OPS.

Unsubstantiated claims

There have been reports recently of renewed public concern about unsubstantiated claims made by osteopaths in promoting their practice. Rule 12.1 of the CAP Code states: 'Objective claims must be backed by evidence'.



You must be vigilant about ensuring that the patient information you provide is of the highest quality and based on solid evidence: regularly review your website and any other practice information you provide to check that it is ASA-compliant. You are also responsible for your entry on any website or directory that advertises your osteopathic services.

Remember also that the quidance to Standard D8 of the OPS says: 'If your practice employs support staff, you should ensure that they are effectively managed and are aware of any legal obligations necessary to fulfil their role."

So it would be timely to remind your staff about advertising standards if they are in any way involved in marketing your practice.

Thinking CAP

WAVEBREAKMEDIA / SHUTTERSTOCK

CAP has produced 'help notes' explaining how the CAP Code is applied on specific subjects. You can download the help note Health, Beauty and Slimming Marketing Communications that Refer to Medical Conditions from our website at: http:// bit.ly/gosc-cap-help-note

The help note contains two distinct lists of conditions:

- The first lists conditions for which suitably qualified medical advice should be sought; the ASA would be concerned to see anyone who is not a registered medical practitioner claiming to be able to treat these conditions.
- The second list contains conditions that can 'legitimately be referred to
- in marketing communications' by

suitably qualified health professionals. A letter 'M' denotes those conditions that can 'probably' be treated by practitioners of manipulative disciplines such as osteopathy.

Advice for osteopaths in CAP's AdviceOnline database distils the 'manipulative therapy' items from this second list into a single list of conditions that osteopaths may claim to be able to help (see the box on page 8).

Note that this list excludes conditions such as asthma, sinus and adenoidal problems, haemorrhoids, infectious diseases, dyslexia, ADHD, speech and behavioural problems, learning difficulties, Down's syndrome, cerebral palsy, infertility, whiplash, and common infant problems including colic, wind, sleep disturbances and glue ear. If you refer to treating any of these conditions in the information you offer to patients and the public, you are at

risk of being challenged by the ASA.

If you are unsure of the requirements or would like to have your website checked - free of charge - you can consult the ASA's Copy Advice service at: www.cap.org.uk/Bespoke.aspx

Sources of evidence

It's vital for all osteopaths to have an up-to-date understanding of the osteopathic evidence base. The National Council for Osteopathic Research website (www.ncor.org.uk) is a rich resource of online information, including summaries of evidence. And you have free access to a range of research journals in the 'IJOM Plus' package, accessible via the **o** zone at: **http://bit.** ly/ozone-ijom-plus

Note that the ASA does not consider patient testimonials and outcome studies alone to be sufficiently robust evidence of efficacy (see the box below).

Testimonials

CAP's AdviceOnline database says claims made in a testimonial that are likely to be interpreted as factual must not mislead the consumer. It adds:

'Marketers may not use testimonials to circumvent the Code by making claims in a consumer review that they would not otherwise be permitted to make. For example, if a marketer doesn't hold the evidence

to substantiate an efficacy claim, they cannot use a testimonial which makes that claim.'

If you use a testimonial in your marketing, you must hold evidence that it is from a real person and is used with their permission.

For more information, see http://bit. ly/cap-advice-testimonial-claims and http://bit.ly/cap-advice-testimonials

96 per cent: values, standards and osteopathic care

act between values: benefits

have to be balanced against

side effects; clinicians' values

have to be balanced against

those of their patients; and

everyone's values have to be

available. It is this balancing

balanced against the resources

act that values-based practice

supports. If it is to reflect good

practice, however, the required

balance has to be struck within

a framework of shared values

care actually means. This vital

framework of shared values

should inform the standards

In the diagram below, the

'round table' of values are care,

professionalism, competency

and context.* Values-based

making within this shared

framework.

practice links these together,

supporting balanced decision-

underpinning regulation.

defining what good clinical

Professor Bill Fulford explains how 'values-based practice' can support shared decision-making between osteopaths and patients

nyone who, like me, has had the benefit of treatment from an osteopath will not be surprised to know that 96 per cent of patients in a 2011 survey were satisfied with their osteopathic care (see http:// bit.ly/gosc-OPEn-2011).

This is one reason why, as Director of the recently launched Collaborating Centre for Values-based Practice, I welcomed the opportunity to work with the GOsC and the profession on values and standards in osteopathic care. Values-based practice is about building on good practice, and good practice doesn't come much better than 96 per cent.

But 96 per cent is also a challenge. With such approval ratings, osteopaths might reasonably feel apprehensive about regulation. If osteopathy isn't broken, they might say, don't mend it! And there is evidence that regulation can have negative consequences. Professor Gerry McGivern has shown how regulation aimed at preventing bad practice may inadvertently get in the way of good practice (see pages 4-5 of the osteopath, April/May 2015, available at: http://bit.ly/ gosc-the-osteopath; earlier research by Professor McGivern into the regulation of other health professionals is described at: http://bit.ly/warwickmcgivern-fischer-2012).

Yet regulation is integral to contemporary healthcare professionalism; even in osteopathy, there is that residual four per cent to tackle. So the challenge – for all healthcare professions – is to develop robust regulatory processes that provide the necessary safeguards against *bad* practice while still promoting *good* practice.

This is where values-based practice meets regulation. Values-based practice works by developing processes (mainly skills-based) that support good practice, rather than by prescribing preset 'right' outcomes. As such, it may seem an unlikely partner to regulation: after all, the mainspring of regulation is preset standards of care. But values-based practice and regulation do meet squareon at the sharp end of care, in shared decision-making between clinician and patient. How so? Well, shared

decision-making is a balancing

Competency Balancing processes of values-based practice Context Professionalism

The round table of shared clinical decision-making

* The four values shown here are for illustration only. They are based on the results of our first workshop, and will be subject to further testing and development during the programme. Of course, the devil is in the detail. We need to get the standards right: they really do need to reflect shared values of good osteopathic care. And we need to get the process right: the values-based balancing act must embody the unique qualities of best osteopathic practice.

The joint programme between the GOsC and the Collaborating Centre has begun a journey of exploration. In workshops with key stakeholders – osteopaths, their patients and regulators – we have begun to map out shared values of osteopathic care. The first workshop was reported in *the osteopath*, February/ March 2015, page 12 (http:// bit.ly/gosc-the-osteopath).

In future workshops, we aim to move on to explore the required processes of valuesbased implementation.

The skills and experience of other partners in the Collaborating Centre will help us along this journey, but the continuing input of osteopaths and their patients will be central throughout. Only thus will emerge a regulatory process that, in building on a 96 per cent approval rating, is firmly rooted in the values and standards of osteopathic care.

Bill Fulford is director of the Collaborating Centre for Values-based Practice in Health and Social Care, St Catherine's College, Oxford. To find out more about the centre, visit www. valuesbasedpractice.org

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Speaking up about CPD

Many thanks to everyone who contributed to our fourmonth consultation on the proposed new CPD scheme for osteopaths; the results are now being analysed

aunched in early February, our CPD consultation sought the views of osteopaths, patients, the public and other interested parties on proposals for a new CPD scheme – the result of considerable development work with the profession over several years.

There were in fact two consultation documents: the full consultation set out the proposals in detail and invited comment on every element, while the

Webinar questions

Will discussion of case histories be considered as objective feedback?

Yes. The CPD consultation resource materials (available at: http://bit. ly/gosc-consultation-cpd-2015) include examples of role-playing case histories and group case-based discussion.

My husband and I have a joint practice. Would we have to run two separate audits or can we both use the same audit?

