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CPD IN PRACTICE
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The Osteopath

Supporting high standards in osteopathic practice

SEPTEMBER/OCTOBER 2018 | VOL 21/ISSUE 5



ALL YOU NEED TO KNOW...

YOUR ESSENTIAL GUIDE TO THE NEW CONTINUING
PROFESSIONAL DEVELOPMENT SCHEME



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Welcome



Welcome to a special issue of the magazine, which marks the official launch of the new CPD scheme, as well as the publication of the updated Osteopathic Practice Standards.

The aim of this issue is to provide you with a starting point of information for all you need to know about the new scheme – you may want to keep it as a reference copy. The content is based on feedback from lots of different stakeholders and we will continue to use this feedback to bring you the most useful content as you start on and progress through your three-year cycle of CPD.

We start with an overview of the new scheme and then go into more detail about particular elements. These include ways to connect for your CPD (p11-14), what reflecting on your CPD means (p15), and a reassuring message about Peer Discussion Reviews from osteopaths who have started trying them out in practice (p16-17). Then the research section in this issue focuses on PROMs (p18-20), which you could use as an objective activity option in the new scheme.

We have updated the design of this issue based on your feedback in the readers' survey earlier this year. I hope you like the new design and find the content easy to read and useful for your practice. Do get in touch with any feedback or ideas for content for future issues.

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

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

Update

September/October 2018

NEW CPD

New CPD is live

The new scheme officially launches on 1 October 2018

The new CPD scheme starts from 1 October 2018. The first osteopaths to join the scheme will be those who renew their registration in December 2018.

Osteopaths will join the new scheme, with its three-year cycle of CPD, at various times over the following year depending on when they next renew their registration.

We are writing to each of you with your renewal of registration forms to let you know what date you start on the new CPD scheme and what this means for you. You can also check your renewal date at any time by logging onto the [o zone](#).

We are also refreshing the CPD site (cpd.osteopathy.org.uk) to make it easier for you to find useful resources, information and guidance. See the back cover.



OPS

Updated Osteopathic Practice Standards out now

The updated Osteopathic Practice Standards (OPS) were published on 1 September 2018 and will come into effect next year, on 1 September 2019. The OPS set out the standards of conduct, ethics and competence required of osteopaths, and provide a framework to support osteopaths in providing a positive experience for their patients.

Following extensive consultation with stakeholders, the standards have been modified to bring them up to date, with enhanced guidance on candour and boundaries, for example. Other changes aim to reduce repetition and to improve accessibility and navigability and make them easier for you to use in your everyday practice.

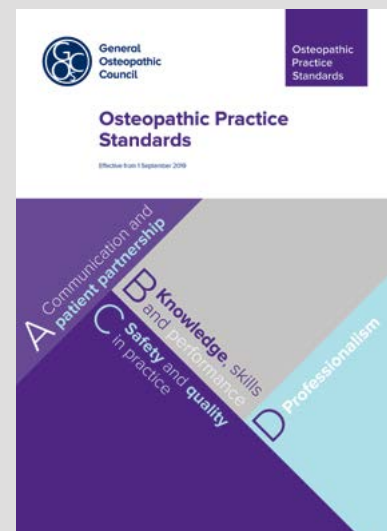
The four themes have remained the same while some of the standards have

been updated and moved into different themes. For the new CPD scheme, you'll need to link your CPD activities to the four themes of the OPS. You can find out more about the changes and read the OPS online via our digital OPS site at: standards.osteopathy.org.uk

We will be developing case studies and resources and providing support to help you put the OPS into practice. Let us know if you have any ideas about what would be most useful to you.

HAVE YOU RECEIVED YOUR PRINT COPY OF THE OPS?

You should all have received a print copy of the updated Osteopathic Practice Standards (OPS) earlier this month, do please get in touch if you haven't received yours by emailing: info@osteopathy.org.uk



■ The standards have been modified to bring them up to date, reduce repetition and improve accessibility



The new CPD scheme formally launches on 1 October 2018. Over the next 12 pages we guide you through the why, what, how and when of a flexible scheme that will benefit osteopaths and patients.

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Why do we need a new CPD scheme?



GOSc Chief Executive **Tim Walker** explains the aims of the new scheme: supporting, engaging and connecting osteopaths to provide good care for patients

First of all, I want to thank the hundreds of osteopaths, patients and others in the UK and beyond who have given their time in ensuring that the new scheme will work smoothly and support osteopaths in practice.

When we started on this journey our thoughts were that we needed a fully-fledged revalidation scheme mirroring that used by doctors. But as the work progressed we realised we could develop a simpler scheme that would provide assurance to the public that osteopaths remain up to date, while also creating a greater sense of community within the osteopathic profession.

We know that osteopaths are passionate about osteopathy and what they do to support their patients. Few osteopaths need encouragement to find opportunities to develop their skills and their practice. But how do we ensure that this works to the maximum benefit of individual osteopaths, their patients and the profession as a whole?

The answer lies in providing a supportive, flexible approach where the onus is on osteopaths to self-direct their learning and to be accountable to their fellow osteopaths to ensure that they maintain high standards.

We have sought to ensure that the requirements of the new scheme are simple and easy to meet. We are not requiring strict quotas of different types of CPD, but we do expect that it will be

relevant to what you do as an osteopath and cover the breadth of the Osteopathic Practice Standards.

It is important that osteopaths regularly keep their skills in communication and consent up to date, not least because this is the area where we get most complaints and which we would like to see reduce.

We also think that it is important for osteopaths either to get feedback on their practice – from patients or colleagues – or to undertake more formal audit of what they do. This enables practitioners themselves to gain a greater understanding of their own practice and how they can develop and improve.

Finally, we are moving away from the GOSc undertaking a formal assessment of whether osteopaths have met our CPD requirements. We believe it is more important that osteopaths engage with the scheme and then periodically seek endorsement for that engagement from their peers. And we hope that this approach will help develop stronger communities of practice within the profession, where osteopaths come together to support each others' professional development.

Please take time to read more about the scheme in this magazine, do look at our dedicated CPD microsite cpd.osteopathy.org.uk, and do give us your feedback so that we at the GOSc can also provide you with any additional support you need. ●

‘We have sought to ensure that the requirements of the new scheme are simple and easy to meet’

The 5 main features of the new CPD scheme



New CPD: what you need to know

Questions about the new CPD scheme? Here's our guide to the new elements of the scheme, and answers to the questions osteopaths have asked

How do I find out when I'll join the scheme?

The date you will enter your first three-year cycle will depend on when you next renew your registration. This means start dates are different for different osteopaths. But the first people to join the scheme will be those who renew their registration in December 2018 – they will join the new scheme on 1 October 2018. And anyone who registers from October will also go straight onto the new scheme.

To make sure that everyone is clear about when they start on the new three-year cycle, we are writing to each of you with your next renewal of registration forms. We will let you know what date you will start on the new CPD scheme and what this means for you. If you want to check your renewal date before then, just log onto the **o** zone.

What constitutes CPD?

CPD is an activity that maintains, enhances and develops osteopathic professional practice. This can include discussion of CPD and practice with a colleague, courses, seminars, practical sessions, elearning, reading, research,

individual study, peer discussion review, mentoring and any other activities that can advance practice.

What is professional practice?

Professional practice can include clinical work, education, research or management responsibilities. Over the course of a three-year CPD cycle, CPD should be appropriately balanced over the whole of an individual's practice.

So, for example, an individual who only undertakes clinical work and holds no management or teaching responsibilities might confine all their CPD to clinical work.

However, an osteopath who undertakes one day a week in education will undertake an appropriate proportion of their CPD in the area of education or teaching practice, as well as CPD in clinical practice. Over the course of the three-year period, osteopaths with management responsibilities should be able to demonstrate balanced CPD in this area. For example, a practice principal, managing one or more associates, may consider some CPD in coaching or mentoring, or in giving constructive feedback.

What will I need to do after the first and second years of the new scheme?

