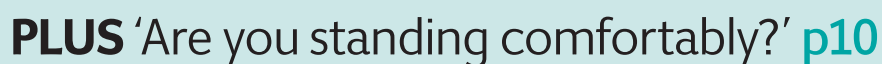


Building the evidence

**New CPD scheme:
join the early adopters [p7](#)**

Patient records: how long should you keep them? [p15](#)



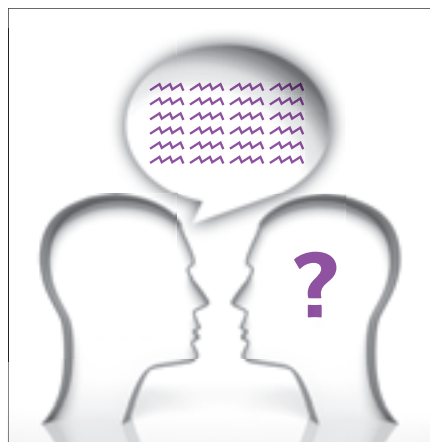
Contents



GOsC news

4

Patients are building the evidence base
Council and committee vacancies
 Practice standards review: what next?
Partners sign up for new CPD scheme
 Investigating and hearing complaints
Widening the GOsC's policy-making



In practice

10

Stand at ease: the patient examination
CPD spotlight: shadowing
 Students' frequently asked questions
Website promotes acupuncture safety
 How long do you keep patient records?



Research

16

Draft NICE guideline on low back pain
Is 'somatic dysfunction' meaningful?
 Donate to fund osteopathic research

Perspectives

18

A register for animal osteopathy?
'How we set up our regional society'
 Your professional body needs you
Bookshelf and book reviews

Key GOsC services and contacts

Communications

Enquiries about:

publication orders (including public information leaflets, GP consent forms and statements of fitness to work), Registration Marks and posters, general advice.

x242

Enquiries about:

the osteopath magazine, e-bulletins.

x222

Enquiries about:

GOsC website (including the online Register) and o zone, social media.

x228

Enquiries about:

the media, consultations, regional groups, national healthcare policy, parliamentary and international affairs, osteopathic regulation overseas.

x245

Finance

Enquiries about:

all payments, VAT. **x231**

Governance

Enquiries about:

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

x246

Registration

Enquiries about:

applying to the Register, annual renewal of registration, updating your registration details, registration fees, non-practising status, practising abroad, retiring/resigning from the Register, professional indemnity insurance.

x229 or x256

Regulation

Enquiries about:

dealing with patient concerns, protection of title.

x224

Enquiries about: complaints against an osteopath.

x249

Research

Enquiries about:

GOsC research, surveys and statistics, National Council for Osteopathic Research (NCOR), the *International Journal of Osteopathic Medicine* (IJOM) and access to information resources.

x247

Education and standards

Enquiries about:

Osteopathic Practice Standards, continuing professional development (including the forthcoming new CPD scheme), osteopathic education.

x235

Welcome to the latest edition of the osteopath



Courses 22

Course listings and advertised courses

Marketplace 32

Classified and display advertisements

i Want to know more? Look out for this symbol accompanying articles in each section of the magazine for links to further information



www.facebook.com/goscnews

twitter.com/gosc_uk

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



Being an osteopath can for some be a solitary pursuit, but working together – to address challenging issues, develop new ways of working and offer mutual support – is essential for the health of the profession.

The easiest way to work with other osteopaths and build a community is, of course, to be actively involved in a local or regional osteopathic group – or to establish a group if there isn't already one in your area. There are plenty of resources now available to help osteopaths form thriving local professional communities; you can read how one new regional group has done just that on page 19.

Communities and collaboration are central to the new CPD scheme for osteopaths, too. Osteopaths across the UK were involved in shaping the scheme, and on page 7 we explain how the same partnership approach will ensure that it is rolled out in a way that works for everyone.

Partner organisations will also feed more directly into the GOsC's policy-making in future, following changes set out on page 9.

Even if you aren't active within an osteopathic community, you can still be part – with minimal effort – of a profession-wide research project to gather vital information about patients' health outcomes.

An app gathers feedback directly from patients, for analysis at national level to provide insights into osteopathy's effect on people's health. It's easy to introduce in any type of practice, but the whole profession needs to get involved and recruit patients in order to produce really valuable evidence. Find out how to join this important initiative, and learn more about your own practice in the process, on page 4.

Also in this issue, we consider patient dignity and the standing examination (page 10); explain why you shouldn't retain your patient records indefinitely (page 15); investigate the benefits of 'shadowing' other healthcare professionals (page 12); and identify key trends in complaints about osteopaths that we dealt with in 2015-16 (page 8).

We hope you enjoy reading this edition.

Jeremy Pinel

Email: editor@osteopathy.org.uk

the osteopath

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

Editor: Jeremy Pinel

Email: editor@osteopathy.org.uk

the osteopath is published by the General Osteopathic Council. Editorial contributions are welcome, but opinions expressed by contributors or advertisers do not necessarily reflect the views of publishers. *the osteopath* is the copyright of the General Osteopathic Council and no part of this journal may be reproduced in any form without permission from the publishers.

Design and production
CPL (Cambridge Publishers Ltd)
1 Cambridge Technopark
Newmarket Road
Cambridge CB5 8PB
01223 378000
www.cpl.co.uk

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

Cover image: Jan Chlebik, The General Osteopathic Council, Kampfer Photography and Shutterstock

Advertising sales only:
Richard Walters or John Wheaton
CPL
1 Cambridge Technopark
Newmarket Road
Cambridge CB5 8PB

Tel: 01223 378001
Email: theosteopath@cpl.co.uk

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

Patients are building the osteopathic evidence base

A simple-to-use app collects data, directly from patients, to demonstrate the outcomes of osteopathic care for people with different health conditions. Has your practice adopted it yet?

Collecting good-quality data on the outcomes of osteopathic care is essential to improving the quality of patient management. Your patients can now provide this information themselves – and it seems that they are happy to do so.

Plenty of osteopaths already collect patient feedback, but the information collected remains within their practice; in any event, it usually focuses on patient satisfaction rather than on the outcome of their treatment. Gathering data about the health outcomes for patients, on a much wider scale and independently of the practitioner, will help osteopathy to demonstrate its benefits – but this requires the involvement of the whole profession.

Making a difference

There is nothing unusual about asking patients to describe how they feel or function, and the difference that their treatment has made to their health and wellbeing. This is now commonplace across many branches of healthcare – including in the NHS, which since 2009 has routinely collected this information from patients receiving hip and knee replacements, varicose vein surgery and groin hernia repair.

The data are gathered via a Patient Reported Outcome Measure (PROM) – a standardised questionnaire completed by a patient, with no input from their healthcare practitioner. A PROM measures the patient's health status or quality of life

at specific points in time, so completing one both before and after a procedure or treatment will show the difference it has made to the patient.

As well as indicating outcomes of care, PROMs can help to make patients feel more involved in their care, as they appreciate being asked for their perspective on their health and wellbeing.

A PROM app

To capture different types of information, a number of PROMs have been developed. These include the 'Bournemouth Questionnaire', widely used in the UK and overseas to assess patient reactions to treatment for back, neck and general musculoskeletal pain.

After speaking to patients about different PROMs, the National Council for Osteopathic Research (NCOR) has developed a PROM 'app' containing the Bournemouth Questionnaire, specifically for use in osteopathy. The app, which can be used on a computer, tablet or mobile phone, asks new patients to complete three short questionnaires – as close to their first treatment as possible, then one week and six weeks later – to capture their perception of their health condition and its effect on their life.

In each questionnaire, patients give a score of 0-10 in seven categories covering:

- the severity of their pain
- how much it interferes with their daily activities and social routine
- how much it is worsened by their work
- how anxious and/or depressed they feel
- their ability to control and cope with the pain on their own.

The initial questionnaire also asks general questions about their health and their access to treatment at your practice (such as the waiting time until the first appointment), and collects data on their age, sex, ethnicity and work status. Information about their experience and

A PROMising start

Osteopath **Jerry Draper-Rodi** describes how he has introduced the PROM app in his practice

I first heard about the PROM app last November when NCOR's Carol Fawkes gave a presentation at a conference. A free clinical tool that also contributes to osteopathic knowledge – it sounded great, so I had a chat with Carol. After she'd described the app and how to use it (there's almost no preparation or practice time required from the osteopath, and very little from the patient), I decided to give it a go.

Very quickly I received a pack through the post that included information sheets with access codes for 50 new patients – and the promise of more codes on request. The first few weeks I kept forgetting to give new patients the information sheets. But when I remembered, patients were very positive about it and happy to help to promote osteopathy.

This is what the PROM app does: it empowers patients to tell us how we are

helping them, and contributes to the profession's knowledge of what we are doing well and where we perhaps could improve. PROMs are very popular in healthcare at the moment, including in the NHS, so I feel they're a smart move for our profession.

Now I automatically give information sheets to all new patients. Another part of the package is that you receive a summary on your patients: a bit like a free, hassle-free clinical audit which also contributes to research generally.

When I discuss research with colleagues, we all have great ideas on what should be done but feel we may not have the skills to carry out these research projects. Adopting the PROM app is something that *all* osteopaths can do without needing to spend a lot of time on it.



satisfaction, and the overall change in their health, is sought in the follow-up questionnaires.

The app is linked to a system which collects and aggregates the data entered by all patients; these will be analysed at national level by NCOR, and participating osteopaths will be sent the aggregated and anonymised data for patients at their practice. Individual practice data will not be shared with anyone else.

This will allow osteopaths – individually and collectively – to reflect on their patient management, identify CPD opportunities, and find out more about who seeks osteopathic care (and why). It will also contribute to engagement with patients, insurers, other healthcare professionals and commissioners.

Minimal commitment

For the osteopath, the commitment required is minimal. Simply ask your patients whether they are willing to complete some questionnaires online; if they are, give them an information sheet containing their unique code for using the app. All the follow-up work is done by the app.

Created as part of a project led by the Osteopathic Development Group to consolidate the evidence base for osteopathy (see box, below), the app has

been extensively piloted by patients to assess its reliability and responsiveness.

Osteopaths who have integrated the app into their practice say that it is not a burden at all; they report that patients respond very positively to being asked for feedback on their care, and find the app easy to use. You can read one osteopath's experiences in the box on page 4.

As well as giving you valuable information about your own patients and their health outcomes, PROMs are vitally important to the profession: if every osteopath involves just a few of their

patients, this will generate a considerable volume of information to describe osteopathic practice to the public and the wider healthcare sector. Get started today by contacting NCOR Senior Researcher Carol Fawkes (c.fawkes@qmul.ac.uk or 07494 059509) to find out how to introduce PROMs in your practice.

i You can read more about the PROM app on the Osteopathic Development Group website at: osteodevelopment.org.uk/theme/evidence/



GALICHTUDIO / JAN CHEBLIK / KAMPFNER PHOTOGRAPHY / SHUTTERSTOCK

New online home for development projects



The PROMs app is just one output of the Osteopathic Development Group – a partnership between the

GOsC, the Institute of Osteopathy, NCOR, the Council for Osteopathic Educational Institutions and the Osteopathic Alliance.

From fostering local osteopathic communities to highlighting activity at international level, the Group's eight projects are all designed to help the profession develop in the long term. And it now has its own website, osteodevelopment.org.uk

A number of the Group's projects have already delivered practical results. Besides details of the PROM

app (part of the Group's **Evidence** project), the website contains the **Regional support** project's guide to setting up a thriving local osteopathic group; to find out how one newly formed group has benefited from the guide and other resources, see page 19.

A wealth of information about international osteopathic practice, aimed at reinforcing partnerships and sharing learning and resources, is available on the **International collaboration** project's own website: www.osteointernational.uk

And the **Leadership** project has just begun the second year of its Osteopathic Leadership Programme, delivered in partnership with the Open University, which last year enabled 20 osteopaths to gain leadership skills and apply them for the profession's benefit.

You can find out more about all this work at: osteodevelopment.org.uk, as well as the Group's other projects:

- **Advanced clinical practice** – supporting osteopaths to develop their clinical interests, and helping patients find practitioners with specific skills and qualifications.
- **Service standards** – developing voluntary service standards for osteopathy, which will complement the *Osteopathic Practice Standards* by setting out how osteopaths should demonstrate the quality of the care they provide.
- **Mentoring** – establishing a support framework for early-career osteopaths.
- **Career development** – mapping how osteopaths progress their careers, and evaluating whether a more defined career structure is required.

REVIEWING THE PRACTICE STANDARDS: WHAT'S NEXT?

Thanks to all of you who recently shared your thoughts with us on how the *Osteopathic Practice Standards* can be improved to help osteopaths deliver the best care for patients.

Between February and May we called for views on the current standards that underpin osteopathic practice. We were very pleased to receive over 360 comments and suggestions from across the profession, including individual osteopaths, local groups, education providers and the Institute of Osteopathy. The views of patients, other health professionals, indemnity insurance

providers and GOsC staff were also represented.

An extensive review of the standards is now under way, analysing your comments and identifying where we can improve the standards' language and clarity, develop better guidance, design learning resources to support CPD, and generally bring the standards up to date and in line with current practice and patient expectations.

