the OSTEOPATH

The magazine for Osteopaths

December '05 / January '06 Volume 8: Issue 10
£3.00 ISSN 1466-4984

In this month:

Seasonal forecasts

General Osteopathic Council

The General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

T: 020 7357 6655 F: 020 7357 0011

www.osteopathy.org.uk

Contact details: services

Service	Extension number	Service	Extension number
Address changes	256	Magazine subscriptions	242
Advertising and promotion	226	Media	228/247
Assessments of Clinical Competence	235	NHS liaison	245
Chairman	246	Non-practising osteopaths returning to register	229
Chief Executive & Registrar	246	Off work certificate orders	242
Clerk to the Appeals Committee	236	Office admin	251
Communications policy	228/247	Overseas enquiries	245
Complaints about osteopaths	224/249	Parliamentary liaison	245
Conferences	222	Payment problems	231
Continuing Professional Development	238/240	Practice matters	222/247
Council and Committee business	01580 720213	Presentation materials	242
Database amendments	233	Private medical health insurance	247
Education enquiries	238/240	Professional indemnity insurance	233
Exhibitions	222	Protection of Title	249
FCCA enquiries	240	Recognised Qualification process	238/240
Fee payments	227	Regional Communications Network	222/228
Fitness to Practise	236/249	Registration	256
Framework of Practice	238	Research	240
Graduates	233	*The Osteopath* magazine contributions	222/228
Information service	242	VAT exemption	233
Leaflet and publication order queries	242	Website	226
Leaflet orders	242	Yellow Pages/Thomson Corporate Box	242
Locum list requests	242		

Contact details: people

Rebecca Costello **256**
Registration Secretary
(rebeccac@osteopathy.org.uk)

Vince Cullen **223**
Head of Development
(vincec@osteopathy.org.uk)

Pam D'Arcy **246**
Assistant to Chief Executive & Registrar
(pamd@osteopathy.org.uk)

Dana Davies **224**
Professional Conduct Officer
(danad@osteopathy.org.uk)

Erika Doyle **228**
Assistant Registrar [Communications]
(erikad@osteopathy.org.uk)

Marcus Dye **240**
Assistant Registrar [Development]
(marcusd@osteopathy.org.uk)

Sarah Eldred **245**
Assistant Registrar [Public Affairs]
(sarahe@osteopathy.org.uk)

Kellie Green **236**
Assistant Registrar [Regulation]
(kellieg@osteopathy.org.uk)

Sonia van Heerden **242**
Information Officer
(soniavh@osteopathy.org.uk)

Madeline Hogan **227**
Finance & Registration Officer
(madelineh@osteopathy.org.uk)

Susan McCue **226**
Communication Officer
(susanm@osteopathy.org.uk)

Chantelle Meek **235**
Development Assistant
(chantellem@osteopathy.org.uk)

Gillian O'Callaghan **233**
Head of MIS [Registration]
(gilliano@osteopathy.org.uk)

Jane Quinnell **01580 720213**
Clerk to Council
(janeq@osteopathy.org.uk)

Matthew Redford **231**
Assistant Registrar [Finance]
(matthewr@osteopathy.org.uk)

Abdul Saadeddin **251**
Facilities Officer
(abduls@osteopathy.org.uk)

Laura Scrutton **249**
Regulation Assistant
(lauras@osteopathy.org.uk)

David Simpson **248**
Head of Legal Affairs
(davids@osteopathy.org.uk)

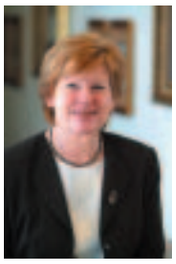
Nicole Tripney **222**
Media & Events Officer
(nicolet@osteopathy.org.uk)

Brigid Tucker **247**
Head of Communications
(brigidt@osteopathy.org.uk)

Joy Winyard **238**
Development Officer
(joyw@osteopathy.org.uk)

Freephone helpline for osteopaths 0800 917 8031

Registrar's report



Another year behind us, another round of Regional Conferences and consultations, and another set of challenges. Each year, as we all reflect on what was achieved and what did not go quite as planned, we hope for greater stability and understanding for us all in the year to come. Will 2006 be that year?!

2005 was marked by several key events, each contributing to the highs and lows of the year. Probably overshadowing everything was the Government's announcement in March that the non-medical regulators (i.e. not the General Medical Council [GMC]) would be reviewed by Andrew Foster, Department of Health Director of Workforce, alongside the Chief Medical Officer's review of the GMC. All this following the findings of the Fifth Shipman Report. In preparing the GOsC response, we chose to fight to keep independent, statutory self-regulation. It was heartening that this critical self appraisal produced a strong and positive case for retaining the status quo. Obviously, there is always room for improvement and some of the emerging recommendations (e.g. greater autonomy of those involved in fitness to practise processes) have merit and should be embraced. As this matter warrants more than these passing remarks, and because the outcome could impact significantly on the future of the profession, a feature has been devoted to the Foster Review, which you will find on page 6. This will make it easier to put the results (which we will post on the GOsC website as soon as we receive them) into context.

Two events which have featured more prominently in osteopaths' lives have been the publication of a revised Code of Practice in May and the consultation on the Review of the Osteopaths Act. It was good to see that they engendered such lively debate at this year's GOsC Conferences and that you had much to contribute. What struck and unsettled me, though, was the suspicion with which the GOsC is still viewed by a number of osteopaths. Thankfully this was more than offset by those who were most appreciative of what the GOsC Council and staff do – recognising that this is often not easy, due to the legal constraints on our work. If you feel motivated by the challenges to join us, why not stand for election to Council? Jane Quinnell sets out the timetable on page 7.

Clearly, the primary role of a regulator is to protect patients, but we do this through the development of osteopaths and the promotion of osteopathy – a primary contact and statutorily regulated profession. A greater part of our work is consequently devoted to these positive aspects of regulation. It seems a shame, therefore, to focus on those processes, such as 'fitness to practise' which, whilst possibly more threatening, are only likely to impact fully on less than 1% of the profession. Of over 3,700 osteopaths involved in millions of patient encounters over the year, only 39 complaints made it through to the Investigating Committee. Of these, only 50% were referred on to the Professional Conduct Committee and none to the Health Committee. Yes, patients have become more litigious, and we are aware of this, but a profession which has disciplinary, competence, and health processes with 'teeth', as well as protecting patients, is protecting and enhancing its own standing in the healthcare arena and the wider community.

On reflecting on the year, I would also like to take this opportunity to thank the staff for all they do to make things happen. Most have been here for several years and all are passionate about the successful growth and establishment of osteopathy. I believe that the extra hours they routinely work and the weekends given over to events such as the Regional Conferences and consultations; workshops to develop education and research and to help interactions with GPs; and promotional exhibitions, bear witness to this. On their behalf, I offer a New Year resolution for an even better understanding of each other's place in the scheme of things. I accept that we are not perfect and there is always much to learn and do, but I believe that, five years on from the closing of the transitional period, we can put initial difficulties well and truly behind us now. In this time, over 1330 osteopaths have been admitted to the Register, with a Recognised Qualification. Many come to Osteopathy House for their registration and leave having enjoyed a positive experience. The challenges which lie ahead need the profession, backed by its regulatory body, to stand firm and united. Enough of my year-end rallying call!

We wish you all happiness and peace for the Christmas season and look forward to working together in 2006.

Madeleine Craggs,
Chief Executive & Registrar

In this issue

the OSTEOPATH
The magazine for Osteopaths

Editor:
Erika Doyle
editor@osteopathy.org.uk

Editorial Advisors:
Fionnuala Cook OBE
Vince Cullen
Catherine Hamilton-Plant
Anne Jones
Jane Langer

Send Editorial to:
The General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU

Telephone: 020 7357 6655
Facsimile: 020 7357 0011
Website: www.osteopathy.org.uk

The Osteopath • Volume 8 • Issue 10 • December '05 / January '06 • *The Osteopath* is published by the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

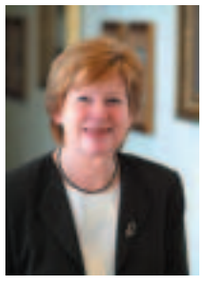
The Osteopath is the official journal of the General Osteopathic Council. Editorial contributions and letters for publication are welcomed, but opinions expressed by contributors or advertisers do not necessarily reflect the views of The Publishers, the Editor, the Editorial Board, Council Members or the Committees and Officers of the General Osteopathic Council. The Publishers reserve the right to refuse any editorial contributions or advertisements without explanation.

Advertising sales only:
The Advertisement Manager
DA Marketing & Communications Ltd,
Henrietta House,
93 Turnmill Street
London EC1M 5TQ

Telephone: 020 7608 4584
Facsimile: 020 7608 1332
Email: ads@damarketing.co.uk

Review of healthcare regulation – the latest

Madeleine Craggs, Chief Executive and Registrar



Those of you who are familiar with the GOsC website (www.osteopathy.org.uk) will not have missed the reply we posted to the Foster Review 'Call for Ideas' (GOsC Homepage/Media/Press Release of 2 August 2005). The Chairman has also referred to the post-Shipman activities, being driven by the Department of Health (DH) on behalf of Government, in his reports in *The Osteopath* (May and August/September 2005) and mention of the Reviews has been made at the Regional Conferences. Much has been happening since on this front and we thought it would be helpful to pull all of this together, so that you are fully in the picture.

Background

It all started with a Government review of the General Medical Council, following recommendations from the Shipman Report. The Chief Medical Officer (CMO), Sir Liam Donaldson, is leading this process, usually referred to as the CMO's Review. The GOsC also responded to the CMO's 'Call for Ideas' and a copy of this can be obtained from the GOsC on ext. 242.

Government then decided that the other eight healthcare regulators should be reviewed at the same time and the DH's Director of Workforce, **Mr Andrew Foster**, was appointed to lead this task (the Foster Review). He established an Advisory Group – to carry out the review with input from senior civil servants and other relevant and related bodies, and to report its findings to Ministers – and a Reference Group – to support the work of the Advisory Group through a mixture of electronic exchanges and two face-to-face meetings. The General Dental Council (GDC), General Optical Council, Royal Pharmaceutical Society of Great Britain, General Chiropractic Council and GOsC were assigned to the Reference Group. The President of the GDC was, however, with support from us all, given a place on the Advisory Group so that the voice of the five 'excluded' regulators could be heard.

Stakeholder workshops

In addition to our written response, we have attended two large workshops organised by the DH to gather the view of 'stakeholders'. These were intended to capture the spectrum of perspectives on regulation. Participants, in addition to those from regulatory bodies, included representatives from professional associations, affiliated unions, academia, and various Government bodies and departments.

The 80 or so attendees at each workshop were broken into groups, to discuss the main themes. These were:

1. What measures are needed to demonstrate practitioners' initial and continuing fitness to practise?
2. What changes are needed to the process of carrying out fitness to practise investigations in order to maximise public safety, the quality of healthcare, fairness to registrants and satisfaction of complainants?
3. How can we best ensure that support workers provide safe and reliable services to patients? Should they be subject to a formal and fully developed system of regulation?
4. How should new and extended professional roles be regulated?
5. How does regulation fit into its wider context? How does it relate to the new workforce systems and to the wider network of strategic healthcare priorities and modernised systems, including the extension of IT?
6. What changes are needed in the structure, functions and number of healthcare regulators?

During the discussions, although the GOsC representatives were of course able to contribute to the debates, we (and others) continually made the point that some of the themes were not applicable (nor could they readily be applied) to those who work in the private / independent sectors. The whole review seemed biased towards finding solutions to NHS and DH difficulties and ambitions.

At the conclusion of the second meeting, Andrew Foster presented his summary of the points raised in the workshops. The most relevant to the GOsC and osteopaths were:

INVESTIGATION AND ADJUDICATION

- **Agreement on 'optimum' harmonisation of process**
- **Majority in favour of separation of policy making, investigation and adjudication but some sharp opposition**
- **Concerns about employers' capacity and/or impartiality in conducting investigations**
- **Agreement on single portal principally as a signpost**
- **Some opposition to independent adjudication – where is the evidence how do we get professional expertise? More opposition to single unified body**
- **Significant opposition to a separate investigatory body**

REGULATORY BODIES

- **Broad agreement on 'optimum' harmonisation of roles and functions. Little support for complete synchronisation of these.**
- **Model of professionally-led regulation reaffirmed. Professional majority should drop to one where currently greater.**
- **Divided views on move away from elected members**
- **Significant opposition to reduction in number of regulatory bodies**
- **Concerns about loss of professional ownership**
- **Feeling that HPC model cannot be extended**
- **Support for strengthened CHRE but want it to move on from its apparent focus on section 29**

SUMMARY

- **General support for the overall direction of travel but some areas of sharp disagreement**
- **Particular concern about role of employers, and non-NHS staff**
- **Particular concern about translating all of this into practicality**
- **Thank you for contributing so enthusiastically and frankly today, your input is much valued**

We also gave a presentation to the Advisory Group, along with fellow regulators in the Reference Group. A subsequent letter from Mr Foster, itemised the main points taken from the discussion which followed our presentation. These we share with you below:

- The five regulators approach their tasks in a proactive and comprehensive way – much more than reacting to fitness to practise complaints.
- All are committed to reform or better patient protection, and believe that structural change would cause a loss of momentum for this.
- Regulators were clear that the risks of structural change outweighed any benefits.
- Regulation of businesses is less of an issue than the tension experienced by all professions between the standards required of each individual and the demands of their working environment.
- All the regulators are content to discuss a move to a single independent adjudicator across the health field.
- The Review should explore making the majority of professional members of Council appointed, rather than elected positions, with independent appointments using person specifications. Professional bodies could nominate candidates for consideration.

It was also acknowledged that there was a wealth of more detailed evidence, which Mr Foster had been able to peruse via the verbatim transcript.

The final bullet is about getting the right balance of skills, to make a Council as effective as possible. The GOsC has been lucky, to date, that the profession has elected osteopaths who have been able to make a substantial contribution to Council's work. Nonetheless, it is difficult to argue against the principle and as it is still proposed to have some elected members we feel this is appropriate.

GOsC stance

Throughout we have maintained our stance that, whilst we welcome any initiative which has patient safety at its core and aims to ensure the delivery of the highest standards of care, we have several serious issues about some of the assumptions made e.g. that fewer regulators are likely to lead to cheaper regulation and better public protection. We were particularly concerned about the lack of evidence underpinning these assumptions and an apparent lack of understanding of healthcare professionals working outside the NHS. The Council asserts most strongly that it is essential that the core elements of regulation – who is accepted onto the Register, educational standards, Continuing Professional Development and any revalidation, and practice and ethics – must be led by the profession itself, with appropriate lay input.

When in such positions, it is always necessary to try and achieve a win–win situation. Satisfactory outcomes to most 'conflicts' in life result from compromise. We can see some merit in more collective arrangements for fitness to practise procedures and in a mix of appointed and elected professionals to Council. Whilst we do not believe that the former would result in financial savings (nor necessarily different outcomes), we acknowledge that greater separation of parts of this function from Council members may result in greater public confidence.

Next steps

The Advisory Group of the Foster Review will hold its final meeting and also meet with those on the CMO's Review Group in early December. Mr Foster intends to present his findings to Ministers before Christmas. I doubt we will know more until the New Year, but we are feeling more positive about the outcome, having been able to make these significant contributions. Keep an eye on the GOsC website (www.osteopathy.org.uk) for more information.