It depends on what the audit says. It is important that feedback can be applied to both individuals within the same practice, but there would need to be some way of disaggregating the message. Depending on the content, the same audit is capable of addressing the requirements of two people, but it might not.

You are welcome to talk this through with our Professional Standards team, so your practice audit could be tweaked to ensure it does meet the requirement of the new scheme.

Is there a minimum CPD on communication and consent?

We would suggest from one to three hours over the three-year cycle.

We have talked to CPD providers, who are looking to advertise their courses with details of what aspects deal with communication and consent. The o zone also includes a number of materials in this area, including videos, quizzes and briefing documents (see http://tinyurl.com/ozone-standards).

Talking to colleagues about how they have handled issues around communication and consent could potentially meet this requirement.

To see our answers to all the questions raised at the seminar and through other consultation channels, visit http://bit.ly/gosc-cpd-consultation-qa

summary consultation asked whether the proposed scheme will give the public assurance about osteopaths' continuing fitness to practise.

By the close of the consultation on 31 May, we had received more than 100 responses to the full consultation, while almost 50 people had completed the summary consultation.

Listening to you

Immediately before and during the consultation period, GOsC Chief Executive Tim Walker and other staff attended 17 'listening events' organised by regional osteopathic societies around the country, to explain and discuss the CPD proposals with osteopaths.

These events drew nearly 500 attendees, all of whom were asked to complete a feedback form afterwards, giving their views on the event and the proposed scheme. Like the consultation responses, this feedback is now being examined in detail; many osteopaths said that they were finding the proposals less 'scary' and potentially more

useful than they had first thought. Additionally, Tim joined more than 70 osteopaths in a webinar on 6 May, hosted by the Institute of Osteopathy. See left for a selection of the questions asked and Tim's answers to them.

Our dedicated CPD consultation website, where the consultation documents, draft scheme guidelines and supporting materials could be downloaded, received 4,833 visits over the course of the consultation; during the same period, 1,587 documents were downloaded. The website's Q&A section - containing answers to questions posed at the listening events, during the webinar and by post or email – is now available at: http://bit.ly/gosc-cpdconsultation-qa

Next steps

Once we have analysed all the feedback received during the consultation, we will report the findings and set out our next steps in *the osteopath*.

CPD spotlight: learning by yourself

ost osteopaths do a lot of reading – about techniques, treatments, research findings, regulatory requirements and other matters – as an integral part of their practice. Reading books, articles and research papers (whether online or in print) can count towards your 30 hours' required CPD per year, if it is a clearly focused activity.

When recording a reading activity on your CPD annual summary form, you must be specific: name the book, paper or article you read, and the date(s) when you read it, and relate it back to your work as an osteopath. You must explain your *aim*, and the *value* of the activity to your professional development: think about why you read the item, and how it enhanced your skills and knowledge, then record this in the 'Relevance' section of the form.

You should also ensure that you provide enough information for anyone else to be able to find the item themselves.

Here are some good examples of how reading activities have been included on CPD annual summary forms:

"A 72-year-old male presented with bilateral pain in his iliotibial bands and lateral calves L>R which came on after walking for a few minutes and was relieved immediately by rest. Regular massage had made no difference. I felt that this could be either intermittent or neurogenic claudication, so I read up about 'Central Spinal Stenosis', page 444/445 in An Osteopathic Approach to Diagnosis & Treatment by DiGiovanna & Schiowitz, and some relevant sections in Differential Diagnosis in Physical Therapy by Goodman & Snyder."

"A client mentioned to me that someone she knew with bad back pain had started to use the miracle ball method. I looked it up on the internet and, after reading the reviews (mostly favourable), I bought *Miracle Ball Method* by Elaine Petrone. It claims to



'relieve your pain, reshape your body and reduce your stress'. I have found it very useful for myself, and quite a few of my clients have benefited from using it as well, especially for chronic conditions."

"Reading Primal Health: Understanding the critical period between conception and the first birthday by Michel Odent. To understand physiology/function when treating viscera/using cranial techniques etc."

In contrast, the following entries were found to be not specific enough and the osteopaths were asked to provide more information:

"Researching information to be able to comply with current fitness to practise standards, consider how to implement that in clinic."

"Lots of my patients are marathon runners and I did some research so that I could offer some basic advice during my treatments." "Reading books, journals and internet research into osteopathic treatment during pregnancy and musculoskeletal changes during pregnancy."

You should also think about the level and the audience that books, scientific papers, journals and websites are aimed at when considering whether reading them has contributed to your professional development.

Some osteopaths claim CPD hours for reading *the osteopath or Osteopathy Today*, but these are not primarily CPD journals; if you are going to claim hours for reading them, you must reference the articles that would count towards your CPD. We would not consider this entry acceptable, for example:

"I read *the osteopath* every month, to keep abreast of my professional responsibilities from the regulator's point of view. It is also important to see what courses are on offer, and letters to the editor are often enlightening."

Corresponding evidence for your CPD record folder might include notes you made while reading, or an evaluation of the material; you can use the 'Evaluating your CPD activities' form on page 40 of the *CPD Guidelines* as a template.

Finally, remember that reading can also be the basis of learning with others: why not get together with other osteopaths to discuss material you have read by forming a 'journal club', raising a topic for discussion at your regional society or joining one of the 'research hubs' around the country? You can find out more about research hubs on the National Council for Osteopathic Research website at: www. ncor.org.uk/getting-involved/hubs/

For more about acceptable CPD activities and types of evidence, see pages 14-20 of the *CPD Guidelines* (http://tinyurl.com/gosc-cpd).

o zone changes are a breath of fresh air

Thousands of osteopaths have been renewing their registration and updating their details online since we improved the • zone's interactive sections earlier this year

e know that some of you found the previous arrangements for online renewals and updates difficult to use, so we've made these processes more straightforward.

When you log in to the • zone, you can access the new interactive facilities under 'My registration' in the main navigation menu near the top of the screen.

Updating your details

From the 'My registration' page, select 'Update my details' in the secondary menu (or you can log in directly to **http://bit. ly/ozone-update-details**). You can then view the information that we currently hold about you for correspondence purposes, and make any changes. Once you've updated your details, simply hit the 'Update my details' button.

You can also update the information on the online Register showing where you practice. From the 'My registration' page, select 'My practice details' in the secondary menu (or go to http://bit. ly/ozone-practice-details). This shows you all the practices that you are attached to on the Register; if you are no longer working at one of them, select the 'Remove yourself from this practice' text alongside that practice. If you are joining an existing osteopathic practice, select 'Add a practice' and enter a postcode or town to view a map and a list of practices in the area; on the list, find the practice that you are joining and select the 'Add yourself to this practice' text.

When you make any of these changes, the Register will be updated overnight.

Please note that, if the practice you are joining is not yet listed on the Register, you will need to email **registration osteopathy.org.uk** with its details so that we can add it to the Register.

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Renewing your registration

Two months before your registration is due to be renewed every year, your online renewal form at: http://bit.ly/ozonerenewal-form/ will become active. (If you visit the page at any other time, you will see the message 'You are not currently due for renewal.')

The top of the renewal form shows your name and registration number, as

well as your registration status (practising or non-practising) and your fee-payment method. If any of this is incorrect, please email **registration@osteopathy.org.uk**; you cannot make the amendment yourself

online. The rest of the form consists of tick-box options enabling you to:

- make declarations about your character and health
- specify how evidence of your current professional indemnity insurance will be provided
- choose how you will provide us with a photograph for your GOsC identity card (if you want one).

After hitting the 'Continue' button at the foot of the form, you will:

- be taken to an external secure-payment website if you have previously chosen to pay your registration fee as a one-off payment
- see a thank-you message if you pay your fee by direct debit.

