

# the OSTEOPATH

The magazine for Osteopaths

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quality assurance**

**'Protection of title'  
prosecution**

**In Council – May '05**

**Regional  
Conferences underway**



## Ensuring quality training

# The General Osteopathic Council

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# Registrar's report

Although this month our focus is on osteopathic education – particularly developments to preserve and enhance the standards osteopaths have striven hard to establish – it seems there is a lot else to report to help keep you up to speed on matters that promise to impact on practice. As *The Osteopath* is our primary means of communication with you, look perhaps on this month's edition as somewhat more of a newsletter.

One of the most significant messages is that the GOsC is toughening up on those who break the law by practising as osteopaths when they are not in fact registered. Here the police and the Trading Standards Service have been supportive in helping to apply the law around protection of title, but it is apparent that to achieve a really meaningful result, we will need to pursue our own prosecution. This stratagem has required careful planning to ensure the investment of your fees in costly legal action pays dividends and reinforces the message to the public to check the registration status of healthcare practitioners. There is indeed growing recognition in the Courts of the seriousness of protecting the public from bogus practitioners and, as in another recent GOsC prosecution (reported last month), the Court had little hesitation this month in ruling in the GOsC's favour in the prosecution of high-profile personality Mr Jan de Vries – see the outcome of this court action on page 12.

As our Chairman reported last month, along with ensuring the integrity of the title "Osteopath", one of the key functions of a statutory self-regulatory body is the setting of standards. To give extra credence and transparency to the way the courses of the osteopathic education institutions (OELs) are accredited, the GOsC has 'outsourced' the actual process to the Quality Assurance Agency for Higher Education (QAA). QAA is an independent body which defines and monitors academic standards in Higher Education. Our Head of Development, Vince Cullen, reports on page 6 of the work undertaken in conjunction



with QAA staff to develop guidelines that meet the rigorous requirements of the GOsC. QAA is now looking to train osteopaths to assess the clinical components of the course – if this appeals to you, look at the advertisement on page 7.

QAA will prepare reports after the inspection of an OEL, for consideration by the GOsC Education Committee, which makes the recommendations to Council. It is still the Privy Council which makes the award, or removes it, on receipt of a recommendation by Council.

It seemed a natural progression of this process to look at the benchmarking of pre-registration osteopathic education. Benchmark statements are produced by QAA in conjunction with a profession, and describe the required standards for educational programmes. This is distinct from the GOsC's Standard of Proficiency, which is concerned with standards of practice for registered osteopaths. The development of these benchmarks requires the involvement and agreement of all major stakeholders, including the OELs, the British Osteopathic Association and members of the profession. More on this in the article on page 8.

It was a particular pleasure this month to meet so many of you, including many familiar faces, at the first of this year's Regional Conferences, in Cambridge on 21 May. We all share a concern that matters of law and standards do not sound like the stuff of lively lectures, but I believe I can safely say few present at the Conference failed to find the rich debate enormously engaging. The feedback since has been overwhelmingly positive and my thanks to all those who have phoned and emailed in the days following the event. I look forward to meeting more of you in the Midlands and the North-west later this month to take further the modernisation of your Act. Do come and help to shape the legal framework in which you have to practise in the future.

**Madeleine Craggs**  
Chief Executive & Registrar

## Stop Press...

### Back pain awareness campaign

The **Health and Safety Executive (HSE)** is running a major, national initiative this summer focussed on reducing the incidence of back pain at work. The overall aim of **Backs! 2005** is to promote the use of lifting and handling aids as a means of reducing the incidence of back injuries at work. The campaign will involve a nationally co-ordinated publicity, education and workplace inspection programme in June/July, in

partnership with local authorities and other stakeholders. **The GOsC is currently awaiting more information on the campaign and diary of events. Further details will be available soon from HSE on tel: 0845 345 0055 or [www.hse.gov.uk/back](http://www.hse.gov.uk/back). We would also like to hear from any osteopaths who are currently working with their local authorities – contact the Communications department on ext. 228.**

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## Osteopathic education: ensuring quality

Vince Cullen, Head of Development

Over the past two years, the GOsC's Education Committee and Development department have been working closely with the Quality Assurance Agency for Higher Education (QAA) and other stakeholders, such as the osteopathic educational institutions (OEs), on a number of initiatives intended to improve the delivery of osteopathic education and the monitoring of educational standards. As these initiatives are approaching fruition, it is timely to provide an update for the profession.



### Education standards reviewed by QAA

The GOsC and Quality Assurance Agency for Higher Education (QAA) have together devised a new system of review and monitoring of osteopathic educational standards, referred to as the General Osteopathic Council Review.

Since 2000, all osteopathic graduates wishing to gain access to the UK Register of Osteopaths, must be able to demonstrate the standards outlined in the *Standard 2000 – Standard of Proficiency*. To ensure this is the case, the GOsC's Education Committee, through the Development department, are responsible for evaluating courses leading to a professional osteopathic qualification. If a course has met the educational standards required to produce high calibre graduates, then the GOsC will award it a Recognised Qualification (RQ).

The assessment of courses has historically been carried out by a team of osteopaths and lay members of the Council, who visit osteopathic education providers to evaluate everything from the clinical provision and quality of teaching to the financial stability of the institution. This team of visitors (the term used in the Osteopaths Act 1993) makes a report on its findings to the Education Committee (EdC) which in turn makes a recommendation to the Council as to whether to award an RQ. The Council then considers this in making its own recommendation to the Privy Council for final approval.

Once an RQ has been awarded, it is given for a specified period of time – between two and a half and five years to date. The RQ must be renewed before to the recognition period expires. This entails another review of the course and course provider to ensure that standards have been maintained. Section 16 (2) of the Osteopaths Act 1993 allows the GOsC to remove an RQ, or to decline to renew an RQ, if the course provision is found to be below an acceptable standard.

There are currently eight educational establishments that have gained an RQ for the osteopathic courses offered. These are:

- British College of Osteopathic Medicine
- British School of Osteopathy
- The College of Osteopaths
- European School of Osteopathy
- London College of Osteopathic Medicine
- London School of Osteopathy
- Oxford Brookes University
- Surrey Institute of Osteopathic Medicine

Whilst the previous RQ review and monitoring procedure was considered adequate, the GOsC's Development department has sought to enhance the process to ensure that it:

- Is more consistent with the processes elsewhere in Higher Education and other healthcare professions to strengthen its credibility.
- Provides the distance needed in a small profession between those evaluating an educational course/institution and those taking decisions on the award of an RQ.
- Provides a consistent format for institutions in the quality assurance material they are required to provide for other validation and approval processes.
- Strengthens the ongoing monitoring of a course and course provider from when an RQ is awarded to ensure that standards are maintained and potential problems are detected at an early stage.

Strategically, the Development department also wished to avoid the complexities and the resource implications of devising and maintaining an enhanced review process in-house, which could be further compounded by an increasing number of GOsC approved courses in the future.

Therefore, the GOsC has been negotiating and developing with QAA, a new, bespoke scheme for the management of the RQ review and monitoring process.



**The Quality Assurance Agency  
for Higher Education**

QAA was established with charitable status in 1997 to provide an integrated quality assurance service for UK higher education. It has recently introduced its *Major Review of healthcare programmes* scheme which focuses on the establishment, maintenance and enhancement of

academic and practitioner standards and the quality of learning opportunities for students.

This scheme reviews both academic and practice elements of a programme, and recognises the importance of learning and teaching occurring in the practice setting. These reviews are undertaken by teams that include appropriately qualified academics and professional practitioners. QAA also conducts audits of all higher education institutions (HEIs), looking at the internal quality assurance mechanisms. Further information on these activities may be found on the QAA website at [www.qaa.ac.uk](http://www.qaa.ac.uk).

The GOsC is pleased to announce that the initial development of the new GOsC Review has been completed and that, from January this year, QAA has been tasked with managing this process. The review visits will be similar to those previously carried out by the GOsC. Each institution will be required to submit

documentation relating to the course in advance of a visit to the institution (by a review team managed by QAA). This team will consist of a review coordinator, a lay visitor (QAA more usually refers to a 'visitor' as a 'reviewer') and two osteopathic visitors (reviewers), all trained by QAA. After the review, the team will submit a report of its findings, including recommendations on the award of the RQ, to the GOsC within an agreed timescale. As previously, the final decision will be taken by the GOsC and a recommendation made to the Privy Council, based on the Education Committee's and Council's consideration of the visiting team's report and recommendations, and any other relevant information. **QAA has already trained an initial group of visitors (reviewers) and is currently looking to increase the pool of professional osteopathic visitors. If you are interested in becoming an osteopathic visitor (reviewer) please refer to the advertisement below.**



## The Quality Assurance Agency for Higher Education

### Osteopaths required to review education programmes

The Quality Assurance Agency for Higher Education (QAA), on behalf of the General Osteopathic Council (GOsC), manages the review of the providers of osteopathic education, and of the programmes offered. These reviews principally concern the education of students to meet the practice requirements of the GOsC's *Standard 2000*.

The GOsC is recruiting both osteopathic and lay visitors to undertake these reviews in 2005-2006. Osteopathic visitors are qualified and recognised osteopaths with higher education interests. Lay visitors come from other professions and also normally have strong higher education experience.

Review visitors will be trained by QAA on a two-day residential course on 13-14 July 2005. The course is preceded by a reading and analysis exercise and followed by practice report writing. The GOsC reviews are conducted over 4-6 weeks and typically include a visit of 3 days to the institution/programme under review.

**Further details and an application form are available from QAA's website at:**  
[www.qaa.ac.uk/aboutus/appointments/](http://www.qaa.ac.uk/aboutus/appointments/)

Informal enquiries to:

Alan Bradshaw, QAA, Email: [a.bradshaw@qaa.ac.uk](mailto:a.bradshaw@qaa.ac.uk), Tel:01452 557163 or,

Pat Cooper, QAA, Email: [p.cooper@qaa.ac.uk](mailto:p.cooper@qaa.ac.uk), Tel:01452 557116

### Final Clinical Competence Assessment (FCCA)

As a result of the changes to the RQ accreditation process, the process for the Final Clinical Competence Assessment (FCCA) of final-year osteopathic students has also been reviewed.

The rapidly changing influences on osteopathic education in recent times, the prescribed nature of the FCCA format, logistical difficulties and the associated technical difficulties concerning the FCCA's reliability have required the GOsC to review its approach to the quality assurance of the clinical performance aspect of pre-registration osteopathic courses. An FCCA working group (later referred to as the Osteopathic Clinical Performance Assessment [OCPA] working group) was established by the Education Committee to evaluate the FCCA process and to propose developments for the future. This group consisted of FCCA assessors, Education Committee members, representatives from the osteopathic educational institutions and other experts external to the profession, and was tasked with considering the FCCA process in terms of its appropriateness for assessing clinical performance and how it integrates with the RQ accreditation process.

The group felt that there was no longer a need to prescribe a narrowly defined method of external assessment but instead, the institutions should be entrusted to set their own particular form of assessment programme for clinical performance ability. It is intended that this should allow the opportunity for more innovation in assessment design and lead to a more integrated clinical assessment programme.

The methods and processes for the assessment of clinical performance are now left to the institutions to decide, however the GOsC will still maintain certain requirements, namely the need to involve the use of 'real' patients in a 'real' clinical setting and the appointment of an external examiner(s) by the institutions to provide external input on clinical performance assessment. The GOsC, through the new GOsC Review process, will concentrate its efforts on ensuring quality throughout the whole clinical assessment programme, rather than dedicating resources to a 'one-off' final assessment format.