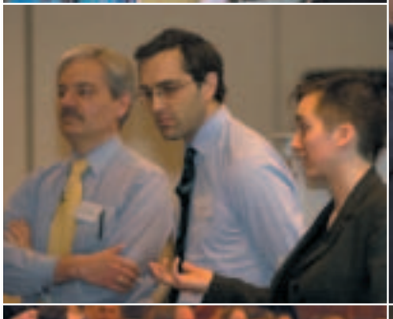
Timetable for 2006 elections to Council

In the October 2005 issue of *The Osteopath* we informed you about the forthcoming 2006 GOsC Council elections and would just like to remind everyone of the timetable:

Early January 2006	**Nomination packs will be sent to all osteopaths, allowing three weeks in which to return nomination forms.**
Early February 2006	**Candidates' Election Statements and ballot papers will be sent to all osteopaths, allowing three weeks in which to return voting papers.**
Early March 2006	**Election Result**
Tuesday 21 March 2006	**Induction Event for new Members of Council. New Members to attend the Council meeting as observers, as part of the induction, followed by dinner for retiring osteopathic members**
Thursday 15 June 2006	**First Council Meeting for new members.**

Please ensure that if your address is changing between January and March 2006, you update your details with Rebecca Costello, Registration Secretary, by post, or email to rebeccac@osteopathy.org.uk. **For further information on the election process, contact Jane Quinnell on tel: 01580 720213, or email:** janeq@osteopathy.org.uk.

GOsC Regional



Conferences 2005

Reviewing the Regional Conferences

Another round of GOsC Regional Conferences has come to a close, with the final meeting in Taunton on 19 November. Around 1100 osteopaths joined guest speakers, Council Members and GOsC staff at meetings around the country, making for another successful conference season. The primary purpose of these events is to encourage effective communication between the GOsC and osteopaths, dealing with current issues facing the profession and ensuring that we are working together to shape the future of osteopathy in today's healthcare arena.

Plans for 2006/7

Plans are already under way for the 2006/7 round of Conferences, which look set to be launched in the autumn. Staff are currently analysing the feedback from this year's conferences, the outcome of which will help to determine the content and format for next year. Proposed dates and locations will be published in forthcoming issues of *The Osteopath* and we welcome your feedback on any major clashes. Furthermore, for those who did not attend the conferences this year, we would also appreciate your views, as we hope to develop a programme that reflects the prevailing views and needs of the profession.

For further information, or to submit your comments, contact Nicole Tripney on ext. 222 or email: events@osteopathy.org.uk.

Osteopathy – shaping best practice?

Theresa Devereux DO, Gloucestershire

Over 300 osteopaths from London and beyond made their way to Heathrow on 12 November for the penultimate GOsC Regional Conference for 2005. The Radisson Edwardian Hotel provided a very pleasant, somewhat glitzy backdrop to the event, which was extremely well organised by the GOsC staff.

After coffee and the pleasure of bumping into some old school friends it was into the auditorium for a discussion about the Legislative Review led by **Madeleine Craggs** (GOsC's Chief Executive and Registrar) and **David Simpson** (Head of Legal Affairs). Explaining why the Osteopaths Act is in need of review and the process involved, the speakers placed a great deal of emphasis on how vital our views are. The importance of filling in the questionnaire we received in September was also stressed, along with the need to take time to think about the questions, which may not be as straight forward as they might seem.

Certainly the message was clear – that we are central to a process that will shape the future of things to come.

"Demystifying the NHS" seems a complex task and **Dr Nick Curt** did his best to explain the current structure – although with Strategic Health Authorities, PCTs and clinical governance, I'm afraid it still remains much of a mystery to me. The excellent outline in our delegate packs might help shed further light on the topic should you wish for further reading.

Boo Armstrong, founder of Get Well UK, offered an interesting discussion about her organisation, which primarily aims to provide complementary treatments (such as osteopathy) to patients on low incomes via the NHS and referred by GPs. In essence, this offers a new model for the way in which osteopaths and the like can work within the NHS. Boo was a passionate speaker, clearly committed to this project and running, what seems to be, an excellent outfit with osteopaths paid a fair price for their services, GPs kept well-informed and patients afforded the best care.

An appetising lunch followed and offered a chance to catch up with the latest from the eighties generation who all seem exactly the same apart from a burgeoning progeny and the odd sprig of grey hair!

The final session – the Code in Practice – was, for me, the most interesting but most worrying part of the day. The talk and subsequent heated discussion centred on the recent tightening of the law on consent and advising patients of the risks of treatment Barrister David Simpson and osteopath **Catherine Hamilton-Plant**, Chair of the GOsC Practice and Ethics Committee, attempted to clarify what is now legally required of us in terms of warning patients about the risks of osteopathic treatment and how this might be implemented in practice.

A big debate ensued … What are the risks? Do we know the risks? Just how tight is the law? …

Are we bound to warn a patient each time we treat them on each technique? Can we realistically do this? What's the research, how reliable is it and what's being done to get more?

While a few in the audience felt the advice was workable, many did not and as far as I could see the general consensus was that it was all too vague. It seemed to me that osteopaths were screaming for clearer guidance … but is that possible? As someone coming back into the profession after a break, it worries me that there doesn't yet seem to be a workable solution and we are all left feeling vulnerable because of it. On a positive note, this was an opportunity for a full and free debate which will go a few steps towards resolving the issue (I hope).

A good conference overall – I had forgotten how witty and vociferous osteopaths can be!

Thank you – behind the scenes!

Jane Langer DO, Chair of GOsC Communications Committee

Over the past year there have been nine GOsC Regional Conferences of which I have attended eight. I have done so because it affords me the opportunity to meet with my colleagues as an osteopath and as a Council Member. It has enabled me to hear the current thoughts and views of the profession and, hopefully, correct some of the misunderstandings, either by conversation during the breaks, or by informing those addressing Conference from the floor.

As Chair of the Communications Committee, I instigated the idea of holding regional conferences instead of one national event. This inevitably resulted in considerably more work for the Communications department, which is another reason why I wanted to be present at as many conferences as possible, so that I could help and be supportive in a small way.

For this we owe the staff an enormous thank you. Each conference requires a lot of preparation and organisation, which is achieved in addition to an average working week in the office.

So a loud and clear, great big thanks to Nicole Tripney, Communications and Events Officer, Brigid Tucker, Head of Communications, Gillian O'Callaghan (Head of MIS) Erika Doyle, Assistant Registrar (Communications) and all the other staff who in turn gave up their weekend time. In addition, many thanks also to those on the stage: Cathy Hamilton-Plant, Prof Ian Hughes, Prof Adrian Eddleston, Madeleine Craggs and David Simpson.

Legislative Review 2005

As recently reported, the final date for completing and submitting your comments on the proposals outlined in the *Legislative Review 2005* consultation document has now passed (10 December 2005). This consultation exercise offered you the 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. Many of you who attended the Regional Conferences recognised the complexities involved in this process, and for some, it was a relief to learn that you were not required to complete the questionnaire in its entirety. Encouragingly, three days before the closing date (and presumably, a last minute rush), the independent consultancy has informed us that they have received more than 630 responses. Thank you to all those who took the time to respond.

The next steps

The GOsC has commissioned an independent consultancy to receive and analyse completed questionnaires. Statistical analysis is expected to be completed by the end of January 2006, when it will be fed back to the profession. It is anticipated the final proposals will be submitted to the Department of Health in March/April 2006.

For further information, contact David Simpson on ext. 248.

Warning of risks – Part II

David Simpson, Head of Legal Affairs

At the end of nine exhausting Regional Conferences talking about clause 20 of the *Code of Practice*, I feel as though I have been nine rounds with 'Iron' Mike Tyson in his heyday. The conference forum may not be the ideal setting for constructive discussion of such matters, but it is important to air views, however heated. A frequently expressed sentiment was that "clause 20 is just another way for the GOsC to destroy the profession of osteopathy." This sentiment is misplaced.

The principles in the revised *Code* are the same as in the first code – *Pursuing Excellence*. But questions raised by some osteopaths revealed they were unfamiliar with the contents of *Pursuing Excellence*. Perhaps the most positive aspect of the 'clause 20 issue' is that it has encouraged those osteopaths to read the new *Code* from cover to cover.

The ethical and legal requirement to obtain a patient's consent for examination and treatment is a well-established principle that has appeared in the GOsC's code of practice since its inception. It was also a requirement of voluntary professional regulatory bodies before that.

Until recently, the requirement was to obtain 'valid consent' only. This meant that you had to inform your patients of the 'usual' risks of treatment before providing that treatment. Now the requirement has moved towards 'informed' consent, in line with the Australian and New Zealand models. You now have to inform your patients not only of the 'usual' risks, but also of the 'serious' risks of treatment. You do not have to mention anything in between. So, you do not have to present your patient with a catalogue of risks, as they do in America, nor produce leaflets such as you find in medicines packaging.

Clause 20 states: ***"You should not only explain the usual inherent risks associated with the particular treatment but also any low risks of seriously debilitating outcomes."***

Clause 20 was drafted to encapsulate the House of Lords' reasoning in the case of Chester v Ashfar (2004). Mr Ashfar, an eminent surgeon, operated on Ms Chester's spine. Ms Chester developed cauda equina syndrome as a result of the operation and sued for compensation. As Ms Chester could not show that the surgeon had performed the operation negligently, she claimed on the basis that she should have been, but was not, warned that the operation carried with it a small inherent risk of serious neurological damage. Despite the fact that Ms Chester had admitted that she might have gone ahead with the operation, even if warned, the judges found in her favour. Their rationale was, as she had the right to be warned of such risks, the court would protect that right.

The Ashfar judgment is about protecting patients' rights to make decisions about what happens to their own bodies. Patients have the right to know the usual and serious inherent risks of treatment and to decide for themselves whether they are prepared to accept those risks. Practitioners cannot make those decisions for patients. Their Lordships made statements such as, "medical paternalism no longer rules".

Wording of clause 20

The House of Lords ruled that in order to obtain informed consent, you must advise your patients of the inherent risks of "serious adverse outcomes". In the likelihood that this would mean widely different things to different osteopaths, we coined the phrase "seriously debilitating outcome", in an attempt to add clarity. I believe that the Lords intended to convey the principle that patients should be advised of risks of outcomes that could have a seriously adverse effect on their quality of life.

An osteopath attending one of the conferences made the point that clause 20 is scary because the discussion revolves around case law and the courts. But it need not be scary – if we put it in context. Other osteopaths have described this as fear of the unknown because, "we don't know what the risks are". Some may think it unfortunate, but clause 20 encapsulates the law and we are stuck with it until the law changes, if it does.

Two prominent concerns were consistently raised at all Conferences:

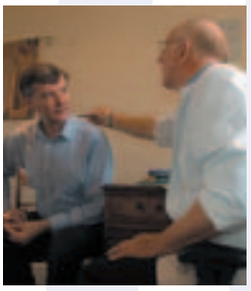
1. How does one identify serious, inherent risks of osteopathy?
2. How does one explain them to patients?

How to identify serious, inherent risks

First of all, it is important to understand that an 'inherent' risk is one that exists irrespective of the

practitioner's competence. Inherent risks can strike randomly. Ashfar was highly competent but the risk of causing cauda equina syndrome by operating on the spine was ever-present. He had had a long distinguished career and was coming up to retirement when the Chester incident occurred.

Osteopaths are familiar with the concept of inherent risks. You cannot predict when some patients will have an adverse reaction to treatment. You might describe this as "just one of those things" but this is an inherent risk. Serious inherent risks are the same in principle, except that the outcome would have serious consequences to the patient if they transpired.



Also, it is important to understand that as far as the law is concerned, a risk is not a risk unless it is well-established. In my article in the August/September edition of *The Osteopath*, I stated that in the absence of definitive research osteopaths must rely upon the prevailing view of the profession to identify the well-established inherent risks of treatment. (This is not about the GOsC "creating risks", as some have suggested, but about real, existing risks.)

There are at least four ways to identify what the prevailing view is and, therefore, what the risks are:

i) Tests for contra indications: As osteopaths, you test for contraindications for treatment as part of your daily practice. When you do this you are looking for risks associated with a particular treatment. An obvious example is the Vertebrobasilar Insufficiency Test. But contraindication tests are not infallible. The risk that you are looking for still exists, even if the test is negative, but it will be low. However, if there are any red flags, the risk will be higher. If the risk you are looking for may result in a serious outcome for the patient and you decide that the treatment would still be beneficial, that is the risk you should warn your patient about.

A reasonable osteopath performs appropriate and sufficient tests for contraindications before performing certain techniques. I can tell you that if the GOsC Professional Conduct Committee were to find that an osteopath had failed to carry out appropriate and sufficient tests for contraindications for treatment, in accordance with the practice of a reasonable osteopath, that osteopath could be found to be incompetent. It follows that, as a reasonable osteopath knows the appropriate tests for contraindications, a reasonable osteopath must also know the risks associated with osteopathic treatment, even if they cannot accurately measure the likelihood of the risks happening.

ii) Research: There is not a great deal of research available specifically about osteopathic treatment. However in reviewing a case the courts would probably not confine themselves to osteopathic research. A New Zealand case before the Health and Disability Commissioner (25 May 2004) illustrates how the courts in this country would probably treat research evidence. Osteopath Mr B was found to have caused Ms A to have a stroke by manipulating her neck. The Commission relied upon independent advice which stated, "There have been recorded cases of strokes occurring after upper neck manipulation (as performed by various health professionals) but research indicated the risk to be very low. Recent research 'indicates that for every 100,000 persons under 45 years of age receiving chiropractic treatment, approximately 1.3 cases of VBA (stroke) attributable to chiropractic would be observed within one week of manipulation'." The report added, "Please note this is a chiropractic study and as the authors admit, there are many flaws and more research is necessary." The point is, the courts look for the best evidence available and will look to research relating to other healthcare professions where reliable osteopathic research is unavailable. To redress the balance, the GOsC has entered talks with NCOR, with a view to developing osteopathic research.

iii) Osteopathic Educational Institutions (OEIs): The risks taught by OEIs may be a measure of what risks are acknowledged by the profession. (I appreciate that not all osteopaths have attended a current OEI, and that it has been suggested that slightly different scopes of risks may be taught at the various institutions.) The OEIs have embraced the opportunity to work together to introduce consistency of approach throughout the profession by agreeing to collate information about the risks they teach. At the time of writing, this is still under development.

iv) Insurance providers: Insurance providers deal in risks. Premiums are calculated on their estimates of the exposure to risk. Their estimates are based on the data they have gathered over the years, so they are potentially a good source of knowledge about risks associated with osteopathic treatment. However, insurers can be secretive about risks for fear of opening the floodgates for claims. Despite this, the insurance providers have agreed to meet with us in December to discuss risks they see as associated with osteopathic treatment.

Until the initiatives outlined in points ii), iii) and iv) above have come to fruition, it will be necessary to rely upon your own knowledge and the sparsely available

Osteopathic Supplies Ltd

70 Belmont Road, Hereford HR2 7JW, United Kingdom
Tel: +44 (0)1432 263939 Fax: +44 (0)1432 344055

Established 1988

Home | Search | Terms | e-mail | About Us

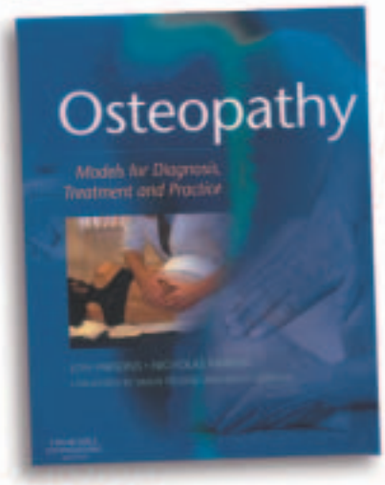
Categories

- Plastic Models
- Diagnostic
- Strappings
- Treatment
- Charts
- Electrotherapy
- Books
- Posture Aids
- Rehabilitation
- Orthotics
- Supports
- Remedies
- Practice
- Basket
- Checkout

New Books

Visit the Books, Osteopathic Section of our web site for more details.

OSTEOPATHY
by Parsons & Marcer



The best overview on osteopathy that has been published for a long time.

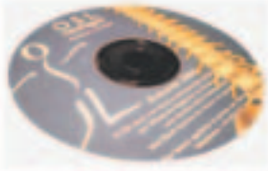
AN ILLUSTRATED PRACTICE OF OSTEOPATHY - 1908

The Still National Osteopathic Museum in Kirksville has recently uncovered a set of 68 never-before-printed images of osteopathic treatment in 1908.