You'll need to let the GOsC know how many CPD hours you've done and which aspects of the scheme you've met during the past year, when you renew your registration at the end of your first and second years in the new scheme. As we move into a three-year cycle of CPD, we recommend that you balance your CPD activities fairly evenly through the cycle, so aiming to complete 30 hours of CPD each year (at least 15 hours of which should be learning with others). However, there is some flexibility within this, as long as you ensure you carry out 90 hours over the three years.

How do I evidence or link the Osteopathic Practice Standards (OPS) with related CPD activities?

Whatever the CPD activity, take time to consider which of the four themes of the OPS the activity relates to – you'll need to show how you've covered all four themes in your CPD during the three years. You don't need to try to cover every single individual standard and you don't have to carry out a set amount of activity within each theme either – you → p10

■ You can work towards your CPD simply by discussing CPD and practice with a colleague



CASE STUDIES

Your views



"Given an opportunity, osteopaths really do want to communicate with each other – and they do it rather well. I think the idea of creating small 'communities' of osteopaths who can share and find support is very good."
Iqbal Hussein, osteopath, London



"Completing CPD for the new scheme will enable osteopaths to feel confident in their role, and makes me feel more positive towards them when receiving treatment. Knowing that osteopaths carry out ongoing CPD gives me the extra assurance that I can trust them to give me the correct treatment."
Gul Begum, patient



"The new CPD scheme is a straightforward and small sensible step in the maturation of the osteopathic profession."
Gavin Routledge, osteopath, Edinburgh



■ Asking your patients to fill out a feedback form or survey and using the results to inform your CPD is an example of an 'objective activity'

→ can decide which areas it's useful for you to focus on. Record this on the notes of your activity and retain these in your CPD record.

Why the focus on communication and consent in the new CPD scheme?

In the new scheme, you'll need to make sure that you carry out at least one CPD activity that relates to patient communication and consent. We know from complaints about osteopaths dealt with by the GOsC and from claims handled by professional indemnity insurers, that there is a prevalence of problems around communication and consent in osteopathic practice. This is particularly significant because of the physical nature of osteopaths' interactions with patients.

What exactly is an 'objective activity'?

An objective activity is a CPD activity where you seek objective feedback on an aspect of your practice – for example, from patients or colleagues. This feedback or data must then be analysed or considered, and you'll need to show how it has informed your practice and CPD.

You'll need to include at least one objective activity, to help you assess the quality of your practice, over the three-year cycle but you can choose to do more than this, if you want to. Some of the options for objective activities include:

- Patient feedback (eg via PROMs; see page 18) or use templates on cpd.osteopathy.org.uk to carry out your own survey
- Peer observation
- Clinical audit
- Case-based discussion

Where can I get support for carrying out objective activities?

Organisations such as local groups, CPD providers, educational institutions, the National Council for Osteopathic Research and a range of clinical interest groups can all provide help and support to undertake the objective activity aspect of the CPD scheme.

Also see cpd.osteopathy.org.uk, the GOsC's new CPD site, for resources, templates and examples of how other osteopaths have used the resources to participate in objective activity.

What is a Peer Discussion Review?

The Peer Discussion Review is a structured conversation with a colleague which takes place towards the end of your three-year cycle. See pages 16-17 for more information. ●

MORE INFORMATION

Find out more about the scheme at: cpd.osteopathy.org.uk

CASE STUDIES

Your views



"The new CPD scheme is nothing to be afraid of and no one is trying to 'catch us out'! Participating properly will improve the profession and make osteopaths work more closely together, sharing ideas and thoughts, which I feel is much needed."
Mel Todd, osteopath, Wiltshire



"I think the new CPD scheme will be of great benefit to the profession as it shows other health professionals and patients the standard to which osteopaths are trained, as well as upholding the quality of CPD that osteopaths undertake."
Alison Judah, osteopath, London

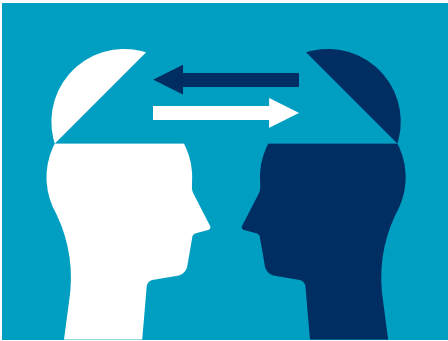


"The support and resources that the GOsC can provide will help to smooth the way into the new CPD scheme and make the process less daunting. Once you understand how the new CPD process works – it should be much more doable than you might initially think!"
Tom Munden, osteopath, West Midlands

Well connected?



‘Connecting’ has emerged as one of the central tenets of the new CPD scheme. **Fiona Browne**, Director of Education, Standards and Development at the GOSc, explains why it’s so important



The concept of connecting osteopaths with other osteopaths and health professionals is central to the new CPD scheme.

The aim is for osteopaths to connect with others more often to create an environment where they feel safe to talk openly about their practice and any challenges or concerns they have. This provides an opportunity for reflection and enhanced practice in accordance with standards.

The need to emphasise connecting became apparent as we developed and moved towards the introduction of the new scheme. We undertook a pilot a few years ago where we asked osteopaths to provide a self-assessment of their own practice. The findings showed us that at that point, many osteopaths were unwilling to reflect on areas of development in their practice either with us or with others. There seemed to be an

attitude sometimes of ‘I’m OK – you want to have a look at them down the road...!’

This helped us – together with groups of osteopaths across the UK – to develop the concept of connecting osteopaths more. This idea was backed up with innovative academic research which supported this concept and helped us to move away from the idea of ‘revalidation’ by the regulator.

When we discussed our idea of osteopaths talking to other osteopaths about their practice rather than to the GOSc, the initial fears were ‘I don’t want someone judging me’, ‘I’m worried that they will discover a failure in my practice’, or ‘I just don’t trust them!’

However, when we asked about hopes for the new CPD scheme, these included the opportunity to talk constructively with others and learn about practice. Together, could we really make this happen? We worked with pathfinding groups and patients to develop the scheme and test out some resources to support it. The consultation was well received and the decision to bring this scheme to fruition was taken in 2016.

During 2016 and 2017, the GOSc

Professional Standards team, including Policy Officer Dr Stacey Clift, Policy Manager Steven Bettles and I, undertook a series of face-to-face and online sessions with hundreds of osteopaths in the UK and internationally.

Through these sessions, we were able to connect even more osteopaths to each other. They shared their hopes and fears about practice, discussed the concepts of giving and receiving feedback, recognised that the Osteopathic Practice Standards does not provide a right or wrong answer – but a framework of good practice to support our practice narrative – tried out a case study and then talked about their own cases.

What were the results? A huge majority of osteopaths found that by talking about their practice with someone else, they were able to engage with the scheme, gain professional and personal support from another colleague, grow in confidence and grow their own professional network.

Our vision is an engaged, supportive and connected profession, stronger together and providing great care to patients. ●

‘When we asked about hopes for the new CPD scheme – these included the opportunity to talk constructively with others and learn about practice’

■ Claire Piper, at her In Touch With Health osteopathic practice. KESO, the regional group she set up, aims to provide a forum for all osteopaths in the area.



Better together

Six years ago, osteopath **Claire Piper** set up a regional CPD group in Kent – and now it's flourishing, with more than 200 members. She explains how she set it up and the benefits it brings

Photographs Jon Challicom

Regional or local groups can provide great opportunities for supporting you to make the transition into the new CPD scheme, including finding a peer to work with for CPD objective activities and your Peer Discussion Review.

One such group is flourishing in the Kent area, organised by local osteopath Claire Piper. The aims of the Kent and East Sussex Osteopaths (KESO) are networking, support and development by providing low cost CPD locally, with opportunities to meet other osteopaths and healthcare professionals. The group is supporting members to make the transition into the new CPD scheme and has already held a number of events around Kent. Future plans include workshops on communication and consent, and to provide a group structure for Peer Discussion Reviews.

Managing Editor, Clare Conley, asked Claire about setting up the group, her practical tips and the personal benefits and experience gained.

Why did you decide to set up the group?