We are keen too for the *Osteopathic Practice Standards* to serve osteopaths well in the wider healthcare environment, so we are looking at the new standards of other mainstream health practices to ensure

compatibility and consistency. Also important to note are the weaknesses in practice highlighted by the complaints and concerns about osteopathic practice handled by the GOsC indemnity insurance providers.



All of this is to be taken into account as we work with education providers and other organisations across the sector to draft new standards that reflect modern practice.

This work will continue over the coming months, and we anticipate a public consultation on new draft osteopathic standards in the first half of next year.

We know many of you are interested in how this work develops, and we will continue to report progress in the magazine. If you have questions or comments about the standards, please email standards@osteopathy.org.uk

Council and committee vacancies at the GOsC

Interested in helping to regulate your profession? Opportunities will be arising later this year, and we'll be providing support for osteopaths who are interested in applying

The GOsC has recently completed a round of appointments to its Council and committees (see the last issue of *the osteopath*, pages 6-7), but further vacancies will arise next year. This autumn we will be advertising for:

- one osteopath to serve on the GOsC Council
- up to two osteopaths to serve on the Policy Advisory Committee
- up to two osteopaths to serve on the Investigating Committee
- up to four osteopaths to serve on the Professional Conduct Committee.

These appointments will take effect from 1 April 2017. The advertisements will contain details of the roles and the requirements, but you can find out what the different committees do on our public website at: bit.ly/gosc-committees

Preparing effectively

To support our recruitment campaign last year, we ran an 'open day' in conjunction with the Institute of Osteopathy. The event gave potential candidates more information about the roles, along with

advice on drafting CVs, completing application forms and preparing effectively for an interview.

We found that those who attended the open day were generally more successful than others in their applications for Council and committee places.

We are planning to repeat the recruitment open day in 2016, with **Friday 9 and Saturday 10 September** as potential dates. The date we choose will depend on the preferences of those who want to attend.

If you would like to apply for a role with the GOsC in the next year, register your interest by emailing Tim Walker at: twalker@osteopathy.org.uk – and if you are interested in attending the open day, please indicate which date you would prefer. Tim can also answer any questions you have about the roles we are looking to fill.



SHUTTERSTOCK / GRAPHICWORLD

Partnership will aid CPD scheme rollout

Engagement, support and community are at the heart of the new CPD scheme – with a collaborative approach key to its development and now its implementation

As we prepare for the rollout of the new CPD scheme next year, we want to ensure that it is introduced in a way that works for all – an aim that is shared by organisations across osteopathy.

So a CPD Partnership has been established by the GOsC to take the scheme forward, involving the educational institutions, CPD providers, local osteopathic groups, researchers and the professional body. This collaborative initiative will also benefit from input from patients and newly qualified osteopaths.

The wide perspective of the CPD Partnership will not only help to shape the many practical aspects of the new scheme's successful operation: it is already fostering and firming links between professional groups and generating ideas for sharing good practice and learning.

Recognising that the new CPD scheme is above all about development and quality, the opportunities promised by the creation of the CPD Partnership have been welcomed across the profession:

"The enhanced CPD scheme represents a more supportive framework than previously, promotes a culture of working together, and will help osteopaths get the most from their CPD. We are committed to working with the GOsC and our other osteopathic partners to help osteopaths benefit from the scheme."

Robin Lansman, Institute of Osteopathy



"Educators are a key part of osteopathic practice, and we are committed to ensuring that we can support the delivery of the CPD scheme in a way that works for educators and for all. Osteopathic educational institutions also provide CPD for osteopaths in all the required areas of the scheme, and we look forward to working with the GOsC and others to deliver a scheme that is successful for osteopaths and for patients."

Charles Hunt, Council for Osteopathic Educational Institutions

"Engagement, support and community have always been central to our commitment to providing pathways towards a greater breadth and depth of osteopathic care. We are heartened to see that the GOsC has placed these vital issues at the core of the new CPD scheme. We are very pleased to work with the GOsC and others, continuing to support osteopaths to deepen their practice while delivering the scheme's key components."

Osteopathic Alliance

"Research is essential to inform osteopathic practice and good patient care, and we welcome the fact that research is recognised as an important part of the osteopathic CPD scheme. We are delighted to work with the GOsC and others to ensure a CPD scheme that reflects the continuing development of the osteopathic profession."

Dawn Carnes, National Council for Osteopathic Research



"We have already worked closely with the GOsC as 'CPD pathfinders' to develop resources for the new scheme, and we are now continuing to work with them as early adopters. We have really enjoyed working together on our CPD: it has been fun and enjoyable and has helped us to gain new insights about practice, and we look forward to continuing to do this."

Richard Lloyd, Carlisle Regional Group

i For more information about the new scheme and how the profession is working together to deliver it, see our public website at: bit.ly/gosc-new-cpd

Become an early adopter

We have received a great response to our initial calls for 'early adopters' of the new CPD scheme: as of mid-May, almost 70 osteopaths had already expressed an interest.

If you have not yet put your name forward, there's still time. As an early adopter you will receive dedicated support as you try out the scheme – including its biggest innovation, the 'peer discussion review' – and the resources that will accompany it.

With access to an advice line and webinars, you will gain experience enabling you to support others – perhaps through your local group or other networks – when the scheme is rolled out to everyone. The GOsC and our partners will be happy to attend local group meetings, and we will be organising 'train the trainer' activities where you and your colleagues can plan CPD sessions around the new scheme.

And all of this can count towards your current CPD requirement. To register your interest, please email fbrowne@osteopathy.org.uk

Investigating complaints

Maintaining patient safety and public confidence in the profession relies in part on our properly investigating complaints made about osteopathic practice – and taking steps to minimise the risk that problems will reoccur

Problems arising between osteopaths and their patients can often be resolved locally. On our public website, we advise patients with concerns about their treatment or an osteopath's behaviour to speak to the practitioner involved, in most situations. However, sometimes it is not possible to resolve an issue at a practice level, or the nature of the concern is more serious.

In addition to 231 complaints about advertising (see box), during 2015-16 we received 31 formal complaints about

osteopaths from patients and members of the public, plus another nine from other osteopaths and regulators. A further 12 complaints were instigated by the GOsC itself – a number of these were cases where we became aware that osteopaths did not have appropriate professional indemnity insurance in place.

Common topics in patients' complaints included transgressing boundaries and failing to obtain consent; see pages 10-11 for advice on good practice in these areas.

Decisions about complaints are made by our three fitness to practise committees, each made up of osteopaths and lay members appointed by Council who have received specialist training.

Screening

When we receive a formal complaint, we aim to resolve it as quickly as possible. After being risk-assessed, it is 'screened' by a member of the GOsC's **Investigating Committee**. Generally, the osteopath is not told at this stage that a complaint has been made about them.

Complaints that come under our jurisdiction are those relating to:

- unacceptable professional conduct
- professional incompetence
- convictions for relevant criminal activities
- health matters that may seriously impair an osteopath's ability to practise.

The screener will establish whether the complaint falls into one or more of these categories; if it does, it is referred to the full Investigating Committee.

Investigation

When a screener refers a complaint, we inform the osteopath by letter that a complaint has been made against them. We

invite them to respond to the complaint, and in most cases we then disclose the response to the complainant and invite their further comment.

The Investigating Committee will then meet to consider the matter, looking at the formal complaint, the osteopath's response and (where applicable) the complainant's comments. If it decides that the osteopath has a case to answer, it refers the complaint to be heard by the Professional Conduct Committee and/or the Health Committee.

Our target is for the Investigating Committee to consider complaints no more than 16 weeks after they were received. The median time taken for a formal complaint to be considered in 2015-16 was 14 weeks.

Over the year, the Committee met seven times and reached the following decisions:

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	24	8
Conviction	2	0
Health	1	0
Total	27	8

Hearings

Where a case involves allegations against an osteopath's conduct or competence, or a criminal conviction, it is heard by the **Professional Conduct Committee**.

The Professional Conduct Committee has a target to hear complaints within 52 weeks of the date when we received them; in 2015-16, the median time from receipt to hearing was 43 weeks.

Its role is to decide whether the allegations against the osteopath (who can attend the hearing to present their case) are well-founded. At its hearings in 2015-16 it reached the following decisions:

Decision/sanction	Number of cases
Not proved	3
Admonishment	4
Conditions of practice	1
Suspension	3
Removal	3
Total	14

The **Health Committee** considers cases involving osteopaths' physical or mental health which may affect their ability to practise; it heard one new case in 2015-16.

Complaints about advertising

During 2015-16, we received 231 complaints about advertising on osteopaths' websites. By the end of the year, almost half of these had been closed by a screener as not meeting the threshold for unacceptable professional conduct, with a similar number awaiting screening. Nine complaints had been referred to the Investigating Committee.

Over the course of the year, we contacted osteopaths through various channels including direct mail, stressing the importance of checking that their practice advertising complies with the Advertising Standards Authority's (ASA) requirements. However, we continue to receive 25 advertising-related complaints per month. Please check that your advertising, on your website and elsewhere, is ASA compliant – you can find out how on the [o zone at: bit.ly/ozone-advertising](http://bit.ly/ozone-advertising)

How quickly do we deal with complaints?



* Median figure from receipt of formal complaint to decision across all cases considered by the committee this year

Sanctions

Of the three cases heard by the Professional Conduct Committee during 2015-16 that resulted in the **removal** of osteopaths from the Register, two involved the transgressing of professional and sexual boundaries with vulnerable patients over some months; in the third, the osteopath was convicted for common assault, failed to inform the GOsC of the progress of the criminal proceedings, and practised without insurance. Common themes in all three cases were the osteopath's lack of insight and remorse, conduct falling seriously below the standard expected of an osteopath over a considerable period, and a continuing risk to patient safety.

A conviction for serious offences and a prolonged sexual relationship with a patient featured in two of the three cases this year that resulted in **suspension** from the Register. Because both osteopaths showed remorse and insight, and the Committee held that there was little risk of repetition, they were suspended for six months and 18 months respectively.

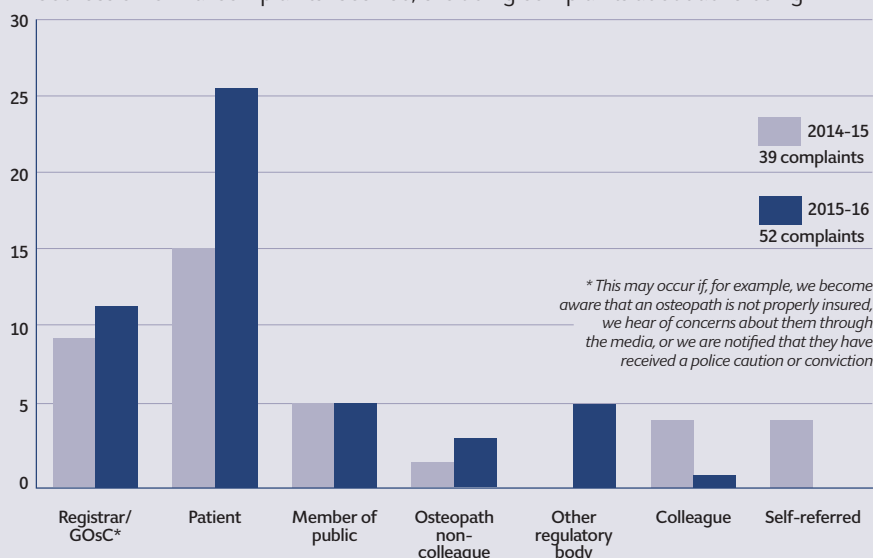
The Committee imposed **conditions of practice** on one osteopath in 2015-16. His inappropriate and clinically unjustified behaviour during a consultation had transgressed professional boundaries and caused his patient distress, but he had shown some insight into his failings and taken rehabilitative steps to address concerns in relation to patient modesty, communication and consent.

Admonishment was held to be the appropriate sanction in four cases this year, including one where the osteopath's record-keeping 'fell seriously short of the standards regarded as acceptable'. Although this amounted to unacceptable professional conduct, the Committee held that it had not been deliberate, and he had shown insight into his failings and taken action to improve his record-keeping.

i Learning points from fitness to practise cases are presented in our *Fitness to Practise e-bulletin*. You can find the latest edition (April 2016) plus a full archive of past e-bulletins on the **o zone** at: bit.ly/ozone-ftp-ebulletin

Who makes complaints?

Sources of formal complaints received, excluding complaints about advertising



Widening GOsC policy-making

The newly reconstituted GOsC Council has agreed a new approach to its policy development work, by creating a Policy Advisory Committee.

The committee will take over the work of the existing Education and Registration Standards Committee and Osteopathic Practice Committee.

The aim is to ensure that Council has a single body providing early input to policy discussions across the whole range of the GOsC's activities, including undergraduate education and registration, practice standards, CPD and fitness to practise policy.

One major difference between the Policy Advisory Committee and past policy committees is that the main osteopathic organisations can send observers to participate in the discussions. Our partners in the Osteopathic Development Group (see pages 4-5) – the Institute of Osteopathy, Council of Osteopathic Education Institutions, the National Council for Osteopathic Research and the Osteopathic Alliance – will all have the opportunity to take part.

GOsC Chief Executive Tim Walker said: "This is a really important step forward, for us to take an inclusive approach to policy-making where all the main players in the profession have a seat at the table."

