

integrity

honesty

trust

Openness

candour

consistency

Commitment  
to candour

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How did we spend  
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**PLUS** Learning with others online





Welcome to the latest edition of

# the osteopath



## Courses 22

Course listings; *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



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**Chief Executive and Registrar:**  
Tim Walker

In the Oct/Nov edition of *the osteopath*, we are leading on this month's joint statement by health professional regulators on the duty of candour (pages 4-5). This public commitment aims, above all, to ensure that both patients and clinicians are properly supported when things go wrong.

If you've ever wondered how your registration fee is spent, pages 6-7 give an overview of our latest Annual Report and Accounts.

How can online CPD count as learning with others? Read page 9 to find out more.

Some advice cannot be stressed enough. Page 10 highlights the ongoing importance of checking your advertising complies with ASA rules. Page 11 emphasises the value of good practitioner-patient communication, including some learning from actual complaints that have been made against osteopaths.

See page 16 where NCOR's Carol Fawkes is calling on osteopaths to pilot a PROM app, and Brian Joseph from the National Osteopathic Archive is asking for your support (page 19) to preserve the profession's heritage.

We hope you enjoy reading this edition.

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## the osteopath

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**Design and production**  
CPL (Cambridge Publishers Ltd),  
275 Newmarket Road,  
Cambridge CB5 8JE  
01223 477411  
[www.cpl.co.uk](http://www.cpl.co.uk)

Send editorial to:  
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**What constitutes unacceptable professional conduct? We want to hear your views. See page 12**

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# Putting patients first – understanding the duty of candour

When Robert Francis QC recommended that ‘the journey to putting patients first’, not just in Mid-Staffs but in any healthcare setting, would require a ‘fundamental culture change’ across the health and social care system, this was not a slur on the integrity and dedication of most health professionals.

However, the Francis Inquiry findings presented stark evidence that when patients come to harm, insensitive handling and poor communication after the event can be as damaging as the original problem.

The real challenge, Francis recognised, is ensuring clinicians and clinical staff are properly supported when things go wrong – that there can be no circumstances when they feel prevented from being open and honest with patients or fulfilling their duty of care.

Responding to the Francis

report, the Government has this month introduced a statutory duty of candour, with possible criminal sanctions, for organisations providing health services that are overseen by the Care Quality Commission.

For health professionals, the Government proposes not a statutory but a professional duty of candour:

‘In addition to the statutory duty of candour on providers, there is also a professional duty of candour on individuals that will be strengthened through changes to professional guidance and codes. The professional values of individual clinicians are critical in ensuring an open culture in which mistakes are reported, whether or not they cause actual harm.

‘The healthcare professional regulators will be working to agree consistent approaches to candour and reporting of errors, including a common responsibility across doctors,

nurses and other health professions to be candid with patients when mistakes occur, whether serious or not, and clear guidance that professionals who seek to obstruct others in raising concerns or being candid would be in breach of their professional responsibilities.’

The GOsC joins with other health professional regulators this month in a public commitment to strengthening and harmonising professional standards in relation to candour and the reporting of errors. This joint statement is reproduced on the facing page.

While the duty of candour is common across healthcare professions, it is recognised that different professions and their regulators work in separate ways. For example, the management and working relationships in osteopathic practice settings are clearly very different from those within NHS

hospitals. Regulators will work within their own professions, and with each other, to ensure standards that promote candour are both appropriate to your practice and patients, and consistent with other health practices.

## The Osteopathic Practice Standards

The current 2012 *Osteopathic Practice Standards* (OPS) make numerous references to candour in practice, most notably Standard D7: ‘Be open and honest when dealing with patients and colleagues and respond quickly to complaints.’

The renewed professional duty of candour, however, establishes expectations of a more proactive approach: telling patients when something has gone wrong, rather than simply responding to complaints. So while Standard D7 in itself may be adequate, the underpinning OPS guidance may need to be broadened and strengthened.

We intend to undertake a fundamental review of the *Osteopathic Practice Standards* in 2015-16, in the course of which additional guidance can be developed in consultation with the profession.

In advance of this, we are very keen to engage osteopaths in focus group discussions of the issues outlined in the joint statement, exploring scenarios where the duty of candour would apply and identifying issues or difficulties that might arise in practice. This will greatly assist us in the drafting of suitable guidance that will adequately support osteopaths in fulfilling the duty of candour.

## Further information

**i** We welcome your views. Email us on [candour@osteopathy.org.uk](mailto:candour@osteopathy.org.uk) or call Brigid Tucker, Head of Policy and Communications, on x247.



# Our duty of candour

## A joint statement from the Chief Executives of statutory regulators of healthcare professionals

Health professionals must be open and honest with patients when things go wrong. This is also known as 'the duty of candour'.

As the Chief Executives and Registrars of statutory regulators of healthcare professionals, we believe that this is an essential duty for all professionals working with patients.

Although it may be expressed in different ways within our statutory guidance, this common professional duty clarifies what we require of all the professionals registered with us, wherever they work across the public, private and voluntary sectors.

We will promote this joint statement on 'the duty of candour' to our registrants, our students, and to patients, ensuring our registrants know what we expect of them. We will review our standards and strengthen references, where necessary, to being open and honest, as appropriate to the professions we regulate. We will encourage all registrants to reflect on their own learning and continuing professional development needs regarding the duty of candour.

We will also work with other regulators, employers and commissioners of services to help develop a culture in which openness and honesty are shared and acted on.

### The Professional Duty of Candour

Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.

This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong;
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family);
- offer an appropriate remedy or support to put matters right (if possible); and
- explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long term effects of what has happened.

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.

David Howell, General Chiropractic Council  
 Eylvynne Gilvarry, General Dental Council  
 Niall Dixon, General Medical Council  
 Samantha Peters, General Optical Council  
 Tim Walker, General Osteopathic Council  
 Duncan Rudkin, General Pharmaceutical Council  
 Jackie Smith, Nursing and Midwifery Council  
 Trevor Patterson, Pharmaceutical Society of Northern Ireland

October 2014

# A year in the spotlight

The GOsC's Annual Report and Accounts set out our key activities over the financial year 2013-14. Here we summarise what has been achieved, along with a breakdown of how your annual registration fee is spent

**O**ur job as a regulator is to protect the public, promoting high standards of care. Put simply, we do this by ensuring only appropriately qualified individuals can practise as osteopaths and that they continue to meet the standards expected of them throughout their careers. In 2013-14:

- We undertook quality assurance reviews of osteopathy courses, at the European School of Osteopathy, London School of Osteopathy, the London College of Osteopathic Medicine, Oxford Brookes University and Swansea University
- Our programme of visits to osteopathic educational institutions continued. We spoke to students just before starting their clinical training and again before graduation, about their responsibilities as clinicians and as future regulated healthcare professionals
- A total of 55 registration assessments of new applicants to the Register, from overseas and those returning to practice, were undertaken by our team of trained registration assessors – all of whom are qualified osteopaths

**'We were once again able to reduce our fees. This means that the fee paid by most osteopaths has reduced by 24 per cent over the past three years'**

- We initiated prosecution against an individual wrongly describing themselves as an osteopath, and issued nine cease and desist notices
- We scrutinised more than 20 per cent of all osteopaths' annual CPD summaries to ensure they complied with our guidelines
- Eighteen osteopaths were removed from the Register for non-compliance with CPD requirements
- Thirty-five formal complaints were made to us (up seven on the previous year). Of these cases, 27 were referred to a full hearing and in the other eight, it was determined there was no case to answer

- The Professional Conduct Committee heard 16 new cases (an increase of 10 over the previous year). In half, there was a finding against the osteopath. No cases were heard by the Health Committee
- We agreed a programme of actions in response to the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report).

## Improving the quality of osteopathic healthcare

We believe it is important to engage with the profession we regulate, work in partnership with other organisations in the profession, and support osteopaths to raise standards of practice.

In 2013-14 we have:

- Continued our work to ensure that the *Osteopathic Practice Standards* were embedded in practice. We launched two e-learning modules for osteopaths to test knowledge of the standards and to explore how they could be applied in practice
- Published new supplementary guidance for osteopaths on gaining consent and patient's capacity to give consent
- Commissioned research

on the effectiveness of regulation in the context of osteopathic healthcare

- Been developing, in partnership with the National Council for Osteopathic Research (NCOR), a range of information resources on risk issues for use by osteopaths and their patients
- Continued to work with, and financially support, NCOR as the umbrella body to promote improvement of the osteopathic evidence base
- Worked with the main groups within the osteopathic profession (the Osteopathic Development Group) on a shared agenda intended to develop the profession further. We have started work in the following areas: advanced clinical practice; career development; international collaboration; leadership development; mentoring recent graduates; patient reported outcome measure (PROM) database development; support for regional groups; and service standards
- Contributed to a pan-European project to develop common standards for osteopathy.

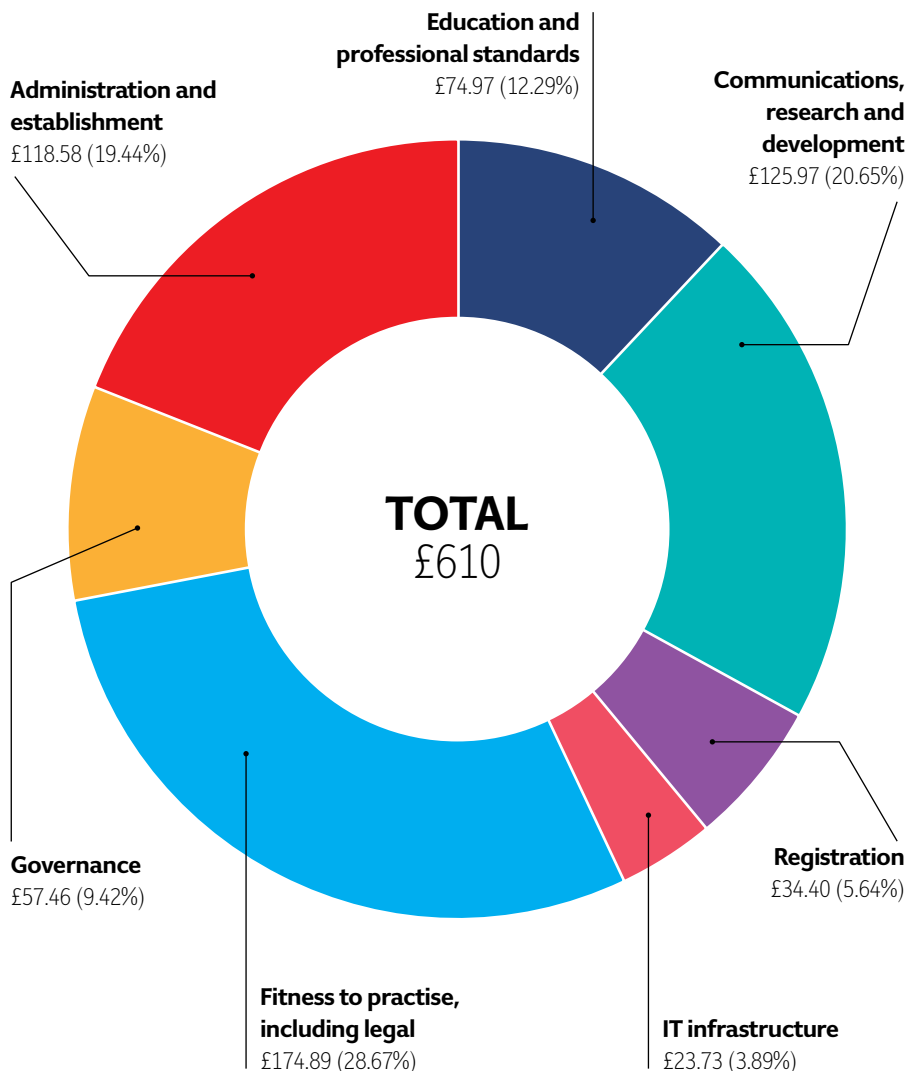
## Using our resources efficiently and effectively

