

the OSTEOPATH

The magazine for Osteopaths

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CAM on the NHS**

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***Healthy Partnership* guide**

RCGP CAM Group

EU Presidency Workshop



CAM – branching out?

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Registrar's report

The Greek philosopher Epiktet demonstrated that "it is less the circumstances that make people suffer, and more the meaning they attribute to these circumstances". In management circles it is also being remarked more and more that the working world is changing like never before. Cultural barriers are dissolving; values are being questioned. It is suggested¹ that as a result [organisations] have to find their own behavioural guidelines and define what they regard as right and wrong. This is all fine and dandy, I hear you say, but for the "real world" pressures, demands and uncertainty. Nonetheless it is, to some extent, what osteopaths have been involved in over the past decade.

Is the evolution of the profession against this background of change, therefore, better embraced than rejected? On reflection, I think 'yes'. Evolving suggests life and growth. That is not to say change should not be challenged, as that is an integral part of the process to ensure realistic and workable outcomes. It is also important, though, to put change into context and to consider the wider influences and perspectives. Patient power contributed to the regulation of osteopathy and patients now have higher expectations than ever. They demand high standards and more say over their care, they want to be fully informed about their diagnosis, treatment and prognosis – and many more want to be treated 'on the NHS'. This month's magazine, therefore, focuses on these issues, and how osteopathy fits with this.

Our Patron, His Royal Highness, The Prince of Wales, has commissioned an independent report further to



inform the debate about the potential contribution of mainstream complementary therapies to healthcare in the UK. This study is known as the Smallwood Report and Brigid Tucker highlights the key points on page 10. We also report on new guidance for NHS commissioners on integrating complementary healthcare into primary care (page 17). One

such model has been developed by the embryonic Get Well UK and for those of you who have not attended one of this year's Regional Conferences, we introduce you to this initiative on pages 12-14. We report too on our work with the Royal College of General Practitioners to promote better understanding amongst GPs of the complementary contribution (page 15).

In addition to all of this, there is a good deal happening on the political front, within the UK and Europe. Sarah Eldred's report on pages 18-19 will help bring you up to speed with these complexities and challenges.

I feel sure that from all of this a healthy debate will ensue: ... complementary v. mainstream? ... are we truly 'primary contact/care practitioners? ... in the NHS? ... not for me the NHS? ... alongside the NHS? ... why do we seem to be championing a medical model of practice? ... I feel sure you will identify many more issues besides.

But I return to my opening quote: let us not attribute adverse or sinister meanings to the circumstances, but rather see the challenges of evolution as positive, rewarding and a golden opportunity to define the future of osteopathy.

Madeleine Craggs,
Chief Executive & Registrar

¹ Brian Bloch looking at how Germany is profiting from enlightenment

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Legislative Review 2005

As reported last month, you have until **10 December 2005** to consider and return your comments on the proposals put forward in the Legislative Review 2005 consultation document. This is your opportunity to feed into the review of the Osteopaths Act 1993 and its subordinate legislation, which makes up the General Osteopathic Council's (GOsC) procedural rules.

The document is some 50+ pages but you need not respond to all the proposed changes. Please give us your views on as many of the proposals



as interest you. The GOsC has commissioned an independent consultancy company to undertake the consultation and your completed questionnaire will be reviewed by them. If you have not received your copy please let us know.

Copies of the consultation document and questionnaire can be downloaded from the 'Latest news' section of the GOsC website: www.osteopathy.org.uk.

For further information, contact Kellie Green on tel: 020 7356 6655 ext. 236 or David Simpson on ext. 248.

Joint Regulators' Public and Patient Involvement forum 2005

The GOsC has joined forces with other regulators to form the UK Health and Social Care Regulators' Public and Patient Involvement (PPI) Group.

Comprising the General Medical Council, General Dental Council, General Optical Council, General Social Care Council, General Chiropractic Council, General Osteopathic Council, Health Professions Council, Nursing and Midwifery Council and the Royal Pharmaceutical Society of Great Britain & Northern Ireland, this forum seeks to share best practice and increase public and patient involvement in shaping and directing the delivery of healthcare.

PPI is a central theme of today's national and local policy decision-making and stems from the findings of the Kennedy Report on the Bristol Royal Infirmary (2001). The aim is to entrench genuine public and patient involvement and ensure transparency and openness in



all aspects of regulation. Examples of areas of interest and concern for the public and patients include complaints management and public access to data provided by the Statutory Register.

In addition to assisting the GOsC to enhance its own PPI strategy, the Group affords the profession another valuable

mechanism by which to improve awareness and understanding of osteopathic practice. The regulated healthcare professions are shortly to produce a joint public information leaflet and linked website information. Consultation with patient and public representative groups on more specific areas of health and social care regulation are planned.

For further information, contact the Communications Department – Brigid Tucker (ext. 247 or brigidt@osteopathy.org.uk) or Sarah Eldred (ext. 245 or sarahe@osteopathy.org.uk).



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

GOsC hosts EU Presidency workshop

The UK's EU Presidency conference on patient safety in Edinburgh on 13–14 October, included a parallel session – 'Bridging the Healthcare Gap' – devised and hosted by the General Osteopathic Council.

The conference brought together 150 representatives of Government Ministries and health and social care regulators from 27 countries, to discuss a series of recommendations to improve information exchange and patient safety across Europe.

The GOsC workshop provided a platform to raise the profile of UK osteopaths and register GOsC concerns about the current lack of consistent osteopathic regulation and training standards across Europe. GOsC Chairman **Nigel Clarke** highlighted the challenges faced by health professions only regulated in some European countries and the impact this has on patient safety. Sharing the platform, **Raimund Engel**,



GOsC Chairman Nigel Clarke with fellow presenters Raimund Engel (centre) & Peter Coe (right)

representing the Austrian Osteopathic Association, described the challenges this presents for practitioners, and **Peter Coe**, Chief Executive & Registrar, General Optical Council, demonstrated that the absence of consistent Europe-wide regulatory structures is a concern too for other healthcare professions.

The workshop provided a valuable opportunity to exchange information with representatives of European Governments and professional organisations from Malta, Germany, Latvia, Lithuania, Greece, Romania, France, The Netherlands, Norway, Denmark, Belgium, Switzerland and Italy.

Feedback has indicated that the need for consistent regulation of osteopathy across Europe could be considered as part of future Presidency work programmes.

For further information, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.

Federation for Osteopathic Regulation in Europe

The GOsC is to host a meeting of European osteopathic organisations in London on Friday, 4 November at the Royal College of Physicians. Awarded 'Associated Event' status as part of the UK's Presidency of the EU, this event brings together 35 representatives of 26 organisations from 15 European countries.

The GOsC has been actively lobbying to raise awareness of and support for our concerns regarding patient safety, in the face of a number of European Union legislative proposals. In this, we have joined forces with other health and social care regulators to form the influential Alliance of UK Healthcare Regulators on Europe (AURE).

The particular challenge to osteopathic patient care is that in most countries in Europe osteopathic practitioners are not uniformly regulated. This confounds the exchange of information between equivalent regulatory bodies regarding the fitness to practise and training standards of



a non-UK trained practitioner looking to gain access to the GOsC Statutory Register and practise in the UK. This absence of a consistent approach to professional regulation could also be said to limit the influence of the osteopathic profession as a whole on the European political stage.

This first meeting of the "Federation for Osteopathic Regulation in Europe" (FORE) will be chaired by GOsC Chairman **Nigel Clarke** and will offer a forum for debate with European osteopathic colleagues and explore the feasibility of a more formal network. The GOsC hopes that such a strategic partnership will improve information exchange and ultimately ensure that the public can be confident they will receive the same high standards of osteopathic healthcare wherever they seek treatment in Europe.

For further information, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.



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Promoting partnerships: GP workshops

As part of its objective to provide communications support to the osteopathic profession, the GOsC runs a series of interactive, regional GP workshops.

These workshops equip osteopaths with effective methods of communicating with GPs and other primary care practitioners, with the aim of increasing awareness of osteopathy and the practitioner's patient base. Led by osteopath **Robin Lansman DO** they are an opportunity for osteopaths to work together with a view to "marketing" osteopathy with consistency and confidence.

Robin says, "Reflective practice is intrinsic to building our role as primary carers. Even more so is the ability to verbalise and express exactly what we are aiming to achieve for our patients."

The key elements of the interactive workshops include:

- The osteopathic identity: How do osteopaths see themselves? How do other health professionals see osteopaths?

- What are the GP's needs? What can the osteopath offer?
- Establishing partnerships with local GP practices



- Making a presentation: preparation & delivery
 - Presentation content: GOsC promotional toolkit
 - Practical demonstration: the standing examination
 - Managing the sceptics
- Feedback from the previous nine regional workshops has been extremely positive and as a result we are planning further

workshops in 2006, with the first in the Eastern Counties on 27 January.

Locations will be determined by local demand. If you would like the GOsC to hold one of these workshops in your area, please call the GOsC Communications department on tel: 020 7357 6655 exts. 242 or 222, or email: GPWorkshop@osteopathy.org.uk, specifying your regional location.

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Benefiting from CAM

Brigid Tucker, Head of Communications

Debate about the benefits of Complementary and Alternative Medicine – or CAM – has seldom been more intense: a new report is published almost weekly and the media, both professional and popular, swing back and forth on the issue.

But for osteopaths, there is debate too in the very label – is Osteopathy CAM? Or do osteopaths consider their practice now to be mainstream healthcare? How do osteopaths wish to be regarded by others?

What are the pros and cons of being branded one thing or the other – what do these terms ‘CAM’ and ‘conventional or mainstream’ imply?

GPs interviewed for the Smallwood inquiry (see below) considered that referral to “Osteopathy was regularly justified by the fact that many GPs ‘do not consider osteopathy remotely fringe’, and that it ‘is not really seen as an alternative therapy anymore’.

The relatively conventional scientific rationale, comprehensive national oversight and regulation, as well as its demonstrable effectiveness ... made it an obvious choice for GPs”.

This verdict may please some in the profession and dismay others. Can osteopathy demonstrate it meets all the conventions now demanded of mainstream healthcare but still offer a dimension of care that seems elsewhere lost to convention? Has ‘the definition of osteopathy’ given way as our holy grail to a new question of definition?

In this issue, we review the current debate surrounding complementary medicine and the potential for developing new approaches to national healthcare – and we invite your views.

Smallwood report – NHS should embrace complementary medicine

Complementary therapies should be given a greater role in the NHS, according to a new report commissioned by The Prince of Wales. Results of an independent investigation into the potential



contribution to UK healthcare of the ‘Big Five’¹ complementary therapies – Osteopathy, Chiropractic, Acupuncture, Homeopathy and Herbal Medicine – were published on Thursday, 6 October and generated considerable media commentary.