"This isn't a substitution for effective engagement with the wider profession, nor does it undermine Council's ultimate decision-making role, but it does provide important additional input to our work."

The committee will also undertake the formal work of the Education Committee laid down in the *Osteopaths Act*, primarily around recognition of qualifications; this will be conducted without the involvement of the osteopathic organisations' observers.

The meetings of the committee are public. Dates of future meetings, with their agenda and papers, and information on how to attend can be found at: tinyurl.com/gosc-meetings



IAN CHLEBIK

Stand at ease

Osteopath **Steven Bettles** explores why a standing examination may leave patients feeling uncomfortable

A topic that arises repeatedly in complaints made to the GOsC is the standing examination of patients. It is quite common for a patient making a complaint to say that they felt very uncomfortable and exposed, standing semi-clad and being asked to perform a variety of movements while the osteopath (who they had only just met) was in close proximity. When it's put like that, one can see why they felt uncomfortable.

The main issue seems to be a perceived lack of explanation about the examination, and why it might be needed, before it is carried out. A patient's discomfort may be heightened if they are visiting an osteopath for a reason that they do not think is related to their back, and so are not expecting to be asked to undress down to their underwear. Such a request may make them concerned and suspicious of anything else that the osteopath says or does, adding to the likelihood of a complaint being made.

As osteopaths, we become used to seeing patients in what can be quite intimate circumstances, during examinations and treatments. It helps to step back periodically from the familiarity of these encounters and reflect on whether we are doing all we can to put patients at ease and manage their expectations.

Patients' perceptions

Research into public perceptions of osteopathy, carried out for the GOsC in 2014, revealed what patients actually want from their practitioner.¹ Their key expectations included clear communication and explanations, consideration of privacy and dignity, and close involvement in treatment plan and decisions. One patient said: "I was very embarrassed that I was with this man that I didn't know and you're stripped down to your underwear and they start wiggling you around."

An earlier study of patient expectations² showed high levels of satisfaction with osteopathic care, but revealed that some aspects of it – including the provision of pre-treatment information, along with information about complaints procedures and advice over the telephone – did not meet patients' expectations.

A recent study published in *Manual Therapy*³ looked at weight stigma in physiotherapy practice, but many of the issues reported apply equally in an osteopathic context. One patient described her discomfort when, while she was undressed, a physiotherapist commented that she looked as if she'd lost weight: "You're already in an uncomfortable situation where you're semi-naked, so maybe it's not the best time to think about what you look like." Sometimes it may be appropriate to talk about a patient's weight during a consultation, but you should be sensitive to the patient's feelings when choosing the moment to do so.

What can you do?

Although carrying out a thorough examination is an essential aspect of osteopathic treatment, it's certainly worth bearing in mind that this is a point at which your patient may feel particularly vulnerable. How you manage it can determine the patient's satisfaction with the entire encounter.

There are a number of actions – relating to the examination and to many other aspects of your relationship with both new and existing patients – that may help you put patients at ease and minimise the risk of a complaint being made. These are listed on the right, and on the ● zone at: bit.ly/ozone-communication-advice

Every patient is different, and a 'one size fits all' approach to examination and treatment is not always appropriate. But applying these strategies may help you to reflect on what you do, and help patients through what can be an anxious experience.

1 Community Research. 2014. *Public and Patient Perceptions of Osteopathy: Report on Focus Groups Conducted for the GOsC*. Available at: bit.ly/gosc-public-patient-perceptions

2 Leach J et al. 2011. *Investigating Osteopathic Patients' Expectations of Osteopathic Care: The OPEN Project*. Available at: bit.ly/gosc-OPEN-2011

3 Setchell J et al. Weight Stigma in Physiotherapy Practice: Patient Perceptions of Interactions with Physiotherapists. *Manual Therapy* 2015, 20(6), pp.835–841. Available through the 'IJOM Plus' package – log into the ● zone at bit.ly/ozone-journals, then go to bit.ly/mt-setchell15

Could you improve the patient experience?

1. Review the information you provide before the first appointment

This includes practice leaflets and your website. Is it clear to patients that they may be required to undress for examination and treatment, so they may wish to bring shorts and a vest? Is it clear that they can bring a friend or ask for a chaperone? Do you speak to new patients yourself when they book an appointment, or does a receptionist?

2. Be aware of the timings of appointments and whether other staff are on the premises

Patients may feel vulnerable if they are alone and in a state of undress with you when no one else is on site, or if appointments are repeatedly scheduled after working hours. If you work alone, this may be unavoidable, but reminding patients that they can bring a chaperone may make them more comfortable (even if they choose not to bring one).

3. Think about your treatment room arrangements

If the patient needs to undress, do you leave the room? If they want you to stay in the room in case they need assistance, are screens or a curtained area available? Do you provide gowns or towels to preserve the patient's modesty during examination and treatment?

Patients increasingly expect that such arrangements will be made. One participant in the 2014 patient perceptions study commented: "If you're going

to have to take your clothes off to be treated, you sort of expect them to say, 'I'll go out of the room while you get undressed and get ready'."

4. Explain what you are doing, and why

If you think that watching the patient get undressed is helpful for diagnostic reasons, first ask for permission to do so, and explain why. If a patient is particularly frail, you may consider it safer to stay in the room with them, but ask them whether they want you to do so.

Even though you will have obtained consent before commencing your examination or treatment, you should reaffirm that consent when treating a different part of the body – particularly if this might involve intimate areas. Even existing patients may be surprised at being asked to undress to their underwear for treatment, if they are not used to doing so.

5. Do not adjust the patient's clothing while examining or providing treatment

If their clothing needs to be adjusted, always ask them to adjust it themselves. If they require assistance, obtain their consent first.

6. Cover parts of the patient's body that you are not treating

This is likely to be impractical during standing examination, of course, and you may think that a gown interferes with the effective examination process. Nevertheless, once you are treating, consider whether the patient would feel more comfortable by being covered to some extent.

7. Keep conversations with the patient professional and appropriate to the clinical setting

Avoid personal comments – for example, about their hair, clothes, jewellery, tattoos or body art.

8. Be aware of your positioning

If the patient cannot see you because you are behind them, they may become uncomfortable – so explain what you are doing as you go along. If you are writing findings as you go, let them know.

Think about your position in relation to the patient. How close are you to them? They may not realise, for example, that to check their pelvis levels during active movements you may need to kneel behind them while they flex forward.

Remember, different patients have different ideas of personal space, privacy and dignity.

9. Be alert to signs of anxiety, discomfort or distress

Always ask the patient to tell you immediately if they feel uncomfortable with the examination or treatment. Be sensitive to body language and non-verbal cues as to how the patient is feeling, as this may not be immediately obvious.



JAN CHLEBIK

CPD spotlight:

Shadowing leads to enlightenment

Shadowing a healthcare professional such as an Alexander Technique teacher can benefit your professional development



LYNN MACDONALD, MCLAN, ISLAY ALEXANDER TECHNIQUE

Shadowing' another healthcare professional – watching them practise and talking to them about their work – can give you a valuable fresh perspective on your own practice.

Many osteopaths include shadowing as part of their CPD, and report that it has enhanced their knowledge and skills. Over the past two years we have received CPD annual summary forms from those who have shadowed practitioners of other disciplines including:

- physiotherapists
- occupational therapists
- acupuncturists
- sports massage therapists
- Alexander Technique teachers
- mindfulness coaches
- orthotists and podiatrists
- orthopaedic consultants (particularly specialists in spinal, knee, foot and ankle, and hip)
- herbalists
- naturopaths.

These practitioners have been shadowed as they provide care to patients or clients in a variety of clinical settings such as hospitals, therapy clinics, long-term care facilities and private practices.

Some osteopaths have shadowed fellow osteopaths with experience in a specific technique or patient group, in order to increase their own knowledge of that technique or group prior to enrolling on a formal course.

Successful shadowing

As with any CPD activity, it is important to identify the learning that you want to achieve through shadowing, so that you can set objectives for the activity. Be clear about how shadowing a particular healthcare professional will benefit your professional development.

Here are some extracts from osteopaths' annual summary forms describing their shadowing activities, and how these have contributed to their professional development:

"I talked to an Alexander Technique teacher about the history of the technique; then they demonstrated their approach to assessing and working with a client on the first visit, and how they saw their practice fitting in with osteopathy. The teacher explained the concept of dynamic poise rather than posture, and how they work with function – finding ways with clients to accomplish activities with more ease. This was a useful contact to make: often as osteopaths we can reduce pain and increase range of motion, as well as educating patients, but many patients need to learn or relearn movement patterns and this is often better done elsewhere."

"Shadowing an orthotist included biomechanical assessment with patients and a live demonstration of gait analysis and computerised treadmill. Brief case reviews of patients who have benefited from appropriate use of orthotics and material technologies were discussed, as well as the common lack of suitable care, comprehensive assessment and follow-up care in many NHS clinics. The meeting was helpful to me in building relationships with another local practitioner, and understanding which patients would most benefit

from cross-referral and how they would be likely to benefit. This serves my aims of providing an integrated approach to patient care.”

“I met with the lead tutor for the Mindfulness Association, who trains mindfulness practitioners and also

teaches on the MSc in Mindfulness at the University of Aberdeen. This was an opportunity to discuss our perspectives on approaches to chronic pain, providing some useful reflection from me as well as an insight into what mindfulness can offer as part of a multi-modal approach to chronic pain.”

Is shadowing the same as peer observation?

Peer observation is a form of ‘objective CPD activity’ where an osteopath receives feedback on their practice from another osteopath who has observed them in the background during consultations (with the patients’ prior consent, of course).

The osteopath being observed practises as they normally would, without interruption, and afterwards benefits from hearing a colleague’s feedback. But the observer typically finds the process to be very beneficial too, as it encourages them to think critically about their own practice. As a result, both the observer and the observed can count the post-observation discussion as part of their CPD hours – and the time spent observing also counts as CPD for the observer.

You can read more about peer observation on pages 12–13 of the *osteopath*, February/March 2016, and on the o zone at: bit.ly/ozone-peer-observation

Shadowing another healthcare professional (who may or may not be an osteopath) is not quite the same. It is primarily a learning exercise for you, the ‘shadower’, as you can ask about all aspects of practice rather than just watching the clinical encounter passively. Also, if the patient agrees, the healthcare professional can talk to you during the consultation about what they are doing – and, if they are a fellow osteopath, they may even invite you to be involved in the consultation.

Generally, shadowing is not a CPD activity for the healthcare professional who is being shadowed, as they are imparting knowledge and not learning anything new – but, of course, they *can* claim CPD hours if they feel that their discussions with the shadower have contributed to their own professional development.

The key to successful shadowing is to ask lots of questions: find out about the practice, the routine, the work environment, the common presenting conditions, the treatment modalities and the type of advice given, and try to identify similarities with and differences from your practice. Observe the skills and attributes that the practitioner exhibits, especially those you believe are important to you.

At the end of each observational period, take the opportunity to reflect on the experience and write down your thoughts. How useful was it? What did you learn? Did it give you opportunities to network further with fellow healthcare professionals? And how did it enhance and develop your skills as an osteopath?

Make sure you retain your notes or an informal journal of your observations, verified by signatures or initials if appropriate; this will be useful evidence for your CPD record folder.

i For more information about claiming CPD for different types of activity, see pages 11–17 of the *CPD Guidelines* at: tinyurl.com/gosc-cpd

We want to feature more individual osteopaths’ CPD experiences in *the osteopath*. If you have completed CPD activities which you think could provide learning points for the wider profession, please email scilift@osteopathy.org.uk

REGISTERING FOR THE FIRST TIME?

Q I’m confused about insurance: I know osteopaths must be insured, but I believe companies won’t insure me until I’m registered. What order do I have to do things in?

A When you complete your registration application form, you are asked to state which insurance provider you intend to use (although you can later change your mind about which provider you use).

You should arrange your professional indemnity insurance well before you start practising.

Your chosen provider will set up your insurance policy, but it will not be activated until you are registered.

When the Registrar confirms in writing that you are registered, let your insurance provider know straight away. They will activate the policy and send you an electronic copy, which you should forward to us at: registration@osteopathy.org.uk

Alternatively, you can ask your provider to send evidence of cover directly to us.

You must not begin to practise unless you have

insurance that has been activated and is compliant with the *General Osteopathic Council (Indemnity Insurance) Rules Order of Council 2015* (see bit.ly/gosc-pii).

If you make clinical contact with patients and you do not hold valid insurance, you risk facing fitness to practise proceedings.

Q How long does it take to be registered?

A When all of your completed paperwork has been received and any

outstanding questions have been answered, it should take no more than five working days (and usually fewer) for your name to be signed onto the Register.

Remember that you can complete and submit your registration application form to us now, and provide the other required documents when you have them – this will mean that we can raise any questions with you at an earlier stage. You will need to send your application fee with the form, but we will not collect any funds before your registration is live.