I decided to set up KESO in September 2012 as there were lots of osteopaths in the Kent area but no regional CPD group – the nearest was in Brighton. I had also had feedback from colleagues at CPD events that they wanted a group and a community in the local area.

What was the first step you took?

I contacted the GOsC who offered to send out a letter to the 500 osteopaths in Kent and East Sussex, to see who would be interested in joining a local group and asking them to share their email addresses with me. I received 100 replies within a few weeks.

How did you find out what members wanted?

I created an email communication group and asked for feedback on what people wanted from a regional group – 50% said CPD and 50% networking opportunities. From this I decided to make sure that meetings had breaks to give time for networking.

How many meetings a year did you start with?

Initially I decided to run four meetings a year. I asked members whether they

preferred evenings or weekend days, and as a result of this I organised two Saturdays and two evening meetings a year. This has since changed to one Saturday event a year as the evening meetings have had more attendees, usually around 30-40 people.

Do you charge fees?

I have never charged an annual membership but ask for a small joining fee of £5 to build the bank account balance and then members pay for each meeting they attend. This means that 'sleeping members' who want to be on the email group but don't want to attend meetings don't have any financial commitment.

Our meeting costs have to incorporate the costs of room hire but we don't seek to make huge profits (any profits are used for the development of the group: for example, the website and buying equipment, like a projector and screen, to avoid hire costs) so we've managed to keep it to around £30 per person for evening meetings and £60 for all-day events.

Do you need to set up a bank account?

Yes, I set up a 'society account' (this has no bank charges or overdraft facility) early on, as you need an account in order for members to join and to book meetings.

Which venues do you use?

When looking for venues my main concerns were price, ease of access and parking facilities. I chose a hotel near the motorways initially and now we use one in central Tunbridge Wells. Hiring a room in a hotel is usually around £200 and then refreshment costs of about £5 per person, for two servings, on top of this. Weekends need to be booked a long

way in advance, so you need to plan and book events about six months or more ahead. More recently, we have also used the European School of Osteopathy (ESO) in Maidstone, Kent as a venue.

How did you source speakers?

For the very first KESO meeting, I asked a colleague who lectured sometimes, if he would speak. At that meeting, I asked for feedback to inform plans for future activities and speakers.

Sourcing speakers has proved to be one of the biggest ongoing jobs with running the group. We ask for feedback and ideas continuously and for members to use any contacts in order to invite people to speak. In addition, we have developed relationships with Spire Healthcare, LycaHealth and KIMS Hospital, which now provide free CPD to our members. Some of the consultants who have spoken to the group have allowed members to observe surgery for their CPD. Developing these relationships also enables us to help educate the medical profession about osteopathy and develop links with local physiotherapists.

Do you need a group committee?

I ran the group on my own for four years and it was hard work. I'd recommend that anyone considering setting a group up should get another few colleagues on board early on, so that you can share the work. KESO now has a committee of four, including a Membership Secretary and a Treasurer, and we meet about four times a year.

Does the group need a website?

We have a website for the group (keso.org.uk) which is a useful central resource with information about the →



WHY NOT SET UP A VIRTUAL GROUP?

'Virtual' groups that meet by Skype, phone or another communication channel can be a great way to carry out CPD with others (you'll need to carry out at least 45 hours of CPD with others, over three years, in the new CPD scheme), while fitting in round your clinic and other commitments. Read how a small group of osteopaths went about setting up a new virtual group at: cpd.osteopathy.org.uk/virtualgroups



■ KESO members said the opportunity to network with other osteopaths is important

→ group, plans, events and contacts. We have a video gallery of the majority of our lectures, filmed by one of our committee members (with permissions), which members can use for CPD even if they are unable to attend the actual events. We have also developed a Members Directory with free listings of member practice details plus special interests, which helps to facilitate cross-referrals.

Websites can cost money to set up and run, unless you have a member who would be able to do this, so make sure you have the finances to support this – KESO had been running for four years before we could consider doing this financially. I'd also recommend that you have a website that you can edit yourself to minimise ongoing costs. Or in the early stages of setting up a new group, you could use Facebook to attract new members as a free option.

How do members book events?

We advertise and book events via the KESO website using Eventbrite. They do take a fee, but it is minimal and it means that payment can be made online. They will also generate tickets, email

reminders to attendees and generate attendee lists. They will then pay the income from ticket sales at regular intervals and the balance within five days of the event running. It's a hassle free way of dealing with events and it's easy to use, so I would recommend Eventbrite.

Do you use social media?

I would recommend Facebook as a useful tool – we have a public page to advertise the group and events, which has attracted new members, and a closed page to allow for private discussion among members. We pay our website designer to manage these pages for us, so again you need the finances to support this unless you have a member who is willing to take it on as a project, but setting up a page isn't difficult.

We use Google groups now to keep in touch, as Gmail will only allow a certain number of people on their email groups. Google groups is an easy way to forward information or tell members about events without blind copying or sending everyone all the email addresses in the group. It takes some admin time to set up but it's worth it.

‘There are many benefits from being a group organiser – I’ve made friends; developed a huge network of colleagues; developed my leadership skills; and become a mentor’

Any other ways that you try to reach potential new members?

Overall our main goal is to reach every osteopath in our area to provide a forum for them in whatever way they need. This might be too ambitious but we will keep on doing what we can! We supply details of forthcoming events to the osteopathic press and we've also reached out to the osteopathic educational institutions to try to reach new graduates. I usually speak about regional groups at the ESO's careers day and we tend to attract about 10 new members from each new graduate group. I think groups are a particularly important form of support for new graduates as they gain an instant network of colleagues to help them find jobs or possibly a mentor, in addition to ongoing CPD.

Have there been any personal benefits for you?

It does take time and effort to run a group but there are many benefits for you as an organiser – it's not just about doing it all for others. I've made friends; developed a huge network of colleagues; developed my leadership skills; and become a mentor – all due to my involvement in KESO.

These developments have had direct positive influences on my career and my life and have allowed me to develop personally. As with everything in life, you get out what you put in, and doing something for your local colleagues is definitely worth the time. ●

THINKING OF SETTING UP A NEW CPD GROUP?

1. Claire is happy to chat and offer help and assistance.

Please email her at:

kentandeastsussexosteopaths@gmail.com

2. The GOsC can put you in touch with osteopaths in your area and provide expert speakers for CPD group meetings. Email Stacey Towle: stowle@osteopathy.org.uk

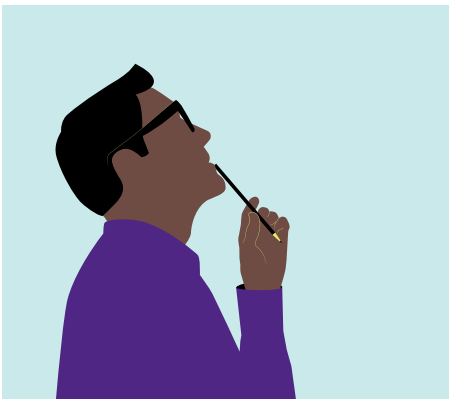
3. Download the Osteopathic Communities of Practice guide for practical tips and advice on setting up a group at: www.bit.ly/ODG-COP

4. Find out about existing groups and forthcoming events on the CPD site at: cpd.osteopathy.org.uk/regionalgroups

Why we all need time to reflect



Reflecting on and recording your practice is emphasised in the new CPD scheme. Osteopath **Steven Bettles**, GOS Policy Manager, outlines how to approach it



Some osteopaths are concerned about how they need to reflect on their practice and record this for the new scheme. In our latest CPD evaluation survey (2nd annual survey), we asked osteopaths ‘what are the barriers you face in reflecting on your practice?’ Some 54% of the 518 respondents said that they didn’t have a barrier in reflecting on practice, which is encouraging, but 16% indicated that they didn’t know how to reflect, 12% felt that it got in the way of practice, and 7% felt worried about recording their reflections. So there are a significant number of osteopaths who are unsure about aspects of reflecting on their practice, or of recording this.