The nine-month enquiry, led by **Christopher Smallwood**, former chief economic advisor to Barclays plc, investigated the evidence relating to effectiveness and associated costs of provision.

Osteopathy and chiropractic (considered together as ‘manipulation therapies’), along with acupuncture, are identified as three services where CAM could play a larger role and help to fill recognised gaps in national healthcare provision – especially in the treatment of chronic conditions, including back pain, anxiety, stress and depression. The report concedes that wider use may not necessarily result in significant direct cost savings for the NHS, but would benefit the wider economy. Back pain alone accounts for 200 million days lost from work each year at an estimated cost of £11 billion in lost production.



The report also recognises that many people in less well-off areas do not have access to these services, citing the shortage of treatments such as osteopathy and acupuncture in poorer areas: “Complementary medicine remains out of the reach for many low income families, those who would have found most benefit from its provision.”

A variety of models for integrating CAM into conventional NHS services are analysed, with particular, detailed attention given to Get Well UK as a potential method of delivering care through general practice to predominantly low-income, disenfranchised communities. Osteopaths attending the 2005 series of GOsC Regional Conferences will know something of Get Well’s work and of the osteopaths already involved in the project (see full report, pages 12-14).

The key conclusions of the Smallwood report are:

1. “Many of the most effective CAM therapies correspond to recognised ‘effectiveness gaps’ in NHS treatment, which suggests that they may have the potential to make an important contribution to

¹ As defined by the House of Lords Science and Technology Committee: 6th Report. Complementary and Alternative Medicine, 2000

the delivery of healthcare in the UK. The main areas identified comprise chronic and complex conditions, anxiety, stress and depression, and palliative care relating particularly to pain and nausea."

2. "Despite the fragmentary nature of the evidence, there seems good reason to believe that a number of CAM treatments offer the possibility of significant savings in direct health costs ... [or] deliver additional benefits to patients in a cost-effective way."
3. **"Our principal recommendation therefore is that Health Ministers should invite the National Institute for Health and Clinical Excellence (NICE) to carry out a full assessment of the cost-effectiveness of the therapies which we have identified and their potential role within the NHS, in particular with a view to the closing of 'effectiveness gaps'."**
4. "Since the psychosocial and chronic ailments where CAM seems able to make its best contribution are particularly prevalent in the deprived communities where people lack the means to pay for such care ... [there] will be a strong case for giving priority to extending the availability of CAM in these areas."
5. "[There] are substantial regional differences in the provision of CAM ... [these] disparities will also need to be addressed."

The report also made a number of other, consequential recommendations, including:

- Funds available for research into the cost-effectiveness of CAM treatments should be increased.
- The GP's role as 'gatekeeper' should be maintained as far as NHS provision of CAM therapies is concerned. But barriers that may stand in the way of GP referrals need to be removed. These are seen to include the lack of information about safety and side-effects and the legal position of doctors making referrals to CAM practitioners.
- More education should be provided to doctors and other health professionals and students in these disciplines, in order to familiarise them with the core CAM therapies and their applications.

Informing the debate ...

By commissioning the Smallwood report, The Prince of Wales hoped to encourage an "informed debate about how an evidence-based integrated approach to health, which draws on the best of both orthodox and complementary medicines, might offer wider benefits", according to a Clarence House spokesperson.

And debate – informed and otherwise – has since filled a good many column inches in the press in the wake of the Report's publication. **Edzard Ernst**, Professor of Complementary Medicine at the University of Exeter's Peninsula Medical School, challenged the conclusions: "We should use those complementary medicines which are backed up by good evidence. The uncritical integration of unproven treatments, however, would only establish double standards and turn out to be detrimental to all concerned, not least the patient."

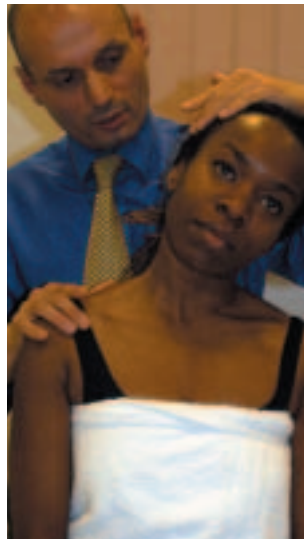
Dr Jane Maher, Chief Medical Officer at Macmillan Cancer Relief, welcomed the report, but argued: "It's clear now more research needs to be carried out on the safety and efficacy of complementary therapies and that they should be subject to the same evidence practice as other medicines." (BBC News, 6 October).

Professor Sir Graeme Catto, President of the General Medical Council (right), in the foreword to the Smallwood Report, expresses the view, however, that "this report indicates a practical way forward and deserves serious consideration as part of this important and continuing debate".



And in this continuing debate, osteopaths are already benefiting from the firm footing afforded by a recognised regulatory framework and the proactive establishment of a national Research Council. Osteopaths should ensure they continue to lead – and not be led by – the debate.

The Role of Complementary and Alternative Medicine in the NHS. An Investigation into the Potential Contribution of Mainstream Complementary Therapies to Healthcare in the UK, led by Christopher Smallwood, FreshMinds, October 2005, is available on www.freshminds.co.uk/aboutus/chr.htm.



Get Well – getting CAM on the NHS

Get Well UK and its charismatic Managing Director Boo Armstrong (below) will be familiar to the many osteopaths who have attended the GOsC Regional Conferences over the spring and autumn of this year. As public demand grows for increased access to complementary care on the NHS, the GOsC is exploring models of delivery that could make osteopathy available to a wider range of patients in the future. The work developed by Get Well UK is impressive and its commitment to benefit everyone – the patient, the practitioner, the GP and the NHS budget holders – is laudable.

The Amwell Medical Practice in North London that has housed a Get Well UK project since January 2005 agrees:

"The service is extremely professional – the information for clinicians and patients is well thought out and clearly presented, the systems and communication channels they have developed are efficient and easy to understand. We benefited from initial meetings both with the project coordinator and the therapists – all of whom were highly motivated to deliver care within primary care and develop joint working. We have experienced high patient take up of therapies and positive feedback both formally and informally. The service was saturated fairly rapidly and the balance of demand against capacity has been a problem. Should the PCT be in a position to fund complementary therapy it is hard to imagine a better model than the one developed by Get Well UK."

The interest in complementary medicine has intensified, with more people accessing services than ever before, a closer examination of what works and what doesn't work, a gradual increase in funding for such research, and a great deal more press interest. Get Well UK's model of provision was highlighted recently in the Smallwood inquiry, commissioned by Prince Charles to assess the role of complementary medicine in the NHS (see page 10).

As Director of community health project, Women & Health, in North London (1998–2002), Boo Armstrong recognised the benefits of complementary therapies. But Boo adds, "I also witnessed the daily frustration of GPs who recognised they hadn't all the tools to help

many of their patients, the complementary practitioners forced to volunteer their services to help NHS patients, and the many patients unable to afford the treatments they required."

The Get Well UK model

What emerged in May 2004, after 18 months of research and development, was a business model in which Get Well UK acts as the broker between the care providers, the NHS purchasers and the NHS patients. GPs act as the gate-keepers to the service, as recommended in the House of Lords Inquiry published in 2000. Free treatment for patients at the point of need is a cornerstone of the NHS and this is also true for Get Well UK.

It is a not-for-profit company and any future profits will be reinvested for the benefit of its stakeholders. There are currently three administrative staff and 21 self-employed practitioners. It is steered by an experienced Board of Directors, chaired by David Phillips OBE, a former Member of the General Osteopathic Council, previous Director of the Medical Protection Society and one time Chair of Wellhouse NHS Trust.

Get Well UK provides access to therapies that have a relatively strong evidence base and a regulatory framework for practitioners. As such, the range of therapies on offer in the future is likely to expand.

At a time when there is a significant shift in the NHS, from providing to commissioning services, it is important that organisations exist that are able to supply complementary therapies to the NHS, to meet the demand from patients. Several recent surveys show that two-thirds of patients want complementary medicine to be made available on the NHS.

Who are the patients?

The service is aimed at providing complementary medicine to patients in low socio-economic groups and ethnic minorities – people least likely to have good access to this kind of medicine. For many patients referred to the service, Get Well UK has become a central part of their pain management. A key feature of the scheme



Some of Get Well UK's patients

is the drive to educate patients about their own health which supports public health developments.

An independent audit of the first Get Well UK service, in Haringey, North London, undertaken by Professor Nicola Robinson, Head of the Centre of Complementary Healthcare and Integrated Medicine (CCHIM), Thames Valley University, showed the following patient demographics:

- 50% on benefits
- 77% ethnic minority
- 39% council tenants
- 32% no educational qualifications

Main referral reasons

- 55% back/neck pain
- 17% joint pain
- 11% depression, stress and tension

The report also showed that 40 GPs had referred patients to the service; there was a highly significant improvement in health outcomes for patients, and 75% were much less worried about their symptoms. (For the full report, see www.getwelluk.com.)

Who are the practitioners?

Get Well UK requires practitioners to be registrants or members of an appropriate professional body that sets core educational standards and has disciplinary and complaints procedures. Practitioners must have been in practice for a minimum of two years (post qualification) and be providing at least 20 treatments per month on a regular basis. A written application and an interview are required. Recruitment will take place in areas where new contracts are secured by Get Well UK, who will contact all osteopaths in the locality and invite practitioners to join the scheme.

What are the politics involved?

In February 2005, Melanie Johnson, then Parliamentary Under Secretary in the Department of Health, indicated the Government's support:

"I thank the Honourable Gentleman for notice of the question in relation to Get Well UK. We understand the benefit that many people get from complementary therapies. Local commissioning is a matter for local discretion, but we can see the benefits to local practices of an intermediary pulling together a range of services in the areas for alternative medical treatments."

Get Well UK received funding from a Treasury backed initiative called Futurebuilders. This gave the project some backing from the heart of Government and, as the funding is only for community organisations that provide public sector services, in the view of Get

Well's founders, it afforded something more valuable than money – the acknowledgement that complementary medicine provision in the NHS is a public sector service.

The future of Get Well UK

Get Well UK has been building up an infrastructure that it hopes will enable it to roll out similar services across the UK. Central to these developments is the creation of bespoke software to manage the relationships of those involved with the service. The system allows for appointment booking, administration, management, quality assurance, clinical governance and standardisation across new services. Secure and online, it will be possible to 'plug' into the NHS at a later date.