It is intended that QAA review visitors will acquire evaluation experience in more than one institution, so that the GOsC can monitor the consistency of educational standards, including those for assessment, across the whole osteopathic education sector.

The current FCCA process will be used for the 2005 final-year student cohort and then discontinued. The new process will commence for the next academic year 2005/06.

**For further information on these projects please contact Marcus Dye on tel: 020 7537 6655 ext. 240 or email: [marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk).**

### Benchmark for osteopathic pre-registration education

Subject benchmark statements, published by the Quality Assurance Agency for Higher Education (QAA), are descriptions of the nature and characteristics of educational programmes in specific subjects. General expectations about the attributes and capabilities that a graduate should possess are detailed. The statements may be used by educational institutions to facilitate the design of educational programmes and to set learning outcomes. They may also be used as external reference points for quality assurance. For some healthcare courses such as medicine and nursing, benchmark statements are closely linked to the standards of proficiency set by the statutory regulatory body, so that the graduating student is eligible for registration and able to practise.

Osteopathy and osteopathic pre-registration education have reached a level of maturity which now requires a benchmark statement to support their further development. To date, the osteopathic community has relied on the GOsC's *Standard 2000 - Standard of Proficiency* as the only guide for educational purposes, but this has not always been considered sensitive enough

to the particular context of pre-registration education.

There is a need for an explicit framework reflecting the threshold standards necessary for a new graduate in their first day of osteopathic practice – a framework that will support *Standard 2000* but is focused on the new graduate and guiding osteopathic pre-registration education and training.

To facilitate the successful formulation of a benchmark statement, relevant members of the osteopathic community have formed the **Osteopathy Benchmarking Group**. It had its first meeting in January 2005, in conjunction with a representative from QAA, to discuss the way forward. The group consists of one representative from each of the Osteopathic Educational Institutions (OElS), the British Osteopathic Association (BOA), and representatives from the GOsC's Education Committee and Executive (12 members in total). This includes seven practising osteopaths, in order to facilitate the formulation of a benchmark that is relevant to practitioners. To reinforce this, subsequent consultation will include other practising osteopaths. Each representative has also undertaken to consult more widely within their organisation as the project progresses and it is intended that other stakeholders with a potential interest, such as patient groups and other healthcare organisations, will have the opportunity to make a contribution during this wider consultation phase.





It is the Osteopathy Benchmarking Group's intention to avoid producing a prescriptive core curriculum and detailed set of core competencies, in favour of a more flexible framework that permits innovation and diversity in course design and development, and in teaching and learning approaches. It is intended that the benchmark will be used as the common framework for osteopathic pre-registration education to add clarity to this area and it will be separate

from, but relate closely to, the GOsC's *Standard 2000 - Standard of Proficiency*. The aim is to have one major credible reference point for pre-registration education that is understood and owned by the relevant, major stakeholders.

**For further information about the osteopathy benchmarking project, contact Joy Winyard on tel: 020 7357 6655 ext. 238 or email: [joyw@osteopathy.org.uk](mailto:joyw@osteopathy.org.uk).**

## In Council

Jane Quinnell, Clerk to Council

**Council's 46th meeting took place on Tuesday 17 May 2005 at Osteopathy House, with Nigel Clarke, the Chairman, in the Chair. Matters considered and/or noted included:**

### Financial matters

#### Management Accounts Highlight Report for the year ended 31 March 2005

It was confirmed that the Auditors had completed the first part of the Audit with no comments. The Annual Report and Accounts would be completed and signed at the July 2005 Council meeting.



meetings that have sessions open to members of the public) will be printed in the next edition of *The Osteopath*.

#### Chief Medical Officer's Review following the Shipman Inquiry

The GOsC had responded to the Chief Medical Officer's 'call for ideas' in readiness for his Review.

### Council for Healthcare Regulatory Excellence (CHRE)

#### CHRE Performance Review Report on the GOsC

Members were pleased with the content of the Report. It was noted that CHRE and the healthcare regulators held a feedback meeting on the process and had agreed outcomes around areas of work, against which the regulators could be reviewed next year.

#### Section 29 Costs Orders

CHRE was attempting to find alternatives to Section 29 referrals, due to the costs involved – mediation was one suggestion. Council agreed that should a GOsC case be referred under Section 29, Counsel's opinion would be taken before deciding whether or not to challenge the CHRE referral.

#### CHRE Regulators' Conference on 8 March 2005

This had been a useful event but future conferences should allow more time for debate on matters of mutual interest.

### Supplementary action to Section 32 prosecutions

Council agreed, in principle, to endorse prosecution for assault and obtaining property by deception in suitable cases, in addition to prosecuting under Section 32. The matter is to be further developed by the Section 32 Committee.

### Future Council and Committee meeting dates

Council considered proposed dates for Council and Committee meetings to March 2007. A full list of Council and Education Committee meetings dates (the two

Please see the Chairman's Report in the May issue for further information.

### Council and Committee Appointments

Dr Stephen Barasi had been appointed as the Education Committee member of Council (an introduction to Dr Barasi will follow in a subsequent edition of *The Osteopath*); six osteopathic co-optees to the three Fitness to Practise Committees and the Practice and Ethics Committee and two lay co-optees to the Education Committee. Movement of members between several committees addressed gender imbalances.

### Next meetings

- Tuesday 19 July 2005
- Tuesday 27 September 2005 – held provisionally for a Council Away Day – this meeting will not be open to the public unless Council business dictates a session is needed.
- Thursday 15 December 2005

Meetings will commence at 10.00 am at Osteopathy House. The agenda for the public session will be available on the GOsC website or from Jane Quinnell approximately ten days before the meeting. Public sessions of Council meetings are open to members of the public, which, of course, includes osteopaths.

**Contact Jane Quinnell on tel: 01580 720213, email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk) for further information, or if you would like to attend the next Council meeting.**

## GOsC Regional Conferences 2005 - The best yet!

Paul Juby DO, Regional Coordinator, Eastern Counties

Heading towards Cambourne, west of Cambridge, for the Eastern Counties Region Conference, 'Osteopathy-shaping best practice', I was less than enthusiastic. 'Dry' was how one colleague had described the programme - this was not going to be a day to enjoy.

### How wrong I was!

I settled down to the welcome from the Chairman, **Professor Ian Hughes** - a cheerful fellow with extensive academic and NHS experience. His main claim to fame on the day was his talent for strict time - keeping, a seemingly lost art in many such events.

The first session, 'Understanding the Legislative Review 2005' was surprisingly interesting, stimulating even. Mellifluous barrister and GOsC Head of Legal Affairs, **David Simpson** and GOsC Chief Executive, **Madeleine Craggs** were faced with an audience who were wide-awake and contributing. There just was not time to cover all of the planned ground. GoSC was on a roll.

Next came 'Demystifying the NHS', possibly a tad ambitious, but **Dr Rory McCrea** of ChilversMcCrea Healthcare gave a cheerful presentation, followed by



Boo Armstrong and Rory McCrea

**Boo Armstrong** of Get Well UK, talking about complementary care on the NHS. I must confess, the NHS still remains somewhat mysterious to me, but the conference pack supplied a thick bundle of supporting notes to help bring me up to speed. There were enthusiastic contributions from osteopaths who worked with the NHS, and were therefore able to give a good feel for the often challenging patients and administrative workload to be expected.

Lunch provided the opportunity to chat to colleagues and visit the trade exhibition - to look at the books that promise to provide 'the answer', and if not, at least several hours of CPD.

Traditionally, words like 'graveyard' describe the postprandial slot, but again, confounding expectation, an upbeat **Catherine Hamilton-Plant**, osteopath and GOsC



Council Member, single-handedly took command of the afternoon, introducing the new *Code of Practice* for Osteopaths. Sadly, it was clear that a number of delegates had not yet read the new Code, but again there was insufficient time to fully explore all the topics raised. There was much hilarity from the two specially commissioned films on managing patient expectations and breakdown of trust in practice. Some of this was an absolute laugh out loud hoot, but there were also times of hushed silence when the 'there but for the grace of God' scenarios were evident.

It seems that there is a huge amount of work still to be done on putting the new Code into practice. I feel strongly, and it seems many others



do too, that it raises many questions. Although it may be clear to those who were involved in its development how to interpret what is meant, those of us in the hurly burly of practice, especially when tired and running late (where's the Prof when you need him?) would like further guidance before it will be a truly helpful document to the profession. As an aside, it may interest you to know that, for reasons of patient confidentiality, you may never be aware of an informal complaint against you, so you may also not be aware of problems with your practice.

**The day ended with us wanting more. So jolly well done GOsC and all those who evidently worked so hard to make the day such an unexpected success.**

**The issues raised at the Conference are crucial to our survival in an increasingly litigious and regulated society. Like it or not, this is the environment we now inhabit. It is not an optional extra.**

**So please, ignore any feelings of 'dire Saturdays' and attend if you can. It will make a difference and if it is anything like the day I attended you stand a good chance of enjoying yourself.**

**Enjoyment and the GOsC - a coupling that I never thought possible!**

### Food for thought?

Feedback from the first of this year's Conferences has been overwhelmingly enthusiastic. Described by one delegate as "invaluable and thought-provoking", the day certainly generated much discussion and debate. Other comments included:

**"Crucial. Shame there wasn't more time – allowed a feeling of control of one's own future."**

"Very interesting discussion – what could have been dreary was made lively and informative."

**"Helpful but frightening – a lot of work still needed to be done!"**

"Good fun, common sense"

**"We need to recognise that we are market-led. If we don't do a good job, we are not successful or viable in the long term."**

"Good to be part of the decision-making process."

**"It's good to know what is on the other side of the fence."**

"At last the 'them and us' feel about the profession and the governing body has been abolished".



### Come and join in the debate

A booking form is enclosed with this issue of the magazine and we recommend that 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. The delegate fee includes all refreshments. Exhibitors of a wide range of products and services to osteopaths will be present at all events.

As these Conferences represent a prime opportunity to promote the CPD activities of regional societies and groups, we will also be including a 'CPD area' as part of the exhibition this year. If you would like to display or distribute information about programmes or 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.

**For more information, or to make a booking, contact the Communications department on tel: 020 7537 6655 exts. 242, 222 or 228.**

## GOsC Regional Conferences 2005: dates and venues

### Series 1

Region	Date	Venue
Wales & the Midlands	Saturday, 11 June	Stratford Manor, Stratford-on-Avon <a href="http://www.marstonhotels.co.uk">www.marstonhotels.co.uk</a>
North West	Saturday, 25 June	Cottons Hotel & Spa, Knutsford <a href="http://www.cottonshotels.com">www.cottonshotels.com</a>
South East	Saturday, 9 July	Hilton London Gatwick, Gatwick Airport <a href="http://www.hilton.co.uk">www.hilton.co.uk</a>

### Series 2

North East	Saturday, 24 September	Harrogate Moathouse, Harrogate <a href="http://www.moathousehotels.co.uk">www.moathousehotels.co.uk</a>
Ireland	Sunday, 9 October	Davenport Hotel, Dublin <a href="http://www.ocallaghanhotels.com">www.ocallaghanhotels.com</a>
Scotland	Sunday, 30 October	Macdonald Houstoun House Hotel, nr Edinburgh <a href="http://www.macdonaldhotels.co.uk">www.macdonaldhotels.co.uk</a>
Greater London	Saturday, 12 November	Radisson Edwardian International, Heathrow <a href="http://www.radissonedwardian.com">www.radissonedwardian.com</a>
South West	Saturday, 19 November	Taunton Holiday Inn, Taunton <a href="http://www.ichotelsgroup.com">www.ichotelsgroup.com</a>

## GOsC prosecutes Jan de Vries

On 6 May 2005, **Mr Jan de Vries** of Ayrshire pleaded guilty to three charges of unlawfully describing himself as an osteopath, his application for registration with the GOsC having been refused on 2 March 2000.

