



General
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OUR SURVEY SAID
HOW THE PUBLIC
VIEW OSTEOPATHY

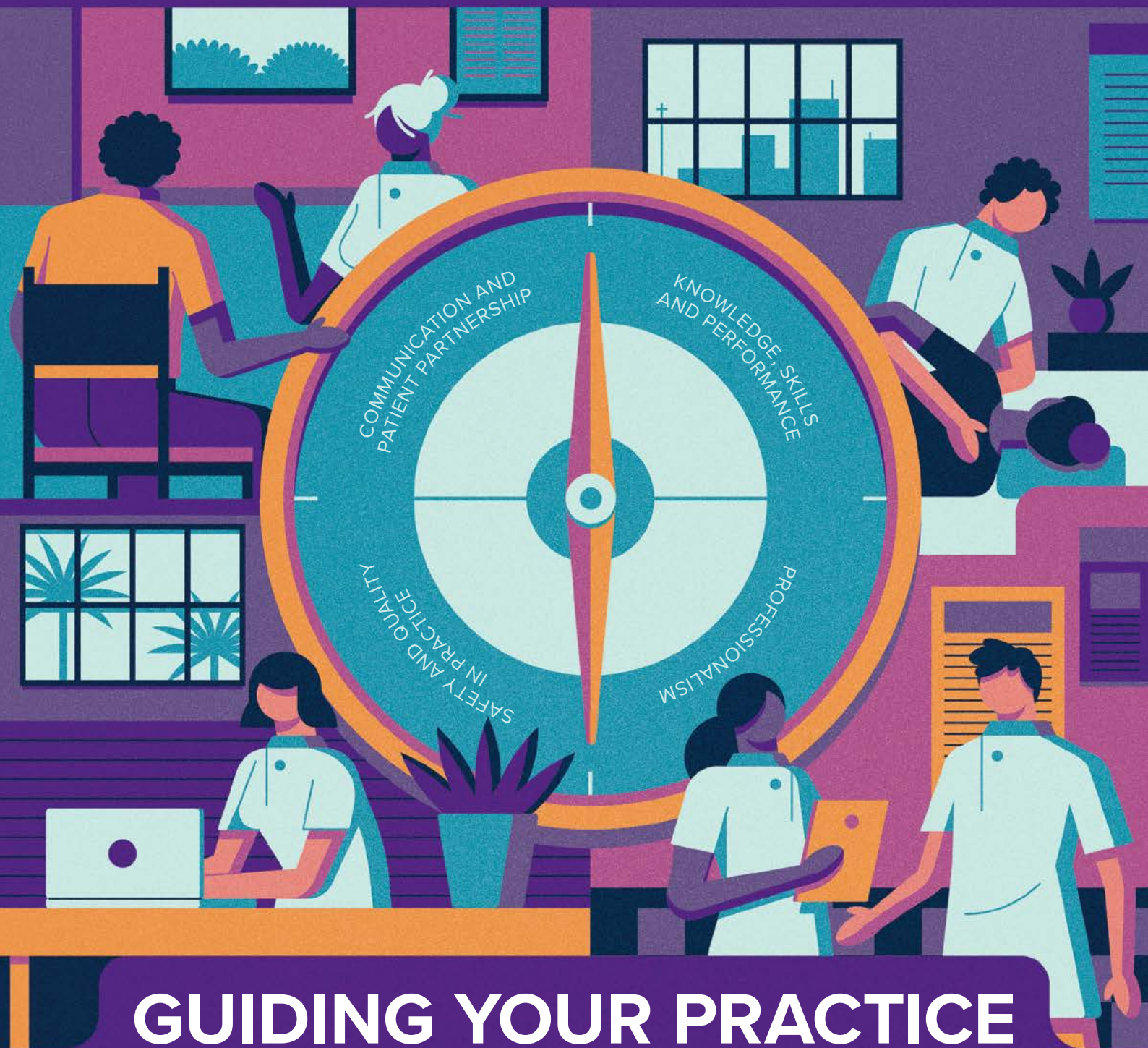
NEW CPD
USING CLINICAL
AUDIT IN PRACTICE

YEAR IN REVIEW
GOSC ANNUAL
REPORT HIGHLIGHTS

The Osteopath

Supporting high standards in osteopathic practice

NOVEMBER/DECEMBER 2018 | VOL 21/ISSUE 6



GUIDING YOUR PRACTICE

FOCUS ON UPDATED OSTEOPATHIC PRACTICE STANDARDS



General
Osteopathic
Council

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Welcome



In this issue, we focus on the Osteopathic Practice Standards (OPS), which have been updated following consultation with the profession and patients. We want to help you familiarise yourself with the updated OPS and embed them into your daily practice,

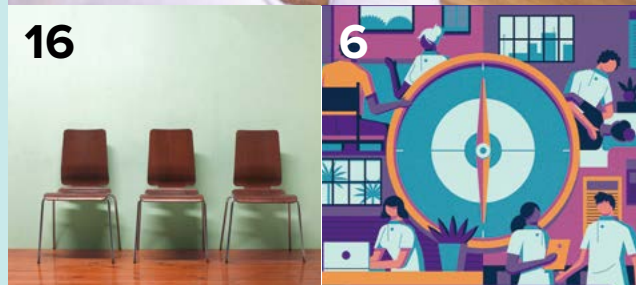
while linking the four themes to your CPD activities. Find out more about the changes that have been made and why, on page 6. We also have the first in a new series of features focusing on particular standards, starting with 'candour and complaints' (p10). And read how the OPS can be used as a resource to help navigate the challenges of professional practice on page 8.

Resources have been developed to help you plan your CPD across the three-year cycle of the new CPD scheme, including a practical planning workbook, the first in a series of CPD workbooks (p5) and an online CPD diary to help you keep track (p15). On page 16 find out how clinical audit, an objective CPD activity, could be used to reduce missed patient appointments.

Research reveals that 95% of patients have confidence in their osteopaths. Find out what else patients, and members of the public, said about osteopathy in our report on an interesting new YouGov survey (p11). Plus find out how your fee is spent in our look at the GOsC's annual report on page 19.

Do get in touch with any thoughts about content to help you with starting the CPD scheme and putting the OPS into practice.

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



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Find PDFs of this and previous issues of The Osteopath at:
osteopathy.org.uk/theosteopathmagazine

Update

November/December 2018

IN PRACTICE

Find what you need on the o zone

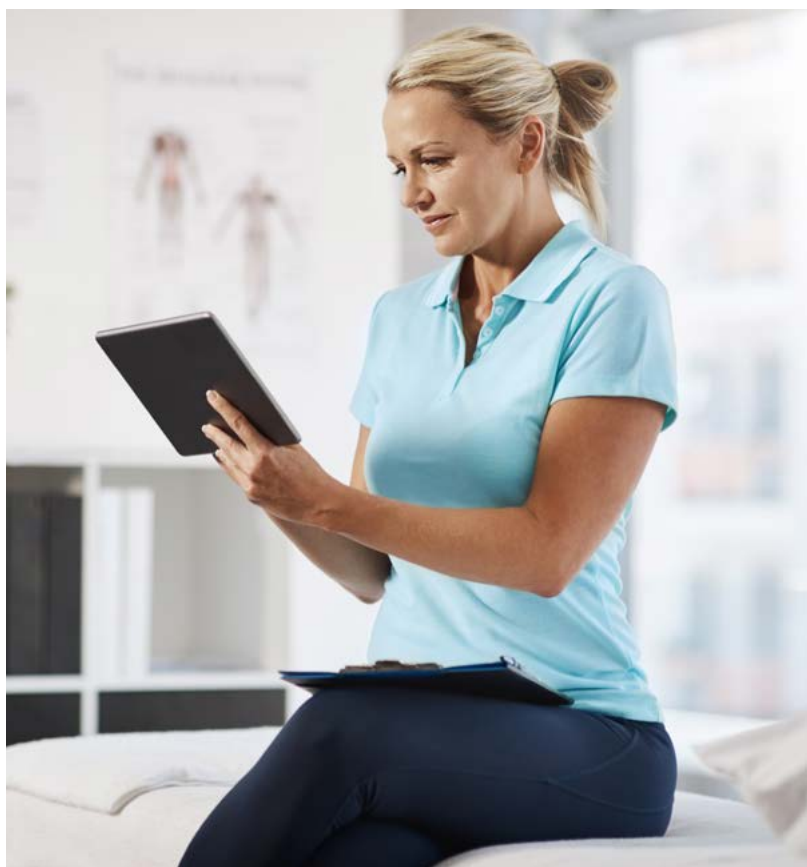
We have just completed some work on the o zone aimed at making it much easier for you to use

As well as reviewing all the content to make it simpler to read, we have:

- Improved links to related content to help your journey around the website.
- Improved navigation – for example, a new 'Update my details' section has been added making it more straightforward to update contact and practice details.
- Created a tab for My CPD in the main navigation, so you can reach the CPD section from any page in the o zone (previously the only direct link to the CPD section was from the o zone home page).
- Added a Research journals tab to the main navigation to take you straight to the IJOM Plus package.
- Made the online shop accessible from the main navigation, so it's easier for you to find.

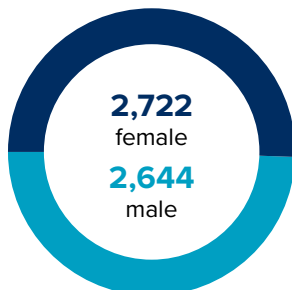
We have also removed content that was duplicated on the main website and moved the guidance section to the main website. You can now find the guidance in the Standards section at: osteopathy.org.uk/standards/guidance-for-osteopaths

Have you noticed any changes on the o zone recently? Tell us about your experience in our short survey at: osteopathy.org.uk/ozonesurvey



SNAPSHOT

REGISTER STATISTICS: 1 NOVEMBER 2018



NEW CPD

Read CPD Guidance online

The Continuing Professional Development Guidance supports osteopaths in meeting the requirements of GOsC's new CPD scheme

The CPD scheme provides assurance of continuing fitness to practise for every osteopath on the statutory Register, by encouraging osteopaths to develop their practice as members of a community of learning.