We continually strive to ensure that our resources are used efficiently. In 2013-14:

- We were once again able to reduce our fees. This means that the fee paid by most osteopaths has now reduced by 24 per cent over the past three years
- The GOsC Council approved a new communications and engagement strategy
- Our magazine – *the osteopath* – was relaunched with changes informed by the 2012 registrant survey

# How is your registration fee spent?

The headline registration fee (£610) is broken down below to show the amount spent on each GOsC function during 2013-14. The fee reduced to £570 from 1 May 2014



**Education and professional standards:** includes ongoing review of standards of education, practice and continuous professional development (CPD).

**Communications, research and development:** covers all ways in which the GOsC communicates with osteopaths and the public (including online, print publications and events), and contributes to the development of the profession including through research activities.

**Registration:** maintaining the integrity of the Register for the benefit and protection of patients, the public and professionals; processing applications for registration from qualified professionals; and aiming to ensure the smooth operation of the renewal of registration process.

**IT infrastructure:** investment in this ensures that the GOsC has up-to-date and robust websites and IT services.

**Fitness to practise, including legal:** encompasses fitness to practise processes and illegal practice prosecutions, along with setting and reviewing standards and providing legal advice to the Council and the profession as a whole.

**Governance:** Council and its Committees.

**Administration and establishment:** covers the costs of running the GOsC, including facilities, service contracts, audit fees and non-attributable staff costs.

■ We continued to expand the membership of our Patient Partnership Group and to use it in the development of new policies and public consultations. The group's work was complemented by a series of focus groups, with both patients and members of the public, held around the UK and in partnership with local Healthwatch groups

■ Throughout the year, we worked closely with regional groups of osteopaths. The Chief Executive spoke at 12 regional group meetings and we held two meetings of our Regional Communications Network forum, which brings together representatives of all the regional groups to be updated on GOsC activities for feedback to – and building understanding among – its members

**'We published new supplementary guidance for osteopaths on gaining consent and patient's capacity to give consent'**

■ We continued to engage with the Law Commission, the Department of Health (England) and other regulators on the proposed reforms to the framework for healthcare professional regulation in the UK.

**i** For full details, the Annual Report and Accounts is available to download from the **o** zone and from our public website at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

# Supporting colleagues in practice



GEORGE PHOTOGRAPHY / SHUTTERSTOCK

**T**o help shape an evolving scheme on continuing fitness to practise, we have been working with regional osteopathic 'pathfinder' groups – in Belfast, Carlisle, London and Lymm – who have been working hard to test out the scheme. **Ben Jarvie**, BSc (Hons) Ost, of the Northern Ireland Pathfinder Group, shares his thoughts:

'A group of 12 of us met in Belfast earlier this year, for our first meeting with GOsC Head of Professional Standards, Fiona Browne, who told us about the findings from the revalidation pilot, conducted in 2011-12. A number of osteopaths who had taken part had found it difficult and time consuming, so we were relieved to see proposals for the new scheme suggested a more common-sense approach.

There was, however, some concern around the proposed requirement to carry out continuing professional development (CPD) in communications and consent within every three-year cycle of the scheme. A vigorous debate took over

**'I genuinely believe this new draft scheme is all about improving your clinical practice'**

the rest of the meeting, with particular emphasis on what, exactly, 'informed consent' is, and how to gain it.

We decided it would be good to have a CPD event on consent. This would run after the next pathfinder group meeting, when we would watch and discuss presentations on the topic, given by Steve Vogel and Pippa Bark at the GOsC's regional conferences in 2012 (you can view these presentations on the GOsC's Youtube channel at: [www.youtube.com/user/GenOstCouncil/videos](http://www.youtube.com/user/GenOstCouncil/videos))

At the second pathfinder meeting – with Fiona and her colleague Gina Baidoo present – we looked at how the draft scheme would work in relation to CPD, CPD standards, and the Peer Discussion Review, which all osteopaths will undertake towards the end of the proposed new CPD cycle.

Part of this discussion involved clinical auditing, and recording of patient experiences, to help guide us in our CPD and practice management. I am piloting a software programme that I have designed – OSTIX – which will enable users to gather audit and patient outcome data easily and quickly, for use in this CPD process.

Having watched the videos on consent, we spent a long time discussing informed consent, and what it meant to each of us. It was immensely valuable to discuss such a contentious issue, in a safe environment among peers. We all took something away

from this discussion, because we rarely see how other osteopaths work, and how we use different language to talk to patients.

A third meeting followed, in Belfast. Fiona and Gina discussed with us the latest guidelines on continuing fitness to practise, with examples of the activities conducted by other pathfinder groups. We finished our discussion with further ideas that could be used in this process, and areas that would benefit from further consultation with the profession.

An idea I am developing with colleagues is the concept of 'mystery shopping', whereby osteopaths attend each other's practices as 'patients', and give feedback on the experience. This is not a substitute for patient feedback, but provides an opportunity to hear the views of your peers, and to reflect on what you do, why, and how.

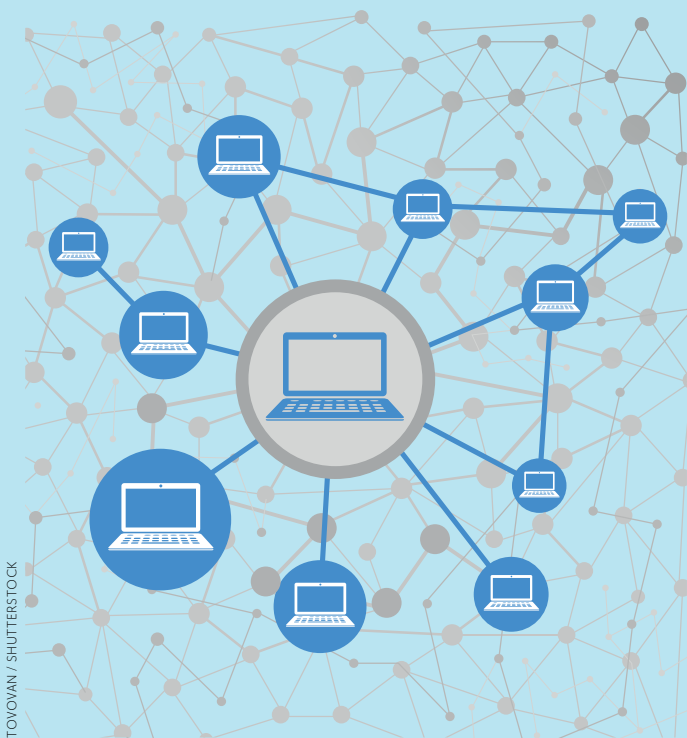
I have found the pathfinder group experience incredibly positive. Fiona and Gina not only listened to us, but wanted to hear our ideas and concerns – and our thoughts on how these could be resolved. Among colleagues, there is a feeling that the revalidation scheme – as piloted – was not fit for purpose, and that the current CPD scheme proposals are not quite right. However, I genuinely believe this new draft scheme – to ensure continuing fitness to practise – is all about improving your clinical practice. Unlike a tick-box exercise, it will provide an opportunity for us to support each other – to review how we do things, and to identify and address any weaknesses in a supportive environment that benefits our practice and the care we provide.'

● **Ben Jarvie** is a practising osteopath in Coleraine, and helps to run the Northern Ireland Osteopaths' regional group.

**i** Details of regional osteopathic groups across the UK are available at: [www.osteopathy.org.uk/ozone/get-involved/regional-network/](http://www.osteopathy.org.uk/ozone/get-involved/regional-network/)



# Learning with others online



TOVOVAN / SHUTTERSTOCK

Just like the osteopathic profession, the ways in which CPD can be delivered are constantly evolving. There is a world of technology out there, so why not use it?

CPD for osteopaths – and osteopathy in general – is fuelled by interaction with colleagues. The submissions of 2013-2014 have shown that osteopaths are undertaking a wide range of CPD online, and developing an osteopathic community through which to share ideas, knowledge and experience.

Why shouldn't an osteopath in Scotland – who has been practising for more than 10 years – share their wisdom by interacting online with a fresh-faced graduate who is

embarking on their career hundreds of miles away in, say, Exeter?

We are seeing the continuous emergence and development of e-learning opportunities, through webinars, online courses, and discussion forums.

Why not embrace these new interactive learning tools to ask questions, and to share ideas and expertise with peers across the UK and around the world? There is no reason why this form of learning should not be considered as 'learning with others' for the purposes of CPD. It is affordable, accessible, and opens up a whole new world of possibilities for the development of osteopaths and osteopathic practice.

## What do the CPD guidelines say?

The continuing professional development guidelines for osteopaths – enclosed in your registration pack – describe learning with others as 'any relevant learning activity that involves interaction with osteopaths, healthcare practitioners or other professionals'.

Ideas for addressing areas of improvement, in terms of learning with others, are offered on page 15 of the CPD Guidelines, along with suggestions as to what constitutes sufficient evidence to include in your CPD Record Folder.

**i** A worldwide web of online CPD

opportunities is only a click away. For further information, see the CPD Guidelines available at: [www.osteopathy.org.uk/uploads/cpd\\_guidelines\\_interactive.pdf](http://www.osteopathy.org.uk/uploads/cpd_guidelines_interactive.pdf).

Alternatively, contact Jonathan Parish on x238, or via email [jparish@osteopathy.org.uk](mailto:jparish@osteopathy.org.uk)

20 August 2014 – Webinar on lower-back pain and sciatica – lecture/tutorial – three hours learning with others – discussions and refresher on different methods for the treatment and management of sciatica, involving interactive discussions with lecturer and six fellow osteopaths, followed by an online quiz.

20 August 2014 – Course on practice management – distance learning – two hours learning with others – first module of the course spent looking at ways to advertise in small communities, focusing on website development. This will assist the growth of my practice and allow me to reach more patients. Involved email discussions with the course provider and ongoing discussions, online, with fellow osteopaths who I met during the course.