The GOsC brought this prosecution following a complaint from a member of the public to whom Mr de Vries wrote in May 2004, claiming to be a member of the British Osteopathic Association (BOA) and also enclosing his registration certificate with the General Council and Register of Osteopaths (GCRO) which has been defunct since 1998.

Investigation revealed that Mr de Vries was described as a member of the BOA and the GCRO on the website for the Hadleywood Healthcare Centre, Barnet. He had also written an article, exhibited on the Healthy Way Online

website, which included the phrase, "Having been an osteopath for over 40 years."

The District Judge described Mr de Vries, who is the author of over thirty books on health and has featured on a number of radio and television programmes as "a successful businessman and self-publicist". Whilst he accepted that Mr de Vries did not post the descriptions on the websites himself, he also said that he "found it convenient to have them there".

Mr de Vries was ordered to pay fines totalling £3,750 and the GOsC's costs of £6000. This high penalty follows another successful prosecution in March this year and once again indicates that the Courts recognise the seriousness of protecting the public from bogus practitioners.

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## Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

Political round-up provides an update on developments affecting the profession in the UK and EU political arenas.

### United Kingdom

#### General Election

The Labour Party won an historic third election victory on 5 May securing a greatly reduced but workable Commons majority of 66 MPs and returning a weakened **Tony Blair** as Prime Minister with only 36% of the popular vote. The Conservatives increased their seats by 33 but failed to make any major leap forward since losing power in 1997, scarcely increasing their share of the vote. The Liberal Democrats gained 11 seats overall giving them their best result since 1923, but nevertheless falling well short of their breakthrough as 'the real alternative'.

All parties were disappointed by the results, but the major victory could prove to be a return to parliamentary democracy in a more balanced House of Commons. The Prime Minister and his Cabinet will have to pay more attention to the views of backbench MPs if they are to succeed in their legislative ambitions. For a government accustomed to large majorities this will herald a new way of working in the Commons. MPs can be expected to count for more not just in the Chamber but on Standing and Select Committees too. Industry and Non-Governmental Organisations can also expect more opportunities to make their voices heard in this new Parliament – including the GOsC.

The following MPs now hold the health brief in the major parties:

*Government Health Spokesperson*

Secretary of State for Health –

**Rt Hon Patricia Hewitt MP**

*Opposition Spokesperson: Conservative*

Shadow Secretary of State for Health – **Andrew**

**Lansley CBE MP**

*Opposition Spokesperson: Liberal Democrats*

Shadow Health Secretary -

**Professor Steve Webb MP**

### Queen's Speech

The Government announced in the Queen's Speech on 17 May a packed agenda of 45 bills plus five draft bills for the next 18-month session of Parliament. Of interest to the GOsC are:

**Incapacity Benefit Bill:** The Government wants to reform incapacity benefit to get people to move from



welfare to work. Musculoskeletal patients are the second largest group (22%) receiving incapacity benefit. This Bill will provide an opportunity to promote the benefits of osteopathy in helping to get MSD patients back to work.

**Health Improvement Bill:** This is primarily aimed at introducing a new hygiene code of practice to deal with MRSA as well as a vehicle for introducing legislation banning smoking in public places by 2008.

### Kensington and Chelsea PCT

As featured in last month's political round-up, the GOsC has assisted **Martin Pendry**, Manager of the Osteopathic Department at the Kensington and Chelsea PCT, regarding the proposed closure of the Osteopathic Department. A number of letters were drafted with GOsC assistance and sent in April. The **Rt Hon Michael Portillo** (former Kensington and Chelsea MP) had intervened and received a reply from **Paul Haigh**, then PCT Chief Executive saying: "If we decide to cease a particular service this would be subject to a period of local consultation with users and partners about the impact and the alternatives". Martin Pendry also received a direct and similar response from Paul Haigh stating: "...the financial position we find ourselves in has meant that we have had to take a cold look at the services we provide and commission and put plans in place to ensure that in the future these are both clinically-effective and cost-effective, meet the needs of the local communities and are acceptable to local people."

According to recent media coverage, the PCT's deficit stands at £14.5 million and not £9 million as originally indicated. This has led to the resignation of the PCT's Chairman and Chief Executive.

The General Election interrupted lobbying, but it would appear that efforts by Martin Pendry and the GOsC have succeeded in pushing for a formal consultation. Further lobbying of key MPs is resuming.

### Orthopaedic treatment

The Government announced on 5 April that the NHS is on track to meet December 2005 targets that no patient will wait more than six months for orthopaedic surgery. Former Health Minister, **John Hutton**, published a



Martin Pendry

## Political round-up

progress report about the work of the National Orthopaedic Project (NOP), a programme set up in January 2004. It shows that the number of patients waiting longer than six months for surgery has fallen from 57,000 in January 2004 to 25,000 in February 2005. Average waiting time has fallen from 19 weeks in 1998 to just over 12 weeks.

### House of Commons

#### Parliamentary questions

**Mr Bob Laxton (Lab Derby North)** asked about the standards set by the Arthritis and Musculoskeletal Alliance and whether they have been achieved. Former Health Minister John Hutton replied:

"In line with Shifting the Balance of Power, it is the responsibility of the NHS locally to manage the delivery of these standards with the independent Healthcare Commission responsible for assessing and inspecting health care, taking into account "Standards for Better Health."

The GOsC will be writing to Mr Laxton.



### European Union

#### UK Presidency

The UK will take over the Presidency of the EU on 1 July for six months. This means that the UK will chair EU Ministerial meetings as well as working groups and be

responsible for 'setting' the agenda in Europe. The Department of Health, along with other governmental departments, is working on a programme for the UK Presidency. We understand that Patient safety will be an important theme.

The GOsC wrote to **Dr David Percy** at the Department of Health (DH) asking for the opportunity to discuss the DH's programme for the UK Presidency. The GOsC also put forward the idea of establishing a Federation of Osteopathic Regulators in Europe as an example of best practice. A meeting has been planned with Dr Percy and the GOsC Chairman and Chief Executive & Registrar.

#### Health and Consumer Protection Programme 2007-2013

On 6 April, the European Commission adopted a Health and Consumer Protection Strategy and a proposal for a European Parliament and Council Decision creating the Community Programme for Health and Consumer Protection 2007-2013. The strategy and programme proposals bring together and extend the current EU Public Health Programme. Objectives include: "increasing the ability of citizens to take better decisions

about their health and consumer interests"; "contribute to the development of more effective and efficient health systems". "Bridging health inequalities, addressing ageing and children's health will be priority themes."

This new Programme consolidates two programmes into one, aiming to exploit the synergies between health and consumer policies. The GOsC will monitor its progress through the European Parliament and assess opportunities to incorporate GOsC aims.

#### Services Directive

Consideration of the controversial Draft Directive on Services proposed by the European Commission in 2004 continues in both the Council of Ministers and the European Parliament. EU Ministers have called for a significant re-write, but this is unlikely to happen until the European Parliament has delivered its first reading which is still some way off. Indeed the Directive has become an issue in France during the referendum campaign on the EU Constitution.

Health regulators will be affected in two ways. First the Directive requires Member States to "simplify the procedures and formalities applicable to access 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.

The European Parliament's first reading report is being prepared by **Ms Evelyne Gebhardt MEP** (German Socialist) for the Internal Market Committee. Hundreds of amendments are expected to be tabled to her report. But the EP Environment Committee adopted an opinion on 15 March calling for the removal of health services from the scope of the Directive.



*Evelyne Gebhardt MEP*

The GOsC continues to work with the Alliance of UK Health Regulators on Europe (AURE) who are revising their lobbying strategy to take account of calls to remove health from the scope.

#### Directive on the Mutual Recognition of Professional Qualifications

This Directive was adopted as a draft proposal in March 2002 aiming to reform the existing system and make labour markets more flexible. Issues concerning 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 Advisory Committees**.

The European Parliament adopted its first reading in February 2004 amending the proposal in favour of the

GOsC, in particular removing the possibility of healthcare professionals providing services in another EU Member State without prior registration. The Council of Ministers adopted a Common Position in December 2004 that was broadly supportive.

The Draft Mutual Recognition of Professional Qualifications Directive has now reached its second reading in the European Parliament. The positive amendments adopted by the Parliament include:

- stronger wording as far as language testing is concerned
- requirement on the migrant professional to prove that he is not prohibited from practising, even temporarily.

However, this proposal does not get over the barrier that the GOsC does not have an equivalent competent authority in other Member States with which to liaise over an individual's fitness to practise.

A new proposal also includes the introduction, at European level, of professional cards by professional associations or organisations which could facilitate the mobility of professionals.

The revised text will now be referred to the Council of Ministers. It is expected that the Directive will be agreed by the Council in June with final adoption taking place by the end of this year.



Markos Kyprianou

#### Conference on Patient Safety

The Luxembourg Presidency of the EU organised a conference on Patient Safety on 4 April. **Mr Markos Kyprianou**, European Commissioner for Health and Consumer Protection said: "we will continue to develop structures for European cooperation through the High Level Group on health services and medical care". Plans for further funding for an "integrated and expanded health and consumer protection programme" are expected soon. These will include scope to support work regarding cooperation on health systems, including patient safety".

The GOsC has written to Mr Kyprianou indicating GOsC interest in EU healthcare policy.

**Further information on this month's political round-up is available from Sarah Eldred on ext 245 or email: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk)**

## ADVANCED ANATOMY & RADIOLOGY WORKSHOP FOR THE UPPER & LOWER LIMB

Sept 17 to 18 – AECC, Bournemouth

Fee: £199 before August 12, £250 after Aug 12.

This course is essential to all practising 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.

*Small groups will work through the prosection facility, the radiology laboratory and the Computer Assisted Learning laboratory in each of the topic areas under the supervision of highly experienced tutors. Numbers are strictly limited so do not miss out on this unique opportunity to take part.*

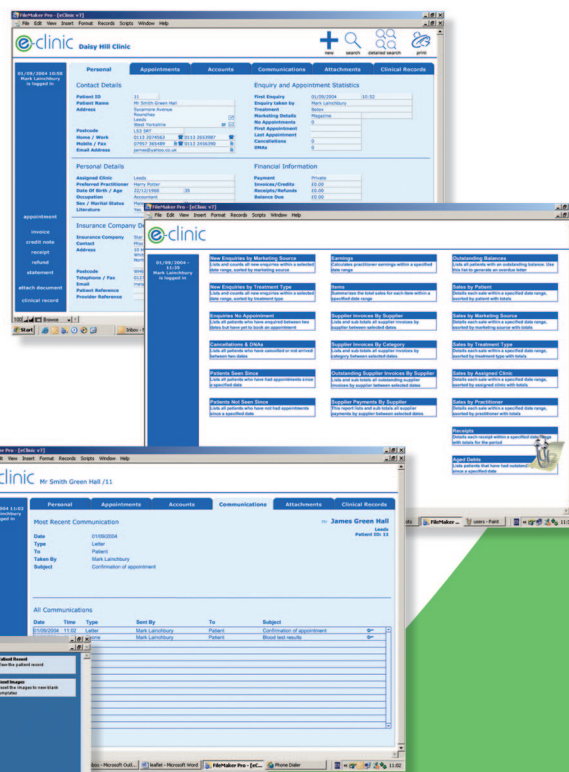
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## Acupuncture regulation - an update

Ron Bishop ND DO BAc, Chairman, British Acupuncture Council

The British Acupuncture Council (BAcC) was formed in June 1995 following the unification of the five member groups of the Council for Acupuncture (1980 - 1995) and has operated up to the present time as a voluntary self-regulated organisation. As we know, osteopaths became statutorily regulated following the passing of the Osteopaths Act 1993.