The highlight is one of A.T. Still himself. It is thought that Still intended to publish this collection under a title copyrighted in the Library of Congress in 1899. This unique collection shows osteopathic treatment at the time of Still. Treat yourself!

INTERFACE
by R Paul Lee

A classic of osteopathic literature. Re-examining Dr Still's philosophy, ***Interface*** uses current scientific understanding to explain the mechanisms by which body, mind and spirit interconnect and proposes a model to inform osteopathy's approach to healing. This is essential reading for all osteopathic teachers, students, thinkers and all who wish to have a credible opinion on the future of osteopathy.



Not online?
Request our full catalogue on CD

www.osteopathicsupplies.com
e-mail: sales@o-s-l.com

research to identify inherent risks of seriously debilitating outcomes. Initiatives iii) and iv) are expected to bear fruit shortly. Osteopathic research may be a longer term goal. Admittedly it could have been helpful if these initiatives had been instigated earlier. They were not because the GOsC had a legitimate expectation that osteopaths would know the risks of the treatment they provide because they routinely test for contraindications to treatment.

How to explain these risks to patients

Many osteopaths have expressed a reluctance to advise patients of low risks of serious debilitating outcomes, for which they believe there is little evidence, for fear that either:

a. the patient would refuse to accept the treatment; or
b. an explanation would take too long.

Firstly, it must be up to patients whether they accept the treatment but our (vicarious) experience is that the vast majority of patients accept the treatment if risks are explained sensitively and in context. Context is everything. Make sure that your patient is able to weigh up the balance between the benefits and the low but serious risks of the treatment. If patients do not want to proceed with the treatment that carries a low but serious inherent risk, they could accept an alternative treatment approach, so your income may not be adversely affected. There are a number of osteopathic techniques from which you can select according to the needs of the individual patient.

The ability to explain risks will be an evolving skill, improving over time, but there are some essential elements to a good explanation. These are the things that your patients will want to know:

- your diagnosis;
- what treatment you recommend;
- why you recommend that treatment – benefits;
- what is involved;
- the usual risks;
- low risks of serious debility;
- that you have tested for contraindications;
- alternative treatment.

Imagine yourself as a patient and this should help.

I would think that you already advise your patients of all these elements, with the possible exception of the low risks of serious debility.

Secondly, the extra element of explanation need not take very long or be onerous. There is no need to give each patient a lecture about osteopathy, research and risks. At the Taunton Conference, I gave a rough demonstration by saying, "there have been a few reported cases of stroke following neck manipulation but these are rare". That explanation took less than five seconds. Of course it might prompt questions, such as, "how rare?" A helpful suggestion by a senior member of the profession was to answer this question along the lines of – "Very. There is not much research but probably in the order of the number of strokes caused by people having their hair backwashed by the hairdresser". That is another five seconds. I am not prescribing a form of words but merely giving an example. Your explanations will evolve and be much better than mine, particularly as more information becomes available to you.

Out of a desire to help, it is tempting to provide a standard form of words for warnings of risks, but I have resisted. The reason is that informed consent is a process that requires you to provide adequate information to your patient, taking account of the individual patient's capacity to understand. Because patients are all different in terms of personality and capacity to understand, and because different red flags present when tests for contraindications are performed, a standard explanation cannot be appropriate. And, as I understand it, this is not the osteopathic way. For the same reason, we do not advocate a standard consent form but we are not averse to consent forms that relate the particular risks.

I am also concerned that many osteopaths seem to think that if they obtain a patient's signature, they have obtained consent. This is not necessarily the case. I repeat, consent is a process whereby you endeavour to ensure that your patient understands the risks. Obtaining a signature does not necessarily mean that this process has been satisfied. Your contemporaneous notes, in my view, are as good as a consent form, not least because consent forms might alarm the patient. The fact that you have taken the trouble to write out your advice may better indicate that you have gone through the consent process.

On a parting note, I believe that too much has been made of clause 20. It is just one of 141 clauses in the framework for practice that is the *Code*. Clause 20, as with the majority of the *Code*, is there to help you to protect patients' rights to make vital decisions about

CPD – your accomplishments so far

Marcus Dye, Assistant Registrar (Development)

It has now been 18 months since the launch of the CPD scheme and all appears to be progressing well. With the Development department having now had the opportunity to review all the forms received in respect of the 2004–2005 CPD year, I am pleased to announce that an encouraging 95 per cent of CPD returns were considered acceptable. Of the remaining returns, 3 per cent were considered to have complied with the minimum requirement, but had included extra activities on their form which were not considered acceptable, with only 2 per cent failing to meet the minimum requirements with the activities submitted. Further guidance was issued to all osteopaths in September 2005, based on the content of these returns, highlighting certain activities and areas of practice that fell outside the scope of CPD. In some cases, where it was felt that the general guidance was not sufficient, a more detailed letter was issued to the osteopath concerned.

I would like to congratulate the profession for embracing CPD in such an enthusiastic and highly professional manner. In the current climate of increased regulation and litigation, it is important for osteopaths to be able to demonstrate their professional standing and high levels of competence to both patients and other external agencies. Reflection on current practice and the desire to continue to develop professionally go a long way to reassure those outside the profession that osteopathy is a progressive and responsible healthcare discipline.

Progressing further

As you are all aware, the CPD scheme commenced on 1 May 2004 and below is an outline of how CPD will now run for osteopaths registered before and after this date.

Osteopaths registered before 1 May 2004

By now, you will be well into your second 'transition' period of CPD, with some osteopaths already having completed a second CPD return. The aim of the 'transition' period is to coordinate the CPD year with the renewal of registration date, so that the CPD year ends two months prior to this date. As CPD will be a requirement of your registration renewal, the two-month gap will allow time for

you to submit a CPD return and resolve any issues that may arise before your registration expires. The 'transition' period and the minimum CPD hours required during this time will vary between osteopaths, depending on when they originally registered. All osteopaths registering before 1 May 2000 were given a renewal date of 1 May, while all those who registered after 1 May 2000 have a renewal date corresponding to the date they registered.

Details of your CPD periods were provided in the letter accompanying your initial CPD Guidelines pack and a general guide is reproduced opposite. **If you are unsure of your CPD periods, please contact the Registration department for further advice on ext. 256. Once transition is complete, all subsequent CPD periods will last for 12 months.**

Osteopaths registered after 1 May 2004

You will have either have commenced your CPD at the point of registration or been given an initial waiver, both of which will have been for a period of 10 months, ending two months prior to your renewal of registration date, for the reasons given above. All subsequent periods of CPD will last 12 months.

Future assessment of CPD

The review of almost 3700 CPD forms is a costly exercise in terms of both time and money. Given the success of the first CPD year, the GOsC has considered the need for reviewing every single form and decided that from 1 May 2006 only a random sample of CPD returns need be reviewed each year to ensure compliance. This will be backed up with the commencement of portfolio reviews from 2007 onwards. The review will be conducted by administrative staff who will be looking to ensure that your portfolio contains evidence that the activities listed on your CPD Annual Summary Form have been completed as declared. This will not involve any element of evaluation of CPD activities other than to ensure that they fall within the guidelines provided. Should there be any disagreement between the reviewer and the osteopath, the portfolio will be referred to a CPD panel for final judgement, which will consist of osteopathic and lay representatives. Further guidance on the portfolio review process will be provided in the second edition of the CPD Guidelines document. As only a percentage of returns will be reviewed, the GOsC will no longer issue a confirmation

letter to every osteopath who has submitted a form. Instead we intend to concentrate on those osteopaths who have not complied with requirements or who have failed to provide an adequate return.

Second edition of the CPD Guidelines

The CPD process will continue to run as outlined in the existing guidelines until summer 2006. This will allow adequate time for the process to be trialled and for the GOsC to analyse the comments received from the profession on both the process and the Guidelines. A second edition of the guidelines will be produced and issued as part of a Development folder for all osteopaths.

Further CPD forms

Forms are available to download from the GOsC website: www.osteopathy.org.uk/careers/cpd.php or paper copies can be sent on request. As a second edition of the Guidelines and forms will be produced in the near future, no further reprints will be made of the existing document at this time. Please make photocopies of the forms where necessary.

Should you have any additional enquiries, please direct them to the Development department on exts. 238 or 240.

Your CPD year

Renewal of Regisatration	First CPD Year No. of CPD hours	Second CPD Year (transitional) No. of CPD hours	Third CPD year, onwards No. of CPD hours
January	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 October 2005** 15 hours	**1 November – 31 October** 30 hours
February	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 30 November 2005** 17.5 hours	**1 December – 30 November** 30 hours
March	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 December 2005** 20 hours	**1 January – 31 December** 30 hours
April	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 January 2006** 22.5 hours	**1 February – 31 January** 30 hours
May	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 28 February 2006** 25 hours	**1 March-28/29 February** 30 hours
June	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 March 2006** 27.5 hours	**1 April – 31 March** 30 hours
July	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 30 April 2006** 30 hours	**1 May – 30 April** 30 hours
August	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 May 2005** 2.5 hours	**1 June – 31 May** 30 hours
September	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 30 June 2005** 5 hours	**1 July – 30 June** 30 hours
October	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 July 2005** 7.5 hours	**1 August – 31 July** 30 hours
November	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 31 August 2005** 10 hours	**1 September – 31 August** 30 hours
December	**1 May 2004 – 30 April 2005** 30 hours	**1 May 2005 – 30 September 2005** 12.5 hours	**1 October – 30 September** 30 hours

CPD SEMINARS

MULTI-DISCIPLINARY EVIDENCE BASED COURSES for OSTEOPATHS, PHYSIO's & CHIRO's

THE COMBINED APPROACH TO THE SACROILIAC JOINT
Jan 21 to 22 – Chichester, W.Sussex, Feb 11 to 12 – London, March 4 to 5 – Salisbury, Wiltshire, May 5 to 6 – Hartlepool, June 10 to 11 – London, June 17 to 18 – West Bromwich, West Midlands, July 8 to 9 – Notts, Sept 9 to 10 - Liverpool

PRACTICAL PODIATRIC BIOMECHANICS
Feb 18 to 19 – West Midlands, March 18 to 19 – Winchester, April 22 to 23 – Tidworth, Wiltshire, May – Taunton, Somerset, June 17 to 18 – Redruth, Cornwall, July 15 to 16 – venue tbc, Sept 30 to Oct 1 – Guernsey

THE SHOULDER – THEORY AND PRACTICE
March 4 to 5 – London, April 1 to 2 – West Midlands, May 13 to 14 – London, June 10 to 11 – Leicester, July 8 to 9 – Hemel Hempstead, Sept 16 to 17 - Winchester

ALTERED HAEMODYNAMICS – a new concept within Manual Therapy (this course is MACP accredited)
Feb 18 to 19 2006 – Farnham, Surrey, March 18 to 19 2006 – Bury St Edmunds, April 22 to 23 – Chester le Street, May 6 to 7 – Staffs, Oct 14 to 15 - Bournemouth

HAEMODYNAMICS OF THE CERVICAL ATERIES: VBI ISSUES
Nov 25 – Bury St Edmunds, Suffolk

SPORTS FIRST AID (tutor Tony Bennison)
January 6 – Aldershot, Jan 8 – Camberley, Surrey, March 26 - Cardiff

ANTERIOR KNEE PAIN: DIFFERENTIAL DIAGNOSIS & TREATMENT
Feb 18 to 19 – Notts, March 18 to 19 – Taunton, April 22 to 23 – Dublin, May 13 to 14 – Cardiff, July 15 to 16 – Reading, Sept 16 to 17 - Peterborough

PAEDIATRIC RESPIRATORY & MUSCULOSKELETAL WORKSHOP
March 18 to 19 – venue tbc, June 17 to 18 – Paisley, Scotland, Oct 21 to 22 - Cardiff

GRADE V SPINAL MANIPULATION
Jan 21 to 22 – Winchester, Feb 11 to 12 2006 – Hyde, Grt Manchester, March 4 to 5 – Peterborough, April 8 to 9 – Aylesbury, Bucks

WORLD CLASS SPORTS MASSAGE
Jan 14 to 15 – Taunton, Feb 4 to 5 – venue tbc, March 4 to 5 – venue tbc, May 6 to 7 – Chelmsford, June 3 to 4 – venue tbc, Sept 2 to 3 – West Midlands

SOFT TISSUE RELEASE
April 1 – Portsmouth, April 2 – Reading, July 8 – London, July 9 – London, Nov 4 – venue tbc, Nov 5 – West Bromwich, West Midlands

PROPRIOCEPTION & NEUROMUSCULAR CONTROL IN EXERCISE REHAB FOR THE LOWER LIMB
Jan 28 to 29 – Newcastle upon Tyne, April 22 to 23 – venue tbc, June 10 to 11 – Croydon, Surrey

EXERCISE REHAB FOR THE LOWER LIMB: OPEN OR CLOSED KINETIC CHAIN EXERCISE?
March 11 to 12 – venue tbc, Aug 5 to 6 – venue tbc, Oct 21 to 22 – West Bromwich, West Midlands

FUNCTIONAL PERFORMANCE TESTING FOLLOWING KNEE LIGAMENT INJURY
Feb 11 – venue tbc, June 16 – venue tbc, Oct 27 – West Bromwich, West Midlands

PATTERNS OF FACILITATION & INHIBITION IN THE THORACO-LUMBO-SACRAL REGION
June 30 to July 2 – London, July 14 – 16 – Manchester area (venue tbc)

2006 Course Schedule available at www.heseminars.com

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

ALL COURSES ARE TAUGHT BY EXPERTS IN THEIR FIELD

For details on all courses and additional dates/venues not mentioned above, please contact: Health Education Seminars, 42 Richmond Rd, Poole BH14 0BU Tel/fax 01202 568898 or email: info@heseminars.com or visit

www.heseminars.com

In Education

Jane Quinnell, Clerk to Education Commitee

The Education Committee (EdC) held its 42nd and 43rd meetings on **15 September** and **10 November 2005** in Osteopathy House. Professor Trudie Roberts chaired the September meeting and Mr Nick Woodhead, Acting Chairman of the EdC, chaired the November meeting in her absence. Matters considered or reported included:

Frequency of EdC and GOsC meetings with Osteopathic Educational Institutions (OEIs) The EdC considered the possibility of reducing its meetings from five to four a year and the GOsC's meetings with the OEIs from three to two a year. It was agreed to leave the EdC meetings as scheduled for 2006/07 with the proviso that, if business dictated, the September and November 2006 meetings could be combined. This would be reviewed in Autumn 2006. GOsC meetings with the OEIs required further discussion with the OEIs and would remain as scheduled in the interim.

Development department update

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

- Analysis of all osteopaths' CPD returns.
- Coordinating work with regard to Recognised Qualification (RQ) reviews of providers of osteopathic education.
- Continuing work on the Osteopathy Benchmarking Project for pre-registration education.
- Facilitating the Quality Assurance Agency for Higher Education (QAA) third briefing of the OEIs, on 16 September 2005, to discuss the cessation of the GOsC prescribed Final Clinical Competence Assessment (FCCA) and its replacement by internal procedures for clinical performance assessment. This provided an opportunity for the OEIs to discuss their proposals for the FCCA replacement. Progress on this will be reviewed through the GOsC/QAA monitoring review process.
- Facilitating the QAA's further RQ review visitor training event on 13 and 14 October 2005.
- Contributing to the World Health Organization Guidelines and attending the Osteopathic International Alliance (OIA) Conference.
- Developing a revised Annual Report form which will be used in the RQ review monitoring of osteopathic courses.
- Monitoring progress on the Department of Health's Musculoskeletal Services Framework Project, publication of which has now been delayed until January 2006.
- Working with other health regulators to identify risks associated with the implementation of the European Directive 2005/36/EC Recognition of Professional Qualifications. A recent meeting was convened to initiate work on demonstrating to Government that the UK health regulators have a shared understanding of the risks that EU mobility can present and the challenges regulators face in ensuring that health professionals from other EU Member States are fit to be on UK registers.
- Contributing to the Forum of Osteopathic Regulation in Europe (FORE) meeting to discuss issues affecting regulation in Europe and ideas for developing a more consistent approach.