If you do not currently pay by direct debit but would like to do so, you should not renew your registration online; instead, please use the paper form sent with your renewal notice, as this contains instructions for setting up a direct debit.

Recording CPD

Don't forget that you can also record your CPD on the • zone throughout the year – the • zone homepage box now tells you at a glance how many hours you've recorded in your current CPD year.

When you have recorded all your CPD for the year on the 'My CPD' page (http:// bit.ly/ozone-my-cpd), don't forget to hit the 'Submit CPD form' button, otherwise we will not receive your online annual summary form.

Europe agrees a standard for osteopathy

For the first time, a consensus on pan-European standards of osteopathic education, training and practice has been reached

he European Standard on Osteopathic Healthcare Provision, which was approved on 30 March, provides a benchmark for the level of healthcare that should be provided to osteopathic patients throughout Europe.

This will not supersede the national legislation that already exists in France, Finland, Iceland, Lichtenstein, Malta, Portugal, Switzerland and the UK, where osteopathy is regulated. For other European countries, it provides a valuable tool that will, for example, help them to:

- develop greater consistency among education and training institutions in the quality and scope of programmes delivered
- provide a quality mark for associations and voluntary registers, showing patients and the wider public that their members have met a recognised standard
- raise patient and public awareness and understanding of osteopathic practice.

The standard has been issued by the Comité Européen de Normalisation (CEN), or, in English, the European Committee for Standardisation. This is the European body that develops standards for products bearing the 'CE' mark of approval.

For osteopaths to be able to meet the 'CEN Standard', they will be required to complete relevant education and training to a specified standard, as well as follow continuing professional development. In addition, the CEN Standard sets out that scientific rigour and evidence-informed practice are an important part of an osteopath's approach to patient treatment and case management.

The development process

The development of a European Standard is dictated by a quite rigid CEN process, involving numerous meetings of a Europewide project committee, a drafting group to develop the content, and national



standardisation body 'mirror committees' to comment and vote on different drafts.

CEN is made up of national standardisation bodies; in the UK, this is BSI (formerly the British Standards Institution). On the project committee that oversaw the development of the new standard on osteopathy, the UK was represented by the GOsC, the Council of Osteopathic Educational Institutions and the Institute of Osteopathy; the involvement of these three bodies, plus the National Council for Osteopathic Research on the UK mirror committee, has ensured that the CEN Standard will not conflict with the UK's Osteopathic Practice Standards.

It is common for European Standards to be proposed and funded by interested parties. In this case, funding came from the European Federation of Osteopaths and the Forum on Osteopathic Regulation in Europe (of which the GOSC is a member).

The final vote on the CEN Standard closed at the end of March: 18 CEN member countries voted in favour, with one against. Using a similar voting system to that used by the European Union institutions, it received a 'weighted percentage approving' of 96.8 per cent; the threshold for approval is 71 per cent. The CEN Standard is now being prepared for publication, and will come into force in 2016.

Why a European Standard?

While osteopathic regulation in the UK has its detractors, it is highly regarded by European colleagues in countries where there is no regulation. There, unqualified practitioners have free rein to call themselves osteopaths, and schools can provide short weekend courses that leave participants ill-equipped for osteopathic practice, potentially posing a danger to patients. With little prospect of statutory regulation soon in some countries, the European osteopathic community chose the CEN route, to go some way towards establishing a consistent standard for osteopaths and osteopathic patients.

It is now up to the osteopathic community in Europe to ensure that the new CEN Standard does not gather dust on a shelf, but is widely promoted and implemented effectively. Time will tell whether this investment in time, money and effort has been worthwhile.

For further information about the CEN Standard, please email seldred@osteopathy.org.uk

Helping osteopaths return to practice

Many osteopaths decide to leave the Register or become non-practising for a time during their careers. When they later want to get back into practice again, the GOsC offers support to make the transition easier

steopaths who have returned to practice following a break have told us that they were "quite daunted" by the prospect or had "some reservations about the whole re-registration process", but found it easier than expected thanks to the GOSC return-to-practice process.

This supportive and confidential process is offered to any osteopath who has been away from the Register or nonpractising for at least two years. It begins with **self-evaluation** – we send you a form which gives you an opportunity to reflect on your time out of practice, consider whether there are areas of skill and knowledge that you feel you should strengthen, and explore how you think you can do this.

Reviewers

Once you have completed the form, it is sent to two experienced osteopaths from the GOsC pool of trained reviewers to consider. If they feel that you would benefit from additional support before you return to practice, they may offer you written guidance and a discussion – either face to face, online or by telephone – to exchange ideas.

The reviewers will make suggestions and offer assistance to identify CPD activities that can help you back into practice. They will often suggest that you work alongside others – for example, they may recommend:

- shadowing an osteopath in your local area before you return to practice
- spending time at an osteopathic educational institution to see how students are currently trained
- joining a regional society near you
- returning initially to a group practice

rather than setting up in practice on your own.

Reviewers have summed up the support provided as follows:

"I really like exploring what options are available to the applicant and see them become inspired and enthusiastic about returning to work."

"I enjoy being able to point them in a useful direction to enhance their return – encouragement, assurance and guidance probably sums up the return-to-practice process."

The aim of the discussion is for you and the reviewers to agree some activities that will form the basis of your CPD plans for the next year. Some reviewers offer the opportunity for further feedback and advice at the end of that year.

Positive feedback

Osteopaths who have returned to practice after completing the process have described their experience: "I found the return-to-practice process straightforward and supportive. It was useful in planning my CPD for the coming year. I have already started having weekly practice/technique workshops with colleagues."

"I feel that I can now focus my training and development and I look forward to the journey ahead! I'm confident that I made the right decision to come back to osteopathy."

One osteopath said that they had been nervous and "expecting the worst" about the discussion with the reviewers, but found them to be "extremely friendly ... immediately put me at ease".

Another summed up the views of many by saying that, in going through the process, he had "started to get quite excited about returning to osteopathy".

If you'd like to know more about the return-to-practice process, contact our Professional Standards Team on 020 7357 6655 x238.

Frequently asked questions



Q I have been treating a 15-year-old patient with a parent present. He is now 16. Can I treat him without a chaperone, and can he consent?

A The requirement to receive valid consent before examination and treatment is spelled out in Standard A4 of the Osteopathic Practice Standards.

The accompanying guidance says that a 16-yearold patient 'can be treated as an adult and can be presumed to have the ability to make decisions about their own care'. But it adds that you will need to use your professional judgement to assess whether they have 'the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid'. Our guidance document Obtaining Consent: Patients' Capacity to Consent notes that a 16-year-old patient is able to consent to medical treatment unless they 'lack capacity'. The guidance adds that it is good practice (but not a legal requirement) to encourage the patient to involve their family in the decision they make about treatment, unless the patient specifically wants to exclude their family.

For detailed information about how consent applies to patients aged 16 and 17, and the criteria for assessing their capacity, see the *Obtaining Consent* guidance on the GOsC website at: **http://bit. ly/gosc-practice-standards**. Note that the law on consent is not the same across all the nations of the UK, so there are different guidance documents to reflect this. Guidance to Standard C6 ('Respect your patients' dignity and modesty') says that children (aged under 16) and adults who lack capacity are among the types of patient who should be asked whether they would like a chaperone.

If, using your professional judgement, you assess your patient as having the capacity to consent, you can now treat him without a chaperone. But you should ask *any* patient if they would like a chaperone if you are treating them at their home or examining or treating an intimate area.