Evidence: Certificate of attendance, notes from the webinar, screenshots, email chain of discussions (redacted if necessary in accordance with Data Protection laws)

Sample CPD submission – for online activity learning with others



# Communication Communication Communication

**A**t the GOsC we are concerned that we continue to receive a high number of complaints from patients who allege a breach of professional and sexual boundaries by osteopaths.

Some of these complaints arise out of a misunderstanding about the nature of osteopathic treatment and what it involves. Others could be avoided by better communication and taking steps to alleviate patients' possible anxieties or concerns.

So, learning from actual complaints that have been made against osteopaths, here are some simple actions that may prevent a similar complaint being made against you.

## **1. Review the information you provide to patients before their first appointment, including practice leaflets and your website.**

Is it clear to patients that they may be required to undress for examination and treatment?

Is it clear that they can ask for a chaperone to be present?

## **2. Be aware of timings of appointments and whether or not other staff are on the premises.**

Patients may feel vulnerable if they are alone with a practitioner in a state of undress and there is no one else on site, or if appointments are repeatedly scheduled after working hours.

## **3. Think about the facilities in your treatment room.**

If the patient is required to undress, do you have screens or a curtained area available? Do you provide treatment gowns or towels to preserve the patient's modesty during examination and

treatment? Bear in mind that – from interactions with other healthcare professionals – patients have an increasing expectation that such facilities will be provided.

Some osteopaths turn their back to the patient while the patient undresses. The feedback from complaints is that patients can feel uncomfortable when the osteopath is in the room while they are getting dressed or undressed. Would it be simpler just to leave the room while they undress?

## **4. Always remember to explain what you are doing, and why.**

If watching the patient get undressed is essential to you for diagnostic reasons, first ask the patient for permission to do so, and explain why.

Even though you have obtained consent, before commencing your examination or treatment, it is sensible to reaffirm that consent when treating a different part of the body, particularly if this might involve intimate areas.

## **5. Do not adjust the patient's clothing while providing treatment.**

If a patient's clothing needs adjusting, always ask them to adjust it themselves.

If the patient requires assistance, always ask them for their consent first.

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

## **7. Ensure that any conversation you have with a patient in the treatment room remains professional, and is appropriate to the clinical setting.**

Avoid commenting on a patient's hair, clothes, jewellery, tattoos or body art.

## **8. Be aware of your positioning in relation to the patient.**

Feedback from complaints is that patients can feel uncomfortable if the osteopath is behind them and they cannot see what he or she is doing. If they can't see what you are doing, explain it to them as you go along.

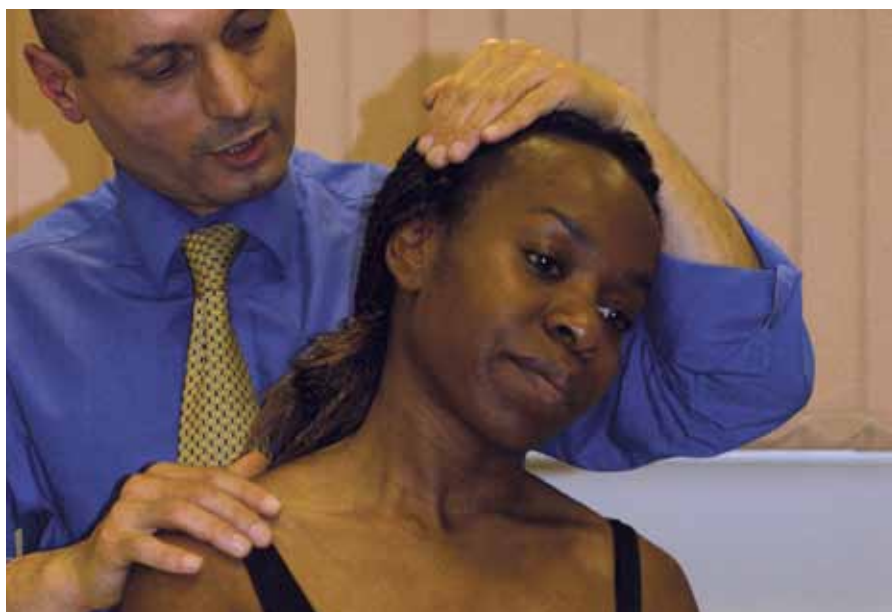
Think about how you are positioned in relation to the patient and the plinth. Would using a towel as a barrier help?

Bear in mind that patients are individuals and will have differing concepts of personal space, privacy and dignity.

## **9. Be alert to signs of anxiety, discomfort or distress from a patient.**

Always ask a patient to tell you immediately if they feel uncomfortable with the treatment.

For more guidance, see Standard C6 of the *Osteopathic Practice Standards*.



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# What is Unacceptable Professional Conduct?

**W**e want your views on new guidance to assist those involved in deciding whether or not complaints to the GOsC about an osteopath's conduct should be investigated, or referred to a formal hearing.

We receive complaints ranging from commercial disputes between osteopaths at one end of the spectrum to serious sexual abuse and dishonesty at the other.

When we receive a complaint, it is first considered by a 'Screener' (an osteopath) who will decide whether it should be referred to the GOsC's Investigating Committee. This committee will consider the evidence and refer the case to the Professional Conduct Committee for a hearing, if the allegations suggest Unacceptable Professional Conduct (UPC).

Following recent case law, a threshold has been developed to determine whether a complaint can constitute UPC. This is in response to concerns that regulators might be dealing inappropriately with cases that are private matters, such as a commercial dispute between practitioners. The test is whether the allegations are 'worthy of the moral opprobrium and the publicity' that flow from such a finding. By 'moral opprobrium', we understand the court to

mean that before an osteopath can be found guilty of UPC, the actions of that person must be worthy of 'very strong public disapproval'.

We have developed guidance setting out threshold criteria of the types of complaints and allegations that do not constitute UPC. These categories include:

- Anonymous complaints that cannot otherwise be verified
- Complaints relating to employment disputes
- Complaints about contractual disputes, fees, and arrangements for the lease of premises and facilities
- Complaints that have no public protection implications
- Minor motoring offences, such as fixed penalties and parking fines, which did not result in conviction (provided drugs, alcohol or health issues are not involved).

The aim of this guidance is to reach a clear consensus on those matters that should be investigated and referred to a hearing, and those that should not concern the GOsC. This will assist the GOsC and its committees in their decision-making, allowing more effective use of time and resources.

There are two potential points at which the draft Guidance could be considered:

- By the Screener, in deciding that there is no power to deal with a complaint under the Act, because a complaint that did not meet the threshold criteria could never amount to an allegation of Unacceptable Professional Conduct;
- By the Investigating Committee in deciding whether or not there is a case to answer, because there would be no real prospect of the Professional Conduct Committee finding the allegation proved.

As part of the consultation, we would value your views at which point in the decision-making process you consider most appropriate for the guidance to be taken into account.

To answer these and other questions, the draft Guidance on Threshold Criteria, along with the consultation document is available at: <http://www.osteopathy.org.uk/about/our-work/consultations-events/>

The deadline for responses is 31 December 2014. We look forward to hearing from you.

**i** More information about how complaints are handled is available at: <http://www.osteopathy.org.uk/information/complaints/our-complaint-process/>



# Osteopaths and indemnity



KAMIL MACNIAK / SHUTTERSTOCK

We will shortly be consulting on changes to the rules and requirements for professional indemnity insurance. These revisions are driven by the implementation of an EU Directive on the rights of patients from anywhere in Europe to receive treatment in the UK, as well as by your feedback from a consultation we held earlier this year.

Arising from this, we have a new set of rules on which we are seeking your input, before they come into force. The key features of these rules are as follows:

- All osteopaths should be insured, regardless of whether or not they are in clinical contact with patients
- The minimum amount of cover should increase to £5m from £2.5m, to bring osteopaths in line with other healthcare professions
- An osteopath shown not to have insurance cover should face disciplinary procedures through the GOsC fitness to practise processes
- Osteopaths practising overseas should hold insurance and demonstrate this to the GOsC if required
- All osteopaths must hold indefinite run-off cover.

We plan to consult later this year.

**i** If you have any questions about this consultation, please contact Matthew Redford, Head of Registration and Resources, on 020 7357 655 x231 or email [mredford@osteopathy.org.uk](mailto:mredford@osteopathy.org.uk)

## Introducing self-declaration

**As part of the initial consultation earlier in the year, we sought views on the best way for an osteopath to demonstrate they hold insurance cover. The current annual registration renewal process requires an osteopath to self-declare on health and fitness, good character and CPD compliance, but evidence is required of current indemnity insurance. The need to provide this separately discourages osteopaths from using the GOsC online renewal process. With the introduction of the new rules, we propose that osteopaths self-declare that they hold appropriate indemnity insurance cover, with targeted audits every year by the GOsC, to ensure compliance.**

## The Register: facts and figures

As of August 2014 – for the very first time – there were more female than male osteopaths on the GOsC Register: 2,459 to 2,448 (4,907 osteopaths in total). This trend has continued into October and November.

As of 1 October, osteopaths are practising across the UK and beyond as follows:

- 4,247 in England
- 120 in Wales
- 156 in Scotland
- 21 in Northern Ireland
- 408 in the rest of the world.

**i** For further statistics and information see our website at: [www.osteopathy.org.uk/resources/Research-and-surveys/Statistics](http://www.osteopathy.org.uk/resources/Research-and-surveys/Statistics)



# Frequently asked questions

**Q My clinic is at the top of a flight of steps, which is restrictive to anyone with a disability or mobility issues. I want to be able to treat all patients, but it is not possible to install a ramp or lift. What should I do?**

**A** You need to be able to respond appropriately to patients with specific needs and provide the same level of service to all patients (*OPS* A2.3 and D4.1 respectively).

In addition, standard D5 requires you to abide by the requirements of the *Equality and Diversity Act 2010*, which include 'mak(ing) reasonable adjustments... where a physical feature puts a disabled person at a substantial disadvantage ...'

by either removing the feature, altering it or providing a reasonable means of avoiding it.

If it is not an option to install a ramp/lift at your clinic, a means of avoiding the physical feature would be to, say, treat the disabled patient at their home or at another suitable location where disabled access is available.

**i** For more information about the Act, see <http://tinyurl.com/cuq5rq2>

**Q A patient has complained to me that they were discriminated against by my receptionist. Surely I'm not responsible for the receptionist's behaviour?**

**A** D8 of the *Osteopathic Practice Standards* advises that you are responsible for all the staff you employ in your clinic (including administration staff) and for their conduct, and any guidance and advice they give to patients. This includes making sure that they understand the importance of equality duties and the requirements of the *Equality and Disability Act 2010* with regards to discrimination against someone with a protected characteristic (for more details, see <http://tinyurl.com/cuq5rq2>).