In terms of the new CPD scheme, reflection shouldn’t be viewed as a strict academic exercise. It’s something we all do, every day, whether in our personal or professional lives – ‘Did I enjoy that film?’, ‘Am I interested in this book?’, ‘Would I recommend it to a friend?’ It’s about evaluating our experiences in a way that means something to us, and helps us to make decisions about future actions.

Most of the time, we don’t need to record such thoughts, but in relation to practice, setting these down in some way helps us to convert an event into claimable CPD.

The current CPD scheme already requires osteopaths to outline the relevance of any CPD activity to their practice, so a degree of reflection is already required, and osteopaths will, therefore, be familiar with this. The same approach can be applied to activities under the new scheme – it’s not just about describing an activity but outlining the significance and impact of it.

It doesn’t have to be complicated, however. One of the simple models we’ve used with some early adopters of the CPD scheme is the ‘What? So what? Now what?’ approach (see box, above, right).

The new scheme will also require osteopaths to link activities to the themes of the Osteopathic Practice Standards (OPS). This shouldn’t be an onerous task – but is just about reflecting on CPD within the context of the OPS,

TO REFLECT AND RECORD, THINK:

What? What happened?

So what? What was the significance of this – an interesting course, a challenging patient, for example – what was the impact of this?

Now what? What will change as a result? Might you make any changes to how you practice, or handle a similar situation differently in future?

and considering how it has contributed to supporting your practice. Although the updated OPS will not come into effect officially until September 2019, osteopaths could start to use them already to link activities to the themes. Remember, it’s not necessary to cover each and every standard – but just to record which themes activities relate to. In many cases, it’s likely to be more than one: the general areas covered within each theme are set out below. ●

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

■ Osteopaths say they enjoy the chance to talk about their CPD with a colleague



‘Reflect, share ideas and get feedback’



Osteopaths role-playing the new Peer Discussion Review are actively enjoying taking the time to discuss their CPD with a colleague. Managing Editor **Clare Conley** reports

Peer Discussion Review (PDR) is an important part of reflecting on your practice and you'll need to carry it out towards the end of your three-year cycle, after you have joined the new CPD scheme. The PDR is a structured conversation and it should be conducted in a supportive way that recognises your engagement with CPD, while enabling you to get feedback from a colleague and ultimately show how you have gone about meeting the required standards of practice over the past three years.

You can choose who you wish to carry out your PDR with – it could be an osteopath or another registered health professional – and you could decide to identify that person earlier in your three-year cycle and liaise with them for other CPD activities or check in on a regular basis, leading up to your PDR.

At your PDR, you'll discuss your CPD and practice, including how it links with the four themes of the Osteopathic Practice Standards, and show how this complies with the CPD scheme requirements. You'll need to complete a form (templates and resources are available on the CPD microsite) and evidence of this will need to be submitted to the GOsC to mark completion of the three-year cycle. But the main value for you should be in the discussion itself.

The GOsC has organised PDR workshops with osteopathic educators at the London School of Osteopathy (LSO) and with osteopaths at the Sutherland Cranial College of Osteopathy conference. Steven Bettles, Policy Manager for the GOsC, said: "The feedback we received was that, after thinking about PDR in detail and working through a template, participants generally felt reassured about the process and actually found that they enjoyed the chance to talk about their CPD with a colleague."

'It was actually very enjoyable taking the time to have these discussions'

Fiona Hamilton, Principal of the LSO and practising osteopath, took part in the workshop for educators:



"It was helpful for Steven to talk through the process, and make sure we had paid attention to the relevant parts of

the new CPD scheme. The aspect I think we got the most out of was 'role playing' the PDR meeting. We did this in pairs, and some kept very much to their role, and facilitated a discussion about the reviewer's practice. Other pairs had a more fluid approach, and shared aspects of practice and discussed how each other's approach differed or might be modulated. It was actually very enjoyable taking the time to have these discussions. Admittedly we were not under any pressure, as this was not formally being recorded. However, this is probably the most important point – reflecting on your practice, sharing ideas, and getting feedback from a peer is what this process is supposed to be about. So try it out, and don't worry too much about the formal submission until you have got the hang of it.

One other point to make is that any and all aspects of your role are relevant to these discussions. If you spend a third of your time managing the practice, a third teaching, and a third in practice, your CPD should have the same composition. Indeed leaving out one facet could be a significant omission."

'The person helping me has already given me great ideas and led me to reflect on how I do things'

Liz Elander, GOsC Council member and practising osteopath, chose her Peer Discussion Review partner early:



"There are always supportive colleagues and friends, but for me, a peer review relationship demands

something more focussed and objective. I decided to explore the premise that there are advantages to be gained when one's peer reviewer thinks slightly differently to oneself, perhaps moves in different professional circles and has access to different CPD opportunities. Will this produce a difficult dynamic or will it ultimately enrich the process? How can we find such a person? My advice is to think back to a conversation you have had with a colleague, or an incidental meeting. If someone impressed you, perhaps by their conduct or attitude, pick up the phone and see if they would like to share the CPD review with you. This person doesn't have to be an osteopath, so that leaves it wide open to talent from any regulated health profession.

As this is all a bit new, I decided I wasn't going to leave it until the end of the three-year cycle to sit down with my reviewer for the first time – I would see that as an opportunity lost. Every few months my prospective reviewer and I will be having a reflective phone conversation. Our aim is to make the three year process of ongoing value, instead of a potentially daunting hurdle to be faced at the end, when it would be too late to change direction or take on new ideas.

The person who is helping me has already given me some great ideas and led me to reflect on how I do things. Without even trying, I am developing my skills as a reflective practitioner – and at its heart, isn't this what the new CPD scheme is all about? ●

6 THINGS YOU CAN DO TO START PREPARING FOR PDR:

1. Choose a peer and have a chat with them to see if they would be willing to do it.
2. Read the PDR guidance at: cpd.osteopathy.org.uk/pdr
3. Check out the templates on the CPD site at: cpd.osteopathy.org.uk/cpd-connect/resources/
4. Read the case study with the Northern Ireland Osteopathic Group at: cpd.osteopathy.org.uk/pdr
5. Plan to carry out some CPD learning and development about giving constructive feedback, which could be helpful for objective activities like case-based discussion, as well as your PDR, at: cpd.osteopathy.org.uk/cpd-connect/resources/
6. Find out if your regional group is planning a PDR workshop (www.cpd.osteopathy.org.uk/regionalgroups) or go along to the GOsC's session at the Institute of

PROMs expands to paediatrics



Carol Fawkes, Senior Researcher at the National Council for Osteopathic Research (NCOR), outlines initial results from a pilot for outcome data collection on children. Plus, how you can get involved in PROMs for your CPD

Patient Reported Outcome Measures (PROMs) are an important way of gaining independent patient feedback and taking part could also be an 'objective activity' option for the new CPD scheme. An objective activity is a CPD activity that involves getting feedback from external sources, then demonstrating how this feedback has influenced your CPD or practice in order to support your professional development. Unlike other objective activities, analysis of data for PROMs is carried out for you by NCOR and then fed back to you confidentially.

The PROMs scheme is run by NCOR. In order to take part, osteopaths explain the scheme to patients then give them an information sheet about the study which includes a code so that they can take part. Patients can use the internet or an app to complete three short questionnaires: at their initial appointment; one week after treatment, and six weeks after treatment. When NCOR has received full datasets

from 15-25 patients at your practice, they will be able to send you a report describing your unique practice and you can also receive information about the profession as a whole, so that you can compare your practice to a national picture, should you wish to do so.

Until now the PROMs scheme for osteopaths has focused on adult patients, but NCOR is currently running some pilots to include babies and children – the second pilot is being run with the Osteopathic Centre for Children and osteopaths in three European countries. More data are required from osteopaths consulted by paediatric patients to grow the dataset and provide more confidence in the findings gathered to date.