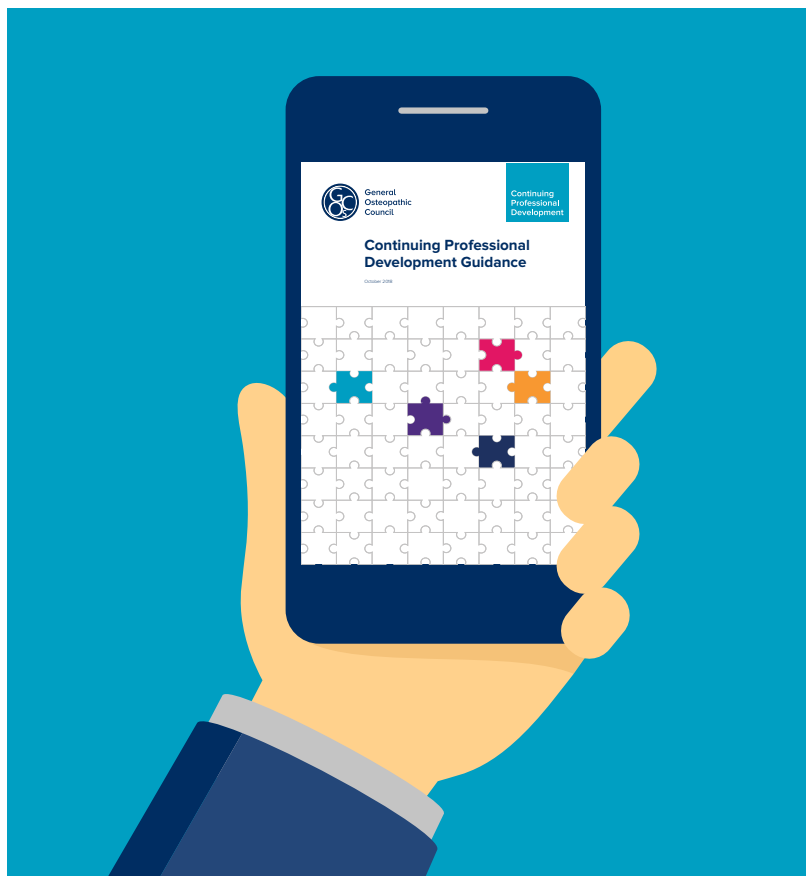
Launched on 1 October 2018, the new CPD scheme is designed to promote engagement, professional support, discussion and 'learning communities' within osteopathy, to ensure high-quality patient care and patient safety.

The Guidance includes details on:

- creating a supportive culture
- the requirements of the scheme
- what counts as CPD?
- the CPD cycle
- the Peer Discussion Review process
- how and why GOsC will verify CPD.

CPD GUIDANCE: 3 THINGS TO DO NOW

1. Read the full guidance at: cpd.osteopathy.org.uk/CPD-guidance
2. Visit: cpd.osteopathy.org.uk for useful resources, information, templates and guidance about the scheme plus details of upcoming courses and events
3. Check when you join the scheme: cpd.osteopathy.org.uk/when-do-i-join



NEW CPD

PLAN YOUR CPD WITH NEW WORKBOOK

The new **Planning Your CPD Workbook** provides support and ideas for planning your CPD. In particular, it could help you to identify your learning needs and development goals and then to balance your CPD activities evenly through the three-year cycle.

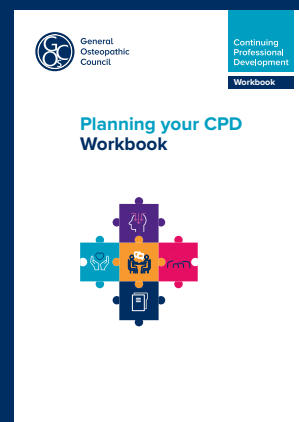
CPD planning can help you ensure that the learning you undertake meets your particular professional development needs, benefiting both you and your patients. The new CPD scheme requires 90 hours of CPD, including 45 hours of learning with others, across three years. You'll also need to carry out at least one objective activity; link your CPD to the four themes of the Osteopathic Practice Standards (OPS), and ensure that your CPD covers the breadth of

your practice (so if you are a manager, or an educator, for example, you'll need to have some CPD covering those aspects).

The Planning Your CPD Workbook covers:

- The five features of the new CPD scheme
- Why planning your CPD is important
- Planning your CPD across the four themes of the OPS
- Planning CPD across the three-year cycle
- Key points for planning your CPD
- Development plan template.

The Planning Your CPD Workbook is available in PDF and in editable Word format, in the Resources section of the new CPD site, at: cpd.osteopathy.org.uk/resources/planning-your-cpd-workbook





Keeping up standards

Here's your guide to the updated Osteopathic Practice Standards, to help you learn about them and how you can use them in practice

The updated Osteopathic Practice Standards (OPS) were published on 1 September 2018 and will come into effect a year later, in September 2019. As part of the new CPD scheme, osteopaths need to ensure that their CPD reflects the full range of their practice. This includes carrying out CPD activities during the three-year cycle which can be linked to the four themes of the OPS. As you begin to record CPD activities under the new scheme, you could start to link these to the updated OPS.

Why update the OPS?

The current OPS were introduced in 2012. It's good practice to review professional standards regularly to ensure they remain relevant and up to date and that they reflect any changes in contemporary healthcare, regulation or the law.

We carried out extensive consultation with osteopaths and other stakeholders,

starting with a 'call for evidence' in 2016. In order to ensure we received a broad range of views, we engaged with various stakeholders, including the osteopathic educational institutions, the Institute of Osteopathy (iO), and regional osteopathic groups. We reviewed the standards of each of the other UK healthcare regulators to see how the OPS compared to these. In addition, we commissioned research exploring osteopaths' views on compliance with standards in practice (bit.ly/research-effective-regulation), which provided further insights into how the profession implements standards.

What feedback was received?

Feedback received in response to the initial call for evidence in 2016 indicated that many osteopaths felt there to be too much repetition within the current standards, and in some cases, a lack of clarity. Some felt that this potentially made a number of the standards difficult

'Most osteopaths were positive about the changes, and found the updated standards clear and easy to use'

to navigate, understand and apply with confidence. Many were generally supportive of the standards, however, and were broadly happy with them.

How were the standards updated?

We reviewed the feedback from the call for evidence and worked with a Stakeholder Reference Group to develop updated OPS for consultation in 2017. The four existing themes of the OPS were retained, as shown in the table below left.

Have the number of standards changed?

We reduced the number of standards from 37 to 29. This was done by combining standards in some instances, or moving some of the current standards into guidance where this seemed appropriate. We reviewed the supporting guidance in relation to each standard to ensure that this adequately supports the standard in practice. We have also moved some of the standards into a different theme where this better reflected the intent of the standard.

What other changes were made?

We revised guidance around consent (updated **A4**), boundaries (updated **D2**), and management of patient records and → p8

| Theme | Areas include: |
|---|--|
| A. Communication and patient partnership | Listening, respecting patients' concerns and preferences, dignity and modesty, effective communication, providing information, consent, patient partnership |
| B. Knowledge, skills and performance | Having sufficient knowledge and skills, working within training and competence, keeping up to date, analysing and reflecting on information to enhance patient care |
| C. Safety and quality in practice | Case history taking and record keeping, patient evaluation and management, safeguarding, health and safety of the practice environment, wider role in enhancing patients' health and wellbeing |
| D. Professionalism | Ethics, integrity, boundaries, advertising, honesty, duty of candour, responding to complaints, confidentiality, data protection, working with others, complying with regulatory requirements |

→ information (updated D5). There is now a specific standard relating to the duty of candour (updated D3 – see focus on standards article on p10), and we have altered the wording of some standards to be more explicit about their meaning.

In the current OPS, the Standard of Proficiency and Code of Practice are shown within the one document, but are separately delineated. In the updated version, we have improved clarity by having one set of standards which represents both the Standard of Proficiency and Code of Practice at the same time.

What other consultation took place?

We asked for feedback on the updated OPS in a wide-ranging consultation process from 1 August to 31 October 2017. In addition to seeking feedback via our dedicated standards microsite, we carried out a range of engagement activities including events round the UK. We received 318 responses from individuals and organisations. A detailed report on the consultation outcomes, together with a separate analysis of the consultation responses is available at: bit.ly/OPS-consultation-report

What were the key issues raised in response to the consultation?

In most cases, a high percentage of respondents were positive about the changes, and found the updated standards clear and easy to use. Two of the consultation questions generated significant responses, and are worth considering in more detail here:

Theme B: Knowledge, skills and performance

Standard B1: Philosophy and principles

In the consultation, we outlined three options for addressing osteopathic philosophy and principles within OPS:

- **Option 1:** Inclusion of the osteopathic philosophy and principles in a standard
- **Option 2:** Inclusion of the osteopathic philosophy and principles in guidance (rather than standards)
- **Option 3:** Removal of osteopathic philosophy and principles from standards and guidance

The GOsC suggestion was for option 2, and the updated OPS were drafted on this basis. This proved contentious, with 82% of respondents favouring option 1. The arguments for this centred on

Using the OPS in practice



Steven Bettles, osteopath and GOsC Policy Manager, on how standards can help navigate challenges of practice

Updating the Osteopathic Practice Standards (OPS) has been a long and detailed process, and rightly so. The OPS provide the framework for osteopathic practice in the UK and we wanted to ensure these remain fit for purpose, and support safe, competent and professional osteopathic care.