The House of Lords' Select Committee on Science and Technology was delegated by the Government to conduct an inquiry in respect of statutory regulation of complementary and alternative medicine and produced their report in November 2000. Paragraph 5 (p 53) of that report stated:

"It is our opinion that acupuncture and herbal medicine are two therapies which are at a stage where it would be of benefit to them and their patients if practitioners strive for statutory regulation under the Health Act 1999 and we recommend that they do so."

In March 2001 the Government responded to this recommendation and the Department of Health, jointly with the Prince of Wales's Foundation for Integrated Medicine, invited leading groups from acupuncture and herbal medicine to participate in two separate working groups to examine the situation of acupuncture and herbal medicine in this country and produce proposals for statutory regulation. The two working groups (**Acupuncture**



**Regulatory Working Group** and **Herbal Medicine Regulatory Working Group**) independently produced their reports in September 2003.

As a result, the UK Health Departments published a consultation paper in March 2004 - Regulation of Herbal Medicine and Acupuncture.

Over 1000 copies of this document were distributed to interested organisations and individuals. In February 2005, a report on the consultation was published - **Statutory Regulation of Herbal Medicine and Acupuncture**. Following this, an Acupuncture and Herbal Medicine Workshop took place on Friday 4 March in London. Among those who participated were representatives from acupuncture, herbal medicine and Chinese medicine along with an educationalist and representatives from the Department of Health and the Medicines and Healthcare Products Regulatory Agency.

At this meeting it was agreed to set up a formal Joint Acupuncture and Herbal Medicine Working Group and this would be done as soon as practicable. The Working Group would prepare for the establishment of a 'Shadow Council'. A draft Order will also be prepared under Section 60 of the Health Act 1999 for consultation.

**For more information, contact the British Acupuncture Council on email: [info@acupuncture.org.uk](mailto:info@acupuncture.org.uk).**

Photo courtesy of BAcC



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## Promoting Osteopathy in Primary Care

Sarah Eldred, Assistant Registrar (Public Affairs)

As part of a rolling programme of promotional activities, the GOsC Communications team was part of the **Primary Care 2005** Conference exhibition. Primary Care is one of the largest annual conferences in the diary of health professionals and healthcare managers keen to find out about the latest clinical, government and commissioning initiatives.

The attraction of Primary Care is the choice of the 14 parallel conference programmes. The 'Allied Health Professions' (AHP) section looked at musculoskeletal disorders, including the results of the UK BEAM trial. Dr Kim Burton, osteopath and Director of the Spinal Research Unit, University of Huddersfield, also gave a presentation on back pain.

Over 3,000 delegates attended the two-day event at the Birmingham NEC in May. PCT managers, GPs, nurses, midwives, health visitors, nutritionists, speech and language therapists, physiotherapists and chiropractors were just some of the delegates keen to find out more about osteopathy. Along with promotional literature and a plinth to help draw in interest, we were also able to show delegates the

new public website and use the on-line database to provide details of osteopaths local to them.

If you wish to find out about current healthcare developments, network with fellow health professionals and learn from examples of best practice (all good CPD), why not attend next year's Primary Care conference as a delegate? **Attendance is free for practising health professionals.** For further information contact Sterling Events at: [www.sterlingevents.co.uk](http://www.sterlingevents.co.uk).

Thanks go to Jenny Budd, France Quirin, Bharpoor Sohal and Rosie McCauley for generously giving their time to help promote the osteopathic profession.

**The GOsC will also be exhibiting at the NHS Confederation Conference in Birmingham on 15 - 17 June 2005 ([www.nhsconfed.org](http://www.nhsconfed.org)), the NHS Alliance Conference in Harrogate on 10 - 11 November 2005 ([www.nhsalliance.org](http://www.nhsalliance.org)) and the NICE Conference in Birmingham on 6 - 8 December 2005 ([www.nice.org.uk](http://www.nice.org.uk)). If you wish to help man the GOsC stand, contact the Communications department on ext. 222.**



### Yellow Pages deadlines

June	July	August	September
Manchester Central 15-06-05	Chelmsford 01-07-05	Leeds 02-08-05	Wirral & Chester 06-09-05
Colchester 17-06-05	South East London 13-07-05	Nottingham 05-08-05	Dundee & Perth 07-09-05
Ipswich 22-06-05	Bromley & Bexley 14-07-05	Derby 12-08-05	Bournemouth 09-09-05
West London 23-06-05	Wakefield & 20-07-05	Chester & North Wales 16-08-05	Canterbury 15-09-05
Exeter 24-06-05	Huddersfield 22-07-05	Manchester North 19-08-05	Maidstone 16-09-05
Harrow, Uxbridge & Wembley 24-06-05	Bristol 29-07-05	Coventry 24-08-05	Northern Ireland
	Bath 29-07-05	Leicester 31-08-05	Belfast distribution area 20-09-05
			Northern Ireland
			South Ulster distribution area 23-09-05
			Northern Ireland
			North Ulster distribution area 27-09-05

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### Thomson Closing dates

June	July	August	September
Eastbourne 17-06-05	Bolton 01-07-05	Newbury 05-08-05	Bromley 02-09-05
Glasgow East 17-06-05	March 01-07-05	South Warwickshire 05-08-05	Lewisham 02-09-05
Glasgow North 17-06-05	Stamford 01-07-05	Southampton 05-08-05	Liverpool 02-09-05
Glasgow South 17-06-05	Scarborough 01-07-05	Worcester 05-08-05	ST Helens 02-09-05
Glasgow West 17-06-05	Slough 01-07-05	Worthing 05-08-05	Stockport 02-09-05
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Hertford 24-06-05	Burton 08-07-05	Chelmsford 12-08-05	Bristol East 09-09-05
New Forest 24-06-05	Doncaster 08-07-05	Heads Of The Valley 12-08-05	Bristol North 09-09-05
Peterborough 24-06-05	Sandwell 08-07-05	Kidderminster 12-08-05	Bristol South 09-09-05
Southport 24-06-05	Barnsley 15-07-05	Winchester 12-08-05	East London 09-09-05
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	Northampton 15-07-05	Ilford 19-08-05	Harrogate 16-09-05
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	Kingston 22-07-05	Norwich 19-08-05	Wandsworth 16-09-05
	Lanarkshire (Hamilton) 22-07-05	Central London 19-08-05	West Cornwall 16-09-05
		Chesterfield 26-08-05	Dundee 23-09-05
		Chichester 26-08-05	Romford 23-09-05

**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.**

## Surgery vs rehabilitation: new research findings

A recent study by the **Medical Research Council (MRC)** found no difference in outcome between surgery and non-surgical intervention for patients with chronic back pain. 350 patients in the multi-centre, randomised controlled trial (the MRC Spine Stabilisation Trial) underwent either spinal fusion surgery or an 'intensive rehabilitation programme based on the principles of cognitive behavioural therapy'.

The study, which measured levels of disability, found that after two years there was no clear evidence to suggest that spinal fusion surgery was any more beneficial than a programme of non-surgical rehabilitation. It also noted that the potential risk and additional cost of surgery needed to be considered.

**More information can be found on the *British Medical Journal* website at [www.bmj.com](http://www.bmj.com).**

## Antipodean reception at Clarence House

Principal of the London School of Osteopathy (LSO) **Robin Kirk** (pictured centre) was amongst a select group of New Zealanders and Australians active in the fields of health, education and business invited to attend a reception hosted by **HRH Prince Charles** at Clarence House in late February, ahead of the royal visit



to Australia and New Zealand. Assembled guests also included Dame Kiri Te Kanawa and some familiar faces from the world of rugby.

The NZ High Commissioner, HE the **Hon Russell Marshall**, has previously been guest of honour at the LSO graduation ceremony, which is held annually at New Zealand House.

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# National Council for N C O R Osteopathic Research

## Evidence-based practice – tutorial 6

Carol Fawkes BA (Hons) DO, Research Development Officer

### Jargon in Research, continued

In the April and May editions of *The Osteopath*, we presented the first two parts of an A–Z of research jargon, running from A to C and D to O respectively. This final part completes the series, with entries from P to Z.

#### P

**P-VALUE:** The probability that the results of a statistical test were due to chance. A p-value greater than .05 (5%) is usually interpreted to mean that the results were not statistically significant. Sometimes researchers use a p-value of .01 or a p-value of .10 to indicate whether a result is statistically significant. The lower the p-value, the more rigorous the criteria for concluding significance.

**PATIENT EXPECTED EVENT RATE (PEER):** The rate of events we would expect in a patient who received no treatment or conventional treatment.

**PEER REVIEW:** A process by which research studies are examined by an independent panel of researchers for review. Its purpose is to open the study to examination, criticism, review and replication by peer investigators and ultimately to incorporate new knowledge into the field.

**PILOT STUDY:** A trial carried out to examine the effectiveness of various aspects of the proposed research, such as procedures for data gathering, and to aid the completion of detailed project plans.

**PLACEBO:** An inactive substance or treatment, which may resemble a medicine or treatment. In pharmaceutical studies it can be a pill that contains no medicine – a "sugar pill" – with no treatment value. Alternatively it can be a "sham" or pretend treatment. In some studies, the participants in a control group may be given a placebo.

**POPULATION:** A well-defined group or set that has certain specified properties (for example patients with shoulder pain).

**POSITIVE PREDICTIVE VALUE:** Proportion of people with a positive test who have the target disorder under investigation in a study.

**POST-TEST ODDS:** The odds that the patient has the target disorder under investigation after the test is carried out.

**POST-TEST PROBABILITY:** The proportion of patients with the particular test result who have the target disorder under observation (post-test odds/[1 + post-test odds]).

**POWER:** The probability that a clinical trial will have a significant (positive) result, that is have a p-value of less than the specified significance level (usually 5%). This probability is computed under the assumption that the treatment difference or strength of association equals the minimal detectable difference.

Assistance with power calculations can be found at: [http://hedwig.mgh.harvard.edu/sample\\_size/size.html](http://hedwig.mgh.harvard.edu/sample_size/size.html).

**PRAGMATIC TRIAL:** Pragmatic research asks whether an intervention works under real-life conditions and whether it works in terms that matter to a patient. It is simply concerned with whether the intervention works, not how or why. Pragmatic studies are most useful when deciding what services should be provided, but give only a limited insight into why interventions do or do not work.

**PRE-TEST ODDS:** The odds that the patient has the target disorder under investigation before the test is carried out (pre-test probability/[1 – pre-test probability]).

