

the OSTEOPATH H

The magazine for Osteopaths

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**Surveying the profession
– have your say**

Regional Conferences 06/07

Health events calendar

*International Journal of
Osteopathic Medicine*
enclosed



Review of healthcare regulation

The General Osteopathic Council

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Registrar's report

Review of healthcare regulation

This month, there is a matter of much significance to report in relation to the "Foster Review" of healthcare regulation, even though it is early days and no formal announcement has yet been made. As we advised you in last month's *The Osteopath*, Mr Andrew Foster was tasked by Government to look at, amongst other things, the role, structure and number of healthcare regulators, other than the General Medical Council, the latter being the subject of its own review carried out in tandem. Those of you who attended a GOsC Regional Conference last year will remember that we talked about the changes mooted by Government. We have also alerted you to the Foster Review in several of last year's magazines, particularly in a fuller feature last month.

The Council has already recognised that, post Shipman, there would be changes to the existing regulatory structures, particularly the fitness to practise procedures, that it was likely to have to make. In fact, some of the current Government thinking on this is sensible and should help allay any patient's concerns that a profession regulating itself might cover up for its own. Although this is certainly not the case in reality, it is not difficult to see how the perception could arise. Proposals to have more independence from Council members in the regulatory process by, for example, the establishment of a core panel for fitness to practise hearings, could have merit. There would, of course, still have to be professional input to inform such a panel.

You can refresh your memory from last month's magazine about the topics that were discussed at a series of Foster Review workshops in which all regulatory bodies, associations, trade unions and other relevant organisations took part.

It seems that there will be recommendations from Mr Foster's Advisory Group for some really fundamental change to healthcare regulation in the UK, despite the fact that a fair proportion of these proposed changes were eloquently argued against during those workshops. One such proposal is likely to be a reduction in the number of healthcare regulatory bodies, an issue against which we have all argued



throughout the Foster Review. If this is to be a recommendation, it is difficult to see where osteopaths would be merged, other than to become yet another profession regulated by the composite Health Professions Council.

To prepare for the anticipated formal Department of Health announcement and in the light of the 'intelligence' he had obtained that suggested some uncertainty for the future of independent self regulation as currently enjoyed by osteopaths, GOsC Chairman Nigel Clarke called an extraordinary meeting of Council on 11 January 2006.

Council Members recalled the exhaustive efforts of the profession over the years to achieve statutory recognition, culminating in the establishment of the General Osteopathic Council. This significant development was not without its teething problems and challenges at the time but eight years on, we (osteopaths and Council) look back with pride at all that has been achieved. Osteopathy is now well recognised as a primary care profession and osteopaths as highly trained, independent, primary contact healthcare practitioners, contributing to the nation's healthcare.

Furthermore, those osteopaths who qualified before the awards of recognised qualifications to Schools, proved themselves true professionals by putting themselves forward for rigorous revalidation. Since the conclusion of the transitional period for entry to the Register, admittance is now restricted to those who graduate from schools meeting the revised Standard of Proficiency (S2K). The Council, backed by the profession, has also demonstrated the effectiveness of disciplined self regulation and self determination to ensure protection of the public and first class professional development.

Council decided that these critical principles are to be the basis of its response to any proposals for change. It is the integrity of the Register that provides the guarantee to patients that they are being treated by safe and competent practitioners. This profession is also committed to continuing professional development (CPD), practitioners are appropriately insured and, importantly, are subject to fitness to practise procedures that have teeth.

Therefore the standards required for entry to the Osteopathic Register and for remaining registered should be set by the profession itself. This means osteopaths retaining control over the competencies required to achieve a recognised qualification and the mechanisms by which these standards are maintained. The development of the profession, through such policies as CPD, revalidation, and the setting of benchmark standards and the Codes of Practice are also matters which should be directed by osteopaths. This fact was recognised in the constitution of the Council and its statutory committees, set out in the Osteopaths Act 1993. It is what the public expect, as they know professionals take pride in who can use their protected title. The hallmark of a profession is the identifiable traits of a discrete and mature group of people able to ensure the maintenance of high standards of ethics, conduct and competence from its members. Pride in oneself and one's colleagues is the cohesive force that binds a profession and makes its standards robust. Professionals put the needs of those receiving their services above their own. It has been suggested that without that pride, a profession will disintegrate.

Osteopaths were courageous to 'go for broke' as a small profession and to fight for, and achieve, statutory self regulation – especially as the cost of such an ambition was a serious consideration. Funding for a statutory Council was set at £750 per annum in 1997 and has not changed since. Council Members recognise that the merging of regulatory bodies will likely have the welcome effect of reducing registration fees. But, it is vital that Osteopaths have sufficient information to appreciate and assess the value – and the costs – of independence and self-determination for the profession to inform the stance Council might need to take on any merger or consolidation recommendations.

In summary, Council Members were clear that the profession of osteopathy must be preserved as a distinct entity, with total control over access to the

professionally-led Register of Osteopaths and all that entails. The Council would resist strongly any proposal that failed to meet these criteria, believing this to be a step backwards for both the protection of patients and the integrity of the profession.

A small number of Council members, predominantly osteopaths, will now work with the GOsC staff to decide how best to take action on these matters and involve the whole profession. At their first meeting, extending membership of the group to other 'stakeholders' will be agreed. Council will probably need to hold a further extraordinary meeting in February to receive and discuss the proposals from the sub group.

In the meantime, please feel free to send any initial reactions/comments which you feel would be helpful. Keep a watch on the websites shown below for a formal announcement from the Foster Review Group which is not now expected until March 2006:

www.osteopathy.org.uk

www.dh.gov.uk

www.chre.org.uk

We have this opportunity to prepare and make known the GOsC position before Ministers make their formal announcement. This could allow their proposals to be adapted, in the light of the evidence we produce. If change is inevitable, though, we should seek to ensure that this is for the best for the osteopathic profession, ensure osteopaths retain influence over their future, and remain resolute on matters of professional integrity over which there should be no negotiation. In this way, we can embrace change as another milestone in the profession's evolution and not see it as a threat to the existence of osteopathy. It is also the positive way to ensure that patients continue to enjoy the protection afforded by the current system. Once we receive the formal notification, we will consult more widely with you about the way forward.

**Madeleine Craggs,
Chief Executive & Registrar**

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GOsC appoints Communications Co-optees

The GOsC's Communications Committee (CC) will be welcoming two new members to its next meeting in early March. **Gavin Burt** and **Robin Lansman** will join existing osteopathic and lay members as newly appointed "Co-optee Members". A non-statutory committee of the GOsC, the CC is responsible to Council for developing and directing the GOsC communications strategy.

Osteopath Gavin Burt is based in London and has long been involved in the promotion of osteopathy in the media. He is a former Council Member for the New Zealand Register of Osteopaths, where he had specific responsibility for Communications. Before training as an osteopath, Gavin both studied and gained considerable experience in Marketing and Advertising.



Gavin (pictured left) says, "I hope that the experience I have acquired through my previous career will give support to the work that the GOsC is doing in its communications policies. Having the right communications strategy in place is critical to a growing profession like ours, so I am honoured to be playing a part."

Robin Lansman runs osteopathic practices in Berkshire and London, two of which are based in large GP practices.

He regularly promotes the benefits of osteopathic care to local employers and the medical profession. Robin has been heavily involved in the design and delivery of the popular GOsC's GP workshops over the last two years and, as workshop leader, has advised over 300 osteopaths on promoting the osteopathic profession and their practices.

Robin (pictured right) says, "Quality osteopathic care must meet or exceed the promises made by any promotional activity. I teach at the BSO to stay connected to the osteopathic education process, learn from colleagues and students alike, and provide input from my own experience of practice.



I have a particular interest in cross-professional links (with other healthcare professionals). Learning together breaks down barriers and opens doors to better understanding and professional relationship building."