Next meeting of EdC

16 March 2006 at 12.30pm at Osteopathy House, London. The agenda for the public session will be available from Jane Quinnell approximately seven days before the meeting. Part I sessions of EdC meetings are open to members of the public.

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

If you would like to submit an article, or have an idea for a future issue of *The Osteopath*, contact the Editor on ext. 228 or email: editor@osteopathy.org.uk.

Fitness to Practise update

Laura Scrutton, Regulation Assistant

Investigating Committee

The Investigating Committee met for the 32nd time on 15 June 2005 and considered seven cases. Of those cases, two related to allegations of unacceptable professional conduct and five related to allegations of unacceptable professional conduct and/or professional incompetence.

The IC referred two cases to the Professional Conduct Committee (PCC) for further consideration. In both cases, the osteopaths concerned will face allegations of unacceptable professional conduct and/or professional incompetence. In the remaining five cases, the IC concluded that there was no case for the osteopaths to answer.

On 7 September 2005, the IC met for the 33rd time and considered seven cases. Of those cases, five related to allegations of unacceptable professional conduct and the remaining two cases related to allegations of unacceptable professional conduct and/or professional incompetence.

The IC referred four of the cases to the Professional Conduct Committee (PCC) for further consideration. In three of the cases, the osteopaths will face allegations of unacceptable professional conduct. In the other case, the osteopath will face allegations of unacceptable professional conduct and/or professional incompetence.

In the remaining two cases, the IC concluded that there was no case for the osteopaths to answer.

On 5 October 2005, the IC considered at a hearing whether it was necessary for the Registrar to suspend an osteopath's registration, while it investigated the allegations that had been made. The Committee's power to do this comes from the Osteopaths Act 1993 (the Act), section 21(2), and is used when the IC is satisfied that it is necessary to do so in order to protect members of the public. The IC concluded that the Registrar should suspend Mr Owen Bull's registration for the maximum period of two months. The suspension took immediate effect.

Below is a list of the cases considered by the IC so far this year:

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	6	6
Professional incompetence	0	1
Unacceptable professional conduct and/or professional incompetence	8	9
UK convictions	1	0
Health	1	0
Total cases considered	**16**	**16**

Professional Conduct Committee

The Professional Conduct Committee (PCC) sat on 28 April and 8 June 2005 to consider a case where it was alleged that the osteopath, Mr Thomas Greenfield, had been guilty of unacceptable professional conduct. The allegations related to the content of Mr Greenfield's website.

After carefully considering the evidence put before it, the PCC found all charges to be proved and that, on each charge, Mr Greenfield was guilty of unacceptable professional conduct.

After hearing the mitigation put forward on Mr Greenfield's behalf, it was the Committee's judgement that the case was adequately dealt with by way of an admonishment.

On 17 June 2005, the PCC considered a case where the osteopath had been convicted of a criminal offence. On 25 October 2004, Mr Alex Lal was convicted upon indictment of assault occasioning actual bodily harm and was sentenced to eight months' imprisonment. Mr Lal accepted his conviction by the Snaresbrook Crown Court.

The PCC carefully considered the mitigation put forward on Mr Lal's behalf and, although the PCC wished it to be clearly understood that it was considered to be a serious matter, it did recognise that this was an isolated incident. The PCC also felt that it was clear that Mr Lal had taken impressive steps to transform himself substantially and to learn important lessons from this experience.

In arriving at its decision, the PCC considered the public interest, but in light of all the matters put before it, decided to take a wholly exceptional course and was satisfied that the imposition of a sanction of admonishment was a proportionate response in all the circumstances of the case.

The PCC also sat on 26 July 2005 to consider a case where it was alleged that the osteopath had been guilty of unacceptable professional conduct in that he sent a card to a patient that contained inappropriate comments and suggestions.

The osteopath, Mr Philippe Raffit, admitted the charge and that he was guilty of conduct which falls short of the standard required of a registered osteopath, contrary to section 20(1)(a) of the Osteopaths Act 1993.

The PCC carefully considered the mitigation put forward by Mr Raffit and, although it believed that Mr Raffit had sought to minimise his understanding of that which he wrote to the patient and was concerned that he should

have done so, it was able to accept that this was an isolated incident and one which it was assured will not recur. In those circumstances, and given that the sanction the PCC must choose must be proportionate to the offence, it felt this case was adequately dealt with by way of an admonishment.

The PCC also sat on 13 September 2005 to consider a case where it was alleged that the osteopath had been guilty of unacceptable professional conduct and/or professional incompetence. The allegations related to the treatment the osteopath had given to his patient.

After carefully considering both the oral and documentary evidence put before it, the PCC was not satisfied that the charges had been proved to the standard required. The case was therefore dismissed.

Finally, the PCC sat on 21 October 2005 to consider a case where it was alleged that the osteopath, Mr Glenn Lobo, had been guilty of unacceptable professional conduct. The allegations related to Mr Lobo's osteopathic record keeping and the claims he made on his practice website and stationery. The Committee concluded that Mr Lobo's notes were woefully inadequate, particularly relating to the case history of the patient. Mr Lobo admitted to the other charge in relation to the content of his website and stationery. The Committee found that these amounted to conduct that falls short of the standard required of a Registered Osteopath.

After considering the mitigation put forward on Mr Lobo's behalf, the Committee concluded that this matter was adequately dealt with by way of an admonishment. Attention was drawn to Mr Lobo's record keeping skills and a requirement was made that this forms part of Mr Lobo's Continuing Professional Development.

The PCC also concluded that a case that had been referred to it in February 2005 should be cancelled in accordance with Rule 19 of the (Professional Conduct Committee) (Procedure) Rules 2000 because the hearing could no longer go ahead as the complainant no longer wished to pursue the complaint.

Below is a list of hearings held this year and the outcomes:

Sanction	Unacceptable professional conduct	Professional incompetence	Unacceptable professional conduct and/or professional incompetence	UK conviction
Removed	0	0	0	0
Suspended	0	0	0	0
Conditions of practice	0	0	0	0
Admonishment	4	0	0	1
Not well founded	0	0	1	0
Imposed interim suspension	1	0	0	0
Total	**5**	**0**	**1**	**1**

CPDO programme 2006

CPDO providing for all your CPD needs

	Date	Title	Tutor / lecturer	Cost	Deposit
		Weekend courses			
☐	28-29 Jan	IOT I: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
☐	11-12 Nov	IOT I: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
☐	1-2 April	IOT II: Cervical spine, CD and UEX	Prof. Laurie Hartman	£195.00	£125.00
☐	17-18 June	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£195.00	£125.00
☐	7-8 Oct	IOT IV: Developing and advancing osteopathic technique	Prof. Laurie Hartman	£195.00	£125.00
☐	2-4 Feb	Visceral osteopathy: the abdomen	Jean-Pierre Barral	£395.00	£250.00 Remaining £145.00 by 1 Jan 06
☐	2-4 Nov	Visceral osteopathy: the thorax	Jean-Pierre Barral	£395.00	£250.00 Remaining £145.00 by 1 Oct 06
☐	17 June	Healthy Pregnancy	Averille Morgan	£105.00	Pay in full
☐	9 Sept	Lymphatic motion	Averille Morgan	£105.00	Pay in full
☐	21-22 Oct & 25-26 Nov	Osteopathic care in pregnancy & optimal fetal positioning	Averille Morgan	£395.00	£225.00
☐	6-7 May	Enhancing motherhood through active body awareness	Christine Van de Putte	£195.00	£125.00
☐	21 Jan	Pre & post operative care for common joint surgery	Prof. Eyal Lederman	£105.00	Pay in full
☐	1-2 April & 1-2 July	Neuromuscular "re-abilitation"	Prof. Eyal Lederman	£395.00	£250.00
☐	7-8 Oct & 11-12 Nov	Harmonic technique	Prof. Eyal Lederman	£395.00	£250.00
☐	21-22 Jan	How to treat sports injuries: the upper body	Chris Boynes	£195.00	£125.00
☐	30 Sept -1 Oct	How to treat sports injuries: the lower body	Chris Boynes	£195.00	£125.00
☐	24-25 June 9-10 Sep	Osteopathic care of small animals	Anthony Pusey	£465.00	£250
☐	18 Nov	Osteopathic care of small animals: Revisited	Anthony Pusey	£105.00	Pay in full
☐	1-2 July	Introduction to cranial osteopathy	Ercilia De Marco	£195.00	£125.00
☐	6-7 May	Treating the neck and neuropathic arm pain	Philip Moulaert	£195.00	£125.00
☐	24 June	Practical ergonomics and musculoskeletal health	Damon Peterson	£105.00	Pay in full
☐	21 Oct	Improving motor control in the elderly: an exercise approach	Dr Dawn Skelton	£105.00	Pay in full
☐	11 Nov	Nutritional assessment practical workshop	Dr. Adam Cunliffe	£105.00	Pay in full
☐	4 Nov	From treatment to exercise	Matthew Walden	£105.00	Pay in full
		Evening courses			
☐	26 Jan	How to treat: Chronic trapezius myalgia	Prof. Eyal Lederman	£40.00	Pay in full
☐	30 March	How to treat: Acute disc	Prof. Eyal Lederman	£40.00	Pay in full
☐	15 June	How to treat: chronic disc	Prof. Eyal Lederman	£40.00	Pay in full
☐	28 Sept	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40.00	Pay in full
☐	26 Oct	How to treat: Tennis elbow	Prof. Eyal Lederman	£40.00	Pay in full
☐	23 Nov	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
☐	19 Jan	OT I: Mid cervical & upper thorax	David Tatton	£40.00	Pay in full
☐	9 Feb	OT II: Thoracic spine and ribs	David Tatton	£40.00	Pay in full
☐	23 March	OT III: Upper extremity & upper cervical spine	David Tatton	£40.00	Pay in full
☐	11 May	OT IV: Lower back and pelvis	David Tatton	£40.00	Pay in full
☐	6 Feb	The missing link – TMJs, bite and posture	Dr. Malcolm Levinkind	£40.00	Pay in full
		Evening lectures			
☐	25 May	Exercise motivation and adherence	Bob Laventure	£20.00	Pay in full
☐	8 June	Prevention of falling and fractures in the elderly	Dr Dawn Skelton	£20.00	Pay in full
☐	22 June	The myth of core stability	Prof. Eyal Lederman	£20.00	Pay in full
☐	5 Oct	Update on mechanisms of pain and pain management	Prof. Martin Koltzenburg	£20.00	Pay in full

Name:
Address:
Telephone:
E-mail:
Total deposit enclosed:_____**All deposits and payments are non-refundable and non-transferable to other dates**

All cheques should be made to CPDO Ltd. and sent to the office address:

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK

Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net / www.cpdo.net

Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking. In case of cancellation of courses or lectures all deposits will be refunded. **The course organisers reserve the right to change the course contents and substitute leaders without advance notice. The organisers**

Book on any course or lecture before **1 Jan 06** and get **10%** discount

Forum for Osteopathic Regulation in Europe

Sarah Eldred, Assistant Registrar (Public Affairs)

The GOsC organised an exploratory meeting in London on 4 November to facilitate discussion amongst European osteopathic organisations on regulation in Europe.

The event was attended by some 35 delegates, representing 25 organisations, from 15 countries. Chaired by GOsC Chairman, **Nigel Clarke**, discussion focused on the challenges facing the osteopathic profession in Europe as a result of a current lack of consistent models of regulation. It was noted that European osteopathic organisations already exist and that different countries are at various stages of recognition/regulation. There was appreciation, however, of the potential conflict of interest with organisations representing both the interests of the profession and the needs of the patient.

Delegates participated in working groups to debate how patients could be best protected. Suggestions included:

- Consensus on standards of training and practice, to include clinical training.
- Codes of Practice.
- Protection of the titles of 'Osteopath' and 'Osteopathic techniques'.
- Agreement about patient expectations.
- Single Register in each country.

Possible mechanisms to ensure patient safety were also discussed, including:

- Certificates of current professional status.
- Proactive information exchange on fitness to practise issues.
- European-wide cooperation between national authorities, e.g. a comprehensive and current database of registering bodies.
- Consensus on standards of proficiency and practice.
- Mandatory Continuing Professional Development.
- Effective public/patient information.
- European Codes of Practice.

There was unanimous agreement on the need for a network of European osteopathic organisations to discuss regulatory issues – to be named the **Forum for Osteopathic Regulation in Europe.**

There are plans for a second meeting within the next six months, in Brussels, or Austria, to tie in with the EU Presidency. Consensus on training standards within a common platform is a likely topic for discussion at this meeting, as is the possibility of EU funding to help support the network. **For further information contact Sarah Eldred on ext. 245 and/or via email: sarahe@osteopathy.org.uk.**

Osteopathy's role in the "New World"

This year's **NHS Alliance** annual conference, entitled "New World", brought together healthcare managers and clinicians to discuss current developments in primary care. Practice-based commissioning, reform of Primary Care Trusts and the awaited publication of the White Paper on out-of-hospital care will all have enormous implications for the future of the health service in England – and potential opportunities for osteopathy.

As a regulator participant at the exhibition, the GOsC hopes to raise awareness of the osteopathic profession with key movers and shakers. As ever, staff were ably assisted by osteopaths over the two days. Our sincere thanks go to Stuart Beardwell, Claire MacDonald and Navin Arora for their time and enthusiasm.

The interaction with delegates was positive and we seem to have overcome one hurdle, in that Commissioning, Primary Care and Modernisation managers were generally in agreement that they should commission osteopathy. The barrier we now face, however, is how. Under the new initiative, Practice-based commissioning, GP practices are being given more autonomy over how money is spent, but it is clear that no-one really knows what to do.

The GOsC's NHS Steering Group (a group made up of osteopaths with NHS contracts) has agreed to help develop a promotional toolkit which will include examples of different models where osteopathy is working with the NHS. This should provide support to osteopaths, and also commissioners, including GP practices – an information pack for primary care organisations is also envisaged.

NICE annual conference

The GOsC will be exhibiting also at the National Institute for Health and Clinical Excellence's annual conference on 7–8 December, in Birmingham. This is a leading event for senior healthcare directors and managers, clinicians and policy makers, focusing on clinical guidance. Such a forum provides an opportunity to promote the profession, including the work of the National Council for Osteopathic Research. A full report will appear in the February issue of *The Osteopath*. **For further information, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.og.uk.**

Promoting partnerships: GP workshops

The GOsC is launching the third series of interactive, regional GP workshops as part of its objective to provide promotional support to the osteopathic profession. Equipping osteopaths with effective methods of communicating with GPs and other primary care practitioners, these workshops aim to increase awareness of osteopathy and the practitioner's patient base. They offer a unique opportunity for osteopaths to work together with a view to "marketing" osteopathy with consistency and confidence.

Workshop leader and osteopath **Robin Lansman DO** (pictured right) says, "Reflective practice is intrinsic to building our role as primary carers. Even more so is the ability to clearly verbalise 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

As reported last month, the first workshop of this series will be held at Ravenwood Hall, **Bury St Edmunds** on **Friday 27 January** 2006. We also stated that additional locations will be determined by local demand and are pleased to announce that based on feedback, two more workshops are being planned for Scotland and the Midlands in March 2006.

To make a booking or if you would like the GOsC to hold one of these workshops in your area, call the Communications department on exts. 242 or 222, or email: GPWorkshop@osteopathy.org.uk, specifying your regional location.

Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Healthcare Reforms

Secretary of State for Health, **Patricia Hewitt**, made a further statement to the House of Commons on 18 October on the changes to PCTs and Strategic Health Authorities first proposed over the summer, in the policy document ***Commissioning a Patient-led NHS.***

NHS spending has risen from £33 billion in 1997–98 to over £90 billion in 2007–08. "90% of people's contact with the NHS is in primary care and the challenge now is to improve primary and community services. The focus of services needs to shift more towards prevention", she said.