The initial call for evidence in 2016, and the really valuable work carried out with our Stakeholder Reference Group ensured that we were able to take a broad range of opinions from across the profession into account in developing the updated standards for consultation. The consultation process itself was similarly broad ranging, and we were delighted to be able to engage with so many people throughout this, including osteopathic groups, osteopathic educators and assessors, students and patients.

Thank you to everyone who responded to the consultation. All views and comments were considered and reflected on, and many resulted in changes to the draft. The final version, with further input from the Stakeholder Group and the Council's own Policy Advisory Committee, is all the better for the views expressed through this process.

Professional standards are at the heart of every regulated profession. They shouldn't be seen as a set of rules which are tucked away and never thought about unless problems arise, but rather as a resource that should help practitioners navigate the uncertainties and challenges of professional practice. Standards are not negotiable – they apply to all registered osteopaths, but how they

are implemented in practice may vary depending on the circumstances, and professional judgement is crucial in applying these.

Our aim was to update the standards in a way which made them easier to navigate, understand and apply, and I think that the positive responses we received throughout the consultation provide reassurance that we have achieved this. Having the standards easily available online will help with accessibility on phones and other mobile devices. While the linking of the OPS to the new CPD scheme will help to enhance familiarity with the updated standards. The new design is also aimed at making the OPS easier to use, with the standards listed at the start of each theme, and then expanded with guidance.

We hope osteopaths will see the implementation of the updated standards from September 2019 as a positive step forward. My thanks again, to everyone who contributed to the process.

‘Our aim was to update the standards in a way which made them easier to navigate and apply’

Read the Standards on your phone, tablet or PC at: standards.osteopathy.org.uk

→ osteopathic philosophy and principles being a defining aspect of the profession and its identity, and featuring these within guidance was perceived as downgrading this. We recognise this is an important issue for many, and are respectful of this view. We are also aware that views on philosophy and principles are far from universal within the profession, which makes enforcing standards around particular professional beliefs challenging.

We discussed this issue at length with the Stakeholder Reference Group (which includes the Osteopathic Alliance who had campaigned for option 1). The Group reached a consensus on this point, which was to accept option 2, with philosophy and principles referenced in the guidance to **B1**, but to move this reference to **B1.1** – making this the first point within the **B1** guidance. It was also suggested within the group that **B1** should reference ‘being able to apply’, as well as having knowledge and skills, and thus **B1** has been amended to:

Theme B: Knowledge, skills and performance

Updated Standard B1:

You must have and be able to apply sufficient and appropriate skills to support your work as an osteopath

See: standards.osteopathy.org.uk/themes/knowledge-skills-and-performance

Standard C6: Promotion of public health

The consultation version of **C6** was the same as the current **D11** – ‘Be aware of your role as a healthcare provider to promote public health’.

There was considerable concern raised in relation to this standard around the use of the word ‘promote’ in relation to public health. Some worried that this would manifest as a mandatory promotion of government health policies which may be at odds with an osteopathic viewpoint or values. The Institute of Osteopathy (iO) suggested a modified wording bearing in mind the concerns raised, referring to the role of osteopaths in ‘enhancing health and social wellbeing’. The Stakeholder Reference Group discussed this issue at length, and the group, in general, favoured the iO suggestion but with reference to

healthcare ‘professional’ rather than ‘provider’, and referring to the wider context of the osteopath’s role in this respect. The approach reflected in the updated OPS document was to change **C6** to:

Theme C: Safety and quality in practice

Updated standard C6:

You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.

See: standards.osteopathy.org.uk/themes/safety-and-quality-in-practice

D1.2.1: Advertising

The guidance on advertising in **D1.2.1** has not changed significantly from the current OPS, and we did not specifically feature this within the consultation process. Although there were very few comments regarding the advertising requirements set out in **D1.2.1** during the consultation, a number came in after the consultation had closed. The issue of advertising and the role of the Advertising Standards Authority (ASA) has been discussed previously in other features in The Osteopath (bit.ly/TheOsteopathFebMarch18), and the reference within the guidance to meeting the requirements of the ASA remains unchanged. The Stakeholder Reference Group members were supportive of the GOC’s approach on this. ●

UPDATED OPS: 3 THINGS TO DO NOW

1. Check that you’ve received your print reference copy. If you haven’t, email: info@osteopathy.org.uk
2. Read the Standards online on your phone, tablet or PC, at: standards.osteopathy.org.uk
3. Start thinking about how your CPD activities link to the four themes of the OPS. You’ll find templates and guidance on the CPD site: cpd.osteopathy.org.uk

CASE STUDIES

Your views



“I was involved in the OPS Stakeholder Reference Group, which had members that represented a variety of viewpoints. The OPS changes were made following considerable debate. The updated standards are clearer and more specific, so should be easier to use by both our patients and ourselves.”
Dr Dawn Carnes, Director of the National Council for Osteopathic Research (NCOR)



“The iO was a member of the OPS Stakeholder Group and commented extensively on the proposals to ensure that any changes would add value to the professional reputation of osteopaths, while allowing for realistic application to daily practice. We are pleased to see that these have been reflected in the updated OPS.”
Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)

“As a patient, I feel reassured knowing that the updated practice standards put communication and consent at their heart. Strong practice standards make me comfortable that my osteopath is well qualified to treat me and puts my wellbeing first.”
Helen Wheatley, patient and a member of the Stakeholder Reference Group

Candour and complaints

The updated OPS provides fresh guidance on these two key elements of communication with patients

The duty of candour is not explicit in the current Osteopathic Practice Standards (OPS). These date from 2012, and it wasn't until 2014, following the outcome of the Francis inquiry into the Mid Staffordshire NHS Foundation (bit.ly/Francis-inquiry-Mid-Staffs), that the Government proposed that there be a professional duty of candour for health professionals.

The requirement for openness and honesty with patients is, however, reflected in the current standard **D7**, which states: Be open and honest when dealing with patients and colleagues, and respond quickly to complaints.

In the updated standards, this has been separated into two standards:

Theme D: Professionalism Standards D3 and D4

D3: You must be open and honest with patients, fulfilling your duty of candour.

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

See: standards.osteopathy.org.uk/themes/professionalism

The guidance to updated D3 reflects the joint statement on candour issued by all the UK healthcare regulators, including the GOsC, in 2014 (osteopathy.org.uk/standards/guidance-for-osteopaths/duty-of-candour).

This says that if something goes wrong with a patient's care which causes, or has the potential to cause harm or



distress – the osteopath must tell the patient, offer an explanation as to what has happened and the effects of this, together with an apology, if appropriate, and a suitable remedy or support.

The regulators' joint statement states: 'Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. Health and care professionals must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest and not stop someone from raising concerns.'

This is now reflected in standard **C4**:

Theme C: Safety and quality in practice Standard C4:

You must take action to keep patients from harm.

See: standards.osteopathy.org.uk/themes/safety-and-quality-in-practice

The updated guidance reflects the current guidance to a large extent, including reference to what to do if an osteopath believes that the health, conduct or professional performance of a colleague or other healthcare practitioner poses a risk to patients. This might range from a discussion with that colleague, to reporting such concerns to their regulatory or professional body, depending on the specific circumstances.

What's changed regarding complaints?

As mentioned above, updated **D4** now specifically relates to complaints. This goes further than the current OPS, in requiring within the standard that osteopaths have a policy in place to manage complaints. This looks like a change, though the current guidance around this already states that osteopaths should: 'operate a procedure for considering and responding to any complaints about your practice'.

In other respects, the updated guidance is not very different from the current guidance on complaints, and how to manage these. It highlights the benefits of acting constructively and sensitively:

- Patients should be informed how they might make comments, complaints or compliments about their care
- Any staff should be familiar with the appropriate policies
- Indemnity insurers should be informed if a complaint arises
- Patients who do complain should be informed that they can refer their concern to the GOsC. ●



What do patients think?



Liz Niman, GOsC Head of Communications and Engagement, analyses a new survey on public and patient views of osteopathy and regulation

How the public and patients view osteopathic care and regulation was the subject of a recent national public perceptions survey, carried out by YouGov in April 2018. YouGov is an international market research company with headquarters in the UK. The survey, which provides

valuable insight, was built on similar research work we did back in November 2014 (bit.ly/GOsC-research-perceptions). Just over 1,000 members of the public were surveyed and to this we added 500 patients who had visited an osteopath in the previous year. The YouGov report compares the 2018 figures with those from 2014. → p12

WHO AND WHEN?

- 1,004 members of UK public
- plus 500 people who have visited an osteopath in past 12 months
- carried out between 13/04/2018 and 26/04/2018
- undertaken online by YouGov, a market research company.

→ How confident are people in osteopaths?

Almost all (95%) patients who had seen an osteopath in the past 12 months said they had confidence in receiving healthcare advice and treatment from osteopaths. For the broader public sample, half have confidence in osteopaths – placing most confidence in the most familiar healthcare professionals such as pharmacists, dentists and GPs, and least confidence in the less ‘mainstream’, such as acupuncturists and herbalists.

The most important factors giving people confidence in healthcare professionals are:

- a recognised level of education and training
- good-quality advice and treatment
- up-to-date knowledge and skills.