Evidence shows that osteopathic practice encompasses a wide patient base – data submitted by osteopaths in the 2009 standardised data collection (SDC) project identified that patients attending for treatment range from 5 days old to 93 years¹. Recent systematic reviews have addressed some of the symptoms

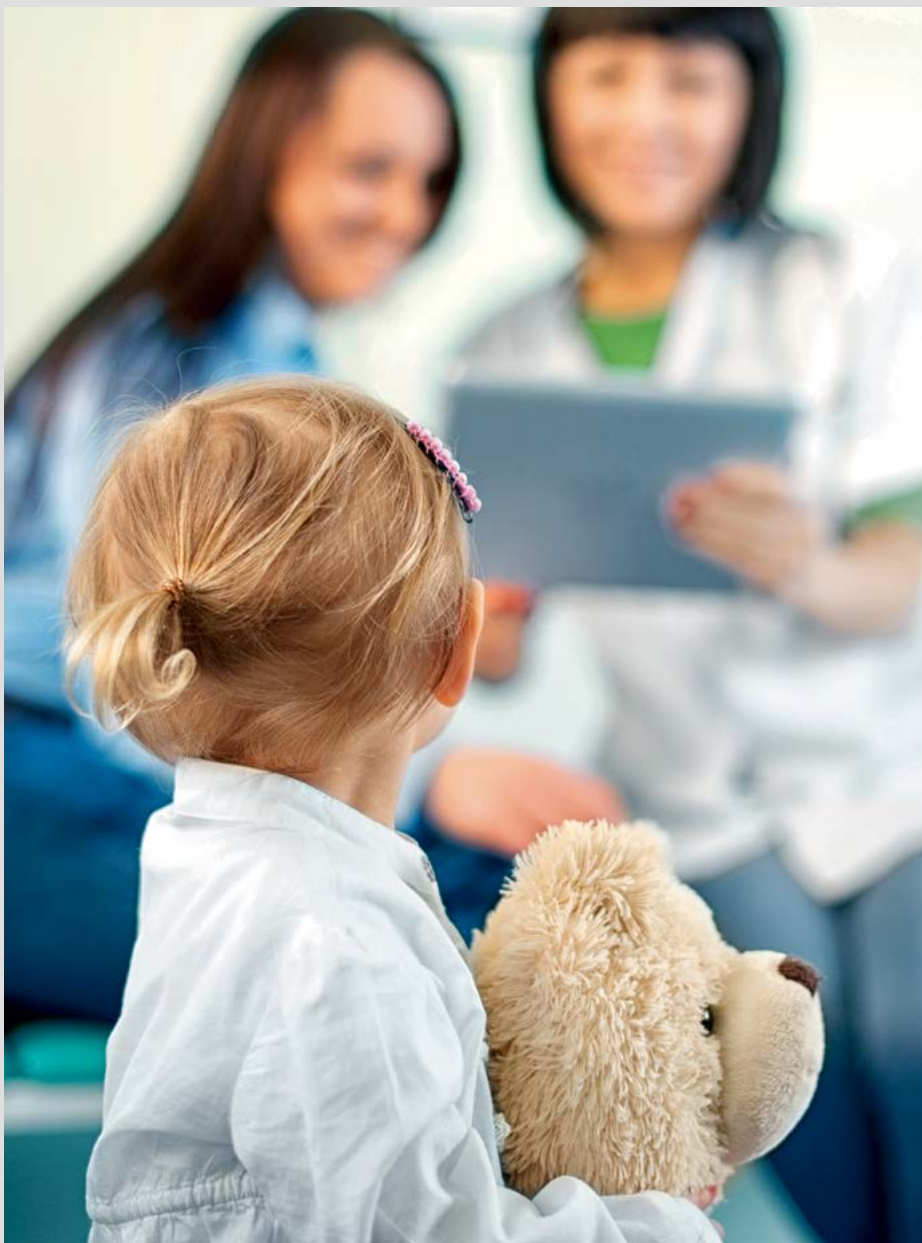
reported by paediatric patients, but despite the popularity of paediatric practice little documented information is available concerning day-to-day practice^{2,3}.

In an attempt to fill this gap, PROMs data have been collected recently from a paediatric population in the series of pilot studies. The data are different from that submitted during the SDC project since the information comes directly from the baby's or child's parent or carer. Although the current dataset is very small, the data are encouraging and indicates that the questions are relevant to the patient population.

WHAT ARE THE AIMS OF THE PAEDIATRIC PROMS PROJECT?

1. To develop and test the content of a data collection facility suitable for use in a paediatric population.
2. To collect and ultimately publish information which would profile day-to-day paediatric practice.
3. To collect and ultimately publish information about outcomes of care in paediatric practice.

'Patients and carers can submit their data easily using the PROMs app'



■ NCOR is currently running some PROMs pilots to include babies and children

Collecting paediatric outcome data

The PROMs data collection web and smartphone app allows data to be submitted by patients/carers, using an online system, or using a mobile device (smartphones or tablets). The system is available for any osteopath to use – you will need to explain the scheme to patients and ask them to take part. You will also need a series of codes which are unique to your practice to give to your patients, available from the project lead, Carol Fawkes. The short questionnaire contains demographic data, service data, and information concerning symptoms as well as using different measures of outcome. The questionnaire takes

the patient/carer from 5-10 minutes to complete. A summary of the data is presented in this article.

Parents/carers were asked how long the baby/child had exhibited or experienced their current symptoms – this is a frequently-asked question concerning all osteopathic patients. In the paediatric population, 53.8% of patients are reporting symptoms from 0-6 weeks, with sub-acute (7-12 weeks) reported by 21.2%, and chronic symptoms (13 weeks or longer) are reported by 25% of respondents.

When gastrointestinal (GIT) symptoms are examined in greater detail, they include:

Gastrointestinal symptoms as reported by parents/carers	% of patients with GIT symptoms
Colic	13.5%
Constipation	3.8%
Reflux/regurgitation	7.6%
Feeding issues	5.8%
Trapped wind	5.8%

When issues related to the head are examined in greater detail, they include:

Issues relating to head as reported by parents/carers	% of patients with issues related to the head
Tongue tie	1.9%
Headache	3.8%
Migraine	1.9%
Head shape	3.8%
Glue ear	1.9%

Questions are asked also about levels of satisfaction with osteopathic care, and experience of osteopathic care. Both questions score highly with 86.7% of patients reporting they are very satisfied and 13.3% reporting they are satisfied. In relation to experience, 80% reported their experience of osteopathic care was very good, 13.3% fairly good, and 6.7% reporting it was fairly poor.

One question parents/carers might ask at the first consultation is the likely number of treatments which may be required. Data reported includes a range of different numbers with the highest percentage of patients (77.8%) requiring 1-3 treatments. A total of 22.2% of patients reported they had received 7 or more treatments.

Reflecting on your practice for CPD

The data may allow you to reflect on different areas of your practice, eg:

- Managing expectations of recovery for patients with less acute symptoms.
- Being aware of the complex nature of symptoms presented by paediatric patients and the need for referral to another clinician where indicated.
- Examining access to appointments at the practice to ensure that patients are seen in a timely manner.
- The number of treatments patients are predicted to need is helpful prognostic information, since it allows ongoing →



- evaluation of patients' progress from their initial consultation, and helps with creating a treatment plan.
- Global change explores patients' overall response to treatment. This allows patients to provide feedback without focussing on one particular area of symptoms. This is an important question considering the range of treatment approaches used, and the multifocal nature of symptoms reported by patients. Once again, the data concerning global change reported by patients is very encouraging.
- The data from this data collection process can have a range of uses including identifying other areas of enquiry eg clinical audit.

Would you like to take part in PROMs for your CPD?