**PRE-TEST PROBABILITY/PREVALENCE:** The proportion of people with the target disorder under investigation in the population who are at risk at a specific time (point prevalence) or within a specific time interval (period prevalence).

**PREVALENCE:** The proportion of a population having a particular condition or characteristic, for example the percentage of people in a city with a particular disease, or who smoke.

**PRINCIPAL INVESTIGATOR:** The chief researcher - the person in charge of carrying out a study.

**PROBABILITY:** The likelihood of a particular event occurring. Probability is conventionally expressed on a scale from 0 to 1; a rare event has a probability close to 0, a very common event has a probability close to 1.

**PROSPECTIVE STUDY:** Study designed to observe outcomes or events that occur subsequent to the identification of the group of subjects to be studied. Prospective studies need not involve manipulation or intervention but may be purely observational or involve only the collection of data.

**PROTOCOL:** The specific set(s) of goals and procedures that define what will happen in a clinical trial. Protocols are

developed before a trial begins so that participants know what will happen and other researchers can follow the same protocol. A protocol describes eligibility, the schedule of tests, procedures, medications and treatment dosages, and the length of the study.

**PSYCHLIT:** A computerised CD-ROM database produced by "psych info", a division of the American Psychological Association. It provides access to international journals, and literature in psychological and related disciplines such as education, business, medicine and law.

**PUBMED:** The US National Library of Medicine's premier search system for national information, found at: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

## Q

**QUALITATIVE RESEARCH:** Collection of non-numerical data using interviews, observations and open-ended questions to gather meaning from non-quantified narrative information.

**QUANTITATIVE RESEARCH:** Collection of numerical data in order to describe, explain, predict, and/or control phenomena of interest.

**QUARTILES:** The lower quartile is the median of the lower half of a set of data and is the value below which the lowest quarter of the data values lie. The upper quartile is the median of the upper half of the data set and is the value which is exceeded by the largest quarter of the data values.

**QUESTIONNAIRE:** A set of questions designed to gather information on a specific topic from a research subject.

## R

**RANDOM SAMPLE:** A sample selected in such a way that each member of the population has an equal chance of being included.

**RANDOMISATION:** Assigning individuals in a sample to either an experimental group or a control group, at random.

**RANDOMISED CONTROLLED TRIAL (RCT):** Participants are randomly assigned either to an intervention group (for example a drug treatment) or to a control group (for example a placebo treatment). Both groups are followed up over a specified period of time and the effects of the intervention on specific outcomes (dependent variables) defined at the outset are analysed (for example serum cholesterol levels, death rates, remission rates).

**RANDOMISED TRIAL:** A study where participants are randomly (by chance) assigned to one of two or more treatment arms of a clinical trial. Occasionally placebos are utilised.

**RANGE:** The range of a set of data is the difference between the highest value and the lowest value.

**RELATIVE RISK (RR):** The event rate in treatment group divided by the event rate in the control group. Also known as risk ratio. RR is used in randomised trials and cohort studies.

**RELATIVE RISK REDUCTION (RRR):** The proportional reduction in rates of bad outcomes between experimental and control participants in a trial.

**RELEVANCE:** The closeness of the data gathered to the aims of the study.

**RELIABILITY:** The degree to which the test consistently measures what it is supposed to measure.

**REMUNERATION:** Payment for participation in research. Remuneration should be appropriate for the amount of effort involved, and not excessive and thereby coercive. Remunerations are not considered a benefit.

**RESEARCH GOVERNANCE:** The setting of standards to improve research quality and thereby to safeguard the public. It involves enhancing ethical and scientific quality, reducing adverse events, promoting good practice, preventing poor performance and misconduct, and ensuring lessons are learned. A number of frameworks exist to advise on research governance and clinical governance.

**RESEARCH METHODS:** Specific procedures used to gather and analyse research data.

**RETROSPECTIVE STUDY:** Research conducted by reviewing records from the past (for example birth and death certificates, medical records, school records, or employment records).

## S

**SAMPLE:** The number of patients required for a clinical trial or other research study.

Help with sample size calculations can be found at: [http://hedwig.mgh.harvard.edu/sample\\_size/size.html](http://hedwig.mgh.harvard.edu/sample_size/size.html)

**SENSITIVITY:** Proportion of people with the target disorder who have a positive test. Used to assist in assessing and selecting a diagnostic test/sign/symptom.

**SITE VISIT:** A visit by agency officials, representatives, or consultants to the location of a research activity to assess the adequacy of protection of human subjects and the capability of personnel to conduct the research.

**SnNOUT:** When a sign/test/symptom has a high sensitivity, a negative results rule out the diagnosis.

**SPECIFICITY:** Proportion of people without the target disorder who have a negative test. Used to assist in assessing and selecting a diagnostic test/sign/symptom.

**SPONSOR:** The pharmaceutical company, research institution, or other health organisation that funds a clinical trial and designs its protocol.

**SpPIN:** When a sign/test/symptom has a high specificity, a positive result rules in the diagnosis.

**SPREAD:** There are three common measures of spread in statistics: the range, the interquartile range and the standard deviation.

**SPSS:** One of a number of commercially available statistical packages.

**STANDARD VARIABLES:** In social science research, especially in survey analysis, there are a range of variables which are usually considered "standard" or "key", in the

## Research

sense that some analysis is undertaken in relation to each of them. The list will change according to the specific research project, but may well include such items as age, gender, socio-economic group, ethnicity, employment, family background, housing.

**STANDARDISATION:** A scale transformation procedure that involves manipulating data from different types of scales in order to compare them. It involves subtracting the sample mean from each score and dividing by the standard deviation.

**STATISTICS:** Statistics are involved with events that have more than one possible outcome. In practical terms they are concerned with all aspects of dealing with data: the collection of data, how to summarise it, how to present it and then how to draw conclusions from that data. A glossary of more statistical terms can be found at: [www.cas.lancs.ac.uk/glossary\\_v1.1/main.html](http://www.cas.lancs.ac.uk/glossary_v1.1/main.html). Further statistics resources are available from: <http://hedwig.mgh.harvard.edu/biostatisticsresources.html#software>.

**SURVIVAL STUDY:** Statistical procedures for estimating survival (prognosis) in a population under study.

**SYSTEMATIC REVIEW:** A summary of the medical literature, using explicit methods to perform a comprehensive literature search and critical appraisal of individual studies and appropriate statistical techniques to combine valid studies.

### T

**t-TEST:** A statistical test used to compare the means of two samples or the mean of one sample with some fixed value. The test is appropriate for small sample sizes (less than 30).

**TEST-RETEST RELIABILITY:** The degree to which a measure produces consistent results over several administrations.

**TOXICITY:** An adverse effect of an intervention. If toxicity prevents people from taking more of an experimental drug, the toxicity is "dose limiting".

### V

**VALIDITY:** The extent to which research findings can be said to be accurate and reliable, and the extent to which the conclusions are warranted.

**VARIABLE:** An attribute or characteristic of a person or object that takes on different values (in other words, that varies) within the population under investigation (for example age, weight, pulse rate).

**VOLUNTARY:** Free of coercion, duress, or undue inducement or influence. Used in a research context to refer to a subject's decision to participate (or to continue to participate) in a research activity.

This concludes the A-Z of jargon.

### 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. [Christine.barry@brunel.ac.uk](mailto:Christine.barry@brunel.ac.uk).

**1st International Congress of Osteopathic Medicine** 15-18 September 2005, Freiburg/Breisgau, Germany. For further details see [www.osteopathy-congress.com](http://www.osteopathy-congress.com).

**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](mailto:b.wider@exeter.ac.uk)).

**2nd International Conference on Movement Dysfunction** in Edinburgh: Pain and Performance: Evidence and Effect. 23-25 September 2005. Details at [www.kcmacp-conference2005.com](http://www.kcmacp-conference2005.com) or tel: 01865 373625.

**8th International Congress of the German Osteopathic Association (VOD)**, Wiesbaden, Germany, 29 September - 2 October 2005. Includes the "Second International Symposium on Advances in Osteopathic Research" on Saturday 1 October 2005. Further details on [www.German-AFO.de](http://www.German-AFO.de). **Abstract deadline: 1 July 2005**; email abstracts to [f.schwerla@German-AFO.de](mailto:f.schwerla@German-AFO.de).

**The British Osteopathic Association Annual Convention and Trade Exhibition**, 14-16 October 2005. The Marriott Forest of Arden Hotel and Country Club, Meriden, Warwickshire.

**The combined chiropractic, osteopathy and physiotherapy research conference**, Bournemouth, 15 October 2005. The Anglo-European College of Chiropractic, Bournemouth.

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

### Research hubs

The following dates and venues have been confirmed for the first meeting of the NCOR research hubs. Places will be limited and will be offered on a first come, first served basis. If you would like to attend one of these meetings, please contact Carol Fawkes on 01273 643457 or [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).

#### July

Saturday 16	Plymouth
Sunday 17	Eastbourne
Monday 18	Leeds Metropolitan University
Tuesday 19	Osteopathy House, London
Thursday 21	Oxford Brookes University, Oxford

**Journal scan of research relevant to practice:**

Nijs J. **Generalized joint hypermobility: An issue in fibromyalgia and chronic fatigue syndrome?** *Journal of Bodywork and Movement Therapies* doi:10.1016/j.jbmt.2005.02.2005. Available online 25 April, 2005.

Several researchers have investigated the possible link between joint hypermobility and the type of widespread and persistent muscle and joint symptoms found in both Fibromyalgia Syndrome (FS) and Chronic Fatigue Syndrome (CFS). Both disorders are diagnostically distinct but share common symptoms. The author of the manuscript concludes from the available literature that generalised joint hypermobility is more frequently reported in both chronic fatigue syndrome and fibromyalgia syndrome patients than in healthy volunteers.

Fryer G and Hodgson L. **The effect of manual pressure release on myofascial trigger points in the upper trapezius muscle.** *Journal of Bodywork and Movement Therapies* doi: 10.1016/j.jbmt.2005.02.002. Available online 15 April, 2005.

The use of sustained manual pressure has been advocated as an effective treatment over myofascial trigger points. In this study, a novel pressure algometer was used to investigate the effect of manual pressure release on the pressure sensitivity of latent trigger points in the upper trapezius muscle. The pressure pain threshold was measured before and after the intervention. Manual pressure release was found to have the effect of reducing perceived pain and increasing tolerance to treatment pressure.

Koumatis GA, Watson PJ and Oldham JA. **Supplementation of general endurance exercise with stabilisation training versus general exercise only: physiological and functional outcomes of a randomised controlled trial of patients with low back pain.** *Clinical Biomechanics* 20 (2005) 474-482.

This randomised controlled trial investigated the effectiveness of supplementing an exercise programme with stabilisation exercises in a group of 55 patients with recurrent non-specific back pain. 26 participants were in the general exercise group and 29 were in the general and stabilisation exercise group for a period of 8 weeks which included exercise intervention and written advice. Paraspinal muscle strength and electromyographic fatigue of the erector spinae and multifidus muscles were measured. The researchers found that both groups sustained equal benefits to exercise; it was suggested that concomitant strength probably reflects neural input changes rather than histochemical muscle changes. Physical exercise alone

and not the particular type of exercise determined whether there was an improvement in performance among the patients.

Cook A. **The mechanics of cranial motion – the sphenobasilar synchondrosis (SBS) revisited.** *Journal of Bodywork and Movement Therapies* doi:10.1016/j.jbmt.2004.12.002. Available online 22 March, 2005.