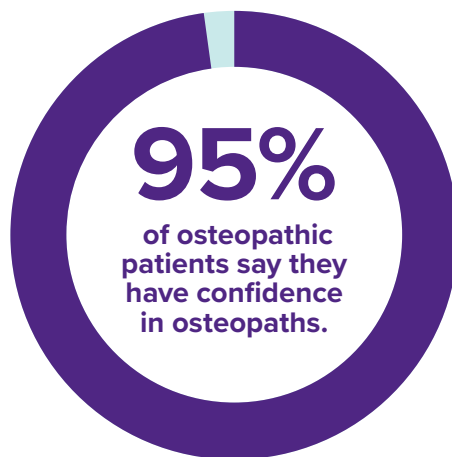
The standards relating to the knowledge, skills and performance requirements of osteopaths are set out in **Theme B** of the Osteopathic Practice Standards (OPS):

B1: You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2: You must recognise and work within the limits of your training and competence.

B3: You must keep your professional knowledge and skills up to date.

B4: You must be able to analyse and



reflect upon information related to your practice in order to enhance patient care.

The public are given confidence by links to the NHS, which are more important to them than for patients, especially true for those aged 65+ (84%).

OPS Theme D – Professionalism:

Standard D10 states: ‘You must consider the contributions of other health and care professionals, to optimise patient care.’ The guidance adds that you should ‘work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available’.



Deciding whether to visit

The ‘benefits of treatment’ is the most important deciding factor for patients and the public alike. They also want information about the risks of treatment, although interestingly women see this as more important (83%) than men (73%).

OPS Theme A – Communication and patient partnership

contains principles that are at the heart of every aspect of osteopathic practice in building the relationship of trust between patient and osteopath.

Information about the monitoring of a regulatory body is most important for those aged 65+ with 92% saying this is very/somewhat important.

The 65+ age group (86%) also say information about professional indemnity insurance (PII) would be important to their decision to see an osteopath, compared with 57% of 18- to 24-year-olds. Remember that it’s a legal requirement for all osteopaths to have PII cover – see the **o zone**: bit.ly/ozone-prof-insurance and **OPS D1(3)**.

‘Remember that it’s a legal requirement for all osteopaths to have PII cover’



What do people want to know ahead of their first visit?



Patients and the public alike want to know about the benefits of treatment (over 90%), what the treatment will involve (85-90%), the risks (82-90%) and the costs (84-89%).

Not surprisingly, more of the public think certain information is important to have before their first visit than those who have seen an osteopath recently. For example:

- likely number of treatments (86% public, 73% patients)
- what happens if something goes wrong (86% public, 72% patients)
- will symptoms get worse before they get better (83% public, 77% patients)
- will they need to avoid activity after treatment (81% public, 73% patients).

Among the public, information about the complaints process is most important to older people, with 74% of those aged 65+ saying it would be very/somewhat important to them. Indeed, a complaints process is an essential part of any healthcare service provision including osteopathic practice. It is also important to tell patients where they can go to seek an objective opinion.

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

What to wear and whether clothing might need to be removed is important to women (80%) while only 58% of men felt this was important information before attending an appointment. Women are also more concerned about whether they can bring a chaperone or friend – 50% say this is important compared to 31% of men.

OPS A6: You must respect your patients' dignity and modesty.

A6(1): Patients will have different requirements for maintaining their dignity and modesty during a consultation, and you must be sensitive to these. Some of these ideas may have been shaped by a patient's culture or religion, but it is unwise to make assumptions about any patient's ideas of modesty.

A6(5): You must always ask a patient if they would like a chaperone when:

- you examine or treat an intimate area of their body
- you are treating a patient under 16 years of age
- you are treating an adult who lacks capacity
- you are treating a patient in their own home.

A6(7): If the patient wishes to have a chaperone and neither you nor the patient is able to provide one, you should offer to rearrange the appointment.

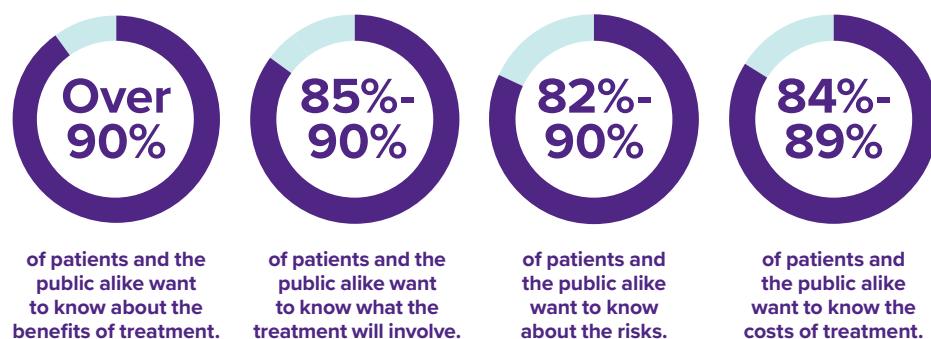
What leads to a visit being a positive experience?

The vast majority of patients (90%) thought their osteopath was excellent or very good at making them feel at ease. **Feeling confident in the osteopath's knowledge and skills (61%) is most likely to lead to a positive experience for the patient.** Other most important factors were the osteopath having an open and friendly manner and making the patient feel at ease (40%); a sense the treatment was working (40%); and the osteopath giving the patient confidence they could trust them (38%).

The osteopath wanting to know more about someone as a person, is more important for women (40%) than men (27%). Having a long enough appointment and being given time to make a decision, is more likely to lead to a positive experience for men than women.

The most important factors leading to confidence in an osteopath included listening to what the patient says (72%), and clearly talking through the diagnosis (68%). Using visuals or models is the factor that would have the least impact on confidence (21%). Since the last survey in 2014, there has been a 7% increase in the proportion of patients who say being treated with dignity (68%) is very important in affecting their confidence in an osteopath.

OPS Theme A – Communication and patient partnership, includes listening to patients as the first words of standard A1.





→ Awareness of regulation?

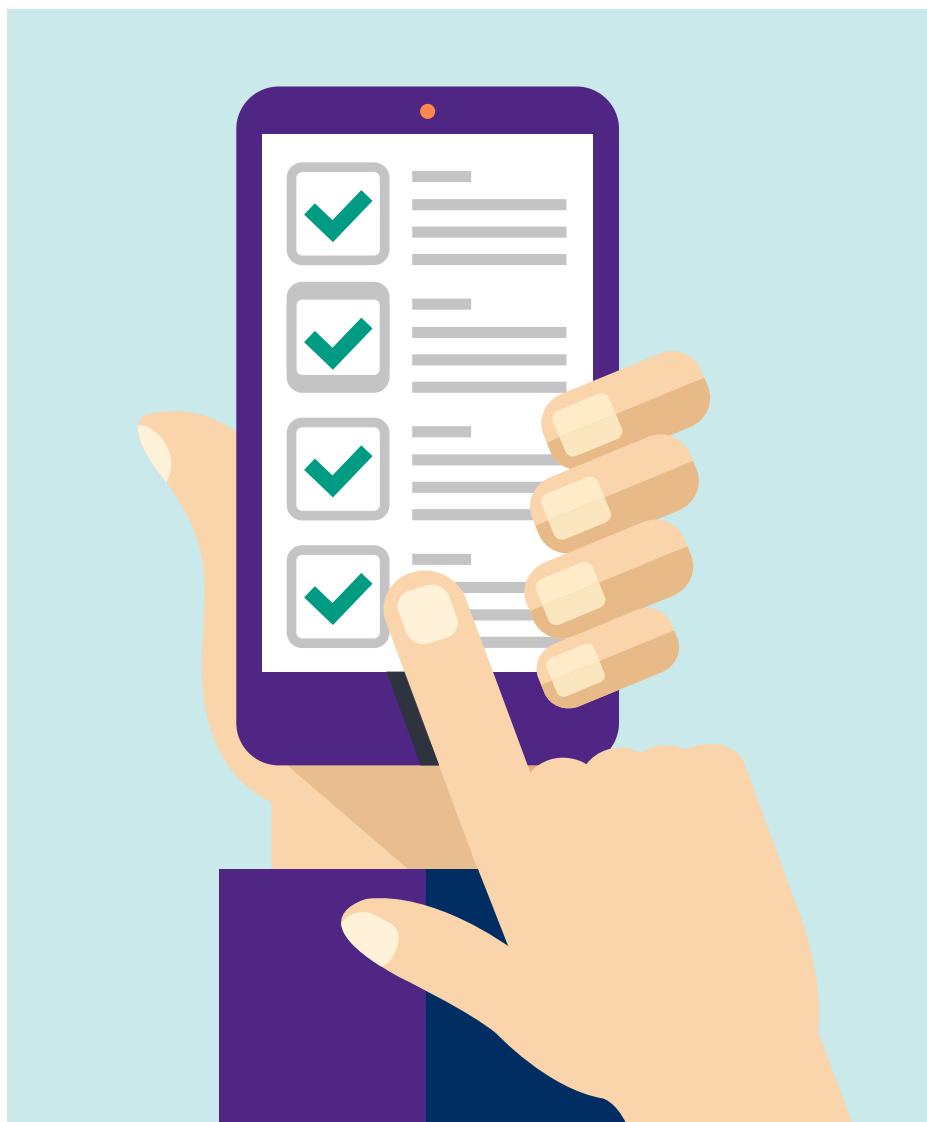
GPs, dentists and pharmacists are most widely recognised as regulated health professionals. Patients (70%) are more likely than the public to know that osteopaths are regulated, which still means 30% don't know this. If you haven't done so already, why not display a GOsC Registration Mark on your website and in your premises? Find out how to get a Registration Mark on p15 of: bit.ly/TheOsteopathJuneAug18

Patients are significantly more likely than the UK public to be aware of the standards osteopaths need to follow. Patients are also more likely to be confident that if they raised a concern with a regulator, it would be properly investigated and addressed, with 69% confident (down from 74% in 2014). There has been a slight drop in confidence since 2014 among the public that, if they raised concerns about an osteopath it would be properly addressed by the regulator.

'Why not display a GOsC Registration Mark on your website and in your premises?'

