

the OSTEOPATH H

The magazine for Osteopaths

May 2005
£3.00

Volume 8: Issue 4
ISSN 1466-4984

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programme**

Political round-up

**Practice-based
Commissioning**

**New *Code of Practice*
launched**



Having your say

The General Osteopathic Council

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Chairman's report

Can a health profession that regulates itself, by setting and monitoring its own standards, offer an adequate framework for patient protection?

The revelations of Alder Hey and the Bristol Inquiry brought this into question and sowed doubt in the public mind. Are the standards of professional life sufficiently high in healthcare to ensure that the public is safe? Are lapses in standards always dealt with appropriately when left to the profession itself, or do practitioners deal too leniently with their own?

For some time now it has been agreed that the public, through lay appointments, should play a part in the regulation of health professions to ensure transparency and adherence to high standards. Lay representatives have become an integral component of professional governing bodies, most particularly in the investigation of professional incompetence and misconduct. In 2003 Parliament went further, establishing a watchdog body – the Council for Healthcare Regulatory Excellence – with a remit to ensure greater consistency of decisions by regulators, and to drive adoption of best practice in regulation as a whole.

Shipman did further damage to public confidence. Dame Janet Smith, in the Fifth Report of the Shipman Inquiry, looked beyond the context of this single aberrant practitioner, to the wider issues that underpin quality of care and patient protection.

As a direct consequence of this, Health Secretary John Reid, in January this year, asked the Chief Medical Officer (CMO) for England, Sir Liam Donaldson, to lead a review of the medical profession. The CMO is expected to identify and recommend any measures needed to safeguard further against poor clinical practice or conduct. Effective systems of continuing professional development and the revalidation of doctors will also be considered, along with any requirements to modify the role, structure and functions of the General Medical Council (GMC). The CMO will report later this year.

Reflecting further, the Government decided that this process should not be restricted to doctors alone and widened its review into healthcare regulation to include "non-medical professional regulation". The Minister, Lord Warner, explained to Parliament that "if changes are proposed to the arrangements for doctors, it is likely they will have important implications for the regulatory arrangements for other health professions".

Andrew Foster, Director of Workforce within the Department of Health, was duly appointed to lead a parallel review of the regulation of dentists, pharmacists, nurses and midwives, opticians, osteopaths and chiropractors, as well as the 13 professions that fall under the authority of the Health Professions Council (HPC). In total, over 800,000 NHS and



private sector staff are regulated by these Councils.

His Review – expected to report towards the end of 2005 – will advise Ministers of any necessary measures to ensure that the performance or conduct of health professionals and other healthcare staff does not pose a threat to patient safety or the functioning of health services. In particular this will focus on the effective and fair operation of fitness to practise procedures.

In line with the review of the medical profession, recommendations are also expected on the operation of robust systems of CPD and appraisals, and on progress towards regular revalidation of non-medical health professionals, where appropriate.

The review will also look at the case for changes to the role, structure, functions and number of regulators of non-medical healthcare professionals. This stems from the Chancellor's drive to reduce the burden of regulation on the economy – an entirely sensible approach: the costs of self-regulation should never be more than they need to be to deliver the highest standards of care. However, there is a careful balance to be struck to achieve this, as sufficient resources must be available to secure patient protection.

There is common ground between health professions within our fitness to practise processes, particularly in the management of complaints procedures. This is of course the area in which the public perception of regulation is most jaundiced. A number of suggestions have been made to remove from the powers of regulators, those parts of the conduct hearing process that might more properly be administered independently of the existing profession-led regulators.

But the value of this would have to be carefully weighed. We learn from our mistakes, and it is an important part of a regulator's *modus operandi* to reinvest what is learned from the fitness to practise process in the continuing improvement of professional practice. And here only the osteopathic profession itself can be the guardian of this profession's standards and ongoing development. It is for this reason that profession-led regulation lies at the heart of good governance in healthcare. The GOsC, therefore, intends playing a full role in the Foster Review process to ensure we continue to build on the singular commitment to professional excellence osteopaths have demonstrated since the passing of the Osteopaths Act.

We have already met with senior Department of Health officials and will in due course present our position to the Foster Review. I look forward to keeping you abreast of this unfolding reform and would welcome input from you as the process develops.

Nigel Clarke, Chairman



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The Osteopath • Volume 8 • Issue 4 • May 05 •
The Osteopath is published by the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

The Osteopath is the official journal of the General Osteopathic Council. Editorial contributions and letters for publication are welcomed, but opinions expressed by contributors or advertisers do not necessarily reflect the

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New Code of Practice for Osteopaths effective from 9 May 2005

Kellie Green, Assistant Registrar (Regulation)

You will know from previous articles and reports from the Practice and Ethics Committee that we have been busy producing a new *Code of Practice* (the Code). The Code is written under section 19 of the Osteopaths Act 1993 and it lays down the standards of conduct and practice expected of an osteopath and gives advice on the practice of osteopathy.



It is a very important document and one that you are encouraged to take the time to read when you receive it in the post. It will arrive in a folder that bears the title ***Fitness to practise***. This is because the GOsC wants to provide you with a complete pack of guidance that will inform you of the various requirements you as a healthcare practitioner must meet in your day-to-day practice. It is recognised that keeping abreast of all the requirements and best practice, particularly in the current climate that surrounds healthcare regulation, is not easy.

The ***Code of Practice*** is the primary document in this pack and sets the standards of conduct and practice that you must meet. The additional documents, which we have labelled 'leaflets', will help you to meet and work above the standards set in the Code, as they provide more in-depth guidance.

We have thought carefully about the format of the documents and the style of the complete pack to make it user-friendly. Our hope is that you will be proud of it and that you will keep it in your practice and refer to it regularly to help you meet the ever-increasing demands on you as a healthcare professional.

In the pack that you will receive shortly (or may already have received) you will find a copy of the new Code and the ***Obtaining consent*** and ***Visual and audio recordings of patients*** leaflets. There should also be two laminated consent forms for you to use when you need to obtain your patients' written consent. You will need to photocopy the forms or print them from the GOsC website – www.osteopathy.org.uk – as and when you require them.

Alongside the main text in the Code are margin notes that make reference to other leaflets, such as the ***Ethical considerations and communication*** leaflet. These are currently being drafted by the Practice and Ethics Committee and will be sent to you later this year to add to your *Fitness to practise* pack.

The margin notes also contain references to other sources of advice that you may wish to refer to. For example, you are responsible for the retention of your patients' records and clause 117 of the Code advises you of the Department of Health guidance on appropriate retention periods. In general terms, you are advised to retain your patients' records for eight years or, in the case of juvenile patients, until their 25th birthday. The guidance issued by the Department of Health goes into more detail, particularly in specific areas of practice such as obstetrics and you may, therefore, need to refer to the complete guidance. So, we have provided, in the margin notes next to clause 117, the NHS Executive circular reference, the title of the document and the website address where a full copy can be accessed.



When deciding the content of the Code, the Practice and Ethics Committee took stock of the various complaints about osteopaths that the GOsC has investigated. This has resulted in advice on some new areas of practice being included. Issues surrounding patient modesty can often form part of a patient's complaint, particularly if that patient has not experienced osteopathic care before. The GOsC

has investigated a number of cases that involved the patient remaining undressed and uncovered throughout the whole treatment session, which was unnecessary and alarmed the patient. As a result, therefore, advice on protecting patient modesty has been included in the Code (see clauses 45-48).

Changes in law have also had an impact on the Code's content. Since it was last reviewed, the requirements of the Disability Discrimination Act 1995 (DDA) that affect you as a service provider have come into force. Clause

131 provides advice on the DDA and other clauses, such as the one on home/domiciliary visits (clause 72) have been included to help you meet the requirements of the DDA.

Of course, the case of Dr Harold Shipman and subsequent Inquiry by Dame Janet Smith have also had an impact. Clause 74 is new and relates specifically to you if you are a sole practitioner. You are now also required to operate a procedure for considering and responding to any complaints against your practice (see clauses 94-99). This is a new requirement although it may be something that you already have in place. A leaflet entitled ***Handling complaints locally*** will be published shortly to assist you with this new requirement.

The Code becomes effective on 9 May 2005 and will form a major part of the programme for this year's Regional Conferences.

Any immediate queries about its contents should be directed to:

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kellieg@osteopathy.org.uk

Dana Davies tel: 020 7357 6655 ext. 224

danad@osteopathy.org.uk

Laura Scrutton tel: 020 7357 6655 ext. 249

lauras@osteopathy.org.uk

Trading Standards protects 'osteopath' title

On 31 March 2005, Mr Kervin Boyd-Jones pleaded guilty to four charges of falsely describing himself as an osteopath in local directories and business leaflets. Only persons registered with the General Osteopathic Council can describe themselves as an osteopath.

The GOsC had previously written to Mr Boyd-Jones on several occasions to explain that as he was not

registered, it was illegal for him to advertise as an osteopath.

Mr Boyd-Jones, of Godalming, Surrey, was fined £400 and ordered to pay all prosecution costs. The GOsC is encouraged by the assistance provided by Surrey Trading Standards and looks forward to working with other Trading Standards Services around the UK in the future.

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In Education

Jane Quinnell, Clerk to Education Committee

The Education Committee (EdC) held its 40th meeting on **Thursday 22 March 2005** at 2.00pm in Osteopathy House, with Professor Trudie Roberts as Chair. This was EdC's first meeting where observers were present for matters not considered confidential or sensitive. Matters considered or reported included:



Assessment of applicants who qualified outside the European Economic Area (EEA)

Operational experience of the current registration process – which involves assessment of a written portfolio of an applicant's osteopathic knowledge together with a clinical assessment – had identified issues with communication where English was not the first language. The EdC agreed to:

- Increase the number of reviewers of the portfolio.
- Introduce a requirement for a language test, where English is not the first language, before an applicant proceeds to the portfolio stage.
- Enhance the practical processes in relation to grading of the portfolio and the clinical performance assessment.

Election of Acting Chair of EdC

Mr Nick Woodhead was elected as Acting Chair of the EdC, whose role is to chair EdC meetings in Professor Roberts' absence.

Development department update

The department has continued to work on a number of other areas, including:

- Ongoing development of the GOSc /QAA Recognised Qualification review process. The first review took place at the Surrey Institute of Osteopathic Medicine from 28 February – 2 March 2005.
- Finalising and issuing the guidelines for clinical performance assessment in respect of the 2005 Final Clinical Competence Assessments at the osteopathic educational institutions (OElS).
- Reviewing the Annual Reports from the OElS.
- Developing a strategy working towards obtaining designated public funding for osteopathic education.
- Monitoring progress on the Department of Health's Musculo-Skeletal Services Framework Project, publication of which had been delayed possibly until the summer or early autumn.
- Updating/preparing the Development Business Plan, Budget and Risk Register.

- Submitting a proposal to the QAA for funding in order to develop an osteopathic subject benchmark, on behalf of the Osteopathy Benchmarking Project Working Group.
- Dealing with high volumes of telephone calls and e-mails regarding the CPD process and deadlines. After the May deadline, the focus of the work will shift to the revision of the existing CPD Guidelines and the development of online CPD resources.

- Working with the National Council for Osteopathic Research (NCOR) to meet its strategic objectives which include formulating a research governance framework, and developing practice audit/standardised data collection plans.
- Working with the Communications Department to request information on osteopathic regulation and education in other EEA Member States.
- Attendance at CHRE's Regulators' Conference (which included discussion groups for revalidation and pre-registration educational requirements, and for European Directives) and the UK Inter-Professional Group (UKIPG) Assessment of Professional Competence Seminar (which addressed the approaches used by other regulators and professional groups in respect of assessment in the workplace, CPD, revalidation and disability issues).

Appointment of the EdC member of Council and co-options to the EdC

The EdC confirmed the appointment of Dr Stephen Barasi as the EdC appointed member of Council, to fill the vacancy left by the resignation of Miss Sarah Wallace.

The EdC confirmed the appointment of Dr Katharine Boursicot and Dr Andrew Thompson as co-opted members of the Education Committee, subject to approval by Council at its meeting on 17 May 2005.

Next meeting of EdC

23 June 2005 at 2.00 pm at Osteopathy House. The agenda for the public session will be available from Jane Quinnell approximately 10 days before the meeting. Part I sessions of EdC meetings are open to members of the public.

Contact Jane Quinnell on tel: 01580 720213, or email: janeq@osteopathy.org.uk for further information or if you would like to attend the next EdC meeting (there are limited spaces and these will be available on a 'first come, first served' basis).

Regional Conferences 2005

'Osteopathy – shaping best practice'

This month sees the launch – in Cambridge – of the 2005 series of Regional Conferences and we look forward to providing the opportunity for osteopaths to once again come together to debate and shape the future of a fast-maturing profession.