In this article, the author suggests a new model to explain the apparent motion of the sphenobasilar synchondrosis. The new model does not require sutures to be patent or membranous.

**Research news in brief**

A Dutch study of 289 people, published in *Arthritis Research and Therapy*, reveals that up to a quarter of those taking anti-TNF (tumour necrotising factor) drugs for rheumatoid arthritis suffered from rashes, eczema and skin infections. The investigators from Radboud University Nijmegen Medical Centre suggested suppression of the immune system may make users more susceptible to skin conditions. This was in contrast to rashes appearing as a contraindication to further use of the drug. (Source: <http://news.bbc.co.uk/1/hi/health>)

Mental illnesses have superseded physical ailments and disorders such as low back pain as the major cause of long-term work absenteeism. This was revealed in a study by the Institute of Psychiatry published in the *BMJ*. ([www.bmj.com](http://www.bmj.com))

Psychologists at Ohio State University suggest in their paper (due to be published in the journal *Medical Hypotheses*) that the more extrovert you are, the stronger your placebo response will be to any medication you take. (Source: [www.harcourt-international.com/journals/mehy](http://www.harcourt-international.com/journals/mehy))

The routine use of multivitamins was investigated by El-Kadiki and Sutton. Their systematic review included eight randomised controlled trials having different outcome measures; pooling of the compatible results gave conflicting results. A significant difference was observed in the mean annual number of days spent without infection following meta-analysis of some trials. However, meta-analyses of other trials showed no evidence in reduction in the risk of one infection in the study period. (Source: [www.bmj.com](http://www.bmj.com))

**And finally:**

Neuroscientists at the Institute of Psychiatry in London claim to have discovered scientific proof that eating ice cream makes you happy!

(Source: [www.royalsociety.org](http://www.royalsociety.org))

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The worldwide web has revolutionised the way many professionals do business. We at Vettit thought it was high time that a professional, like yourself, should have a cutting edge technological tool to help you run your business. Vettit has spent the last two and a half years designing and developing a web-based clinical audit system specifically for osteopaths. Centralised data removes the need for you and your staff to worry about backup routines. The system is secure, fast and easy to use.

We want you to be comfortable with what your practice will be getting for your money. We do not charge whilst you setup your business on our system. Only after you have tried it and ensured that it meets your business needs do you pay.

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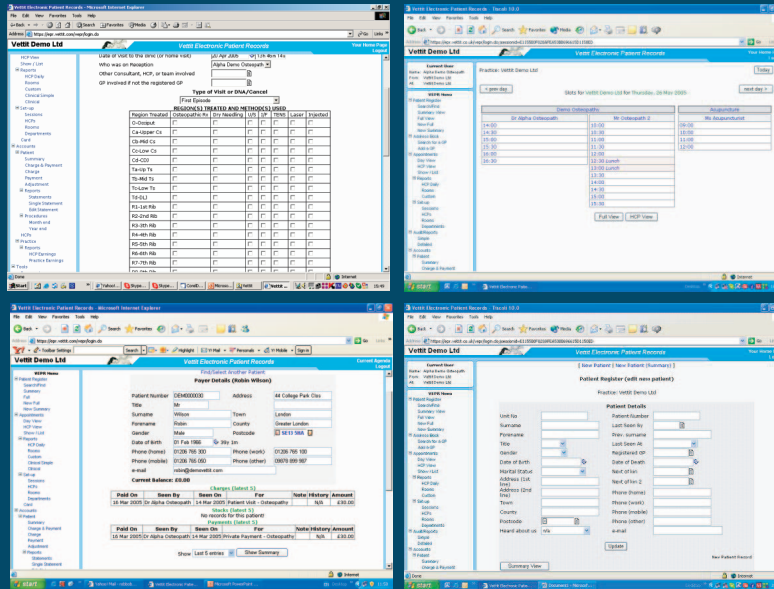
- Easy to use structured menu
- Managed group security
- Key patient data available
- Deletion-less system
- Configurable reporting

Clinical Audit

- Spinal diagrams
- Star diagrams
- Hierarchical coding structure
- Summary view of previous data
- Rapid clinical audit

Patient Tracking

- Account balance when booking
- Did not attend counts
- Cancellation charges
- Free text appointments
- Day sheets/Day views



Appointment System

- Multi-practice
- Any number of HCP's
- Multiple views
- Appointment cards
- Statistics

Demographic Details

- Postcode validation
- GP register
- Family management
- Next of kin
- Predefined lists

Accounting

- Invoices
- Receipts
- Summary
- Statements
- Cheque management

Dr Neil Watson - Chatteris Complementary Health Clinic

Vettit Solutions approached us to be involved in testing their system. We run a busy multi-practice business and have found the system to be fast and easy to use. There are several ways in which we have found it easier to use than a paper system. Open appointment slots with any practitioner at any of our clinic sites are easily visible. This saves the staff having to ring our other practices and negotiate over the phone. It immediately looks more professional to do it all on screen to suit the patient. I can log in from home to check my appointment list and write my letters with the patient details in front of me on screen as well as run clinic statistics and management reports. Month end is much easier and year end will be infinitely less stressful than normal! Getting access to clinical data for CPD and research is fast using the reporting tools, even though I don't have a computer on my consulting desk. The reception staff print the appointment sheets from the system, I put a code (like Cd for Cervico-dorsal junction) against the patient, the receptionist updates the record after clinic and I get the data out when I need it. It really is that easy! All in all, this system will make running my business easier giving me a better balance between patient care, management and family life.

Vettit solutions Ltd © is a UK based company. Licenses start as low as £25.00 a month. Feel free to take a tour on our demonstration at www.vettit.co.uk where you can find details of how to log onto the system.

Award Winning Technology. Vettit's project was partly funded by the DTI.



## Osteopaths @ Worcester

### Forthcoming meetings

Sue Brazier BSc Hons DO, Worcester

Following an informative talk on 'MRI of the Lumbar Spine' on 12 May, Consultant Radiologist, **Dr Umesh Udeshi**, will also be covering 'MRI of the Shoulder' on **Thursday 28 July** (please note change of date), at Linton House Clinic, Cheltenham, 7-10pm.

Consultant Oral and Maxillofacial Surgeon,



**Mr Phillip Earl FDS FRCS**, will be talking about the 'Aetiology, diagnosis and surgical treatment of Temporomandibular Joint disorders' on **Thursday 15 September**. Both events will cost £30 including refreshments.

**Contact Sue Brazier for more information on tel: 01905 831495.**

## London Osteopathic Society

### Recognising fragile bones

David Tatton DO, London

The next event we have organised for LOS members is taking a slightly different format. Feedback from members suggests that occasionally, you would like more time to chat and socialise with fellow members. So, at the forthcoming meeting on **Wednesday 22 June**, we are having just one speaker, allowing more time before and after the lecture to socialise. We are also inviting a number of companies/suppliers to attend, so during the evening you will have the opportunity to look at their products – Primal Pictures and Back in Action have already agreed to attend and we are hoping to get a few more companies before the event.

The speaker for the evening is **Dr Rod Hughes**,

Consultant Rheumatologist at St Peter's Hospital, Chertsey. Some of you may remember his very interesting lecture a few years back on Glucosamine and recent research into its effectiveness. His chosen topic this time is 'Fragile Bones – how to recognise them'.

The venue is The University of Notre Dame, 1 Suffolk St, London, SW1Y 4GH (nearest tubes Charing Cross and Picadilly Circus) from 6.30 – 9.30pm. Please do not arrive before 6.30 pm as the room will not be available until then. The cost for the evening is £5 for members and £15 for non-members, including light refreshments.

**For further information contact David Tatton or Celia Frank on tel: 020 8749 0581, [www.zyworld.com/los](http://www.zyworld.com/los).**

## Research hub launch

Brian McKenna BSc Hons, Cardiff

A large cohort of South Wales' finest gathered in picturesque Cardiff Bay to attend a meeting of the South Wales Osteopathic Society at the Future Inns Hotel to hear **Professor Ann Moore**, Chair of the National Council for Osteopathic Research, talk about clinical audit. Professor Moore covered an extensive range of topics including the history and use of audit and its outcomes in other professions, what can and how best to choose areas to be audited and how the results can be used to alter practice. Professor Moore emphasised that anything can be audited but it is important to decide what particular question needs answering before beginning. The audit itself then becomes part of a cycle

as this information attempts to inform practice and act as a springboard to improvement. Clinical audit is an essential component of clinical governance that needs to be in place and running before NHS services are commissioned.

Earlier that morning, an initial meeting of the **first UK osteopathic research hub** was held. Members discussed priorities, training needs and potential involvement in the development of a systematic data collection (SDC) tool. **Claire Love** BSc (Hons) Ost Med. was appointed as the research co-ordinator and the group are making progress on the SDC tool and their research priorities. They will be meeting again in June to move things forward.



# HEALTH EDUCATION SEMINARS

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### **ALTERED HAEMODYNAMICS** (this course is now MACP accredited)

November 5 to 6 – St Helier Hospital, Carshalton, Surrey, Feb 18 to 19 2006 – Farnham Hospital, Surrey, March 18 to 19 2006 – Bury St Edmunds, April 22 to 23 2006 – Chester le Street, County Durham

### **HAEMODYNAMICS OF THE CERVICAL ARTERIES: VBI ISSUES**

Sept 24 2005 – BUPA Hospital Cardiff, Nov 25 2006 – Bury St Edmunds

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

June 18 to 19 – St Helier Hospital, Surrey (HJ), Sept 17 to 18 – Wirral (HT), Oct 8 to 9 – Horsham, Surrey (HJ), Nov 5 to 6 – RJ@AH Hospital, Oswestry (HT)

### **PRACTICAL PODIATRIC BIOMECHANICS**

June 10 to 11 – Edinburgh, Sept 10 to 11 – Harrogate, Oct 8 to 9 – Windsor, Nov 5 to 6 – Wigan, Lancashire, Dec 2 to 3 – Northampton

### **THE SHOULDER – THEORY AND PRACTICE**

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

### **SPORTS FIRST AID** course (tutor Tony Bennison)

July 6 – Cheltenham, Sept 2 – Lilleshall National Sports Centre, Oct 27 – Aldershot, Hampshire

### **SPINAL MANIPULATION** (1 day)

Nov 12 – Droitwich, Worcs

### **ANTERIOR KNEE PAIN: DIFFERENTIAL DIAGNOSIS & TREATMENT**

Sept 10 to 11 – Northampton, Nov 12 to 13 – Hyde Physio Clinic, Cheshire

### **PROPRIOCEPTION & NEUROMUSCULAR CONTROL IN EXERCISE REHAB FOR THE LOWER LIMB**

July 23 to 24 – Harrogate District Hospital, Oct 29 to 30 – Farnham, Surrey, Nov 19 to 20 – Guernsey

### **FUNCTIONAL PERFORMANCE TESTING FOLLOWING KNEE LIGAMENT INJURY**

Oct 15 2005 – Bury St Edmunds

### **EXERCISE REHAB FOR THE LOWER LIMB: OPEN OR CLOSED KINETIC CHAIN EXERCISE?**

Nov 12 to 13 2005 – Cardiff

### **PAEDIATRIC RESPIRATORY & MUSCULOSKELETAL WORKSHOP**

Sept 10 to 11 – Mayday Hospital, Croydon

### **GRADE V SPINAL MANIPULATION** (2 days)

Sept 10 to 11 – Windsor, Feb 11 to 12 – Hyde, Manchester

### **WORLD CLASS SPORTS MASSAGE**

October 15 to 16 – Sutton Coldfield, Staffs

### **ADVANCED ANATOMY & RADIOLOGY WORKSHOP FOR THE UPPER & LOWER LIMB**

Sept 17 to 18 – AECC, Bournemouth

### **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](http://www.heseminars.com/conference_2006.htm)

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For details on all courses and additional dates/venues not mentioned above, please contact: Health Education Seminars, 42 Richmond Rd, Poole BH14 0BU  
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[www.heseminars.com](http://www.heseminars.com)

## Back chat

Your letters -

**Re: Defining Osteopathy, Robin Shepherd, *The Osteopath* May 05, p25**



### Dear Editor

Here are a few criticisms of Robin Shepherd's definition of osteopathy.