MORE INFORMATION

Read the full Public Perceptions Study 2018 at: osteopathy.org.uk/yougov2018. Access the OPS online at: standards.osteopathy.org.uk



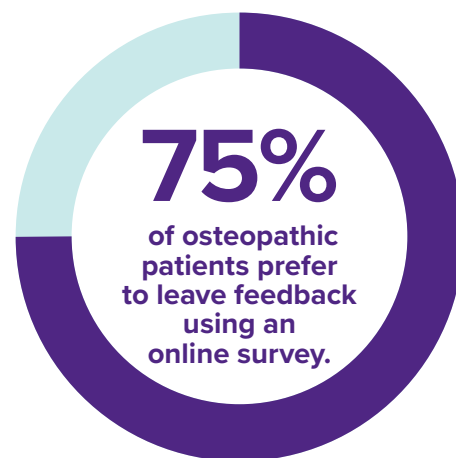
How patients prefer to provide feedback

An online survey at home is by far (75%) the most preferred way of leaving feedback by osteopathic patients. This is a notable shift since back in 2014, when patients preferred a face-to-face approach. The next preference (27%) was face-to-face with the osteopath, followed by hard copy questionnaire (26%) or to an independent third party (24%).

Men (37%) are significantly more likely than women (21%) to say they would give feedback face-to-face, as are people aged 65+ (41%).

The new CPD scheme requires all osteopaths to undertake an objective activity and this includes patient feedback as an option.

See cpd.osteopathy.org.uk for information and resources. ●



Keeping track of your CPD

We have developed a new online CPD Diary to help you keep track of your CPD. Plus an update on what information you'll need to give on your annual renewal form, in the new CPD scheme

Your personal CPD Diary will be available for you in the My CPD section of the o zone when you start your next CPD cycle and join the new scheme.

Is the CPD Diary obligatory?

No, using the CPD Diary is optional – you can choose to record your CPD activities in whatever way suits you. The CPD Diary has been based on the current annual summary form, with some additional features to reflect the new scheme (see screenshot on right). You can use it to record your CPD activities during your three-year CPD cycle.

What can I record on it?

You will be able to record:

- the date and location of each activity
- a summary of each activity
- the hours you have spent on learning with others and learning by yourself
- the type of activity.

You will be able to tick the required elements of the new CPD scheme when you complete each activity, such as when you have completed an objective activity, or an activity covering one or more of the four themes of the Osteopathic Practice Standards.

You can also share the CPD

Diary with a peer before your Peer Discussion Review (PDR), towards the end of the three-year cycle.

What information will I need to give on my annual renewal of registration form?

As part of the new CPD scheme, you will no longer need to submit an annual summary form with details about your CPD activities (but you will need to keep a detailed account of them yourself for your PDR). Instead you will be asked to provide an annual overview of the CPD you have done each year. To do this you will be asked to declare on your renewal of registration form:

- the number of hours you have spent doing CPD
- which elements of the new scheme you have completed.

Providing this information will help the GOsC ensure that osteopaths are meeting the new CPD scheme's requirements and enable us to provide feedback to individuals so that they understand which activities they need to undertake in the remainder of their CPD cycle.

We will be getting in touch with a sample of osteopaths each month from October 2019 to verify their activities and CPD records. ●

CPD Summary

Ms Anonymous

Registration number: 000

CPD Period: 2018-2021

Total CPD hours required: 90

Your current CPD period

Including 45 hours learning with others

Start date: 01 Sep 2018

End date: 31 Aug 2021

Hours Completed

Learning with others: 4.50

Learning by oneself: 7.00

Total hours: 11.50

CPD Period: 2018-2021

Add new activity

Shoulder

Edit Delete

Start/end date: 05 Sep 2018 - 05 Sep 2018

Subject/topic: Shoulder

Activity type: Group meeting

Venue: Our practice

Hours completed by oneself:

Hours: 1

Minutes: 0

Hours completed with others:

Hours: 3

Minutes: 0

Summary of activity:

We reviewed the anatomy of the shoulder area, common conditions affecting this, and looked at orthopaedic testing to ensure that we all adopt a similar approach to evaluation and diagnosis. This will help to ensure a consistent experience for patients, and ensure that we are all up to date in our approach.

B. Knowledge, skills and performance:

✓

■ The screenshot shows what the CPD Diary will look like. You will be able to read more about the process in future issues of the magazine.

Using clinical audit in practice



Carol Fawkes, Senior Research Officer at NCOR, explains how clinical audit, an objective activity, can be used to reduce missed patient appointments, for example

Have you ever carried out a clinical audit? There can be a misconception that it has to be a massive task involving reviewing everything about your practice but, in fact, you can choose to focus on a very specific area to inform decisions, help you reflect and make improvements. Re-auditing can then enable you to track progress and make further changes, if

needed. Clinical audit is also an objective activity option for the new CPD scheme as it involves seeking objective feedback, analysing data and then showing how this has informed your practice and CPD.

This article is a summary guide to the basics for carrying out a clinical audit and gives an example of an audit exploring how to reduce missed appointments, which can be undertaken easily in practice.

■ Are you concerned about the impact on your practice of missed appointments? A focused clinical audit could help you address the issue.



What is clinical audit?

Clinical audit is a way to find out if care is being provided in line with identified standards and lets care providers and patients know where their service is doing well, and where there could be improvements (NHS England, 2018).

Step 1: Identify an issue in practice

In simple terms this means reflecting and asking yourself:

- What could I be doing in my practice to improve patient care or the running of the practice, for example?
- Am I doing these things already and if so, could they be improved?
- If not, is there something new I need to try?

WHAT TO CONSIDER BEFORE STARTING AN AUDIT

Undertaking a clinical audit is not difficult but there are some things to consider before starting and you could use the SMART approach:

SPECIFIC

Think about one topic only and keep it simple if you are just starting to use clinical audit.

MEASURABLE

Do I know what I want to measure? Can this be done in a straightforward way?

ACHIEVABLE

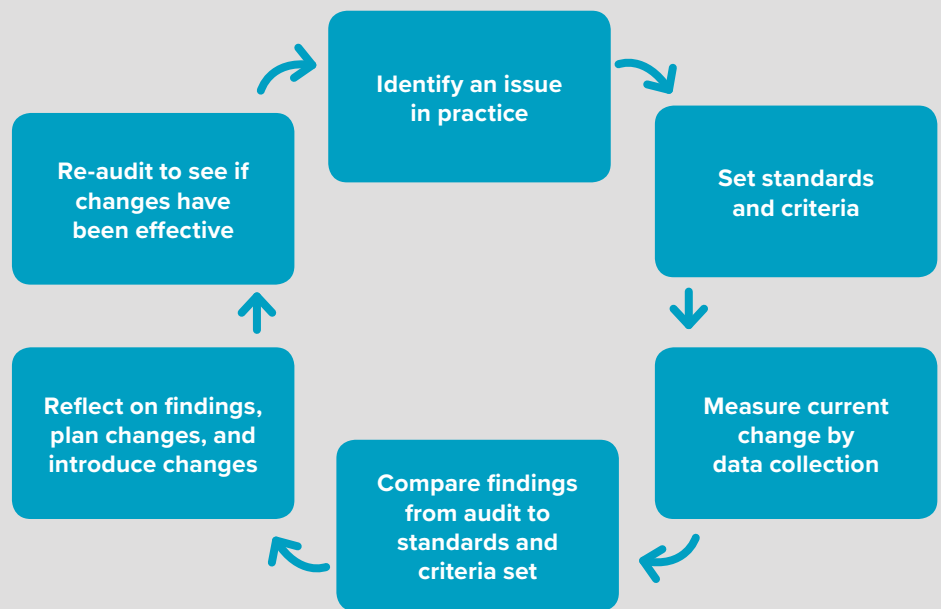
Is my idea reasonable for me and/or my staff to do?

RELEVANT

Will this make a difference to my patients, the practice and my staff?

TIMESCALE

Can my audit be achieved within a reasonable time and without excessive time burden?

THE AUDIT PROCESS: STEP BY STEP**Worked up example of how to use clinical audit to reduce missed patient appointments**

The audit cycle explained above has been applied here to a simple worked example looking at patients not attending their appointments.

Step 2: Set standards and criteria**Background to the audit: research to consider**

In most osteopathic practices missed appointments don't occur very often but, when they do, they always seem to occur when there is a waiting list of patients. The cost of missed appointments to the National Health Service (NHS) has been well-documented, and different initiatives have been tried to improve this, but research is still emerging in this area^{1,2}. Recent reviews by the Cochrane Collaboration have examined different approaches to reminders to patients. Atherton et al, 2012, examined the use of email as a form of appointment reminder. The number of studies eligible for examination for review was extremely

limited and they were unable to draw any conclusions concerning the value of this initiative³. In a separate review, Car et al, 2012, examined the use of text alerts to patients to reduce missed appointments⁴. They found that although the amount and quality of the research in this area was limited, text message reminders to patients were more effective than no reminders, and were as effective as telephone call reminders. This audit will examine some of these challenges.

Aim of the audit:

- Identify the number of patients not attending for appointments.
- Try to identify reasons for non-attendance.
- Address any issues which can be changed to reduce the number of missed appointments.

Identifying standards and criteria from the literature**Criterion for the audit:**

Patients who have been allocated an appointment should attend at the designated time.

Standard for the audit:

One-hundred per cent of patients should attend their allocated appointment. →

'Benefits to patients included less time to wait for appointments'

→ Step 3: Measure current situation by data collection

Data collection and sampling

A data collection template was designed and piloted using information from the practice diary. The final data collection sheet collected the following information where appointments were missed:

- The date of the missed appointment.
- The day of the missed appointment.
- The time of the missed appointment.
- The time interval since the appointment was made (in days).