Securing contracts directly from health and social care purchasers is currently the organisation's biggest priority. Changes in purchasing arrangements within the NHS and the move towards Practice-based Commissioning (PbC) in NHS primary care may act as a driver for interest in the integration of CAM services and mean that the organisation is well positioned to secure contracts across the UK.

Boo Armstrong is confident that Get Well UK is establishing itself as a reliable and unbiased source of information on complementary therapies, well-equipped to respond to changes in regulation law and the concerns of GPs. This will allow GPs to refer their patients not just to practitioners whom they know, but to a service that meets NHS clinical governance requirements. Most important of all "Many more patients will be able to use health services like osteopathy and acupuncture which can play an essential role in reducing pain and stress. Too many patients are over-medicated and on waiting lists for conditions that are treatable. Aneurin Bevan said in 1946 that 'preventable pain is a blot on any society' and we aim to wipe out that blot."

Health inequalities investigated

Get Well UK has commissioned policy advisers Fellows' Associates to produce a report on complementary healthcare and health inequalities. Entitled *Public health, private wealth*, the report is expected to recommend that osteopathy be made generally available on the NHS, along with chiropractic and acupuncture, according to a statement by Fellows' Associates.

The report is due for publication in early November and we will review its recommendations in next month's issue.

For further information about Get Well UK, see www.getwelluk.com, or contact: Get Well UK, 9 Delancey Street, London, NW1 7NL, tel: 0870 438 9355, or email: boo@getwelluk.com

Get Well UK – the practitioner's view

Deborah Smith (pictured), an osteopath working with Get Well UK, gave delegates at the GOsC Harrogate Conference an insight into the practicalities and challenges of working within the NHS.

"I feel I have developed as a practitioner over the past 18 months while being involved with Get Well UK."



Deborah went on to explain that practitioners working for Get Well UK are afforded complete autonomy in terms of patient management, including treatment intervals and modalities used. The Get Well UK office oversees most of the administrative work, freeing up practitioners to concentrate on treating patients and delivering a good service.

"We are actively involved in research and contributing to a growing database that is sure to be a valuable resource for future research. For every patient we treat, £1.50 is added to a personal learning account, for training and development. Over the year this adds up to a significant contribution towards CPD costs.

"Within the Haringey contract we are a team of 12 multi-disciplinary practitioners. It is great to be able to work alongside others and easily inter-refer. Monthly clinical supervision offers a valuable opportunity to meet with other practitioners and discuss patient management. We often find we have completely different approaches to patient management and the roots of their problems – this allows for some interesting and lively discussions.

Supervision enables us to step back from our patients and re-appraise a case with a fresh view. Most of our patients are chronic, with multiple medical conditions, and almost invariably have significant psychosocial issues. Patient management can be very difficult so supervision is of welcome assistance.

"The North-London community in which I work includes a lot of Turkish and Somali families, so there is often the need to work with advocates. Working with translators certainly makes you much more concise!

"All of my patients have improved over the course of treatment, but given most patients' chronicity and psychosocial issues, and the limit on the number of treatments available, treatment goals have to be considerably altered. For some, it is enough to be able to sleep through the night to improve their quality of life significantly. Many are living in temporary accommodation, so advice such as 'you need a new mattress' or 'you must sit in a better chair' is useless. While it may be necessary to alter expectations of outcomes of treatment, it is nevertheless rewarding to be able to make a significant difference and patients are extremely grateful for any improvement in their quality of life.

"I am pleased to be involved with a new, growing organisation which is forward-thinking in the way in which access to complementary health can be extended to so many more who might benefit from it. I believe that this method of sub-contracting, via private organisations such as Get Well UK, is going to be the future for the integration of osteopathy into the NHS."

GOsC Promotional Material Ordering Service for Osteopaths



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

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

RCGP establishes CAM Action Group

The GOsC has been working with the Royal College of General Practitioners (RCGP) to improve working practice between GPs and osteopaths. The RCGP has invited organisations representing regulated and recognised providers of complementary and alternative medicine (CAM) to work together to improve understanding between practitioners.



This RCGP CAM Action Group, chaired by current Vice-chair of the Royal College Dr Graham Archard (left), brings together professional bodies representing Osteopaths, Chiropractors, Homeopaths, Acupuncturists and Herbal Medicine practitioners. The Group also includes representation

from The Prince of Wales's Foundation for Integrated Health, the Department of Health, the Research Council for Complementary Medicine, including directors of the National Electronic Library for CAM (NeLCAM), and the Universities of Westminster and Southampton.

The initial aims of the RCGP are to address the concerns of GPs regarding the evidence underpinning CAM practice and to improve professional relations between the GP and CAM practitioner at a local level.

The GOsC has indicated that the profession's own broad objectives for collaboration through this Group initially include:

- Improved awareness and understanding amongst GPs of (a) the regulatory status of osteopaths and (b) the contribution of osteopathy to patient health – to inform patient choice and PCT commissioning.
- Improved communication between the GP and the osteopath regarding the patient's care (e.g. agreed referral guidelines, information exchange, x-ray/imaging arrangements, access to patient records).
- More effective inter-professional collaboration to improve services for patients with musculoskeletal conditions and chronic pain (e.g. multi-professional triage, pilot services to assess outcomes, cost effectiveness, etc).
- Inter-professional focus groups to further develop best practice and assess existing services delivering good outcomes. Regional networks of practitioners to establish working relationships.
- Cross-professional CPD activities (e.g. exploring treatment options for common yet costly conditions like back, neck and knee pain, etc). delivered through regional & local CPD events (e.g. postgraduate training centres).

For further information, contact the Communications Department – Brigid Tucker (ext. 247 or brigidt@osteopathy.org.uk) or Sarah Eldred (ext. 245 or sarahe@osteopathy.org.uk).

NHS to introduce Musculoskeletal Services Framework

The Department of Health (DH) has indicated that the long-anticipated Musculoskeletal Services Framework is expected to be introduced on Wednesday, 9 November.

In line with other DH service-delivery policy, the Framework will set new NHS targets for delivering care to patients suffering from musculoskeletal disorders and will provide best practice guidance to primary care organisations on developing services to meet the targets.

Patient demand on NHS musculoskeletal services is already taxing existing capacity and the GOsC has been pressing the DH to recognise, in the anticipated Framework, the increasing potential for osteopaths to

contribute to achieving service delivery targets. This fits well with emerging Government policy to commission more NHS care in the independent and private sectors.

The GOsC has also been involved in the drafting of DH patient advice and website resource booklets, which are to accompany the Musculoskeletal Services Framework and should also be published on 9 November. **A full report will follow in the December issue of *The Osteopath*. For further information contact the Communications Department – Sarah Eldred (ext. 245 or sarahe@osteopathy.org.uk) or Brigid Tucker (ext. 247 or brigidt@osteopathy.org.uk).**

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New integrated health guidance for commissioners and GPs

The GOsC has contributed to a new guide published this month by The Prince of Wales's Foundation for Integrated Health, highlighting new contractual and commissioning arrangements in the NHS that can be utilised to improve integrated services.

A *Healthy Partnership: integrating complementary healthcare into primary care* advises Primary Care Trust commissioners and GPs on practical approaches to combining complementary and orthodox care.

Guidance is offered on:

- How to develop a complementary service within an NHS framework.
- How to get funding for complementary healthcare.
- How to find out if a complementary practitioner is regulated.
- How to ascertain whether a practitioner's training is adequate.
- How to find supporting evidence for the use of



complementary approaches or find out what may be best for a particular condition.

A series of case studies illustrate innovative ways in which integrated care is already being delivered.

In their Foreword, Dr Michael Dixon (Chair, NHS Alliance) and Dr Pete Smith (Vice-chair, National Association of Primary Care), note: "The Department of Health command paper on patient choice published in autumn 2004 was the first official document that accepted the need

for the NHS to take a new look at complementary health and care in the era of patient choice. The advent of integrated health and care is no longer a question of 'if' but of 'when?' and 'how?'"

A Healthy Partnership: integrating complementary healthcare into primary care (£5.00) is available from Education Distribution Service, Education House, Castle Road, Sittingbourne, Kent, ME10 3RL, tel: 01795 427614, fax: 01795 474871, email: info@edist.co.uk.

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Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Government launches vision of future Welfare State

The Government published its proposed plans to reform the Welfare State on 10 October. Set out in *The 8 Principles*, the aim is to move away from a culture of dependency to one of self-reliance, for example, enabling those currently on benefit back into work. Of particular interest is Principle 5, which recognises that Government must provide the right support at the right time and includes "... early and appropriate medical and complementary therapy interventions, to innovative occupational health programmes ...". For further information visit: www.dwp.gov.uk/aboutus/welfarereform/principles.asp.

This shift towards timely treatment from a wider range of healthcare professionals ties in with the initial recommendations of the draft Musculoskeletal Services Framework, now scheduled to be launched on 9 November. See page 17 for further information.

Investigation recognises NHS cost savings of osteopathy

An investigation into the potential contribution of mainstream complementary therapies to healthcare in the UK was published on 6 October¹. The principal recommendation of this initial study was for Health Ministers to press the National Institute for Health and Clinical Excellence (NICE) to carry out a full assessment of the cost-effectiveness of the therapies identified (including osteopathy) and their role within the NHS.

Commissioned by The Prince of Wales and led by **Christopher Smallwood**, the enquiry looked at the evidence relating to the effectiveness and associated costs of mainstream complementary therapies which could meet the needs of current healthcare provision.

¹ *The Role of Complementary and Alternative Medicine in the NHS*. An investigation into the Potential Contribution of Mainstream Complementary Therapies to Healthcare in the UK. Led by Christopher Smallwood, FreshMinds, October 2005.

Osteopathy was considered under 'manipulation', along with chiropractic, and was found to offer advantages over conventional treatment for lower back pain, particularly acute pain. Related costs savings were identified not only in terms of benefit payments (as patients return to work more quickly), but also with gains for the wider economy as output and productivity losses are avoided. See report on page 10 for further information.



Party Conferences

Liberal Democrats:

Steve Webb (right), Shadow Health Secretary, addressed Liberal Democrats in Blackpool, highlighting how health inequalities have worsened under Labour with the creation of a competitive market. He



called for a cooperative approach based on local accountability. "We need cooperation, not competition in the NHS", he argued. "If a hospital develops a good way of treating patients, that good practice should be shared throughout the NHS, not covered up in case the competition finds out." Mr Webb called for local health decisions to be taken by frontline staff answerable to local people, not Whitehall.

Labour:

Tony Blair told conference that NHS reforms will continue to break down the old monolith, bring in new providers and allow patient choice. By 2008, booked appointments will reduce the average wait to nine weeks. He also said that next month the Government would publish proposals to radically reform incapacity benefit – helping people who can work back into the workforce.