If you would like to know more about how you can contribute data to the study, while also receiving feedback on your own practice, please contact Carol Fawkes at: c.fawkes@qmul.ac.uk ●

MORE INFORMATION:

1. The new CPD site at: cpd.osteopathy.org.uk/proms
2. NCOR's site at: ncor.org.uk/practitioners/patient-reported-outcomes

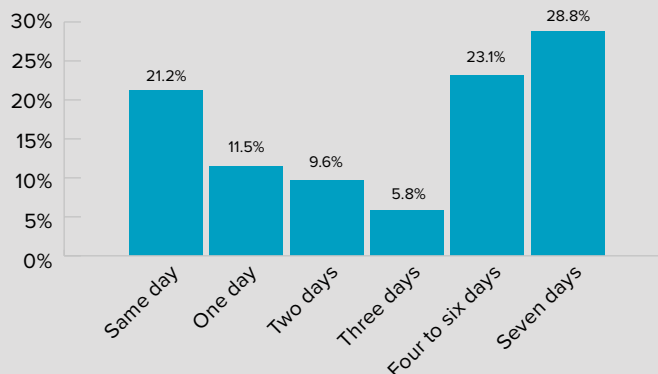
References

1. Fawkes CA, Leach CM, Mathias S, Moore AP. A profile of osteopathic care in private practices in the United Kingdom: a national pilot using standardised data collection. *Man Ther.* 2014;19(2):125-30.
2. Carnes D, Plunkett A, Ellwood J, Miles C. Manual therapy for unsettled, distressed and excessively crying infants: a systematic review and meta-analyses. [dx.doi.org/10.1136/bmjopen-2017-019040](https://doi.org/10.1136/bmjopen-2017-019040)
3. Dobson D, Lucassen PL, Miller JJ, Vlioger AM, Prescott P, Lewith G. Manipulative therapies for infantile colic. *Cochrane Database Syst Rev.* 2012 Dec 12;12:CD004796. doi: 10.1002/14651858.CD004796.pub2.

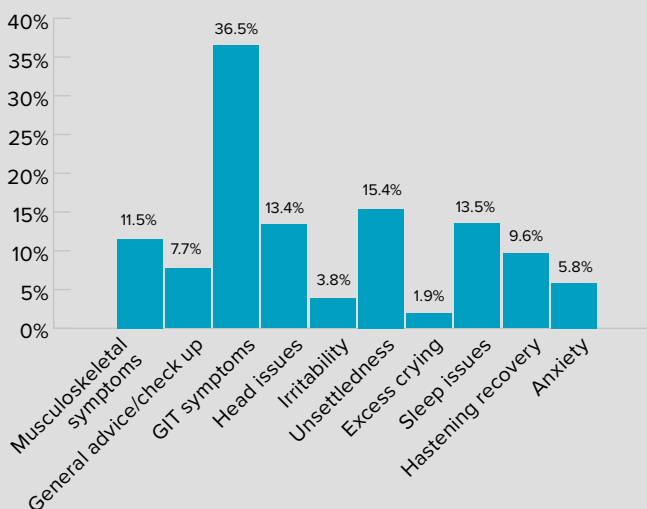
PROFILE OF PAEDIATRIC PATIENTS ATTENDING OSTEOPATHIC PRACTICES

Current data from the pilot of the paediatric PROMs app shows that:

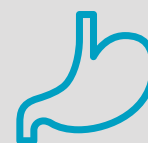
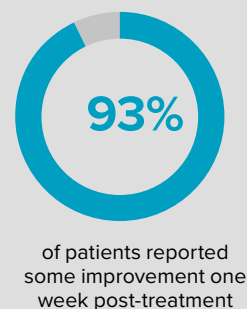
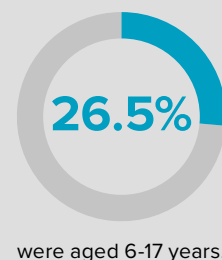
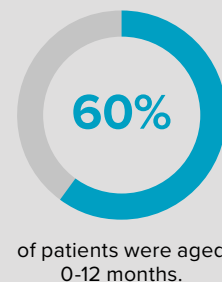
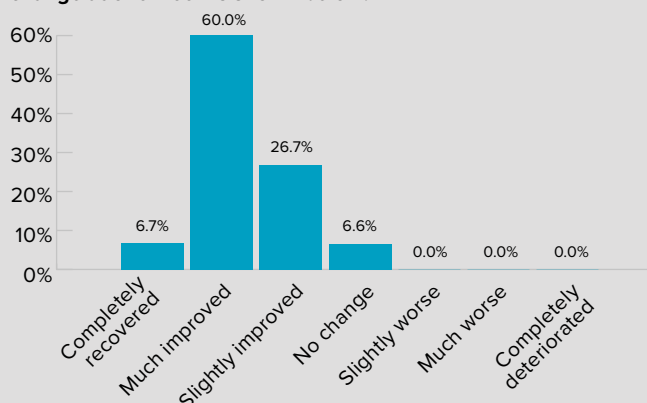
The waiting time for patients to access treatment varies, but fairly quick access to care has been recorded:



Parents/carers were asked their main reason for seeking treatment. A range of responses have been recorded to this multi-response question and these include:



Parents/carers were asked also about the main areas of symptoms for their child. A total of 42.3% of symptoms were recorded for the cranium/face, 36.5% relating to the abdomen, and 1.9% to the chest. No details are collected concerning the actual techniques used during treatment. Outcome data are collected at one week post-treatment, and six weeks post-treatment. Outcome is evaluated using a numerical rating scale concerning the severity of symptoms, and parents/carers are asked about the overall or 'global change' in the child since treatment began. **Information concerning the global change at one week is shown below:**



The most common reason for consulting an osteopath by a parent/carer was for gastrointestinal (GIT) symptoms.

Supporting paediatric practice

A new voluntary framework will be developed for paediatric practice – plus resources to help you carry out CPD around safeguarding

There has been considerable debate in the profession about the merits of an accreditation scheme for paediatric practice. This work has included research and consultation around a possible competency framework and accreditation scheme for paediatric practice, undertaken by the Osteopathic Development Group (ODG).

The outcome of this work has been reported in more detail elsewhere (see osteodevelopment.org.uk/theme/clinical-practice). The GOsC provided a grant to the ODG project team to undertake this work, but has always been clear that accreditation was a matter for the profession, as the GOsC has no power to require osteopaths to seek specialist accreditation.

The conclusion of the ODG Board was that there was insufficient support to take forward its accreditation proposal at this time. However, it did identify more interest in the proposed competency framework for paediatric practice, ie a formal document that sets out the knowledge, skills, values and behaviours that would be expected of an osteopath working with children.

Framework will be developed

Based on this feedback, the ODG has agreed to focus on developing a supportive framework that will:

- Help osteopaths to assess their own competencies.
- Provide detailed information on the specific knowledge and skills required when working with different age groups.
- Signpost to relevant resources.

Another finding from the research was that there was a general need



for osteopaths to increase their understanding of some areas essential for those working with children, such as safeguarding. The ODG project group will also continue its work in this area and explore how to provide support to the profession in relation to safeguarding.

Why is safeguarding so important?

Safeguarding is defined as 'protecting people's general wellbeing and human rights, and allowing them to live free from abuse and neglect'. Safeguarding is particularly important in the context of protecting and promoting the rights of users of health and social care

services. While much of the focus is on safeguarding children, it applies equally to adults who may be at risk of abuse or neglect. Most people working in publicly funded health services, social services or education are required to undertake regular safeguarding training.

In England, safeguarding responsibilities for both children and adults are coordinated by local authorities, with similar arrangements in Northern Ireland, Scotland and Wales. Many local safeguarding boards also have comprehensive websites providing contacts, advice, training and useful information that can be used in practice.

Carrying out CPD around safeguarding

There is also a wide range of material online that can be used to undertake CPD around safeguarding which relates to the 'Safety and Quality in Practice' theme of the OPS (theme 3). Useful resources include:

- Royal College of Paediatrics and Child Health: rcpch.ac.uk/key-topics/child-protection
- Elearning for healthcare: e-lfh.org.uk/programmes/safeguarding-children/
- NHS England Safeguarding App: myguideapps.com/nhs_safeguarding/default/index.html ●

LINKING THE OPS TO YOUR CPD ON SAFEGUARDING

The current version of the Osteopathic Practice Standards (OPS) has a requirement for osteopaths to act quickly to help patients and keep them from harm, and to comply with the law to protect children and vulnerable adults. However, there is no explicit reference to safeguarding. In the updated version of the OPS there is an emphasis on osteopaths keeping up to date with current safeguarding procedures including those in their local area.