Promoting safety in acupuncture

A new website offers practitioners of acupuncture and dry needling a reminder of the essentials of safe practice



- ensuring that acupuncture is the most appropriate treatment for the patient
- minimising the risk of trauma or injury (by knowing the safe limits for depth of needle insertion, taking particular steps when needling over the thoracic region, and noting the number of needles used)
- reducing the risk of infection (for example, by washing your hands regularly, disposing of needles in appropriate sharps containers, and ensuring that the skin surface is clean and free from emollients)
- checking your equipment is CE-marked, and using sterile, disposable and single-use needles
- complying with legal obligations (by disposing of sharps containers and clinical waste in line with current hazardous waste legislation, and registering or licensing yourself with your local authority if required in your area)
- reporting serious adverse events or notifiable diseases immediately.

Visual guide

The website also includes a visual safety guide, drawn up by the British Medical Acupuncture Society, which shows whether standard and/or deep needling may present risks when carried out on different parts of the body. Other features of the site include:

- details of research studies assessing the safety of acupuncture
- an explanation of what to do (first aid and reporting duties) in the event of needlestick injuries or exposure to blood-borne viruses
- details of the British Standard for acupuncture needle quality
- contraindications and cautions for acupuncture
- information about the BAcC's adverse incident reporting scheme, setting out what to do if something goes wrong.

As well as being a resource for practitioners, the website is intended to offer the general public and prospective patients an insight into 'the sophistication with which the practice of acupuncture is now undertaken in the UK'.

Osteopath and trainer Giles Gyer, who has co-written *Dry Needling for Manual Therapists* (Singing Dragon, 2016), gives his opinion of the new website:

"This is a nice amalgamation of safety guidelines from traditional acupuncture to modern interpretations. It shows that, regardless of the therapist's philosophical viewpoint, patient safety and safe technique is at the forefront of practice.

"Because it's basic and doesn't go into great depth – the topic of safe practice is large – it shouldn't be solely relied on for your safety protocols. But it is a great start at bringing some standard guidelines across the professions, and hopefully it will grow with more information and resources.

"Overall the website is a valuable quick-reference guide for therapists on topics such as needle choice, common issues faced in clinical practice and basic contraindications, with some nice colour illustrations of areas of the body where caution is required. It's a useful resource to accompany a training manual or a dry needling/acupuncture book."

Many osteopaths practise acupuncture and dry needling, but there is no special interest group covering these disciplines within the profession.

To ensure that osteopaths and other health professionals have access to the most up-to-date information about the safe practice of acupuncture in a clinical setting, a new website – www.acupuncturesafety.org.uk – has been launched.

Basic principles

Developed by the British Acupuncture Council (BAcC), the British Medical Acupuncture Society and the Acupuncture Association of Chartered Physiotherapists, the website also has the support of the Professional Standards Authority. It sets out some basic safety principles for practitioners to follow in areas such as:

If you would like to be part of a special interest group for osteopaths who practise acupuncture or dry needling, the Institute of Osteopathy wants to hear from you. Please contact Professional Development Officer Katie Griffiths at: Katie@osteopathy.org



How long should you keep patient records?

Although the *Osteopathic Practice Standards* set out the minimum time for retaining patient data, they don't specify a maximum time. But that doesn't mean you should keep this information indefinitely

The main UK legislation covering the use of individuals' personal information is the *Data Protection Act 1998*.

All users of personal data must follow the eight 'data protection principles' set out in the Act, of which the fifth is:

'Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.'

The Act does not define the length of time that it is 'necessary' for data to be kept, which allows for some flexibility. However, you will be in breach of the Act if the Information Commissioner's Office (ICO) – the public body responsible for ensuring data protection

compliance – considers that you have kept patient records for longer than necessary.

Eight years

The ICO takes legal and regulatory requirements – such as those set out in the *Osteopathic Practice Standards* – into account when deciding what is the 'necessary' time for retaining different types of personal information.

Guidance to standard D6 ('Respect your patients' rights to privacy and confidentiality') says that you should keep patient records for a minimum of:

- eight years after their last consultation, or
- if the patient is a child, until their 25th birthday.

The ICO's view is that, if your regulator has determined that it is necessary to retain patient records for that long, you need a very good reason to retain them beyond that time – so, in effect, the *minimum* retention period required by the GOsC is also regarded by the ICO as the *maximum* retention period.

Retention policy

Ultimately, the 'data controller' for your patient records must decide how long they are kept for. To check whether you are the data controller for your patient records, see *the osteopath*, December 2015/January 2016, page 10.

The ICO advises that your practice should have a policy covering the retention of

personal data, and should make patients aware of it. If there are reasons why you feel that any patient records should be retained for longer than eight years, set this out in your practice policy; your data controller will need to justify the reasons to the ICO if asked.

You may feel that, as a service to patients who might possibly want access to their records many years after they last saw you, you want to retain patient records for as long as you have space to store them. But the *Data Protection Act's* third data protection principle requires that the information you hold on an individual is 'not excessive'. Minimising the amount of data you hold is important, says ICO Senior Policy Officer Vicky Cetinkaya: "Keeping data 'just in case' doesn't quite cut it."

You may be happy to dig out old records for patients if they request them, but this takes resource: is it reasonable for a patient who hasn't seen you for more than eight years to expect you to have retained their records, Vicky asks. If you have a policy of destroying records after the minimum period stipulated in the *Osteopathic Practice Standards*, patients will accept (especially if you have informed them of the policy) that their records won't be available after that time.

Also, as Vicky acknowledges, "Unfortunate incidents do happen from time to time with personal information." If one should happen to you, the act of holding on to your patient records indefinitely will – far from potentially benefiting your patients – have unnecessarily resulted in their personal data falling into the wrong hands.

i For more information about retaining personal data, see the ICO website at: bit.ly/ico-principle-5 or phone its helpline (0303 123 1113 or 01625 545745).



JAN CHEBLIK

NICE drafts new low back pain guideline

Updated guidance on effective treatments for low back pain is on the way later this year. **Austin Plunkett** from the National Council for Osteopathic Research explains what's in the draft version, and how the profession has responded

Published in 2009, the current guideline from the National Institute for Health and Care Excellence (NICE) on managing low back pain recommends manual therapy as a treatment for non-specific pain that has lasted between six weeks and 12 months.

Recently NICE has been reviewing the guideline, with the osteopathic profession represented on its development group. At the end of March this year, a new draft guideline was published for consultation.

NICE guidelines advise the NHS in England and Wales on suitable treatments for people with specific conditions or diseases. The new draft has a broader scope than the current guideline: it covers 'sciatica' (a term used because it is familiar to patients) as well as low back pain, and advises on the assessment and management of these conditions from first presentation onwards.

The draft guideline recommends exercise as the first step in managing low

back pain; massage and manipulation by a therapist are recommended only alongside exercise. And people with low back pain should also be supported in maintaining regular daily activities, it says.

Unlike the current guideline, which specifies a course of up to nine manual therapy sessions over up to 12 weeks, there is no explicit recommendation for a set number of treatments.

Consultation

NICE's consultation on the new guideline lasted until early May and was limited to 'stakeholders', including the National Council for Osteopathic Research (NCOR), the Institute of Osteopathy (iO) and the GOsC. In April, representatives from these organisations got together with osteopathy-researchers to consider the draft.

In NCOR's response to the consultation, made on behalf of osteopathic stakeholders, we emphasised the need to ensure that the term 'manual therapist' is used consistently throughout the

guideline – with the term defined as encompassing osteopaths, chiropractors and physiotherapists.

We also argued that the guideline should attach more weight to pragmatic trials and effectiveness research, which would support the case for manual therapy to be recommended as a standalone treatment.

Other issues covered in our response include the relative benefits of group exercise and individual exercise programmes, and the evidence on the risks of adverse effects associated with different treatments.

The draft guideline makes recommendations for future research; these currently focus on pharmacological and surgical options, but we have proposed that they should also include research into topics such as how multi-model therapy packages can best be delivered and which combinations of treatment and care work best for different patient groups.

Following the consultation, the final version of the guideline is due to be published in September. Watch out for our updates on Twitter (twitter.com/ncor_uk) and Facebook (www.facebook.com/NCORnews), as well as in *the osteopath*.

Why discuss dysfunction?

Is the idea of somatic dysfunction central to osteopathic practice, or useful only as a 'broad conceptual model'? NCOR Researcher **Austin Plunkett** looks at new research and the wider issue of communication with patients and other healthcare professionals

The importance of talking to our patients in language they recognise is obvious:

ensuring that a patient understands a proposed course of treatment, and the associated risks and benefits, is essential to gaining their consent.

But our choice of language is just as important when we discuss our patient care with non-osteopath healthcare practitioners. Using terms that they do not recognise could adversely affect their opinion of osteopathy.

Somatic dysfunction, or the earlier term 'osteopathic lesion', has been a central concept within osteopathy for more than a century – but does it have any useful meaning outside or even within the profession? A new research paper¹ in the *International Journal of Osteopathic Medicine* argues that 'its use as a diagnostic label in the practice setting should be abandoned'.

'Questionable relevance'

Written by Gary Fryer, Associate Professor of Osteopathic Medicine at Australia's Victoria University, the paper examines the concept of somatic dysfunction – and concludes that its 'relevance to the modern profession is questionable due to its unclear pathophysiology and poor reliability of detection ... the term arguably has little

meaning when describing the characteristics of dysfunction to other osteopaths, let alone to patients'.

Fryer takes the clinical signs of somatic dysfunction – tenderness, asymmetry, range of motion, and texture change (TART) – and investigates how reliably palpation can detect them. After a thorough discussion of the anatomy, he goes on to propose a model for these clinical signs, modified from an earlier paper of his from 2003.

Rejecting the idea of somatic dysfunction as 'a single clinical entity, diagnosed exclusively by osteopaths using palpation', the model presents it as 'the production of clinical signs from nociceptive-driven functional changes and comorbid patho-anatomical tissue factors associated with strain and degeneration'.

Palpation alone cannot differentiate the causes of clinical signs of dysfunction, Fryer argues. He suggests that his model may be helpful in guiding osteopaths' clinical reasoning when considering the likely underlying processes.

'Anachronistic terminology'

Having presented this definition of somatic dysfunction, Fryer asserts that the term should be used only for 'theoretical consideration of the nature of dysfunction and causes of palpatory signs'; it has 'no clinical utility for diagnostic purposes or for communicating a diagnosis'.

He notes that language can strongly influence patients, and points to research suggesting that their 'understanding (or misunderstanding) of their condition [can] have a strong influence on the course and prognosis of pain and disability'.

If we use 'anachronistic and potentially harmful' positional terminology when talking to patients, he says, 'essentially benign dysfunctions (typically minor movement impairments) may be interpreted as being serious impairments with long-term consequences and requiring ongoing passive manual treatment for correction'. Fryer advocates the use of motion restriction terminology, which 'does not reinforce the message of a fixed displacement in the mind of the patient or practitioner'.

He adds: 'There would be even less value in declaring

the presence of somatic dysfunction to practitioners from other professions, given the term is rarely used or understood outside the profession.'

'Cohesive message'

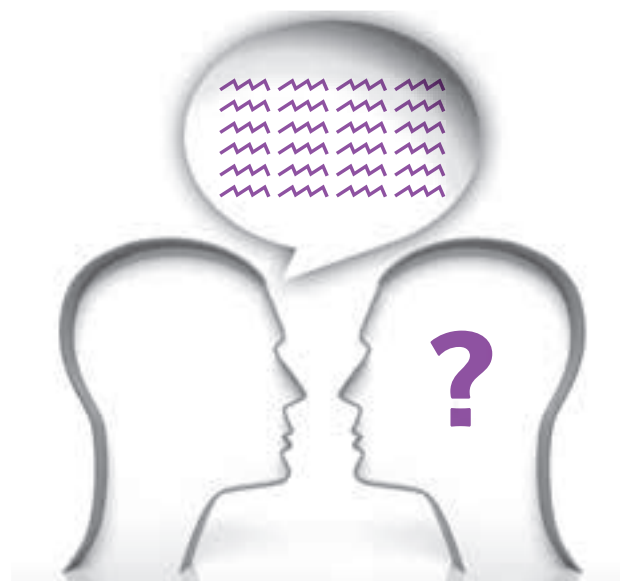
Fryer ends the paper by noting that little is known about the use of the term 'somatic dysfunction' or the significance attached to it. He urges the profession to 'research this topic in a collaborative way to deliver a cohesive, evidence-based message'.

The paper is available free of charge as part of the 'IJOM Plus' package – first log on to the **o zone** at: bit.ly/ozone-journals, then go to bit.ly/fryer-somatic-dysfunction

At NCOR, we'd like to know what you think of the paper, and to hear about the terminology you use when talking to your patients and other health professionals.

Please email info@qmul.ac.uk to share your views.

¹ Fryer G. Somatic Dysfunction: An Osteopathic Conundrum. *International Journal of Osteopathic Medicine* 2016, in press.



Fund your research

Austin Plunkett explains how a small donation to the National Council for Osteopathic Research (NCOR) can bring great benefits to the profession

Why should osteopaths donate to NCOR? Well, for a start, we offer advice to osteopaths and students with their research projects; we visit colleges and regional societies to talk about research-related issues; and we help our network of 'research hubs' to organise regular meetings where they can discuss topics relevant to clinical practice in a relaxed atmosphere (see bit.ly/ncor-hubs).

We have recruited a contractor to conduct a systematic review of the literature on manual therapies in childcare, and we are coordinating a team of volunteers to produce synopses of evidence on a wide range of topics. These will all be freely available to osteopaths on our forthcoming 'Centre for Reviews' website.