Similarly, D7.3 states that you should operate a procedure for considering and responding to any complaints about your practice, and you should make sure that staff are familiar with this procedure.

## The GOsC showcases work on international stage

The GOsC had a strong presence at an international regulatory conference that took place in London in September.

The International Association of Medical Regulatory Authorities (IAMRA) was holding its biannual conference in the

UK for the first time since 2000, and presented a rare opportunity for the GOsC to showcase its own work to a wider international regulatory audience.

Fiona Browne, Head of Professional Standards, spoke about the work she has been leading on professionalism among student osteopaths and how their standards and values compare with other healthcare students.

Tim Walker, Chief Executive, presented the GOsC's work on continuing fitness to practise, alongside medical regulators from around the world, all of whom are working on revalidation and relicensing issues. One feature of this session was the identification of common themes across professions on the need for practice-

relevant continuous professional development, adequate reflection, and a focus on quality improvement.

IAMRA was also an opportunity for the GOsC to share learning and best practice from other countries and professions.

Reflecting on the conference, Tim Walker said: 'Some really interesting themes appear to be emerging in regulation around understanding regulatory effectiveness, the influence of regulators and partnership with those being regulated.'

'This chimes with our own view that regulation is less about striking off and much more about working with professionals and patients to support continuing good quality and safe patient care.'



GOsC's Tim Walker

# First graduates from Swansea

Swansea university's first group of M<sup>OST</sup> osteopathy students celebrated their graduation earlier this year.

Bob Davies, Programme Manager, Advanced Initial Degree (M<sup>OST</sup>) Osteopathy, said: 'This is the first cohort of osteopathy students to graduate from Swansea University. Each and every one of them should be very proud of their achievement.'

'The osteopathy programme is an extremely demanding one and high levels of professionalism are expected throughout. The fact that all our osteopathy graduates were awarded high degree classifications is a testament to their energy, dedication

and commitment to their studies over the past four years, and provides an important benchmark upon which their future careers can be built.

'Both I, as Programme Manager, and all of my teaching colleagues from the osteopathy team, offer our sincere congratulations to our new graduates. We are sure that they will do well.'

The first cohort of 11 graduates comprised: Frances Carey, Bethan Davies, Jayde Fowler, Tanja Jakobs, Rosemary Jones, Lisa Lamont, Elinore Lewis, Natalie Foulser, Christopher Parker, Cari Pellard, and Nirosan Srisankarajah.



Swansea University class of 2014 with members of the faculty

## Your thoughts on regulation

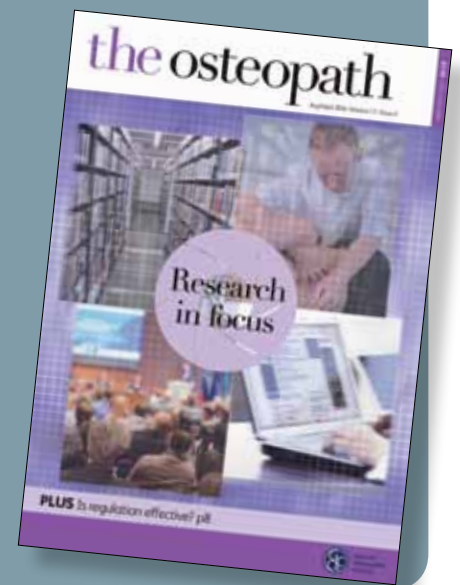
Thank you to everyone who responded to the independent research led by Professor Gerry McGivern of the University of Warwick. This work was commissioned by the GOsC in order for us to understand better the extent to which osteopathic regulation and standards affect practice, and whether these regulatory processes and standards could be improved.

In total 812 osteopaths completed the survey, which gives Gerry and his team a rich source of data to analyse. We will publish the results of the survey later this year, along with what action we will be taking as a result.

## Readership survey

A big thank you to all who completed the *osteopath* readership survey we conducted between June and September this year. In all, we received a total of 192 responses.

We are now going through your feedback. This input will help us make *the osteopath* a better magazine for you, our readers.



## New Principal for the ESO

Charles Bruford has been appointed the new Chief Executive and Principal of the European School of Osteopathy (ESO).

Charles is a Fellow of the Higher Education Academy and holds a PGCert in Higher Education. He is a practising osteopath, a member of the Institute of Osteopathy, and is on

the committee of the International Cranial Association.

Before taking up his new role on 1 September, Charles worked as a clinic tutor and course leader at the ESO and ran an osteopathic practice in Hythe, Kent. He has wide experience of teaching internationally.



His biography is available at: <http://www.eso.ac.uk/documents/BioofCharlesBrufordfinal.pdf>





BLOOMUA / SHUTTERSTOCK

# Help to pilot a PROM app

You may have seen coverage in the osteopathic media about Patient Reported Outcome Measures (PROMs), and the new app being piloted. **Carol Fawkes**, Senior Research Officer at the National Council for Osteopathic Research (NCOR), calls on more osteopaths to get involved

## What are PROMs?

A PROM is a type of questionnaire that is used to measure a patient's health status. In osteopathic practice that measurement might include: pain; disability; quality of life; fatigue; or satisfaction. The significant point is that this measure is from the perspective of the patient, rather than the osteopath.

PROMs can have a range of uses including, for example:

- Measuring effectiveness of care
- Fostering discussion with patients
- Monitoring progress
- As a decision aid.

## Why are PROMs important to osteopathic practice?

PROM data are being increasingly

sought by a range of stakeholders who are involved in osteopathic practice, such as insurers and health commissioners. To support this and the needs of a maturing profession, NCOR is developing an electronic data capture facility specifically for **outcome** data.

This has been achieved by undertaking a systematic review of selected PROMs, and qualitative work, involving both osteopaths and patients, to investigate their views on PROMs and practice-based data collection.

Assembling independent outcome data from patients is important, in order for the profession as a whole to understand different outcomes of care better, and to learn both about those patients with whom we have the

greatest success, and those for whom osteopathic care is less effective.

## Will my patients be willing to complete the PROM app?

As part of the development process for the PROM app, patients receiving osteopathic care were interviewed about a selection of PROMs, and the idea of osteopaths collecting PROM data in practice.

A full account of this process is being prepared for publication. More information will appear in the osteopathic media.

## Will my patients want to take part?

One of the key areas of interest in the PROM project is to identify whether patients are willing to complete PROMs. It is important for patients to be offered a choice of whether they want to do this or not. There may be very important reasons why patients do not wish to complete PROMs – or any other questionnaire – but, without asking them, we can never identify their reasons.


## What's happening now with the PROM pilot?

Data collection has been under way in the clinics of the osteopathic educational institutions (OEIs) during the late summer, but we recognise that OEI clinics are different from private practices. For this reason, a small number of osteopaths are piloting the app in their practices, and we are keen for more osteopaths to get involved.

Once the pilot data collection period is completed and the data has been analysed, summary data will be fed back to those osteopaths who have taken part in the pilot, affording them information on the progress their patients have made, based on data collected using the PROMs app.

## What can I do?

We are looking for volunteers to use the app in their practice. Data is needed from 15 current adult patients (either new patients or patients receiving ongoing care).

 To find out more, please contact Carol Fawkes at: [c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk) or call 0773 217 8308.



# Conferences



The National Council for Osteopathic Research (NCOR) has a busy schedule this autumn representing the profession at conferences in the UK and internationally.

**3-5 October, UK:** At the Institute of Osteopathy's (iO) convention in Egham, NCOR's Director, Dr Dawn Carnes, pictured, presented the UK perspective on the future of osteopathic research, alongside other international representatives. NCOR's reflections on adverse events reporting was also on the convention programme.

More information on the iO convention is available at: <http://www.osteopathy.org/the-annual-osteopathy-convention-2014>

**6-11 October, Argentina:** the World Congress on Pain in Buenos Aires provided a platform for Dawn Carnes to present research on patients coping with persistent pain, and effectiveness research into self-management (COPERS). The COPERS trial piloted a self-management course for chronic pain patients, comparing it against best usual care practices.

More information on the World Congress on Pain is available at: <http://www.iasp-pain.org/Meetings/WorldCongress.aspx?ItemNumber=714>

**7-9 November, Brazil:** Dawn Carnes will also be presenting on the COPERS trial at the International Conference on Advances in Osteopathic Research

(ICAOR) in São Paulo. The ICAOR conference details are available at: <http://icaor2014.com>

Dawn's full paper – The Effectiveness and Cost-Effectiveness of a Novel Cognitive Behavioural Approach to Self-Management of Chronic Pain: A Randomised Controlled Trial – is available online at: <http://bmjopen.bmj.com/content/3/1/e002492.full>

**19-20 November, Italy:** the COMET Initiative (Core Outcome Measurements in Effectiveness Trials). Carol Fawkes, NCOR Senior Research Officer, will be presenting her work on patient-reported outcomes measures in osteopathic clinics. The COMET Initiative provides a forum for discussing outcome measures in various healthcare areas. You can read more about Carol's work on page 16.

More information on the COMET Initiative is available at: <http://www.comet-initiative.org/meeting>



Dr Dawn Carnes

## First General Meeting of NCOR

In May of this year, NCOR was granted charitable status. Its first General Meeting was held on 3 September, and included representatives of the General Osteopathic Council, the Institute of Osteopathy, Osteopathic Educational Foundation, and the osteopathic educational institutions. Among other topics, NCOR provided updates on three major projects:

- **PILARS** – the Patient Incident Learning and Reporting System. Launching soon, this website will allow osteopaths to discuss

adverse events anonymously or incidents occurring in practice, in order that everyone can learn and improve clinical practice.

- **PREOS** – the Patient Reported Experiences of Osteopathic Services. This online service will allow the collection of reports directly from patients to gain a clearer understanding of how adverse events might occur, and how they can be avoided.
- **PROMs** – Patient Reported Outcomes Measures. See Carol's article on page 16.

## Funding future research

We're currently exploring different and innovative ways to raise funds for osteopathic research.

NCOR is predominantly funded by the UK's osteopathic educational institutions, the GOsC, Institute of Osteopathy and the Osteopathic Educational Foundation.

This funding has allowed our small team to work with the profession to set goals for developing osteopathic research in the UK.

However, more work needs to be done to ensure our patients receive the best care possible, and to support all UK osteopaths with the best evidence.

As a charity, we hope that soon NCOR can use the Gift Aid scheme to reclaim any tax on donations, effectively increasing the amount donated.

If just one of your patients per week was to donate £1 to NCOR, this would immediately triple our annual income. If each osteopath donated just £2 per month, this would significantly improve our research funding.

For more details see: <http://www.ncor.org.uk/donate>

Alternatively, get in touch with us at: <http://www.ncor.org.uk/contact-us/> or email [a.plunkett@qmul.ac.uk](mailto:a.plunkett@qmul.ac.uk)

Thank you for your support.

# The peer-review journal process

Elsevier's Sarah Davies explains ...