Courses 2018/19

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

October

2 Muscle energy techniques made simple

Speaker: John Gibbons
Venue: Oxford University Sports Complex, Oxford
Tel: 07850 176 600
john.gibbons@bodymaster.co.uk

**3
The diaphragm part 1: central tendon, crurae and arcuates**
(Check www.caroline-stone.com for other courses in October)
Speaker: Caroline Stone
Venue: Stalybridge, East Manchester, SK15 2AA

**3
Spinal manipulation and mobilisation techniques masterclass**
Speaker: John Gibbons
Venue: Oxford University Sports Complex (contact details as above)

**4
Muscle Energy Techniques (MET's) masterclass**
Speaker: John Gibbons
Venue: Oxford University Sports Complex (contact details as above)

**4-5
SCCO: power of presence**
Speaker: Rachel Brooks
Venue: Hawkwood College, Stroud
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

**6-7
Positional release techniques in management of cervical, thoracic and pelvic pain and dysfunction**
Speaker: Leon Chaitow
Venue: Whittington Education Centre, London, N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

**6-7
Functional stretching**
Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre (contact details as above)

**7
Bump to baby: part 2 – treating the pregnant patient**
Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
Tel: 07792 384 592
mumandbabyCPD@gm.com
www.mumandbaby-at-home.com/cpd-courses/

**12-14
Module 2: healthy visceral – visceral – somato-visceral**
Speaker: Baudoin Chatelle
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

**13
Clinical mat-based pilates: small group fundamentals**
Speaker: Sandie Ennis
Venue: University College of Osteopathy, London, SE1 1JE
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

**19-21
Molinari Institute of Health conference: osteopathy, men's, women's and children's health**
Venue: Mary Ward House
corinnejones.mih@gmail.com
www.molinari-institute-health.org

**20-21
Minimal leverage masterclass**
Speaker: Laurie Hartman
Venue: Daresbury Park Hotel, Red Brow Lane, Warrington, Lancashire, WA4 4BB
Tel: 01933 328 154
ana@academyofphysicalmedicine.co.uk
academyofphysicalmedicine.co.uk

**24-28
Biodynamic craniosacral therapy – two-year practitioner training**
Speaker: Michael Kern
Venue: Skylight Centre, 49 Corsica Street, London, N5 1JT
Tel: 07000 785 778
info@cranio.co.uk
www.cranio.co.uk

**27-28
Chronic fatigue syndrome/ ME and fibromyalgia**
Speaker: Dr Raymond Perrin
Venue: University College of Osteopathy, London, SE1 1JE
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

**27-28
Applied biomechanics of the lower limb**
Speaker: Francesco Contiero
Venue: University College of Osteopathy (contact details as above)

November

**3
Nutritional management of local and systemic inflammation and nutritional management in supporting recovery from MSK injury and post-surgery**
Speaker: Prof Adam Cunliffe
Venue: Whittington Education Centre, London, N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

**3-4
Neurological Manipulation**
Speaker: Richard Twining
Venue: House for an Art Lover, Glasgow
Tel: 07714 239 636
osteopathicstudiesscotland@gmail.com
www.osteopathicstudiesscotland.org

**3-4
Hartman's masterclass in manipulative techniques: upper body**
Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre, London, N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

**3-4
Module 1: advanced technical development – balanced ligamentous tension (BLT)**
Speaker: Susan Turner
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

7**Tongue tie: part 1**

(check caroline-stone.com for other courses in November)

Speaker: Caroline Stone

Venue: Stalybridge, East Manchester, SK15 2AA

10**Functional active release: lower back pain and sciatica**

Speaker: Robin Lansman

Venue: University College of Osteopathy, London, SE1 1JE

Tel: 020 7089 5333

cpd@uco.ac.uk

www.uco.ac.uk/cpd

10**Clinical pilates for women's health: demystifying the pelvic floor**

Speaker: Sandie Ennis

Venue: University College of Osteopathy (contact details as above)

12-13**Advanced soft tissue techniques masterclass**

Speaker: John Gibbons

Venue: Oxford University Sports Complex, Oxford

Tel: 07850 176 600

johngibbonsbodymaster.co.uk

14**Knee joint masterclass**

Speaker: John Gibbons

Venue: Oxford University Sports Complex (Contact details as above)

15**Hip and groin masterclass**

Speaker: John Gibbons

Venue: Oxford University Sports Complex (contact details as above)

16**A Practical guide to kinesiology taping**

Speaker: John Gibbons

Venue: Oxford University Sports Complex (contact details as above)

17**SCCO: foundation course – module 1**

Speaker: Penny Price

Venue: Crista Galli, London

Tel: 01453 767 607

admin@scco.ac

www.scco.ac

19**Cervical spine masterclass**

(also see johngibbonsbodymaster.co.uk for other courses in November)

Speaker: John Gibbons

Venue: Oxford University Sports Complex (contact details previously)

23-25**Harmonic technique**

Speaker: Dr Eyal Lederman

Venue: Whittington Education Centre, London, N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

December

1**Human biome in health disease**

Speaker: Prof Adam Cunliffe

Venue: Whittington Education Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

1**Obstetrics – maternal breastfeeding and infant bonding, recovery**

(check caroline-stone.com for other courses in December)

Speaker: Caroline Stone

Venue: Stalybridge, East Manchester, SK15 2AA

1-2**Hartman's masterclass in manipulative techniques: lower body**

Speaker: Prof Laurie Hartman

Venue: Whittington Education Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

4**Muscle energy techniques made simple**

Speaker: John Gibbons

Venue: Oxford University Sports Complex, Oxford

Tel: 07850 176 600

johngibbonsbodymaster.co.uk

4**The miserable baby: part 3 – clinical applications day**

Speaker: Miranda Clayton

Venue: London School of Osteopathy, London SE1 3BE

Tel: 07792 384592

mumandbabyCPD@gm.com

mumandbaby-at-home.com/cpd-courses/

4-6**Viscero-osteo articular connections: cervical spine in focus**

Speaker: Jean-Pierre Barral

Venue: Whittington Education Centre, London, N19

Tel: 020 7263 8551

cpd@cpdo.net

www.cpdo.net

5**A practical guide to kinesiology taping**

Speaker: John Gibbons

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

Tel: 07850 176 600

johngibbonsbodymaster.co.uk

6-9**Pelvis, SI joint and lumbar spine masterclass**

Speaker: John Gibbons

Venue: Oxford University Sports Complex (contact details as above)

8-9**Osteopathic refresher**

Speakers: Danny Orchard and Hubert van Griensven

Venue: University College of Osteopathy, London, SE1 1JE

Tel: 020 7089 5333

cpd@uco.ac.uk

www.uco.ac.uk/cpd

8-9**Pain in clinical practice**

Speakers: TBC

Venue: University College of Osteopathy (contact details as above)

14**Pain and pharmacology**

Venue: University College of Osteopathy (contact details as above)

2019 January

5 January-21 July**Advanced osteopathic skills (6 modules)**

Speaker: Valéria A Ferreira

Venue: University College of Osteopathy, London, SE1 1JE

Tel: 07596 698 198

www.osteopractice.co.uk/differenthealth

13**Bump to baby: part 1 – treating the pregnant patient**

Speaker: Miranda Clayton

Venue: London School of Osteopathy, London SE1 3BE

Tel: 07792 384 592

mumandbabyCPD@gm.com

mumandbaby-at-home.com/cpd-courses/

19**Functional active release: thoracic outlet syndrome and shoulder dysfunction**

Speaker: Robin Lansman

Venue: University College of Osteopathy, London, SE1 1JE

Tel: 020 7089 5333

cpd@uco.ac.uk

www.uco.ac.uk/cpd

19-20**The neck: clinical rehabilitation**

Speaker: Chris Worsfold

Venue: University College of Osteopathy (contact details as above)

Classifieds

Osteopath required: Cambs/Beds/Northants

Associate needed for busy clinic, Lakeview Osteopathy, on family run golf course – Cambs/Beds/Northants borders. Attracts triathletes, equestrians and golfers – great if you have an interest in sporting injuries but NOT critical as we have lots of other patients for you to fix. Principal very happy to mentor new graduates – a super friendly clinic to be a part of. Email: tilly@lakeviewosteopathy.co.uk