We would like to welcome Gavin and Robin, who bring a wealth of skills and experience – and enormous enthusiasm – to the Committee. The Committee was delighted by the response to its call for Co-optees and very grateful to all of those who took time to express their interest in the co-optee positions.

Make your views count – data collection 2006!

Osteopaths are seldom shrinking violets when it comes to exercising their opinions on the state of the profession – and particularly the performance of the GOsC. In the months ahead, we aim to provide you with every opportunity to register your views on a range of issues underpinning the development of the osteopathic profession.

Undaunted by the size and complexity of the recent Legislative Review process, a remarkable 26% of you volunteered written feedback on an immense range of issues, and over 1000 participated in discussions via the Regional Conferences. These views are currently being collated into a report for Council and subsequent publication in *The Osteopath*.

This marks but the start of an extensive appraisal of "Osteopathy UK", the profession's current strengths and weaknesses, and what the profession – and the public – perceive is needed to ensure osteopathy thrives in the healthcare arena.

Communications

Key to this is cohesion within the profession and an effective support structure. Enhanced communication

mechanisms – between osteopaths and between the GOsC and osteopaths – are essential to this. We shall shortly survey your opinions on *The Osteopath* magazine, website development, email, GOsC conferences and workshops, and regional representation, so that we focus resources as effectively as possible. Please set aside a little time in April/May to participate in this exercise and help shape these developments.

Promotion

To raise awareness of osteopathy and better aid the promotion of your practice, the GOsC will also be collecting data in the coming months to compile a profile of current osteopathic practice in the UK, and just how this fits alongside mainstream healthcare. This is much-needed information for the NHS, the Media, researchers, and the general public, amongst others. Again, please ensure your participation, so that we can develop the resources needed to promote the profession.

Surveys will be sent out in Spring 2006. For further information, contact the Communications department on exts. 228 or 245.

Regional Conferences 2006/7

Promoting osteopathy and your practice in a competitive market can seem a daunting task. Many of you have indicated that marketing is one of the most difficult and yet vital aspects of your business. With this in mind, "Promotion" is to be the focus in the 2006/7 round of GOsC Regional Conferences.

Once again we will be aiming for an interactive format that serves to both provide information and exchange views. At the nub of the debate, the emotive issue of 'promoting professional identity' – how is this best done? ... By whom? ... What

are we promoting? What is the public perception? In the months ahead we shall develop many of these issues.

The feedback you have provided to date indicates

an overwhelming preference for regional, weekend events. In the next round, Council proposes six Regional Conferences – three in the last quarter of 2006 and three in the first quarter of 2007.

Below we indicate provisional dates and regions. We would appreciate your views on these

dates and any potential event clashes, particularly with regard to school holidays and major sporting events.



Proposed dates

Series I – Autumn 2006

30 Sept or 1 October 2006

14 or 15 October 2006

11 or 12 November 2006

Region 1: North-west England & West Scotland

Region 2: South-west England & South Wales

Region 3: London & Eastern Counties

Series II – Spring 2007

3 or 4 February 2007

3 or 4 March 2007

24 or 25 March 2007

Region 4: Central England & North Wales

Region 5: North-east England & East Scotland

Region 6: London & South-east England.

Your feedback

Event planning is dictated by your feedback. However, we recognise that to date much of this feedback has been provided only by those osteopaths who already attend these events. We need now to hear from **all** Osteopaths – **PLEASE take time to complete and return the enclosed flyer to enable us to design events that best suit the majority of the profession.**

GP Workshops: promoting partnerships

As reported last month, the GOsC has launched the next round of regional GP workshops, which kicked off in Bury St Edmunds on Friday 27 January. Two further training workshops have now been scheduled for **Worcester on Friday 3 March** and **Central Scotland on Friday 31 March**.

These interactive workshops, led by osteopath **Robin Lansman DO**, are an opportunity for osteopaths to work together with the view to "marketing" osteopathy with consistency and confidence. Amongst other topics, delegates will explore: the osteopathic

identity, building relationships with other health practitioners and preparing and delivering presentations.

Further workshops will be planned for 2006, based on regional demand. If you would like the GOsC to provide one of these workshops in your area, or wish to book a place, contact the Communications department on ext. 222 or email: gpworkshop@osteopathy.org.uk. Limited spaces are available in Worcester and Central Scotland, so please contact us at your earliest convenience.

GOsC urges MPs to support improved musculoskeletal care

Last month the GOsC wrote to MPs pressing for the need to improve choice and access to musculoskeletal healthcare in the UK.

The GOsC highlighted the impact of musculoskeletal conditions on personal health, health and social care, the economy and the role of osteopathy in keeping people mobile and in work. MPs were urged to champion the improvement of multi-professional services for people with musculoskeletal disorders (MSDs) and press for consideration of MSDs in the Green Paper on Incapacity Benefit reform.

This briefing included statistics on the cost of musculoskeletal disorders to employees, employers, the NHS and benefits system (available from the Communications department) and afforded the opportunity to provide an update on the profession's achievements since statutory regulation. For more information, see page 18.

If you would like to contact your own MP and urge them to support improved musculoskeletal healthcare, please contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.

Reminder: 2006 elections to Council

The 2006 elections are well under way and you should, by now, have returned a completed nomination form if you are planning to stand for election. Candidates' election statements and ballot papers will be sent out in early February with a return date for voting papers of



12 noon on Friday 10 March 2006. If you do not receive a ballot pack by Wednesday 20 February 2006, please contact the Electoral Reform Services on tel: 020 8365 8909. The results of the 2006 elections will be available from the GOsC from Tuesday 14 March 2006 and

announced on the GOsC website on Wednesday 15 March 2006.

Please ensure that if your address has changed recently, or is due to change, you keep your details up-to-date with **Rebecca Costello**, Registration Secretary, either

by post to her at Osteopathy House or email to rebeccac@osteopathy.org.uk.

If you would like any further information on the Council elections, please contact Jane Quinnell on tel: 01580 720213 or email: janeq@osteopathy.org.uk.

2006 Register published

By now you should have received your copy of the 2006 published *Statutory Register of Osteopaths*. There are 3731 osteopaths in the register representing a net gain of 121 since the 2005 edition.

Stocks are limited, but if you wish to receive an extra copy to pass onto your local health centre, please contact the Communication department on ext. 242. If your copy is surplus to requirements, please donate it to your local library.



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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 & Needling Course

Dr Alon Marcus

Saturday 22nd & Sunday 23rd April 2006

The ESO 5th International Conference - The Dimensions of the Palpatory 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

Alternatively, please contact:

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Calendar of UK Health Events 2006

Jan 3–8	Arthritis Research Week – www.arc.org.uk
Jan 23–27	Food Allergy & Intolerance Week – www.allergy.org
March 13–19	Obesity Awareness Week – www.toast-uk.org
Apr 7	World Health Day: Working together for health – www.who.int/world-health-day/
Apr 22–29	National MS Week – www.mssociety.org.uk
Apr 24–28	Arthritis Care Awareness Week – www.arthritiscare.org.uk
May 2	World Asthma Day – www.asthma.org.uk
May 8–12	ME Awareness Week – www.ayme.org.uk
May 12	ME Awareness Day – www.ayme.org.uk
May 15–19	National Allergy Week – www.allergyuk.org
May 19	Spinal Cord Injury Awareness Day – www.spinal.co.uk
May 22–26	Walk to School Week – www.walktoschool.org.uk
Jun 1–30	National Osteoporosis Month – www.nos.org.uk
Jun 12–18	National Men's Health Week – www.menshealthforum.org.uk
Jul 15–18	The Back Show, London – www.backshowexpo.com
Sep 3–9	Migraine Awareness Week – www.migraine.org.uk
Sep 4–9	National Pregnancy Week – www.tommys.org
Sep 11–17	Continence Awareness Week – www.continence-foundation.org.uk
Sep 23–Oct 8	British Food Fortnight – www.britishfoodfortnight.co.uk
Oct 1	International Day of Older Persons – www.un.org
Oct 2–6	Walk to School Week – www.walktoschool.org.uk
Oct 16–21	BackCare Awareness Week – www.backcare.org.uk
Oct 20	World Osteoporosis Day – www.nos.org.uk
Dec 3	International Day of Disabled Persons – www.un.org
Dec 10	Human Rights Day – www.un.org

GOsC diary January 2006

This diary shows a snapshot of the meetings and events that the GOsC has been involved with over the past month. Should you wish to request further information about any of these meetings please contact the relevant department.