Health debate: The Labour leadership's plans for increased competition in the NHS were defeated at the conference in Brighton on 28 September. Health Union UNISON called for the suspension of competition and for consultation at all levels of NHS management. Secretary of State, **Patricia Hewitt**, has rejected accusations of privatisation, arguing that use of the private sector will bring down waiting times and lead to more innovation.

Health Fringe: 36 health-related organisations took part in the 'Health Hotel', organising some 27 fringe meetings on health issues, most with ministerial attendance. One meeting, "The Shipman Legacy – what now for professional regulation", was sponsored by the Nursing and Midwifery Council and attended by Lord Warner. UNISON, with representatives from the GMB, Amicus and TGWU unions, hosted a fringe meeting on "Why we should oppose the European Union Services Directive".

Conservatives:

The Conservative Conference in Blackpool focused largely on the leadership election rather than policy. A new leader will be announced on 6 December after a vote by MPs and then party members. **Andrew Lansley** remains the Shadow Health Secretary but a new leader can be expected to appoint his/her team by mid-December.

House of Commons

Parliament has now resumed business following the summer recess.

The Select Committee on Health

The GOsC will be writing to all members of the Health Select Committee, highlighting the anticipated Musculoskeletal Services Framework and linking this to the Health and Safety Executive statistics on MSDs (as highlighted in last month's update).

As 60% of those on long-term sick leave cite MSDs as the reason for absence, we will point out the important contribution made by osteopaths in helping people back to work. This issue is particularly pertinent given the forthcoming publication of the Green Paper review of incapacity benefit.

All Party Groups

Before the summer recess, a number of groups were placed on the All Party Parliamentary Group (APPG) Register. Of interest to the GOsC and osteopaths are the APPGs on:

- Integrated and Complementary Healthcare
 - Occupational Safety and Health
 - Patient and Public Involvement in Health
 - Patient Safety
 - Primary Care and Public Health
- and the
- Associate Parliamentary Health Group

To date, the All Party Group on Back Care has not registered.

Kensington and Chelsea PCT

The continuation of osteopathic services at the Kensington and Chelsea (K&C) PCT was still being debated by the PCT's Professional Executive Committee at a meeting last month. Osteopath Manager **Jo Torren** presented a case for the service.

Following concerns that the Osteopathic Department was threatened with closure, as the PCT sought to tackle a £14.5m deficit, the GOsC wrote to **Sir Malcolm Rifkind MP** in July seeking his support. In a reply to Malcolm Rifkind, dated 5 August, **Richard Carroll**, Interim Director of Operations, gave assurances that work has been undertaken to look at how the PCT will commission a "future musculo-skeletal service". The letter notes that "there was a recognition within the PCT, and also by the Board, that the osteopaths provide a valuable contribution and clearly it would have been very unfortunate to arbitrarily cease provision of one service only to find that it may be deemed necessary as part of a future musculoskeletal service". He also confirmed that Westminster PCT would not continue to commission the current osteopathy service after October 2005.

Andrew Kenworthy took up his post as K&C Chief Executive in September and the GOsC has also written to him seeking confirmation of the future status of the osteopathic service. We are currently awaiting a response from Mr Kenworthy.



European Union

UK Presidency – Edinburgh

Workshop

GOsC Chairman **Nigel Clarke** was joined by **Raimund Engel** from the Austrian Osteopathic Association and **Peter Coe**, Chief Executive and Registrar of the General Optical Council, at the GOsC-led workshop – 'Bridging the Healthcare Gap' – in Edinburgh on Friday, 14 October. See page 7 for a full report.

Federation for Osteopathic Regulation in Europe (FORE)

The GOsC will be hosting a meeting of European osteopathic organisations in London on 4 November to explore a number of issues concerned with regulation and patient safety. See page 7 for a full report.

Directive on Mutual Recognition of Qualifications

The Directive on Mutual Recognition of Qualifications was published in the EU Official Journal on 30 September. The purpose of this Directive is to make labour markets more flexible across Europe, however, the GOsC has a number of concerns about the practical application. These emanate from the lack of osteopathic regulation across Europe and the impact this has on patient safety. The Directive has now come into force and Member States have until 20 October 2007 to transpose the Directive into national law.

Services Directive

The controversial draft Services Directive continues to be delayed in the European institutions. This proposal 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 UK Government (as holder of the EU Presidency until the end of this year) is responsible for brokering a position on this dossier. It is understood from the UK Government that the position on health is to exclude publicly-funded healthcare but include privately-funded healthcare.

The GOsC is continuing to work with the Alliance of Healthcare Regulators on Europe (made up of the nine health and social care regulators in the UK) to raise concerns about such legislative proposals. The GOsC will await the adopted committee text and consider briefing UK MEPs prior to the full vote in Plenary.

If you have any comments or questions about Political round-up, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.

Steer Clear of Back Pain

Last month's annual BackCare Awareness Week saw the launch of the GOsC's *Steer Clear of Back Pain* campaign, aimed (initially) at London's taxi drivers. The GOsC has won funding from the Health and Safety Executive (HSE) for a campaign to run in conjunction with the HSE's *Backs!2005/6* initiative. In this, the GOsC will be working with the London-based Osteopathic Education Institutions to raise awareness, amongst taxi drivers and their passengers, of the role osteopathy has to play in treating and preventing back pain.

The *Steer Clear* campaign has already been widely promoted to national and regional press (press release

available from our website www.osteopathy.org.uk) and was featured in *Taxi* newspaper, the most widely read trade publication for London cabbies, with a circulation of over 14,000. We have already received a number of enquiries ahead of the campaign launch week in December.

From 5-9 December, information packs offering osteopathic advice on managing and avoiding back pain will be distributed to commercial drivers, who will also be able to take advantage of an initial, discounted osteopathic consultation at one of the London teaching clinics in the New Year.

A day at the Palace

Edwin Helder BSc (Ost), Worcestershire

As part of BackCare Awareness Week and on invitation by Optimum Health in Redditch, I spent Wednesday, 19 October at Buckingham Palace providing osteopathic advice to the Royal Household Staff. They included painter/decorators, cooks, maids, office staff and horse trainers. You won't be surprised to hear that they displayed the same problems that I (and you) see on a daily basis, often stemming from hectic lifestyles, lack of exercise,



poor diet, and stress. Working alongside me were fitness instructors and on-site masseurs and the staff were also provided with classes in Alexander techniques and core stability.

The Queen, unfortunately, was not in residence at the time but it was nevertheless an interesting and exciting day. It is great to be able to 'spread the word' and also find a very positive attitude towards complementary medicine ...

Back care workshops – volunteers required

BackCare Awareness Week promotions also included a presentation by osteopath Robin Lansman to the Health and Safety Executive's London Health in Work Group. Arising from this, the GOsC has been invited to participate in a "Dealing with Back Pain" awareness initiative being developed by the Department of Work and Pensions for over 7,000 of its Jobcentre Plus staff.

A launch event in London on 28 November will offer an opportunity to raise awareness of osteopathy, and

will be publicised across District, Regional and National Internal magazines.

Osteopaths interested in attending London Jobcentre Plus sites during an awareness week commencing 5 December to advise staff on dealing with back pain, should contact the GOsC Communications Department, ext. 228.

It is hoped both these workshops and the *Steer Clear* ... campaign will provide the initial steps towards nationwide osteopathic awareness initiatives.



Thomson Closing dates

November

North Devon	04-11-05
Stoke on Trent (Potteries)	04-11-05
Nottingham	25-11-05

December

Mansfield	02-12-05
Kettering	02-12-05
Leicester	02-12-05
Salisbury	09-12-05
Walsall	09-12-05

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.



NCOR news

Carol Fawkes BA (Hons) DO, Research Development Officer

Research hubs

The research hubs that have been recently formed have now met for the first time. Members of all hubs have helped to produce a draft version of a data collection form for osteopathy to be used in the systematic data collection project. All of the hubs have expressed their particular views which demonstrate the areas of information they feel the profession needs. The hub meetings have been lively occasions and anyone else who would like to attend future meetings should contact Carol Fawkes on tel: 01273 643457, or email c.a.fawkes@brighton.ac.uk. Everyone is welcome and you don't need to have any prior knowledge of research to come along.

There will be another round of hub meetings throughout the next few months. Dates arranged so far are:

Oxford: Wednesday 2 November, 7 – 9pm

Leeds: Tuesday 8 November, 7 – 9pm

Exeter: Saturday 26 November, 10am – 12pm

Haywards Heath: Sunday 4 December, 10am – 12pm

London: Tuesday 6 December, 7 – 9pm

Bristol: Thursday 26 January, 7 – 9pm

Forthcoming courses and conferences

6th International Conference on Advances in Osteopathic Research (ICAOR), British College of Osteopathic Medicine, 31 March – 2 April 2006.

Further information can be found at www.bcom.ac.uk/research/icaor6.asp.

2nd International Evidence Based Physical Therapy Conference and Exhibition, Business Design Centre, London, Saturday 20 May 2006. Further details can be found at www.heseminars.com.

ESO 5th International Conference, "The Dimensions of the Palpatory Space", Boxley, Kent, 22 – 25 June 2006. Further details are available from Corinne Jones on tel: 01622 671558, or email: corinnejones@eso.ac.uk.

Conference report

12th International Symposium on Complementary and Alternative Medicine (CAM), Peninsula Medical School, Exeter, 19 – 21 September 2005.

Professor Edzard Ernst is well known to members of any profession associated with complementary medicine; his papers and reports frequently reach a variety of media. Each year he chairs the Exeter conference which hosts speakers from all sections of CAM. It was a little disappointing this year to find that only two speakers gave presentations on osteopathic research and they, as with so many other presenters, came from Germany. They presented research into the osteopathic treatment of pelvic leiomyomas and the investigation and management of whiplash patients who are unresponsive to treatment.

The second osteopath reported that his research group had attempted to profile patients in terms of whether they could be described as suffering from post traumatic stress disorder. They found many patients suffering the chronic effects of a whiplash injury could be categorised in this manner. Trying to ascertain the management proved slightly more difficult; when asked about their treatment approach, the osteopath presenting the study could only explain that he worked on the patients' kidneys. The language barrier made further questions and explanation impossible. A strong naturopathic approach was reflected in both presentations. Both presenters also made the point that as osteopathy is essentially a form of private healthcare in Germany, the researchers were self funding. It is extremely regrettable that attracting funding for osteopathic research seems to be a significant problem in many countries.

The next issue of *The Osteopath* will conclude the tutorial on Critical Appraisal Skills, covering research design and basic statistics.