Data were collected retrospectively from the clinic diary over a period of three months (March to May).

Findings

Data were added to an Excel spreadsheet, and some simple graphs were produced. Missed appointments during each working day were evaluated and the findings are shown in **Figure 1**. Missed appointments during each hour of the working day were evaluated and are shown in **Figure 2**.

Step 4: Compare findings from audit to standards and criteria set

Analysing seasonal variation

Further analysis was undertaken to look at seasonal variation in missed appointments, and most (72%) occurred in May, around the second bank holiday. Patients who had missed more than one appointment were flagged up during the data collection using

an anonymised identifier, and the duration of time from booking to the missed appointment was analysed. Patients who returned for regular treatments demonstrated more missed appointments.

Step 5: Reflect on findings, plan and introduce changes

Changes to be considered after the findings:

- Patients' permission was sought for recording a mobile telephone number.
- Permission was sought for use of this number by the clinician and reception staff to telephone or use a text reminder about the next appointment.
- Patients' preference for phone call or text message was recorded on their notes.
- The receptionist was asked to telephone or text patients the day before their appointment.
- The reminder was recorded in the diary.
- A poster showing the days and times when most appointments were missed was displayed in the patient waiting area and in the treatment room.
- A notice was displayed in the waiting area and the treatment room, about a requirement to cancel appointments with 24 hours' notice (if possible).

Step 6: Re-audit to see if changes have been effective

What did re-audit show?

A re-audit took place from July to September and improvements were shown in the number of missed appointments. Non-attendance at all appointment times

improved, although late on Friday remained the time and day for more consistently missed appointments. Benefits to patients included less time to wait for appointments, and fewer missed appointments also meant that the osteopath was able to see more patients in the day. The practice will audit again from March to May next year to ensure patient attendance remains high. ●

MORE INFORMATION

1. See the new CPD microsite for templates and resources for objective activities including clinical audit: cpd.osteopathy.org.uk
2. See The Osteopath Feb/March 2018 issue for a detailed guide to using clinical audit in practice and a case study of how osteopath Penny Dathan used it: bit.ly/TheOsteopathFebMarch18
3. Find out more about clinical audit on NCOR's website at: ncor.org.uk/practitioners/audit
4. Read the handbook, An Introduction to Clinical Audit for Practising Osteopaths, which includes worked-up examples, at: bit.ly/NCOR-clinical-audit-handbook

References:

1. NHS England. NHS England using technology to beat cost of missed appointments: england.nhs.uk/2014/03/missed-appts
2. Zhao P, Yoo I, Lavoie J, Lavoie BJ, Simoes E. Web-Based Medical Appointment Systems: A Systematic Review. J Med Internet Res. 2017 Apr 26;19(4):e134. ncbi.nlm.nih.gov/pubmed/28446422
3. Atherton H, Sawmynaden P, Meyer B, Car J. Email for the coordination of healthcare appointments and attendance reminders. Cochrane Database Syst Rev. 2012 Aug 15;(8):CD007981. ncbi.nlm.nih.gov/pubmed/22895971
4. Car J, Gurol-Urganci I, de Jongh T, Vodopivec-Jamsek V, Atun R. Mobile phone messaging reminders for attendance at healthcare appointments. Cochrane Database Syst Rev. 2012 Jul 11;(7):CD007458. ncbi.nlm.nih.gov/pubmed/24310741

Figure 1
Missed appointments during the working week

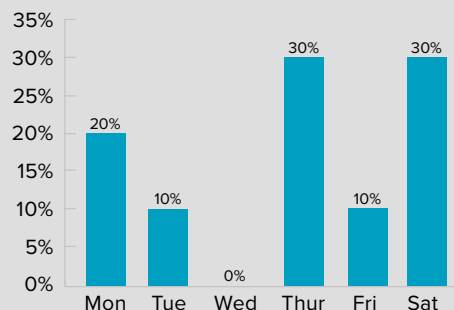
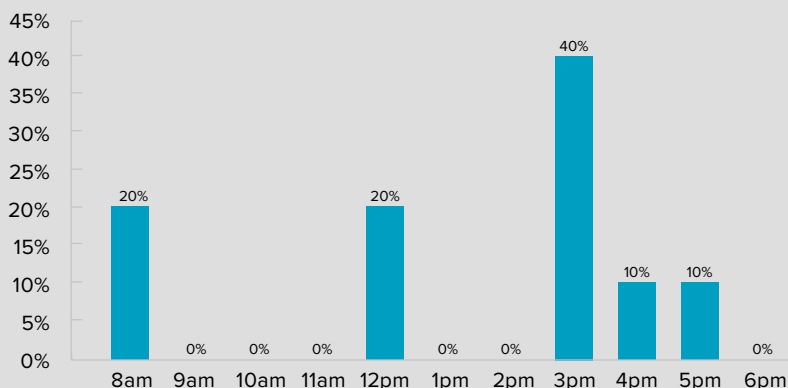


Figure 2
Missed appointments during each hour of the working day



A time of change

Chair **Alison J White** and Chief Executive and Registrar
Tim Walker introduce the GOsC's 2017-2018 Annual Report



'An important time for the GOsC as major projects come to fruition'

This has been an important period for the GOsC as some of our major projects come to fruition or we build momentum for their implementation over the coming year.

The largest of these current projects is the implementation of our new continuing professional development (CPD) scheme that commenced on 1 October 2018. A significant milestone

was passed last January when Council approved the new rules that give effect to the scheme. Throughout the year, there has been a huge effort to develop new materials to support the scheme, and deal with practical issues and engage with registrants, patients and other stakeholders – so that everyone understands what we are trying to do and why it is so important.

Alongside this work we have also completed a review of the Osteopathic Practice Standards. These are the standards that underpin education, practice and concerns raised about osteopaths. Ensuring that the standards reflect patient expectations and also provide practical support for osteopaths is always a difficult balancing act. We listened very carefully to what people said to us. The updated Standards represent the culmination of a very thorough piece of work with substantial input from a wide range of stakeholders.

Read full versions of the Annual Report at: osteopathy.org.uk/annualreport (p8 and 9)



'The osteopathic profession is engaging with the challenging issues it faces'

Four things occurred in 2017-18 that represent the considerable change that continues to take place in the osteopathy profession:

- **The recognition of osteopathy by NHS England as an allied health profession**, something that has the potential to open up a range of new opportunities for osteopaths and osteopathy.
- **The designation of the former British School of Osteopathy as the University College of Osteopathy**

(UCO), a recognition of the growing stature of osteopathic education not just at the UCO but across the sector.

- **The establishment of the new Osteopathic Foundation** as a substantial fund to support education, research and development.
- **At a European level we saw the establishment of a new body** bringing together the majority of European osteopathic organisations.

We have also been pleased with the positive and proactive approach taken by

the profession in relation to the updating of our standards and also in preparation for the implementation of our new CPD scheme. It is incredibly important – for patients and registrants alike – that our requirements are clear, practical and helpful. We can only make this happen with the input of others.

I highlight these achievements because they demonstrate the progress that is being made within the profession to engage with the challenging issues that it faces. But we also recognise that a small profession will always have capacity constraints that limit its ability to respond to and absorb change. All of the examples I have given above demonstrate the collaborative, facilitative and supportive role that a regulator can play, while maintaining its distinct and central role in protecting patients.

The GOsC year in review



Managing Editor **Clare Conley** highlights key facts and figures from the GOsC's Annual Report and Accounts 2017-18

The GOsC has a statutory duty under the Osteopaths Act 1993 to develop and regulate the osteopathy profession in the UK to ensure public protection. The Annual Report for the year to 31 March 2018 describes what we have achieved in the second year of our 2016-2019 Corporate Plan. This is set out under our three overarching strategic objectives:

OBJECTIVE 1: Promoting public and patient safety through patient-centred proportionate, targeted and effective regulatory activity

Education, training and professionalism

- Consulted on changes to quality assurance arrangements including removing fixed five-year expiry dates on 'Recognised Qualifications'.
- Commissioned a literature review to look at professional boundaries and therapeutic touch

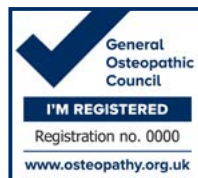
Over **200** final-year students at **six** institutions attended GOsC presentations

Summer 2017 – Leeds Beckett University osteopathy degree course closed.

September 2017 – University of St Mark and St John (Marjon) in Plymouth opened new GOsC-recognised course.

Protecting and promoting registration

5,288 osteopaths on the Register at 31 March 2018. The number of osteopaths in the UK continues to grow – **269** new or returning registrants joined the Register: osteopathy.org.uk/register-search



Over **2,000** Registration Marks used by osteopaths and in practices.

45 registration assessments carried out.

24 letters sent out to individuals appearing to practise without registration, resulting in **19** resolved cases.

Continuing professional development

Work progressed towards the start of the new Continuing Professional Development (CPD) scheme, from 1 October 2018.

Resources added to cpd.osteopathy.org.uk and work with 'early adopters' continued.



January 2018 – following consultation, Council agreed new CPD rules, which were then approved by Privy Council.

10% of osteopaths completed our 2nd annual CPD evaluation survey.

20% of all osteopaths' annual CPD summaries scrutinised to ensure they comply with CPD guidelines, **2%** randomly selected for a more in-depth review.

Fitness to practise

46 formal complaints made to us (a slight decrease over the previous year).

44 cases considered by the GOsC's Investigating Committee (IC):

23 referred to a full hearing

21 determined as 'no case to answer'

38 cases concluded by the Professional Conduct Committee (PCC):

21 of these cases concluded with a finding against the osteopath.

OBJECTIVE 2: Encouraging and facilitating continuous improvement in the quality of osteopathic healthcare

Updating the Osteopathic Practice Standards (OPS)

318 responses received from individuals and organisations to formal consultation on draft revised OPS, August to October 2017.