I hope they are useful and not too pedantic.

Osteopathy is not "the manual therapy which aims to help the body." It is "a manual therapy or a collection of manual therapies which aims to help the body." Perhaps it is more appropriate to refer to helping a person rather than a "body returning to a state of optimal health" to encompass aspects of a person other than just the physical. I believe a state of optimal health is a bit like the concept of truth. It is an ideal and not truly attainable.

Therefore encouraging patients toward optimal health is more appropriate than returning them to it. I am not sure that the pathogenesis of pain is necessary in the definition of osteopathy. I believe that primary lesions are generally from physical trauma, often in deep patient history, generally from falls or birth, although episodes of pain are often precipitated by elements of the psyche. I do not feel that manifestation "as muscular tension and is experienced as pain" is useful in a definition of osteopathy. That sounds more like a physiotherapeutic definition. I personally believe the osteopathic lesion is fundamental to osteopathic diagnosis, treatment and symptom aetiology, and as such, ligaments and joints should be mentioned as well as, if not over and above, muscles. It is probably better to be a little more vague and inclusive and refer to tissues or areas of dysfunction. Everything else seems OK.

Perhaps the last line puts too much emphasis on the psyche where you state that "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". How about mentioning our most common presenting symptom physical pain. I have tried to put together a concise and hopefully inclusive definition:

*"Osteopathy is a manual form of diagnosis and treatment, which directs a person away from pain and disease and encourages them towards optimal health.*

*Assessment by an osteopath involves careful case history taking as well as orthodox medical examination to exclude pathologies, which require referral.*

*Osteopathic diagnosis involves detailed observation and palpation of the joints and all related structures to determine areas of stasis and dysfunction.*

*Treatment consists of a diverse range of "hands on" techniques aimed at restoring movement and function to these areas. This allows the body to heal itself.*

*The time taken in consultation and treatment permits communication on a number of levels to promote health. Advice to a patient may relate to many factors including, for example, lifestyle, exercise and diet."*

If you have any further comments, I would be delighted to hear them.

**William Hauxwell BSc Ost Med DO, Dublin**



### Dear Editor

I would agree with most of Robin Shepherd's description of osteopathy, except that pain is only sometimes primarily emotional, and perhaps that use of the definite article. While I would not dare to advance a definition of the discipline myself, I would quite happily define my own work as an osteopath in the following terms:

*"to improve health by enabling optimal mobility in the body";*

to which I could add several qualifiers such as "manual method of treatment", "holistic view of health", etc. , but not too much expansion is needed on that simple statement I think.

**Robert Hale BSc Ost DO, Ibiza**



### Dear Editor

I think Robin's definition of osteopathy is significantly one of the better ones I've come across – I rather liked it actually – I think it embraced much of the essence of osteopathy in easy language.

However, myself I tend to practise osteopathy as a treatment for disease and pathology. My own definition and way of explaining osteopathy to people is that it is:

*"a complete system of medicine for diagnosing and treating disturbances of vasomotion and sympatheticonia which is the basis for pathology and disease".*

Obviously when addressing a non-technical audience I explain vasomotion and sympatheticonia in terms of the "fight or flight" response.

I hope this helps

**Julia Spivack BSc Hons DO, Steppingley**

Saturday, 15th October, 2005

# CHIROPRACTIC, OSTEOPATHY & PHYSIOTHERAPY:

## Moving forward through research and practice



*Sharing a joke with an enthusiastic and appreciative audience*

This new conference was first held in 2004. Due to its success, it is intended to make it an annual event.

The conference is designed as a forum for students to present quality undergraduate research, to foster relations and collaboration between the three professions and to expose new graduates to the possibilities of pursuing research as part of their career. There will be prizes for the 3 best papers and the abstracts will be published in Manual Therapy.

Presentations will be grouped thematically across the three professions to encourage debate and cross-fertilisation of ideas. The conference will be of interest to undergraduates, teaching faculty and clinicians.



### KEYNOTE SPEAKER: Dr Nicholas Kendall

(author of the New Zealand "Yellow Flags" guideline)

#### USING EVIDENCE TO MAKE FUNDING DECISIONS

Funding is one area that highlights the importance of getting research into practice. "Research evidence has become an important basis for the development of fair and consistent funding policies. Best practice in setting evidence-based funding policies has to strike a balance between emphasising safety and effectiveness, while ensuring that innovation is not stifled. In manual therapy there are important methodological challenges to overcome as we move toward evidence-based practice. The roles of key participants and stakeholders in the development of evidence-based funding policy need to be understood".

£12 for undergraduates • £40 for all other delegates • Fee includes coffee, lunch and tea

VENUE: Anglo-European College of Chiropractic, 13-15 Parkwood Road, Bournemouth BH5 2DF

For full details and a registration form please go to [www.aecc.ac.uk](http://www.aecc.ac.uk)

Please join us for a stimulating, fun & friendly day

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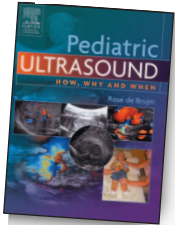
THE BRITISH SCHOOL  
OF OSTEOPATHY



## A selection of illustrated reference works for the osteopathic bookshelf



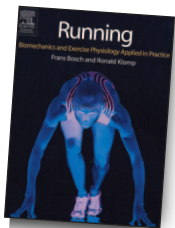
Books are available from Osteopathic Supplies Ltd,  
Tel: 01432 263939, online shop: [www.o-s-l.com](http://www.o-s-l.com)



### **Pediatric ULTRASOUND** **How, Why and When** **Rose de Bruyn**

Published by Churchill Livingstone ISBN  
0-443-07275-2  
£35.99, 373 pages

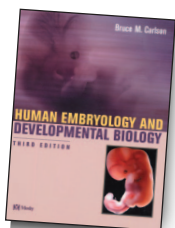
Written by a paediatric radiologist, this text offers a concise insight into the specialised practice of paediatric ultrasound, exploring technique, anatomical changes and the different pathology unique to childhood. Covering the practical aspects of scanning, as well as the role and limitations of ultrasound in diagnosing different diseases, this user-friendly text is complemented by a range of illustrations and scans and will be of interest to osteopaths with a special interest in treating children.



### **Running** **Biomechanics and Exercise Physiology** **Applied in Practice** **Frans Bosch and Ronald Klomp**

Published by Churchill Livingstone  
ISBN 0-443-07441-0  
£27.99, 413 pages

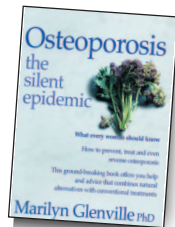
Combining recent scientific research with extensive knowledge of the everyday practice of training, this text offers innovative concepts for running training. This book explores the biomechanics and physiological principles of exercise through practical training techniques, looking at energy supply processes and adaptation through training. An informative read for anyone interested in sports medicine.



### **Human Embryology and Developmental** **Biology – Third Edition** **Bruce M. Carlson**

Published by Mosby  
ISBN 0-323-01487-9  
£36.99, 527 pages

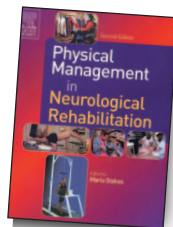
From conception through to birth, this text provides a comprehensive overview of human embryonic development in a clear, concise manner. Employing a wealth of colour graphics, tables and timelines, supplemented with chapter summary tables, this text makes understanding the complexities of cellular and molecular development, in both normal and abnormal cases, simpler and enjoyable. A pertinent text for any osteopath with an interest in paediatric care.



### **Osteoporosis: the silent epidemic** **Marilyn Glenville PhD**

Published by Kyle Cathie Ltd  
ISBN 1-85626-607-9  
£10.99, 208 pages

With 1 in 3 women over the age of 50 in the UK suffering from this preventable illness, osteoporosis is more than just a matter of brittle bones. Osteoporosis: the silent killer is a succinct and easy-to-read text which offers a comprehensive understanding of this disease, including diagnosis and various treatment approaches – from drugs to nutrition. Written specifically for the patient, this text also contains a helpful 'Plan of action' which clearly outlines suggested steps and offers advice that combines natural alternatives with conventional treatments.



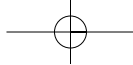
### **Physical Management in Neurological** **Rehabilitation – Second Edition** **Maria Stokes**

Published by Churchill Livingstone  
ISBN 0-7234-3285-6  
£24.95, 554 pages

This second edition text again takes a multidisciplinary problem-solving approach to patient management and has been completely updated to reflect current standards in practice today. This comprehensive text builds on previous discussions, looking at basic concepts in neurology and various treatment approaches, and also includes new material on the role of physical activity in neurological rehabilitation and the rehabilitation process, amongst others. Diagrams, tables and key point markers make this an easy-to-read guide that would be a valuable resource on the osteopathic bookshelf.

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.



## **FUTURE POSTGRADUATE EVENTS**

### **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"**

The objective of this talk is 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 will give an all-round view of where it was and where it is.

### **UPDATING SPINAL SURGICAL TECHNIQUES AND REFERRAL CRITERIA - HOW TO READ MRI SCANS**

**Mr Richard Gullan F.R.C.S.; Mr Christopher Butler F.R.C.S.; Mr Jitendra Vara D.O**  
**SATURDAY 17 AND SUNDAY 18 SEPTEMBER 2005**

**Mr Richard Gullan** is one of the leading neuro-surgeon in England and works with a team of neuro surgeons called SMS Associates at Black Heath Hospital. He leads his field in new surgical techniques of the lumbar and cervical spine and will discuss advances in surgical procedures, arthroplasties with special reference to the osteopathic approach and the criteria for referring patients for neuro surgery.

There will also be an open session on the appraisal and diagnosis from MRI scans which will be of great help to osteopaths in everyday practice.

**Mr Christopher Butler** is a senior consultant specialising in vascular surgery at Medway Maritime Hospital. He will talk about diagnosis of aortic aneurysm in their early stages and operative treatment of aortic aneurysm.

Complications of Osteopathic Practice:

**Mr Jitendra Vara** will present difficult clinical cases backed up by videos. Mr Vara has graduated from the European School of Osteopathy in 1988 and over the years has become very experienced in the neurological field.

This postgraduate course is a must for all osteopaths who refer patients with nerve root irritation for surgery.

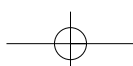
For more information and a registration form please contact:

**Corinne Jones, International and Postgraduate Manager:**

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](mailto:corinnejones@eso.ac.uk)



## National Service Framework for Long Term Conditions

The new National Service Framework for Long Term Conditions (NSF) is intended to transform health and social care services and help people with conditions such as Parkinson's Disease, Motor Neurone Disease, Epilepsy, Multiple Sclerosis and acquired brain and spinal cord injuries to live as full and independent a life as possible.