Reviewers play an essential part in science and in scholarly publishing. For more than 300 years, scientists and scholars have relied upon peer review to validate research, engage other specialists in the support of submitted work, and increase networking possibilities within specific specialist communities. The peer review process has attracted some criticism, but it remains the only widely accepted method for research validation and a cornerstone of the scientific publishing process.

- Establish their expertise in, and knowledge of, the field
- Increase their reputation and exposure in the field
- Stay up to date and 'in the loop' with respect to their discipline's literature
- Have access to the very latest research and discoveries in the field before their colleagues
- Learn about their discipline, as well as exercise the critical thinking skills essential to the practice of science.

## The peer review process:

- Editor of journal invites peer reviewers to assess a paper submitted to the journal for consideration of publication
- Reviewers assess the manuscript, considering (but not limited to):
  - the relevance to the journal readership; the significance of the research; and the accuracy of the data and validity of results
  - the appropriateness of the methodologies employed during data collection, and that appropriate conditions of ethical approval have been met
  - the article structure and writing style.

C) Peer reviewers make a recommendation of publication to the editor. The decision may be to reject the paper, to request the author to revise the paper, or to accept the paper.

Most journals accept 30 per cent or fewer of all articles submitted.

## Why do people review for journals?

### Peer reviewers:

- Assess the quality and validity of an author's work
- Help to uphold the integrity of the journal by identifying invalid research
- Fulfill a sense of duty to the scientific community and their own area of expertise and interest
- Establish relationships with reputable journals
- Reciprocate the same courtesy shown to them when other reviewers review their own authored works

Anyone interested in becoming a peer reviewer for IJOM can contact the publisher at [s.davies@elsevier.com](mailto:s.davies@elsevier.com) for further information



Further resources are available from the publisher's website at: [www.elsevier.com/reviewers](http://www.elsevier.com/reviewers)

Resources available include: White papers on peer review from groups like *Sense About Science*, the *Council of Science Editors* and the *Publishing Resource Consortium*. The website also includes a **Reviewer Toolkit** including short webcasts on the peer review process and hints and tips.



**i** The *International Journal of Osteopathic Medicine* is a peer-reviewed journal publishing reports of original research, review papers, commentaries and articles related to clinical practice – including case reports – that are as broad in focus as the many disciplines that influence and underpin the principles and practice of osteopathic medicine. The journal also aims to provide a forum for discourse and debate on any aspect of osteopathy and neuromusculoskeletal medicine, with the aim of critically evaluating existing practices on the diagnosis, treatment and management of patients with neuromusculoskeletal disorders and somatic dysfunction.

# Support the National Osteopathic Archive

**Brian Joseph DO FHEA** explains the background to the National Osteopathic Archive, and how you can help to secure its future

**T**he National Osteopathic Archive (NOA) was founded as a result of research conducted by Dr Martin Collins for his well-respected book, *Osteopathy in Britain: The First Hundred years*. He had stored and catalogued a substantial amount of material and, uncertain of its future, published an article in *the osteopath* in 2008 highlighting the need for an osteopathic archive. In response, a number of people – including Martin himself, the late Robin Kirk, John O'Brien, myself and later Margery Bloomfield – met to discuss the fate of osteopathic archive material scattered throughout the UK and beyond.

Osteopathy had been established in the UK for more than a century, and evolved successfully to flourish as the first alternative group to gain statutory regulation, since medical homeopaths under the *Medical Act 1858*. At the same time, however, documents charting osteopathy's humble beginnings and development in the UK over the decades were disappearing rapidly, either mulching away in sheds or being destroyed on bonfires and in landfill sites, as colleagues and their families downsized. This was the inauspicious backdrop to the creation of the National Osteopathic Archive.

But since that first call to action, a vast comprehensive archive has been assembled, not only reflecting the diverse nature of osteopathic material, but also its close association with naturopathy. In 2011, we established the National Osteopathic Archive at the



**Brian has been practising as an osteopath since 1964. In his career he has been a lecturer at the British School of Osteopathy and a clinical tutor at the British College of Osteopathic Medicine**



NOA.AC.UK

British School of Osteopathy (BSO). Importantly, our relationship with our landlord, the BSO, has been extremely good without the archive losing any of its independence.

Initially, we had no idea what the profession would think about their archive, but it has been encouraging to see that a significant number of osteopaths share our enthusiasm in preserving the profession's history.

This interest from colleagues led to the creation of the National Osteopathic Archive History Society (NOAHS) which runs a quarterly programme of events on a mixture of history, present-day issues and looking to the future.

Just as pleasing has been the positive reaction from academia, represented by faculties of the History of Medicine at Warwick University, Oxford Brookes and King's College, London, which support and use the archive's facilities.

Major challenges for the archive's future include funding its evolution into a professionally-run entity. We have been helped enormously by the Osteopathic Education Foundation, and one of our best decisions has been to use the skills of a regular archivist – Dr Kate Thompson.

We have achieved a lot in a relatively short period of time, but today the National Osteopathic Archive stands at a

# NOA

National Osteopathic Archive

threshold. In order to survive and grow, we need to employ professional staff. Without these essential people, we cannot obtain any major funding. Our efforts are now concentrated towards this goal, and here we need your support.

## How you can help

The NOA is funded entirely by donations. Please support this important project to preserve the British history of osteopathy by: making a donation; by becoming a Friend of the National Osteopathic Archive; and/or by donating any archive material you may have.

**i** For further information, see <http://noa.ac.uk/friends-of-noa/>. Payments can be made online or by cheque. Cheques should be made payable to the 'National Osteopathic Archive' and sent to: Brian Joseph, NOA Appeal, c/o 7 Hurstwood Road, Temple Fortune, London NW11 0AS. Thank you for your generosity and support.



# The ‘Standing Rules’ – are they there to be broken?

Robin Lansman DO puts forward his views on the ‘Get Britain Standing’ debate



**Y**ou may well have seen publicity around the ‘Get Britain Standing’ campaign, which aims to get the nation on its feet and help turn back the rising tide of ill-health that is caused by spending too much time sitting down in the workplace. We are told that irrespective of your level of physical activity, too much sitting around leads to increased health risks, including heart disease, diabetes and even cancer.

The idea of standing up at work – using a ‘standing desk’ – is not new, and osteopaths have long advised patients about the detrimental effects of excessive sitting. But is getting to your feet all good – or is it just the latest way to help sell new office equipment?

Workstation guidelines from the Health and Safety Executive suggest the top of the employee’s screen should always be at eye level when they are seated. For the ‘standing desk’ the same applies, albeit – obviously – with a far higher screen.

**‘The idea of using a ‘standing desk’ is not new. But is getting to your feet all good – or is it just the latest way to help sell new office equipment?’**

Robin is a practising osteopath in London and Maidenhead. Since 2003 he has been Senior Tutor for Sports Injuries at the British School of Osteopathy. In October he was elected as Vice-President-Elect at the Institute of Osteopathy



SEBASTIAN KAULITZKI / SHUTTERSTOCK

Of course, standing all day, instead of sitting, is not what’s being advocated; but at least standing up during phone calls can have a positive effect on the projection of your voice, and can help you stay alert during the working day.

All good stuff – but surely walking around during break times and over lunch might be sufficient exercise to compensate for sitting for most of the rest of the day? And, standing has its own pitfalls for some patients, especially if they are carrying excessive weight – for example during pregnancy, or if they have

arthritic knee joints, suffer from severe deep-vein thrombosis or even have very flat feet.

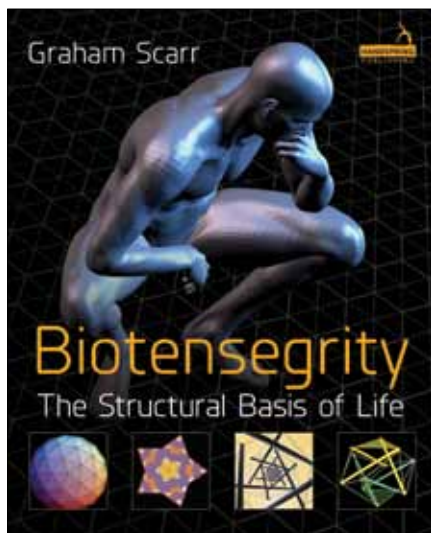
As with all media campaigns, one really has to read between the lines to decide what we should advocate to our patients, based on the needs of the individual.

Developing a considered answer for when patients ask our opinion on health information they have read in the press or have found on the internet – particularly as they are confronted with so much conflicting advice – is a key educational role for us as health professionals.



# Bookshelf

A selection of illustrated reference books for osteopaths



## Biotensegrity – The Structural Basis of Life

Graham Scarr

Handspring Publishing  
ISBN – 978-1909141216

Tensegrity has been much discussed in scientific publications over many years. Tensegrity structures – comprising members in pure compression, ‘floating’ in a network of tensional elements – have a number of interesting, and sometimes counterintuitive, characteristics. The notion that biological systems exhibit tensegrity-like characteristics in both micro- and macro-structure – ‘biotensegrity’ – has deep resonance with the experience of manual therapists working with human tissue.

‘Biotensegrity is a conceptual model that is causing a paradigm shift in biomedical thinking, and changing the way we think about functional anatomy’

Biotensegrity is a structural design principle that describes a relationship between every part of an organism, and the mechanical system that integrates these into a complete, functional unit. It is a conceptual model that is causing a paradigm shift in biomedical thinking, and changing the way we think about functional anatomy.

Written by osteopath Graham Scarr, *Biotensegrity – The Structural Basis of Life*, explains the underlying concepts in an accessible way, covering the ground from first principles to its significance for functional anatomy and biomechanical theory. The book provides an answer to the question ‘What is biotensegrity?’. It reasons that all natural forms are the result of interactions between natural physical forces and the fundamental laws that regulate them, and shows how an understanding of some principles leads to a better understanding of the human body as functionally integrated and hierarchical unit.

## Fascia: The Tensional Network of the Human Body

Robert Schleip, Thomas W Findley, Leon Chaitow, Peter A Huijing

Churchill Livingstone – Elsevier  
ISBN – 978-0702034251

This book is the product of an important collaboration between clinicians of the manual therapies and scientists in several disciplines, and grew out of the three recent International Fascia Research Congresses (Boston, Amsterdam and Vancouver).

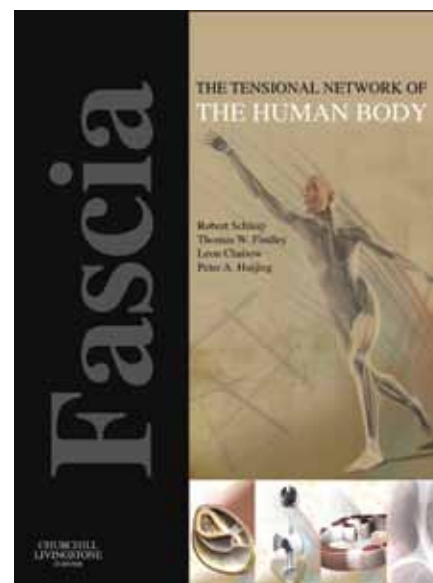
The book editors, including osteopath Leon Chaitow, were organisers of the congresses, and used their extensive experience to select chapters and contribute to this book.