Q I have concerns about a patient's behaviour and do not want to treat this person again. What can I do? **A** Guidance to Standard D4 of the Osteopathic Practice Standards ('Make sure your beliefs and values do not

prejudice your patients' care') says that you can decline to continue treating a patient 'if you feel you cannot continue to give them the good quality care to which they are entitled'. It adds that you might have 'good reasons' for declining to continue a patient's care if they: • are or become aggressive

- seem to have no confidence in the care you are providing
- appear to have become inappropriately dependent on you.

In that case, the guidance advises, you should try to refer the patient to another osteopath.

Would the GOsC deal with a complaint about my administration of an acupuncture treatment?

Yes, we will accept complaints concerning osteopaths' administering of acupuncture treatments, as osteopaths who provide such treatments are subject to the *Osteopathic Practice Standards*. Note that the guidance to Standard C7 ('Provide appropriate care and treatment') advises that treatments provided must be of good quality and within your level of competence.

Correction

On page 11 of the April/May 2015 issue of the osteopath, an anonymised report of a Professional Conduct Committee hearing said that a patient had received cervical manipulation. In fact, the treatment was cervical articulation. We apologise for this error.

GOsC news

In Council – May 2015

The 87th meeting of the General Osteopathic Council took place on Thursday 14 May 2015. You can find the agenda and all of the papers at: http://

tinyurl.com/gosc-meetings

Here are some of the outcomes of the meeting.

Practice notes

Council approved two new practice notes to assist the decision-making of the GOsC's Professional Conduct Committee (PCC) and Health Committee.

The practice notes cover the circumstances in which the PCC can admit evidence of an osteopath's good character, and the public interest considerations that may arise in the work of both committees. They can be downloaded from http://bit.ly/gosc-ftp-committee-guidance

Guidance for fitness to practise committees

Council agreed that the GOsC should hold consultations on two new draft guidance documents, covering:

- the drafting of PCC determinations, to ensure consistency between the PCC's conduct panels
- the conditions of practice that the Health Committee might impose on osteopaths.

Both consultations will take place later this year.

Equality and diversity

Council approved the GOsC's updated Equality and Diversity Policy (**www. osteopathy.org.uk/about-us/ourwork/equality-and-diversity/**). The policy has been simplified but the objectives remain unchanged.

Governance Handbook

Council agreed revisions to the GOsC Governance Handbook relating to:

- the procurement of services
- the Audit Committee's terms of reference
- conflicts of interest.

The Governance Handbook is available at: www.osteopathy.org.uk/about-us/theorganisation/governance-handbook/

Future Council meetings

Thursday 16 July 2015 Thursday 12 November 2015 Thursday 4 February 2016

Meetings take place at 10am, at Osteopathy House. Osteopaths are welcome to attend. For more information, call Marcia Scott on 020 7357 6655 x246 or email mscott@ osteopathy.org.uk



New GOsC Head of Regulation



The GOsC is pleased to welcome its new Head of Regulation, **Sheleen McCormack**.

Sheleen, who took up her post last month, is a barrister who has previously held roles at the General Pharmaceutical Council as the Head of Quality and Case Management and the Head of Fitness to Practise. She has held a number of fitness to practise and legal roles, including at the Royal Pharmaceutical Society of Great Britain and the General Teaching Council for England.

Sheleen is an Independent Reviewer to the Architects' Registration Board, and has been a panellist and chair at the General Medical Council and the Health and Care Professions Council.

As Head of Regulation, Sheleen will advise and lead on all issues relating to the management of the GOsC's regulatory functions and legal affairs. "I am delighted to have joined the high-performing and dedicated regulation team at the GOsC," Sheleen said.

"My key initiatives will include embedding the new threshold criteria [see page 9 of *the osteopath*, April/May 2015, at: http://bit.ly/goscthe-osteopath], as well as streamlining and enhancing the GOsC's fitness to practise functions in order to protect the public."

Discussing cases with other osteopaths

Have you ever wanted to talk to a colleague about a challenging situation you've faced, but not done so because you're a sole practitioner or would prefer the discussion to be anonymous? **Austin Plunkett** from the National Council for Osteopathic Research (NCOR) explains how its online reporting system can help

P I L A R S

Patient Incident Learning and Reporting System

hether you're keen to get feedback on the way you worked through challenges with a patient, concerned that a patient's symptoms may indicate a serious condition, or unsure how to deal with a patient who has overstepped a boundary, there are many situations in which you can benefit from reviewing cases and exchanging advice with colleagues.

NCOR's **Patient Incident Learning and Reporting System** (PILARS) is a webbased resource that makes this easy. Any osteopath or final-year osteopathic student in the UK can use PILARS to report an incident or comment on a reported incident, and all reports and comments are completely anonymous.

Reporting incidents

PILARS defines an incident as 'an undesirable or unexpected experience related to osteopathic practice' (whether patient care or any other aspect of being a practitioner). You can use PILARS to seek advice on dealing with an incident that has just occurred, or to tell others how you have dealt or would deal with an incident.

When you report an incident on PILARS, you are asked to identify the category that it falls into from the following list:

- Documentation (e.g. issues around patient notes and confidentiality)
- Examination/assessment (e.g. issues around diagnosis and chaperones)
- Treatment/management (e.g. issues around patient preferences and significant/ lasting post-treatment effects)
- Other either accidents/ equipment/infrastructure (e.g. issues around health and safety measures and use of equipment) or practitioner experience (e.g. issues around patient behaviour and payment for treatment).

The PILARS website provides many more examples of incidents appropriate to each category.

You are also asked to identify whether the incident:

 actually happened – indicated by a red traffic light nearly happened – amber traffic light

has the potential to happen
 green traffic light.

For example, you would use the red traffic light to report that a patient had tripped over a trailing cable, or an amber traffic light to report that they had been stopped from tripping over the cable; if you noticed a trailing cable and remedied it before it became a risk to patients, that would be reported using the green traffic light.

Students

PILARS can also be a great prompt for final-year osteopathy students to learn about and consider the challenging situations that osteopaths experience, and to discuss these with their tutors. Additionally, students can comment on reports and add their own reports, in order to discuss incidents with the wider osteopathic community.

To be able to access PILARS, you'll need a username and password, which you can find on the • zone at: http://tinyurl. com/ozone-pilars. The password changes from time to time, so it is always worth looking at the • zone to check that you have the current password. You can then log in to PILARS at: www.ncorpilars. org.uk

PROMs update

Thank you to those osteopaths who have been piloting NCOR's Patient Reported Outcome Measures (PROMs) app in their practices.

The pilot has tested how the app functions on a range of different devices, how well the process of collecting PROMs data from patients fits into daily practice life, and how participating patients answer the questions on the app. Modifications made to the app as a result of the pilot are now undergoing final testing.

As well as demonstrating patients' progress with treatment, information collected using the PROMs app is useful in many other ways: for example, it can help you to reflect on practice and patient management, and can identify CPD opportunities by revealing challenging areas of clinical practice.

To find out more about PROMs and using the app in your practice, email Carol Fawkes at: c.fawkes@qmul.ac.uk or call 07732 178308.

Online support for research users

Elsevier, the publisher of journals in the IJOM Plus package, has launched a website offering advice and resources for anyone wanting to carry out research or keep up to date with published research. Elsevier's **Sarah Davies** offers a quick guide

he Elsevier Publishing Campus (www.publishingcampus. elsevier.com) is an online platform offering free lectures, interactive training and expert professional advice – as well as a forum for discussion and networking – on topics from submitting a journal article to applying for grants.

It uses a variety of delivery styles and channels to suit you, with certification for completion of training modules and online seminars.

The Campus consists of six 'colleges' devoted to different aspects of working in, and with, research. While most of the colleges cater for people who want to *produce* published research, the **College of Research Solutions** includes support for anyone looking to improve the way they *consume* research.