Some key features of the 2005 Conferences are:

- The osteopathic network
- The self-governing profession
- Advancing into primary care

Networking the profession

For many osteopaths it is the sense of isolation, common to those in private practice, that is the least appealing aspect of professional life. The opportunity to meet and share experience with colleagues has for too long been limited – many attendees at last year's Conferences were gathering for the first time since graduation! And, professional isolation raises daunting uncertainties:

- Would I refer a patient to a colleague I have never met? Is s/he likely to refer a patient to me?
- Who would I turn to to discuss a puzzling case or a difficult patient?
- Do other colleagues in the area have similar concerns regarding, for example, local GPs?
- Have any colleagues in the region got contracts with local health authorities to treat NHS patients?
- Do others share my views on the direction osteopathy/the profession is taking ... ?

This year's Regional Conferences will, as before, tackle the local needs and concerns of osteopaths and, above all, continue laying the foundations of the wider osteopathic community so essential to the successful development and promotion of the profession. Last year's Conference Chairman, osteopath Robin Shepherd, remarked on the emerging '*esprit de corps*' evident within the profession, but he warned too of the growing responsibilities and challenges facing today's healthcarers – not least osteopaths.



Sharing the challenges – the meeting format

The format is the primary feature of the GOsC Regional Conferences: open and interactive. Each session will first set the scene, then open the discussion to the floor.

What are the issues?

Session I: Profession-led regulation

The 1993 Osteopaths Act was the genesis of osteopaths' self-determination and came to vest in the UK profession the power and privilege to govern itself. Many osteopaths, however, may feel that they played little part in a process that evolved now nearly two decades ago.

This year the Act comes under review – and it falls to a new generation of osteopaths to determine how best to govern the profession in the future.

Leading this important session, the GOsC Head of Legal Affairs, barrister **David Simpson** will offer proposals that aim to modernise –

- the registration of osteopaths
- fitness to practise processes
- the constitution of the Council
- Protection of Title

The 75-minute open forum will seek to clarify the review and consultation process and gauge opinion on some key issues. Ensure your views are heard by participating in this important discussion.

For more about the current review of the Osteopaths Act and its implications for everyday practice, see *The Osteopath*, March (pages 6-7) and April (pages 6-9).

Session II: Osteopathy and the NHS

- Where do osteopaths fit in the current UK healthcare environment?
- Should osteopathy be available on the NHS?
- Would NHS waiting times be reduced if GPs could purchase private osteopathic services?
- What should it cost?
- How do osteopaths go about providing services to local Health Authorities?
- Who decides local healthcare needs – are Primary Care Trusts here to stay?
- What is expected of osteopaths who treat NHS patients?



Largely in private practice, osteopaths face a daunting challenge staying abreast of the ever-changing shape of National Healthcare – but increasingly osteopaths are seeking guidance on establishing professional alliances with NHS partners.



Rory McCrea and Sarah Chilvers

This 75-minute session will initially be led by **Dr Rory McCrea**, GP and Chairman of healthcare management consultancy, ChilversMcCrea, which manages and advises GP practices across the UK.

Looking at musculoskeletal healthcare from the GP perspective, Dr McCrea will attempt to demystify the current NHS structure, primary care priorities, new purchasing powers for GPs and patient needs. He will consider the role of private sector healthcare, what osteopaths can offer – and how. What does the Health Service expect of service providers and how does it monitor clinical governance?



Boo Armstrong

Providing another dimension to the debate, **Get Well UK** Chief Executive, **Boo Armstrong**, will talk about this embryonic, not-for-profit organisation's vision to make complementary healthcare much more widely accessible through the NHS.

Could Get Well UK be a means of bringing together practitioners, GPs and patients through a central organisation (with local funding from the NHS) to improve people's health and increase the job satisfaction of both complementary practitioners and GPs?

Rory McCrea and Boo Armstrong will together host an open floor discussion on the future of osteopathy in the wider primary care setting.

Session III: The Code and best practice – how does your patient view your care?

May 2005 sees the introduction of a new **Code of Practice** for Osteopaths – the principles that underpin daily clinical procedures and the overall quality of care you provide for your patients. At the heart of this is the delicate practitioner-patient relationship, based on mutual trust and respect.

The afternoon programme provides an opportunity to observe the osteopath-patient relationship unfold – and falter. When and how does trust break down? Are we always aware of the patient's expectations? What about the difficult patient? What role do your support staff play? How does one manage a dissatisfied patient? How is trust restored?

Is good practice not also good business?

Two one-hour, interactive training sessions, specially commissioned for this event, convert the Code into everyday practice, providing a valuable opportunity to

assess with colleagues what constitutes best practice.

Osteopath and Council Member **Catherine Hamilton-Plant** will lead the discussion and explore with delegates some of the ethical issues that challenge osteopaths in daily practice.

Conference programme

In scheduling the 2005 programme of Regional Conferences, every effort has been made to host meetings as widely across the UK as possible, with Spring and Autumn alternatives in the South-east and North of England. All meetings will take place on weekends as feedback requested through *The Osteopath* and previous events indicates this to be by far the preferred option, as is the preference for Saturdays over Sundays, with the exception of in Scotland and Ireland.

Osteopaths attending this year's full-day meetings (9am–4.45pm) will again be provided with a CPD certificate, which you may wish to count towards your 2005/06 requirements.

Exhibitors & CPD

All refreshments are included in the conference fee.

Exhibitors of a wide range of products and services to osteopaths will be present at all the events.

The introduction of mandatory CPD has stimulated a notable increase in the number of Regional Societies and independent osteopaths providing CPD-related activities. As the GOsC Regional Conferences represent a prime opportunity to highlight the efforts and CPD activities of these groups, we shall also include a 'CPD area' within the exhibition this year. If you or a group of you represent wish to display or distribute information about programmes/activities you are providing, contact the Communications department on ext. 222. Please note, however, that the GOsC does not accredit or endorse any such initiatives, nor are we able to provide production support.

Bookings

A booking form is enclosed with this issue of the magazine and we recommend you return your completed form as soon as possible to



secure a place at your preferred Regional Conference. On receipt of your booking, confirmation and a programme pack, including directions to the venue, will be sent to you. **For more information, contact the Communications department on exts. 242, 222 or 228. We look forward to sharing another successful season of meetings with you.**

GOsC Regional Conferences 2005: dates and venues

Series 1: May – July

Region	Date	Venue
Eastern Counties	Saturday, 21 May	Cambridge Belfry, Cambourne www.marstonhotels.co.uk
Wales & the Midlands	Saturday, 11 June	Stratford Manor, Stratford-on-Avon www.marstonhotels.co.uk
North West	Saturday, 25 June	Cottons Hotel & Spa, Knutsford www.cottonshotels.com
South East	Saturday, 9 July	Hilton London Gatwick, Gatwick Airport www.hilton.co.uk

Series 2: September – November

North East	Saturday, 24 September	Harrogate Moathouse, Harrogate www.moathousehotels.co.uk
Ireland	Sunday, 9 October	Davenport Hotel, Dublin www.ocallaghanhotels.com
Scotland	Sunday, 30 October	Macdonald Houston House Hotel, nr Edinburgh www.macdonaldhotels.co.uk
Greater London	Saturday, 12 November	Radisson Edwardian International, Heathrow www.radissonedwardian.com

CPD Annual Summary Forms 04/05: final reminder

For the majority of osteopaths, the first official CPD Year ended on 30 April 2005. If you have not already done so, your *CPD Annual Summary Form* for 2004/5 must be returned to the GOsC by **31 May 2005** at the latest. Please ensure that, at this stage, you only submit your *Annual Summary Form*. We do not require supporting documentation and any that is submitted will be returned to you directly.

You should by now have received a reminder letter outlining your CPD requirements for 2005/6. As the

completion of CPD is required in order to renew your registration, your CPD Year will be brought in line with your renewal of registration date, so that it ends two months prior to this date. This will allow adequate time for you to complete your CPD activities and submit your *Annual Summary Form* before your registration expires.

If you have not received your reminder letter or you require additional CPD forms, please contact the Registration department on tel: 020 7537 6655 ext. 256, or download the forms from our website at www.osteopathy.org.uk/careers/cpd.php.

Osteopathy in the political limelight

Sarah Eldred, Assistant Registrar (Public Affairs)

Launched in this month's *The Osteopath*, Political round-up is a new feature, providing an update on developments affecting the profession in the UK and EU political arenas.

United Kingdom

Kensington and Chelsea Primary Care Trust

As members of the profession will know, the NHS Osteopathic Department within the Kensington and Chelsea Primary Care Trust (K&C PCT) has featured regularly in *The Osteopath* as a beacon of best practice within the NHS. In February this year the Board of Kensington and Chelsea PCT proposed a move to cut the osteopathic service, part of the Trust's financial recovery plan to save £9m – closure of the unit would save £230,000.

Given the implications for patients and the profession's commitment to widening access to osteopathic care, it was felt the GOsC should assist efforts to encourage the K&C PCT to reconsider this decision.

Letters have to date been sent to the PCT's Chief Executive, the PCT Board, the Royal Borough's Overview and Scrutiny Committee (which reviews decisions made by the PCT), prospective Parliamentary candidates, patient representatives, relevant Government and Opposition spokespeople and civil servants. After the General Election, briefings will also be arranged with MPs.

GP services

Guidance on the new NHS Practice-based Commissioning (PbC) initiative was published by the Department of Health on 23 February 2005. This scheme means GPs are once again in a position to influence how money is spent on local healthcare needs, making this the right time to encourage GPs to bid for osteopathic services in your area. See page 17 for further information. Alternatively visit www.dh.gov.uk.

Musculoskeletal Services Framework

As touched on in last month's *The Osteopath* (page 16), the Department of Health has published a draft Musculoskeletal Services Framework (MSSF). Forming part of the Government's strategy for Long Term Conditions (LTC), this document will provide best practice guidance to improve services for people with musculoskeletal conditions. The focus is firmly on patients receiving the right advice and care, from the right practitioner, at the right time, in the right setting – in an integrated system. The GOsC will be submitting comments to the Department of Health on this 70-page document.



Health and Safety Executive – campaign on health and safety management

The Health and Safety Executive (HSE) launched a campaign on 21 February to persuade businesses that sensible health and safety management is also good business. The campaign was supported by a series of advertisements in the national press and broadcast media.

A number of case studies were used to demonstrate how companies had achieved major cost savings as well as a reduction in absenteeism through innovative health and safety policies. One widely-cited example is that of British Polythene Industries (BPI) who have enjoyed impressive staff-cost savings through collaboration with the 'Osteopaths for Industry' network. Through the introduction of a rehabilitation scheme that included early access to osteopathic treatment, BPI reduced the length of time employees stayed off work after injury from an average of 26 days to 4 days – and for every £1 spent, BPI has benefited from savings of £12.

Osteopaths might consider using this example in presentations to local businesses. For further information visit www.hse.gov.uk and/or www.btinternet.com/~ofi.services.

House of Commons

Parliamentary questions:

MPs have monthly opportunities to table oral questions to the Secretaries of State, and can also pose written questions on constituency and/or national policy issues.

On 24 March, **Mr Peter Viggers MP (Con Gosport)**,

asked whether osteopathy is available on the NHS and whether a charge is made. Health Minister the **Rt Hon John Hutton MP** replied that, "It is for PCTs to commission services in order to meet the needs of their local population, taking into account evidence for the safety and effectiveness of the treatment and the availability of properly qualified and regulated practitioners. The profession of osteopathy is regulated by the GOsC". The GOsC has written to Mr Viggers with an offer to brief him after the General Election.



Peter Viggers MP

Mr David Tredinnick MP (Con Bosworth)

on 22 February asked what steps were being taken to encourage PCTs to make use of complementary and alternative medical treatments. Then Junior Health Minister



David Tredinnick MP

Melanie Johnson MP replied that, "It is the responsibility of PCTs to commission healthcare packaging for NHS patients, including the use of complementary and alternative medical treatments".

Early Day Motion:

An Early Day Motion (EDM) is a petition that MPs can sign to put on record their opinion on a subject and canvass support from fellow MPs.

Tabled by **Gregory Campbell MP (DUP East Londonderry)** on 1 February, EDM 64 on Complementary Medicine and the NHS has attracted signatures from 36 MPs. It calls on the Government actively to promote complementary treatment on the NHS.

European Union



Services Directive

As reported in *The Osteopath* (June/July 2004 pp 14-15), the **European Commission** adopted a proposal in January 2004 for a Directive on Services in the Internal Market (SIM). Health services are currently included.