Responding to *Commissioning a Patient-led NHS,* Strategic Health Authorities have submitted local proposals and these are currently being analysed. An external panel representing key interests will advise Ministers on whether the proposals meet the criteria set out in the policy document. Any proposed changes to PCT boundaries will then be subject to a three-month statutory consultation involving local stakeholders and staff, starting in early December 2005.

Ms Hewitt (pictured right) said, "Changes to SHAs will precede changes to PCTs and any changes to the latter will not commence before April 2006". Changes to PCTs' roles in providing services will take place over a longer timescale and will build on the results of the forthcoming White Paper on *Community Health and Social Care Services* and on the October listening exercise *Your Health, Your Care, Your Say* (see below).

Your Health, Your Care, Your Say

The Department of Health carried out a thousand-strong public consultation exercise, *Your Health, Your Care, Your Say*, in Birmingham on 29 October. The aim of this and other similar events (held in Leicester, Gateshead and London) is to involve the public and staff, including those often under-represented such as the homeless, people with learning difficulties and teenagers in debating the future design of health and social care services. Data is currently being collated on the discussions, but a key finding was the call for improved access to GP services at evenings and weekends.

Community Health and Care Services

In response to a parliamentary question on 25 October, Patricia Hewitt assured MPs that "far from trying to impose a one-size-fits-all change from the centre, we are asking Strategic Health Authorities and PCTs to look at what is working well in their area to see whether change is needed and, if so, to introduce proposals". She added that NHS staff will continue to be employed by the PCT unless it decides otherwise. "Any such decision would be made locally in the light of the forthcoming *White Paper on Community Health and Care Services* and with full consultation with patients, users and staff".

At a meeting of the New Health Network (a forum of practitioners, healthcare managers, politicians and business people with an exclusive focus on patient interests) the Health Secretary also highlighted the Government's proposed reform programme in the forthcoming White Paper. This includes four elements:

- More choice and a much stronger voice for patients.
- More diverse providers, with more freedom to innovate and improve services.
- Money following the patients, rewarding the best and most efficient providers, and giving the others a real incentive to improve.
- A framework of regulation and decision-making which guarantees quality, fairness, equity and value for money.

The GOsC will review the White Paper, when published, to assess to what extent patient safety and osteopathy can be promoted. Its imminent launch has also delayed the long-awaited *Musculoskeletal Services Framework* which will now not be available before January 2006.

Reform of Welfare State

David Blunkett then Secretary of State for Work and Pensions, launched his vision of the Welfare State on 10 October, setting out eight *Principles of Welfare Reform* aimed at getting 2.7 million people, currently on incapacity benefit, back into work. "These principles are about liberating; about empowering; about balancing rights and responsibilities so that we transform the welfare state from being a safety net to a ladder out of poverty".

Of particular interest to the GOsC is principle 5, which recognises that the Government must provide the right support at the right time and calls for "early and appropriate medical and complementary therapy interventions, to innovative occupational health programmes". The **Rt Hon John Hutton MP** has now taken over this brief.

Health, Work and Wellbeing – caring for our future

The Department of Health has joined forces with the Department for Work and Pensions and the Health and Safety Executive to launch a new strategy aiming to break the link between ill-health and inactivity.

The first stage was published on 19 October by David Blunkett and Patricia Hewitt and lays out a blueprint for avoiding work-related illness and accidents and ensuring fast treatment and access to occupational health services. The Strategy will be led by a National Director of Occupational Health services who has yet to be appointed. A stakeholder summit is planned for early 2006 and a Charter (including an action plan) will be published in Spring 2006.

Examples cited of good practice include Royal Mail where "anyone absent for 14 days gets an automatic referral, but for stress and musculoskeletal disorders they operate a one day referral. Royal Mail estimates this has improved management of sickness absence and led to [the] equivalent of 2000 extra staff being at work each day." GOsC involvement in the stakeholder event will be explored.

Pathways to Work

The *Pathways to Work* Scheme began in October 2003 to assist those on incapacity benefit. It was expanded in April 2004 and it is estimated that by October 2006 the scheme will cover a third of all on incapacity benefit

The scheme offers early, sustained support involving Jobcentre Plus, the NHS and the voluntary sector to support people with health conditions and disabilities. This support includes "groundbreaking NHS rehabilitation support so that they can learn to manage and cope with their health condition (e.g. back pain, angina, mental illness), so they can get back to work".

The GOsC is involved in facilitating a series of osteopathic workshops to Jobcentre Plus offices across Greater London, as part of the Department for Work and Pensions *Dealing with Back Pain* initiative. Readers of last month's *The Osteopath* will also have read about the GOsC's promotional campaign, *Steer Clear of Back Pain*, in conjunction with the Health and Safety Executive. These initiatives, together with Government interest in getting people off incapacity benefit and back into work are valuable lobbying opportunities to raise awareness of osteopathy.

Kensington and Chelsea PCT

A Board meeting of the K&C Primary Care Trust on 25 October agreed to cut existing osteopathic services from 5 to 2 full-time posts – a £134,000 saving towards the K&C financial recovery plan. One of the reasons cited for the cuts was that the capacity exceeded the demand. The original plan had been to close down the entire service, saving £234,995.

In a report presented to the Board it was noted that: "the outcome of the cost-benefit analysis is that closing the Osteopathy Service and doing nothing to match the increase in demand would result in a dramatic increase in waiting times, and so impact on the patient experience of care. In addition, if a patient's assessment, diagnosis and physical treatment is delayed there is a potential risk of exacerbation of symptoms and further detrimental physical changes that could delay recovery and result in a prolonged package of care or even irreversible physical changes."

The report also concedes that by reducing the service rather than closing it down, the PCT would avoid a very difficult public relations experience.

The GOsC will be renewing contact with local MP **Malcolm Rifkind** and senior party health spokesmen, as well as MPs on the Select Committee on Health to brief them on this reduction in patient services. The GOsC is also liaising with the House of Commons All Party Group on Integrated and Complementary Healthcare, who are taking a particular interest in such cuts and hope to seek an adjournment debate on this issue.

House of Commons

Select Committees

Work and Pensions Committee: The Committee, chaired by **Terry Rooney** (Lab Bradford North), is holding an inquiry into the reform of incapacity benefits and *Pathways to Work* and the Government's strategy to help more people who are not in work due to ill-health or disability move into employment.

Health Committee: This Committee, chaired by **Kevin Barron** (Lab Rother Valley), is holding a brief inquiry on changes to PCTs arising from *Commissioning a Patient-led NHS*. Witness sessions took place on 3 and 10 November. This inquiry will look at: rationale behind the changes; likely impact on commissioning of services and on the provision of local services; likely impact on other PCT functions, including health; consultation about proposed changes; and likely costs and cost savings.

The GOsC Executive will be writing to both Committees.

Parliamentary Questions

Pathways to Work: In a parliamentary answer on 31 October, **Margaret Hodge**, Minister for Employment and Welfare Reform said that there was evidence that the *Pathways to Work* pilots were exceeding expectations and the number of people with a health condition or disability in the seven pilots who have found work, now exceeds 17,000. In response to a question from David Laws (Lib Dem), asking how many existing recipients of incapacity benefit had attended a work-focused interview through these pilots since February, Ms Hodge replied that 6,200 existing claimants had attended a mandatory interview between February and June 2005.

The GOsC Executive is exploring whether osteopathy has been involved in any of these pilots.

All Party Groups

The All Party Group on Integrated and Complementary Healthcare: Chaired by **David Tredinnick** MP (Con Bosworth), this Group will be holding a meeting on 13 December addressed by Christopher Smallwood, author of the recent report, *The Role of Complementary and Alternative Medicine in the NHS*. The Group is taking an active interest in access and delivery and the availability of osteopathic services on the NHS, in particular, the situation within the

European School of Osteopathy

The European School of Osteopathy is constantly working towards providing the most up-to-date, exciting, thought provoking postgraduate programme for the osteopathic profession.

Biomechanical Approach of the Abdomen: Distribution of Pressures & Dual Function of the Physiological Systems
Franz Buset DO
Saturday 28th & Sunday 29th January 2006

Osteopathy & Uro-gynaecological Cases
Renzo Molinari DO
Saturday 25th & Sunday 26th February 2006

An Exploration of the Oro & Naso Pharynx, The Tongue, The Hyoid Connection
Professor Frank Willard, Caroline Penn DO & Graham Mason DO
Saturday 18th & Sunday 19th March 2006

Brain Tissue, Nuclei Fluid & Autonomic Nervous System
Dr Bruno Chikly MD DO (HONS)
Friday 7th, Saturday 8th & Sunday 9th April 2006

The Degenerative Cascade & Traditional Chinese Medicine
Tong Style Acupuncture & Needing Course
Dr Alon Marcus
Saturday 22nd & Sunday 23rd April 2006

The ESO 5th International Conference - The Dimensions of the Papatory Space
A variety of guest speakers
Thursday 22nd, Friday 23rd, Saturday 24th & Sunday 25th June 2006

For further information on all postgraduate events please visit the **NEW ESO Website:**

www.eso.ac.uk

For further information and a booking form, please contact:

Corinne Jones (International & Postgraduate Manager,
The European School of Osteopathy, Boxley House, The Street, Boxley, Maidstone, Kent. ME14 3DZ
Tel: +44 (0) 1622 671558 Fax: +44 (0) 1622 662165 E-mail: corinnejones@eso.ac.uk

Kensington and Chelsea PCT. An adjournment debate is also being considered.

The GOsC Executive will be attending the meeting on 13 December to explore opportunities for collaboration with other parties with an interest in access to osteopathy services.

European Union

Directive on Recognition of Professional Qualifications

After coming into force on 20 October 2005, all Member States have until 20 October 2007 to transpose this Directive into national law.

The GOsC Executive is currently working with other health and social care regulators to identify the potential risks to patient safety of implementing this Directive.

Regulating Osteopathy in Europe

The GOsC organised an exploratory meeting in London on 4 November to consider issues surrounding regulation in Europe. See page 23 for a full report.

Services Directive

A report on the Services Directive prepared by Mrs Evelyne Gebhardt was voted on 22 November by the European Parliament's Internal Market Committee. Members backed proposals that make workers subject to the employment rules of the country of origin. As for the scope of the Directive, MEPs voted to exclude health services, but public services (such as health) that are provided by private operators (e.g. osteopaths) could still come under this proposal.

MEPs remain bitterly divided over the draft Directive which will now be subject to a full vote in the European Parliament in January 2006.

The GOsC continues to liaise with the Alliance of UK Health Regulators on Europe (AURE) and will consider briefing UK MEPs prior to the full vote in Plenary.

EU Community Action on Health 2007 – 2013

The European Parliament's (EP) Environment Committee discussed the *Commission's Community Action on Health Programme 2007 – 2013* in early October. **Antonios Trakattelis** MEP (Greek, Christian Democrat, Vice-President of the EP and a doctor) will be drafting the EP's report. Trakatellis wants to see this Commission proposal, which currently covers health and consumer issues, split into two separate reports. His draft report will cover "information to health professionals and the public" and "exchange of best practice".

A vote is scheduled in Committee in January and the Parliament in March.

The GOsC will consider submitting views to Trakatellis on "information to health professionals and the public" whilst keeping **John Bowis** MEP informed.

2005 BCOM Graduation Ceremony

On Saturday 22 October 2005, the British College of Osteopathic Medicine (BCOM) Graduation Ceremony was held at the Mermaid Conference and Events Centre in Blackfriars, London.

Thirty-eight students from the four-year BSc (Hons) Osteopathic Medicine course, along with nine students who have completed four years of the five-year Bachelor of Osteopathic Medicine course were warmly congratulated on the high standards they had attained, continuing and perhaps improving on the standards set by previous cohorts. The 100 per cent pass rate achieved in the 2005 FCC examinations was highlighted, together with the fact that no fewer than eight First Class Honours degrees had been awarded.

The first cohort from the five-year Bachelor of Osteopathic Medicine course received warm congratulations for their achievements, becoming the first students to graduate from this innovative new course.

Students from all over Europe crossed the stage to receive their awards gained from the BSc (Hons) Osteopathy Conversion Course for Diplomats. This popular course, which converts a Diploma of Osteopathy into degree level awards, continues to attract able students who produce excellent work.

Last but not least, the prizes for individual achievement across all five years of the course were presented, celebrating individual achievements. The awards and prizes were presented by Professor John Mellerio, Professor Emeritus at the University of Westminster. **Dr Nick Walters,** forced to retire on health grounds in 2005, was given a special award in recognition of his many achievements as Vice Principal. BCOM is very sorry to see Nick leave, but will continue to seek his help and advice in the future.

A very amusing and slightly risqué vote of thanks was given by graduates **Shellie Crossland** and **Julian Howard**. There was a great atmosphere at the ceremony with all concerned having a splendid afternoon, and for many this carried on into the small hours at the graduation ball.

National Council for NCOR Osteopathic Research

Evidence-based practice – tutorial 9

Carol Fawkes BA (Hons) DO, Research Development Officer

News from the NCOR research hubs

All of the hubs are busy working on the development of a draft data collection tool. The next round of hub meetings will be held at:

Bristol:	Thursday 26 January, 7 – 9pm.
Oxford:	Wednesday 1 February, 7 – 9pm
Leeds:	Tuesday 31 January, 7 – 9pm
Exeter:	Saturday 25 February, 10 – 12pm
Haywards Heath:	Sunday 5 February, 10 – 12pm
London:	To be confirmed

For up-to-date news on the dates of hub meetings go to www.ncor.org.uk and look under "News."

If you would like to come along to any of the research hub meetings, please contact Carol Fawkes on tel: 01273 643457 or email: c.a.fawkes@brighton.ac.uk.

Critical Appraisal: Part III
Research methods and basic statistics

A number of different appraisal methods can be employed, depending on the type of research being used. Research methods can be divided into qualitative and quantitative approaches. A very brief overview will be given and a more in-depth discussion of each will appear in future editions of *The Osteopath*.

Quantitative research methods include:

Case reports

This describes the medical history of a patient and is communicated in a narrative fashion. This is a useful way to communicate details about unusual patients. Writing a case report can be described as the first step in communicating patient information. Further information on writing a case report can be found at http://careerfocus.bmjjournals.com/cgi/content/full/327/7424/s153-a

Case series

This can be the natural sequel to a case report. A case series is comprised of information concerning a number of patients who experience a particular condition. Various aspects of their care can be examined including their treatment regime or any reactions (adverse or other) to that treatment.

Case control studies

In this type of study, patients with a particular condition or disease are identified and matched with a control group of patients who may have no disease or a different disease, alternatively the control group can be composed of patients' relatives. Information concerning past medical history is recorded from examination of medical records or by verbal reporting of past medical history. A relationship between a past exposure to a causal agent of a certain disease is then explored from this information.

Case control studies are fundamentally examining the aetiology of a disorder or what makes a particular patient group different; they are not concerned with the therapeutic intervention for a disease.

Cohort studies

Cohort studies can take a considerable period of time to conduct. They examine at least two (or more) groups of subjects and find out what happens to them in the future. The follow up time in cohort studies has generally been measured in years. Subjects in cohort studies may or may not have a disease when the group is selected for monitoring; the cause of a disorder or disease is usually the main concern of this type of study.

Cross-sectional studies

These are used to estimate the prevalence of a disease or the prevalence of an exposure to risk factors, or both. It is important to distinguish between prevalence and incidence. Prevalence describes the overall proportion of a population that experience a disease; incidence describes the number of new cases of a disease each year.

Randomised controlled trials (RCTs)

Randomised controlled trials are described as the "gold standard" in medical research. They are suitable for testing interventions concerned with treatment or

prevention, but give no information about the context of a trial or the patients' experience of treatment.

Participants in RCTs are randomly assigned to one treatment intervention (e.g. osteopathic treatment) or another (e.g. taking non-steroidal anti-inflammatory medication). The random assignment can be achieved in a number of ways e.g. patients can be given a sealed envelope containing the type of intervention they will receive or, more appropriately, they can be assigned by telephoning an allocation centre.

Interventions can be assigned according to a number of **blinding**/masking regimes

- Single blind: Patients do not know the type of treatment they are receiving.
- Double blind: Patients and investigators do not know the type of treatment being received.