3	Tuesday	CHRE* – Osteopathic Regulation in Europe
9	Monday	Joint Regulators meeting: EU Internal Market – Healthcare risks
10	Tuesday	Osteopathy promotion – ad agency briefing
11	Wednesday	Extraordinary Meeting of GOsC Council – Foster Review of Healthcare Regulation
12	Thursday	Joint Regulators meeting: Public Patient Involvement
16	Monday	Joint Regulators meeting: Education – Student Fitness to Practise *Protection of Title* – GOsC case review meeting
17	Tuesday	CHRE Council: review of Regulators' 2005 performance
19	Thursday	• Media-legal training for Osteopaths: programme design • House of Lords *NHS Trusts* reception
21	Saturday	LSD* 2nd Year: GOsC Fitness to Practise presentation LSD Final Year: GOsC pre-registration presentation
23	Monday	• Joint Regulators meeting: Registration Managers Forum • GOsC – NCDR: * Osteopathic research funding
25	Wednesday	GOsC Professional Conduct Hearing
26	Thursday	CHRE – GOsC 2005/6 Performance Review presentation
27	Friday	GOsC GP Workshop, Bury St Edmunds
30	Monday	• NHS meeting: CRS Registration and Professional Registration • Royal College of General Practitioners: CAM Action Group
31	Tuesday	• GOsC – Yellow Pages: Corporate Advertising policy review • GOsC political lobbying review meeting

Key	GOsC – Ext 242	Communications Dept – Ext 242	Development Dept – Ext 235
	Finance Dept – Ext 231	Registrar – Ext 246	Registration Dept – Ext 256
	Regulation Dept – Ext 249		

*CHRE – Council for Healthcare Regulatory Excellence LSD – London School of Osteopathy
NCDR – National Council for Osteopathic Research

Creating a healthy workplace

UK employers are increasingly looking for new ways to tackle the cost and problems associated with time off work due to ill health. In 2004/05, 28 million working days were lost due to work-related ill health in the UK and 7 million due to workplace injury (Health and Safety Executive Statistics 2004/05).

Job Centre Plus (JCP) is taking a proactive approach to this issue and launched their activities with a Health Awareness Week in London (5–9 December 2005). A division of the Department for Work and Pensions, Job Centre Plus has 120 offices throughout London, comprising more than 7000 staff. Some of the major health problems affecting this group of workers have been identified as stress, back pain and RSI.

The GOsC were contacted by JCP last November inviting osteopaths to facilitate training workshops in various offices throughout the city to help create healthier work environments. Eight local osteopaths took part, aiming to improve staff understanding of work-related health problems and offering practical tips to encourage staff to take control of their own health.

Mark Sloam DO (pictured right) led a series of presentations at the Finsbury Park office on pain



prevention and management in the workplace, looking specifically at low back pain and RSI.

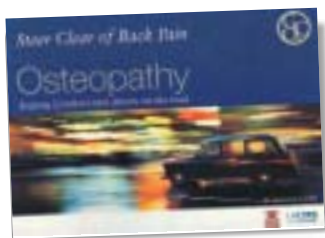
Feedback from the co-ordinators, staff and osteopaths involved has been extremely positive and a number of osteopaths have already been invited back to run follow-up sessions. Some osteopaths also managed to enlist new patients for their practice. Our thanks to those who volunteered their time and experience.

We have since received requests for similar workshops at other JCP offices in London over the coming months. Unfortunately, the GOsC experienced considerable difficulty in finding osteopaths to fill the first round of workshop slots. Being involved in this promotional exercise offers a unique opportunity not only to raise awareness about the profession, but also to promote your own practice within the local business community.

Should you wish to be involved, contact the Communications department on ext. 222 for further details.



Steer Clear of Back Pain campaign



Last month saw the GOsC's Steer Clear of Back Pain week (5–9 December) and the distribution of osteopathic advice packs to 3000 of London's licensed taxi drivers. Part-funded by the

Health and Safety Executive (HSE) as part of its Backs! 2005/6 initiative, the campaign aims to raise awareness, amongst taxi drivers and their passengers, of the role osteopathy has to play in treating and preventing back pain.

The initial response from drivers has been extremely positive, with many planning to take up the opportunity of a discounted assessment at one of the London-based Osteopathic

Education Institutions. The campaign, which runs until the end of March 2006, will continue to be promoted to national and regional press and feature in *Taxi* newspaper – the most widely read trade publication for London cabbies, with a circulation of over 14,000.





CPDO

2006

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

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Professional Conduct Committee Report

Kellie Green, Assistant Registrar (Regulation)

The Professional Conduct Committee (PCC) sat on 19 August and 18 November 2005 to consider a case where it was alleged that Mr Nicholas Handoll (1/526/F), had been guilty of unacceptable professional conduct. The allegations related to Mr Handoll increasing the cost of fees for a patient who was covered by private medical insurance.



Mr Handoll accepted that he differentiated in his fees between insured and uninsured patients who paid on site. The Committee saw no difficulty in that concept so long as the differential was modest and reflected any extra costs involved in dealing with an insurer. In this case, the differential was between £27 and £40 and the Committee decided that this was not justified. The PCC found this amounted to unacceptable professional conduct and Mr Handoll was admonished.

Evidence put forward during the hearing suggested that the practice of charging increased fees to insurance companies is widespread in the osteopathic profession. The PCC made it clear that this is not condoned by medical insurance companies nor the PCC.

On 30 November 2005, Mr Paul Robinson (3/1514/F) faced allegations of unacceptable professional conduct and/or professional incompetence.

Mr Robinson accepted one charge that he had responded inappropriately to his patient during their consultation – amounting to unacceptable professional conduct.

The remaining charges related to professional incompetence and the Committee found that Mr Robinson had failed to adequately assess his patient and subsequent treatment resulted in debilitating pain and discomfort. A Conditions of Practice Order was imposed.

On 6 December 2005, the PCC considered whether Mr Gary Lutz (2/2063/F) was guilty of unacceptable professional conduct. The PCC found that Mr Lutz had failed to maintain adequate osteopathic records for his patient in that he had kept relevant osteopathic information privately and/or separately. This amounted to unacceptable professional conduct and Mr Lutz was admonished.

On the same day, the PCC also considered whether it was necessary to impose a second Interim Suspension Order on Mr Owen Morgan Bull (3/2505/F), following a previous two-month suspension by the Investigating Committee and subsequent referral to the PCC. Having heard the circumstances of the case, the PCC agreed that it would order the Registrar to suspend Mr Bull's registration with effect from 6 December 2005.

Finally, on 12 and 13 December 2005 the PCC sat to consider whether Mr Brent Snell (5/5016/F) had failed to protect his patient's modesty during a treatment session.

The PCC concluded that accepted practice dictated that Mr Snell's patient should have been allowed to dress and undress for treatment in private. Towels were available and the PCC agreed that the patient should have been given the opportunity to use these and that there had been a lack of effective communication with this patient throughout the consultation.