Low back pain: Can studying the process of care across professions provide more answers?

David Evans BSc (Hons) Ost, Steven Vogel DO (Hons),
Alan Breen DC PhD, Nadine Foster DPhil MCSP

There is fairly strong evidence to suggest that current treatment given by osteopaths for low back pain (LBP) provides moderate positive outcomes (MacDonald & Bell 1990, Burton *et al* 2000, Williams *et al* 2003, 2004, UK BEAM Trial Team 2004a, b). However, are there other ways to develop the quality of care for people with low back pain (LBP) rather than testing particular approaches? Maybe it's time we took a closer look at what we are presently doing with our patients rather than just focussing on measuring the outcome.



David Evans

To investigate the decision-making processes that affect the aetiology, prognosis and care of patients with musculoskeletal pain, a multi-disciplinary group of researchers have formed a collaboration – the Musculoskeletal Process of Care Collaboration (MPCC). This includes researchers who are members of the osteopathy, chiropractic and physiotherapy professional groups, as well as an academic psychologist and general practitioner. The collaboration's research programme provides an opportunity for interdisciplinary work to assess professional models of health and illness and their influence on healthcare delivery and outcomes, by examining the processes of care across and between the disciplines. These phenomena are often difficult to study meaningfully from uni-disciplinary perspectives. The use of a multidisciplinary approach, strengthened by combining quantitative and qualitative research methods offers a more penetrating analysis of the issues.

One of the MPCC studies currently underway is the 'Chiropractors, Osteopaths and Musculoskeletal Physiotherapists Low back pain Management' (COMPLEMENT) trial. This study is aiming to test the effectiveness of an educational package on bringing the beliefs and reported management of the included practitioners more in line with recommendations based on research evidence. The project was an entirely multi-disciplinary venture from the outset, demonstrating considerable cross-professional co-operation. Not only has the trial been designed by a multidisciplinary research group, but the way in which it was funded was also quite



Steve Vogel

unique. The osteopathy arm was funded by the Osteopathic Educational Foundation and the General Osteopathic Council. In a similar way, the chiropractic arm was jointly funded by the British Chiropractic Association and the Anglo-European College of Chiropractic Treatment-a-Month Club.

The cost of the physiotherapy arm was met entirely by the School of Health and Rehabilitation, Keele University. In addition, the trial was co-ordinated and managed through a partnership between the Research Centre at The British School of Osteopathy, the School of Health and Rehabilitation, Keele University, and the Institute for Musculoskeletal Research and Clinical Implementation at the Anglo-European College of Chiropractic.

Amazingly, this is only the third study we are aware of that has looked collectively at these professional groups in the UK; the first being Langworthy *et al* (2000) and the second, Pincus *et al* (2005). Whilst the main results of the COMPLEMENT trial are not yet known (follow-up data are currently being analysed), the large volume of data collected in the first phase of the study has already allowed the research team access to some interesting 'bonus' findings. Specific details will appear first in future peer-reviewed publications and then summaries will be reproduced for *The Osteopath*. However, along with expected findings regarding patterns of treatments used, practitioners' beliefs at baseline also differed markedly according to their professional background. These findings are important as differences in the processes of care between the professional groups have up to now been suspected, but unknown. Another study by members of the MPCC demonstrates similar patterns of beliefs between these professional groups in the UK (Pincus *et al* 2005). Perhaps these findings could even shed light on the results of previous studies (Meade *et al* 1990, 1999, Pincus *et al* 2000).

Although osteopaths may often resist their art being associated simply with treating LBP, it is an important and frequent health complaint. Whilst recognising that individual practitioners have their own explanations and certainties, the best available research literature shows that it is notoriously hard to provide an accurate diagnosis for

most LBP patients, and even more difficult, if at all possible, to prevent episodes of LBP in the first place.

No single approach seems to hold the key to the LBP puzzle. This is demonstrated by the plurality of approaches available, some being more effective than others for certain patients, with most shown to have only modest effectiveness when applied across the entire LBP population. These approaches are available through several professional groups, each of which spends the majority of their working time with LBP patients. Most notably, they include osteopathy, chiropractic and musculoskeletal physiotherapy (there are of course other groups that manage LBP, including general practitioners, rheumatologists, acupuncturists, massage therapists and psychologists).

Such plurality of management is generally rare in healthcare, and only occurs where a healthcare problem lacks a clear solution. Another example of such a situation is minor mental health problems, which are extremely prevalent and difficult to solve, and are in turn managed by several therapists, including counsellors, psychologists, psychotherapists, psychiatrists and hypnotherapists to name but a few.

The main results of the COMPLEMENT trial should be available later in 2005, and will be published in peer-reviewed journals. The full details of the study design can be found at <http://www.biomedcentral.com/1471-2474/6/41>.

The MPCC steering group comprises:

Mr Steven Vogel

Senior Research Fellow, Research Centre,
British School of Osteopathy.

Professor Alan Breen

Director, Institute for Musculoskeletal Research
and Clinical Implementation, AECC, Bournemouth

Dr Nadine Foster

Primary Care Sciences Research Centre
and School of Health and Rehabilitation,
Keele University

Professor Martin Underwood

Professor of General Practice, Centre for General
Practice and Primary Care, Queen Mary,
University of London

Dr Tamar Pincus

Reader in Psychology, Royal Holloway,
University of London

For more information, visit
www.musculoskeletal.org.uk

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BBENSCH

The Jury's verdict is ...

Philip Aarons BSc(Ost) MICO DHMSA, Hertfordshire

BBENSCH was called to order on Sunday 11 September for the last meeting of the year. On trial, as always, was the value, understanding and place of osteopathy. The Judges, dressed in gowns of jeans and shirts, duly summoned the list of speakers – **Caroline Penn, Walter McKone, Dr Julie Evans and Janine Leach** – who all presented their cases



Jan Leach, Claire Merriweather and Caroline Penn

eloquently, succinctly and passionately. The Jury, our osteopathic brothers and sisters, sat, listened and nodded in approval.

The cases presented ranged from occlusion classifications, TMJ analysis and thumb-sucking to pain management and the celestial nature of osteopathic philosophy. The highlight for me was Walter's summary of the thoughts behind the lesion. Understanding where we are now is more than the sum of our own lives. It is

also the sum of the past that represents our changing thought patterns. Evolutionary medicine moulds today's thinking. To truly understand our science we must learn from our past. His analogy to *Fantasia*, making dead matter dance, awoke many of us from the trance that complacent education lulls us in to. The anatomical patterns and Stillain's interpretation had us all glued and wanting more.

All the speakers were lively, thought-provoking and most of all guiding. CPD, although now compulsory, should be about encouragement, stimulation and keeping alive the core values that we all practise and believe.

In summing up, BBENSCH has managed to achieve this and continues to attract high quality speakers. If you have not yet had the opportunity to attend the meetings, I encourage you to do so. Together we stand.

London Osteopathic Society

Meeting update

Tony Longaretti DO, London

At our last meeting on Tuesday 20 September, **Professor Laurie Hartman DO** (right) gave a talk on 'Modern Techniques and their Uses'. Despite sustaining serious injuries in an accident three years ago, Prof Hartman has made a remarkable recovery, and believes his techniques have actually improved since this incident as they are now more instinctual. He then demonstrated the principles he had outlined. He has kindly made available his presentation to us and this is available in edited form via our website. However, please note that it is a large file at 517kb so you



should be sure that your system can cope with a download of this size. It is in MS PowerPoint format.

'Tissue Physiology' is the theme of our next meeting on **Thursday 10 November** at the University of Notre Dame, 1 Suffolk Street, London SW1 (tube: Piccadilly Circus or Charing Cross). **Prof Geoff Goldspink** will be discussing current thinking on muscle repair, followed by **Dr Ng** who will illustrate the latest imaging techniques for detecting soft tissue injury. **Further details are available on our website – www.zyworld.com/los.**

Scottish Osteopathic Society

Annual General Meeting

Fiona Davison DO, Aberdeen

This year our AGM was held at the spectacularly grand Dunblane Hydro Hotel on 3 September. Our morning speaker was **Dr Mitchell Flores**, one of the team working for the Active X Osteopaths group. Mitchell spoke of his extensive training as a Doctor of Osteopathy in the USA, which left us all truly humbled at the level of commitment our stateside counterparts must demonstrate to gain their qualification. After our AGM business and lunch concluded we launched into our afternoon programme with osteopath Andrew Patterson leading the discussion on (dare we print this ?) the GOsC Obtaining Consent guidance. Finally our keynote speaker,



nutritionist **Dr Chris Fenn**, taught us how to 'Beat Stress and Eat for Success'. An experienced lecturer, Chris has perfected the art of keeping her audience awake by offering prizes for correct answers!

Those who stayed for dinner had a most delightful and entertaining evening as our group's table had been strategically placed between two hen parties.



There was a membership turnout of 65% for this event and it was good to see so many new faces at the meeting. Our next meeting is planned for **Sunday 26 February 2006** at the **Hilton Dunkeld**. For further information contact me on tel: **01224 635999**. Hope to see you there.

Osteopaths@Worcester

Talking TMJ

Sue Brazier DO, Worcester

On 15 September, **Mr Phillip Earl**, Consultant Oral and Maxillofacial Surgeon, talked to our group about TMJ dysfunction and malocclusions. He gave an insight as to how he treats the group of diseases commonly affecting the TMJ and reported that the overwhelming majority of these dysfunctions are due to mechanical problems.

Mr Earl explained that x-rays are of little value unless used to assess degenerative disease and MRI is the test of choice. Patients often present with symptoms of pain with joint noises (pop, grate or crack), restricted movement, altered bite, numbness and painful teeth/gums.

Management can range from advice and reassurance to mouth guards, stress management, analgesics and physiotherapy (we discussed the role of osteopaths and I'm sure he's enlightened now!). Arthroscopies are



occasionally required, but it seems this is only in extreme cases. It was an excellent evening and very interesting to hear another view on TMJ treatment and management.

Forthcoming meetings

Thursday 24 November 2005

7pm – 10pm

Mr David Robinson, Consultant Orthopaedic Surgeon

An update on the aetiology, diagnosis and surgical treatment of the shoulder joint. David has a special interest in arthroscopic assessment and treatment of the shoulder. £30.00 per person (includes refreshments)

For further details, or to book a place, contact Sue Brazier: Osteopathic Clinic, Upton Road, Callow End, Worcester, WR2 4TY or tel: 01905 831495.



British School of Osteopathy

CPD Courses: www.bso.ac.uk/cpd

THE VISCEROCRANIUM & DENTAL CONSIDERATIONS

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

Material covered will include:

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

This course is open to practitioners who have satisfactorily completed two BSO Preliminary courses (or SCC equivalent) and had a minimum of a year's clinical practice in this field.