RCTs can also utilise a **placebo** intervention. A placebo is an inactive compound which looks, tastes and smells the same as an active compound in a pharmacological study. Placebo or sham interventions can also be used when researching complex interventions e.g. acupuncture.

The patients in RCTs are followed for a designated period of time and specified outcomes are measured e.g. changes in levels of pain or mobility.

Qualitative research

Judith Preissle of the University of Georgia (www.coe.uga.edu) describes this as "a loosely defined category of research designs or models, all of which elicit verbal, visual, tactile, olfactory and gustatory data in the form of descriptive narratives like field notes, recordings, or other transcriptions from audio and videotape and other written records and pictures or films."

Qualitative research uses a variety of methods e.g. open-ended interviews, naturalistic observation, focus groups, self-reflective exercises, document analysis, life histories and descriptive analysis. The researcher is often described as the "instrument" in qualitative research – present to facilitate the process, rather than to conduct measurements and make evaluations to a pre-agreed format.

Fewer people tend to be studied in qualitative research since it can be very time consuming, not only in terms of contact time with a subject but also taking into account time to transcribe the recorded data. Data gathered can be less generalisable than with quantitative studies.

Statistical analysis

When data has been gathered, it needs to be analysed statistically. Qualitative and quantitative data are examined differently.

Certain characteristics of a set of numerical data can be summarised in a succinct numerical form; the values produced are described as summary statistics. Different types of data (or variables) will be encountered in statistics. They will differ in their "scale of measurement" i.e. in terms of just what can be ascribed to any numerical values they have. Different types of analysis are appropriate for different types of variable. It is important, therefore, to identify the correct type of variable. Statistical analyses always appear in published research papers; consideration will be given here to quantitative data (also known as interval or scale or metric data).

- **Quantitative (or interval or scale or metric) discrete variables**
  This describes a quantity that is measured on a well-defined scale with some clear units of measurement e.g. numbers of cars crossing a bridge in a minute.
- **Quantitative (or interval or scale or metric) continuous variables**
  This describes a measurement that is not restricted to taking certain numbers alone e.g. whole numbers – but the value can be measured to any degree of precision and any two values can be differentiated. Examples are birth weight, height and blood pressure.

Note: overlap in definition

It could be argued that certain discrete variables which can take a very large number of possible values are better thought of as continuous for the purpose of analysis. Just where to draw the line between discrete and continuous data is not always easy to decide.

Measures of central tendency

One of the most basic measures that will be applied to research will come under the category of a measure of central tendency. This encompasses:

• The mode

The most common reading. This is not used very often as it is not particularly useful. However, it is the only measure for summarising qualitative/categorical data.

• The median

The value which splits a sorted set of data in the middle so that half the values are smaller than the median value and half are larger than the median. It is a resistant measure that is unaffected by unusual data values e.g. outliers.

• The mean

The value obtained when the sum of all values is divided by the number of values. The mean can be affected by an occasional atypical value in a set of data.

Spread or dispersion

There are a number of ways to measure the spread of data values.

• The range

This is the simplest measure of spread to calculate, but probably the least useful. It focuses on the most unusual values in a set of data differentiating between the minimum and maximum values present and is expressed as a single digit. The value is also dependent on the size of the sample; as the sample size increases, the range is likely to increase.

• The interquartile range

This shows a range of data values spilt into four equal parts. The lower and upper quartiles express the smallest quarter of values in a set of data and the largest quarter of values respectively. This approach can be used when outliers are present in a set of data.

• The variance

A measure of how much the values deviate from the mean value. It is calculated as the mean of the sum of the squared deviations of the data points from the mean and usually represented by the Greek character σ^2.

• The standard deviation

The standard deviation is used to describe how data deviates from the mean value. It is calculated using the value obtained for the variance: = √ variance

Standard deviation can also be calculated using the 's' or 's_{n-1}' or 'σ_{n-1}'. Functions on a scientific calculator. Standard Deviation

Alternatively, a scientific calculator with a statistics mode can be used to calculate the standard deviation using 's' or 's_{n-1}' or 'σ_{n-1}'. The total of all standard deviations will be zero.

• The standard error of the mean

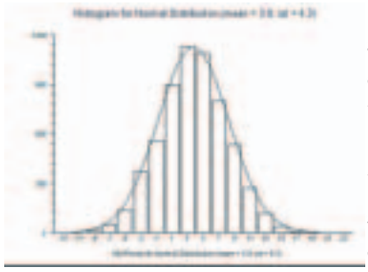
This can be used to estimate a characteristic in a sample population. It is calculated using the formula:

$$\text{standard error} = \frac{\text{standard deviation}}{\sqrt{n}}$$

where 'n' is the value of the sample size.

Visual presentation of data

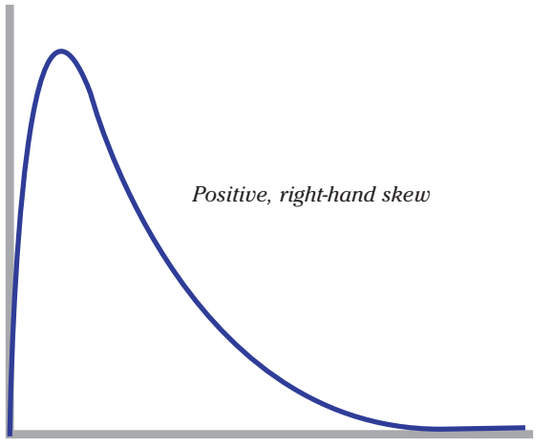
The distribution of data can be expressed visually as shown below.



© www.statsdirect.com

If the curve is asymmetrical, the distribution is said to be skewed.

A central peak will be seen at the top of symmetrically distributed data. This data can be said to be normally distributed. If a lack of symmetry is seen in the shape of a curve it is said to be skewed.



© www.uwyo.edu

If data is "positively skewed" the tail on the right hand side will be stretched out, as shown in the diagram.

If the data is "negatively skewed" the tail on the left will be stretched out.

Probability

This is commonly described as a '*p*' value. It represents the probability that any particular outcome in a study could have occurred by chance. *p* values are commonly described in terms of having a value of less than one in 20 which is expressed as:

- $p < 0.05$ (i.e. p is less than 1 in 20).

This is the level at which results are said to have "statistical significance" (i.e. they are unlikely to have occurred by chance).

An alternative value for probability is less than one in one hundred and this is expressed as $p < 0.01$ (i.e. p is less than 1 in 100) which is described as "statistically highly significant".

Hypothesis testing

In any research study two hypotheses are described:

A **null hypothesis**, i.e. that there is no difference or no relationship between what is being tested.

An **alternative hypothesis**, i.e. that there is a difference or there is a relationship between what is being tested.

The null hypothesis will be believed until evidence can be found that shows that it is untrue or that there is a very low probability (i.e. very low *p* value) that it is true. The *p* value is the probability of observing a sample that is as extreme as or more extreme than the one being investigated, given that the null hypothesis is true. An assessment is made whether the *p* value is smaller than some pre-determined small probability (i.e. the significance level) which is typically pre-set at values of 0.05 and 0.01. The smaller the *p* value, the stronger the evidence against the null hypothesis (i.e. that the null hypothesis should be rejected).

Millennium Seminars

80 Greenstead Avenue
Woodford Green Essex IG8 7ER
Tel: 0208 504 1462
e-mail ajwosteo@gxn.co.uk

2006 CPD SEMINAR DIARY

Jan 29th	**Kesh Patel** *MSc, RNutr, CPT, MSTO*	**Sensory Motor Neural Rehabilitation**
March 19th	**Don Moody** *MAO DO*	**C & S Curve Diagnosis & Treatment**
April 23rd	**Professor Laurie Hartman** *PhD DO*	**Assessing and treating your patient**
June 25th	**Ken Andrews** *FAO DO MEFMA. ISBM. Dip Ac (Aur)*	**Introduction to Homeopathy**
July 23rd	**Kesh Patel** *MSc, RNutr, CPT, MSTO*	**Anterior Pelvis Dysfunctions**
September 10th	**Kesh Patel** *MSc, RNutr, CPT, MSTO*	**Lower extremities & gait analysis**
October 1st	**Professor Laurie Hartman** *PhD DO*	**Clinical Approaches**
November 5th	**Roger Bayliss** *FAO Lic. Osteo*	**Soft Tissue Manipulation**
December 9th	**Professor Laurie Hartman** *PhD DO*	**The vagaries of the Cervical spine**

CRANIAL SYMPOSIUM RUNNING UNTIL JUNE 2006
INTRODUCING 2 / 3 YEAR PAEDIATRIC POST GRADUATE COURSE LATE 2006

ALL SEMINARS COST £135 PER DAY

VENUE:- STRATFORD-UPON-AVON HOLIDAY INN, STRATFORD-UPON-AVON

Confidence intervals

This expresses the range of values within which you are confident a particular characteristic of a population is expected to lie. The range is based on the estimate of that characteristic from the sample; it also takes into account the standard error of the estimate as an indication of the reliability of the estimate.

Number Needed to Treat (NNT)

This statistic is appearing more frequently in the analysis section of research papers. It denotes the number of patients that need to be treated to obtain a positive outcome in one patient. The smaller the value for the NNT for a particular intervention the greater the effectiveness of that intervention.

Number Needed to Harm (NNH)

This statistic describes the number of patients that would need to be treated in order for one patient to experience side effects from an intervention. If the NNH is smaller than the NNT then the intervention may be doing more harm than good.

An enormous variety of statistical tests are available for specific purposes and a vast array of computer software can assist with calculations. Further statistical tests will be covered in greater detail in later tutorials.

The next tutorial, in the February issue, will cover the stages in the research process.

Forthcoming courses and conferences

28 – 29 January, 2006: **The Health Professional and Neuro-Lingusitic Programming (NLP): A two-day workshop for health professionals** at the Tarka Clinic, Paiges Lane, Barnstaple from 9.30am to 4.30pm. For further details, please contact The Tarka Clinic on 01271 373346 or visit www.tarkaclinic.com.

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

20 May, 2006: **2nd International Evidence Based Physical Therapy Conference and Exhibition** at the Business Design Centre, London. Further details at www.heseminars.com/conference_2006.htm.

22–25 June 2006. **The ESO 5th International Conference: The Dimensions of the Palpatory Space** Boxley. For further information and a registration form, please contact Corinne Jones, International and Postgraduate Manager, tel: 01622 671558 or email: corinnejones@eso.ac.uk.

Research news in brief

Sciatic nerve block after total knee replacement – case report by Manoj Todkar. This case study reports some unusual complications of post-operative analgaesia. (Source: www.medscape.com/viewarticle/512917)

An Online Survey of Chiropractors' Opinions of Continuing Education Stuber KJ, Grod JP, Smith DL and Powers P. *Chiropractic and Osteopathy* 2005, 13:22. Chiropractors now have mandatory CPD and a survey of their opinions can be found in this article. (Source: www.biomedcentral.com).

Neurosurgeons and physiologists at Oxford University and Imperial College report that they have discovered the exact area of the brain which controls blood pressure. (Source: www.royalsociety.org).

A report in *The Lancet* suggests that a drug used in the treatment of rheumatoid arthritis, Infliximab, may make a difference to sufferers of psoriasis. *The Lancet* Vol 366, Issue 9494; 15 October, 2005, (Source: www.thelancet.com)

Researchers at the University of Missouri-Columbia have found that walking a dog can do better than some diets in assisting weight loss. (Source: www.royalsociety.org).

Researchers reporting in *The Cochrane Review* have found that women who have epidurals have a 40% higher risk of requiring surgical intervention during delivery. (Source: www.royalsociety.org).

The Cochrane Library has published what is reported to be the most systematic study yet on the MMR vaccination. The research was conducted at the Servizo Sovrazonale di Epidemiologica in Italy and has declared the vaccine to be safe. (Source: www.royalsociety.org).

CONTINUING PROFESSIONAL
BCOM
DEVELOPMENT PROGRAMME

A SERIES OF LECTURES ON

Osteopathy with Animals

Research and Practice — an Introduction

February 25th and 26th 2006

At the BCOM Fraser House Campus

For details and to register: download the application pack from
www.bcom.ac.uk/courses/cpd/animals

Lectures include:

Observation, palpation, treatment & management of animals, Locomotor activity of the dog and the horse, Neurophysiological aspects of an osteopathic approach to animals, Veterinary differential diagnosis in dogs and horses, Osteopathic treatment of exotic and wild animals

All sessions will be presented by established experienced practitioners of veterinary medicine and animal physical therapy:

Dr Christopher Collis MRCVS; Anthony Pusey DO; Julia Brooks DO; Annabel Jenks DO, Tony Nevin DO, Nadine Hobson DO; Andrew Prentis MRCVS

Cost for 25th/26th February: £200 both days; £125/day
Includes refreshments and lecture notes.
Certificates of attendance available for those engaged in Continuing Professional Development

For those who attend the lectures and who hold GOsC registration BCOM offer a limited number of places on a six day programme designed for those people wishing to have an understanding of the application of Osteopathy to animals of which this is the first weekend and for which BCOM issue a CPD certificate.

Pre-course learning for OSCA MSc

There has been an encouraging amount of interest in the OSCA MSc in Osteopathic Sports Care at Leeds Metropolitan University for 2006. As a consequence, we have put together a pre-course learning package for the months leading up to the commencement date. The idea is to get everyone up-to-speed at master's level and also to whet the appetite in anticipation. There will be some required work, including a short essay and guidelines on studying at postgraduate level. We have planned an open day at the university to give an opportunity to view the facilities first-hand and take in a few introductory lectures.

The course itself continues to evolve, with changes intended to improve the content and delivery. We have just had a very fruitful weekend comprising of **Prof Eyal Lederman** lecturing on current trends in rehabilitation and **Prof Laurie Hartman** and **Fiona Walsh** demonstrating their skills on eight sports participants.

We have attempted to contact all applicants to date, however we recognise that one or two may have slipped through the net with all the calls, letters and e-mails, so please make contact if you have not yet received any information. Similarly, anyone interested in pursuing a further degree, with a particular interest in sport, should contact us as soon as possible.

For further information on the pre-course learning, contact: Mike Gray, Course Leader, Fairfax Hall, Headingley Campus, Leeds Metropolitan University Leeds, LS6 3QS Tel: 0113 2832600 ext 3246 or e-mail: m.gray@leedsmet.ac.uk
or Ian Whyte, OSCA Co-ordinator. Stone Osteopaths 19 Lichfield Street, Stone, Staffordshire, ST15 8NA Tel: 01785 816481.

Review of SCC Module 2/3

Matthew Schrock DO (Hons), London

I last attended an 'Osteopathy in the Cranial Field' postgraduate course in the late 1980s. I therefore thought it was about time I reconnected to the theory and practice which grew out of William Garner Sutherland's remarkable vision. I was not disappointed!

Things have moved on considerably! (Movement is life.) Anatomy has moved on, physiology has moved on and more impressively, the ability to link this very complex and detailed science with the art of our hands has moved on, which brings me to the extraordinary faculty of the Sutherland Cranial College.

I have attended many, many courses over the years and there is no group of facilitators remotely as caring, supportive or effective as these. Osteopathy is, at best, a magical interface between a dis-eased, suffering someone and someone who facilitates ease. This group of teachers showed us just that, motivating us with wonderful pictures, diagrams and cutting edge neurophysiology, then, patiently easing us into the right posture, frame of mind and engagement with the patients' tissues to diagnose and then support a beneficial change.

Above all, it was a bespoke service! Each of us received the best of teaching: for instance, find out where the learner is and then give them a step they can take. Hardly rocket science, yet this simple truth is so often wanting in other teachers. As you can imagine, the air in the lecture and practice rooms was alive with attentive learning and inspiration. Have any of you noticed that learning is like catching a cold? I remember, as a teacher, seeing focused, attentive colleagues enabling children to read purely by their presence. Curiously, these same children stumbled over their words with other adults.

So, we were in good hands but not hands of stone. We were taught from a working hypothesis, one that is constantly evolving and always open to the influence of the best in arts and sciences.