Osteopath required: Thame, Oxfordshire

We are looking for an experienced motivated, cheerful and dependable osteopath to work initially on a part-time room rent basis in our thriving patient-centred multi-disciplinary clinic. Would suit an osteopath looking to build a long term business. All enquiries and CV to: kathrynlock48@gmail.com

Associate osteopath required: South Manchester/Cheshire

We're seeking a structural osteopath to expand the team at our busy practice and offer flexible clinics. We

generate a large number of new patients so there is scope to build a very busy list. Please send your CV to: enquiries@thevillageosteopaths.co.uk

Associate osteopath required: Haywards Heath, Sussex

A structural approach is needed. Excellent patient management and communication skills are a must. Flexibility with days and hours for the right candidate. Please apply by sending a CV to Adam Fiske at Mid Sussex Osteopaths, at: midsussexosteo@gmail.com

Associate osteopath required: Barbados

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of an extension and hold the following credentials:

- Professional degree of osteopathy
- Current registration to practise in home country
- Good organizational skills required

A professional and supportive environment is on offer. Please send your CV and cover letter to: 360osteopathicclinic@gmail.com

Associate osteopath required: Tauranga, New Zealand

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Practice for sale: Peterborough, Cambs

45 minutes from London. Good will and lease options for clinic. Long established beautiful, large clinic space with four treatment rooms, reception, pharmacy and large private car park in prime location. Huge potential. Amazing opportunity. Email: phill.health@gmail.com

Practice for sale: Consett

Consett is an ever expanding town in the stunning North Pennines and a great centre for outdoor activities, the friendliest people ever and very reasonable cost of living. I am selling the practice due to retirement and am sad to be going. There are currently two osteopaths working from here and brilliant reception admin staff; a flexible handover/associateship could be available. The practice is run from rented premises which could continue if required. Current annual turnover £72k+, increasing annually, active list in excess of 2,000 and sale includes database and website. Reasonable offers considered. Please contact Liz in the first instance at: busylizzyb159@gmail.com

Practice for sale: Bradford-on-Avon, Wiltshire

Established 28 years, in this beautiful Cotswold edge town. Osteopathic director, Christian Sullivan, needs to step down from running the practice, but is offering/planning to stay on as required after sale. Full support in transitioning all business aspects offered. We are pleased to receive enquiries from those wanting to own and run this fabulous practice. All offers will be seriously considered, flexible purchase terms could be arranged. See our website: www.churchstreetpractice.co.uk for more practice information, or contact Christian directly for further information: mail@christiansullivan.co.uk

Practice for sale: Livingston, Central Scotland

Scotland Osteopathic

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Clinic was established 17 years ago. Excellent repeat patient numbers. Would suit osteopath with the drive to build the business further. Buyout considered over a period of years. For further information contact: morag.fraser@btconnect.com

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Client base for sale

Sale of extensive and loyal client base built up over 25 years due to retirement, with optional clinic premises to rent in Cheshire if not already set up with own practice. Looking for an osteopath who would love to take over an already established clinic with a reputation for outstanding treatment, patient care and service. Sale price to be discussed. Please call 07875 724 215 for more information.

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Date	Topic	Lecturer	Cost	Deposit	CPD points
6-7 Oct	Functional stretching	Dr. Eyal Lederman	£275	£150	14
3 Nov	Nutritional management of the local and systemic inflammation + Nutritional management in supporting recovery from MSK injury and post-surgery	Prof. Adam Cunliffe	£125	£125	7
3-4 Nov	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	£375	£250	14
16-18 Nov (Start Friday 17:00)	Harmonic technique	Dr. Eyal Lederman	£385	£200	18
1 Dec	Human biome in health disease	Prof. Adam Cunliffe	£125	£125	7
1-2 Dec	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	£375	£250	14
5-6-7 Dec	Barral's hormonal-visceral manipulation	Jean-Pierre Barral	FULLY BOOKED		20



Functional stretching Dr. Eyal Lederman

Dates: 6-7 Oct 2018 / Cost: £275.00

- Most clinical stretching methods have little or no effect on range of movement (ROM) rehabilitation - find out why and how to resolve it
- Most spinal stiffness is due to stretch sensitivity not biomechanical restriction: learn to identify the differences and how to manage it
- There are many causes for ROM losses - biomechanical, neurological, sensitivity related and psychological - find out how to manage ROM loss in different clinical scenarios
- Learn how to design a patient and condition specific ROM-rehabilitation programme
- And much more...

Functional stretching has been developed over 10 years by Dr. Lederman to provide a solution to the limitations of traditional stretching approaches. It focuses on active restoration of ROM, using task-specific, functional movement patterns. This approach is informed by research in the areas of tissue adaptation, motor control, pain and cognitive-behavioural sciences.

Functional stretching can be used to recover ROM losses in various musculoskeletal conditions including stiffness in chronic low back and neck complaints, post-injury rehabilitation, immobilisation, surgery, frozen shoulder and central nervous system damage.

Part of the course will also examine the potential use of functional stretching in pain and stiffness alleviation and ROM-desensitisation.



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Taking place at the prestigious Grange St Paul's, London, the iO Convention offers high quality CPD workshops, networking opportunities, and a chance to celebrate the profession at the Awards Night and Gala Dinner.

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The College of Osteopaths is expanding its team of contracted teaching staff from September 2018 for the osteopathy programme delivered in Hendon (North London) and Stoke on Trent.

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Deadline for applications 14th October 2018



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The course, led by Prof Renzo Molinari, and supported by a team of renowned international lecturers, is complemented by a teaching clinic where the students can develop their expertise.

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Venue: London (Imperial Wharf)

To register please contact: Corinne Jones

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with Penny Price

non-res **£275**

17–18 NOV 2018

23–24 FEB 2019

1–2 JUN 2019

Integrating Cranial into Practice [M10]

UCO, LONDON

with Alison Brown

one day **£165**

17 NOV 2018

Introduction to Paediatrics [M9]

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with Hilary Percival

residential ***£1350**

1–4 MAR 2019

Osteopathy in the Cranial Field [M2]

Columbia Hotel, LONDON

with Taj Deora

non-res **£990**

6–10 MAR 2019

Balanced Ligamentous Tension [M4]

Hawkwood, STROUD

with Sue Turner

residential **£1400**

16–20 MAY 2019

Spark in the Motor [M7]

Hawkwood, STROUD

with Rowan Douglas-Mort

residential ***£995**

12–14 JUL 2019

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13 October, £170, UCO

Chronic Fatigue Syndrome/ME & Fibromyalgia

Dr Perrin presents scientific evidence about these complex disorders and will teach you the techniques needed to help manage them.

27-28 October, £320, UCO

Applied Biomechanics of the Lower Limb

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27-28 October, £285, UCO

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- Differentiate central from peripheral vertigo and recognise 'red flags'.
- Competently apply diagnostic maneuvers and physical treatment in the form of repositioning maneuvers for each variant of BPPV.

Dates & Times: 20th & 21th of October 2018 from 9:00 – 17:00

Location: '*Brighton Harbour Hotel*' 64 Kings Rd, **Brighton**, East Sussex, **UK**



The Presenter: Dr Rudi Gerhardt

Rudi's background as a health practitioner is extensive. He has studied in both Europe and Australia. His qualifications include Sports-Physiotherapy (Germany, 1984); Osteopathy (Belgium, 1998); B.Sc. Anatomy (UNSW, 2001) In Australia, he is registered as an Osteopath.

Rudi has been teaching in several universities in Australia, as well as presenting at seminars and conferences for over 20 years. Although he has taught a wide range of subjects, his special interest is in the field of Neuroscience, especially the vestibular and balance system, where he has acquired knowledge and skills through extensive studies and training. He has also completed a '***Certificate in Vestibular Rehabilitation***' with a world-renowned neurotologist. Within that specialty he has gained considerable practical experience in his clinic.

Further info & bookings: <https://www.doctorrudlrehabresources.com.au>

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