This amounted to unacceptable professional conduct. Given that any sanction applied must be proportionate to the offence, it was the PCC's judgement that this case was adequately dealt with by way of an admonishment.

If you have any queries about this report, or fitness to practise procedures, please contact Kellie Green on tel: 020 7357 6655 ext. 236 or email: kellie@osteopathy.org.uk.

Erratum: Warning of risks – part II

In the December '05/January '06 issue of *The Osteopath*, a printing error on page 15 resulted in the loss of the final sentence of text of David Simpson's article, Warning of risks – part II. The final paragraph should have read:

"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 what happens to their own bodies. If you bear this in mind and respect patients' autonomy, then you will be unlikely to offend the law or the Code."

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It's a criminal offence!

Kellie Green, Assistant Registrar (Regulation)

You might be surprised to learn that some new graduates and established osteopaths risk prosecution for breach of the protection of title provisions contained in the Osteopaths Act 1993 (the Act). The Act (section 32(1)) makes it an offence for *anyone* to describe themselves as, or imply that they are, any kind of osteopath if they are not registered with the General Osteopathic Council (the Council).

This law is enforced primarily by the Council but also by the Police and Trading Standards Officers. Its purpose is to protect the public. It also protects the reputation of the osteopathic profession by prohibiting those who may be unsafe; not of good character or health; do not hold adequate professional indemnity insurance and do not have to abide by the professional standards of this profession, from using the osteopathic title.

Each year, the Council is notified of a number of new graduates, who are yet to achieve registration, describing themselves, and at times working, as osteopaths. For example, last year one new graduate was keen to get his practice up and running so posted advertisements and business cards around his town. These described him as an osteopath and as he had not achieved registration, he was breaking the law.

In another case, a Principal of a practice advertised a new graduate on the clinic's website and when enquiries were made, the clinic's receptionist confirmed that the new graduate was working there as an osteopath. The Principal knew that the graduate was not registered and was of the view they would have no trouble gaining registration as they had their recognised qualification (RQ) and had said they had no criminal record.

As the law applies to *everyone*, these new graduates could face criminal charges and may be refused registration. The Principal of the practice could face charges of aiding and abetting the graduate and, in the eyes of the law, aiding and abetting is just as serious as the principal offence.

So, if you are a new graduate, please make your application for registration at the earliest opportunity and remember that it is not just a formality. Do not leave yourself open to prosecution and the prospect of a criminal record. It is not just the Council that enforces this law. If you are a Principal and you employ an associate that has achieved registration, you will know for certain that they have met all the criteria for registration – let the Council do these checks for you.

Some osteopaths allow, and even seem actively to aid unregistered practitioners to practise as 'osteopaths'. A clinic's title, for example, can be 'So and So Osteopathic Clinic', which is fine provided the patients who think they are consulting an osteopath actually see the osteopath. But in a few cases, patients are booked in with the unregistered practitioners when they ask to see an osteopath. On occasion, the clinic's website is also carefully worded so as not to distinguish which practitioners are registered and, therefore, the osteopaths.

I am sure the majority of the profession find this hard to understand given the steps some have had to take to achieve registered osteopath status.

In such circumstances, the Council would find it difficult to justify a decision not to prosecute both the unregistered practitioner and the osteopath, or at least initiate conduct

proceedings against the osteopath, in order to protect the vast majority of osteopaths, who have pride in their status.

Your *Code of Practice* is clear on this matter. It says:

Your contract with the Patient
(Clause 71) "You must not delegate osteopathic care to anyone who is not an

osteopath".

Relationships with Colleagues

(Clause 76) "You must not enter into any relationship to provide osteopathic care with anyone who is not a registered osteopath".

Your staff

(Clause 129) "You are responsible for all the staff you employ in your clinic, their conduct, and any guidance or advice they give to patients..."

So, to those osteopaths who work with a person who is describing themselves as an osteopath, or implies in any way that they are an osteopath, and they are not registered with the General Osteopathic Council, please stop now. You will be in breach of your *Code of Practice* and may be seen to be aiding and abetting a criminal offence.

The Council is determined to protect the title 'osteopath' which it sees as an important part of protecting the profession's reputation and the maintenance of professional pride. The Council has successfully prosecuted a number of individuals who wrongfully practised as, or implied that they were, osteopaths and it is increasing its capacity to bring more prosecutions in 2006.

For more information, contact Kellie Green on ext. 236 or email: kellieg@osteopathy.org.uk.



Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Steer Clear of Back Pain

The GOsC is seeking to raise awareness of its Steer Clear of Back Pain campaign (see page ?) amongst London MPs, highlighting the link with the Green Paper on Incapacity Benefit and government action on musculoskeletal disorders. The GOsC will also be writing to London Assembly Members.



money NHS that better met the needs of both patients and taxpayers. The next 24 months would determine what kind of NHS we will have for the next 20 years." She confirms that:

- Financial reforms would continue to tackle deficits,
- Fairer funding would go to deprived areas enabling GPs to commission services to reduce inequalities,
- The independent sector would continue to be used to reduce waiting lists.

Health and Safety Executive

Mr Geoffrey Podger was recently appointed as Chief Executive of the Health and Safety Executive (HSE). He previously worked with the European Food Safety Authority (EFSA) and is committed to the promotion of sensible health and safety policy.

The GOsC Executive has written to Mr Podger in the light of the Government's review of healthcare provision and reform of Incapacity Benefit, emphasising the need to improve choice and access to musculoskeletal healthcare in the UK.

Hewitt acknowledged that some parts of the NHS are world-beaters, but that the NHS as a whole is not. "We still spend too much on dealing with people who are sick compared to helping people stay fit and healthy. We need a patient-led NHS with more choice and a stronger voice for patients and users."

She emphasised that with regard to GP commissioning, GPs who manage their budgets will have more freedom to innovate and invest and those that don't will be held to account by their PCT.

Hewitt also launched the publication of *Reform of the NHS in England: Update and Next Steps* – a handbook for the local NHS on how to deliver the reforms. <http://www.dh.gov.uk/publications>.

Health, Work and Wellbeing – Caring for our Future

This joint initiative, launched on 19 October between the Department for Work and Pensions, the Health and Safety Executive and the Department of Health, aims to break the link between ill-health and inactivity. The Director of Occupational Safety has yet to be appointed. A Stakeholder Summit is planned for early 2006.

The GOsC is liaising with the relevant Government departments to explore potential involvement.

Community Health and Social Care

In response to a parliamentary question from **Kevin Barron MP** on patient and public involvement in health on 1 December, Health Minister **Rosie Winterton** indicated that the new White Paper on improving Community Health and Social Care would be published "at the turn of the year".

The GOsC will review the White Paper on Community Health and Social Care when published, to assess to what extent patient safety and osteopathy can be promoted as part of a shift towards prevention.

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. Data is currently being collated on the discussions, and the estimated cost of this consultation has been revealed in Parliament as £1.2 million.

The GOsC has registered with the network involved in this consultation with a view to obtaining information on whether access to osteopathy was raised.

Conservative Party

David Cameron's election as Leader of the Conservative Party on 6 December 2005 has already delivered an

Healthcare reforms



The Department of Health began its public consultation on the reorganisation of Primary Care Trusts (PCTs) and Strategic Health Authorities (StHAs) on 14 December. The consultation period will last for 14 weeks. In response to a parliamentary question from Conservative Spokesman, **Andrew Lansley** (pictured), the Department of Health confirmed that "the first organisational changes will come into effect from early summer 2006".

On 13 December, speaking at the London School of Economics annual Health and Social Care Lecture, Secretary of State for Health, **Patricia Hewitt** said "the Government was committed to pressing ahead with root and branch reform in order to create a modern, self-improving, value-for-

improvement in the Conservatives' fortunes in the opinion polls. Specific policies are sketchy, but it is clear he intends to place greater emphasis on environment and "quality of life issues".