Videos

You can watch videos explaining how you can make the most of **Science Direct** (the website on which all journals in the 'IJOM Plus' package are published online) and **Scopus** (a database of abstracts and citations of scientific literature from more than 5,000 publishers) to:

- find relevant research using advanced search functions
- download articles, book chapters and citations in PDF and e-reader formats, or to a 'reference manager' such as Mendeley (see below)
- stay up to date with relevant research using search alerts and RSS feeds.

There's also advice about accessing Science Direct articles and Scopus searches on your mobile phone.

Further videos describe how to use **Mendeley:** free software (for Apple, Windows and Linux computers) that helps you to



Colleges in the Publishing Campus

College of Skills Training

Lectures and training courses on publishing and research skills. **College of Big Ideas**

Community discussions on trends and innovations in publishing and academia.

College of Networking How to make the most of

opportunities and promote your research to your peers. **College of Research Solutions**

Training for effective and efficient research skills.

College of Career Planning

Planning an academic career, from starting a PhD to becoming a journal editor.

College of Recommended Organizations

Professional bodies to support your career

organise and keep track of your research reading. By importing articles and abstracts directly from Science Direct or Scopus, or 'dragging and dropping' PDFs into the Mendeley window on your desktop, you create a 'library' of published research that you want to read or refer to. You can then:

- search the entire text of your library by keyword
- organise your library by 'tagging' articles to group them by subject or other criteria
- highlight article text or add 'sticky notes'
- upload these annotated articles to the Mendeley secure server online, enabling you to access them on other devices.

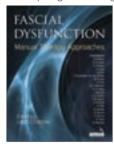
If you want to move beyond just reading research, Mendeley has a range of additional user-friendly features: for example, if you are writing a document in Microsoft Word which refers to any article in your Mendeley library, a plug-in enables you to generate a correctly worded citation.

Future issues of *the osteopath* will look at the support available on the Publishing Campus if you are interested in reviewing articles for the IJOM and other journals or writing up case studies for publication.

Bookshelf

Fascial Dysfunction: Manual Therapy Approaches Edited by Leon Chaitow

Handspring Publishing (2014)



ISBN: 978-1-909141-10-0 288 pages

A summary of the latest knowledge on fascia and how it relates to clinical practice, plus descriptions and explanations of techniques proven to be effective in the treatment of fascial dysfunction. Illustrated with black-and-white photographs, line drawings and colour plates.

A selection of illustrated reference books for osteopaths

Fascia in Sport and Movement

Edited by Robert Schleip Handspring Publishing (2015)



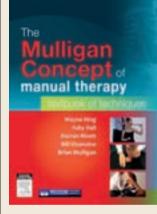
ISBN 978-1-909140-70

276 pages A fully illustrated guide to understanding and managing soft-tissue injuries, which explains how different activities – including yoga, pilates, dance, martial arts and athletics – influence the body's softtissue matrix and the kind of injuries that might occur.

f If

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

Book reviews



The Mulligan Concept of Manual Therapy: Textbook of Techniques

Wayne Hing, Toby Hall, Darren Rivett, Bill Vicenzino and Brian Mulligan

Churchill Livingstone Elsevier ISBN 978-0-7295-4159-6

Reviewed by

David Rodway DO

Mulligan's previous books, describing his techniques developed over the past 30 years, I have found at times opaque or vague (although interesting and written in an easy style). Here is a more useful book, edited by four professors of physiotherapy and Mulligan himself.

Rarely does a practitioner devise a truly original form of manipulation, but these techniques - 'mobilisations with movement' and 'sustained natural apophyseal glides' - seem such an instance. Essentially, the practitioner applies a sustained passive accessory glide (translatory or rotational) to a limb or spinal joint and maintains this while the patient actively moves the joint in an otherwise painful or restricted direction; there are variations on this idea. The authors emphasise that the techniques should be pain-free, immediately effective and long-lasting. Communication with the patient and their involvement in the treatment is stressed.

After an introduction to the Mulligan concept, chapters are organised by region, covering the spine, limbs and temporomandibular joint. At the end of each section there is a short discussion of evidence. Each of the 160 techniques is demonstrated with clear photographs; the accompanying text is precise and comprehensible. Additional exercises that patients can do themselves are fully illustrated and described. No equipment is needed, except sometimes a belt, strap or taping.

Osteopaths will be familiar with the emphasis on patient feedback and comfort, palpation, and restoring mobility and function using manual techniques. They may be disconcerted, however, that any consideration of the cause of the pain or limited movement appears to be omitted; the practitioner jumps straight from the identification of a painful or restricted movement to selection of a technique.

Another oddity is that, although one is supposed to localise pressure to a specific spinal segment, the method of identifying which segment is restricted seems never to be described. Osteopaths have their own way of doing this, but surely in a book of this type one should expect a more detailed explication of the procedure according to the Mulligan concept? Apparently only physiotherapists can attend the Mulligan practical courses. It will be for the individual osteopath to decide whether, bearing in mind our diagnostic and manipulative skills, the contents of this book can be applied competently without attending the practicals.

Recognizing and Treating Breathing Disorders: A Multidisciplinary Approach (2nd edition)

Leon Chaitow, Dinah Bradley and Christopher Gilbert Churchill Livingstone Elsevier ISBN 978-0-7020-4980-4 Reviewed by

Amy Osland MOst

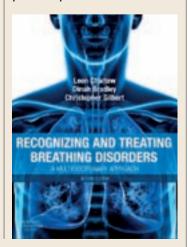
This book comprises nine sections, split into 28 smaller chapters, all of which I found to be informative, wellwritten and clearly laid out.

After describing the structure and function of breathing, with a holistic view of both optimal and dysfunctional breathing, it discusses the most common breathing disorders and includes structural and psychological assessments. The idea that breathing is the most apparent relationship between structure and function is covered in detail, and practitioners are encouraged to consider the influences and interaction of biomechanical, biochemical and psychosocial features (such as allergy, infection and anxiety) when assessing and treating dysfunctional breathing patterns.

The book gives both practical and relevant advice for osteopaths and other manual therapists, which could easily be incorporated into treatment. Clear pictures demonstrate some of the main techniques (mostly muscle-energy techniques), and there are highly detailed explanations and ideas for practical advice, such as retraining of breathing and attention to other body influences – for example posture, sleeping and diet.

I also work as a Pilates instructor, and I found the chapters on the rehabilitation of breathing disorders using Pilates and yoga-based exercises to be very interesting and informative.

I would definitely recommend this book to any physical therapist, as I think it's appropriately detailed and widely informative. I did find the writing quite 'wordy' and difficult to digest, but that's personal preference!



Backchat

Biotensegrity

Following the review of my book *Biotensegrity: the structural basis of life* in the April/May issue of *the osteopath* (page 20), I felt compelled to put the record straight, as there are so many misconceptions as to what (bio)tensegrity is all about. While clinicians are currently the people most interested in this topic, their focus is mostly on techniques, and they frequently dismiss the scientific basis for these as 'just academic learning'.

Biotensegrity is not about treatment (the clue is in the book's title), although there are plenty of people using the term to market their own brand of therapy, which often has very little to do with the subject.

As thereview suggests, this book is indeed the first one, and was produced after working for many years

with the originator of the concept, Stephen Levin: an orthopaedic surgeon who recognised things at the operating table that could not be explained by conventional biomechanical theory (see **www.biotensegrity.com/papers.php**).

Biotensegrity is a structural design principle of biology and is based on the fundamental laws of physics from which everything else is derived. It thus differs from the orthodox yet *unproven* biomechanical hypothesis which essentially asserts that living organisms follow the rules that applied to man-made machines in the 17th century.

Notwithstanding Still's 'rule of the artery', it is still the lever model that reigns supreme!