Health regulators will be affected in two ways:

- First, Member States are required to 'simplify the procedures and formalities applicable to access to a service activity and the exercise thereof'.
- Second, the Directive centres around the 'country of origin principle' so that service providers – including doctors, dentists etc. – established in one Member State and offering services in another will only be governed by the provisions of the former.

EU Heads of State discussed this controversial Directive at the European Council's Spring Summit held in Brussels on 22-23 March and have called for a significant re-write of this proposal. France and Germany have been particularly critical of the 'country of origin principle' amidst fears of social dumping. France is also concerned that it could jeopardise the success of its May referendum on the EU Constitution.

The **European Parliament** continues to work towards a first reading, thereafter the European Commission will make changes to this Directive. Due to concerns about this Directive, healthcare services could well be excluded from its scope. The House of Lords Select Committee on the EU is also holding an inquiry into the Services Directive.

The GOsC continues to work with the **Alliance of UK Health Regulators in Europe (AURE)** on lobbying the European Parliament and is keeping the merits of separate and complementary action by the GOsC under review. The GOsC also submitted written evidence to the **House of Lords** inquiry into the SIM Directive on 14 February.

Directive on the Mutual Recognition of Professional Qualifications

For those now familiar with the draft EU Directive on Mutual Recognition of Professional Qualifications (MRPQ), this proposal was adopted in March 2002. The aim is to reform the existing system to make labour markets more flexible, consolidating 15 existing directives to create a single legal framework.

Issues of concern to the GOsC include: patient safety, with individuals in one Member State allowed to practise in another without being registered; language proficiency; information sharing and the structure of Common Platforms and Advisory Committees.

The **European Parliament** adopted its first reading in February 2004, amending the proposal in favour of the GOsC and in particular removing the possibility of healthcare professionals providing services in another EU Member State without prior registration.

The **Council of Ministers** (made up of Ministers from Member States) adopted a Common Position in December 2004 broadly following Parliament's line. The European Parliament must now give a second reading, expected later this month.

Patient mobility and healthcare in EU

In 2004, the **European Commission** published a Communication, a follow-up to the high level reflection process on patient mobility and healthcare developments in the EU. The European Parliament is responding to this non-legislative Communication in a report by **John Bowis MEP (UK Conservative)** on *Patient Mobility and Healthcare*.



John Bowis MEP

Mr Bowis and other MEPs are concerned that health policy is being driven piecemeal by European Court of Justice rulings on patient mobility. His report calls for:

- the Commission to come forward with a specific proposal dealing with patient mobility and for a timetable of action.
- patient mobility excluded from the Services Directive.
- high levels of patient safety to be incorporated into the Directive on the Mutual Recognition of Professional Qualifications.

His report is due to be adopted in the Plenary session of the European Parliament in June. The GOsC has written to Mr Bowis, expressing support for his views contained in this report and has requested a meeting.

Further information on this month's Political round-up is available from Sarah Eldred on ext. 245 or via email on sarahe@osteopathy.org.uk.



Diploma in Paediatric Osteopathy

The Osteopathic Centre for Children has been training osteopaths in paediatrics since 1991. The next intake for the diploma course will be September 2005. The course is of relevance to osteopaths treating children in general osteopathic practice and osteopaths intending to specialise in the osteopathic care of children.

Applicants must be registered with the GOSc and must have completed a postgraduate Sutherland Teaching Foundation approved course (BSO or SCC) before October. A good UK osteopathic degree (or equivalent) is required. All applicants must provide an enhanced criminal records disclosure.

The two-year course includes pregnancy, birth, child development and common paediatric conditions with specialist units covering delivery, respiration, infection and immunity, orthopaedics, and the central nervous system. Osteopaths must attend the OCC clinic one day a week for the duration of the course and attend the eight weekend seminars. Outcomes are assessed by regular clinical assessment, 5 case reports, a research project, end of year written exams, and clinical vivas.

Closing date 30th June, 2005

Vacancy – Clinic Assistant (full-time)

This exciting post offers excellent educational opportunities for a new graduate with a keen interest in paediatrics; it has been developed to provide intensive training and experience working with well established experienced teams, and the opportunity to treat children with all manner of complaints. The successful applicant will be enrolled on our two-year postgraduate course with free tuition and time for study. Applicants should see details above on the Diploma in Paediatric Osteopathy for entry requirements.

Closing date 30th June, 2005

For a prospectus and application form please see website www.occ.uk.com / Or telephone Sonia Nelson-Cole on 020-7490-5510.

Applications must be submitted by 30th June, 2005

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British 10k Run – Team Osteopath

Spring has officially sprung and the warmer, lighter days bring the opportunity to get active in the sunshine. If you need a goal to help with your training, it's not too late to join **Team Osteopath** and help raise funds for a number of children's charities by taking part in the **British 10k Run** on **Sunday 3rd July**. The route will take runners through the centre of



London, starting at Marble Arch at 9.30am and finishing at the Cenotaph in Whitehall.

Places are limited but still available. If you are interested in taking part, contributing to a good cause and raising the profile of osteopathy, contact the GOsC Communications department on ext. 226 or email: susanm@osteopathy.org.uk, for more information.

London Marathon 2005 – osteopathy provides a helping hand

Robin Lansman DO, BSO Sports Injury Clinic

Dennis Picknett, BSO General clinic tutor, and I accompanied a team of 12 BSO students in treating participants at this year's London Marathon. Having first prepared with an overview of the screening and treatment protocols, individual treatment approaches and some useful stretches, we sat in wait...

Gradually the runners came in to be reunited with supporters, family and friends. They were very keen to take up the chance of our care and by



mid-afternoon, all of the treatment tables were full, and people were sharing their individual marathon stories – why they did it, how it went, and if they would ever do it again. It seemed talking it over was all part of the experience.

The day produced an interesting range of

injuries from blood blisters to tendonitis, swollen knees, exhaustion and even several cases of sunburn. While

some people walked in as though they had just been round the block, others – including younger and apparently fitter ones – limped in, looking exhausted. Was it all down to their training programme?

It was early evening when we left, with some runners needing treatment as they struggled in after six or seven hours on the road. There were interesting challenges for us all, especially how to handle the patient with 'fresh trauma' as daily practice does not always provide such acute cases. The marathon runners certainly appreciated what was done for them and I feel it is likely that some will seek osteopathic treatment in the future – perhaps during their training period so that certain areas of dysfunction can be ironed out well before the big day?



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Osteocare supports the National Osteoporosis Society (NOS). For more information on the NOS please call: 01761 471 771.



"The Art of Good Bone Structure"
Body painting by Sarah Bee, for Osteocare.



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THE UK'S NO.1 SELLING BONE HEALTH FORMULA

Practice-based Commissioning

Sarah Eldred, Assistant Registrar (Public Affairs)

One of the Government's latest initiatives to address its Patient Choice agenda in England is Practice-based Commissioning (PbC).

Introduced last month, the aims of PbC are to:

- give GPs a central role in planning what services their patients need and deciding how these services will be provided,
- support GPs to manage referrals more effectively so that money previously spent on secondary referrals is reinvested into primary care.

Whilst Primary Care Trusts (PCTs) have been established in England to address local healthcare needs, they have attracted criticism because, at best, they commission for the 'average population', as opposed to 'individual patient' needs.

But doesn't this scheme sound familiar? Until it was abolished in 1999, GP fund-holding gave practices a cash-limited budget to purchase services from providers, including osteopaths. The Government insists PbC is not a re-invention of GP fundholding.

The PbC contract binds the GP and PCT as equal partners in delivering patient-centred care. The legal responsibility for performance will remain with the PCT. The amount of funds available will be based on what was spent

historically on an area of care, such as say orthopaedics. The new scheme offers GPs the opportunity to redesign care pathways. Any savings this gives rise to can then be used by the GP to purchase new services. A valuable opportunity is therefore emerging for osteopaths to encourage local GPs to bid for osteopathic services in their area.



If you are thinking of knocking on your GP's door straight away, it is important to note that PbC has received a lukewarm reception to date. First of all, GPs feel that the Government has not fully engaged the medical profession, only publishing technical guidance (which some consider unclear) two months before launching the PbC initiative. An added bone of

contention is the compulsory link of PbC with another Government initiative - 'Choose and Book' (through which, from December, GPs will have to offer patients a choice of five treatment centres, including at least one from the independent sector), the technology for which may not be ready in time.

Saying that, however, whilst the proportion of commissioning budgets actively managed by practices is not likely to be huge this year, it is expected that almost every GP and practice manager will be involved by 2008¹. An incentive for GPs is that if they don't provide primary care, other providers will.

For further information, you may wish to contact your local PCT and commissioning teams to find out which practices are moving towards PbC (contact Sarah Eldred on ext. 245, or email at sarahe@osteopathy.org.uk for details of your local PCT).

If you already have regular referrals from a GP, why not ask him/her about PbC and whether there is a service you can help with?

Don't forget to attend one of the series of GP promotional workshops touring the country (contact the Communications department for details) and this year's Regional Conferences which, among other topics, will look at osteopathy's role in primary care.

¹ *Health Service Journal*, 7 April 2005



GOsC Promotional Material Ordering Service for Osteopaths

You may order leaflets and posters by submitting a publication order form with your credit/debit card details or we can invoice you. Orders can be made by post, email or fax. Leaflets cost £14.50 per 100 (plus p&p).



For further information on the leaflets and posters, telephone 020 7357 6655 ext 242.



Evidence-based practice – tutorial 5

Carol Fawkes BA (Hons) DO, Research Development Officer

Jargon in Research, continued

In last month's edition of *The Osteopath*, we presented the first part of an A–Z of research jargon, running from A to C. Below is the second instalment, from D to O inclusive.

D

DARE: Database of Abstracts of Reviews of Effectiveness

DATA ANALYSIS: Subjecting data to a systematic analysis which can range from statistical to textual analysis, either manually or electronically.

DATA MONITORING COMMITTEE: Most trials have a data monitoring committee that follows the progress of the trial and ensures it is being run properly. If the committee thinks that subjects are experiencing unexpected side effects it can advise that the trial should be stopped.

DECEPTION: Intentionally misleading or withholding information about the nature of a research study.

DECISION ANALYSIS: The application of explicit, quantitative methods that quantify prognosis, treatment effects and patient values in order to analyse a decision under conditions of uncertainty.

DECLARATION OF HELSINKI: A series of guidelines adopted by the 18th World Medical Assembly in Helsinki, Finland in 1964. The Declaration addresses ethical issues for physicians conducting biomedical research involving human subjects. Recommendations include the procedures required to ensure subject safety in clinical trials, including informed consent and ethics committee reviews.

DEPENDENT VARIABLE: The variable the investigator wishes to explain.

DETERMINISM: The assumption that everything is caused by a particular factor in a predictable manner.

DISSEMINATION: The mechanisms by which the results of research are communicated to stakeholders and other interested parties involved in a research study.

DOUBLE-BLIND: Clinical trials in which participants are unaware which treatment they are receiving. The professionals treating them are similarly unaware. Researchers keep this information secret until each patient's health status is known after a defined period of treatment.

E

ECOLOGICAL SURVEY: A survey based on aggregated data for a particular population as it exists at some point or points in time; to investigate the relationship of an exposure to a known or presumed risk factor for a specified outcome.

EFFECT SIZE: The magnitude of an observed association, described as a numerical index.

EFFECTIVENESS: Effectiveness describes how well a particular treatment or other intervention works to the benefit of the patient/research subject.

EFFICACY: The ability of an intervention to produce beneficial effects on the duration or course of a disease. Efficacy is measured by evaluating the clinical and statistical results of clinical tests.

EMPIRICAL: Describes any value based on the observation of a subject.

ENDPOINT: Overall outcome that the protocol is designed to evaluate. Common endpoints are severe toxicity, disease progression, or death.

EPIDEMIOLOGY: The branch of medical science that deals with the study of incidence and distribution and control of a disease in a population.

EQUITABLE: Fair or just; used in the context of selection of subjects to indicate that the benefits and burdens of research are fairly distributed.

ETHICS: The philosophical study of morality.

EU CLINICAL DIRECTIVE 2002/20/EC: EU Directive studies: Clinical trials of investigational medicinal products (a definition of an investigational medicinal product will be published shortly by the MHRA).

EVENT RATE: The proportion of patients in a group in whom an event is observed. If out of 100 patients, the event is observed in 27, the event rate is 0.27.

EVIDENCE-BASED MEDICINE (EBM): The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine requires the integration of individual clinical expertise with the best available external clinical evidence from systematic research and our patients' unique values and circumstances.

EXCLUSION CRITERIA: Any conditions or circumstances that disqualify a patient from participating in a clinical trial.