NCOR has developed online systems – PREOS and PROMs – enabling you to collect vital data from patients on their experiences of treatment and their perceptions of the outcomes. You can read more about PROMs on pages 4-5, and we'll cover PREOS in detail in the next issue.

Our work also has a global perspective. NCOR's director, Professor Dawn Carnes, is advising the World Health Organization on osteopathic practice; she is also chair of the International Osteopathic Research Network, which ensures that we regularly collaborate with osteopaths worldwide.

Most recently, the National Institute for Health and Care Excellence (NICE) invited NCOR to comment on its draft guideline on the treatment of low back pain and 'sciatica' (see page 16). NICE guidelines set the standard for clinical practice nationally and influence international healthcare, so the opportunity to present the osteopathic perspective was welcome.

All these initiatives take time and money. The contributions we receive from UK osteopathic bodies fund a small part-time team and keep our websites running, but we need more money to conduct the projects that osteopaths want to see.

Your donation, however small, will ensure that osteopathy remains a vital force in healthcare. Can you make a monthly donation of just £2?

It's easy to donate at: www.ncor.org.uk/donate or by phoning 020 7882 6131.



MSGRAFIX / SHUTTERSTOCK

A voluntary register for animal osteopathy?

Dustie Houchin, Chair of the Society of Osteopaths in Animal Practice, describes work to establish standards in manual therapy for animals

Under the *Veterinary Surgeons Act 1966*, osteopaths, chiropractors and physiotherapists can treat an animal if they act under the direction of a vet who has examined the animal and prescribed manipulative therapy as a treatment. But there are no standards in terms of a code or scope of practice, so the public and vets alike have no idea of the validity of the therapists they use.

Four years ago, the Department for Environment, Food and Rural Affairs (Defra) set up a project to consider whether the governance of various 'minor procedures' for treating animals could be improved in light of developments in technique and increased demand for veterinary services. The aim was to avoid imposing unnecessary red tape on practitioners and animal owners, while prioritising the welfare of the animal.

Unfortunately, the manual therapist fraternity is so fragmented that no agreement could be reached on framing generic standards for all – so three

regulated professions (chartered physiotherapists, McTimoney chiropractors and osteopaths) decided to instigate the change together.

For two years we have worked with Defra to establish professional guidelines for non-vets who offer physiotherapy, osteopathic or chiropractic techniques for animals, with a view to developing a voluntary register. Representatives of regulators (including the GOsC) on the project's working group have provided support and expertise that will be fundamental to the register's success.

The professions are standing shoulder to shoulder because we support the notion of practice standards and we want to ensure the safety of the animals we treat. A register will offer the public and vets the information they need to choose the right therapists.

We hope that the proposal for the voluntary register, and the baseline criteria for practitioners to join it, will be agreed over the summer. Look out for an update in *the osteopath* later this year.

Regional society flowers in Beds

How difficult is it to set up a local osteopathic group?

Deborah Smith describes how she and a colleague formed 'Osteopaths in Bedfordshire', and the support they received

The stimulus to start a network of osteopaths in Bedfordshire was recognising that both professional isolation and being in practice for a long time are risk factors for diminishing clinical competence. I felt it would be beneficial to meet up with colleagues for learning and professional support; so did Karen Robinson, an osteopath who owns the clinic where I practise in Shefford, so we discussed how to go about starting a group.

It seemed a daunting task, and we both said we would benefit from a guide. I contacted a couple of established regional societies to seek their advice, and received some helpful responses. Also, I was delighted to find that the Osteopathic Development Group (see page 5) had already produced a handbook called *Regional Osteopathic Groups – A Guide to Setting Up and Sustaining a Vibrant Local Osteopathic Community*. We have found this invaluable in starting the group – you can find it at: osteodevelopment.org.uk/theme/regional-support

Planning the group

Having found out what we needed to do, the first step was to gauge local interest. We drafted an email and sent it to the GOsC, who were able to send it out to osteopaths in the area; anyone looking to set up a group can request this by emailing info@osteopathy.org.uk

The response was encouraging, so Karen and I put together a series of questions – on topics such as the preferred frequency of meetings and whether people were willing to volunteer for the committee – and sent them to everyone who had replied to the initial email.

Our inaugural meeting was held in April at the Shefford clinic where we practise. Seven osteopaths attended, but others who had not been able to make it had sent us answers to our questions so we knew their

views. It was a friendly and enthusiastic group, and we went through the question sheet together to establish what the group could and should do.

The result was that we were able to form a committee, identify skills within the group that could be shared in CPD sessions, and establish the timing and frequency of meetings.

Becoming established

The group, 'Osteopaths in Bedfordshire', will meet quarterly on weekday evenings. The day and venue will depend on the location, the speaker and the level of interest in the event.

All are welcome at meetings, and we will charge according to the event: costs will be passed on to attendees if we have to pay a speaker and/or a venue, but there will be no charge for meetings hosted by a group member in their practice.

All areas of interest may be covered, but we will try to tie them in as much as possible to the GOsC's CPD guidelines. Topics identified so far include paediatrics/obstetrics, running your practice, case-based discussion and gaining consent, and we hope to arrange a meeting with consultants at the local private hospital.

The Institute of Osteopathy (iO) has provided great help with setting up a website for the group, and it offers other services for local groups which we are likely to make use of in the future. See www.osteopathy.org/regional-societies for details.

Starting the group has been quite a lot of work but an enjoyable experience, made much easier by help from colleagues and the handbook. The support of staff at the GOsC and the iO has also been valuable, so do get in touch with them if you are thinking about setting up your own network – there's plenty of support available.

Our first CPD meeting is on Monday 20 June, when Jez Proctor will talk about 'improving adherence to exercise prescription' – very timely in light of the new draft NICE guideline for treating low back pain (see page 16). We look forward to seeing the group grow and become established.

i To keep up to date with the group's activities, please email osteopathsinbedfordshire@gmail.com



The group's first CPD event will focus on improving adherence to exercise prescription

JAN CHEBLIK

Your professional body needs you

A message to osteopaths from **Robin Lansman**,
President of the Institute of Osteopathy

Could you make a difference?

All osteopaths face some challenges on their career journeys, from the hard work of studying, building up a practice and then exploring ways to develop one's professional life. My own career has included teaching, working with other healthcare professionals and now serving as President of the Institute of Osteopathy (iO). During my career I've been glad of the support of the British Osteopathic Association and the iO, which works hard to help osteopaths throughout their working lives by providing expert advice, education, professional development opportunities and resources.

The iO is committed to uniting, supporting, developing and promoting osteopathy for the improvement of patient health. This mission benefits all osteopaths as we strive to raise public awareness of osteopathy; we are already representing the profession in a number of forums including

the Advertising Standards Authority, the National Institute for Health and Care Excellence (see page 16) and the Arthritis and Musculoskeletal Alliance, and will continue to do so.

I am pleased that around 70 per cent of UK registered osteopaths are already members of the iO. They contribute to the iO's mission by writing for our highly regarded bi-monthly magazine *Osteopathy Today*, participating in a variety of projects, sharing their views and information, and serving on our Council. Those that can't give their time and skills still help by paying their annual subscription, which funds the iO's work. In return they receive six issues of our journal per year, discounts on CPD, exclusive access to a wealth of online resources and advice and assistance from our expert team of staff.

We are a very small profession and we need 'all hands on deck'. Even if you have reached professional success personally,



whatever that means for you, could you find some time and a modest annual subscription to help the profession?

The iO is making huge strides to strengthen and promote osteopathy, but can achieve so much more if the remaining 30 per cent of the profession joins us. By doing so, you can contribute to the development and success of the profession.

For more information, visit www.osteopathy.org or contact the iO office on 01582 488455.

Thank you for reading.

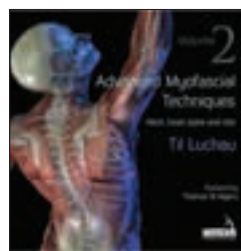
Bookshelf

A selection of
illustrated reference
books for osteopaths

Advanced Myofascial Techniques, Volume 2: Neck, Head, Spine and Ribs

Til Luchau

Handspring Publishing (2016) 244 pages
ISBN: 978-1-909141-17-9

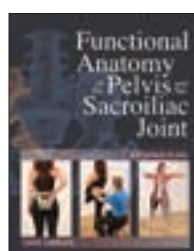


This second of two detailed guides to effective manual therapy techniques for commonly encountered complaints features about 200 illustrations, including many 3D anatomical colour perspective renderings. It describes a variety of hands-on approaches to restore function, refine proprioception and decrease pain.

Functional Anatomy of the Pelvis and the Sacroiliac Joint: A Practical Guide

John Gibbons

Lotus Publishing (2016) 288 pages
ISBN: 978-1-905367-66-5

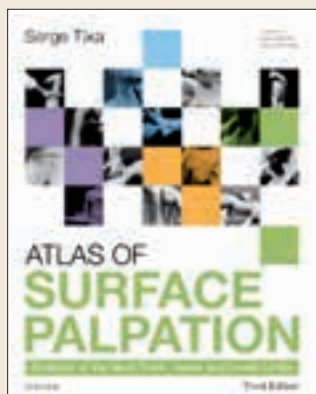


How to recognise pain and dysfunctional patterns arising from the pelvic girdle, with step-by-step techniques to identify and correct impaired patterns as well as functional exercises for the pelvis to promote recovery. Topics covered include sacroiliac joint screening and the laws of spinal mechanics.



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



Atlas of Surface Palpation: Anatomy of the Neck, Trunk, Upper and Lower Limbs (3rd edition)

Serge Tixa

Churchill Livingstone Elsevier

ISBN: 978-0-7020-6225-4

Reviewed by Sian George
MOst

As a fairly recent graduate of osteopathy, I was intrigued as to how this 541-page book would differ from the variety of anatomy and palpation books used during my training.

Based on Manual Exploration of Surface Anatomy (MESA), a technique created by the very experienced French manual therapist Serge Tixa, it is a beautifully presented volume; even just flicking through, you can see it is a quality and easy-to-use text.

Each chapter covers a different part of the body, with subsections dedicated to its osteology, myology, nerves and blood vessels, and arthrology. Beautiful, clear drawings in the osteology sections show bony landmarks, muscle attachments, ligaments and bursa along with multi-views of the area in question, while under myology there is a breakdown of the muscle groups along with their actions and nerve supplies.

Structures that can be detected by palpation are listed, and the reader is guided through each of them, with a precise description accompanied by a photo of the area and the therapist's finger point. Clinical notes relating to the area are included, such as common conditions and how they present on palpation; this is a very helpful addition, tying in the skills of assessment and palpation and how vital they are to an accurate diagnosis and treatment plan.

This is a valuable addition to my bookshelf; I will be referring to it to analyse and perfect my palpation, which I feel I am still learning with each patient I see. It's an excellent textbook for both students and practitioners, with clear and concise information on how to hone your palpation skills.

The Placebo Effect In Manual Therapy: Improving Clinical Outcomes In Your Practice

Brian Fulton

Handspring Publishing

ISBN: 978-1-909141-29-2

Reviewed by Alan Szmelskyj
DO, MSc, Adv Dip Clin Hyp,
FRSPH

When AT Still proposed that 'the body produces its own medicines', to what extent was he alluding to the non-specific effects associated with his approach? Well, almost one-and-a-half centuries later, we can confidently suggest to practitioners who use manual techniques that part of their clinical effectiveness is due to placebo effects.

What relevance does this have to contemporary UK osteopathic practice? A great

deal, I would suggest. For example, osteopaths have a professional requirement to give sufficient information, including about the risk of adverse events, for them to be able to gain patients' informed consent to treatment. This may open up in patients' minds a Pandora's box of potential nocebo effects, which may be better managed and disrupted if practitioners can be helped to use non-specific treatment effects.

Canadian massage therapist Brian Fulton has made a sterling job of tackling the major aspects of the placebo response. His book is fairly easy reading, with the subsections or mini-chapters quite accessible on their own.

The first of three main sections, 'Understanding the placebo effect', covers topics such as a brief history of placebos, belief systems and mind-body medicine. This section gets stronger as it goes on, dealing with placebos' power and longevity, and also touches on the nocebo effect.

Although the chapter on objective results from placebos is limited in its depth and breadth (with several trials mentioned and conclusions from them cited, but insufficient guidance as to their importance), there are highly readable chapters on biological pathways, the placebo responder, and the ethics of using placebo approaches.

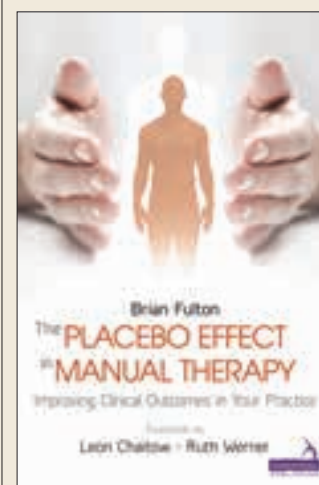
The second and largest section focuses on improving the clinician's ability to use various approaches that may enhance elements of nonspecific treatment. It is no surprise that Fulton covers the patient's prior therapeutic conditioning and their expectancy of treatment: two almost ubiquitous placebo-enhancing concepts in the

placebo literature. However, his references to other aspects of the consultation and psychotherapeutic treatment process – motivation and desire, establishment of trust, psycho-educational processes, time spent by the practitioner and situational-based ritual, to mention just a few – greatly add to the book's usefulness and usability by practitioners.