Andrew Lansley retains his post as Shadow Secretary of State for Health and the health team includes: John Baron, Tim Loughton, Dr Andrew Murrison, Stephen O'Brien with The Earl Howe and Lord McColl speaking for the Conservatives in the Lords.

House of Commons

Select Committees

Work and Pensions Committee: is currently holding an Inquiry into Reform of Incapacity Benefit and Pathways to Work which looks at helping people back to work.

The GOsC Executive has written to the Committee regarding the need to improve choice and access to musculoskeletal healthcare in the UK. Musculoskeletal conditions have an enormous impact on personal health and represent the second largest group of people (22%) receiving Incapacity Benefit. We also took the opportunity



to remind these MPs of the profession's achievements since statutory regulation (e.g. CPD, NCOR, *Code of Practice*, on-line Register, etc.) The GOsC has also written to the newly-appointed Permanent Secretary to the Department of Work and Pensions, **Leigh Lewis** (pictured left).

Health Committee: will publish its report on 11 January 2006 into changes to Primary Care Trusts (PCTs) arising from the *Commissioning a Patient-led NHS* document.

A new inquiry will begin in mid February 2006 on Independent Sector Treatment Centres (ISTC). The exact terms of reference will be issued in January 2006. The GOsC Executive has highlighted to the Committee the need to improve choice and access to musculoskeletal healthcare in the UK and also the responsibilities of the GOsC and its achievements.

Parliamentary Group for Integrated and Complementary Healthcare:

This Committee heard a presentation from **Christopher Smallwood** on 13 December on his report, *The Role of Complementary Medicine in the NHS*. At this meeting, attended by the GOsC Executive, he placed great emphasis on serious medical conditions, such as chronic musculoskeletal disorders. Pressure should be brought to bear on MPs to respond to the Smallwood report and for questions to be asked on the role of the National Institute for Health and Clinical Excellence (NICE). Mr Smallwood estimated the loss of output for those with chronic back pain to be as much as £11 billion and 1% of GDP. His message was that complementary medicine can alleviate conditions that the NHS finds difficult to deal with. MPs attending included: David Tredinnick (Con), Alan Simpson (Lab) and Evan Harris (Lib Dem).

Parliamentary Questions

Back Pain: Andrew Pelling (Con Croydon Central) [pictured right] tabled a series of questions to Government departments asking what initiatives are being taken to help civil servants with chronic back pain. The Home Office replied that they provide "fast-track access to assessment and treatment for those with back pain and other musculoskeletal disorders".

The Executive has written to Mr Pelling about the contribution of osteopathy in treating back pain.



Complementary Medicine: David Tredinnick (Con Bosworth): asked what discussions the Secretary of State for Health had had with NICE on a full clinical assessment of the cost effectiveness of complementary and alternative medical therapies. The reply from Health Minister Jane Kennedy indicated that no formal discussions had taken place.



European Union

Patient Safety

Rt Hon. **Patricia Hewitt MP**, Secretary of State for Health, opened a three-day summit on Patient Safety

on 28 November. This concluded a programme of health-focussed events marking the UK Presidency of the EU (see *The Osteopath*, November 2005, p 7).

Services Directive

The UK Presidency has made little progress on this controversial proposal which centres around the 'country of origin' principle, so that service providers – including doctors, dentists, etc. – established in one Member State and offering services in another will be governed by the provisions of the former. It will be for the Austrian Presidency (January – June 2006) to take this forward.

The European Parliament's Internal Market Committee voted on 21 November to remove healthcare from the scope of this Directive. A full vote is now scheduled for January/February 2006. If healthcare is removed from its remit, another services-related proposal involving health will be proposed at a later date.

In a parliamentary question in the House of Commons by **Ian Davidson MP** (Lab Glasgow) regarding the remit of the Directive, DTI Minister Ian Pearson responded that "The UK Government's position is to seek an exclusion for all healthcare services from the country of origin principle."

The GOsC continues to liaise with other regulators as a member of the Alliance for UK Health Regulators on Europe (AURE) and is considering appropriate lobbying activity.

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

Protect young backs

'Every Back Matters' is the campaign focus for the charity BackCare this year, which will look specifically at the rising incidence of back pain amongst children. Currently in the UK, 10–25 per cent of teenage school children have significant back pain, which is understood to disturb their concentration and emotional development.

In an attempt to tackle this issue and the potential long-term effects on society, BackCare brought together a team of experts to look at current international research.

Their findings have now been published in the report *Back Pain in Children and Young People: an evidence-based review of current thinking on the causation, prevention and management*, in which they have made seven recommendations. Copies of the report can be accessed from the BackCare website – see below.





Some of the issues addressed include:

- Poor seating – cheap plastic chairs
- Horizontal tables at the wrong height
- Carrying heavy books – lack of locker provision
- Inadequate exercise opportunities – sedentary lifestyles

The group are also considering introducing a 'school survival pack' for the 5–10 per cent of children currently suffering from more severe back pain, consisting of a seat wedge, sloping book rest and a specially designed schoolbag.

BackCare is seeking government backing for its recommendations and launched the initiative with an email campaign whereby messages were sent to Rt Hon Jacqui Smith MP, Minister of State for Schools. The emails requested a meeting with BackCare to discuss their proposals and address this growing problem.

To find out more visit www.backcare.org.uk and click on the 'Backcare and Children' link.

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The Back Show, 15 -16 July 2006, London Olympia

With 4 out of 5 UK adults experiencing back pain at some stage in their lives, The Back Show is a new event that, for the first time in the UK, will bring together those living with back pain and the experts who can help them. More than 2.5 million Britons suffer chronic back pain every day, which affects their lifestyles and can often be life changing.

The event is being held at Olympia, London on 15-16 July and will cover everything from prevention, rehabilitation and management to



the latest treatments and techniques. Visitors will be able to access current advice, information and products from a range of clinicians and organisations specialising in back care. Experts in the field, including osteopaths, orthopaedic surgeons, physiotherapists and chiropractors, will also lead a free educational programme looking at current research and treatments.

For more information regarding exhibiting or visiting the event please

contact Jill Gibson on tel: 01442 285 801, email: jill@f2fevents.co.uk or visit: www.backexpo.co.uk.

Yoga helps back pain sufferers

Yoga could be the most beneficial type of exercise for back pain sufferers, according to research conducted in the United States recently. The study of 101 adults showed that recovery is faster and fewer debilitating symptoms are experienced when back pain is treated with a course of yoga in place of conventional exercise regimes.

Published in *Annals of Internal Medicine*, the study involved combining the treatment with a yoga programme, conventional aerobics, a strengthening and stretching course or leaving the patient to develop their

own rehabilitation care with a self-help manual. After 12 weeks, the researchers found that members of the yoga group were better at activities that put pressure on their backs and following six months they were also in less pain and needed fewer pain relievers.

Although exercise is one of the few proven treatments for chronic low back pain, the benefits of yoga have been regularly questioned in the past. Lead author Karen Sherman said the study, which is the largest randomised controlled trial (RCT) looking at yoga and back pain to date, helps to prove its effectiveness.

GOsC Promotional Material

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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:

Oxford:	Wednesday 1 February, 7 – 9pm
Leeds:	Tuesday 31 January, 7 – 9pm
Exeter:	Saturday 25 February, 10am – 12.00 noon
Haywards Heath:	Sunday 5 February, 10am – 12.00 noon
London:	Tuesday 21 February, 7 – 9pm

For current news on the dates of hub meetings go to www.ncor.org.uk and look under "Research Groups".