This volume, therefore, brings together contributors – from diverse backgrounds – who share the desire to bridge the gap between theory and practice in our current knowledge of the fascia. It goes beyond the 2007, 2009 and

2012 congresses to define the state of the art, from both the clinical and scientific perspectives.

### Features include:

- The efforts of almost 100 scientists and clinicians from across the world to establish a scientific basis for given clinical experiences
- Coverage ranging from anatomy and physiology, clinical conditions and associated therapies, to recently developed research techniques
- Information for professionals involved in the therapeutic manipulation of the body’s connective tissue matrix (fascia), as well as for scientists involved in basic science research
- The role of fascia as a body-wide communication system
- The latest information on myofascial force transmission
- The importance of fascia in the context of a sensory organ – for example, its important proprioceptive and nociceptive functions, which have implications for the generation of low back pain and dysfunction
- A description of new imaging methods, which confirm the connectivity of organs and tissues.



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

# Courses 2014/15

Courses are listed for general information. Inclusion does not imply approval or accreditation by the GOsC. For a more comprehensive list of courses, visit the CPD resources section of the **o zone**: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

## November

**1-2**

### **Clinical visceral: management of persistent abdominal pain**

Speaker: Joanna Crill Dawson  
Venue: Whittington Education Centre, London  
[www.cpdo.net](http://www.cpdo.net)

**5**

### **Neurological Testing made simple**

Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**7-9**

### **10th International Conference on Advances in Osteopathic Research (ICAOR 10)**

Venue: Instituto Vita, Sao Paulo, Brazil  
Tel: 020 7435 6464  
[icaor@bcom.ac.uk](mailto:icaor@bcom.ac.uk)

**7-10**

### **Advanced Therapy Masterclass**

Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**8-9**

### **III - Evaluation of Structural Imbalances**

Speaker: Tracy S Gates DO DIBAK and Jim Townhill DC DIBAK  
Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

**9**

### **Complete Clinical Competence Series**

Case Studies and Diagnosis  
Speaker: Christopher Batten DO  
Venue: Warwick Hilton Warwickshire  
Tel: 020 8504 1462  
[taoseminars@gmail.com](mailto:taoseminars@gmail.com)

**9**

### **Muscle Power Techniques: Day 9 of 9**

Speaker: Dr Eedy  
Venue: Warwick Hilton Warwickshire  
Tel: 020 8504 1462  
[taoseminars@gmail.com](mailto:taoseminars@gmail.com)

**9**

### **Cranial Osteomyology: Day 9 of 9**

Speaker: Dr Gazeley  
Venue: Warwick Hilton Warwickshire  
Tel: 020 8504 1462  
[taoseminars@gmail.com](mailto:taoseminars@gmail.com)

**10**

### **Whole Body Unwinding**

Speaker: Andrew Stones  
Venue: London  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**11**

### **Spinal Manipulation and Mobilisation Techniques Masterclass**

Speaker: John Gibbons  
Venue: University of Oxford

Sports Complex, Jackdaw Lane, Oxford OX4 1EQ

[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**12**

### **A Practical Guide to Kinesiology Taping**

Speaker: John Gibbons  
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ

[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**14-15**

### **Pilates and Yoga exercises in management of upper and lower limb conditions**

Speaker: Susie Lecomber  
Venue: Whittington Education Centre, London  
[www.cpdonline.com](http://www.cpdonline.com)

**15**

### **Emergency First Aid at Work – 1 day**

Speaker: Michael Robson  
Venue: Middlesex University Hendon Campus, London  
Tel: 0208 905 1937

[CPD@collegeofosteopaths.ac.uk](mailto:CPD@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

**15**

### **Research Conference**

Venue: Middlesex University Hendon Campus, London  
Tel: 0208 905 1937

[CPD@collegeofosteopaths.ac.uk](mailto:CPD@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)



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**18****Muscle Energy Techniques (MET's) made simple**

Speaker: John Gibbons  
 Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**21-23**

Trauma

Speaker: Thomas Attlee  
 Venue: London  
 Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**22****'The Miserable Baby' Part 1 – Treating Feeding and Digestive Disorders in Babies**

Speaker: Miranda Clayton  
 Venue: London School of Osteopathy, London SE1 3BE  
 Tel: 07792 384592  
[osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

**22****Emergency First Aid at Work – 1 day**

Speaker: Michael Robson  
 Venue: Staffordshire University, Stoke-on-Trent Stafford  
 Tel: 0208 905 1937  
[CPD@collegeofosteopaths.ac.uk](mailto:CPD@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

**22****Research Conference**

Speaker: Michael Robson  
 Venue: Staffordshire University, Stoke-on-Trent Stafford  
 Tel: 0208 905 1937  
[CPD@collegeofosteopaths.ac.uk](mailto:CPD@collegeofosteopaths.ac.uk)  
[www.collegeofosteopaths.ac.uk](http://www.collegeofosteopaths.ac.uk)

**23****3 Year Certificated First Aid Course**

Speaker: Bob Angel  
 Venue: Warwick Hilton Warwickshire  
 Tel: 020 8504 1462  
[taoseminars@gmail.com](mailto:taoseminars@gmail.com)

**23****Spinal Manipulation: Day 9 of 9**

**Complete Manipulation Course**  
 Speaker: Dr Eedy  
 Venue: Warwick Hilton Warwickshire  
 Tel: 020 8504 1462  
[taoseminars@gmail.com](mailto:taoseminars@gmail.com)

**30****CPD Case study illustrated Osteopathic training day**

Speakers: Howard Beardmore and Stephen Gamble  
 Venue: Reading Berkshire  
 Tel: 01189 885293  
[biosteold@gmail.com](mailto:biosteold@gmail.com)  
[www.british-institute-of-osteopathy.org](http://www.british-institute-of-osteopathy.org)

## December

**2-3****Advanced Soft Tissue Techniques Masterclass**

Speaker: John Gibbons  
 Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**7****'The Miserable Baby' Part 2 – Further Treatment Approaches to the Unsettled Baby**

Speaker: Miranda Clayton  
 Venue: London School of Osteopathy, London SE1 3BE  
 Tel: 07792 384592  
[osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

**9****A Practical Guide to Kinesiology Taping**

Speaker: John Gibbons  
 Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4 1EQ  
[john@johngibbonsbodymaster.co.uk](mailto:john@johngibbonsbodymaster.co.uk)  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

**13-14****Hartman's Masterclass in Manipulative techniques: upper body**

Speaker: Prof Laurie Hartman  
 Venue: Whittington Education Centre, London  
[www.cpdo.net](http://www.cpdo.net)

**13-14****IV – Orthomolecular Principles in Applied Kinesiology**

Speaker: Tracy S Gates DO DIBAK and Jim Townhill DC DIBAK  
 Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

## January 2015

**10-11****V – Glandular/Hormonal (Applied Kinesiology)**

Speaker: Tracy S Gates DO DIBAK and Jim Townhill DC DIBAK  
 Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

**25****Case illustrated Osteopathic principles Foundation Day**

Speaker: Howard Beardmore  
 Venue: Reading Berkshire  
 Tel: 01189 885293  
[biosteold@gmail.com](mailto:biosteold@gmail.com)  
[www.british-institute-of-osteopathy.org](http://www.british-institute-of-osteopathy.org)

## February 2015

**1****Start of 10 month Applied Practical Osteopathy Course**

Venue: Reading Berkshire  
 Tel: 01189 885293  
[biosteold@gmail.com](mailto:biosteold@gmail.com)  
[www.british-institute-of-osteopathy.org](http://www.british-institute-of-osteopathy.org)

**4-6****Barral's advanced abdomen and pelvis**

Speaker: Jean-Pierre Barral  
 Venue: Whittington Education Centre, London  
[www.cpdo.net](http://www.cpdo.net)

**7-8****Dentistry and the Cranio-Sacral System**

Speaker: Dr Granville Langly Smith  
 Venue: London  
 Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**7-8****VI - A Return to Structure – Stomatognathic I**

Speaker: Tracy S Gates DO DIBAK and Jim Townhill DC DIBAK  
 Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

## March 2015

**14-15****VII – Stomatognathic II and Peripheral Joint**

Speaker: Tracy S Gates DO, DIBAK and Jim Townhill DC, DIBAK  
 Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

## April 2015

**11-12****VIII – The Acupuncture Meridian System**

Speaker: Tracy S Gates DO, DIBAK and Jim Townhill DC, DIBAK  
 Venue: Weald House, Worthing, West Sussex  
[info@hanzechiropractie.nl](mailto:info@hanzechiropractie.nl)  
[www.icak.co.uk](http://www.icak.co.uk)

## November 2015

**11-13****Barral's multistems integration**

Speaker: Jean-Pierre Barral  
 Venue: Whittington Education Centre, London  
[www.cpdo.net](http://www.cpdo.net)





# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

For the full course list visit: [www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd) or book online at [www.bit.ly/bso\\_cpd](http://www.bit.ly/bso_cpd)

### BSO Sports Conference

**Date:** Saturday 8th November 2014

**Cost:** £110

**CPD:** 7 hours

Our Sports Conference this year focuses on different age groups in sport, particularly adolescents and the older adult. There will be three keynote sessions and two streams throughout the day looking at topics including injury rehabilitation, tendinopathy, the effect of growing phases on young athlete development, nutrition and psychology. All of the speakers are experts in their field and many are conducting relevant research that will help you to improve your osteopathic knowledge and techniques.

#### Who is this course suitable for?

This course is open to all medical professionals and manual therapists interested in treating sports injuries. Whether your patients are professional athletes, enthusiastic amateurs or even committed fitness fans, this conference will give you some new approaches to treating this growing patient group.

**NEW COURSE**



### Get in touch...

For a full list of all our CPD courses or to book your place **today**, contact Sarah McLaughlin on 020 7089 5352 or [cpd@bso.ac.uk](mailto:cpd@bso.ac.uk).

### Paediatric Osteopathy

**Dates:** Saturday 25th & Sunday 26th October 2014

**Cost:** £125 per day

**CPD:** 7 hours per day

Working with babies and toddlers is an increasing part of osteopathic clinical work. This course will teach you how to elicit a thorough case history, as well as relevant examination and evaluation techniques. You will gain confidence in your diagnosis and management plans for infants aged up to five years old. Other topics covered include red flags, examination procedures and factors leading to common infant presentations. Ideally you will have been in practice for at least one year and will have some experience of working with infants. The days can be attended as standalone sessions if you wish.