EXPERIMENTAL GROUP: The group in an experimental study that is exposed to the intervention/treatment that is defined as the independent variable.

FOCUS GROUP: A research method used frequently in qualitative research that involves interviewing people in small, interactive groups.

FREQUENCY DISTRIBUTION: The number of observations of values within a variable in a research study.

H

HIERARCHICAL DATA: Data on different levels or layers (e.g. on a sports team, on an individual player in a sports team, etc).

HUMAN RESEARCH COMMITTEE (HRC): The Colorado State University (CSU) name for the federally mandated Institutional Review Board (IRB) in the USA. The HRC consists of 12 members, meeting the IRB requirements as set forth in federal policy.

HYPOTHESIS: A statement which research sets out to prove or disprove. There are two types of hypothesis. An 'experimental' hypothesis is a positive statement, such as 'carers who attend a support group have better coping skills'. A 'null' hypothesis contains a negative statement, for example 'carers who attend a support group do not have better coping skills'.

I

INCEPTION COHORT: A group of patients who are assembled near the onset of the disorder targeted for investigation.

INCIDENCE: The proportion of new cases of a target disorder being investigated in a population at risk during a specified time interval.

INCLUSION CRITERIA: The set of requirements (e.g., age, health status, sex) that a patient must meet to be included in a clinical trial.

INFORMED CONSENT: An agreement to take part in research, based on a full explanation and understanding of why the research is being undertaken and any potential impact/effects it might have on participants.

INSTITUTIONAL REVIEW BOARD (IRB): A board of physicians, scientists, and non-medical persons in the USA, often from the community, who must review and approve all proposed clinical research. The board scrutinises all trial activities including recruitment, advertising, written informed consent documents and potential risks. The IRB also makes sure that Federal Drug Authority (FDA) regulations are being followed in a particular trial. Research may not commence without IRB approval.

INSTRUMENT: A means of measuring the response to a proposed research question. For example, an instrument

can be a questionnaire for qualitative work or a goniometer for quantitative evaluations of joint range of movement.

INTENTION TO TREAT: A method of analysis for randomised trials in which all patients randomly assigned to one of the treatments are analysed together, regardless of whether or not they completed or received that particular treatment. This is carried out in order to preserve randomisation.

INTERACTIVE THEORY: A theory that requires maximum conceptualisation and maximum factual evidence.

INTERACTION: The direction and/or the magnitude of the association between two variables depends on the value of one or more of the variables.

INTERVENING VARIABLE: A variable that is not observed, but its presence is deduced from the relationship between the dependent variable and the independent variable (e.g. learning, motivation, intelligence). This is also called indirect causation.

INVESTIGATOR: A researcher conducting the project. Investigators can be Principal Investigators or Co-Principal Investigators. Students are always Co-Principal Investigators

L

LEADING QUESTION: A question phrased in a manner that leads the interviewee to believe that a particular response should be given.

LEGALLY AUTHORISED REPRESENTATIVE: A person authorised either by statute or by court appointment to make decisions on behalf of another vulnerable person. In human subjects' research, it is an individual, judicial or other body authorised under applicable law to give consent on behalf of a prospective subject to their participation in the procedure(s) involved in a research study.

LIKELIHOOD RATIO: The likelihood that a given test result would be expected in a patient with a target disorder compared with the likelihood that that same result would be expected in a patient without the same target disorder.

LOCAL RESEARCH ETHICS COMMITTEE (LREC): A committee to which all research proposals must be submitted for approval before research can begin.

LONGITUDINAL: At more than one point in time.

M

MATURE MINOR: Someone who has not reached adulthood (as defined by state law) but who may be treated as an adult for certain purposes (e.g. consenting to medical care).

MEAN: Commonly called the 'average'. It is calculated by adding all values and then dividing by the number of values present. In statistics, if the data consists of the whole population, the mean is usually denoted by μ .

MEDIAN: The median is the central value when the data are arranged in order of magnitude.

MEDICAL SUBJECT HEADINGS (MeSH): Terms used by the United States National Library of Medicine to index articles in Index Medicus and MEDLINE. The system was designed to reduce problems that arise from, for example, differences in British and American spelling. The MeSH system has a tree structure, in which broad subject terms branch into a series of progressively narrower subject terms.

MEDLINE: The most comprehensive source of life sciences and biomedical bibliographic information online; it contains nearly 11 million records.

META ANALYSIS: A systematic review that uses quantitative methods to synthesise and summarise the results.

MHRA: Medicines and Health-Care Products Regulatory Agency. Formerly known as the Medicines Control Agency (MCA).

MODE: The value that occurs most frequently (most popular value) in a set of data and is the easiest to obtain.

MONITOR: A person employed by a research sponsor who reviews study records to determine that a study is being conducted in accordance with the protocol. A monitor's duties may include, but are not limited to, helping to plan and initiate a study, and assessing the conduct of studies. Monitors work with a clinical research coordinator to check all data and documentation from the study.

MREC: Multi Centre Research Ethics Committee.

MULTIVARIATE ANALYSIS: Statistical analysis that allows for the measurement of the effects of one variable in an outcome to be measured, while controlling for the effects of other variables.

N

n-of-1 TRIALS: In such trials, the patient undergoes pairs of treatment periods organised so that one period involves the use of the experimental treatment and the other involves the use of an alternate placebo therapy. The patient and physician are blinded, if possible, and outcomes are monitored. Treatment periods are replicated until the clinician and patient are convinced that the treatments are definitely different or definitely not different.

NARRATIVE INQUIRY: A qualitative research approach based on a researcher's narrative account of the investigation, not to be confused with narrative examined by the researcher as data.

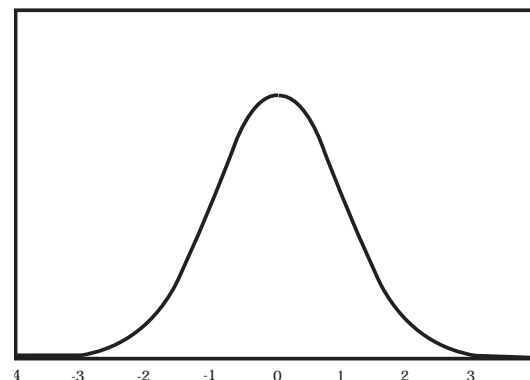
NEGATIVE PREDICTIVE VALUE: Proportion of people with a negative test who are free of a target disorder.

NOMINAL DATA: There is no intrinsic order or value in nominal data; all classes involved are mutually exclusive,

e.g. classification of countries England, Ireland, Wales and Scotland.

NON-EU DIRECTIVE STUDIES: All studies that are not clinical trials of investigational medicinal products.

NORMAL DISTRIBUTION: This is a symmetrical, bell-shaped curve which is mathematically defined and represents an ideal or a theoretical distribution that occurs frequently in real life, especially in sampling. Small numbers in the sample are represented at both extremes and large numbers in the middle. The average (mean) corresponds to the peak of the distribution.



NULL HYPOTHESIS: A statement that there is no relationship between the independent and dependent variables and that any relationship observed is due to chance or fluctuations in sampling.

NUMBER NEEDED TO HARM (NNH): The number of patients who, if they received the experimental treatment, would result in one additional patient being harmed, compared with patients who received the control treatment.

NUMBER NEEDED TO TREAT (NTT): The inverse of the absolute risk reduction; the number of patients that need to be treated to prevent one bad outcome.

O

ODDS: A ratio of the number of people incurring an event to the number of people who have non-events.

ODDS RATIO (OR): The ratio of odds of having the target disorder in an experimental group relative to the odds in favour of having the target disorder in a control group (in cohort studies or systematic reviews).

ORDINAL DATA: This describes the manner in which classes of data can be arranged according to ranking order, for example bigger than, preferred to. The amount by which one class is bigger than or preferred to is not specified.

OUTCOME MEASURES: These assess the effectiveness of an intervention. Common outcome measures used in musculo-skeletal research are the Roland-Morris disability scale and SF-36.

This is the end of the A-Z section for this month.

Forthcoming conferences:

Diversity and Debate in Alternative and Complementary Medicine: the 2nd international academic and experiential conference for researchers and practitioners. Nottingham University, 28 June – 1 July, 2005. Organised by the Alternative and Complementary Health Research Network. (Deadline for submission of abstracts: 14 March 2005.) Email as Microsoft Word or RTF file to Christine.barry@brunel.ac.uk.

12th Annual Symposium on Complementary Health Care, Exeter. Monday 19 to Wednesday 21 September, 2005. To register your interest, please contact Barbara Wider (b.wider@exeter.ac.uk). **Closing dates for submissions: 1 June 2005.**

2nd International Conference on Movement Dysfunction, in Edinburgh: Pain and Performance: Evidence and Effect. 23–25 September, 2005. (Call for papers deadline: 15 January, 2005.) Details at www.kcmacp-conference2005.com or tel: 01865 373625.

The British Osteopathic Association Annual Convention and Trade Exhibition, 14–16 October, 2005. To be held at the Marriott Forest of Arden Hotel and Country Club, Meriden, Warwickshire.

The combined chiropractic, osteopathy and physiotherapy research conference, Bournemouth, 15 October 2005. To be held at the Anglo-European College of Chiropractic, Bournemouth.

The 6th International Conference on Advances in Osteopathic Research (ICAOR) at the British College of Osteopathic Medicine, London. 31 March to 2 April 2006: **Abstract submission date: 1 September 2005.** For further advice on submissions visit www.bcom.ac.uk/research/icaor6.asp.

Research opportunity:

Liko Ab PhD Research Studentship at Loughborough University. The studentship will involve investigating whether moving and handling tasks (manual handling) in the Healthcare Industry can be categorised as a 'patient safety' issue. Applicants will need at least an upper second class honours degree or equivalent professional qualification in an appropriate discipline (e.g. ergonomics, psychology, physiotherapy, etc). Closing date for applications: Monday 25 April, 2005. Informal enquiries and additional information may be directed by email to S.M.Hignett@lboro.ac.uk (Source:<http://jobs.ac.uk/jobfiles/JF255.html>).

Journal scan of research relevant to practice:

Researchers at Oxford University found during a clinical trial that a new anti-inflammatory drug Aimspro, made from goat's blood, led to a 'dramatic improvement' in the symptoms of MS sufferers. (Source *BMJ news*).
De las Peñas CF, del Cerro LP and Carnero JF.

Manual treatment of post-whiplash injury. *Journal of Bodywork and Movement Therapies* (2005)9, 109-119.

The authors suggest from their studies of various treatment approaches that manual treatment of patients suffering from whiplash injury requires attention to muscular and fascial shortening, as well as the treatment of spinal joint dysfunction when appropriate.

Houben RMA, Gijzen A, Peterson PJ and Vlaeyen JWS.

Do healthcare providers' attitudes towards back pain predict their treatment recommendations? Differential predictive validity of implicit and explicit attitude measures. *Pain* 114 (2005) 491-498.

The implications of the attitudes of 36 physiotherapy students to the treatment of back pain sufferers are discussed in this study.

Ong BN, Evans D and Bartlam A.

A patient's journey with myalgic encephalomyelitis. *BMJ* 2005; 330:648-650 (19 March) www.bmj.com.

This interesting clinical review highlights many of the difficulties faced by patients with this disorder in their attempt to get a diagnosis and treatment.

Ammendolia C, Kerr MS and Bombardier MD.

Back belt use for prevention of occupational low back pain: a systematic review. *Journal of Manipulative and Physiological Therapeutics*, Volume 28, Number 2.

Researchers examined MEDLINE, CINAHL, EMBASE and HEALTHSTAR databases for relevant articles to evaluate the effectiveness of back belt use for primary intervention in occupational low back pain. They concluded that due to conflicting evidence and the absence of high quality trials, there is no conclusive evidence to support back belt use to prevent or reduce lost time from occupational low back pain.

Research hubs:

Arrangements are currently being made to find venues for regional research hubs. Those of you who attended the GOsC Regional Conferences and expressed an interest in joining a research hub will receive a letter from me giving further details once the arrangements have been finalised. **If anyone who was unable to attend the GOsC Conferences would like to join a research hub, then please contact me on email: c.a.fawkes@brighton.ac.uk or tel: 01273 643457 (Monday to Thursday).**

Current research information:

NCOR would like to hear from anyone who is conducting research studies at present. Even if your research has only just begun, it would be extremely valuable to hear from you so that a picture of the type and location of research can be gathered. Contact details are given above.

Sutherland Cranial College – tutor development

Caroline Tosh DO, Stroud

A group of Sutherland Cranial College teachers (pictured) met in the peace of the Wye Valley for a Faculty Development Weekend in February. This gathering afforded us the much-needed time to consider and discuss issues and questions which are important to us as practising osteopaths and teachers.