May 2018 – Council approved the updated Standards. See: standards.osteopathy.org.uk

Improving quality and patient care

Values – work on understanding the relationships between osteopaths' and patients' values and their links to practice standards continued:

July 2017 – patient and practitioner workshop held, with the General Dental Council.

Developing the profession

The GOsC worked with leading osteopathic organisations.

Eight core Osteopathic Development Group (osteodevelopment.org.uk) projects were developed including mentoring, accreditation and competency framework, leadership development and Patient Reported Outcome Measures (PROMs).

International teamwork

A new body, European Federation and Forum for Osteopathy, formed as a result of a merger of the European Federation of Osteopaths with the Forum for Osteopathic Regulation in Europe.

Osteointernational.uk launched with worldwide resources.



Read the full version of the GOsC Annual Report and Accounts **2017-18**, including key objectives for 2018-19, at: osteopathy.org.uk/annualreport

OBJECTIVE 3: Using our resources efficiently and effectively, while adapting and responding to change in the external environment

Communicating with our stakeholders

In **2017-18** we carried out **eight public consultations**. See: osteopathy.org.uk/past-consultations.

6 issues of The Osteopath magazine published: osteopathy.org.uk/theosteopathmagazine

12 monthly news ebulletins sent
Social media increased to:

2,200 Facebook users and **2,400** Twitter followers.

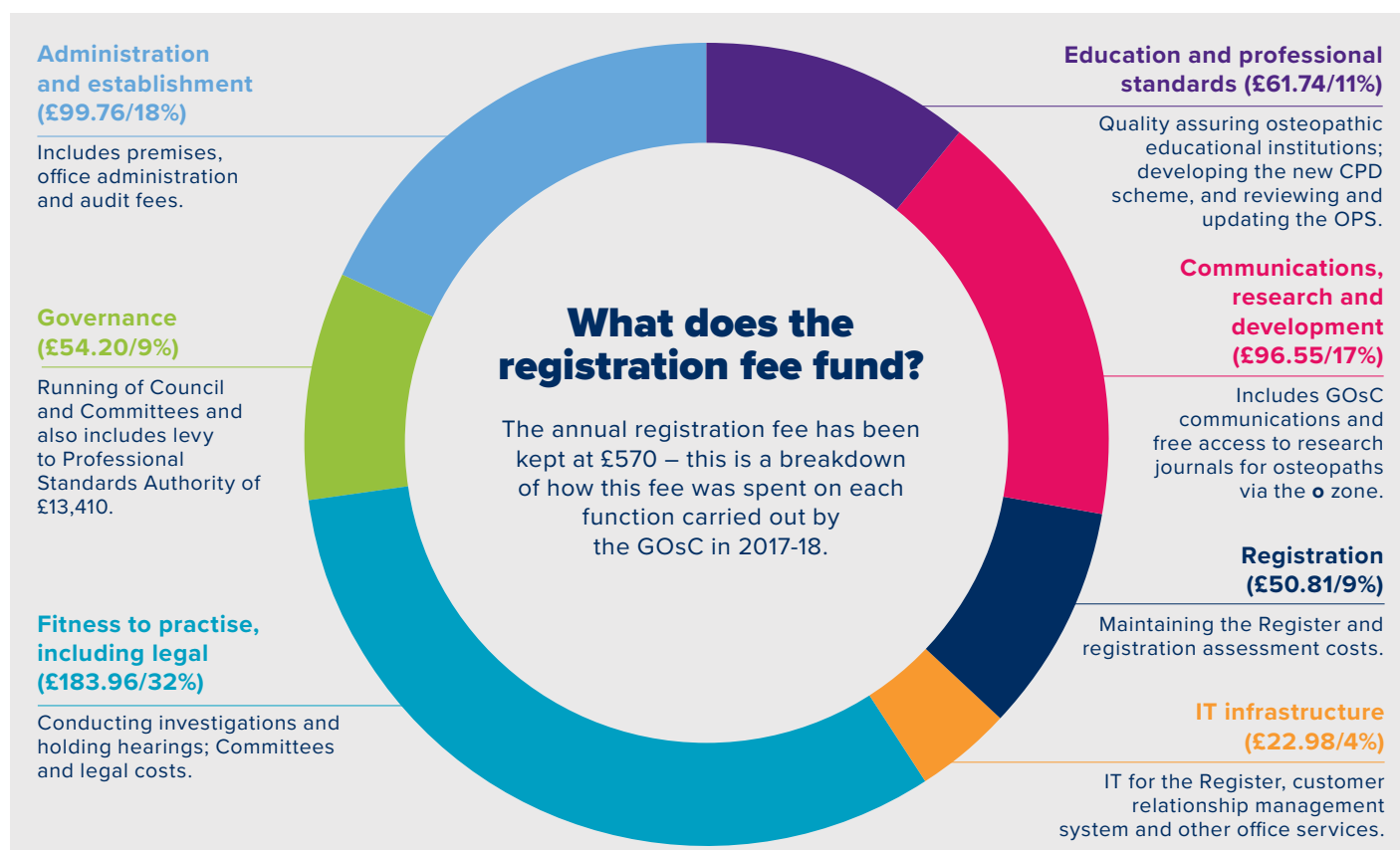
Regular face-to-face meetings with a wide range of stakeholders both in the UK and internationally.

Governance and performance

April 2017 – the GOsC was registered as a charity.



The GOsC met all the Professional Standards Authority for Health and Social Care standards of good regulation.



Review

Books reviewed by osteopaths

Fascial Release for Structural Balance

Authors: James Earls and Thomas Myers

Publisher: Lotus Publishing (2017) ISBN: 978-1-905367-76-4

Reviewed by: Robbie Smith, BSc (Hons) Ost Med

My first impression of this book was that it reads like the notes for the authors' course in Fascial Release Technique (FRT) and actually, you could use this text as such. It's a comprehensive lesson in how to follow the authors' methodology of fascial release and bodywork, even including their own vocabulary and way of talking to the client. It's written as if you were attending one of their courses and would be a good way to 'go on the course without actually going on the course'.

The book takes the reader step by step through their method of assessment and intervention including their thought processes and reasoning for each intervention. The writing flows easily with a good balance of conversation and science. There is enough theatrical text to encourage a more artistic form of bodywork coupled with (just about) enough anatomy and research to keep the more scientifically minded happy.

On the other hand, it could easily be read as a textbook on the structure, anatomy and function of the myofascial network and one method of releasing areas of tension. The authors are leaders in this field and have set out a practical illustration of the fascial network, problems that can arise within it and ideas to correct these. I suspect most osteopaths would use it in this way, I certainly will. It teaches another tool that can be used within our individual treatment plan for each patient.

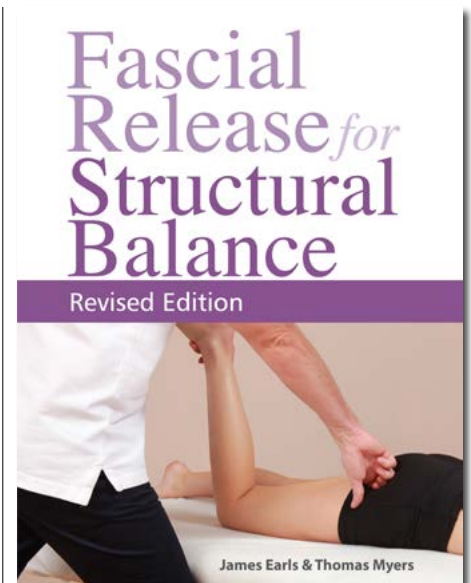
The book starts with a good amount of information about the fascial web and an introduction to the tensegrity idea of distributing strain globally. It provides a good description of how to perform FRT as can be done in a text. Next, it describes

how to visually examine tension patterns, globally, within the fascial network, both passively and actively.

The majority of the text is broken up into regional areas of the body showing some functional anatomy, how to assess, locally, the fascial tension patterns and many techniques to unwind these patterns. Throughout the text there is reference to Myer's Anatomy Trains and the information is only broken down into regions for ease of a book. The practitioner is encouraged not to perform their sessions so locally but to search further along the Trains.

For me, the one thing that is lacking is a description of what is actually happening during the techniques. There is a lot of talk about releasing or gliding or lifting or melting. I would have liked some physiology about the changes occurring within the soft tissue. There are other ideas about how to release fascial restrictions, so I would have liked a bit more research about how this particular intervention is effective.