#### What have previous attendees said about the course?

*"Excellent, excellent, excellent!"*

*"Andrea was excellent, the handouts were amazing and comprehensive - all in all a great weekend!"*

*"A really engaging course"*



### Functional Active Release

**Dates:** Saturday 13th December 2014

**Cost:** £125

**CPD:** 7 hours

Functional Active Release is designed to reduce the stress that osteopathic techniques can place on the practitioner's body. This approach also produces deep and lasting changes in the patient's function, helping to reduce the chances of injury and to improve sports performance by quickly and effectively releasing deep postural stiffness.

#### Are there any other courses in this series?

Robin Lansman also runs courses on Prescriptive Stretching, 3D Sports Biomechanics and Muscle Chains and Thoracic Outlet Syndrome and Shoulder Dysfunction.



### What's on?

#### 18 October (4 dates)

- OsteoMAP at the ESO

#### Sat 25 October

- Advanced Ergonomics
- Diagnostic Ultrasound Workshop: Introduction to Musculoskeletal Ultrasound Imaging **NEW**
- Prescriptive Stretching

#### Sun 26 October

- Introduction to Osteopathic Psychology **NEW**

#### Sat 25 & Sun 26 October

- Paediatric Osteopathy

#### Sat 8 November

- Understanding Pain 3
- Sports Conference

#### Sat 13 December

- Functional Active Release
- Structural and Fascial Pelvis
- Taping with Exercise Physiology and Biomechanics

#### Sun 14 December

- Understanding Pain 4

#### Sat 17 January

- Pain & Pharmacology
- Emergency First Aid
- Osteopathic Knowledge in Clinical Practice
- 3D Sports Biomechanics and Muscle Chains

### Keep up to date...

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

 [@OfficialBSO](https://twitter.com/OfficialBSO)

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

Phone 020 7089 5352 or visit [www.bso.ac.uk](http://www.bso.ac.uk) for a full list of what's available.



# THE BRITISH SCHOOL OF OSTEOPATHY

## Postgraduate Courses

For more information visit: [www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/](http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/)

### Postgraduate Certificate in Specialist Paediatric Osteopathic Practice

The BSO are delighted to announce a brand new Postgraduate Certificate in Specialist Paediatric Osteopathic Practice. Delivered over a 12 month period on weekends, this course will provide professional development and lifelong learning opportunities to osteopaths in practice nationally and internationally.

The BSO already provides successful CPD courses for osteopaths wishing to enhance their knowledge and clinical skills in this specialist area. The development of our postgraduate course is a natural evolution for the programme. The course will retain those practical aspects of the current CPD course, which enables osteopaths to enhance their clinical practice.

The course will be the only UK accredited award-bearing course in this field. It will combine the theoretical framework for specialist paediatric osteopathic practice together with practical skills development over the first three months of the course. The theoretical and skills-based learning will be followed by a nine month period of clinic-based tuition, where students will be able to refine their skills by practising on real patients in our dedicated paediatric outpatient clinic on Saturdays under expert supervision.

The course is based upon a standard osteopathic approach using traditional techniques. You will learn to operate within a multi-professional context concerning referral and joint care, team-work, and collaborative skills, putting the patient at the centre of your work.

Our first cohort will start in January 2015 with a limited number of places, so it is strongly advised that you should apply quickly if you are interested.

**Start date: January 2015**

**Course Leader: Samantha Fennell**

**Duration: 12 months**

**Course fee: £4,700**



### Professional Doctorate in Osteopathy

This programme, the first of its kind, blends teaching and self-motivated investigation that gives you access to a range of specialists with expertise in a variety of disciplines.

The course will introduce you to highly relevant subjects that are not normally associated, and you will have the opportunity to work at the cutting edge of osteopathic theory and practice. The emphasis is not just on understanding a theoretical body of knowledge, but is on the nature of practice itself.

You will have the chance to investigate some of the key challenges facing the profession today and allow you to develop the skills and knowledge to pursue the best interpretation, enhancing osteopathy's body of knowledge and skill.



**Start date: September 2015**

**Course Leader: Professor Stephen Tyreman**

**Course fee: £3,900 per annum**

Please contact Shanaz Rahman for information on any of our postgraduate courses on  
020 7089 5357 or [s.rahman@bso.ac.uk](mailto:s.rahman@bso.ac.uk)  
Alternatively, you can visit our website at  
<http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/>



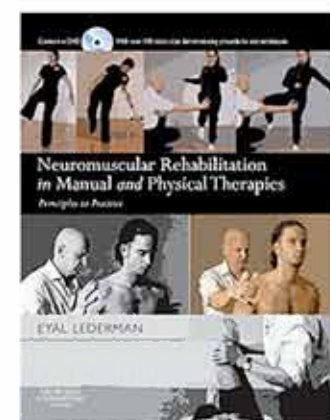
Date	Topic	Lecturer	Cost	Deposit	CPD points
31 Oct & 1-2 Nov	Harmonic Technique (Starts Friday 17.00-20.00)	Dr. Eyal Lederman	£385	£200	<b>20</b>
25-26 Oct	Fascia-related pain and dysfunction: research to practice	Leon Chaitow	FULL		
1-2 Nov	Clinical visceral management: persistent back pain	Jo Crill Dawson	£245	£150	<b>14</b>
12-13-14 Nov	Advanced thorax, neck and diaphragm	Jean Pierre Barral	FULL		
13-14 Dec	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman	FULL		

## Programme 2015

Jean Pierre Barral, Prof Laurie Hartman, Leon Chaitow, Dr. Eyal Lederman, Prof Tim Watson, Jo Crill Dawson and more, Spinal manipulation, Functional Neuromuscular Rehabilitation, Visceral, Functional Stretching, Pain Management, Communication and Therapeutic Relationship, Exercise Prescription, Shoulder day and much more

10% discount on many courses booked before Monday 5 Jan 2015

For more information, updates and booking: [www.cpdo.net](http://www.cpdo.net)



Neuromuscular Rehabilitation in Manual and Physical Therapies Dr. E. Lederman DO PhD

Learn how to help individuals recover their control of movement after injury, pain conditions and central nervous system damage

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For our extensive range of [acupuncture & dry needling](http://www.cpdaonline.com) courses see [www.cpdaonline.com](http://www.cpdaonline.com)

25 Oct	Management of general anxiety & depression with acupuncture and counselling	Jennie Longbottom	£135	£135	<b>7</b>
18-19 Oct 15-16 Nov & 13-14 Dec	Acupuncture foundation course	Jennie Longbottom	£675	£350	<b>42</b>
18 Oct	Advanced meridian workshop	Moira Tunstall	£135	£135	<b>7</b>

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



## Psycho-emotional aspects of osteopathic treatment: Helping you establish and maintain a healthy work-life balance

Presented by Professor Robert Shaw  
Saturday 29 and Sunday 30 November 2014  
£280 (inclusive of lunch and refreshments)



Have you ever felt challenged by the demands of difficult patients, or exhausted after a day of dealing with patients' emotional needs? This course will help practitioners better understand the psychological aspects of osteopathic practice, and some of the difficult interactions that can sometimes occur. It will provide some psychological tools that will help practitioners protect themselves emotionally, and aid the management of therapeutic relationships, helping to establish and maintain a healthy work-life balance. A follow-up day for delegates who attended the 2013 course will take place on Friday 28 November.

## Musculo Skeletal Diagnostic Ultrasound

Presented by Lance Bird  
Saturday 17 January 2015  
£140 (inclusive of lunch and refreshments)



The current use of an Imaging modality within a modern osteopathic clinic: The 'How' the 'Why' and the 'Outcomes' of the implementation of this imaging technique, from a clinical and practical perspective. This CPD day is a practical explanation of Musculo Skeletal Ultra Sound taken from the experience gained in three and a half years of weekly MSKUS clinics at the European School of Osteopathy teach clinic. The day is designed to allow for interactive assessment of real-case presentations and real-time differential diagnosis, from osteopathic testing, taken from the working clinic; this is then further analysed using MSKUS to diagnosis. It is clinically case oriented, and the utility, limitations, and osteopathic considerations, such as osteopathic management choices and the financial implications and others, will be discussed interactively throughout.

## Unlocking the Pelvis

Presented by Tim Coysten  
Saturday 31 January 2015  
£140 (inclusive of lunch and refreshments)



Unlocking the pelvis will allow you to review, and deepen, your understanding of the pelvis, and its pivotal role in low back pain and dysfunction. With practical demonstration and supervised practice you will be able to see first hand how this new way of thinking with regard to the pelvis will allow you to get results in your practice. This seminar will examine biomechanics of the pelvis including: the biomechanics of the lower extremities and their influence on the pelvis; sacro-iliac joint function/dysfunction; influence of the pelvis on the Lumbar spine; evaluating lower extremity function/dysfunction; protocol for assessment of pelvic function/dysfunction; effective techniques for addressing lower extremity and pelvic dysfunction.

## Also coming up ...

**Fundamentals of Visceral Osteopathy - continuation of our 2014 course**  
Presented by Jean Marie Beuckels  
P5: Saturday 24 to Sunday 25 January 2015  
P6: Saturday 14 to Sunday 15 March 2015  
P7: Saturday 9 to Sunday 10 May 2015

**The osteopathic approach to fascia - Part 2**  
Presented by Paolo Tozzi DO  
Saturday 14 to Sunday 15 February 2015

**Professor Frank Willard - dates confirmed, course title to follow**  
Saturday 7 to Sunday 8 March 2015

**Research in Practice – using your own clinical resources to generate meaningful patient data**  
Presented by Phil Bright  
Saturday 28 March 2014

**Foundation Course in Animal Osteopathy**  
Course Led by Dustie Houchin  
A three-weekend course commencing  
Saturday 25 April to Sunday 26 April 2015

**Fundamentals of Visceral Osteopathy 2015 - Taster Day**  
Presented by Jean Marie Beuckels  
Saturday 25 April 2015

**Professor Dr Andry Vleeming**  
Understanding the diagnostics and treatment of the lumbopelvic spine  
Friday 19 - Sunday 21 June 2015

# FOUNDATION FOR PAEDIATRIC OSTEOPATHY

LIMITED PLACES:  
EARLY BOOKING  
RECOMMENDED

# CONFERENCE 2015

## Speakers:



**Dr David Angelucci**  
The Child—the five elements



**Peter Armitage DO DPO MSCCO**  
Title to be announced



**Chris Batten DO MICO MAO**  
Examining variation of aetiology in  
childhood disorders



**Dr Jane Carreiro DO**  
Approaching feeding disorders in infants  
The Allergic March—the colic asthma connection



**Emily Hills BSc(Hons)**  
The neonatal environment – impact on  
preterm infant development



**Stuart Korth DO DPO FICO**  
Opening and Closing Addresses



**Kok Weng Lim DO MSc MSCCO**  
Treatment of infants in special care: an  
osteopathic challenge



**Pamela Vaill Carter BSc(Hons) MSc ND MSCCO**  
The impact of early-stress experiences on  
neuroendocrine and immune function



**Nick Woodhead DO**  
Osteopathic treatment of adolescents - a  
growing problem?

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OSTEOPATHIC  
CENTRE FOR  
CHILDREN

## The Developing Child—An Osteopathic Challenge

The Foundation for Paediatric Osteopathy is pleased to announce its second international conference in London . We have brought together experts in the field who will share their unique insight into a diverse range of perspectives on paediatric practice.