On Sunday, we enjoyed a workshop on action research, which was followed by an inspiring practical facilitated by **Ernest Keeling**. Ernest explored and tested our osteopathic and tutoring skills, looking at our osteopathic hands-on sensing.

Alison Brown opened the forum on Saturday with a workshop on key themes in higher education. This was followed by a review of the developments and structure of the College by **Nicholas Handoll**, before closing with a plenary session.

Special thanks are due to **Liz Davies** for organising this successful weekend, as well as directing the activities. It was both stimulating and enjoyable to join with a professional, dedicated bunch of osteopathic teachers who care passionately about the quality of their work.

Royal visit

HRH The Prince of Wales officially opened the Brockweir Community Shop, Gloucestershire, which is now the administrative home of the Sutherland Cranial College (SCC). As a keen advocate of complementary therapies, Prince Charles was particularly interested in the work of the SCC, which since 1993 has provided a structured pathway of courses and seminars on



'Osteopathy in the Cranial Field'. The Royal visit proved to be a memorable day for all concerned.

The Sutherland Cranial College currently runs a Pathway for the Post-graduate Education of Osteopaths in the Cranial Field, and **further information can be obtained from the SCC office on tel: 01291 689908 or email: admin@scc-osteopathy.co.uk.**



Yellow Pages deadlines

May

Peterborough	10-05-05
Newcastle upon Tyne	13-05-05
South West Scotland	19-05-05
Croydon & Sutton	20-05-05
South London	20-05-05
Portsmouth	26-05-05
Oxford & Banbury	27-05-05

June

High Wycombe	02-06-05
& Aylesbury	03-06-05
Guildford	08-06-05
Basingstoke & Fleet	10-06-05
Manchester South	15-06-05
Manchester Central	17-06-05
Colchester	22-06-05
Ipswich	23-06-05
West London	24-06-05
Exeter	24-06-05
Harrow, Uxbridge & Wembley	24-06-05

July

Chelmsford	01-07-05
South East London	13-07-05
Bromley & Bexley	14-07-05
Wakefield &	20-07-05
Huddersfield	22-07-05
Bristol	29-07-05
Bath	

August

Leeds	02-08-05
Nottingham	05-08-05
Derby	12-08-05
Chester & North Wales	16-08-05
Manchester North	19-08-05
Coventry	24-08-05
Leicester	31-08-05

Cut-off dates for advertising in the GOsC Corporate Box in your local areas. Contact Yellow Pages on 0800 37 1755 prior to the final booking date if you have not been contacted by sales staff.

South Wales Osteopathic Society

Meeting reviews

Brian McKenna BSc (Hons) Ost, Cardiff

The SWOS were treated to a fantastic talk on 20 February from well-known osteopath **Tim Oxbrow DO**, who detailed the origin and multifactorial nature of headaches and facial pain. Looking from an osteopathic perspective, Tim discussed how the nervous system is changed both anatomically and physiologically by many factors over a lifetime, and how the summation of these events can coalesce to produce symptoms. He showed that treating the results of these seemingly unconnected events within the individual's own health belief system can help you succeed where others have failed. This underlined the paramount importance of taking a detailed case history.

On 2 April we welcomed **Tajinder Deoora DO** to speak on the subject of immunology, with relevance to osteopathic practice. Tajinder shared with us her experiences of working in India where she was helping to treat many conditions such as tetanus, which is rarely seen in the UK. Taking us on a whirlwind tour of the



function of the immune system, Tajinder showed that the various systems are not mutually exclusive as they all have an immune function. She then presented her research on the osteopathic treatment of neonatal sepsis, showing how just one osteopathic treatment alongside standard antibiotic care allows these children to do twice as well. All this valuable information was then applied to our daily practice.

After the next event on 7 May, I will be handing over to **Joanne Perkins** in Cardiff for a while as I need to concentrate on my research. **If you have any queries, or would like to make any suggestions for upcoming events, you can email her at events@osteopathywales.com. As usual, details of all upcoming events will be posted on the events page of the website at www.osteopathywales.com.** We have recently made contact with the South Wales Faculty of the College of Chiropractors and plan to organise some events of mutual interest in the future – watch this space for further details!

Scottish Osteopathic Society

Breaking records

Fiona Davison DO, Aberdeen

The SOS enjoyed its largest meeting to date, with more than 60 per cent of members gathering on **27 February 2005** at Murrayshall House Hotel, near Perth. The theme for the day was "Peripheral Presentations", and also included an excellent talk by **Dr Jane Dunbar** on "The Female Athlete". Jane gave an interesting talk on the physiology of professional female athletes and their potential for injury. Some amusing anecdotes on the subject of competitors' sex determination showed that it is not as straightforward as certain SOS members would like to think! Our two further speakers were **Mr Gordon MacKay**, an orthopaedic surgeon who specialises in sports injuries, who enlightened us about the latest advances in

knee and shoulder surgery, and **Dr Andrew Pover**, consultant radiologist, who gave us an excellent guide to current best practice in imaging of the shoulder. These speakers were very knowledgeable and both provided further amusing stories of the injury history and surgical outcomes of some well-known local sportspeople.

The SOS will be holding our **Annual General Meeting** in Dunblane on **3 September 2005**, with an evening function thereafter. All SOS members and osteopaths from nearby regions will be warmly welcomed. Booking forms will be mailed to members in due course. **Other enquiries can be made by contacting Fiona Davison, SOS Secretary, on tel: 01224 635999.**

Norfolk Osteopathic Society

May meeting

Stephen Bach DO, Norwich

Norfolk Osteopaths are holding their next meeting on **Monday 23 May** from 8pm–10pm at Wensum Lodge, King Street, Norwich. The guest speaker is to be advised. All members, and any other interested osteopaths, are welcome to attend. I am also hoping to organise some

type of social event for the summer, which we may discuss during the meeting – ideas are most welcome.

Contact Stephen Bach on tel: 01603 765 298 or email: steveost@waitrose.com for further details.

London Osteopathic Society

Meeting notice

Tony Longaretti DO, London

It's over four years since consultant rheumatologist, **Dr Rod Hughes**, last addressed us, and then he was discussing trials on the effectiveness of glucosamine sulphate. Most research to date has been financed by the companies distributing the product and so the trials' objectivity was called into question. Dr Hughes conducted his own small experiment, the results of which are available on our website. We are pleased to welcome back this very accessible speaker on **Wednesday 22 June** when he will be discussing 'Fragile Bones and How to Recognize Them'. The format of the evening will be slightly different this time with various suppliers displaying their wares. There will be the opportunity to examine them at leisure, as we have extended the refreshment breaks to allow you to have a glass of wine

and some snacks while chatting to your colleagues. The format of the evening will be as follows:

- 18.30** Registration
Delegates to view displays, drink, eat and socialise.
- 19.30** Dr Rod Hughes
- 20.30** Continue to eat, drink, socialise and view displays
- 21.00** Committee to inform of future LOS events

The venue is the University of Notre Dame, 1 Suffolk Street, London SW1 (nearest underground: Piccadilly Circus or Charing Cross), and the cost is just £5 (non-members £15). The event can not be pre-booked, so just turn up. For more information about LOS, visit: www.zyworld.com/los.



Thomson Closing dates

May

Ashford	20-05-05
East Cornwall	20-05-05
Newcastle	20-05-05
Swansea	20-05-05
Canterbury	27-05-05
Sheffield	27-05-05
Tunbridge Wells	27-05-05

June

Ipswich	03-06-05
Weston-Super-Mare	10-06-05
York	10-06-05
Crewe	10-06-05
Eastbourne	17-06-05
Glasgow East	17-06-05
Glasgow North	17-06-05
Glasgow South	17-06-05
Glasgow West	17-06-05
Enfield	24-06-05
Hertford	24-06-05
New Forest	24-06-05
Peterborough	24-06-05
Southport	24-06-05

July

Bolton	01-07-05
March	01-07-05
Stamford	01-07-05
Scarborough	01-07-05
Slough	01-07-05
Aylesbury	08-07-05
Burton	08-07-05
Doncaster	08-07-05
Sandwell	08-07-05
Barnsley	15-07-05
Bridgend	15-07-05
Brighton	15-07-05
Northampton	15-07-05
Hastings	22-07-05
Kingston	
Lanarkshire (Hamilton)	22-07-05

August

Newbury	05-08-05
South Warwickshire	05-08-05
Southampton	05-08-05
Worcester	05-08-05
Worthing	05-08-05
Bournemouth	12-08-05
Chelmsford	12-08-05
Heads Of The Valley	12-08-05
Kidderminster	12-08-05
Winchester	12-08-05
Richmond	19-08-05
Great Yarmouth	19-08-05
Ilford	19-08-05
Kilmarnock	19-08-05
Norwich	19-08-05
Central London	19-08-05
Chesterfield	26-08-05
Chichester	26-08-05

Cut-off dates for advertising in the GOsC Corporate Box in your local areas. Contact Thomson directories on tel: 01252 390447 prior to the final booking date if you have not been contacted by sales staff.

Defining osteopathy?

Robin Shepherd DO, GOsC Council Member

I don't know about you, but I have struggled for years trying to explain what osteopathy is! I understand different audiences require different definitions, whether talking to a group of GPs or explaining what I do to someone in a pub, yet I still struggle to do what I consider justice to my profession by offering a good, clear and concise message that I can consistently stand by and repeat.

If anything my dilemma has increased over recent years with the broadening scope of osteopathic practice. For example, I suspect I am what most colleagues would consider a 'structural' osteopath, having trained at the BSO in the eighties, and although I have attended a number of post-graduate cranial courses (and have been known to visit a cranial osteopath for my own treatment), I am at a complete loss as to how to explain this aspect of osteopathic care to anyone else - and as for visceral, well!

Being on the Council, sitting on the Communications Committee and chairing the International Affairs Committee, I probably have more opportunity (and responsibility) than most to tell others about our profession, and this is why I am asking for your help.

I would like all of you to consider what your definition of osteopathy is and share it with me (and ultimately the profession), so that we can have a debate, and with luck, come up with a collective definition that satisfies, at the very least, most of us.

Other than the obvious benefits of this, my personal hope is that it will also offer a banner to further enhance the 'esprit de corps' I experienced and enjoyed so much at last year's Regional Conferences. It was an absolute privilege to chair these gatherings and meet so many of you.

In an attempt to 'start the ball rolling', I offer my own definition, which was written in response to a presentation I made at GP2000 at the NEC Birmingham on chronic pain. All my research then, and subsequently, led to my recognition of the significance of psychological predictors, along with the importance of a quality early diagnosis and rapid support, both physical and emotional, with attendance to the hidden signs of 'masked depression'. (I have tried not to use this emotive language in my definition - you may remember the keynote speakers at last year's Regional Conferences supported this concept under the acceptable heading of the 'biopsychosocial' model of musculoskeletal pain.) This, I believe, is where we are great, in fact the best, at



tailoring truly holistic care for the individual rather than the reductionist, prescriptive surgery, exercises and drugs of orthodox medicine.

What follows is completely my own opinion and not in any part that of the GOsC. It may be seen as contentious, bland or boring, but at least I have expanded on my core belief that pain is sublimated anger, and as you can read, I need help! It is neither sexy, nor can it be shouted from a rooftop – two desirables for a definition!

Osteopathy is *the* manual therapy which aims to help the body return to a state of optimal health, whatever the potential of that person at that time. Patients primarily consult an osteopath with their body expressing the memory of a previous trauma, be it physical, psychological, or as is often the case, a combination of the two, which usually manifests as muscular tension and is experienced as pain.

It is the work of an osteopath to recognise and diagnose the cause of these symptoms, eliminating by a thorough medical examination any pathology which requires referral, and set about the process of restoring a degree of healthy functioning to the whole body by means of 'hands-on' treatment and deeply intuitive care. Responsibility is ultimately returned to the patient in terms of exercise and lifestyle advice so that they might maintain this recovered state of optimal health, with the osteopath remaining as a source of ongoing support and direction as required.

Osteopathy differs fundamentally from most orthodox medical interventions, which tend to treat the symptoms and not the cause (as in the prescription of anti-inflammatories and pain killers).

Unlike doctors (whose time can be scarce), osteopaths have time to listen to their patients and consider problems that may seem quite divorced, and yet are realistically pertinent to that patient's overall well-being. The role of the osteopath is set to achieve greater recognition and demand in our future society, where stress, anxiety and ill-health increasingly burden our everyday life.

Thank you very much in anticipation, I really hope you can find the time to participate.

If you would like to share your thoughts on this, or indeed, your own definition of osteopathy, contact the Editor at editor@osteopathy.org.uk or Robin Shepherd at robin@crabbo.com.