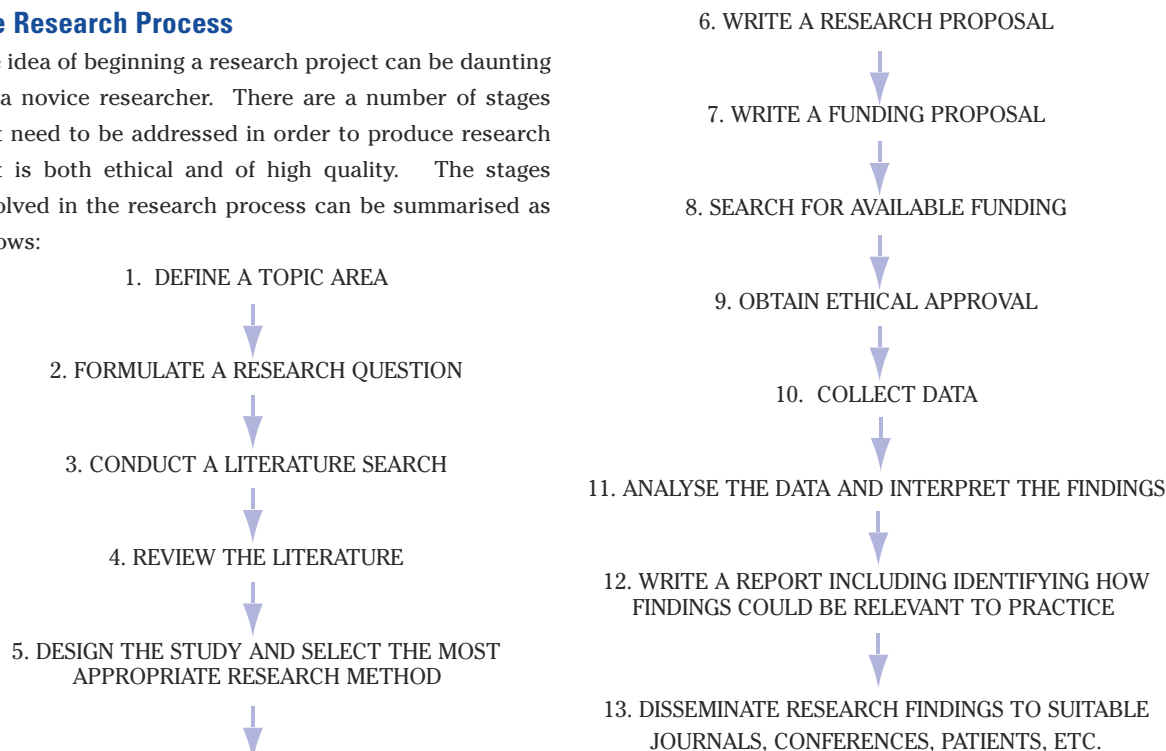
If you would like to come along to any of the research hub meetings, please contact Carol Fawkes on tel: 01273 643457 or email: c.a.fawkes@brighton.ac.uk.

Evidence-Based Practice – tutorial 10

Carol Fawkes BA (Hons) DO, Research Development Officer

The Research Process

The idea of beginning a research project can be daunting for a novice researcher. There are a number of stages that need to be addressed in order to produce research that is both ethical and of high quality. The stages involved in the research process can be summarised as follows:



Step 1. Define a topic area

Osteopathy is based on the ethos of treating the patient rather than discrete diseases. The patients who consult osteopaths can arrive with a number of disorders and this can give rise to a wide variety of special interests for osteopaths, which can lead to research questions. Research questions can also arise for other osteopaths who find they simply want to know more about a specific area of practice. Focussing on a specific topic area is a more productive approach.

Step 2. Formulate a research question

The most important part of any research is to have a clear question formulated, either mentally or in writing; without this a significant amount of time can be spent simply going around in circles. This can be achieved most easily by using the PICO(T) formula discussed in Tutorial 1 *The Osteopath*, December '04/January '05. Four key components of a question must be considered when looking for information relevant to practice. The question guides the research:

- P** Population or Patient:
Who are the patients about whom you need further information?
- I** Intervention or Indicator:
What is the osteopathic treatment plan, allopathic management, diagnostic test, pharmaceutical management, surgical procedure or dietary change you are interested in?
- C** Comparator or Control:
What is the alternative treatment strategy, technique or other procedure that you will be comparing your intervention to?
- O** Outcome:
What effect will the intervention being considered have on the patient?
- T** Time:
What is the timescale (if any) involved in the project?

© Glasziou, Del Mar and Salisbury

Example:

Question: "Do patients with osteoarthritis of the knee joint(s) find osteopathy or non-steroidal anti-inflammatory medication most beneficial for pain relief?"

Patient/population: Patients with osteoarthritis OR arthrosis in the knee joints.

Intervention/indicator: Osteopathy OR osteopathic treatment (Using osteopath* will cover both terms).

Comparator/control: Non-steroidal anti-inflammatory medication OR NSAIDs OR medication.

Outcome: Pain relief.

In Evidence-Based Practice (EBP) research questions can include a variety of examples: interventions, aetiology and risk factors, frequency, diagnosis, prognosis and prediction. In each case the PICO(T) method can be used to formulate a suitable question. It is important to identify keywords that relate to the research question; one of the easiest methods is to tabulate them so that searching can be done in an organised and time efficient manner.

Step 3. Conduct a literature search

When conducting a search for literature it can be surprising just how many research studies have been carried out. It is important, therefore, to use very clear keyword and truncation terms. Truncation is described in Evidence-Based Practice Tutorial 3 (*The Osteopath*, March 2005) as was the use of BOOLEAN operators to narrow or widen a search. Details can also be found at www.ncor.org.uk. Literature can be found at a number of locations; PubMed (www.ncbi.nlm.nih.gov) remains the largest free-to-access database of medical research. The osteopathic education institutions have libraries containing old copies of various journals. New ventures such as the "osteoselect" website (www.osteoselect.com) give access to various databases and other resources for the payment of a modest membership fee. The Research Council for Complementary Medicine (www.rccm.org.uk) also conducts literature searches for the payment of a fee.

Step 4. Review the literature

When literature has been located, it is important to attempt to appraise the articles since the quality of information found on the internet can be variable. A variety of critical appraisal tools are freely available. A wide selection covering many study designs can be found at www.phru.nhs.uk/casp/learning_resources.htm. Critical appraisal of the literature was also covered in Tutorials 7, 8 and 9 (*The Osteopath*, July 2005, October 2005 and December '05/January '06) and can be found at www.ncor.org.uk. Reviewing the literature can be quite daunting initially and it can be helpful to have checklists to follow to try and identify the criteria that should be covered in good quality research papers. It is a process that becomes easier with practice.

Reviewing the literature is an essential stage of the research process as it helps a researcher to discover if their area of interest or research question has already been investigated. Research should aim to answer novel research questions and thereby fill gaps in the literature currently available.

Step 5. Design the study and select the most appropriate research method

A variety of research designs exist and it is important to be quite clear about the aim of the research project in order to select the most appropriate design. If two interventions are being tested the randomised control design may be the most suitable. If survey information is required, a number of survey methods exist e.g. questionnaires and interviews. Further information on this type of research can be found at www.socialresearchmethods.net/kb/survey.htm. Consideration of other research designs can be found in Tutorial 9 (*The Osteopath*, December 2005/January 2006). Suitable sample sizes must be present in research studies in order to give the study adequate power. Advice on sample sizes and sampling can be found on a variety of websites e.g. www.sgul.ac.uk/depts/phs/guide/guide.htm and www.sportsci.org/resource/stats.