This is a highly valuable section, but a few criticisms can be made. Advice on lifestyle and stress management self-help is of variable usefulness, and goes slightly away from the core theme of the book. And some aspects of the consultation process, particularly the use of language, are insufficiently covered; hopefully, the next edition will expand on these.

The final, short section of the book offers 'Perspectives on healing'. Fulton states that this is 'not integral in any way to the message of this book', and I agree with him.

Although it is applied to manual therapy less directly than the title suggests, this is a highly useful text that even experienced osteopathic practitioners (and their patients) will benefit from. It should be part of every undergraduate osteopathy course's standard reading.



Courses 2016

Courses are listed for general information, and inclusion does not imply approval or accreditation by the GOsC. For a comprehensive list of courses, see the events diary on the o zone at: bit.ly/ozone-events

July

2

Treatment of spinal region with acupuncture

Speaker: Kam-Wah Mak
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

2-3

SCCO Pathway module 1: Foundation course

Speaker: Penny Price
Venue: Clonmel Osteopaths, Tipperary, Ireland
Tel: 01453 767607
admin@scco.ac
www.scco.ac

9

Pain and pharmacology

Speaker: Dave Baker
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5352
cpd@bso.ac.uk
www.bso.ac.uk/cpd

9-10

Paediatric osteopathy

Speaker: Andrea Rippe
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5352
cpd@bso.ac.uk
www.bso.ac.uk/cpd

9-10

Osteopathy in pregnancy, birth and post-partum

Speaker: Professor Renzo Molinari
Venue: Wokefield Park, nr Reading, Berkshire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

13

Kinesiology taping for the athlete

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

14-17

Advanced therapy masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16

The miserable baby, part 1: Treating feeding and digestive disorders in the newborn and baby

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
osteokids@aol.com
www.mumandbaby-at-home.com

16

Visceral vascular and peritoneal work

Speaker: Caroline Stone
Venue: London
visceralosteopathy.co.uk

16-17

Osteopathy and gynaecology

Speaker: Stephen Sandler
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5352
cpd@bso.ac.uk
www.bso.ac.uk/cpd

18

Spinal manipulation and mobilisation technique

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

20

Osteopathic guide to workstation posture: practical advice for patients

Speaker: Jon McSwiney
Venue: The Faringdon Clinic, Faringdon, Oxfordshire
Tel: 01367 244699

20-21

Advanced soft tissue techniques

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

23

Thoracic outlet syndrome and shoulder dysfunction

Speaker: Robin Lansman
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5352
cpd@bso.ac.uk
www.bso.ac.uk/cpd

26

The vital glutes and psoas masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

August

3

Kinesiology taping for the athlete

Speaker: Mike Grice
Venue: Birmingham Movement Therapy, Harborne B17
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

20-21

SCCO Pathway module 1: Foundation course

Speaker: Penny Price
Venue: Fawnsmoor Farm, Axminster, Devon
Tel: 01453 767607
admin@scco.ac
www.scco.ac

31

Acupuncture techniques for medical conditions – level 2

Speaker: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

September

1-4

Acupuncture techniques for sports injuries – level 1

Speaker: Bernard Nolan
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

6

Muscle energy techniques

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

7

Neurological testing

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

9

Trigger point dry needling in management of back pain

Speaker: Mieke Vlamynck
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

10

Dry needling in elbow, wrist and hand conditions

Speaker: Mieke Vlamynck
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

10

The pelvic floor (external techniques) male and female

Speaker: Caroline Stone
Venue: Birmingham
visceralosteopathy.co.uk

10-11

Functional stretching

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

11

Bump to baby, part 1: pelvic, pubis, coccyx, lumbar spine

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
osteokids@aol.com
www.mumandbaby-at-home.com

12

Hip and groin masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

12-16

SCCO Pathway module 2: Osteopathy in the cranial field

Speaker: Pamela Vaill-Carter
Venue: Columbia Hotel, London W2
Tel: 01453 767607
admin@scco.ac
www.scco.ac

13

Knee joint masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

14

Cervical spine masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

15

Shoulder joint masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16-18

The heart and its osteopathy

Speaker: Jean Marie Beuckels
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

17

Post-operative pain and intro to urogenital problems

Speaker: Caroline Stone
Venue: Birmingham
visceralosteopathy.co.uk

17

Osteopathic thinking in the workplace

Speakers: Mia Lederman and Julie Batty
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

17-18

Biodynamic craniosacral therapy introduction

Speaker: Michael Kern
Venue: Skylight Centre, London N5
Tel: 07000 785778
info@cranio.co.uk
www.cranio.co.uk

21-22

Musculoskeletal diagnostic ultrasound

Speaker: Dr Budgie Hussain
Venue: Cavendish House, Bournemouth, Dorset
Tel: 01202 436505
sbattison@aecc.ac.uk
www.cusultrasound.co.uk

22-25

Visceral manipulation 4

Speaker: Christoph Sommer
Venue: Stillorgan Park Hotel, Dublin, Ireland
Tel: +353 1210 3967
barralireland@gmail.com
www.barralinstitute.ie

24

Contemporary acupuncture in women's health

Speaker: Justine Munur
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

24

Managing fibromyalgia with acupuncture: research to practice

Speaker: Dr Jorge Vas
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

October

7-9

An osteopathic approach to exercise and stretching prescription

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

8

Chronic pain – the lynchpin between management and recovery

Speaker: Georgie Oldfield
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

8-9

SCCO Pathway module 1: Foundation course

Speaker: Penny Price
Venue: Crista Galli Osteopathy, London W2
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

9

The miserable baby, part 3: Clinical applications

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
osteokids@aol.com
www.mumandbaby-at-home.com

15

Integrated myofascial release

Speakers: Rachel Fairweather and Meghan Mari
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

15-16

Paediatric emergency first aid and osteopathic care in trauma

Speakers: Hilary Percival and Mark Wilson
Venue: Wokefield Park, nr Reading, Berkshire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

22

Communication skills in the consulting room

Speakers: Julie Batty and Mia Lederman
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

28

Conference: Montgomery and me – implementing the new standard for consent

Speakers: Baroness Hale, Professor Sir John Bell, Professor Jonathan Herring
Venue: St Catherine's College, Oxford
valuesbasedpractice@nds.ox.ac.uk
valuesbasedpractice.org



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

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

Pain & Pharmacology

Date: Saturday 9 July 2016

Times: 09.00 – 17.00

Cost: £125

CPD: 7 hours per day

Location: The BSO Teaching Centre, London



Most osteopathic patients will be taking, or have taken painkillers—less than half safely and appropriately. Most have unanswered questions about affects, side affects and safe usage. This course will give delegates the opportunity to increase their knowledge and confidence of pharmacology and pain control medication.

The course will discuss assessing and treating patients with poorly controlled pain, with advice and education on safe and effective pain control medication selection.

Using evidenced based practice, the course will also challenge common dysfunctional beliefs and attitudes to medications.

Paediatric Osteopathy 1 & 2

Date: Saturday 9 July & Sunday 10 July 2016

Times: 09.00 – 17.00

Cost: £125 per day

CPD: 7 hours per day

Location: The BSO Teaching Centre, London



Working with babies and toddlers is an increasing part of osteopathic clinical work. This course will give a firm grounding in eliciting a thorough case history, relevant examination and evaluation. This will give delegates confidence in their diagnosis and management plans for infants up to a year old. The course will include red flags and examination procedures and an emphasis on a thorough understanding of factors leading to common infant presentations. Delegates will ideally have been in practice for at least a year with some experience of working with infants. Book now to attend one or both days of the course.

Osteopathy & Gynaecology: Pelvic Pain & the Female Reproductive System

Date: Saturday 16 July & Sunday 17 July 2016

Times: 09.00 – 17.00

Cost: £200

CPD: 7 hours per day

Location: The BSO Teaching Centre, London



This course will include a review of the normal physiology for the female reproductive system, a look at case history which involves what questions we ask, how we understand the responses and how we make a clinical decision as to who is best to see this patient (osteopath, gynaecologist or another clinical specialist). You will also review the pathologies involved, supported by up to date evidence. You will explore elements of structural, visceral and myofascial techniques throughout the weekend. Mention will be made of the role of cranio sacral techniques but will not be part of the teaching. The techniques taught in the class will be mainly external techniques. Any internal techniques taught in the class will be practiced on a gynae trainer model so that the whole class can participate in the palpation.

Get in touch...

For a full list of all our CPD courses or to book your place **today**, phone on 020 7089 5333 or email cpd@bso.ac.uk.

What's coming up...

Sat 23 Jul

Thoracic Outlet Syndrome & Shoulder Dysfunction Workshop

Fri 9, Sat 10, Sun 11, Sat 24 & Sun 25 Sep

Osteopathy in the Cranial Field

Fri 7 Oct

3D Biomechanics

Fri 21 Oct

Functional Active Release

Sat 22 Oct

Advanced Ergonomics

9 & 10 Dec

3D Biomechanics & Functional Active Release

2016-17

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

Follow us...



TheBSO



@OfficialBSO



The British School of Osteopathy



OfficialBSO

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

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



THE BRITISH SCHOOL OF OSTEOPATHY

Postgraduate Certificate in Specialist Paediatric Osteopathic Practice

This course is a fantastic opportunity to get a solid foundation in caring for babies and children. The course starts with a comprehensive unit covering the skills and theory that underpin caring for babies, toddlers, pre-school and school age children. The clinical unit then brings the theory and practice together - giving you the opportunity to work with a really diverse range of patients within our central London clinic.

- * High tutor to student ratio
- * An evidence based approach to paediatrics
- * Exposure to a diverse and broad range of paediatric patients rarely seen in private practice
- * Flexible course with weekend classes, allowing you to work and study
- * Suitable for graduate and experienced osteopaths - with discounts for 2016 graduates

Our next cohort will begin in July 2016. For more information:

Course Leader: Samantha Fennell s.fennell@bso.ac.uk

Admissions: admissions@bso.ac.uk or 020 7089 5316

www.bso.ac.uk/postgraduate-cpd/postgraduate-courses



THE BRITISH SCHOOL OF OSTEOPATHY

Postgraduate Certificate in Academic and Clinical Education

This programme is designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic-based settings. The course offers two units: Education for Academic Teaching and Education for Clinical Supervision and Teaching Technical Skills. Each unit will involve four contact days, approximately one a month, utilising seminars and practical workshops supported by online discussion forums and formative and summative assessment.



Four important areas are explored through the programme:

- **Educational Theory** - critical exploration of current concepts and debates regarding models of teaching, learning, assessment and feedback
- **Educational Practice** - explore practical approaches to teaching and learning including developing teaching materials, teaching practical skills and clinical supervision
- **Supporting Student Learning** - learn more about student needs, supporting the student experience, social learning skills and situated learning
- **Institutional Issues** - discuss the role of the educator in the teaching institution, curriculum design, management and leadership in education

Currently the programme has 97% success at graduation and feedback from the last cohort reported 100% satisfaction with the learning experience.

Our next cohort will begin in September 2016. For more information:

Course Leader: Fiona Hendry f.hendry@bso.ac.uk

Admissions: admissions@bso.ac.uk or 020 7089 5316

www.bso.ac.uk/postgraduate-cpd/postgraduate-courses



CPDO 2016

Professional Development for Manual and Physical Therapists

☎ 0207 263 8551

cpd@cpdo.net

Date	Topic	Lecturer	Cost	Deposit	CPD points
18 June	Managing the acute and chronic shoulder: science to practice	Dr. Eyal Lederman	£125	£125	7
2-3 July	Hartman's Master class in Manipulative techniques: lower body	Prof. Laurie Hartman	Fully booked		7
9 Sept	Dry needling in managing low back pain	Mieke Vlamynck	£135	£135	7
10 Sept	Dry needling in elbow, wrist and hand conditions: a myofascial approach	Mieke Vlamynck	£135	£135	7
24 Sept	Managing fibromyalgia with acupuncture: research to practice	Dr. Jorge Vas	£145	£145	7
8 Oct	Chronic pain - the lynchpin between management and recovery	Georgie Oldfield	£125	£125	7
15 Oct	Integrated myofascial Release	Rachel Fairweather & Meghan Mari	£125	£125	7
19-21 Oct	Barral's advanced urogenital manipulation	Jean-Pierre Barral	Fully booked		20
5-6 Nov	Advanced Muscle Energy Methods - articular and soft tissue approaches	Leon Chaitow	£295	£200	14
19 Nov	Patellofemoral Pain: review of evidence and practical insights into management	David Wales	£125	£125	7
19 Nov	Safe Use of Acupuncture during Pregnancy	Justine Munur	£135	£135	7
26-27 Nov	Harmonic techniques	Dr. Eyal Lederman	£285	£200	14
3 Dec	Electroacupuncture	Kam-Wah Mak	£145	£145	7
3-4 Dec	Hartman's Master class in manipulative techniques: lower body	Prof Laurie Hartman	Fully booked		14

CPDO at Home - online CPD

Learning with Others and Self-Directed Learning

Free membership - Pay as you go - www.cpdoathome.com

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

Up to 5 CPD points for Self-Directed Learning



For **acupuncture** and **dry needling** courses see:

www.cpdaonline.com



Get ready for the changes in CPD requirements: Join a supervision/tutorial/peer group with Dr. Eyal Lederman
cpd@cpdo.net / 0207 263 8551



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

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

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

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

To book, please visit: www.scco.ac or call 01453 767607

Staged
payments available &
a small deposit secures
your place.