The reviewer misquoted the book as saying that 'the tensegrity model does not change a particular approach to treatment'. The original is '... not that it *necessarily* changes ...': if a practitioner is happy with their particular approach to treatment then there is perhaps no need to learn about (bio)tensegrity, but if they want a better way to understand how the body might really work then the 'classroom-based' first 98 pages of the book are worth reading.

The 'mathematics' of biotensegrity are not the impossible equations that might be expected, but rather the real-world, hands-on geometry of patterns and shapes that most of us were never taught in school. The book is a guide to understanding functional anatomy and explains why we are the shape we are and move the way that we do (and a tensegrity model would certainly be useful at the start; see **www.biotensegrity.com**/ **danieles_models.php**).

As the review rightly said, 'a differing understanding will inevitably change an approach to treatment', but it is for others to write up the details of this; see my letter to the editor of *Journal of Manipulative and Physiological Therapeutics* at: http://bit.ly/jmpt-scarr-letter-2014 [accessible via the IJOM Plus package on the o zone at: http://bit.ly/ozone-ijom-plus].

A considerable amount of misinformation has been written about (bio)tensegrity in the past, and only a proper understanding based on first principles can distinguish between what is really useful and what is just froth – and if you missed that pun, you really should read the first 98 pages!

Graham Scarr CBiol, FSB, FLS, DO www.tensegrityinbiology.co.uk

Biotensegrity: the structural basis of life is published by Handspring Publishing. ISBN: 978-1-909141-21-6.

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

Courses 2()15

Courses are listed for general information. Inclusion does not imply approval or accreditation by the GOsC. For a more comprehensive list of courses, see the events diary on the o zone at: http://tinyurl.com/ozone-events

July

Cervical spine masterclass Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

Shoulder joint masterclass Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

Cranio-sacral therapy introductory day Speaker: Thomas Attlee Venue: College of Cranio-Sacral Therapy, London NW1 Tel: 020 7483 0120 info@ccst.co.uk

www.ccst.co.uk

Hands-on anatomy day Venue: Keele University, Staffordshire Tel: 020 8905 1937 cpd@collegeofosteopaths. ac.uk www.collegeofosteopaths. ac.uk

Knee joint masterclass Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

Hip and groin masterclass Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

11-12

ESO International Conference 2015

Speakers: Jean Marie Beuckels, Cristian Ciranna-Raab, Dustie Houchin, Paul Lee, Robert Lever, John Lewis, Andrei Lovchev, Graham Mason, Renzo Molinari, Colin Natali, Barry Savory, Paolo Tozzi, Sue Turner, Frank Willard Venue: European School of Osteopathy, Maidstone, Kent Tel: 01622 671558 corinnejones@eso.ac.uk www.eso.ac.uk/event

13-14

Advanced soft-tissue techniques masterclass Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.ukco.uk

16-19

Advanced therapy masterclass

Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk

www.johngibbons bodymaster.co.uk

17-19

SCCO Pathway module 5: In reciprocal tension Leader: Michael Harris Venue: Elim Centre, Malvern Tel: 01453 767607 admin@scco.ac

www.scco.ac

18-23

Cranio-sacral therapy introductory course Speaker: Thomas Attlee Venue: College of Cranio-Sacral Therapy, London NW1 Tel: 020 7483 0120 info@ccst.co.uk

www.ccst.co.uk

20

Spinal manipulation and mobilisation techniques masterclass Speaker: John Gibbons Venue: University of Oxford

Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

21

Kinesiology taping for the athlete masterclass

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

john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

August

Kinesiology taping for the athlete masterclass Speaker: Mike Grice Venue: Birmingham Movement Therapy, Harborne B17 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

September

Acupuncture techniques for medical conditions - Level 2 Tutor: Bernard Nolan Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

3-6

Acupuncture techniques for sports injuries - Level 1 Tutor: Bernard Nolan Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

7

Kinesiology taping for the athlete masterclass Details as 21 |uly

8

Muscle energy techniques made simple

Speaker: John Gibbons Venue: University of Oxford Sports Complex, Oxford OX4 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

9

Neurological testing made simple

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

john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

10

Muscle energy techniques made simple Speaker: Mike Grice Venue: Birmingham Movement Therapy, Harborne B17 Tel: 07850 176600 john@johngibbons bodymaster.co.uk www.johngibbons bodymaster.co.uk

14

Knee joint masterclass Details as 6 July

14-19

SCCO Pathway module 2: Osteopathy in the cranial field

Speaker: Ana Bennet Venue: Columbia Hotel, London W2 Tel: 01453 767607 admin@scco.ac www.scco.ac

15

Hip and groin masterclass Details as 7 July

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15-16

The heart of healing Speaker: Suzanne Scurlock-Durana Venue: Skylight Centre, London N5 Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

16

Cervical spine masterclass Details as 1 July

17 Shoulder joint masterclass Details as 2 July

21-22

Advanced soft-tissue techniques masterclass Details as 13-14 July

26-27

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

29-1 October

Rule of the artery Speaker: Tim Marris Venue: Hawkwood College, Stroud, Gloucestershire Tel: 01453 767607 admin@scco.ac www.scco.ac

October

Optimising tissue repair with therapeutic intervention Speaker: Prof Tim Watson Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

Hypermobility

3

Speaker: Isobel Knight Venue: Middlesex University (Hendon campus), London NW4 Tel: 020 8905 1937 cpd@collegeofosteopaths. ac.uk www.collegeofosteopaths. ac.uk

17-18

Positional release techniques for pelvic and spinal fascial, myofascial and articular pain and dysfunction Speaker: Leon Chaitow Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551

cpd@cpdo.net www.cpdo.net

17-18

Clinical visceral: management of persistent back pain Speaker: Joanna Crill Dawson Venue: Whittington Education Centre, London N19 Tel: 020 7263 8551 cpd@cpdo.net www.cpdo.net

November

5-8 Advanced therapy masterclass Details as 16-19 July

7

Communication, risk and consent Speaker: Kelston Chorley Venue: Staffordshire University, Stoke on Trent Tel: 020 8905 1937 cpd@collegeofosteopaths. ac.uk www.collegeofosteopaths. ac.uk

7

SCCO Pathway module 10: Integrating cranial into practice Speaker: Michael Harris Venue: London (TBC) Tel: 01453 767607 admin@scco.ac

www.scco.ac

10

Muscle energy techniques made simple Details as 8 September

11

Neurological testing made simple Details as 9 September

19-22

The face, the base, and embodied compassion Speaker: Dr Michael Shea Venue: Skylight Centre, London N5 Tel: 07000 785778 info@cranio.co.uk www.cranio.co.uk

20-22

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

20-22

SCCO Pathway module 6: Neurocranium and sacrum living bone Speaker: Jane Easty Venue: Hawkwood College, Stroud GL6 Tel: 01453 767607 admin@scco.ac

21-22

SCCO Pathway module 1: Foundation course Speaker: Penny Price and Jenny Lalau-Keraly Venue: North (TBC) Tel: 01453 767607 admin@scco.ac www.scco.ac

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28-29

Rollin Becker Memorial Lecture and workshop on the interface between dentistry and osteopathy Speaker: Dr Martin Pascoe Venue: Regent's Conference Centre, Regent's Park, London NW1 Tel: 01453 767607 admin@scco.ac www.scco.ac

December

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5

Osteopathic care of abdominal conditions Speaker: Kelston Chorley Venue: Staffordshire University, Stoke on Trent Tel: 020 8905 1937 cpd@collegeofosteopaths. ac.uk www.collegeofosteopaths. ac.uk