As Frank Zappa said, "Your mind is like a parachute, it doesn't work unless it's open".

Sports Medicine Courses

The November issue of *The Osteopath* featured an article about free courses by "Pure Sports Medicine".
For more information about these courses contact Pure Sports Medicine, David Lloyd Club, Point West, 116 Cromwell Road, Kensington, London, SW7 4XR, tel: 0870-2000-878.

SUTHERLAND *Cranial College* 2006 COURSES

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3
A five day residential course
6th – 10th April 2006
Course Director:
Tim Marris DO MSCC
Devonshire Hall, Leeds
Fee: **£1290** Deposit: **£400**

These modules provide a basic training in Osteopathy in the Cranial Field. The course structure of Module 2 and 3 is similar but the challenges are different. At Module 2 level, students develop the ability to centre, monitor and diagnose the involuntary mechanism and begin to learn specific technical approaches which can be used throughout the body, so that they can treat a wider range of patients. Module 3 is usually done 1-2 years later and assumes greater experience, where students refine their diagnostic and treatment skills and awareness of the inherent healing of the body.

We still have limited availability on this course which is open to osteopaths who have completed module 1 or equivalent undergraduate introductory courses. 40 hours CPD.

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

Module 4
A four day residential course
18th (evening) – 22nd May 2006
Course Director:
Susan Turner MA DO MSCC
Hawkwood College, Stroud
Fee: **£1025** Deposit: **£350**

Dr William Garner Sutherland was best known as a pioneer of Osteopathy in the Cranial Field, but less well-known for his precise and effective approach to the whole body, which he learned under the hands of Dr A. T. Still. On this course we explore Dr Sutherland's ingenious methods for engaging the innate self-corrective forces in all the joints of the body, using the principle of Balanced Ligamentous Tension. We will also apply the principles of osteopathic medicine to support body physiology in its search to restore health.

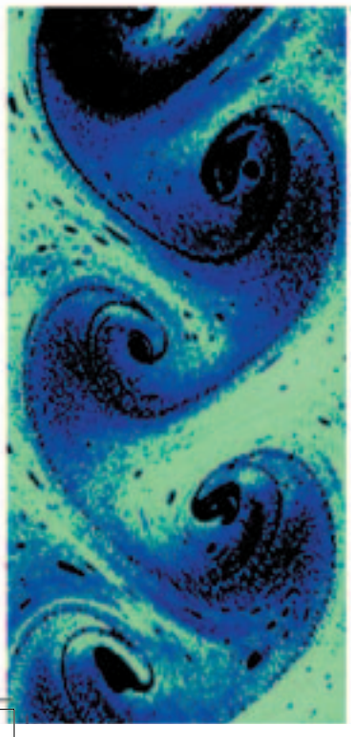
We are now taking applications for this course from November. This is proving to be a popular module due to the advantageous students/ tutor ratio of 4 to 1. The course is also open to osteopaths who have completed module 1 or equivalent undergraduate introductory courses. 32 hrs CPD.

IN RECIPROCAL TENSION

Module 5
A three day residential course
8th (evening) – 12th June 2006
Course Director:
Jeremy Gilbey DO MSCC
Le Hameau De L'Etoile,
Montpellier, France
Fee: **£795** Deposit: **£250**

This course is an examination of the concept of reciprocal tension and the role it plays in integrating structure and function from cells to whole organisms. Starting with the Reciprocal Tension Membranes as described by Dr. W.G. Sutherland we will incorporate recent scientific developments and practical exercises to advance our understanding of dynamic reciprocal tension as it is expressed throughout the body. We will use this experience to help develop our skills of diagnosis and treatment and add flesh to observation that we should 'treat the spaces not the structures'.

Come and enjoy studying in Montpellier, France with us. Direct flights – 2 hours travel time – and good accommodation (see www.lahameaudeletoile.com). This course is only available to osteopaths who have completed module 2 and 3 or two equivalent SCTF courses. 24 hrs CPD. Please book as soon as possible.



APPLICATION FORM

Course Name ..... Module .....

Mr/Mrs/Miss/Ms/Dr First Name ..... Surname .....

College/University attended ..... Year Qualified .....

Address .....

..... Postcode .....

Telephone (Daytime) ..... (Evening) .....

E-mail address .....

Please inform the Course Office regarding any special diets and disabilities asap. Thank you

Card payments accepted, ring 01291 689906 Monday – Friday 9:30am-3:30pm. admin@scc-osteopathy.co.uk

Please make cheques payable to **Sutherland Cranial College** and post together with completed application form to **Sutherland Cranial College, PO Box 91, Chepstow NP16 7ZS.**

City & Guilds Accredited Teacher Training Centre. Charity No 1031642

8th International Congress German Osteopathic Association

Caroline Penn DO MSc MSCC, Hertfordshire

Two hundred osteopaths assembled in the beautiful Spa town of Schlangenbad, Wiesbaden, for this annual three-day congress (29 September – 2 October 2005). This was the second overseas osteopathic conference I had attended this year and I grasped the importance of British osteopathy in a worldwide perspective. Whilst our European partners may look to the UK for a lead in legislative matters, the energy and commitment to develop osteopathy in Germany was clearly evident.

The conference was attended by **Dr James McGovern**, President of the AT Still University of Health Sciences, Kirksville, home of the Kirksville College of Osteopathic Medicine (KCOM), and his wife **Professor Rene McGovern**. Their contributions stimulated thought about our osteopathic and scientific roots.

Rene McGovern, a psychologist and Professor for Neurobehavioural Sciences at KCOM spoke on Evidence Based Medicine, presenting a 'Roadmap for Clinical Decision Making', drawing on her experience with 'Elderlynk', a Federal State-funded programme for delivering primary care to the elderly. She referred to osteopaths as clinical scientists who are well placed to contribute significantly to the inevitability of global ageing.

A research theme was evident throughout the congress. **Michael Patterson DO PhD,** Professor at Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, Florida and President of the Research Commission of WOHO, convinced us that it is entirely acceptable, in fact imperative, that osteopathy should develop its own research models. The standard double-blind, randomised clinical trial, suitable for the allopathic reductionist philosophy, is now acknowledged to be inappropriate for research within the osteopathic, holistic model. He highlighted the differences between these two models, the former believing that disease has specific causes leading to the search for the relief of presenting symptoms, and in the latter, as Still said, "all diseases are mere effects" *(Autobiography p 94)*. In osteopathic terms therefore treatment is meaningful only if it moves the patient towards a newer, higher functional level and is not simply to palliate symptoms. It is the patient who produces the disease, so it is the patient who must produce health; the osteopaths' treatment is therefore of the person.

No research, he said, is osteopathic by itself; it is for the investigator to make it osteopathic by interpreting it in the light of osteopathic philosophy and practice, citing as examples the great osteopathic researchers Elisa Burns, Denslow, Korr, Frymann and others. He encouraged more studies based on single subject design, where placebo effects are encouraged, not factored out – unless we envisage treating decerebrate human beings.

Professor Patterson emphasised the importance of careful construction of the hypothesis; if we truly understand what it means, the experimental design is obvious. In almost all studies there must be subject randomisation and the researcher collaborating the data must be blinded. However, beware of using a sham treatment as a control group. If the question being asked is, "what is the effect of an osteopathic treatment?" then this includes a hands-on effect. The appropriate control is then a no treatment group, not a sham treatment group. The use of a waiting period of 6–8 weeks prior to the onset of treatment as a control is gaining popularity and we heard some examples of this. Dr Patterson invited us to visit the website www.osteopathicresearch.org to access some of the unpublished osteopathic research.

A number of philosophical, clinical and anatomical presentations also provided further food for thought, covering a diverse range of issues from the relationship of the obturator foramen and the bladder to quantum physics. Osteopathic colleagues from the UK, including **Renzo Molinari** and **Nicholas Handoll**, delivered thought-provoking discussions that were well received.

The last morning was devoted to research presentations which were of good quality, informative and relevant to clinical practice. **Andrea Hoffman** (European School of Osteopathy, Germany) won an award for her study which demonstrated that osteopathic intervention had a positive impact on women suffering from dyspareunia. This study used a waiting period of eight weeks as a control. Another study concerning chronic abacterial prostatitis by **Sylvia Marx** (College Sutherland, Germany) used a mixture of gymnastic and physiotherapeutic exercises for the control group and the study showed that osteopathic intervention had a statistically significant effect. A study on six human cadavers by **Jean-Paul Belgrado** (University of Brussels, Belgium and Still Academy, Germany) demonstrated the biomechanical role of fatty tissue, which is usually excised with the lymph nodes, on the haemodynamics of the axillary vein and thus lymphoedema of the upper limb. This study stressed the role of osteopathy in the management of

British School of Osteopathy
CPD Courses: www.bso.ac.uk/cpd

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

INTEGRATED BODY FUNCTION

The course content will cover the fascial system and the application of the involuntary mechanism approach to the whole body.

Speakers will include a rheumatologist and Dr Ken Graham DO who is an Associate Professor at Oklahoma State University College of Osteopathic Medicine.

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

Date: 4th & 5th March 2006
Deadline for applications: 17th February 2006
Course Fee: £ 460.00
Course Leader: Nick Woodhead

STRAIN AND COUNTERSTRAIN COURSE

Theory based on the teachings of Lawrence Jones and Lorraine Dick. This course is mostly practically orientated, with the emphasis on the application within the clinical setting.

Date: 19th March 2006
Deadline for applications: 24th February 2006
Course Fee: £ 85.00
Course Leader: Bob Burge and Jo Holmden

OSTEOPATHIC CARE OF CHILDREN (PART I)

Items to be covered include taking a case history, performing an examination and what 'danger signs' to look out for. Also the clinical approach to a wide range of common paediatric presentations will also be taught in some detail - ENT problems, colic, asthma & CP. The osteopathic relevance of persistent primitive reflex patterns and orthodontic problems will also be examined.

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

Dates: 24th, 25th & 26th June 2006
Deadline for applications: 9th June 2006
Course Fee: £
Course Leaders: Carina Petter DO DPO & Carole Meredith DO

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

secondary lymphoedema by mobilising the thoracic aperture and the shoulder joint complex. **Raimund Engel** (Vienna School of Osteopathy, Austria) demonstrated that an applied cranial technique induced an altered state of consciousness (ASC) associated with a significantly positive effect, which also had several implications for patient handling during and after osteopathic treatment.

The most thought-provoking presentation for me was by **Steven Vogel** DO (BSO, London) referring to his survey of chiropractors, osteopaths and physiotherapists "Attitudes to back pain amongst musculoskeletal practitioners". As Steven described the structure of the full survey with 51 questions I recalled my irritation at how long it had taken me to complete, as one of the random recipients. Steven's explanation of why only 19 of the original 51 questions proved suitable for statistical analysis proved humbling and I vowed never again to baulk at completing those postal surveys to the best of my ability!

1st International Congress of Osteopathic Medicine

Jan Leach DO, Senior Research Fellow in Osteopathy & NCOR Representative

Practising as an osteopath is on the fringes of the law in most of Europe, yet there were over 450 osteopaths from all over Europe gathered at this conference. Despite or maybe because the profession is threatened and fragmented in numerous associations, osteopathy seems to be thriving and vibrant.

The conference programme was a three day feast of practice-related talks from speakers across Europe and the USA, including **Carreiro, Barral, Fryman,** and **Willard**. The conference language was (luckily for me) English, and the main themes were treatment of the lymphatics and the viscera. This part of the conference was quite similar to our BOA and college conferences aimed at practitioners. Barral has done some interesting pilot work scanning the brains of eight patients before and after cranial treatment, showing changes in cerebellar activity.

There was little emphasis on research – just a two-hour parallel slot for research each day, led by **Mike Patterson** (USA) and **Christian Fossum** (ESO, UK). Osteopathic research is still struggling to grow and get funding, even in the USA. The emerging US centres of excellence are the universities of North Texas (where **Stoll** and **Licciardone** are based) and Kirksville. The AT Still Research Institute has just been launched at Kirksville, and Christian Fossum will be spending some of his time there.

Several researchers presented their findings at Frieburg to a small but interested audience. **Sliep,** from Germany, has been studying the ability of fascia to actively relax and contract. He found that contraction, or stiffening, increases very slowly and is influenced by levels of nitrous oxide, hormones, and endo-cannabinoids. Fascia is surprisingly not affected by adrenalin, the 'stress' hormone. **Engel,** from Austria, investigated the states of consciousness of patients during cranial treatment, and showed effects after treatment. **Courtney**, from Australia, presented her work on breathing dysfunction. She has found that patients with breathing dysfunction usually have normal levels of carbon dioxide, suggesting that Buteyko's theory is wrong, although the treatment is effective. **Brookes,** from the USA, has been trying to refine patient positioning in orthopaedic tests such as straight-leg-raising, in order to make the tests more reproducible and accurate.

The conference was organised and supported by **Elsevier Germany**, which publishes a German language magazine called *Osteopathische Medizin,* together with five osteopathic organisations who represent only some of the many European osteopathic associations. The DGOM, DAAO, SAGOM, GEOS and GEMM 68 represent medically qualified osteopaths in Germany, USA, Switzerland, and France. Many members have been trained by US osteopaths, who have been flying across the Atlantic to deliver courses for many years. There appear to be a number of fledgling groups trying to establish worldwide osteopathic networks – there is 'WOHO' (World Osteopathic Health Organisation) which has over 200 individual members, and OIA (Osteopathic International Association) which has national or local associations as members.

Frieburg is a charming small town in the Black Forest, one of the warmest corners of Germany with easy access to Basel and Frankfurt: a good spot for a weekend break. I was there to encourage European researchers to consider submitting papers to *IJOM*, the osteopathic profession's new peer-reviewed international journal. From the positive reaction to the journal, I felt that it was seen and recognised as a substantial boost to the status of osteopathy internationally.

RE: Tim McClune's letter
The Osteopath, October 2005, p27

Dear Editor

In his recent letter, Tim McClune raises some valid points regarding the status of osteopathy, issues of consent, and the scope of treatment. He then professes not to want to add to issues of personal debate, but goes on to do just that with his very personal views on cervical manipulation, and consent. His statement, "The issue of consent is really only important – in terms of side effects – concerning mid to upper cervical manipulation (HVT)" is illogical. The lack of any strong evidence for risk in cervical spine manipulation renders possible risks in other areas of equal importance. This means that one is obliged to evaluate and communicate the serious side effects of manipulation to other regions, such as lumbar disc prolapse, damage to atherosclerotic abdominal aortas, damage to osteoporotic vertebrae and rib fractures in thoracic manipulation, and so on.

Tim's following statement is that "I personally never manipulate the cervical spine above the C6/7/T1 segments". Why this arbitrary level? His contention of there being no clear evidence for the efficacy of HVT is no basis for discarding what may be an effective and safe technique when properly performed.

The truth at present is that there is no clear evidence for risk or efficacy in a wide range of treatment modalities, both osteopathic and allopathic. Those studies which have evaluated risks of cervical manipulation place that risk within the same range for spontaneous occurrences. Those which have been directly attributable to manipulation appear to have been provided by hyper-rotation/extension, a leverage not commonly used by properly trained osteopaths.

Johnson and Pasquarello[1] give a summary of the current state of American research into this phenomenon, and cite some useful references. The current issue of IJOM [2,3] also contains some papers which sow the seeds for a validation of cervical HVT.

If and when incontrovertible evidence shows me that there is an unacceptable risk in mid to upper cervical manipulation (or any other manipulation, or osteopathic technique) then I will gladly embrace that evidence and modify my practice accordingly. Until then, I will continue to use safe and effective techniques, in appropriate circumstances.

Neil Mellerick DO, Hertfordshire

1. American College of Osteopathic Family Practitioners, April 2004: Cervical Spine Manipulation: Risk/Benefit Analysis (www.acopf.org/member_publications/0404_3.html)
2. Gosling et al: IJOM V8 Issue 3, Sept, 05, pp81-86
3. Eldrige & Russell: IJOM V8 Issue 3, Sept 05, pp106-113

Dear Editor

Tim McClune has made several thought – provoking points in his letter on a subject of the greatest importance. However, I would like to point out that he has made three unwarranted assumptions.