HEALTH EDUCATION SEMINARS are pleased to present EVIDENCE-BASED COURSES

ALTERED HAEMODYNAMICS – a new concept in manual therapy (this course is now MACP accredited)

May 21 to 22 – Harrogate, November 5 to 6 – St Helier Hospital, Carshalton, Surrey, Feb 18 to 19 2006 – Farnham Hospital, Surrey

This exciting new course introduces a series of Vascular conditions that every manual therapist should include in their knowledge base. The aim of the course is to influence the thought processes by which the practitioner arrives at diagnosis and management strategies. The course covers little known vascular causes of pain, which commonly mimic musculoskeletal conditions.

Practical differential diagnosis methods are covered including lower limb exercise testing. The course is suitable for all musculoskeletal practitioners who wish to look outside their 'usual' scope of practice. Improved clinical reasoning and practical diagnostic skills will provide a direct impact on day-to-day clinical practice.

The Tutors: Alan Taylor MCSP MSc, Roger Kerry MCSP MMACP MSc are authors of chapter 36: Vascular Syndromes Presenting as Pain of Spinal Origin in the 3rd Edition of Grieve's Modern Manual Therapy. Cost: **£175** by cheque (including refreshments, certificate and extensive course manual)

HAEMODYNAMICS OF THE CERVICAL ARTERIES: VBI ISSUES

Sept 24 – BUPA Hospital Cardiff (tutors as per Altered Haemodynamics)

This exciting and new evidence-based course introduces an area of knowledge, which all Manual Therapists should be familiar with. It presents an evidence-based review of altered haemodynamics and cervical pain syndromes. This course is specifically designed for manual therapists involved in the assessment and management of all types of cervical dysfunction. Like our 'Altered Haemodynamics' course, the emphasis is on assessment and differential diagnosis of these pain syndromes. This course expands manual therapy thinking and knowledge beyond vertebral insufficiency. There is a significant and unique review of the anterior vascular system of the cervical region and its relationship to physiotherapy management. The course is suitable for all musculoskeletal practitioners who wish to look outside their 'usual' scope of practice. Improved clinical reasoning and practical diagnostic skills will provide a direct impact on day-to-day clinical practice. It is designed to be beneficial for all levels of expertise and experience, with particular relevance to Sports Medicine Practitioners and Manual Therapists.

THE COMBINED APPROACH TO THE SACROILIAC JOINT (HJ – Hugh Jenkins, HT – Howard Turner)

May 21 to 22 – Manchester (HT), June 18 to 19 – St Helier Hospital, Surrey (HJ), Sept 24 to 25 – Wirral (HT), Nov 5 to 6 – RJ@AH Hospital, Oswestry

The course will cover manipulative, mobilisation and muscle energy techniques and exercise prescription for pelvic motion dysfunction. The course consolidates traditional models of pelvic girdle assessment and treatment with current research and philosophies of management. It aims to provide a straightforward yet comprehensive approach to the wide variety of pelvic disorders that present to manual therapists. Clinical reasoning models that are traditionally osteopathic in nature will be modified and updated to complement contemporary physiotherapy practice. Sacroiliac instability will be discussed in detail in view of current research on the functional anatomy and mechanics of stability of the region.

Tutors: Howard Turner BSc BAppSc MCSP, Hugh Jenkins BSc (Hons) MCSP. Cost: **£175** by cheque (including refreshments, certificate and extensive course manual)

PRACTICAL PODIATRIC BIOMECHANICS

June 10 to 11 – Edinburgh, Sept 10 to 11 – Harrogate, Oct 8 to 9 – Windsor, Nov 5 to 6 – venue tbc, Dec 2 to 3 – Northampton (date tbc)

Presented by the most original Podiatrist in modern years, this 2 day theoretical and practical course is based on extensive clinical experience in assessment and treatment of lower limb and gait dysfunction, as well as extensive reference to research publications. A theoretical and practical course presenting a number of pathologies with appropriate evidence-based assessment and treatment techniques. Participants completing this course will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated subject.

Tutor: Paul Harradine MSc, Cert Ed, BSc (Hons), SRCh, Podiatrist. Cost: **£175** by cheque (including refreshments, certificate and course manual)

THE SHOULDER – THEORY AND PRACTICE

May 14 to 15 – Hyde Physio Clinic, Cheshire, June 18 to 19 – St Richards Hospital, Chichester, July 2 to 3 – Sidcup, Kent,

July 16 to 17 – Lytham St Annes, Lancashire, Sept 10 to 11 – Haywards Heath, Sept 24 to 25 – Croydon, Oct 8 to 9 – Worksop, Oct 29 to 30 – Kingston,

Nov 12 to 13 – Ormskirk, Lancashire, Nov 26 to 27 – Barnsley, Dec 10 to 11 – Edinburgh

Probably the top evidence-based shoulder course currently available in the United Kingdom. A theoretical and practical course based on extensive clinical experience in assessment, diagnosis and rehabilitation of shoulder pathology. A wide variety of pathologies will be presented together with appropriate assessment and treatment techniques. The evidence supporting the use of the assessment and treatment procedures will also be presented.

Tutor: Dr Jeremy Lewis PhD MAPA. MMPAA. MCSP. MMACP. Cost: **£175** by cheque (including refreshments, certificate and extensive course manual)

SPORTS FIRST AID course

May 1 – Hinckley, Leicestershire, July 6 – Cheltenham, Sept 2 – Lilleshall National Sports Centre

An intensive 1-day Sport and Exercise specific First Aid course, with extensive scenario based training. Health & Safety Executive 'Appointed Persons' certificate issued valid for 3 years.

Tutor: Tony Bennison – the top First Aid trainer in the country. Cost: **£80** by cheque (including refreshments, 'Appointed Persons' certificate and course handouts)

ANTERIOR KNEE PAIN: DIFFERENTIAL DIAGNOSIS & TREATMENT

May 14 to 15 – Haywards Heath, West Sussex, Sept 10 to 11 – venue tbc, Nov 12 to 13 – Hyde Physio Clinic, Cheshire

It is the purpose of this course to describe the common clinical conditions which present with AKP, how to ascertain their differential diagnosis and their own particular management.

Tutor: Lee Herrington MSc, MCSP, CSCS. Cost: **£175** by cheque (including refreshments, certificate and extensive course manual)

PROPRIOCEPTION & NEUROMUSCULAR CONTROL IN EXERCISE REHAB FOR THE LOWER LIMB

May 14 to 15 – St Helier Hospital, Surrey, June 4 to 5 – Bournemouth, July 23 to 24 – Harrogate District Hospital, Oct 29 to 30 – Farnham, Surrey

Emphasis is placed on an evidence-based framework for the clinical application of progressive proprioceptive and neuromuscular control training for exercise rehabilitation following lower limb joint injury. Extensive reference is made to the most up-to-date published and unpublished research from the international scientific community.

Tutor: Nicholas Clark BSc, Bed, MSc, MCSP, MMACP, CSCS. Cost: **£175** by cheque (including refreshments, certificate and extensive course manual)

PAEDIATRIC RESPIRATORY & MUSCULOSKELETAL WORKSHOPS

Sept 10 to 11 – Mayday Hospital, Croydon

This exciting course focuses on 2 specific areas of Paediatric Physiotherapy – respiratory and orthopaedics. The course has 2 theme specific days, and comprises a mix of theory and practical workshops. The delegate will gain insight into the assessment, management and problem solving in this challenging client group. Practical skills will also be taught in the workshops, including CXR interpretation in respiratory and orthopaedic patients. Therapists carrying out on call duties involving children may find the respiratory component of this course particularly useful. Throughout, this course will be led in an open style, encouraging delegate participation and exchange of ideas and information.

Tutors: Paul Ritson Grad Dip Phys MCSP & Peter Beirne Grad Dip Phys MCSP. Cost **£175** by cheque (including refreshments, certificate and course manual)

WORLD CLASS SPORTS MASSAGE

October 15 to 16 – Sutton Coldfield, Staffs

It is a largely practical course, enabling students to develop their techniques whilst being challenged to expand their knowledge of sports specific soft tissue injuries and conditions.

Having completed this course, students will be in a position to enhance their delivery of soft tissue treatments to athletes and work within a wide variety of sporting environments.

Cost: **£175** by cheque (including refreshments, certificate and course handouts)

Tutor: Bert Appleton MA who has over 20 years experience of working with high performance individuals and groups. He qualified at the London School of Sports Massage and is a member of the Sports Massage Association. His oral and written presentation skills have been widely tested in the military and elite sport environments. He was the Elite Teams Manager and Sports Massage Practitioner for British Triathlon at the 2004 Athens Olympics and is continually testing his knowledge in challenging conditions. He has lectured and coached extensively for many organizations including the University of Bath, UK Sport and in South Africa.

ADVANCED ANATOMY & RADIOLOGY WORKSHOP FOR THE UPPER & LOWER LIMB

Sept 17 to 18 – AECC, Bournemouth

This course is essential to all practicing manual therapists and will take postgraduate anatomy and radiology teaching to a new level. The anatomy workshops will take place in the AECC's Prosection Laboratory (Wet Lab) and will include detailed examination of cadaveric specimens to show normal regional anatomy of the shoulder/elbow/wrist and the hip/knee/ankle. The AECC is one of the few non-medical schools in Europe to have this facility. The radiology imaging workshops will be led by consultant chiropractic Radiologists using X-rays of common pathologies of the same regional areas. Each delegate will also have access to the latest interactive anatomy software as well as the most comprehensively stocked manual therapy library in the UK. The Spine Centre, the retail outlet of the AECC, will be open during the weekend.

Tutors: Faculty members of the AECC. Cost: £199 by cheque, before Aug 12th (£250 after Aug 12th) including refreshments, lunch and CPD certificate for 14hrs

2ND INTERNATIONAL EVIDENCE BASED PHYSICAL THERAPY CONFERENCE & EXHIBITION

The conference is essential for all manual therapists, with the latest evidence being presented by clinicians who are leaders in their field.

May 20th 2006 – Business Design Centre, London. Fee: £98 + vat before 31st Dec 2005, (£138 + vat after Dec 31st 2005)

Register your interest at http://www.heseminars.com/conference_2006.htm

1 day courses = 7 hours CPD 2 day courses = 14 hours CPD

For details on all courses and additional dates/venues not mentioned above, please contact: Health Education Seminars, 42 Richmond Rd, Poole BH14 0BU

Tel/fax 01202 568898 or email: info@heseminars.com or visit **www.heseminars.com**

Back chat

Your letters



Dear Editor

I am having a problem with the Inland Revenue that I am hoping my colleagues can help me with as it could affect other practices in the future once an adverse ruling is made.

The argument I am having with them is how much the goodwill of a practice is worth?

I recently formed a Limited Company to run my practice. This involved a transfer of the goodwill of the practice to the new company. My accountant used the recommended formula suggested by the British Osteopathic Association (BOA) - the profit of the practice over three years divided by three.

The Inland Revenue will not agree to this formula and currently are arguing that the goodwill is practically worthless and should be one quarter of this level. I contacted the BOA but unfortunately they have no evidence to support their advice in the manual. What I need is some evidence to show the Inland Revenue. It is important to stand up to them.

I would be most grateful if any osteopath who has bought or sold a practice in the last few years could

contact me in writing or by email: plymouthosteopaths@blueyonder.co.uk. I am not interested in the value of any practice in pounds but only the proportion of the goodwill in terms of the profit of the practice. In other words, the value of the goodwill was one year's profit or 50% etc. I can then use your letters as evidence to argue with the Inland Revenue.

Julian Doddrell DO, Plymouth

P.S. A similar letter in the BOA newsletter received no useful replies, only two queries from other colleagues wanting the same information. If you agree I would like to pass on the information to the GOsC and BOA to help others in the future.

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This 5-day preliminary course is open to those who do not wish to register for the BSO PgDip(OCF) programme. However, if you wish the course to count towards your PgDip(OCF), you will have to apply for the Postgraduate Diploma before booking. Please see the PgDip (OCF) webpage 'FAQ' section for details – www.bso.ac.uk/ocf. Priority for places will be given to students enrolled on the postgraduate diploma programme.

Dates: Sunday 4th, Monday 5th, Tuesday 6th & Friday 16th, Saturday 17th September 2005

Course Fee: £900. A deposit of £100 is required upon application.

Location: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE

For applications, please contact Gayda Arnold – 0207 089 5315 or g.arnold@bso.ac.uk

THE VISCEROCRANIUM & DENTAL CONSIDERATIONS

The aim of the course is to familiarise practitioners with this inter-disciplinary area, and provide an opportunity to review their approach to the diagnosis and management of problems within the somatognathic system. The potential of this area to contribute to more global patterns of dysfunction has long been recognised.