Dates: 26th & 27th November 2005

Deadline for applications: 11th November 2005

Course Fee: £350.00

Course Leader: Nick Woodhead

BASIC ERGONOMICS COURSE *for osteopaths interested in musculoskeletal disorders in the workplace*

Taught by professional ergonomists, the course consists of two weekends at the BSO and there will also be a site visit. Following this students are required to visit a workplace and write a report.

This course aims to:

- ## Demonstrate general understanding of ergonomic principles applied to the workplace
- ## Identify and understand the causal risk factors for musculoskeletal injury
- ## Give ergonomic advice to patients
- ## Understand ergonomic risk-assessments
- ## Suggest ergonomic interventions for office workstations and systems
- ## Appreciate environmental aspects of good ergonomic design

Dates: 14th & 15th January and 26th & 27th February 2006

Deadline for applications:

Course Fee: £350

Course Leader: Sheila Lee

OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY

This one-day course of structured practical/tutorial sessions, following short lectures, is designed to help practitioners to overcome some of the difficulties commonly encountered in the early days of putting Dr Sutherland's approach into clinical practice.

This course is open to practitioners who have previously attended one, or more basic 5-day courses at the BSO (or SCC equivalent).

Date: 4th March 2006

Deadline for applications: 17th February 2006

Course Fee: £95

Course Leader: Nick Woodhead

Location for the above courses: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE
For an application of any of the above courses to be sent to you, please contact
Gayda Arnold – 0207 089 5315 or g.arnold@bso.ac.uk

Free sports medicine courses

Clive D Lathey DO, London

An Australian sports medicine company, "Pure Sports Medicine", based in London, is now offering a range of free CPD lectures to osteopaths. Pure Sports Medicine is a team of sports medicine specialists: doctors, physiotherapists, rehabilitation therapists, podiatrists and related therapists who work with elite athletes. Amongst the team are specialist sports doctors, **Dr John Best** who worked as medical



Courtesy of Pete Norton Photography

director and team doctor for the Australian rugby union team for the past twelve years, which included their World Cup victory and **Dr Chris Bradshaw** who was team doctor for the Australian athletics team for the four years up to and including the Sydney Olympic Games, and currently works with top footballers.

Also part of the team is **Claire Small**, senior physiotherapist and expert in rehabilitation. Claire lectures regularly on subjects such as core stability. In conjunction with in-house lectures, they also regularly invite neurosurgeons, orthopaedic surgeons and other healthcare professionals working in high level sports. The excellent quality of the lectures, combined with an opportunity to meet highly skilled sports physicians, provides for a

unique evening of studying and socialising in a relaxed and friendly atmosphere. In true Australian style, there is a bar with complementary drinks – it doesn't get much better than that! P.S. Don't mention the cricket if you do attend!

Working in partnership

For osteopaths with an interest "in manual handling injuries, the 3-day **National Back Exchange Annual Conference and Exhibition 2006 – 'Working in Partnership'** – is one to note. The conference will be held at the **International Conference Centre, Telford, West Midlands** from **18 – 20 September 2006** and aims to offer a holistic approach



National Back Exchange Conference 2004

to this complex area of practice. Featuring strategic plenary and practical workshop sessions, led by presenters from different disciplines, the programme hopes to highlight the need for healthcare professionals to work together and to help update both your theoretical and practical knowledge and skills in a thought-provoking way. The conference also offers a number of streamed presentations, allowing you to attend sessions particularly pertinent to your areas of interest.

Call for abstracts

The 2006 conference theme, 'Working in Partnership', will reflect the need for those working in associated fields of practice e.g. tissue viability, infection control, pain management, risk management etc. to work together to achieve safer handling and care for the

client and carer. Under consideration will be the effect and impact of these multi-faceted issues on the safer handling of clients in a variety of settings and how working together helps provide workable solutions. The deadline for abstracts is 30 December 2005.

For further information please email the National Back Exchange office: nationalbackexch@btconnect.com.



Evidence Based Therapy Conference & Exhibition

Saturday 20th May 2006 - London

The 2nd International Evidence Based Therapy Conference is a multi-disciplinary event particularly relevant for **osteopaths**, physiotherapists, chiropractors, as well as sport scientists, sports therapists and all medical and healthcare professionals working or having an interest in manual therapy.

The conference will bring together expert clinicians and researchers to present evidence based lectures that are pertinent and relevant to all clinicians working in the area of musculoskeletal health. The presentations will either support or challenge current practice but will remain true to the aim of the conference, that being to provide a review of the current evidence in the area relevant to the lecture.

- All the latest musculoskeletal evidence and research summarised & presented by experts
- Speakers from **Osteopathy**, Physiotherapy & Chiropractic
- Wide ranging exhibition
- Excellent networking opportunity with delegates from UK and around the world

Full conference details available at www.heseminars.com/conference_2006.htm

Delegate Fee: £98 + vat (total £115.15) before 31st Jan 2006, £138 + vat (total £162.15) after 31st Jan 2006

Contact: Health Education Seminars, 42 Richmond Rd, Poole BH14 0BU
Tel/fax 01202 568898 or email: info@heseminars.com or visit

www.heseminars.com

Advanced Anatomy & Radiology Workshop – upper & lower limb

James Dickason DO BA, Essex

This weekend course was held at the Anglo-European College of Chiropractic (AECC), in association with Health Education Seminars, on 17-18 September 2005. This was my inaugural visit to the AECC (pictured); a four hour drive from Braintree to Boscombe despite the media-induced “fuel shortage crisis”! The AECC kindly forwarded an accommodation list, and I was fortunate in staying at the Clarendon Lodge B&B www.clarendonlodge.co.uk, which scored highly for cleanliness, comfort and convenience – only a ten minute walk away from the College.

Saturday morning started promptly. Of the 42 delegates attending, there were 16 chiropractors, 14 osteopaths and 12 physiotherapists. Prior to our arrival we had been evenly mixed and divided into three groups, and on

arrival handed our study packs and name badges, which ideally didn't disclose our chosen profession. This enabled us to meet and greet openly our fellow group members and later discover which profession they hailed from and helped to remove any barriers for discussing a whole range of topics.

Our two days were split into lectures on three subjects. Firstly, Computer Assisted Learning (CAL) with **Mike Smith** from Primal Pictures – ample time on this topic allowed us also to sample their anatomical software. Secondly, Anatomy taught by **Dr Patricia Collins** (Upper Limb) and **Alexandra Webb** (Lower Limb) on Saturday and Sunday respectively. These tutors took us through the cadaveric specimens, obtained via Southampton University, in the AECC prosection/wet lab. This proved to be a very ‘hands on’ workshop as we gownned and gloved up and got to grips with our faded memories of regional anatomy. And thirdly, Radiology taught ably by **Arvid Thorkeldsen** and **Alf Turner**, with well prepared lectures and testing workshops, reminiscent of past final clinical competence exams.

So was the weekend worth the early bird fee of £199?

The course was promoted as taking “anatomy and radiology teaching to a new level”. I'm not sure it did this for many of us, but it was a worthwhile visit. Regrettably, the lunches were uninspiring. But I had the opportunity of being shown around the AECC for the first time and met the Principal **Kenneth Vall**, a pleasant chap and

a chiropractor to boot! I gained the impression that the College is well organised, with its library ensconced in the stained glass chapel of this former convent.

Most of all, I had the chance to discuss with like-minded and similarly experienced professionals a huge range of interdisciplinary topics, including the contentious matter of ‘Informed Consent’ and how they, in their chosen professions, approached

such thorny issues. From my group I was fortunate to meet **Katherine Devoto** and **John Moore** (physiotherapists), and **Sheila Stakim** and **Alain Michelotti** (chiropractors). For me, this opportunity for a free exchange of views was just as beneficial as the course material itself.

In summary, if like me you haven't yet visited the AECC, and you'd like to brush up on your anatomy and radiology, earning some CPD points in the process, then hopefully, a similar workshop will be equally as rewarding.

Thanks to my tutors:

Pat Collins, BSc(Hons) PhD RGN ILTM

Alexandra Webb, BSc(Anat) Mchiro

Arvid Thorkeldsen, DC DACBR MA(Ed) FCC

Alf Turner, BAppSc(Chiro) DACBR

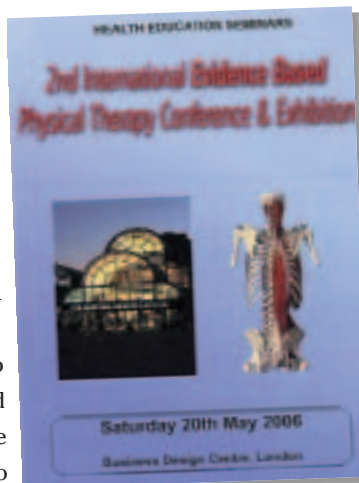
Mike Smith: Primal Pictures



Evidence Based Physical Therapy International Conference

The **2nd International Evidence Based Physical Therapy Conference & Exhibition** will be held on **Saturday 20 May 2006** at the **Business Design Centre in London**. Building on the success of last year, the conference will again offer a diverse mix of presentations from a range of healthcare professionals.

The aim of the conference is to bring together expert clinicians and researchers to present evidence based lectures that are pertinent to



all clinicians working in the field of musculoskeletal health. Speakers will provide a review of current evidence by challenging or supporting its application in current practice.

To make a booking, or for further details, visit www.heseminars.com or email: webmaster@heseminars.com. Exhibition opportunities are also available and enquires should be directed to the same email.

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Dr. Rowan Kenny, GP-Mens Health/Sports Injuries
Dr. Declan Fox, GP/Broadcaster-Communication Skills

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web: www.verbiercpd.com
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Back chat

Your letters



Dear Editor

I read with some amazement the recent circular from the GOsC providing guidance for CPD planning based on submissions by osteopaths for the current CPD programme. My surprise was at some of the topics apparently submitted.

Throughout healthcare and, indeed, many areas of business practice, there is a growing imperative placed upon all practitioners to maintain professional competence through a systematic process of Continuing Professional Development. New technology, new methods of working, legislative changes, the emergence of new industries and even new professions define the need for constant updating of knowledge and skills in order to maintain professional competence.

We are living and working in a society which is becoming increasingly bound by litigation and the desire of some affected parties to place blame whenever they feel aggrieved in some way.

The GOsC guidance notes reflected CPD material that some osteopaths had submitted, which included CPD hours for personal exercise classes, meals out, playing football with children, staff interviews and even driving lessons!