Step 6. Write a research proposal

Writing a research proposal, although daunting, can be a helpful exercise to concentrate the focus of a research idea into the practicalities of conducting a research study. A research proposal will vary from study to study but some common features should exist:

- A title should clearly express the research question.
- An abstract or summary should briefly outline the aim of the study, how it will be conducted and what it is intended to achieve.
- A rationale for the project should attempt to place the study in context; the research should be attempting to address an area that hasn't already been investigated.
- The aim or objective of the study should be clearly defined. This should stress the importance of the study and its contribution to the body of knowledge.
- The method for the study should be clearly described and give an indication of numbers of patients involved, inclusion and exclusion criteria, recruitment methods, data collection methods and frequency, analysis of data and the proposed dissemination of research findings.
- Ethical considerations will be described in the method and should clearly describe the type of ethical opinion to be sought e.g. NHS Research Ethics Committee (REC) or REC within an educational establishment. For all research involving human participants, an ethical opinion must be sought.
- The benefits of the study to a profession/scientific community and patients should also be clearly described.

- Resources and costs should be disclosed, as should the sources of any funding or proposed funding. A clear consideration of the costs for the study should be disclosed to ensure that sufficient funding is available to complete the study. It is highly unethical to begin a research study and run out of money to complete it.

- Details of peer review should be disclosed. The peer review process can offer suggestions on the suitability of methodology, suggestions regarding patient groups and the type of data to be collected. For novice researchers this stage is invaluable as a source of guidance to avoid pitfalls that are costly in terms of time and resources.

Osteopaths working in the NHS would need to discuss their proposed project with their manager and it would also have to be submitted for approval by the appropriate research and development (R&D) department.

Step 7. Write a funding proposal

Location of funding is frequently difficult. Funding available for osteopathic research can be especially hard to locate particularly if a researcher has no established "track record" of previous funding awards. Writing a funding proposal is a task that can be aided significantly by enlisting the assistance of an experienced researcher.

Step 8. Search for available funding

Osteopathy, in common with complementary therapies, does not enjoy access to significant sources of funding. Some of the larger health insurers, e.g. BUPA, establish research priorities each year and proposals are invited. Charitable organisations, e.g. BackCare, also put out calls for research proposals throughout the year. The position for single handed practitioners wishing to conduct research does, however, remain very challenging.

Step 9. Obtain ethical approval

The need to obtain ethical approval for a study will depend on whether a study can be defined as research or audit. Audit does not usually require ethical approval; research does. Practitioners working within the NHS, or working with patients in private practice who have been directly referred by the NHS, need to gain approval through an NHS, Research Ethics Committee (REC). Osteopaths working in private practice can seek approval through such committees but this can take significant periods of time. Many RECs are already very busy and some have very little experience of osteopathy, which can add to delays as

they require further clarification of terms. Evidence of insurance cover, a patient information sheet, a patient invitation letter and a copy of the consent form must also be provided with the submission form to an ethics committee. The length of time needed to obtain this type of approval must be factored in to any research study.

Osteopathic education institutions have their own ethics arrangements; other HEIs also have their own REC arrangements to give approval to student projects at all levels of education e.g. undergraduate, masters and doctoral level.

Further information about RECs can be found at the Central Office for Research Ethics Committees (COREC) via www.corec.org.uk.

Step 10. Collect data

The type of data to be collected and the manner in which it will be collected should be clearly described in the research protocol. This should give information about the type of instrument used to collect data e.g. a questionnaire or some form of measuring equipment e.g. a goniometer. The number of patients from whom data will be collected, how frequently and at what time intervals, should be described. Statistical advice should be sought before data collection begins to ensure that the right type and quantity of data will be collected to be able to answer the research question. A research study that lacks significant numbers of participants to have any statistical power may not gain ethical approval. Awareness of bias in the researcher(s) and the research subjects should also be considered.

The Data Protection Act 1998 clearly stipulates criteria for the appropriate use of patient data; this includes issues of confidentiality and the need to anonymise patients' data using codes. Further information on the Data Protection Act can be found at the Information Commissioner's website www.informationcommissioner.gov.uk.

Step 11. Analyse the data and interpret the findings

A wide variety of statistical programs are available for analysis of research data. The type of programme used will be largely defined by the type of research methodology used e.g. qualitative or quantitative. Suitable coding can be carried out on both types of data and this can be entered into a computer program. Quantitative analysis can be carried out using programs such as MS Excel or SPSS. Qualitative data can utilise programs such as NVIVO. Many researchers analysing qualitative data prefer to use simpler

methods e.g. examining themes and categories that are recurring throughout the responses given during interviews with research subjects, or by examining their written (free text) responses to questions.

Step 12. Write a report including how findings could be relevant to practice

Many researchers prefer to write up their results in a formal manner with a view to how their research findings will be disseminated. All healthcare professions are identifying a greater need for evidence to inform their practice. The formal writing up and dissemination of research findings contributes to that evidence base.

Step 13. Disseminate research findings

This can occur through a number of different means. Publication remains the most effective medium to disseminate findings as it is likely to reach the largest audience. An increasing number of journals exist that welcome publications, particularly if primary research is involved. All journals have guidelines on their styles and the word limits they allow for published material. Increasing numbers of osteopaths are now studying at MSc and PhD levels; more publications emanating from dissertations would make a valuable contribution to the evidence base for osteopathy. The newly created *International Journal of Osteopathic Medicine (IJOM)* describes its requirements at <http://authors.elsevier.com/JournalDetail.html?PubID=705245&Precis=DESC>.

Conferences can also be a valuable opportunity to present research findings. Many research conferences occur each year and call for abstracts to be presented orally or as posters.

Informing research subjects is often forgotten in research dissemination. Some patients who have participated in a research study may choose to record their choice to be kept informed about research findings. If research has taken place within an osteopathic practice, it can be helpful to produce a newsletter or short report, written in layman's terms, for patients to read about the findings of a study.

Further helpful information about the research process can be found at www.rdfunding.org.uk/flowchart/Flowchart.html.

Are you thinking about conducting some research?

If you have a particular area of interest, would like to carry out some research and would like some help to get started, please call the NCOR office on tel: 01273 643457 or email: c.a.fawkes@brighton.ac.uk.

Research news in brief

New research from the United States suggests that yoga instead of conventional back exercises can help back pain sufferers recover faster. (Source: www.royalsociety.org.)

Research carried out at University College, London by Andrew Steptoe and Lena Brydon has shown that stress can increase the level of cholesterol in the blood. The study was published in the journal *Health Psychology* (<http://www.apa.org/journals/releases/hea246601.df>).

The therapeutic value of dark chocolate has been highlighted in a study by Hermann F, Spieker LE, Ruschitzka F et al in the journal *Heart* (2006;92:119-120). The article describes how dark chocolate improves epithelial and platelet function. (http://heart.bmjjournals.com/current.shtml#BASIC_RESEARCH). Knott ME, Tune JD, Stoll ST and Downey FH. **Increased lymphatic flow in the thoracic duct during manipulative intervention.** *Journal of the American Osteopathic Association* October, 2005; 105 (10:447-456.)

Osteopathic researchers in the USA have investigated the effect of manipulation on lymphatic flow. Research findings can be found at www.jaoa.org/cgi/content/abstract/105/10/447?etoc.

Swinkels ICS, Wimmers RH, Groenwegen PP, van den Bosch WJH et al. **What factors explain the number of physical therapy treatment sessions in patients referred with low back pain; a multilevel analysis.** *BMC Health Services Research* 2005, 5:74.

The researchers looked at 1733 patients referred with low back pain who had been treated by 97 therapists working in 41 practices. The results showed that 88% of the variation in the number of treatment sessions was located at patient level and 7% at practice level. The results suggested that the variation in the number of treatment sessions was based on patient characteristics. This study can be found free in full text form at: www.biomedcentral.com/content/pdf/1472-6963-5-74.pdf.

Pham T, Azulay-Parrado J, Champsaur P et al. **Vertebral body fractures without radiological collapse.** *Spine.* 2005; 30(21):2430-2435.