Material covered will include:

- Practical workshops on treatment of facial disorders by senior OCF faculty
- Occlusal & bite difficulties, their diagnosis and management, by a dental surgeon with a special interest in TMJ dysfunction.

It will be open to those practitioners that have satisfactorily completed two BSO Preliminary courses (or SCC equivalent) and had a minimum of a year's clinical practice in this field.

Full programme & speakers to be announced shortly

Dates: November 2005 (TBA)

Course Fee: To be announced

Location: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE

To register your interest and for an application to be sent to you, please contact

Gayda Arnold – 0207 089 5315 or g.arnold@bso.ac.uk

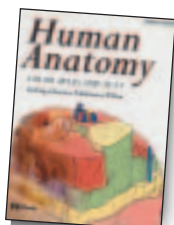
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Human Anatomy – Color Atlas and Text Fourth Edition **Gosling, Harris, Whitmore, Willan**

Published by Mosby
ISBN 0-7234-3195-7
£35.99, 377 pages

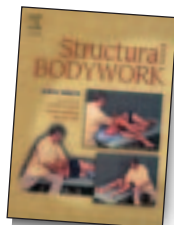
Human Anatomy remains unique in being not only a photographic atlas but also a textbook of gross anatomy. Specially commissioned dissection photographs teach you how to dissect and identify structures as you see them in the laboratory while clearly labelled, colour-coded line drawings and orientation guides conveniently placed next to every photograph ensure that your interpretation of the structures is correct. Succinct text relates closely and concisely describing all the essential topographical features. This unique, authoritative, user-friendly book is an indispensable companion for all students of general anatomy.



Sports Medicine: A Comprehensive Approach **Giles R. Scuderi/Peter D. McCann**

Published by Mosby
ISBN 0-323-02345-2
£58.99, 782 pages

Here's a complete, one-stop source on the management of sports injuries in the ambulatory care setting. *Sports Medicine: A Comprehensive Approach* offers all the practical guidance you need to diagnose sports-related injuries – and either treat them or refer them to a specialist, as appropriate. Turn to this book for current "hands-on" assistance in treating the sports-related conditions you see in your practice.



Structural Bodywork **John Smith**

Published by Churchill Livingstone
ISBN 0-443-10010-1
£25.99, 232 pages

Structural Bodywork has been written to provide an advanced introduction to the field of structural bodywork, focusing on issues of posture and structure and the functional limitations that arise from them. The text builds on the theories of Ida Rolf (Rolfing) and Feldenkrais and reviews them in

the broader context of message therapy and other complementary therapies based on a wide variety of bodywork techniques including chiropractic.



McMinn's Color Atlas of Foot and Ankle Anatomy Third Edition **Bari M. Logan, Dishan Singh, Ralph T. Hutchings**

Published by Mosby
ISBN 0-7234-3193-0
£28.00, 130 pages

This large-format atlas offers outstanding guidance on the anatomy of the human foot, ankle, and lower limb. Meticulous dissections, skeletal illustrations, radiographs, images, and surface anatomy photos capture every structure you need to know. Turn to *McMinn's Color Atlas of Foot and Ankle Anatomy* for a vivid, in-depth visual tour of this intricate body region.



Ergonomics and the Management of Musculoskeletal Disorders 2nd Edition **Martha J. Sanders**

Published by Butterworth Heinemann
ISBN 0-7506-7409-1
£43.99, 556 pages

The second edition of this comprehensive resource provides a strong medical, ergonomic, and industrial foundation for understanding and managing musculoskeletal disorders (MSDs) in business and industry. Addressing multiple perspectives – including the individual worker, insurance companies, regulatory agencies, industry, and the medical community – this practical text provides an integrated approach to understanding and managing these conditions. Easy to read, well referenced, and highly organised, this book gives you the tools you need to understand, prevent, treat, and manage work-related musculoskeletal disorders.

Where possible, reviews of these titles will be published in forthcoming issues of *The Osteopath*.
Contact The Editor if you would like to review any of the books featured here.

POSTGRADUATE SEMINARS - SUMMER 2005

THE FACE

Dr Viola Frymann

SATURDAY 4TH AND SUNDAY 5TH JUNE 2005

ONLY A FEW PLACES REMAINING

CRANIAL CONCEPT: REFLECTION AND SCIENCE

Ms Susan Turner D.O., Mr Nick Handoll D.O., Mr Christian Fossum D.O, Norway
SATURDAY 16 AND SUNDAY 17 JULY 2005

This course seeks to explore the nature of Sutherland hypothesis in the light of recent research both in body physiology, quantum physics and new ways of looking at the nature of the primary respiratory mechanism. It will also explore this aspect of Osteopathy with regards to the development of perception as a scientific tool for objective observation.

Sue Turner will present:

"Osteopathy in the cranial field and its basis in A.T. Still Principles" followed by a practical workshop and

"Scientific observation and development of perception as the basis of the scientific process in Osteopathy"

followed by a practical workshop

Mr Fossum will present:

"Osteopathy in the Cranial Field – Wisdom and Science: Reflections"

Objective of talk:

To do a historical and scientific reflection on the development of the cranial concept within the osteopathic profession, with cross-reference to progress in related biomedical sciences. It is not intended as an in-depth look at specific studies, but to give an all-round view of where it was and where it is.

For more information and a registration form please contact:

Corinne Jones, International and Postgraduate Manager at the
European School of Osteopathy, Boxley House, The Street,
Boxley near Maidstone, Kent ME14 3DZ

Tel: 01622 671 558
Fax: 01622 662 165
Email: corinnejones@eso.ac.uk



CPD resources are listed for general information. This does not imply approval or accreditation by the GOsC.

22nd International Symposium on Traditional Osteopathy, Montreal

This year's symposium will be held on **17–21 June** and will pay tribute to **Andrew Taylor Still** for his philosophy of man and his vision of Osteopathic medicine. Focusing on tradition, scientific research and clinical methodology, the symposium will again bring together a number of guest speakers from around the world, who will lead both workshops and discussions. Included amongst the speakers are **Christian Fossum DO (UK)**, who will discuss

the 'Integrated Osteopathic Approach', and **Dr Viola M. Frymann DO (USA)**, facilitating a clinical workshop on the 'Treatment of newborns and adolescents'.

For further information on the symposium, or to book a place, contact College d'Etudes Osteopathiques Montreal and Quebec on tel: +514 342 2816, email: ceo@bellnet.ca or visit: www.osteopathy-canada.ca.

12th Annual Symposium on Complementary Health Care

This year's symposium, which aims to provide a forum for those with an interest in research in CAM, will take place from **19–21 September 2005** in Exeter. With an emphasis on original research, the symposium offers the opportunity to discuss and debate key areas of complementary healthcare.

This is the final call for abstract submissions, which are due by **1 June 2005**. Abstracts will be published in

FACT, Focus on Alternative and Complementary Therapies, available online at www.pharmpress.com/fact. Abstract and registrations forms are available to download from our website at www.pms.ac.uk/compmed/symposium. For further information contact Barbara Wider, Complementary Medicine, Peninsula Medical School, 25 Victoria Park Road, Exeter EX2 4NT, tel: 01392 424872, email: b.wider@exeter.ac.uk.

The screenshot displays the Private Practice Software (PPS) v4.0 interface. The main window shows a calendar for January 2005 with a list of appointments. The appointments are organized by date and time, with names and times listed. A sidebar on the left contains navigation links for Client, Consultations, Accounts, Appointments, and Activities. A 'PPS Task list for Alan Davies' is visible at the bottom left, listing tasks with due dates. A promotional banner for 'private practice software' is at the bottom right, featuring the text 'Contact us to order your FREE Interactive Presentation CD!' and the website 'www.rushcliff.com'.

Visit our Website or call us now! www.rushcliff.com 0845 0680 777

Courses 2005

Courses are listed for general information. This does not imply approval or accreditation by the GOsC.

17–18 May

Organised by the Royal Society of Medicine. To be held at the Royal Society of Medicine, 1 Wimpole Street, London.

Contact: website: www.rsm.ac.uk/academ/810-integ.htm

Chapman's Reflexes

19 May

Speaker Phil Austin. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551,

email: cpd@cpdo.net (website: www.cpdo.net)

Clinical Nutrition – overweight and obesity

19 May

Speaker Dr Adam Cunliffe. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

Visceral Osteopathy: the abdomen

21 May

Speaker Laurence Beckwith. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

Module 4 : WG Sutherland's Osteopathic Approach to the Body as a Whole – A four day residential course

26–30 May

Course director Susan Turner. To be held at Hawkwood College, Stroud, Gloucestershire. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk

(website: www.scc-osteopathy.co.uk)

Breath of Life Conference

28–29 May

Speakers Gerda Boysen, Mike Boxhall, HH the 12th Gyalwant Drukpa, Hugh Milne, Dr Marshal Rosenberg, Babette Rothschild and Dr Michael Shea. Organised by the Craniosacral Therapy Educational Trust. To be held at Russell Square, London WC1.

Contact: Conference Administrator, 153 Upper Westwood, Bradford-on-Avon, Wiltshire, BA15 2DN,

email: info@conference2005.co.uk

(website: www.conference2005.co.uk)

Empathy In Practice: maximising the benefits, minimising the risks

30–31 May

Speaker Babette Rothschild. Organised by Breath of Life Conference. To be held at Russell Square, London WC1.

Contact: Conference Administrator, 153 Upper Westwood, Bradford-on-Avon, Wiltshire, BA15 2DN,

email: info@conference2005.co.uk

(website: www.conference2005.co.uk)

Primary Respiration and the Midline Advanced Training for Craniosacral Practitioners

2–5 June

Speaker Dr Michael Shea PhD. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 – 92 Pentonville Road, London N1.

Contact: tel: 07000 785777,

email: info@cranio.co.uk

(website: www.cranio.co.uk)

Evaluation, Treatment and Management of the Sport Horse

4 June

Organised by Annabel Jenks and Anthony Pusey. To be held at The Old Stables, Church Gate Street, Old Harlow, Essex.

Contact: tel: 01444 831576.

Medicolegal Aspects of Clinical Practice

16 June

Speaker Paul Grant. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel 020 7263 8551, email: cpd@cpdo.net

(website: www.cpdo.net)

Visceral Osteopathy

18 June

Speaker Phil Austin. Organised by the Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel 01423 523366, email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

Osteopathic Care of Small Animals (Part I)

18–19 June

Speaker Anthony Pusey. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551, email: cpd@cpdo.net

(website: www.cpdo.net)

How to Treat Acute Disc

23 June

Speaker Dr Eyal Lederman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551, email: cpd@cpdo.net

(website: www.cpdo.net)

Osteopathic Neuromuscular 'Re-abilitation' (Part II)

25–26 June

Speaker Dr Eyal Lederman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551, email: cpd@cpdo.net

(website: www.cpdo.net)

First Aid Appointed Person Course**26 June**

Speaker Bill White. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London, N1.

Contact: tel: 07000 785778, email: info@cranio.co.uk

(website: www.cranio.co.uk)

Diversity and Debate in Alternative and Complementary Medicine : an academic & experiential conference for researchers & practitioners

29 June–1 July

Organised by Alternative & Complementary Health Research Network. To be held at Nottingham University.

Contact: email: Christine.barry@brunel.ac.uk

Cranio-sacral Therapy Introductory Day**2 July**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London.

Contact CCST on tel: 020 7483 0120,

email: info@ccst.co.uk (website: www.ccst.co.uk)

From Treatment to Exercise**2 July**

Speaker Matthew Wallden and Andrew Jackson. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel 020 7263 8551, email: cpd@cpdo.net

(website: www.cpdo.net)

Understanding Infant Language**9 July**

Speaker Cherry Bond. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

Craniosacral Therapy Introductory Weekend**9–10 July**

Speaker Michael Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 – 92 Pentonville Road, London, N1.

Contact: tel 07000 785778, email: info@cranio.co.uk

(website www.cranio.co.uk)

Obstetrics in Osteopathy**16 July**

Speaker Stephen Sandler. Organised by the Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel 01423 523366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk)

Cranio-sacral Therapy – First Stage of Professional Training**16–21 July**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London.

Contact: tel: 020 7483 0120, email: info@ccst.co.uk

(website: www.ccst.co.uk)

Cranio-sacral Therapy Introductory Day**22 July**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London.

Contact CCST on tel: 020 7483 0120, email: info@ccst.co.uk

(website: www.ccst.co.uk)

Module 2/3 Osteopathy in the Cranial Field**2–4 September and 16–18 September**

Organised by the Sutherland Cranial College. To be held at the Columbia Hotel, Lancaster Gate, London.