Why are professional people regarding CPD as a chore and attempting to build up hours with spurious activities? This reflects badly on the profession and on the individuals concerned. Our CPD requirements are not excessive and should be used for maximum personal development. There needs to be a desire to develop our professional knowledge and skills and demonstrate our professional standing to patients and to anybody else who may feel the need to call our competence to question.

Tim Pepper BSc (Ost), Staffordshire



Dear Editor

First of all we must thank Hartman and Norton (*The Osteopath*, August/September 2005) for their contribution and for highlighting areas we need to address as a profession. I must admit that my first reaction was a little less philosophical. I was concerned about both the tone and some of their phrasing, with the idea of a 'witch-hunt' springing to mind. After a second glance though, I noted that they have highlighted some real and growing concerns.

Firstly, I would like to address some of their "conclusions":

i) "no indication of diagnostic reliability". To my knowledge there is currently little evidence of diagnostic reliability within any branch of our profession, or for that matter, many branches of allopathic medicine. Personally I have learned a great deal more whilst working this way.

ii) "no properly controlled research showing efficacy". If I am not mistaken, that again is true of the whole profession.

iii) "most worrying of all these findings reveal that practitioners of the Cranial Arts may be more prone than most physicians to a kind of magical thinking that is indefensible within our scientific age". My thoughts on this are fairly obvious. What constitutes science? What limits science? Simply because something that is relatively easy to feel and is clearly effective does not fit within the limited scope of science yet, does not mean we must discard it. Research is bounded by our imagination, as is scientific discovery. Science is there to broaden, not limit our horizons.

As a practitioner of osteopathy I'm interested primarily in what works and what is effective in day-to-day practice. If it is doesn't work, why do it? I certainly would not!

In my practice we treat a wide variety of cases. There is no average patient. The closest would be a child mostly off the diagnostic scale but possibly suffering from a severe dyspraxia, global development delay or ASD. The results we get with these children continue to amaze myself, the parents and their doctors.

This situation is not abnormal within the scores of practitioners out there using these techniques.

I would agree that some of the terminology used by Sutherland is "of its time". We need to update our terminology and hypotheses as to mechanisms of treatment. In my view it seems that by being present to and perceiving patterns of dysfunction and health within the fluid dynamic of the body, be it CNS, viscera, lymphatics, MSS, etc. there begins a powerful therapeutic process with the inherent physiological matrix by which a form of self-correcting, or healing occurs.

Maybe the process occurs in a complex interaction between the thinking, feeling, knowing hands of the observer and the self-healing mechanism of the observed. Maybe some of our answers lie in modern physics?

The reality is that we need help from 'scientific' minds like those of Hartman *et al.* I am a practitioner and have no skills in research and no time to acquire them. But we need research based skills and hypothetical minds that can help us research and provide modern terminology by which this extremely effective clinical tool can be understood. I would be willing to undergo any reasonable trial, and would also be willing to teach these guys how to feel this process so they can help us.

I feel that the schools, the postgraduate teaching foundations, and the children's clinics must pool resources and start to make some progress in these areas. Osteopaths are famous for doing it their own way, but we really do not need this growing polarization within the profession.

Ian Wright BSc (Ost), Co Tipperary

Courses 2005

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

Structural Osteopathic Technique (Part IV): Lower Back and Pelvis 10 November

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)

Christian Osteopaths' Fellowship Residential Weekend

11–13 November

To be held at Cloverley Hall, Shropshire. Contact: Paddy Searle-Barnes tel: 01522 537 103, email: margaret@osteopathicpractice.freemove.co.uk.

First Aid for Osteopaths

12 November

Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University.

Contact: email: mail@open-ed.co.uk

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

Harmonic Technique (Part II)

12–13 November

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 2/3 Osteopathy in the Cranial Field – Germany

14–18 November

Organised by Sutherland Cranial College. To be held at Seminarhof Proitzer Muhle. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk

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

Osteopathic Sports Care Association (OSCA)

16 November

Speakers Mr Leitao & Mr Irwin. Organised by the Osteopathic and Sports Care Association. To be held at BUPA Hospital in Harpenden. Contact: Helen White tel: 07917 125923.

Clinical Nutrition – Sports Nutrition

17 November

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)

Some New Thinking about Manual Techniques: techniques on upper extremity and shoulder girdle

19 November

Speaker Laurie Hartman. 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 in Pregnancy and Optimal Fetal Positioning (Part II)

19–20 November

Speaker Averille Morgan. 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 Whiplash Injuries

24 November

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)

Aetiology, diagnosis and surgical treatment of the shoulder joint 24 November

Speaker Dr David Robinson. Organised by Osteopaths@Worcester. To be held at the Holiday Inn Express, Droitwich. Contact: Sue Brazier tel 01905 831 495.

Integrative Osteopathic Technique: Developing and Advancing Osteopathic Technique

26–27 November

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)

IMS Viscerocranium and Dental Considerations

26–27 November

Course leader Nick Woodhead. 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)

How to Treat Whiplash Injuries

1 December

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)

Stillness and Form

3 December

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

(website: www.cranio.co.uk)

Visceral Osteopathy: the thorax and three diaphragms

3–4 December

Speaker Franz Buset. 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)

Dental Factors in Osteopathic Practice: Occlusion 1

11 December

Speaker Caroline Penn. Organised by Penn Seminars. To be held at 40 Crawford Road, Hatfield, Herts, AL10 0PE.

Contact: tel: 01707 274148,

email: caropenn@ntopenworld.com

(website: www.pennclinic.co.uk)

COURSES 2006

Visceral Intelligence

5–8 January

Speaker Ged Sumner. 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)

Basic Ergonomics Course

14–15 and 26–27 February

Course leader Sheila Lee. 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 Sports Care Association (OSCA)

17 January

Speakers Mr Stallard & Mr Beacon. Organised by the Osteopathic and Sports Care Association. To be held at BUPA Hospital in Harpenden.

Contact: Helen White tel: 07917 125923

Craniosacral Therapy Introductory Weekend
18–19 February

Speaker Micheal 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)

Midwinter Basic Course in Osteopathy in the Cranial Field
22–26 February

Organised by The Cranial Academy, USA. To be held at Tampa Palms Golf Resort, Florida.
 Contact: tel: +317 594 0411, fax: +317 594 9299,
 email: info@cranialacademy.org
 (website: www.cranialacademy.org)

Osteopathic Sports Care Association (OSCA)
28 February

Speaker Dr Tim Watson. Organised by the Osteopathic Sports Care Association. To be held at BUPA Hospital in Harpenden. Contact: Helen White tel: 07917 125923

Osteopathy in the Cranial Field

4 March

Course leader Nick Woodhead. 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)

Applied Kinesiology & Nerve Entrapment

31 March – 2 April

Speaker Clive Lindley-Jones. To be held at Oxford University.
 Contact: Kate Knight tel: 01865 243 351

Module 2/3 Osteopathy in the Cranial Field

5–10 April

Course Director Tim Marris.
 Organised by Sutherland Cranial College. To be held at Devonshire Hall, Leeds. Contact: tel: 01291 689908,
 email: admin@scc-osteopathy.co.uk
 (website: www.scc-osteopathy.co.uk)

Cranio-Sacral Therapy Introductory Day

8 April

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

Understanding trauma & adaptation – managing the neural, myofascial, and psychological issues

22–23 April

Speakers include James Oschman, John Upledger and Nancy Byl. Organised by Elsevier Journal of Bodywork & Movement Therapies. To be held at University of Westminster, London.
 Contact: tel: 01235 868811

Module 4 – WG Sutherlands's Osteopathic Approach to the body as a whole

18–21 May

Course Director Sue Turner. Organised by Sutherland Cranial College. To be held at Hawkwood College, Stroud, Glos.
 Contact: tel: 01291 689908,
 email: admin@scc-osteopathy.co.uk
 (website: www.scc-osteopathy.co.uk)

Module 5 – In Reciprocal Tension

8–12 June

Course Director Jeremy Gilbey. Organised by Sutherland Cranial College. To be held at Le Hameau De L'Etoile, Montpellier, France. Contact: tel: 01291 689908,
 email: admin@scc-osteopathy.co.uk
 (website: www.scc-osteopathy.co.uk)

Basic Course in Osteopathy in the Cranial Field

17–21 June

Organised by The Cranial Academy, USA. To be held at Founders Inn, Virginia Beach, Virginia. Contact: tel: +317 594

0411, fax: +317 594 9299, email: info@cranialacademy.org
 (website: www.cranialacademy.org)

Cranial Academy Annual Conference – Cranial in Special Needs Populations

22–25 June

Organised by The Cranial Academy, USA. To be held at Founders Inn, Virginia Beach, Virginia. Contact: tel: +317 594 0411, fax: +317 594 9299, email: info@cranialacademy.org
 (website: www.cranialacademy.org)

Module 5: In Reciprocal Tension

23–25 June

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

Module 2/3 Osteopathy in the Cranial Field

3–7 July

Organised by Sutherland Cranial College. To be held at Seminarhof Proitzer Muhle, Germany. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk
 (website: www.scc-osteopathy.co.uk)

Cranio-Sacral Therapy Introductory Day

8 July

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

Cranio-Sacral Therapy Introductory Course – Stage A of full professional training

15–20 July

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

Cranio-Sacral Therapy – Two Year Course (weekends) – Part 1 of full professional training

30 September – 1 October

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

**To add course details
 to this list, contact
 the Communications
 department on
 ext. 242.**

RECRUITMENT

OSTEO/CRANIAL OSTEOPATH. Expanding multidisciplinary practice in Winchester. Initially two half days extending to two full days a week. Please send CV to ssowton@thenaturalpractice.com or post to The Natural Practice, 106 Stockbridge Road, Winchester SO20 6NY. Telephone 01962 856310 www.thenaturalpractice.com.

ASSOCIATE REQUIRED FOR 2 DAYS a week in established practice in Southwest Hertfordshire. Please send covering letter and CV to: partnersearch@btinternet.com

PORTSMOUTH, ASSOCIATE REQUIRED IN A BUSY expanding multi disciplinary practice. Initially 1 or 2 days a week. Paediatric/cranial experience an advantage. Details phone Andrew Taylor 02392 678582 or CV to Copnor Osteopathic Ltd 305 Copnor Road Portsmouth PO3 5EG

ASSOCIATE OSTEOPATH REQUIRED TO JOIN busy clinic in Malvern, Worcestershire asap. Full time position available with existing caseload. Part time position also possible. Further info on www.theOsteopaths.com. Please contact Ken Smith, BSc, DO, tel. 01684 568744 or email louisej.smith@btopenworld.com

LOCUM OSTEOPATH REQUIRED from 17th January for 4 weeks. Must have good skills in treating babies and children. Car required. Possibility of turning into an associate position. Contact Rhian Osbourne 01747 820021

ASSISTANT OSTEOPATH REQUIRED 1-2 days including monday in expanding practice, London EC1. Good structural knowledge and confident approach required, preferably BUPA and PPP registered. Please send a full CV to Mrs Fiona Greer, Vie Health Club, 122 Clerkenwell Road, London, EC1R 5DL

ASSOCIATE REQUIRED FOR WELL ESTABLISHED South London practice recently relocated to bright new premises. Initially Saturday morning and one weekday session. Supportive environment. Please apply in writing with CV to Julia Pilkington and Helen Clarke at 2 Whitworth Road, London SE25 6XN.