A study day on **Tuesday 5 July** in central London will look at the implementation of the new NSF and its particular focus on neurological impairment and brain injury. Speakers, including the keynote speaker,

**Diana Whitworth**, Chair of the External Reference Group for this initiative, will cover implementation and ethical issues, user-centred, multidisciplinary approaches and the contribution of neurosurgery. There will be ample opportunity for discussion and a study pack is available for those unable to attend.

**For more information, contact Harrogate Training and Development on tel: 01423 506611, email: info@htd.org.uk, www.htd.org.uk.**

## Society for Back Pain Research meeting

The Society for Back Pain Research will be holding its next meeting on **10-11 November** at Warwick University. The morning will be a study design workshop with a host of international speakers, followed by an afternoon session on 'Back Pain and the Intervertebral Disc: Genetic or Other Factors?'

Abstracts may also be submitted on any aspect of research into back pain. The Back Care Medal and the

President's Medal will be awarded to the best two papers of the meeting, with the Student Prize going to the best paper from a PhD student. The **closing date for abstract submission is 31 July 2005** and they should be submitted to [sbprwarwick2005@boa.ac.uk](mailto:sbprwarwick2005@boa.ac.uk).

**For more information, contact Hazel Choules on tel: 020 7405 6507, email: societiesec@boa.ac.uk, www.sbpr.info.**

The screenshot displays the Private Practice Software (PPS) v4.0 interface. The main window is titled 'PPS Appointments Diary' and shows a calendar view for January 2005. The calendar is divided into columns for different days of the week, with appointments listed for each day. The appointments are color-coded by day: Friday (yellow), Saturday (orange), Sunday (blue), and Monday (green). The appointments include names of patients and their scheduled times. For example, on Friday, 14/01/2005, there are appointments for Rachel Cameron (09:00), Mrs R Watley (09:30), Mr J Cronshaw (10:00), Ms A Heath (10:30), Mr M Underwood (11:00), Mr B Vane (11:30), Mrs P Vivan (12:00), Mr G Yiessemides (12:30), Ms F Harbatowsha (13:00), Mr S Leggett (14:00), Mr A Thorpe (16:30), Mrs B Avari (18:00), Ms K Watson (18:30), Mr G Orpin (19:00), and Mr O Keeble (19:30). Other days also show appointments for various patients and times.

Below the main diary, there is a 'PPS Task list for Alan Davies' window. It contains a table with columns for 'Subject', 'Due Date', and 'Time'. The tasks listed are:

Subject	Due Date	Time
Double-Click Here to add a new task		
Call PPS today to order the FREE Demo CD	14/01/2005	
and soon you could be using this diary ...	14/01/2005	
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... features of Private Practice Software.	14/01/2005	
Call us today on 0845 0680 777	14/01/2005	

At the bottom of the screenshot, there is a promotional banner for Private Practice Software. It includes the text: 'Private Practice Software is now used by more than 600 practices in the UK alone, and more and more practices each month are finding out how easy it can be! Contact us to order your FREE Interactive Presentation CD!'. The banner also features the 'private practice software' logo and the tagline 'Patient & Practice Management Software for Windows™'.

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## Courses 2005

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

### 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 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)

### Module 5 in Reciprocal Tension. A three-day residential course

**23-25 June**

Course director to be confirmed. Organised by the Sutherland Cranial College. To be held at Hawkwood College. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

### 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)

### Equine Biomechanics, Gait Abnormalities and Applied Anatomy

**25-28 June**

Speaker Dr Hilary Clayton. Organised by Equinenergy. To be held at Writtle College, Essex. Contact tel: 01507 451 413, email: barbara@equinenergy.com (website: www.equinenergy.com)

### 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

### Bowen Technique – module 1 & 2 (Residential)

**1-5 July**

Speaker John Wilks. To be held at Duncton Mill. Contact: tel 01963 440 542, email: mail@jwilks.co.uk (website: www.therapy-training.com)

### 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**

Speakers Matthew Walden 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)

### Neuromuscular Imbalance : assessment and correction

**2 July**

Speaker Grant Burrows. Organised by Osteopaths for Industry Ltd. To be held in London. Contact: tel: 01372 477 191, email: chrisoconnor.ofi@btinternet.com

### 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 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)



**Bowen Technique – module 1****30–31 July**

Speaker John Wilks. To be held in London.  
Contact: tel 01963 440 542, email: mail@jwilks.co.uk  
(www.therapy-training.com)

**Equine Behaviour, Horse Handling and Neuromuscular Re-education Skills****17–19 August**

Speaker Diana Thompson, CMT. Organised by Equinenergy.  
To be held at Writtle College, Essex. Contact: tel: 01507  
451413, email: barbara@equinenergy.com  
(website: www.equinenergy.com)

**Canine Sports Massage Certification Course****21–28 August**

Speaker Barbara Houlding. Organised by Equinenergy. To be  
held at Writtle College, Essex. Contact tel: 01507 451 413,  
email: barbara@equinenergy.com  
(website: www.equinenergy.com)

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

Course Directors or Susan Turner and Peter Cockhill.  
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)

**Cranio-Sacral Therapy Introductory Day****3 September**

Speaker Thomas Attlee. Organised by the College of Cranio-  
Sacral Therapy. To be held in London. Contact: tel: 020 7483  
0120, email: email:info@ccst.co.uk (website: www.ccst.co.uk)

**Preliminary 5-day course in Osteopathy in the Cranial Field****4–6 & 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 Atlee. 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, 90–92 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)

**Bowen Technique – module 1****26–27 September**

Speaker John Wilks. To be held at Wilenhall, nr  
Wolverhampton. Contact: tel 01963 440 542, email:  
mail@jwilks.co.uk (website: www.therapy-training.com)

**The Pelvis and Genito-urinary System****30 September–2 October**

Speaker Jean-Pierre Barral. 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****1–2 October**

Speaker Thomas Attlee. Organised by the College of Cranio-  
Sacral Therapy. To be held in London. Contact: tel: 020  
7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

**Structural Osteopathic Technique (Part III): Upper Extremity and Upper Cervical Spine****6 October**

Speaker David Tatton. 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)

**Harmonic Technique****8–9 October**

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)

**Clinical Nutrition – the Uses and Misuses of Supplements****20 October**

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)

**Technique – the Female Perspective: Lower Body****27 October**

Speaker Fional Walsh. 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)

## Classifieds

### RECRUITMENT

**CONFIDENT ASSOCIATE NEEDED FOR FRIENDLY** Kent practice. Wednesdays and Saturdays to be covered. Position will be open from mid-July when current associate leaving. Must be confident with IVM techniques and treating children. Please send CV's to Hawkhurst Osteopaths, 1 The colonnade, Rye Road, Hawkhurst, Kent TN18 4ES

**ASSOCIATE OSTEOPATH REQUIRED, TO WORK IN** Essex riverside town. The practice is situated in the heart of the historic high street, within a listed building. Initially the days available are Wednesday and Saturday with more to follow. Small friendly practice call Patrick on 01621 842750 or email Osteopat.murphy@virgin.net

**MATERNITY LOCUM REQUIRED** in Gibraltar from November 05 to May 06 in a multi-disciplinary practice, working 4-5 days a week. An interest in working with children and babies an advantage but not essential. Please send C.V. to Priscilla Hathiramani, 31 Knighsebridge Close, Montagu Crescent, Gibraltar.

**OSTEOPATH REQUIRED ASAP** to work in exciting multidisciplinary practice in Leicester. Good remuneration and support within team. Contact in the first instance Jonathan 0786 8822550 or email jonnyost@xtra.co.nz

**EXCELLENT OPPORTUNITY TO JOIN MULTIDISCIPLINARY CLINIC.** From September, you will be required to cover the Principals' maternity leave for approx. 6 months, on Mondays, Wednesdays & Fridays. On her return you will have the opportunity of a part time position to include Fridays. You must have excellent Structural and Communication Skills, and be confident in your liaison with health professionals. Applications to: The Harrison Clinic, Bridge Farm, Reading Road, Farley Farms, Arborfield, Reading, RG2 9HT, or enquiries@harrisonclinic.co.uk

**MATERNITY COVER REQUIRED FROM MID SEPTEMBER** to cover 4 days at 3 busy practices around the Salisbury district. An experienced Osteopath with IVM and treating children essential. Also sound structural base required. Tel 01747 820021

**SCOTLAND - 2 OSTEOPATHS WANTED** for full time work in established practice. Good admin support. Good remuneration. Beautiful city. Contact Gavin on 08700 500507

**MATERNITY COVER REQUIRED FROM JULY**, but possibly to start immediately, in multi-disciplinary country practice. Also opportunity for additional associate work in nearby Swindon. Please contact- Tina Rigby, The Oxford Practice, Malmesbury, Wiltshire on 01666 824560.

**ASSOCIATE REQUIRED IN SHREWSBURY, SHROPSHIRE** for friendly, well-established practice, 3 days per week. Mainly structural but some cranial useful. Position would suit organised, self-motivated person who is happy working on their own. Excellent conditions and good remuneration. Contact Fiona Adlard 07742 606254 or fiona@adlard.fsbusiness.co.uk

**EXPERIENCED OSTEOPATH REQUIRED** to work in well established Clinic (38 yrs) South Manchester Area. Willing to work alongside experienced Sports therapist and Acupuncturist. We are offering a large treatment room with reception services. Would suit practitioner who is willing to build up a new list. Contact 0161 428 49

**BEXLEY HEATH KENT. THE LESSNESS NATURAL HEALTH CLINIC** would like to hear from practitioners wishing to rent rooms within a multidisciplinary therapy centre. The clinic is easily accessible and parking is unrestricted. Contact: Jane Batty on 020 8312 2141

### 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

**QUEENSTOWN, NZ. ESTABLISHED PRACTICE** for sale. Mainly structural, lots of sport-related injuries. Good professional relationship with local GPs. Queenstown is a great place to live and bring up a family. Contact osteopath@queenstow.co.nz or katkris@xtra.co.nz

**ROOM FOR RENT IN A NEWLY BUILT** chiropody clinic. all modern spec, suitable for osteopathic use, including waiting room and en-suite facilities. Ready from August onwards, NW4 area for enquiries please call 020-8203-3078 or 07818-438552

**MULTI-DISCIPLINARY PRACTICE FOR SALE** in a High Street location of a busy East Surrey town. High financial turnover and profits. Includes freehold of practice premises and additional self contained flat. For more information please call Gary on 07973 426134

### 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

**SPD UPDATE CONFERENCE: A MULTIDISCIPLINARY CONFERENCE** about the up-to-date management and treatment of Symphysis Pubis Dysfunction. Speakers include Quentin Shaw, osteopath, physiotherapists, midwives, and an Obstetrician. Saturday 1st October 2005. Venue: Thames Valley University, Slough, Berkshire. Cost: £85 (students £70) includes lunch and refreshments. Further details: Contact the Pelvic Partnership: 01235 820921 or visit www.pelvicpartnership.org.uk

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Dr. Richard Baker, GP-Clinical Methods  
Roger Kerry, Physiotherapist - Vascular disorders  
Kate Hill, Medico-Legal Barrister - Consent  
Dr. Rowan Kenny, GP-Mens Health/ Sports Injuries  
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