Contact: tel: 01291 689908,

email: admin@scc-osteopathy.co.uk

(website: www.scc-osteopathy.co.uk)

Preliminary 5 day course in Osteopathy in the Cranial Field**4–6 September and 16–17 September**

Course leader Nick Woodhead. Organised by the British School of Osteopathy. To be held at the British School of Osteopathy, 275 Borough High Street, London, SE1 1JE.

Contact: Gayda Arnold tel: 020 7089 5315,

email: g.arnold@bso.ac.uk (website: www.bso.ac.uk)

Osteopathic Care of Small Animals (Part II)**10–11 September**

Speaker Anthony Pusey. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

Introductory Course: Cranio-sacral Therapy – First Stage of Professional Training**16–21 September**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy. To be held in London.

Contact: tel: 020 7483 0120, email: info@ccst.co.uk

(website: ccst.co.uk)

First Aid Appointed Person Course**17 September**

Speaker Alex Brazkiewicz. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 – 922 Pentonville Road, London, N1.

Contact: tel: 07000 785778, email: info@cranio.co.uk

(website: www.cranio.co.uk)

The Symbolic Spine**24 September**

Speaker Mark Young. Organised by the Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel 01423 523366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk)

Integrative Osteopathic Technique: S1 Joints, Pelvis and LEX**24–25 September**

Speaker Professor Laurie Hartman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

RECRUITMENT

ASSISTANT OSTEOPATH REQUIRED for busy Seaford practice. Must have excellent structural and cranial skills and good communication skills. Send CV to The Practice Manager, 23 Sutton Park Road, Seaford, East Sussex, BN25 1HR or Email jvara@blueyonder.co.uk

COMMITTED OSTEOPATH REQUIRED to join a well-established thriving integrated clinic in North London/ South Herts area, where organic growth is the key to our success. For further information contact The Eden Clinic on 020 8440 4140 and ask to speak to Sally Ann, Maurice or Adam.

ASSOCIATE OSTEOPATH REQUIRED NEW ZEALAND. Full time to join our friendly growing practice. Great people, great area. Rotorua has excellent fishing and mountain biking, and is close to beaches and snow fields. Applicants must have good structural skills, qualifications and experience in Cranial would be an advantage. CVs to Iain Kennedy Osteopathy 1375 Hinemoa Street Rotorua. Ph: 07349 1200 E-mail kennedyosteo@xtra.co.nz

EXCITING OPPORTUNITY FOR OSTEOPATH TO DEVELOP OWN PRACTICE

**Room available in modern multi-therapy clinic
in north-west London.**

Sole Osteopath.

**Profit share or room rental,
reasonable rates.**

Great potential.

**Please telephone: 020 8205 2929 or
email: htc@hendontherapies.co.uk.**

HARLEY STREET –

**Pleasant treatment room
with hydraulic couch
available to suitable practitioners.**

**Reception services and
waiting room
provided. Reasonable daily rate.**

**Viewing without
obligation welcome.**

Licence available to Osteopath.

**Telephone: Richard Thomas on:
0800-731 3168
(24 Hr. answer phone)
or 07733-233992 (mobile)**

ASSOCIATE REQUIRED @ HEREFORD Osteopathic Practice. Position would suit enthusiastic new graduate or experienced osteopath wishing to re-locate. For full details contact Robert Blackburn (01432) 273234

ASSOCIATE REQUIRED IN RUGBY to replace a female osteopath who is leaving us after nine years. The practice has been established for sixteen years and currently employs five osteopaths and a Pilates teacher. Initially working two half days, expanding to two full days. Please contact Reception on 01788 560646

VERULAM CLINIC, ST ALBANS, A NEW MULTIDISCIPLINARY CLINIC REQUIRES a part time Osteopath. Experience in Cranial Therapy in babies is essential. For further information, please contact Linda Crocker on 07803 229067 or via d.southwell@verulamclinic.com

ASSOCIATE OSTEOPATH REQUIRED for busy, well-established, friendly, multi-disciplinary practice with full administrative support. One day a week to start, possibility of increasing days quite quickly, some locum cover also needed. You will need to be enthusiastic, reliable and conscientious. Experience of IVM and with children preferable and have an integrated approach to other disciplines where appropriate. Please send CV or for more information contact Hazel Lawrence, Centre for Complementary Health, 6 Cambridge Rd, Godmanchester, Huntingdon PE29 2BW. Tel: 01480 455221

REGISTERED OSTEOPATH REQUIRED to work in beautifully refurbished multi therapy character clinic in London (Battersea). Must have enthusiasm and excellent people skills. Hours of work, Full / Part time to suit. Immediate start. For more information please contact Andreas on 07956 601467.

AN EXCELLENT OPPORTUNITY HAS ARISEN in Grantham Lincolnshire. Seven month full time locum required to cover maternity leave with assistanceship available afterwards. Start date is Aug 05. This busy practice commands 50 plus patients per week and very good financial rewards. Please contact Shelley Garnham: 01476 563062 or 07778 684588

ENTHUSIASTIC ASSOCIATE REQUIRED for friendly well established multi disciplinary practice in the Scottish Highlands. Full time between several locations. If you are a team player with good communication skills and a commitment to patient care we would love to hear from you. Please contact box number 5129.

PETERBOROUGH AREA-OSTEOPATH REQUIRED, initially for 2 days per week, to include 1 evening. Established practice of 18 years is expanding further, and you would join a busy team of multi-therapied practitioners, with a strong emphasis on total patient care. We also incorporate Cranial, Naturopathy and Acupuncture t'ment. Huge untapped potential for growth. Call Alison on 01487 830877

ENTHUSIASTIC ASSOCIATE OSTEOPATH REQUIRED for well established, expanding, friendly, multi-disciplinary practice in Swansea. Experience in cranial field an advantage. One day initially. Please contact 01792 654751

IRELAND – ASSOCIATE OSTEOPATH WANTED for a busy cranial/ structural (but non-HVT) visceral practice 3-5 days per week, with support provided. Treating a wide range of patients including babies and children. The clinic is by a lake in a thriving region. Tel + 353 61 374618 or gideonseth@eircom.net

MATERNITY LOCUM REQUIRED leading to associate position in Dorset for 2-3 days per week from May 2005. Must be interested in treating a wide variety of conditions including cranio-sacral work with children. Written applications with C.V. to The Trinity Osteopathic Practice, 42 Bell Street, Shaftesbury, Dorset, SP7 8AE or call 01747 851726

COMMERCIAL

THRIVING PRACTICE FOR SALE IN Southern Ireland coastal town. Established for 6 years. Two treatment rooms. Beautiful practice. Relaxed Lifestyle. Scope for further expansion. Good links with GPs. Owner emigrating. Contact my agent on 00353872897261

OFFICE/ STUDIO/ CLINIC London SW14, 1500sq ft self contained B1, (D1 subject to planning). Converted 1930's Clinic. Ex sports injury clinic. Ramped access and disabled wc's. Beautiful, light space. No parking restrictions, good travel links. Available now. 020 8878 5453

GOODWILL AND EQUIPMENT FOR SALE in Croydon. Established 25 years, telephone number 020 8688 0345.

FREE OSTEOPATHIC PRACTICE

Delightful 3/4 bed quality family home
and practice for sale.
Excellent area on the beautiful Isle of Wight.
Sale due to relocation.

- Step out of the rat race: very relaxed atmosphere, no traffic jams, nice people, great place to bring up children, beach 15 mins walk.
- Established 9yrs, good cross section of patients
 - Would suit structural/cranial practitioner
 - Currently by preference only 4 days 25-35 patients per week.
- Perfect situation for semi-retirement or new graduate
 - Much room for expansion if desired
 - Accounts available

£339,500 including good will.
(House valuation £339,500)

Can view property at:

www.isleofwighthomes.co.uk under Shanklin.

For more details 01983 863600 or

email brian@bulgaria-property-investment.co.uk

CONSULTING ROOM TO RENT for dynamic, self-motivated and experienced Osteopath who is confident in ability to achieve the highest standards of patient care and complement our four other busy osteopaths and multidisciplinary team. The clinic is established in its 5th year and is newly refurbished, providing a light, airy and modern environment. Limited slots available. For further information and interview we invite you to send a CV to The Osteopathic Clinic, OSC House, 369 Southborough Lane, Bromley BR2 8BQ.

WELL APPOINTED TREATMENT ROOMS in established practice. Friendly reception. Reasonable rates. Central location: Marble Arch tube 3 mins and metered parking. Tel 020 7724 2464/ 020 7724 4004/ 07778 877899

COURSES

ACUPUNCTURE/ DRY NEEDLING 30-31 July 2005. Intensive practical dry needling course based on modern neurophysiology by Dr Anthony Campbell in Carlisle. Introductory and postbasic courses also taught by arrangement on-site at clinics nationwide. Details from Dr Anthony Campbell, 8 Oak Way, London N14 5NN, Tel 020 8368 3418, Fax .20 8368 7560. E-mail: ac@acampbell.org.uk

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(Classified Section)	£80	£90	£100



SUTHERLAND Cranial College

W.G. SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

Module 4 on the SCC Pathway

A four day and one evening residential course
32hrs CPD Fee: £995

Course Director: Susan Turner MA, DO, MSCC

Evening 26th May – 30th May 2005

Hawkwood College, Stroud, Gloucestershire

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3 on the SCC Pathway

A six day non residential course
48hrs CPD Fee: £1,350

Course Directors: Peter Cockhill DO, MSCC

and Susan Turner MA, DO, MSCC

2-4th and 16-18th September 2005

Columbia Hotel, Lancaster Gate, London

This six day course offers an in-depth exploration of the principles and practice of Osteopathy in the Cranial Field, following the inspiration of W.G. Sutherland. The course is divided into two three day parts, with time between to integrate what has been learned. A ratio of one tutor to four students maximises individual learning, with a faculty team experienced both in the clinical practice and the teaching of Osteopathy in the Cranial Field.

THE FUNCTIONAL FACE

Module 8 on the SCC Pathway

A three day residential course

24hrs CPD Fee: £960

Course Director: Cherry Harris MSC, DO, MSCC

29th-31st October 2005

Dartington Hall, Devon

A one day optional residential workshop

8hrs CPD Fee: £200

1st November 2005

Bridgetown Dental and Osteopathic Clinic, Devon
(limited places)

SCC Administration, PO Box 91, NP16 7ZS

Telephone: 01291 689908 Fax: 01291 680056

Email: admin@scc-osteopathy.co.uk

Website: www.scc-osteopathy.co.uk

City & Guilds Accredited Teacher Training Centre. Charity No 1031642

BOX NO REPLIES: Quote Box No on outside of envelope and address to *The Osteopath*, c/o D A Marketing & Communications, Henrietta House, 93 Turnmill Street, London, EC1M 5TQ. Your reply will be forwarded to the advertiser unopened. The cost for classified advertisements is £40 for 40 words and 20 pence for each word thereafter. Please email, fax or post your copy to The Advertisement Manager at D A Marketing & Communications, fax: 020 7608 1332, email: ads@damarketing.co.uk with your contact details and we will send you a booking confirmation and invoice.

How 4 degrees can make the difference between



pain or pleasure...

The human foot was originally 'designed' for travelling on natural surfaces like earth and sand. Unfortunately, we spend every day walking on hard, flat unnatural surfaces like pavements and floors. This causes the foot to over-pronate (roll inward) to gain ground contact.

An estimated 70% of the population suffers from misaligned feet and legs as the natural 4° rearfoot varus angle is lost due to Excess Pronation.

Poor alignment of the feet often disrupts normal knee function and hip alignment and increases forces on the muscles in the lower back. Excess Pronation commonly contributes to symptoms including plantar fasciitis, achilles tendonitis, bunions, tibial stress syndrome, patello femoral pain, ilio-tibial band syndrome, lower back pain - even headaches.

A Natural Treatment Angle

VASYLI International have dedicated 25 years to the biomechanical problems caused by modern living, including the development of a natural environment for the foot. The result is a highly effective, yet simple orthotic device: ORTHAHEEL.

By restoring the foot's natural 4° angle, ORTHAHEEL



Multi-Award winning
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immediately controls excess pronation and protects your patients from future biomechanical problems.

Sold over-the-counter in **1,200 Boots pharmacies** ORTHAHEEL is now also available directly to UK Practitioners, for re-selling to their patients. Just slip them in your patients shoes for instant pain relief!

Step into your patients' shoes

Find out for yourself how the **UK's no 1 Prescribed orthotic** can benefit your patients. If you're interested in dispensing or simply referring for ORTHAHEEL, you can order a **FREE** pair today - in your own shoe size - plus a Lower Limb Biomechanics Guide.

FREE Orthotics + Information Kit!

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