Conference Patrons

Margery Bloomfield

Renzo Molinari

Barrie Savorv



International ສິ**Conference** JULY 11-12 ESO Boxley House

Osteopathy - Celebrating its origins and inspiring the future



Sue Turner

"Osteopathy and the immune system" Workshop: "The immune system - exploring the palpable quality of positive therapeutic change"



Cristian Ciranna-Raab "New insights on the old rule of the artery"



Colin Natali "An orthopaedic surgeon's view of an integrated multidisciplinary approach to the problem of back pain"



Andrei Lovchev "Osteopathic treatment of patients with emotional burnout syndrome accompanied by chronic non-specific low back pain"



Dustie Houchin Workshop: "Expand your horizons - an introduction to animal osteopathy"



Paolo Tozzi "The potential of 'Connective tissue-facial meta-model' for the osteopathic philosophy and practice" Workshop: "The fascial element from an osteopathic perspective"



Frank Willard "The continuity of the fascial system in the whole body"



Renzo Molinari "The unifying factors of osteopathy" Workshop: "Approaches of pelvic congestion"



Robert Lever 'The ESO tradition of the holistic approach to diagnosis and treatment"



John Lewis "Osteopathy: the unwritten philosophy of nature"

Graham Mason "The Auditory tube and beyond" Workshop: "The face and the auditory tube/ eustacian tube"

Jean Marie Beuckels "Towards total osteopathy: an osteosophical conceptualisation" Workshop: "From primary to priority - from serial to parallel causality"



Paul Lee

"The primary respiratory mechanism - a review of the literature supporting the model" Workshop: "The arachnoid hyperplasia"



Barrie Savory "Still Still" Workshop: "The

differential and the rear axle" A practical programme of osteopathic approach to the unique problems of lumbo-sacral/ pelvic function and dysfunction"

For the full programme and to book visit www.eso.ac.uk/postgraduate



Please contact:

Corinne Jones, European School of Osteopathy Boxley House, Maidstone, Kent ME14 3DZ T: +44 (0)1622 671558 E: corinnejones@eso.ac.uk

Cost: £250

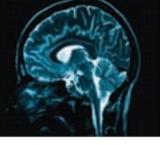
Packages will be available to include Saturday dinner, entertainment and student discount rates. Pre-conference drinks and lectures available on the evening of Friday 10 July.

Continuing Professional Development

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

Osteopathy in the Cranial Field

Dates: Friday 4th, Saturday 5th, Sunday 6th, Saturday 12th & Sunday 13th September 2015 **Cost:** £975 or £780 for 2014/2015 BSO graduates & £877 for ex-BSO students and 2015 graduates from other schools with RQ status **CPD:** 40 hours



Book and pay the full course fee by 29 June and get 10% off the course fee with your early booking discount.

Osteopathy in the Cranial Field courses have been held annually at the BSO since 1974 in association with the Sutherland Cranial Teaching Foundation Inc. (USA), the organisation originally established by Dr. Sutherland to develop and promote high quality teaching in the involuntary mechanism approach. The basic level 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures.

Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills. Many practitioners in this field agree that understanding and skills are greatly enhanced by attending the basic course for a second time.

Eligibility:

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

NLP & Osteopathy

Date: Saturday 10th October 2015 Cost: £125 CPD: 7 hours Course Leader: Paul Brown



In this interactive workshop, delegates will learn and have the opportunity to try out NLP tools and techniques to benefit their clinical practice. Attendees will be introduced to NLP, relevant research and its belief systems. They will then learn about state (emotions) management, perceptual filters, powerful questions, frames and meanings and creative visualisation/mental rehearsal.

Who is this course suitable for? No previous knowledge or experience of NLP is required to participate; the only necessity is an openness to learning new ideas.

Get in touch...

For a full list of all our CPD courses or to book your place **today**, phone Julie on 020 7089 5352 or email <u>cpd@bso.ac.uk</u>.

What's on?

Sat 5 Sept Dissection: Ce

Dissection: Central Nervous System Anatomy and Exampled Pathology Sat 5 Sept TOS & Shoulder Dysfunction Sat 26 & Sun 27 Oct Pain 1 Sat 10 Oct Advanced Ergonomics Sat 10 & Sun 11 Oct Osteopathic Refresher Sat 10 & Sun 11 Oct Visceral Osteopathy Sat 24 & Sun 25 Oct Pain 2 Sat 7 Nov **Dissection: Anatomical &** Pathological consideration of ioints and connective tissues Sat 7 Nov Sports Conference

2015-16

We're planning our CPD programme for the year ahead—please share your ideas and requests via <u>cpd@bso.ac.uk</u>.

Keep up to date...

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

<u>@OfficialBSO</u>

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

Phone Husaina on 020 7089 5319 or visit <u>www.bso.ac.uk</u> for a full list of what's available.





OF OSTEOPATHY

UPCOMING COURSES

July 2015 🗕

MODULE 5 IN RECIPROCAL TENSION

Course Director:Michael Harris Date: 17th -19th July, Malvern Fee: £1045

Course Summary: Develop your palpatory awareness of whole body interconnectedness, discover the secrets of the body's structural integrity and explore how this may influence treatment of your patients.

SCCO PAEDIATRIC OSTEOPATHY DIPLOMA

FULL FOR 2015 /2016

Course Directors: Hilary Percival and Mark Wilson

Date: 4th July (cont. for 18 months) Fee: £2900

Course Summary: The diploma aims to build and challenge your knowledge in all aspects of the treatment and care of children. It consists of a series of weekend workshops, clinic visits, case studies and a dissertation.

September 2015

MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Ana Bennett Date: 14th -18th Sept, London Special Fee: £950

Limited graduate bursaries also available Course Summary: The 40 hour Osteopathy in the Cranial Field course

is an overview of the whole cranial concept, with treatment approaches that you can use immediately in practice.

SPECIALIST COURSE: RULE OF THE ARTERY

Course Director: Tim Marris Date: 29th Sept - 1st Oct, Stroud Fee: £995

Course Summary: Would you like to include blood vessels in your care and management of your patients? Do you think that treating blood vessels directly would be highly beneficial? If yes, then Rule of the Artery is a 'must' for you. November 2015

MODULE 10 INTEGRATING CRANIAL INTO PRACTICE

Course Director: Michael Harris Date: 7th November, London Fee: £165

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

MODULE 6 NEUROCRANIAM AND SACRUM: LIVING BONE

Course Director: Jane Easty Date: 20th-23rd November, Stroud Fee: £945

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

MODULE 1 FOUNDATION COURSE

Course Director: Penny Price and Jenny Keraly

Date: 21st-22nd November, Clitheroe Fee: £275

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

ROLLIN BECKER LECTURE AND OSTEOPATHY & DENTISTRY WORKSHOP

Date: 28th & 29th November, London **Fee:** Lecture £70, Workshop £120 Discounts available to Members

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

February 2016

MODULE 8 THE FUNCTIONAL FACE

Course Director: Louise Hull Date: 5th-7th February, Stroud Fee: £945

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

HORMONES, HEALTH AND IMMUNITY WEEKEND

Course Director: Clare Ballard Date: 28th-28th February, London Fee: From £145 day / £290 weekend Course Summary: Advanced level weekend course focusing on the embryology of the neuroendocrine immune system, biological embedding, and how birth control, fertility drugs and HRT can affect long-term health.

March 2016

MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Carl Surridge Date: 12th-16th March, Edinburgh Fee: £1290 (residential course)

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

April 2016 -

MODULE 1 FOUNDATION COURSE

Course Director: Penny Price and Jenny Keraly

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

Fee: £275

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

Attain an MSc in Animal Osteopathy



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The MSc in Animal Osteopathy (Canine and Equine) provides the recognised professional status needed to stand out



in this fascinating and expanding area of osteopathy. Designed to meet growing standards within the profession and specifically aimed at the working osteopath, the programme offers an affordable and flexible pathway to a validated qualification. For further details please email corinnejones@eso.ac.uk or visit www.eso.ac.uk/animal-osteopathic-programmes.