NEW!

Rule of the Artery Refresher

8 October 2016 1 day
BCOM, London CPD: 8 hrs

£185 non-res

Leader: Tim Marris **NEW!**

Do you remember Rule of the Artery?
If so, then you'll love this refresher day.
If not, then you need to come along.

Head First Conference

10-11 June 2017 2 days
W12 Centre, London CPD: 16 hrs

£390 non-res (£350 Fellows/Members)

Leader: Frank Willard **NEW!**

This conference will focus on head
trauma, concussion and relevant
osteopathic treatment strategies. Special
guest speaker: Prof. Frank Willard.

FEATURED COURSE

Module 2: Osteopathy in the Cranial Field

5 days
CPD: 40 hrs



Our flagship course!

This is an overview of the whole
cranial concept, as explained by
William G. Sutherland, covering all
the key areas, including treatment
approaches you can use immediately
in practice. Each topic is then
developed in more detail in further
Pathway courses.

12 - 16 September 2016
Columbia Hotel, London

£950 non-res

Leader: Pamela Vaill Carter

18 - 22 March 2017
Hinsley Hall, Leeds

£1430 res | £1140 non-res
Leader: Carl Surridge

JUNE 2016

Module 3

Osteopathic Medicine

**LAST FEW
PLACES**

30 June - 3 July 2016 4 days
Hawthorn, Stroud CPD: 32 hrs

£1250 res | £1080 non-res

Leader: Lynn Haller

This truly holistic course returns to the
legacies of Still, Sutherland and Littlejohn to
increase your confidence in treating a wide
range of conditions.

Some courses require a minimum
level of qualification; please enquire.

Osteopathy in Pregnancy,

Birth & Post-Partum **FILLING FAST**

9-10 July 2016 2 days
Wokefield Park, Reading CPD: 16 hrs

£390 non-res (£340 Fellows/Members)

Leader: Renzo Molinari

This two-day gynaecology course will focus
on the endlessly fascinating process of child
birth; from pregnancy to birth and post-
partum.

SEPTEMBER 2016

Faculty Development Weekend

Fellows/Faculty/ATs **FILLING FAST**

8-11 September 2016 4 days
Ses Salines, Majorca CPD: 16 hrs

£299 / £398 (excludes flights)

Leader: Sibyl Grundberg

Don't miss your chance to get to know
Faculty and Fellows SCCO better. The
schedule is up to you so tell us what you
would like at this first-of-its-kind event.

JULY 2016

Module 1

Foundation Course

2-3 July 2016 2 days
Clonmel, Co. Tipperary CPD: 16 hrs

£275 non-res Leader: Penny Price

Join us for our first Module 1
Foundation course in the
Republic of Ireland.



AUGUST 2016

Module 1

Foundation Course

20-21 August 2016 2 days
Axminster, Devon CPD: 16 hrs

£275 non-res Leader: Penny Price

Another of our frequent opportunities to
be introduced to the five phenomena of
osteopathy in the cranial field.

OCTOBER 2016

Module 1

Foundation Course

8-9 October 2016 2 days
Crista Galli, London CPD: 16 hrs

£275 non-res Leader: Penny Price

Visit www.scco.ac for a range of further
Module 1 course opportunities.

OTHER FORTHCOMING HIGHLIGHTS

Hormones & Gut Health: Weekend 2	5-6 November 2016	W12, London	non-res	£330
Module 10: Integrating Cranial into Practice	19 November 2016	BSO, London	non-res	£165
Module 1: Foundation Course	19-20 November 2016	Shrewsbury	non-res	£275
Module 5: In Reciprocal Tension	3-5 February 2017	Bournville	res	£945
Module 9: Introduction to Paediatrics	3-6 March 2017	Stroud	res	£1250
Module 4: Balance Ligamentous Tension	11-15 May 2017	Stroud	res	£1230
Module 7: Spark in the Motor	7-9 July 2017	Bournville	res	£945

Some Member discounts available. Certain courses offer both residential and non-residential rates; please enquire.

Paediatric First Aid **NEW PRICE**

and Osteopathic Care in Trauma

15-16 October 2016 2 days
Wokefield Park, Reading CPD: 16 hrs

£390 non-res (£340 Fellows/Members/POD)

Leaders: Hilary Percival

& Mark Wilson

Specialist weekend focusing on paediatric
emergency first aid and trauma care, with
Mark Davies of ABC
Medical, specialists in
paediatric first aid.

**2018-19
Paediatric Diploma
now on sale!**

shared learning, knowledge & practice

The Heart and its Osteopathy - An osteosophical conceptualisation

Course leader: Jean Marie A.T. Beuckels

Date: Friday 16 to Sunday 18 September 2016

Cost: £450 (includes lunch and refreshments)

CPD: 21 hours

This three-day postgraduate event is the first in series* of osteosophical workshops. Learning alongside like-minded colleagues, group members will be encouraged to build a deeper understanding of osteosophical principles in relation to the visceral heart. Through an integrated mix of theory and hands-on practical experience, this first event will enable members to consider the treatment of heart patients from an osteopathic perspective. Course content includes:

- The heart: external and internal visceral dysfunctions, form/function and its neurological interactions
- The biomechanical/biokinetic/biodynamic heart; tests and treatment
- An introduction to the ANS heart interaction (the plexus, the connections, and an introduction in the brain autonomic interaction / tests and treatment) and how to mobilise the ANS from different perspectives

This event is open to osteopaths with a basic knowledge of visceral osteopathic care.

*Upcoming events include further osteosophical conceptualisations in relation to hormones and their osteopathy, the brain visceral interaction and its osteopathy, psychodynamic interactions and their osteopathy.

Definition of Osteosophy®: Conceptual theoretical thinking according observation of nature and humanity, in order to create and underpin synthesis and integration insights, and so determine osteopathic treatment strategies within non-symptomatic or integral OMT. (Jean Marie A.T. Beuckels)



Beyond the Consulting Room: Osteopathic thinking in the workplace

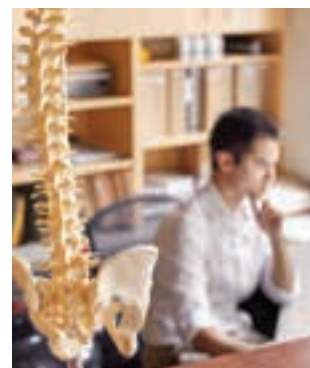
Course Leaders: Mia Lederman (osteopath) and Julie Batty (coach and counsellor)

Date: Saturday 17 September 2016

Cost: £165 (includes lunch and refreshments)

CPD: 7 hours

An introduction to the way osteopathic thinking and principles can be used in the workplace setting. We take the principles of osteopathy and broaden them out to consider strategic organisational wellbeing, prevention and early intervention, for MSDs but also in the broader holistic health spectrum. We look at the challenges facing business in the contemporary context and in the light of this new thinking, we consider the role of osteopathy beyond the consulting room.



Communication Skills in the Consulting Room

Course Leaders: Julie Batty (coach and counsellor) and Mia Lederman (osteopath)

Date: Saturday 22 October 2016

Cost: £165 (includes lunch and refreshments)

CPD: 7 hours

Enhanced communication skills workshop, leading to better relationships with clients and more effective diagnostic and therapeutic outcomes. How to talk and listen to patients to bring deeper understanding and create a trusting and effective therapeutic relationship, that helps your patients get well and helps your practice grow.



CONTACT US:

European School of Osteopathy, Boxley, Maidstone, Kent, ME14 3DZ
Tel: +44 (0)1622 671558 or Email: cpd@eso.ac.uk

www.eso.ac.uk

ICAOR¹¹

BCOM and AIMO are pleased to announce the
11th International Conference
on Advances in Osteopathic Research

Italy, Milan
21 - 23 April 2017



Call for papers

The Organising Committee invites submission of abstracts
of original osteopathic and related research

Abstract Submission
Deadline

Wednesday 30 November 2016

Submission Details

www.bcom.ac.uk/icaor11

icaor@bcom.ac.uk

Disturbed and Disturbing States of Mind

We invite you to a lecture and seminar series from the Institute of Psychoanalysis, covering psychoanalytic concepts relevant to psychologists and allied professionals.

This is an opportunity to hear internationally renowned psychoanalysts, many of them psychologists, exploring fundamental aspects of the mind – including psychosis, narcissism, aggression, psychosomatics and trauma.

Each lecture will be followed by a seminar where you can explore how analytic thinking can enhance your understanding of your patients and your reactions to them.

THE LECTURES START SEPTEMBER 16 AT THESE LOCATIONS:

BYRON HOUSE, NORTH LONDON THE ORTUS CENTRE, SOUTH LONDON

PENRITH, CUMBRIA LEEDS NEWCASTLE BELFAST

To browse all our events and book:

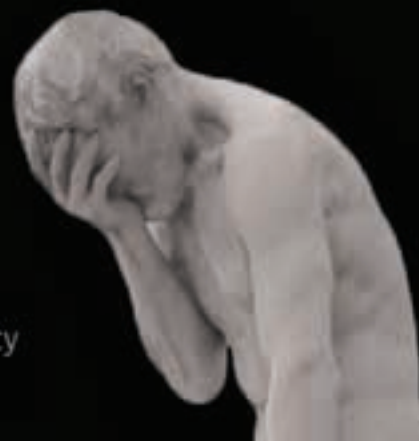
Visit psychoanalysis.org.uk/events

or psychoanalysis.org.uk/events-for-clinicians

Or email marjory.goodall@iopa.org.uk

Or call 0207 563 5016

Institute
of
Psychoanalysis



Foundation
for Paediatric
Osteopathy



Osteopathic
Centre for
Children

25 YEARS

25 OF CARE

PROSPECTUS
NOW ONLINE

Registered Charity No. 1003934

Diploma in Paediatric Osteopathy (DPO)

You can now apply for the 2016 intake for the Foundation for Paediatric Osteopathy Diploma course. On this two year programme you'll work with leading paediatric osteopaths in a unique clinical environment. With more than 20 successful years, the DPO offers:

- an exceptional clinical experience
- a syllabus delivered by an experienced faculty
- the opportunity to gain expert paediatric knowledge
- the chance to develop a diverse set of osteopathic skills from a range of osteopathic traditions and technical approaches
- the choice of standard or tailored 'flexible route' (ideal for overseas and travelling students)
- a tailor-made Access Course run in collaboration with the Rollin E Becker Institute, designed for less experienced applicants and offered as a unique alternative to the SCFT approved 'cranial course' (previously an entry requirement to the DPO)

Clinical training begins in November 2016.

Closing date for applications is 8 August 2016.

To see the prospectus and details of the application process, visit www.fpo.org.uk

Alternatively, contact us on 020 8875 5293 or email admissions@fpo.org.uk

Heads up...



Building on the success of our previous conferences, the next International Conference in Paediatric Osteopathy takes place on **8 and 9 April 2017**.

Full conference details will be updated on our website:

www.fpo.org.uk/conference



@OsteopathicCC



The Foundation for
Paediatric Osteopathy

Leading the World in Rehabilitation Pilates Teacher Training Courses.

Unique courses designed by Physiotherapists specifically for those in the field of rehabilitation.

www.appihealthgroup.com



Become a Pilates Instructor with APPI

MATWORK LEVEL ONE The Foundation		MATWORK LEVEL TWO Class Instructor		MATWORK LEVEL THREE Intermediate/Advanced	
18 June	Tunbridge Wells	18 June	Nuneaton	11 July	London
18 June	Falkirk	18 June	Dublin	16 July	Manchester
20 June	London	25 June	Moir	13 August	London
02 July	Athlone	27 June	London	24 September	Nuneaton
02 July	Cornwall	09 July	Manchester	24 September	Swindon
06 August	London	09 July	Norwich	26 September	London
27 August	Portsmouth	17 September	Falkirk	08 October	Cheadle
03 September	Nuneaton	17 September	Liverpool	15 October	Manchester
03 September	Somerset	24 September	Manchester	22 October	London
10 September	Oxford	24 September	London	05 November	Falkirk
17 September	Manchester	24 September	Cheshire	12 November	Moir

"The teaching was brilliant, really explained well and made it enjoyable."

"I just wanted to say thank you so much for creating such a wonderful informative well taught course. I would highly recommend this course to my colleagues"

Book today!

Contact us for further dates, courses & locations

info@appihealthgroup.com | 0345 370 2774



IRISH ASSOCIATION OF PAEDIATRIC OSTEOPATHS

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

This 3 year course in paediatric osteopathy is based around learning to treat complex cases within the Daisy Clinic Trust Clinic.

There are 7/8 clinic days per year with a variety of highly experienced international tutors. All aspects of patient care are covered and techniques taught, from the softer structural, functional and balanced ligamentous technique through visceral, cranial and biodynamic osteopathy.