1. He assumes that there is nothing between evidence (i.e. published research) and folklore. This implies that none of us has learnt anything from our years in practice, which is both a sweeping generalisation and an insult to the profession. The use of the practitioner's clinical experience is, by definition, one of the components of evidence-based medicine. (See the editorial of the Journal of Osteopathic Medicine, vol. 6 no. 2).
2. He assumes that the cause of cerebrovascular accident (stroke) following chiropractic or osteopathic treatment is the use of manipulation i.e HVT. I can see no reason for this. The studies I have read about involve chiropractors in North America who probably all used manipulation, but is there any reason to suppose that mobilisation or other forms of low velocity treatment are any safer? They may not be. We also do not know whether the treatment causes the pathology which produces the stroke, or merely precipitates an event which would inevitably have occurred sooner or later due to some pre-existing weakness.
3. He assumes that it has been proved that cervical manipulation is of no benefit. The only good piece of research that I have encountered allocated patients either to mobilisation or to manipulation, and demonstrated no significant difference between them. Most British osteopaths, however, would use a combination of soft tissue work, mobilisation, manipulation and other techniques which is a very different situation. While it is very sensible to exercise caution over cervical manipulation (including C6/7), it would be foolish to abandon it completely without further investigation.

Peter Buxton DO, Sunderland

In response:

I think that this 'letter' section is a forum – fairly informal – for debate; a formal thesis or research data would be submitted to a peer review journal. This is extremely important, so we (osteopaths) should not use these letters as a substitute for serious academic debate.

I would like to make two points in my follow up:

1. At this point in time we (clinicians and scientists) don't know all that much about mechanisms that may operate following osteopathic treatment. We don't actually know all that much about musculoskeletal pain per se. When I say 'we don't actually know', I could perhaps have said, 'some historical concepts, particularly osteopathic and chiropractic beliefs concerning spinal dysfunction' are inadequate in explaining the phenomena of musculoskeletal pain, and mechanisms of spinal manipulation.
2. Osteopaths focus primarily on material musculoskeletal dysfunction during their assessment and management of musculoskeletal pain. It could be argued that this focus on the biological is too reductionist. A more holistic approach would be supported by research evidence. I do understand that this may appear to erode osteopathic influence, and that this may cause a degree of insecurity, however, we must develop our profession and remain useful to future society.

This is of course my personal view; as all written material from an individual can only exist as such! Although one could argue that any discourse exists within a specific historical and cultural context.

Tim McClune DO, Spinal Research Unit, University of Huddersfield

---

Please note that Tim's original letter in the October issue referred to '***cardio***vascular accident'. This should have read **'cerebro**vascular accident'. We apologise for any confusion this may have caused.

Courses 2006

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

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 January
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 Assocation (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

Pre & post operative care for common joint surgery – Weekend Course
21 January
Lecturer Prof Eyal Lederman. Organised by CPDO.
Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

How to treat sports injuries: the upper body
21–22 January
Lecturer Chris Boynes. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

How to treat: Chronic trapezius myalgia
26 January
Lecturer Prof Eyal Lederman. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

A multidisciplinary approach to the treatment of orofacial pain – a dentist's perspective
28 January
Speaker: Andy Toy Contact: Sue Brazier, tel: 01905 831495,
email: sue@suebrazier.plus.com

IOT 1: Lumbar & Thoracic Spine and Ribs – Weekend Course
28–29 January
Lecturer Prof Laurie Hartman. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

The Missing Link – TMJS, bite and posture
6 February
Lecturer Dr Malcom Levinkind. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

Visceral Osteopathy: The Abdomen – Weekend Course
Lecturer Jean-Pierre Barral. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

OT II: Thoracic Spine and Ribs
9 February
Lecturer David Tatton. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

Developing Palpation – Osteopathy in the Cranial Field
10–12 February
Tutor Ian Wright. To be held at As Solas, Co Tipperary, Ireland. Contact: Eileen tel: 00353 52 25309.

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)

Essex Osteopaths
21 February
Speaker Professor Keven Cheah, Orthopeadic Consultant. To be held at the Medical Academic Unit, Broomfield Hospital, Chelmsford, Essex. Contact: Anne Gibbons, Rochford Road Clinic tel: 01245 283626, email: agibbons1@aol.com

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)

Painless practice
23 February
Speaker: James Butler Contact: Sue Brazier, tel: 01905 831495, email: sue@suebrazier.plus.com

Basic Ergonomics Course
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 Assocation (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.as.uk)

Intergrated Body Function
4–5 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.as.uk)

Maxilofacial surgeon, an insight to a surgeon's approach to jaw joint dysfunction
16 March
Speaker: Tim Hall Contact: Sue Brazier, tel: 01905 831495,
email: sue@suebrazier.plus.com

Developing Palpation
17–19 March
Tutor Ian Wright. To be held at As Solas, Co Tipperary, Ireland. Contact: Eileen tel: 00353 52 25309.

Strain and Counterstrain
19 March
Course leaders Bob Burge and Jo Holmden. 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.as.uk)

OT III: Upper Extremity & Upper Cervical Spine
23 March
Lecturer David Tatton. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

How to treat: Acute disc
30 March
Lecturer Prof Eyal Lederman. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

Cranio/Sacral Therapy – Introductory Day
Applied Kinesiology & Nerve Entrapment

31 March – 2 April
Speaker Clive Lindley-Jones. Organised by the International College of Applied Kinesiology. To be held at Oxford University. Contact: 01865 243 351, email: info@helixhouse.co.uk (website: www.helixhouse.co.uk)

1 April
Lecturer Thomas Atlee. To be held in London at the College of Cranio – Sacral Therapy. Contact: tel: 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

IOT II: Cervical Spine, CD and UEX
1–2 April
Lecturer Prof Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Neuromuscular 'Re-Abilitation'
1–2 April
Lecturer Prof Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

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)

How to treat: Chronic Disc
6 April
Lecturer Prof Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Nutritional Assessment Practical Workshop
8 April
Lecturer Dr Adam Cunliffe. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

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

Enhancing motherhood through active body awareness – Weekend Course
6–7 May
Lecturer Christine Van de Putte. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Treating the neck and neuropathic arm pain – Weekend Course
6–7 May
Lecturer Phillip Mouleart. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Heart Ignition
11–14 May
Speaker Dr Michael Shea. 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)

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. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

Exercise Motivation and Adherence
25 May
Speaker Bob Laventure. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Prevention of falling and fractures in the elderly
8 June
Lecturer Dr Dawn Skelton. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

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)

Healthy Pregnancy
17 June
Lecturer Averille Morgan. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

IOT III: SI joints, pelvis and lex – Weekend Course
17–18 June
Lecturer Prof Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

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)

The Myth of Core Stability
22 June
Prof Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

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)

Practical Ergonomics and Musculoskeletal health
24 June
Lecturer Damon Peterson. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Osteopathic care of small animals
24–25 June
Lecturer Anthony Pusey. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Cranio/Sacral Therapy – Introductory day
1 July
Lecturer Thomas Attlee. To be held in London at the College of Cranio/Sacral Therapy. Contact: tel: 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Neuromuscular 'Re-Abilitation' – Weekend Course
1–2 July
Lecturer Prof Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Introduction to cranial osteopathy
1–2 July
Lecturer Ercilia De Marco. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Applied Kinesiology & Nerve Entrapment

Classifieds

RECRUITMENT

ASSOCIATE OSTEOPATH REQUIRED to work in beautifully refurbished new multi therapy clinic in London (Battersea). Enthusiasm, confidence and excellent people skills essential. Hours of work full/part time to suit. Therapists of combined disciplines also required. Please contact Andreas 07956 601467

REHAB CASE MANAGER/ CLINICAL ADVISOR REQUIRED. MMS National, leaders in the provision of rehabilitation services for industry, are looking for a motivated osteopath with minimum 3 years' experience to oversee clinical cases, give clinical advice and liaise with patients, other clinicians and industry managers. Must have good telephone manner and IT skills. Predominantly office based in Surrey. 3 – 5 days per week (negotiable). Send CV to Janice Kaye, MMS National, 56 High Street, Esher, Surrey, KT10 9QY or email to janicekaye@btinternet.com

LOCUM OSTEOPATH REQUIRED at Plumstead Osteopathic Clinic London SE 18 from 17th January 2006 for 4 weeks to cover existing list on Tuesday 2.00 p.m. – 7.00 p.m. and Saturday 09.00 a.m. – 1.00 p.m. Possibility of longer term position becoming available. Please telephone 07960 165755

ASSOCIATE OSTEOPATH REQUIRED Part-Time Mondays & Thursdays for busy, well established group practice in Bedford. We are looking for someone with good IVM and structural skills, preferably with some experience in treating children. To start ASAP. Please call Tess or Gabi on 01234 823621

FEMALE LOCUM REQUIRED for maternity leave to work 3 days per week from March 06 to November 06 between two Stoke-on-Trent practices. Possibility of further work beyond this. Send CV's to Jean Snape Email: thailand29700@hotmail.com or Tel. 01782 766775

LOCUM REQUIRED – BANBURY, 2 minutes from jn 11 M40 to cover maternity leave from Feb 2006 with possible assistantship thereafter. Small friendly Practice with two other osteopaths. 2-3 half days required – flexible days. Please call 07966 501978 or email CV to ruki.day@virgin.net

OSTEOPATH/CRANIAL OSTEOPATH REQUIRED. For half to full day, day negotiable, in North-East London. Paediatric interest and experience essential. Starting December. Please contact John on 07931 356 295 or at john@osteopathylondon.co.uk

ASSOCIATE REQUIRED FOR BUSY PRACTICE IN CANTERBURY & HERNE BAY. Kent. The applicant must have minimum of one-year experience, and be prepared to work in a multi-disciplinary environment, which includes, Osteopathy, Sports Rehabilitation, and Acupuncture. Knowledge of the concept of Sports injury is essential. The successful candidate will be required to have a working knowledge of dynamic and core stability concept and be prepared to use electrotherapy. The candidate will also be expected to keep updated on advances in manual therapy and treatment of sport injury. Applications in writing to: Andrew Buckley or Debra Bakowska at 2 Broad Oak Road. CANTERBURY Kent. CT2 7PW. Tel 01227 458430

ASSOCIATE REQUIRED SALISBURY $2^1/_2$ days to include Saturday mornings. Must have interest in working with paediatrics, good diagnostic and structural skills. Apply in writing with CV explaining your osteopathic approach. Not Just Backs, 107 Exeter Street, Salisbury, Wilts SP1 2SF

ASSOCIATE OSTEOPATH REQUIRED for two half days per week to develop to full days, in Addiscombe, Surrey. Practice strong in structural and sports medicine/rehabilitation, candidate with similar interests would be helpful, also cranial experience welcomed. Please contact Paul Morrissey 020 8662 1155 or contact@osteopathclinic.co.uk

EXPERIENCED OSTEOPATH REQUIRED to take over existing lists in busy Sussex practice, initially 2 days per week. IVM and paediatric not essential. Preferably BUPA registered. Please send covering letter and CV to richardsnhc@aol.com

OSTEOPATH REQUIRED 4 days/week in busy St Albans practice established 16 years. Beginning Jan/Feb 2006 to work alongside three other osteopaths. Willing to participate in general management, team work and learning opportunities. Contact Mark and Emma Rush – Tel. 01727 834038

ASSOCIATE OSTEOPATH REQUIRED TO JOIN busy clinic in Malvern, Worcestershire asap. Full or part time position available with existing caseload. Further info on www.theosteopaths.com. Please contact Ken Smith, BSc, DO, tel 01684 568744 or email ken@theosteopaths.com

ADDITIONAL ENTHUSIASTIC OSTEOPATH REQUIRED for well-established complementary therapy clinic in Stanford-Le-Hope area. Experienced Osteopath preferred with at least 5 years minimum experience. Please reply with CV to D.Limbert at Lingwood Clinic 20 Victoria Road, Stanford-Le-Hope, Essex SS17 0HS

COMMERCIAL

PRACTICE FOR SALE 16 year established thriving osteopathic practice situated in Tamworth, a regional growth centre of New South Wales, Australia. It is commutable driving distance to East Coast beaches and Sydney. Loyal, long established client base. Annual turnover 65,000 GBP. Email gerryros@yahoo.com or fax 61-2-67 66 74 74

FULLY FURNISHED OSTEOPATHIC PRACTICE in St Dunstans Street, Canterbury, Kent. Secure-phone entry, parking space, Low monthly expenses (approx. £300pcm incl. bills). OIRO £1000. All offers will be considered! Contact Karl Fisher on 07966 877450 or sportsosteopath@hotmail.com

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

FULLY-FURNISHED ROOM TO RENT – would suit osteopath who is committed to building up their own practice in an osteopathic and multi-disciplinary clinic in beautiful premises. Excellent location – Maidenhead junction 8/9 M4. For further information please call 07782 296007

GOODWILL AND EQUIPMENT FOR SALE – EXETER current female practitioner, small P/T practice. Handover of present patient list with introduction and future new enquiries from existing goodwill and advertising. Hydraulic plinth, other equipment and stock available. Tel: 07974 965 656

PREMISES AVAILABLE – Central London, excellent location would suit Osteopath already established in central London with clientele. Good size room with A/C. Days to be negotiated. Please reply to Box No 5350

OSTEOPATHIC PRACTICE PATIENT LIST FOR SALE. Established 8 years in North Yorks coastal resort. Structural work with scope for expansion. Good referral rate from local GP's. Osteopath leaving Feb 06. Reasonable offers invited. Phone 07961 046264

COURSES

ACUPUNCTURE / DRY NEEDLING
11-12 March 2006

Intensive practical Western Medical Dry Needling Course based on modern neurophysiology by Dr Anthony Campbell MRCP, Dip.Med.Ac. 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, www.acampbell.org.uk email: ac@campbell.org.uk

EQUINE SPINAL MANIPULATION

& Myofascial technique

PRACTICAL, HANDS-ON TRAINING IN THE TREATMENT OF EQUINE BACK & MUSCULOSKELETAL CONDITIONS

A no-nonsense way for the busy osteopath to become proficient in this challenging and growing field.

The basic course consists of 4 modules of 2.5 days, to give a solid grounding in relevant anatomy, physiology and bio-mechanics, whilst teaching the essential practical skills of examination, palpation and manual treatment techniques.

Module 1	February	24-26	Introduction, Pelvic and lower extremity
Module 2	March	24-26	Cervical & Upper Extremity
Module 3	April	28-30	Thoraco-lumbar Spine
Module 4	May	26-28	Integrated & Review
Location:	Pen-Coed Equestrian Centre, Pen-Coed College, Mid Glamorgan		
Cost:	£325.00 per module. Places limited		

Applied *Equine* Biomechanics

Enquiries **01834 860200** equinespine@aol.com

Contact: Andrew Glaister D.C., B.Sc. Dip. USA Veterinary Chiropractic Assn.

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.

6th International Conference on Advances in Osteopathic Research

31st March ~ 2nd April 2006

BCOM
London, UK

Early bird registration, before 31st January 2006, is £150. Thereafter the full fee is £175, includes the delegate pack, lunch each day and refreshments mid-morning and mid-afternoon.

Certificates of attendance for CPD purposes will be provided to attendees

For more details & registration procedure please see:
http://www.bcom.ac.uk click on ICAOR6
or e-mail: icaor@bcom.ac.uk

Need a snappy delivery?

Contact Plinth 2000 Ltd

No quibbles, gimmicks, or false promises - just the best plinths backed by 30+years of experience, reliability and genuine customer service.

For more details on the Plinth 2000 range of plinths, couches & podiatry chairs, please contact us at:

PLINTH 2000 t:01449 767887

www.plinth2000.com e: sales@plinth2000.com f: 01449 766122

Plinth 2000 Ltd | Wetheringsett Manor | Wetheringsett | Stowmarket | Suffolk IP14 5PP