Postgraduate Diploma and Postgraduate Certificate also available - see website for details

CONTACT US:

Department of Postgraduate Studies European School of Osteopathy Maidstone, Kent ME14 3DZ +44 (0)1622 760816 www.eso.ac.uk





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COMING SOON:

How to manage frozen shoulder - Dr. Eyal Lederman Up to 3 CPD points for Learning with Others (live forums) Up to 5 CPD points for Self Directed Learning Cost: £40.00

COMING SOON: The myth of core stability - Dr. Eyal Lederman

Up to 3 CPD points for Learning with Others (live forums) Up to 5 CPD points for Self Directed Learning Cost: £40.00

Workshops in London:

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

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

For our extensive range of acupuncture & dry needling courses see www.cpdaonline.com

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

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



FOUNDATION FOR PAEDIATRIC OSTEOPATHY

Diploma in Paediatric Osteopathy 2015



With a proven track record of over 20 years, our Diploma in Paediatric Osteopathy is a unique two year course which offers:

- an exceptional clinical experience: All the effective learning takes place in and around the clinic. The OCC is very busy seeing up to 100 paediatric patients a day. The consultation and treatment takes place in a vibrant open plan space. Learning is shared and collective, and the treatment, while individual, feels collaborative and community based
- a syllabus led and delivered by an exceptionally experienced faculty with diverse osteopathic backgrounds and extensive expertise and originality
- the opportunity to gain a profound and expert paediatric knowledge base
- the chance to develop a diverse osteopathic skill set from a broad range of osteopathic traditions and technical approaches, not confined to one particular style or philosophy

All reinforced by extensive, comprehensive clinical training whilst osteopaths manage own patient list.

For the 2015 Intake clinical training will start from the beginning of November 2015. The closing date for applications: 10th August, 2015.

This year we are pleased to announce that we will be delivering a brand new tailor-made Access Course in collaboration with the Rollin E Becker Institute. This course is designed for the less experienced applicants to increase their palpation and paediatric/developmental anatomy relevant to further paediatric training. We offer this as a unique alternative to the SCFT approved "cranial course" which was previously an entry requirement for the DPO. This enables new graduates to reach the required standard for entry and enables us not to be limited to just one technical style.

The Access Course dates: 24th, 25th & 31st October, 1st November, 2015 and one further day to be confirmed

Visit www.fpo.org.uk for the prospectus and details of the application process.

MOLINARI INSTITUTE OF HEALTH

2 Year Post Grad Women's Health Diploma 2015 intake

SOME SPACES STILL AVAILABLE - THIS NEW COURSE IS A FIRST: Aiming at giving knowledge and expertise to professionals who want to master osteopathy and women's health issues. This two-year, part-time course will bring together a team of experts in this field. Applications for our September 2015 intake are underway. Please register your interest for further information soon.

Residential Seminars in Greece, los

Annual seminars set in a beautiful conference centre facing a one kilometre golden beach. Dates & Cost: September 12th to 17th 2015 - Male conditions - Female conditions Prof. Renzo Molinari and Caroline Stone. Temporo-mandibular joint Ken Gordon. Included: £1020, 6 nights in a 4* star hotel, buffet breakfast, 6 full days of lessons, coffee breaks and transfers from port to hotel.

Mini conferences – South Kensington

We have several fascinating evening talks planned throughout 2015 at Imperial College, South Kensington with Prof. Renzo Molinari and specially selected guest speakers. Please see website for full list. **Cost**: £12 for students **or** £30 for registered osteopaths.

www.molinari-institute-of-health.org





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





Integrated Techniques Education

BCOM,Finchley Road London When:

16-19 september 2015 **Integrated Techniques Education** presents a <u>new</u> and <u>revolutionary</u> osteopathic course in which structural, visceral and cranial techniques are combined into one whole concept.

It's a totally new way of looking at your patients and their complaints!

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

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

Are you eager to learn more?

For more information and registration:

www.integratedtechniqueseducation.com

Classifieds

Osteopath required: Bristol

Large central Bristol osteopathic/multidisciplinary practice. Established 1994, very friendly working environment. Excellent learning opportunities with full osteopathic support. Contact David Richardson on **djrichardson@blueyonder. co.uk** or **0117 9710221**

Osteopath required: Eltham, SE London

Experienced osteopath required in south-east London to locum during maternity leave of an osteopath seeing 20+ patients a day. Start date 3 August 2015. Possibility of a permanent position. Needs to have excellent HVT, visceral and cranial skills to treat from newborn to sports injury to elderly and all in between. Please contact Paul Musk: paul@osteo4u.co.uk

Osteopath required: Manchester

Motivated, focused, reliable osteopath needed to run busy Saturday-morning clinic with scope for expansion. Experience in paediatrics preferred but applicants willing to learn considered. Please email your CV to jobs@ Osteopathyinmanchester. co.uk and describe why you are the ideal candidate. Additional work available locally.

Osteopath required: Milton Keynes

Salaried full-time osteopath required to work alongside our multidisiplinary team at Blackberry Clinic, Milton Keynes. A wide structural interest would be beneficial and an interest in sport helpful. The clinic is one of the largest and best-known clinics in the UK, with potential for NHS work alongside private patients. Please send CV and covering letter to simon@ blackberryclinic.co.uk

Associate Osteopath required: Hertfordshire

Associate required near Ware, Hertfordshire. 2-3 sessions per week with potential to increase. Applicants should have a caring and friendly approach towards patients and must be able to work as part of a multidisclipinary team. Email your CV to info@ oaklandsOsteopathy.co.uk

Associate Osteopath required: Northants

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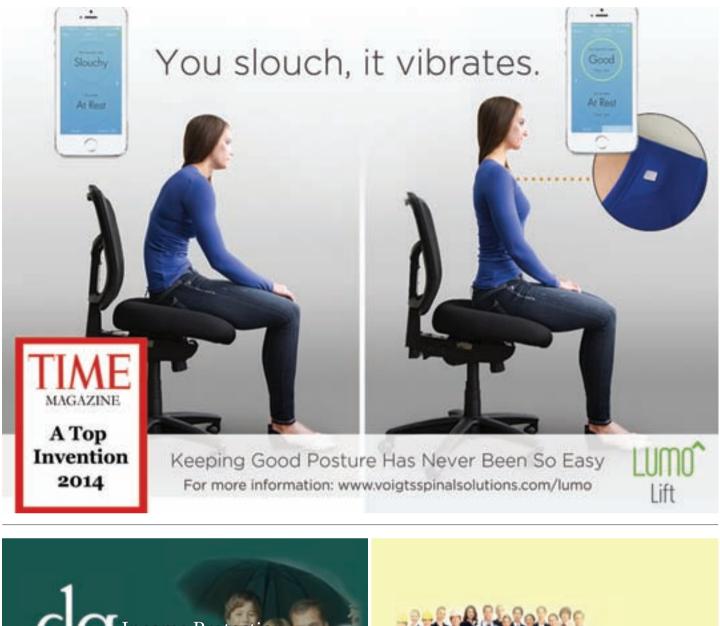
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Antony Agius qualified as an osteopath and Naturopath in 1983 from BCOM. He has worked at The Royal London Hospital for Integrated Medicine as an acupuncturist, in both the general clinic and the face pain and headache and migraine clinic. He is the only osteopath to gain a Diploma in Medical Acupuncture (BMAS). He is one of only a few osteopaths to be a fully accredited member of the British Medical Acupuncture Society.

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