Emphases is on precision with lecture weekends covering a broad range of subjects with up to the minute research from fertility, pregnancy, birth, baby and childhood right through to adolescents, managing complex autoimmune, endocrine, genetic neurological metabolic, behavioural, developmental and educational difficulties.

We will learn to manage conditions from reflux and colic through ASD, CP, specific learning and behavioural disorders to name a few.

Assessment is through personal tutor feedback, and case studies.
The goal is to become confident and effective in the management of all paediatric cases.

Cost €1,500 per year including food and lodging for weekend courses.

We have 5 places coming up in Spring 2016.
Contact us ASAP to visit the clinic and see how this group learning environment suits.

For more information contact Ian Wright at: clonmelosteopaths@eircom.net
Tel: 00 353 52 613 8800

Classifieds

Osteopath(s) required: Cheshire

Osteopath(s) wanted to join our team in our Warrington and Moreton (Wirral) clinics, taking over existing list one day a week at each clinic. Opportunity to expand and develop a further day at each. Good structural skills required; cranial or paediatric experience a bonus but not essential. Email info@warringtonosteopaths.co.uk

Osteopath required: Hertfordshire

Clinic (www.pennclinic.co.uk) in Hatfield – easy commute from London. Cranial skills and paediatric interest essential. Opportunity to work with highly experienced paediatric osteopath, with particular skills in occlusal and ENT issues and qualified in neurodevelopment. Send CV to caroline@pennclinic.co.uk

Osteopath required: London

We are looking for an experienced osteopath to be a 'right hand person' to me. Our ideal colleague would be confident treating babies, and have both cranial and classical training. Send CV and covering letter to Melinda Cotton at: info@fop.co.uk

Osteopath required: Somerset

Exciting opportunity to join two multi-disciplinary clinics in Taunton and Ilminster. Initially one day per week at each, with scope to grow patient base. www.tauntonchiropractors.co.uk is a fast-growing, family-run clinic in newly renovated premises. Competitive percentage rate, dedicated website and phone line. www.ilminsterwellbeing.co.uk is a well-established clinic in a beautiful market town. Send CV and covering letter to alex@tauntonchiropractors.co.uk

Osteopath required: Warwickshire

Assistant wanted for 3.5 days per week in Rugby. Busy multi-disciplinary practice (www.rugbyosteopaths.co.uk) with six osteopaths, established for 27 years. Taking over a pre-existing list, with in-house CPD and full reception cover. Structural osteopathy essential; some cranial experience would be helpful. Send CV to adamroc@outlook.com or ring Jo on 07539 273122 for more details.

Associate osteopath required: East Sussex

Must be enthusiastic and self-motivated, ideally with at least two years' experience and passion for using the involuntary mechanism. Two days per week, to include Saturday. Osteopathic practice based within large multi-disciplinary clinic in Brighton. Email yogalife@btinternet.com

Associate osteopath required: Nottinghamshire

Opportunity to join well-established osteopathic practice in Nottingham for one to two days per week. Ideal candidate will have good communication and patient management skills. New graduates welcome. Send CV and covering letter to thedovepractice@gmail.com

Associate osteopaths required: West Sussex

Award-winning clinic near Gatwick is recruiting two salaried associates to join a multi-disciplinary team. A robust education programme will increase your level of confidence to become the best you can be. To apply email info@bridgehamclinic.com

Associate osteopath required: Limerick, Ireland

To take over existing patient list from mid-August. Initially

two days per week, to include evenings, with scope to expand. Proficient structural skills and at least a base in paediatric osteopathy essential. Send CV to efosteopathic@gmail.com

Locum osteopath required: Cheshire

Cranial osteopath required in Hale, Cheshire for two days per week as maternity cover from July 2016, with opportunity for associate position afterwards. Applicants must be proficient in all aspects of osteopathy, including treating children. Send CV to natasha@balanceosteopathy.co.uk

Locum osteopath required: Surrey

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

Practice for sale: Devon

A fantastic opportunity to acquire an attractive and well-established practice in beautiful Devon. The clinic is busy, structurally based and has excess demand. It would suit an experienced practitioner with excellent structural skills who would be committed to it for the long term and would genuinely care for a very loyal patient base. Variety of purchase options available. Sincere enquiries only please. Contact devonosteo777@gmail.com

Practice for sale: Northamptonshire

Fantastic opportunity to purchase a busy osteopathic practice with a rarely available high-street, freehold, single-storey unit (approx 382 sq ft). The clinic benefits from low overheads, two treatment rooms, waiting room, cloakroom and rear pedestrian access. Goodwill of 35+ years. Willing to assist with a handover period if required. Genuine enquiries to Jo: all@steenandjo.com or 07952 629768

Practice for sale: Shropshire

Established in Telford for two years, grown rapidly with considerable potential. Practitioner's health dictates sale, but willing to work as an associate if required to maintain continuity. Contact andy.didcott@gmail.com or 07500 533218

The Mint Folder

Information and templates to help you easily apply the Osteopathic Practice Standards.

Consent, complaints, health and safety, safeguarding, audit.....



Buy the complete folder or individual e-modules



Leaflets for osteopaths



www.goodclinicalpractice.co.uk

Marketplace advertising rates

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

Classified:

Up to 40 words is £44 + VAT. Thereafter it is 50p per word.

Box number replies – please add £8 + VAT per issue.

Display:	Mono	Colour
IBC	n/a	£415
Full page	£315	£375
1/2 page	£255	£275
1/4 page	£185	£210
1/8 page	£125	£135

Inserts:

Prices are available on request. All rates exclude VAT.

Please contact John Wheaton – 01223 378 001 or theosteopath@cpl.co.uk

Crouch End Osteopaths: Promoting self-healing

Norman J. Baker *B.ost*, Sheena McLennan *M.ost*, Francesco Ricci *M.ost*
Registered Osteopaths, 104B Weston Park, Crouch End, London N8 9PP. Tel: 020 8348 3600
Registered with the General Osteopathic Council

THE STILL TECHNIQUE REDISCOVERED – 4 DAY CPD COURSE

Where: BCOM, 3 Sumpter Close,
London NW3 5HR

When: On 9th & 10th July 2016
and 23rd & 24th July 2016

Course director: Norman Baker

CPD: 28 hours

Cost: £360

About: A four day course revisiting the skills of the old Master.

Learn how to treat at "lightning speed" and develop your own way.

Reduce the need for HVT, improve your palpatory and anatomical knowledge.

Improve Rate of Referral and quicker positive outcomes.

Contact: normanbakerost@aol.com or call 020 8348 3600



Income Protection
Insurance Specialists

Are you self employed?



iO
THE INSTITUTE
of OSTEOPATHY

Have you set up sick pay cover yet?

In last 5 years we have paid 95% of our claims within two weeks

How would you cope without income? Who pays all the bills while you are ill?

With dg mutual you will get regular payments to replace your income.

We are Income Protection specialists established in 1927 and owned by our members

- ◆ Benefit up to 66% of taxable income ◆ Up to £1,200 a week*
- ◆ Benefit payable from day one or a choice of deferred periods
- ◆ No penalty for frequent claims ◆ A tax free lump sum on retirement*

Call 0121 452 1066 or email info@dgmutual.co.uk to arrange your cover today

*under current UK legislation

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

“Welcome to the Arendelle Osteopathic Practice, Please leave a message... beep”

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

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

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

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

From just £1 per call we will:

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

What's more, there are NO Set up fees!

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

How it works;

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

A bit about Best Reception

Established in 2006, Best Reception have been providing services to Osteopaths and other private practitioners for over 6 years. Our dedication to customer service, close ties with our clients and our friendly yet professional service has resulted in phenomenal client retention and year-on-year growth, every year.

Our MD, Andy McKenna says,

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

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

Exclusive offer:
**1 MONTH's
FREE TRIAL:**
Please call us on:
01992 531000

and quote OSTPROMO1



www.bestreception.co.uk Telephone: 01992 531000
29 Tamworth Road, Hertford, SG13 7DD

INDIVIDUAL OSTEOPATHS

A pioneering insurance package specifically designed for you



BALENS

Specialist Insurance Brokers

BALENS INDIVIDUAL OSTEOPATHS INSURANCE PACKAGE

- » £6m Medical Malpractice
- » £6m Professional Indemnity
- » £6m Public & Products Liability
- » £6m Liability for any one claim with an unlimited number of claims per year plus unlimited legal defence costs in addition
- » £10m Cover available if required for an additional £12.00 per annum
- » Taxation and Legal Package
- » Cover for temporary work abroad (*Excluding USA & Canada*)
- » Policies available in Europe
- » Can include over 3,500 different therapies / activities
- » Run off cover included for an unlimited period if ceasing the policy

Discounts available for newly qualified Osteopaths

Balens are a 4th generation, ethical family business providing exclusive insurance schemes in the UK, Republic of Ireland and Europe.

Business Contents, Income Protection and Clinic packages also available.

Offering you one of the widest Insurance covers available in the UK with competitive premiums to match

£212

PER YEAR

(Including Fees & Taxes)

Telephone: 01684 580 771

Web: www.balens.co.uk

Email: info@balens.co.uk

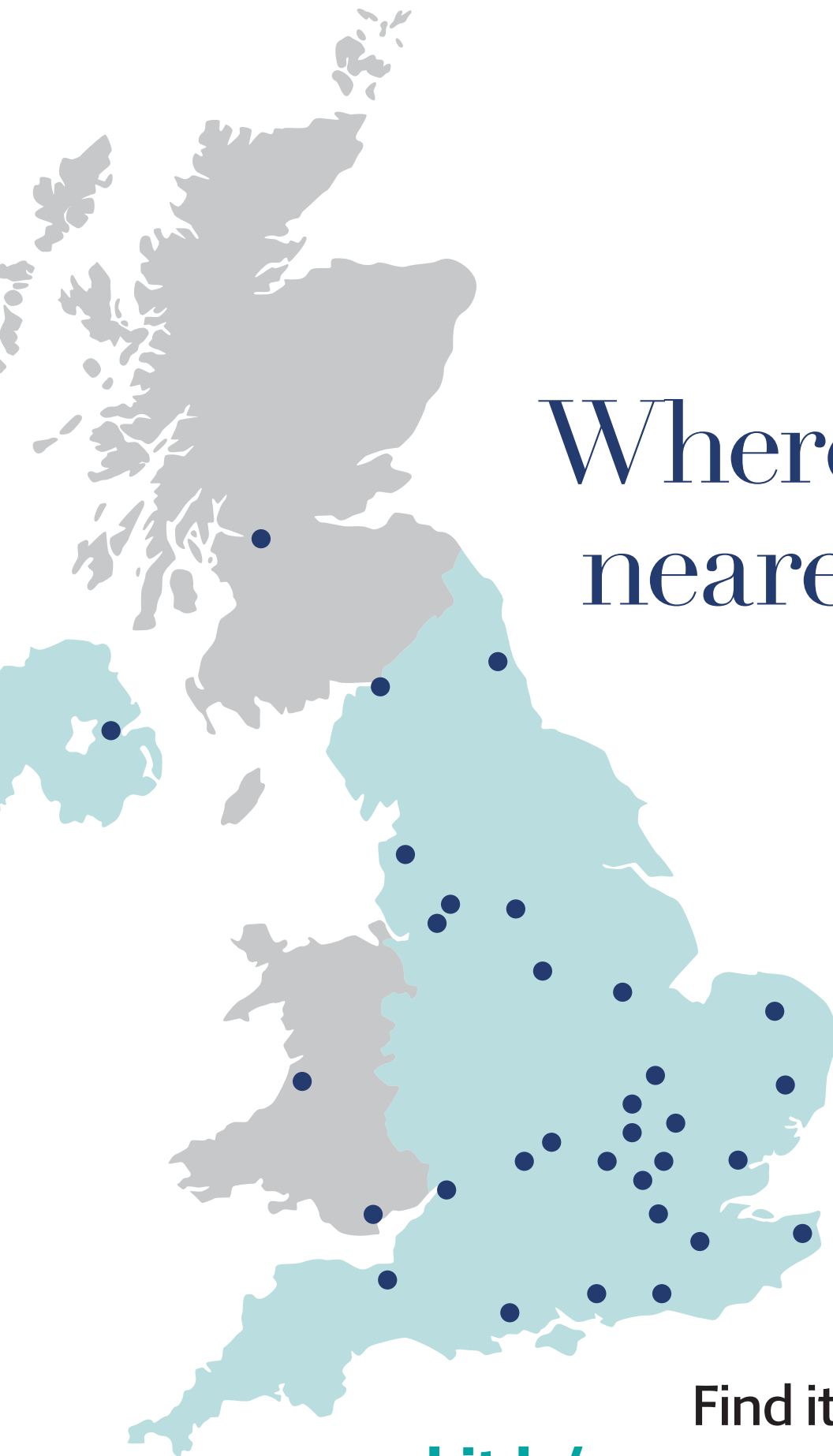
Balens Limited is Authorised and Regulated by the Financial Conduct Authority

*Pioneers
for 65 years!
Caring for
the carers*



General
Osteopathic
Council

Where's your nearest local group?



Find it on the  zone:
bit.ly/ozone-regional-groups

or set up a group yourself:

bit.ly/odg-regional-support