**Dr. Gerhard Riegler DO**

Supporting the unfolding of the newborn, Part I: Subplate neurons and their practical importance for the preterm baby



**Angelika Mückler MSc DO**

Supporting the unfolding of the newborn, Part II: The newborn and its family - assisting bonding processes

### SATURDAY EVENING

All delegates are invited to  
the social event  
Dinner and ceilidh band  
Dress : casual, guests welcome  
Book via website

**Dates:** 18th & 19th April 2015

**Venue:** Regent's University London,  
Inner Circle, Regent's Park, London, NW1  
4NS

**Registration:** [www.fpoconference.org.uk](http://www.fpoconference.org.uk)

Visit website for full schedule and  
booking details

### Developing Osteopathy in Paediatrics Part 1

1st November 2014 at 9.15 am

We are repeating the course held in May designed for osteopaths who wish to explore clinical examination of babies. It will also cover differential diagnosis of the unsettled baby as well as an osteopathic understanding of the effects of birth on the structure of the body and the resulting influence on function.



Each Course:  
7 Hours

### Developing Osteopathy in Paediatrics Part 2

2nd November 2014 at 9.15 am

This course follows from the first Developing Osteopathy in Paediatrics Course and can be booked in conjunction with Part 1. The course will consider the principles of diagnostic clinical reasoning and paediatric practice as well as clinical presentation and treatment of infants. This will include colic, gastroesophageal reflux and plagiocephaly.

New Course

New graduates and final year students welcome. For more information check our website at [www.occ.uk.com/education/other-courses](http://www.occ.uk.com/education/other-courses) or

FOUNDATION FOR  
PAEDIATRIC  
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phone 020-8875-5293 or  
e-mail [cpd@fpo.org.uk](mailto:cpd@fpo.org.uk).

Registered charity number 1003934

OSTEOPATHIC  
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CHILDREN  
The clinical arm of the Foundation  
for Paediatric Osteopathy





### OCTOBER 2014

#### MODULE 7 - SPARK IN THE MOTOR

**Course Director:** Rowan Douglas-Mort, FSCCO.

**Fee:** £895

**Date:** 24th - 26th Oct, Stroud

**Course Summary:** Understanding the integrated role of the CNS within the body wide fluid function.

### NOVEMBER 2014

#### MODULE 10 - INTEGRATING CRANIAL INTO PRACTICE

**Course Director:** Michael Harris, FSCCO

**Fee:** £165

**Date:** 8th Nov, London

**Course Summary:** Michael Harris helps integrate cranial work into existing osteopathic practice including communicating effectively with patients.

#### RACHEL BROOKS "KEY ELEMENTS IN EFFECTIVE OSTEOPATHIC PRACTICE"

##### FELLOWS & FACULTY ONLY

**Course Director:** Rachel Brooks

**Fee:** £445 - £595

**Dates:** 14th - 16th Nov, or 21st - 23rd Nov, Stroud

**NOW FULLY BOOKED,  
WAITING LIST ONLY**

### FEBRUARY 2015

#### OSTEOPATHIC APPROACH TO INFANT FEEDING

**Course Director:** Gunn Kvivik

**Fee:** £330

**Date:** 7th & 8th February, London

**Course Summary:** Gunn Kvivik leads theoretical and practical work on breast feeding vs bottle feeding and the relative impact of these methods on the development of orofacial structures.

### MARCH 2015

#### MODULE 9 - INTRODUCTION TO PAEDIATRICS

**Course Director:** Hilary Percival FSCCO

**Fee:** £1250

**Date:** 6th - 9th March, Stroud

**Course Summary:** Build your paediatric knowledge and prepare to practice safely, examining your young patients with confidence and a deeper appreciation of this extraordinary journey from embryo to childhood.



**Course Directors:** Hilary Percival FSCCO and Mark Wilson FSCCO

**Date:** 9th March, 18 month continual course

**Fee:** £2,900

**Course Summary:** The Diploma commences with the SCCO Paediatric Module 9 (above).

This is then followed by a series of weekend workshops, clinic visits, case studies and a dissertation spread over an 18 month period.

#### CLINICAL REVIEW DAY - OSTEOPATHIC MEDICINE, ORGANS AND SYSTEMS

**Fee:** £165

**Date:** March 21st, London

**Course Summary:** For those who have completed the former Internal Medicine course or the recent Module 3 on Organs and Systems. Review clinical practice with Liz Hayden FSCCO.

### APRIL 2015

#### MODULE 2 - OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** Carl SurrIDGE FSCCO

**Date:** April 25th - 29th, Leeds

**Fee:** £1430 New graduate discounts apply

**Course Summary:** Introducing the key concepts of the five phenomena as a way of studying and understanding the body as a whole.

### MAY 2015

#### CLINICAL REVIEW DAY - OSTEOPATHY IN THE CRANIAL FIELD

**Date:** 9th May, London

**Fee:** £165

**Course Summary:** For those who have completed Module 2 to review their Clinical Practice with John Silverstone and Louise Hull.

#### MODULE 4 - BALANCED LIGAMENOUS TENSION, THE SUTHERLAND APPROACH

**Date:** 14th - 18th May, Stroud

**Fee:** £1195

**Course Summary:** W. G Sutherland's gentle, precise and effective approach to treatment of joints in the whole body using the therapeutic principle of Balanced Ligamentous Tension.

### JUNE 2015

#### 3RD AGE CONFERENCE: DISCOVERING HEALTH IN ADVANCING AGE.

**Date:** 13th-14th June, London.

**Fee:** £195 per day

**Course Summary:** Conference to raise awareness about the special knowledge and skills required to treat our ever growing ageing population and the role osteopaths can take in finding health in the ageing process.

All courses and conferences are eligible for CPD ■ Courses also run abroad, check website for details

www.sutherlandcranialcollege.co.uk ■ 01453 767607 / 01453 767979 ■ admin@sutherlandcranialcollege.co.uk

f Sutherland Cranial College @SCCOsteopathy linkedin.com/company/sutherlandcranialcollege





The Rollin E. Becker Institute is currently planning an exciting programme of courses for 2015, further information will be available on our website after the Summer.

**See Our Website for Further Course Details:**



5-Day Course in Cranial Osteopathy



Balanced Ligamentous Tension (BLT) Course



Palpation Course

Call 0845 5193 493 or visit [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for updated course information and booking.

## 2015 Courses:

### Osteopathy in the Cranial Field - Feb/Mar 2015

Date: 7-8 & 21-22 Feb, and 7/8 March 2015 (TBC)

Venue: The Osteopathic Centre For Children, London

Cost: £895 - earlybird/new graduate discounts available!

Approved by the Sutherland Cranial Teaching Foundation (USA), the course will explore the detailed anatomy and function of the involuntary mechanism, as well as teach fundamental practical skills to apply in practise.

There is a participant:tutor ratio of 4:1 to maximise development of practical skills and an eclectic range of tutors and lecturers to help you develop your abilities.

We highly recommend taking this course at least twice in order to maximise your understanding of the various concepts. Additionally, your practical skills will be consolidated and further enhanced as your understanding of the concepts of OCF deepens with intervening practice.

Visit our NEW website at [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for more details and to book your place.

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# Classifieds

## Osteopath required: Lincoln

Osteopath wanted to take over an existing patient list in a multidisciplinary clinic. Cranial osteopathy an advantage but not necessary. For more information please email [redroofclinic@gmail.com](mailto:redroofclinic@gmail.com) or call Angela Riggall **07939 047 414**

## Osteopath required: Rochester, Kent

Open a new practice in a busy pharmacy. Purpose-built consulting room £50 per day tel: **01634 405 700** email [info@karsonspharmacy.com](mailto:info@karsonspharmacy.com)

## Osteopath required: Wiltshire (near Bath)

Osteopath required to join a multidisciplinary clinic two days per week to include at least one evening, with scope for increased hours in the future. To find out more, email [recruitment@stonehouseclinic.co.uk](mailto:recruitment@stonehouseclinic.co.uk)

## Associate/Locum required: Caterham, Surrey

We are a busy and well-established multidisciplinary practice located in Caterham, Surrey. The practice has a dedicated team of health professionals, administration and reception staff. A locum position has become available for an enthusiastic and committed team-orientated osteopath with experience in structural and involuntary methods, with the prospect of a permanent placement. Excellent remuneration and allowances for the successful applicant. Please email a CV and covering letter to [cedars48@outlook.com](mailto:cedars48@outlook.com)

## Associate Osteopath required: East Sussex BN27

I am searching for two osteopaths keen to work in a new children's clinic. Applicants must be at least five-years qualified and live within a 40-minute drive of the Hailsham area. Must have postgraduate training in both paediatric

osteopathy and cranial osteopathy and be confident treating children unsupervised. 50/50 split plus tutoring and mentoring given in exchange for your commitment. Only apply if you can meet my criteria and are willing to keep learning to be the best that you can be. Days and hours to suit you. Email CV to [tracey@sussex-cranial.co.uk](mailto:tracey@sussex-cranial.co.uk)

## Associate Osteopath required: Norwich

Associate osteopath required for Norwich clinic for two evenings a week and Saturdays, and/or two mornings a week and Saturdays. Would suit self-motivated person with good communication and structural skills. Please email [suzosteo@googlemail.com](mailto:suzosteo@googlemail.com)

## Associate Osteopath required: Ireland

Associate wanted for very busy practice in Westport, Co Mayo, Ireland. Two days per week, initially. Osteopath should be looking for long-term position. Largely structural-based practice. Mentoring provided by principal. All enquiries and CVs to [bdrummclinic@gmail.com](mailto:bdrummclinic@gmail.com)

## Practice for sale: Carlisle

Freehold clinic plus list for sale. Could possibly sell list and rent clinic. Ground floor clinic. Very central location. Parking. Spacious, two treatment rooms, waiting room, kitchen, bathroom. List of 3,600 patients. Using mainly functional and cranial techniques plus acupuncture. Practice established 25 years. Retirement due to ill-health. Phone: Fred Carson **01387 370 777**

## Practice for Sale: Devon

Devon seaside osteopathy and complementary health clinic for sale. Leasehold premises with option to buy. Goodwill. Est since 2001. Great location. Email [gemmabachle@yahoo.co.uk](mailto:gemmabachle@yahoo.co.uk) for more details.

## Osteopath required: Gleneagles, Scotland

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For further details or to apply please see: [www.gleneagles.com/careers](http://www.gleneagles.com/careers), Tel **01764 694 243** or email [andrew.leaver@gleneagles.com](mailto:andrew.leaver@gleneagles.com)

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Please contact John Wheaton – 01223 273 555 or [theosteopath@cpl.co.uk](mailto:theosteopath@cpl.co.uk)

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