Overall it is an easy to understand and practical reference on how the fascia influences structural changes within the body with strategies to correct them. There is as much imagery as text and it's as easy to dip in and out of, as to read all in one go. ●



'The authors are leaders in this field and have set out a practical illustration of the fascial network, problems that can arise within it and ideas to correct these'

Courses 2018/19

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

2018 December

1
Human biome in health and disease
Speaker: Prof Adam Cunliffe
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
cpdo.net

1
Obstetrics – maternal breastfeeding and infant bonding, recovery
(Check caroline-stone.com for other courses in December)
Speaker: Caroline Stone
Venue: Stalybridge, East Manchester, SK15 2AA
caroline-stone.com

1-2
Hartman's masterclass in manipulative techniques: lower body
Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
cpdo.net

4
Muscle energy techniques made simple
Speaker: John Gibbons
Venue: Oxford University Sports Complex, Oxford
Tel: 07850 176 600
johngibbonsbodymaster.co.uk

4
The miserable baby: part 3 – clinical applications day
Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384 592
mumandbabyCPD@gm.com
mumandbaby-at-home.com/cpd-courses

4-6
Viscero-osteo articular connections: cervical spine in focus
Speaker: Jean-Pierre Barral
Venue: Whittington Education Centre (contact details as above)

5
A practical guide to kinesiology taping
Speaker: John Gibbons
Venue: Oxford University Sports Complex (contact details as above)

6-9
Pelvis, sacroiliac joint and lumbar spine masterclass
Speaker: John Gibbons
Venue: Oxford University Sports Complex (contact details as above)

8-9
Osteopathic refresher
Speakers: Sandie Ennis, Christine Le Maitre, Gilly Woodhouse, Neil O'Connell, Iona Bramati, Peter Simpson and Rob McCoy
Venue: University College of Osteopathy, London, SE1 1JE
Tel: 020 7089 5333
cpd@uco.ac.uk
uco.ac.uk/cpd

8-9
Pain in clinical practice
Speakers: Danny Orchard and Hubert van Griensven
Venue: University College of Osteopathy (contact details as above)

14
Pain and pharmacology
Venue: University College of Osteopathy (contact details as above)

2019 January

5 January-21 July
Advanced osteopathic skills (six modules)
Speaker: Valéria A Ferreira
Venue: University College of Osteopathy
Tel: 07596 698 198
osteopractice.co.uk/differenthealth

13
Bump to baby: part 1 – treating the pregnant patient
Speaker: Miranda Clayton
Venue: London School of Osteopathy (see 4 December 2018 entry for details)

19
Functional active release: thoracic outlet syndrome and shoulder dysfunction
Speaker: Robin Lansman
Venue: University College of Osteopathy (contact details as above)

19-20
The neck: clinical rehabilitation
Speaker: Chris Worsfold
Venue: University College of Osteopathy (contact details as above)

26
Tissue repair: implications to manual therapists
Speaker: Prof Tim Watson
Venue: Whittington Education Centre (contact details as above)

February

2-3
Psychologically-informed practice for treating people with pain
Speakers: Lisa Roberts, Tamar Pincus, Steven Vogel
Venue: University College of Osteopathy (contact details as above)

2
Ergonomics for manual therapists
Speaker: David Annett
Venue: University College of Osteopathy (contact details as above)

10
The miserable baby: part 1 – treating feeding and digestive disorders in babies
Speaker: Miranda Clayton
Venue: London School of Osteopathy (see 4 December 2018 entry for contact details)

16-17**Hartman's masterclass in manipulative techniques: upper body****Speaker:**

Prof Laurie Hartman

Venue:Whittington Education Centre
(contact details as above)**24****Postpartum mum – treating the postnatal patient****Speaker:** Miranda Clayton**Venue:** London Schoolof Osteopathy
(contact details as above)

March

2-3**Reappraising entrapment neuropathies: pathomechanisms, diagnosis and management**
Speaker: Annina B Schmid**Venue:** University College of Osteopathy
(contact details as above)**10****The miserable baby: part 2 – further treatment approaches for the unsettled baby****Speaker:** Miranda Clayton**Venue:** London Schoolof Osteopathy
(See 4 December 2018 entry for contact details)**14****Neuro and intracranial anatomy and pathology****Speaker:** Dr Parry**Venue:** University Collegeof Osteopathy
(contact details as above)**16-17****Clinical pilates mat work progressions****Speaker:**

Sandie Ennis

Venue: University College of Osteopathy
(contact details as above)**28-31****Connecting To The Source****Speaker:** Michael Kern**Venue:** Copenhagen, Denmarkkstinstitutet.dk/michael-kern**30****Cervical spine risk assessment and consent for manual therapists****Speaker:** Roger Kerry and Steven Vogel**Venue:** University Collegeof Osteopathy
(contact details as above)**31****Headache skills reloaded****Speaker:** Lecturing team of Osteopaths for Progress in Headaches and Migraines (OPHM)**Venue:** University Collegeof Osteopathy
(contact details as above)

April

7**Let's Breathe – treating respiratory disorders in infants and children****Speaker:** Miranda Clayton**Venue:** London Schoolof Osteopathy
(contact details as above)

May

10**Introduction to diagnostic ultrasound in musculoskeletal and sports medicine****Speaker:**

Chris Myers

Venue: University Collegeof Osteopathy
(contact details as above)

Classifieds

Osteopath required, Bushey, HertfordshireLong-established and busy Bushey Osteopathic and Sports Injury Clinic (near Watford), looking for a motivated and enthusiastic osteopath to join our growing team! Strong structural skills essential, cranial skills preferred. All day Tuesday and Saturday afternoons available. Please apply with CV to: geri.orawe@ntlworld.com**Osteopath required: Fulham, London**

We are looking for an experienced, confident osteopath to join our team, to treat babies, children and adults. Our ideal practitioner

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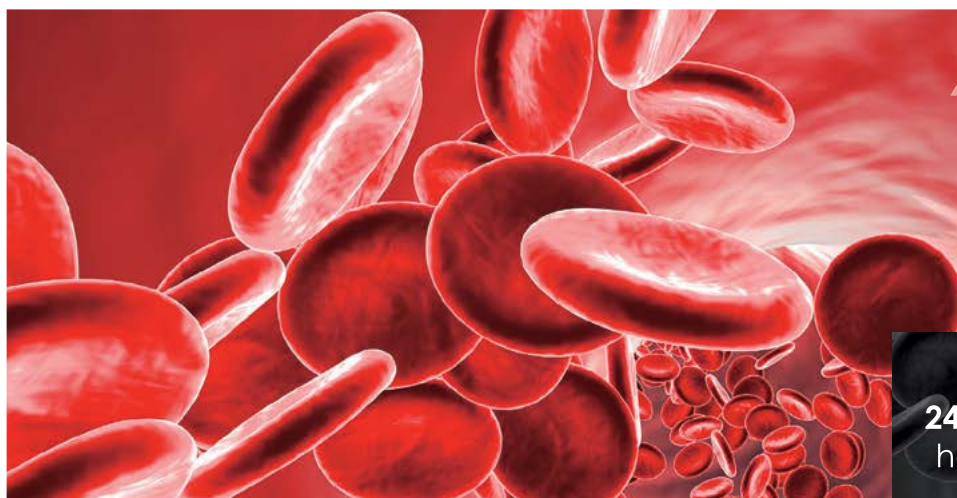


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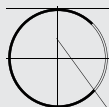
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| 26 Jan 19 | Tissue repair: implications to manual therapists | Prof. Tim Watson | £135 | 7 |
| 26 Jan 19 | The spinal care revolution: a process approach | Dr. Eyal Lederman | £135 | 7 |
| 16-17 Feb 19 | Hartman's master class in manipulative techniques: upper body | Prof. Laurie Hartman | £385 | 14 |
| 16 Feb 19 | Nutrition in practice: low tech nutritional assessment of patients & Crash course in evidence based nutritional supplementation | Prof Adam Cunliffe | £135 | 7 |
| 23-24-25 Feb <small>(start Friday 17:00)</small> | Functional neuromuscular rehabilitation | Dr. Eyal Lederman | £385 | 18 |
| 6-7 April 19 | A process approach in manual and physical therapies | Dr. Eyal Lederman | £195 | 14 |
| 18 May 19 | Nutrition and human performance: ergogenic aids that actually work & Nutrition and recovery from musculoskeletal injury: nutritional approaches to inflammation from systemic to local. | Prof. Adam Cunliffe | £135 | 7 |
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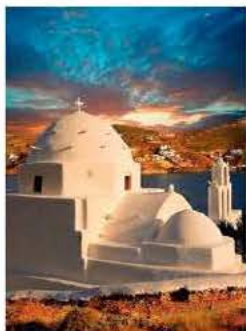
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Christine Le Maitre The intervertebral disc as a source of pain
Neil O'Connell Interpreting evidence of effectiveness in chronic pain
Iona Bramati Visceral osteopathy
Yinka Fabusuyi Yoga as exercise for chronic pain
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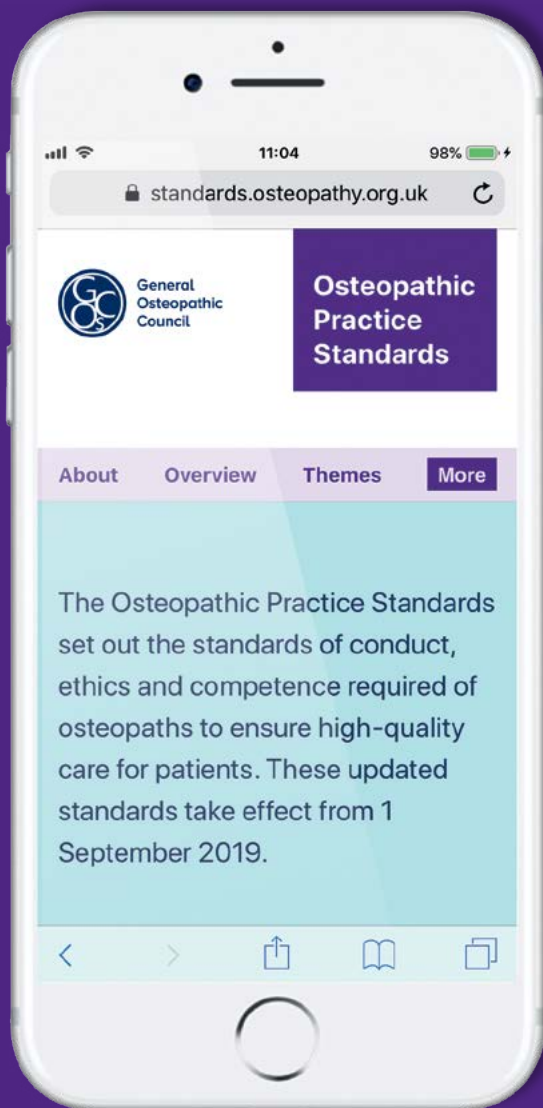
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