ENTHUSIASTIC ASSOCIATE REQUIRED beginning of January, for friendly, well established multi-disciplined Lincolnshire practice. 4-5 days between two sites. An interest in I.V.M and children preferable, providing treatment for a full range of ages and conditions. Own transport essential. Interested? Contact Ann Larder, practice manager at Stella Arden Associates 01507 608166 or email CV to ann@broadbank.go-plus.net

OVER THE NEXT FEW MONTHS we maybe recruiting another osteopath to join our team. We will be looking for an osteopath that has experience working both with adults, babies and children. Should you be interested in joining our team please send us your CV and a covering letter explaining your osteopathic approach and aspirations. Melinda and Andrew Cotton. The Fulham Osteopathic Practice.

OSTEO/CRANIAL OSTEOPATH. Expanding multidisciplinary practice in Winchester. Initially two half days extending to two full days a week. Please send CV to ssowton@thenaturalpractice.com or post to The Natural Practice, 106 Stockbridge Road, Winchester SO20 6NY. Telephone 01962 856310 www.thenaturalpractice.com.

ASSOCIATE OSTEOPATH REQUIRED for Chelsea/Clapham practice. Must be motivated with at least 2yrs experience in IVM and paediatrics. 2 days + per week. Good remuneration. Leo Mayer & Associates 020 7351 1791

ASSOCIATE REQUIRED FOR 2 days a week in established practice in Southwest Hertfordshire. Please send covering letter and CV to partnersearch@btinternet.com

ASSOCIATE OSTEOPATH REQUIRED, due to practice expansion, in multidisciplinary clinic in mid Sussex. Visit our website for clinic details. www.theheelercentre.co.uk Job details email paulheeler@hotmail.com

COMMERCIAL

GOODWILL FOR SALE: KENT/ EAST SUSSEX borders. Delightful and rewarding IVM/ Biodynamic Osteopathic practice established 13 years ago, in current location for 4 years. General Osteopathy incl. sports, specialising in paediatric/ Obstetric Osteopathy. Requires Osteopath of good heart and hands to take this practice forward. Ideal for hard working solo practitioner or partnership to sustain rapidly growing practice. Full accounts available. Applications in writing: The Practice Manager, 19 High Street, Rusthall, Tunbridge Wells, Kent, TN4 8RL.

FOR SALE LARGE FOUR BED RESIDENTIAL property with attractive shop front. Fantastic business potential. Currently, family home with existing patient list and self contained one room practice with waiting room, w/c, separate entrance and parking. Prominent position in Hadlow, Kent, with advertising licence and planning permission. Enormous potential to expand into three room practice with spacious three bedroom flat above. Potential to split into separate units with excellent rental prospects. Great capital gains and tax advantages. 01732 851016

ROOMS TO LET IN WEST SUSSEX Town Salon with serviced reception. Quiet areas ideal for all types of treatments. Large car park near by. Late night & weekend opening available if required. Reasonable rates. Call Mrs L. Graney 01342 311445.

PRACTICE FOR SALE: EASTERN ENGLAND. Opportunity to purchase goodwill and rent excellent town centre premises. Long established and very busy. Due to retirement. Currently seek 70-85 patients per week. High fees, Low Overheads. Two treatment rooms. Applications in writing to box No 5309

ROOM TO LET in busy well established footcare practice in Burnley, Lancashire. Situated within prestigious offices in town centre, close to local amenities. Full disabled access and facilities. Rent \$350pcm inclusive of business rates and electricity. Tel: 01282 426387 or 07986 751138.

PRACTICE FOR SALE in Aylesbury, Buckinghamshire. Established over 25 years and by current Osteopath for 2 years. Ideal for recent graduate working 1-2 days per week. Sale due to relocation. For more information, call 01296-423331 or email simonosteopath@yahoo.co.uk.

NZ IMMIGRATION OPPORTUNITY. Osteopathic businesses for sale. To be sold including clinic premises. Rotorua sees 140-150 patients / week, established over 13 years. Taupo and Matamata - both of these are five day / week clinics, currently seeing 50-60 patients per week, established over 11 years. All clinics have computerized client software and databases. See www.aorata.co.nz/bodymechanics for details. Please email your enquiries to: Sally or Gerry Jelenski, bodymech@xtra.co.nz and include your e-mail, and telephone numbers.

ACUPUNCTURE / DRY NEEDLING 26-27 November 2005

Intensive practical dry needling course
based on modern neurophysiology by
Dr Anthony Campbell MRCP in central London.

Introductory and postbasic courses also taught
by arrangement on-site at clinics nationwide.

Details from Dr A Campbell, 8 Oak Way,
London, N14 5NN
Tel 0208 368 3418, Fax 0208 368 7560.

2 LARGE TREATMENT ROOMS IN LISTED BARN IN BLECHINGLEY, SURREY.

Ideal for small private practice.

- Private facilities
- Own entrance
- Easy parking

Idyllic situation.
Outstanding business opportunity.

CONTACT: JUDY BALE: 01883 744624

EXPRESSIONS OF INTEREST INVITED

To be part of a proposed multi-disciplinary
clinic to include an Osteopath, Physiotherapist,
Podiatrist and Chiropractor.

North Leicestershire town.
currently no practitioners.
population of 16,000

OPENING JANUARY 2006

Enquiries to PETER HEBDEN
0116 285 4499 / 07740 433870

Westminster **NHS**
Primary Care Trust

Osteopath

6 months' fixed term contract

Full or part time

South Westminster Centre,

82 Vincent Square, London SW1

Senior II £24,583 - £30,326 (pending

Agenda for Change) p.a. inclusive, pro rata

Ref No: 756-WPCT-835

Osteopath

15 hours per week

South Westminster Centre,

82 Vincent Square, London SW1

Senior I £28,528 - £33,218 (pending

Agenda for Change) p.a. inclusive, pro rata

Ref No: 756-WPCT-837

Westminster PCT is located in the heart of London. The Trust delivers healthcare in the community and within general practice. We have an excellent opportunity for Osteopaths to work as part of the Outpatient Musculoskeletal Physiotherapy Service, at Upper Montagu Street W1 and the South Westminster Centre, SW1.

We are a highly motivated and friendly multi-disciplinary team providing a direct access, back pain and musculoskeletal service (physiotherapy, osteopathy, psychology and orthopaedic physician), to the residents of Westminster via GPs and Occupational Health referrals.

Osteopaths work as part of the multi-disciplinary Out Patient Physiotherapy Department and our Clinical Lead ensure strong clinical support and we have an excellent In Service Training programme.

If you are a Musculoskeletal Osteopath with experience of working with other Allied Health Professionals, we would be interested in hearing from you. In addition to your GOSC accredited qualification, you will have a minimum of three years' work experience for the Senior I posts and 1 year for the Senior II.

For further information please contact: Jo Wyatt on 020 7935 9264 or email: joanna.wyatt@westminster-pct.nhs.uk

There are a number of ways in which you can obtain information about these posts and other vacancies within the Trust:

- For a full listing of all current vacancies, or to apply on-line, please visit our website:
<http://www.westminster-pct.nhs.uk>
- Contact the Recruitment Team at Westminster Primary Care Trust, 15 Marylebone Road, London, NW1 5JD
- Call either our 24 hour recruitment line (answerphone) on 020 7150 8291. You may also fax your request on 020 7150 8231.
- Email to recruitment@westminster-pct.nhs.uk

When requesting an application pack please clearly state your name, address, the title and reference number of the post that you are applying for.

The Trust offers excellent benefits including award winning training & development programmes, comprehensive pension and healthcare schemes, and assistance with transport. Facilities at some sites include a gym, subsidised restaurant and nursery.

*Closing date for applications is
21 November 2005*



WORKING WITH OUR PARTNERS FOR A HEALTHIER WESTMINSTER



SUTHERLAND
Cranial College

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3 on the SCC Pathway

A five day residential course

40hrs CPD

6th-10th April 2006

Devonshire Hall, Leeds

Course Director: Tim Marris DO, MSCC

Fee: £1290 Deposit: £400

This course will explore the principles and practice of Osteopathy in the Cranial Field following the inspiration of WG Sutherland's lifetime work. Our understanding of the Science of Osteopathy continues to grow and we offer an up-to-date and comprehensive overview of the story so far

Open to osteopaths who have completed Module 1 or equivalent undergraduate introductory courses.

WG SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

Module 4 on the SCC Pathway

A four day residential course

32hrs CPD

Evening 18th-22th May 2006

Hawkwood College, Stroud

Course Director: Susan Turner MA, DO, MSCC

Fee: £1025 – Deposit: £350

This course will explore W.G. Sutherland's ingenious methods for engaging the self correcting mechanism within the joints of the whole body through the principle of balanced ligamentous tension that W.G. Sutherland learned under the hands of A.T. Still. The deeper thread of the course is the application of osteopathic principles to living physiology.

Open to osteopaths who have completed Module 1 or equivalent undergraduate introductory courses.

IN RECIPROCAL TENSION

Module 5 on the SCC Pathway

June 2006

Course Director: Jeremy Gilbey DO, MSCC

*Open to osteopaths who have completed two
Module 2/3 or equivalent undergraduate
introductory courses*

BOOKING NOW OPEN – PLEASE SEE OUR WEBSITE

SCC Administration, PO Box 91, NP16 7ZS

Telephone: 01291 689908 Fax: 01291 680056

Email: admin@scc-osteopathy.co.uk

Website: www.scc-osteopathy.co.uk

City & Guilds Accredited Teacher Training Centre. Charity No 1031642

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

How 4 degrees can make the difference between



pain or pleasure...

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

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

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

A Natural Treatment Angle

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

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



Multi-Award winning
Orthotic Technology

immediately controls excess pronation and protects your patients from future biomechanical problems.

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

Step into your patients' shoes

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

FREE Orthotics + Information Kit!

Call 01280 706661 or e-mail us for a free pair of Orthaheel in your shoe size.