This observational study looked at patients attending a rheumatology department between 1988 and 2002 who presented with acute back pain but had no initial deformation to the vertebral body on X-Ray. MRI examination confirmed 21 cases of vertebral body collapse in 16 patients (11 female, 5 male) with a mean age of 72 years. 14 of the 21 fractures occurred at L2-L5; only 9 patients had a known history of osteoporosis. Details of this study can be found free at: www.medscape.com/viewarticle/516553

Forthcoming courses and conferences

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.

4–5 November 2006: British Osteopathic Association's Annual Convention and Trade Exhibition

12–14 December 2006: 14th Annual Symposium on Complementary Health Care, University of Exeter.

Happy New Year from everyone at NCOR!

BSc (Hons) Osteopathy Conversion Course for holders of a Diploma in Osteopathy

Applications are invited for places on the next cohort of students.

Closing date : 20th March 2006

Course Dates : Part I 27th March to 31st March 2006

Part II 20th April to 24th April 2006

Cost : £2000 GBP (€3,000)

Venue: British College of Osteopathic Medicine, London, UK

Admissions requirements :

1. Applicants should possess a DO from an Osteopathic Institution recognised as equivalent to BCOM (eg IAO in Ghent).
2. Applicants must be practising osteopaths registered with a professional body in their country of domicile
3. Applicants must be able to demonstrate fluency in English as the course is taught and delivered in English.
4. Applicants must have internet/e-mail access.
5. Applicants must complete an application form and provide appropriate references

Taught components Part I Research Methods & Part II Advances in Osteopathic Medicine plus a 10,000 word Research Dissertation

For further information and application pack apply direct to BCOM via email: admissions@bcom.ac.uk or visit our website www.bcom.ac.uk

Essex Osteopathic Society

The vampire strikes again

Anne Gibbons DO, Essex

Professor Kevin Cheah, a consultant orthopaedic surgeon with a special interest in the knee, will be talking to Essex Osteopaths about haematological assessment of musculoskeletal disorders later this month. When I was at college the only 'blood' result I remembered was ESR and HLA B27. If you think you are in a similar position, you cannot afford to miss this talk.

Date: 21 February 2006

Time: From 7pm

Venue: Medical Academic Unit, Broomfield Hospital, Chelmsford

Title: 'The Vampire Strikes Again'

The Haematological Assessment of Musculoskeletal Disorders

Speaker: Professor Kevin Cheah MSc (Hon) FRCS
Consultant Orthopaedic Surgeon

There is no cost for the evening and a buffet will be provided, although sadly this will be the last free meeting for a while.

Please contact Anne Gibbons on tel: 01245 283626 if you would like further information or wish to book a place.

Osteopaths @ Worcester

Shouldering on

Sue Brazier DO, Worcester

30 osteopaths braved the snow in Worcester, to hear local orthopaedic surgeon, **Mr David Robinson's**, talk on the shoulder. Opening with a review of basic anatomy, David then discussed patient assessment. It was both interesting and reassuring to see that we conduct our assessments in a similar manner, considering such factors as age and any likely problems or pathologies.

A shoulder examination was demonstrated – thanks to **Robert Blackburn** for showing his body – looking specifically at laxity and instability tests. David explained that there is a high incidence of laxity of the shoulder amongst teenagers, while at the other end of the age range, the elderly commonly present with rotator cuff failure.

Although I understood MRI scans to be the test of choice, David explained his preference for ultrasound due to its reliability, especially for the rotar cuff. One of the primary benefits of an ultrasound is that it can conduct a dynamic investigation whereas an MRI is static. He also suggested that some of the MRI scans show 'GOK'. Following our baffled expressions, David explained that this stands for 'God Only Knows'.

Orthopaedic consultants still commonly use injections to diagnose and treat but David was not keen to discuss its use for frozen shoulder.

Thanks again to everyone for braving the elements and helping to make it an interesting and enjoyable night.

Future meetings:

Thursday 23 February

7pm–10pm

James Butler

Painless practice

Thursday 16 March

Tim Hall

Maxillofacial surgeon – an insight to a surgeon's approach to jaw joint dysfunction

Both these meetings will be held at the Holiday Inn Express – M5, J5, and will cost £30 (includes refreshments). **Please contact Sue Brazier on tel: 01905 831495 if you would like to book a place.**

Regional news

If you are part of a regional society and wish to promote or review your activities, please send your articles to the editor at Osteopathy House or email: editor@osteopathy.org.uk.



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: £595.00

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



**Running Biomechanics and
Exercise Physiology Applied in
Practice**

Frans Bosch and Ronald Klomp

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

**Reviewed by Josephine Niala BSc
(Hons) Ost, Birmingham**

It is rare to find a book that tackles both biomechanical and exercise physiology whilst also being a practical manual. Bosch and Klomp's book excels because it is well organised into different sections, enabling the reader to use it in an efficient manner. The initial section is a thorough refresher on anatomy and physiology, while the middle chapters focus on running models and general training principles. The final two chapters deal with running instruction and strength training for runners.

Although running can appear deceptively simple (it is after all something we can all do to varying degrees), as osteopaths we are all too aware of the different injuries that can occur when training is carried out inappropriately. In dealing with training as an art (albeit one based on science), Bosch and Klomp creatively use established physiological knowledge about motor and sensory systems to develop holistic regimes that reduce the likelihood of injury, whilst ensuring that the runner continues to improve their physical condition.

Their approach is particularly innovative in describing – alongside clear illustrations – the principles behind adaptation through training. They give many examples of ways to avoid common pitfalls such as overtraining, monotony and lack of reactivity. Despite its technical detail, it is an easy book to read or use periodically for reference.

**If you would like to review any
of the titles featured in
The Osteopath, please
contact the editor at
Osteopathy House, or email:
editor@osteopathy.org.uk.**



**Relaxation Techniques:
A Practical Handbook for the
Health Care Professional**

Rosemary A. Payne

Published by Churchill
Livingstone
ISBN 0-443-07447-X
£35.99 / 288 pages

**Reviewed by David Probert
BSc (Hons) BSc (Ost), London**

This book is quite simply a must-read for all osteopaths, especially those wishing to engage with patients on a psycho-emotional level (is it possible not to?). It is also a rich seam of practical techniques to use for your own mental wellbeing and relaxation.

Rosemary Payne is a physiotherapist with significant experience in this field, lecturing on relaxation training at the University of Wales. This 3rd edition of her original 1995 book takes into account research developments and reflects modern emphasis on evidence-based practice.

She firstly sets out the rationale for relaxation as a therapeutic tool, evidenced through the links between stress and illness. I have taught the physiological basis of stress to BSO students for over 10 years and have never before read such an elegant review of stress as a concept.

Next follows a series of chapters detailing what can be done about stress using both a somatic approach and a cognitive one. For example, progressive relaxation, tense-release, Mitchell method and stretching (all somatic) and visualisation, autogenics, and meditation (cognitive). "Deep" vs "brief" forms of relaxation are discussed, as are more generalised issues such as the psychodynamics of physical exercise and breathing. For each technique the underlying rationale, clinical indication and evidence base is presented and no single approach is promoted above another. The efficacy of applying specific techniques to specific "conditions" – migraine, pregnancy and childbirth, anxiety – is also evidenced.

Schedules and scripts are provided, making the techniques easier to put into practice. However, there are potential pitfalls to "having a go" with patients. Ms Payne describes these and any particular contraindications inherent with some of the methods.

With a clear style and presented with appropriate illustrations and photographs, this is a tremendous bench text.



Books are available from
Osteopathic Supplies Ltd
Tel: 01432 263939, online shop: www.o-s-l.com



Call me a fool ...

Steve Orton DO, Hampshire

Last year in a mad moment I decided it would be a good idea to challenge myself, so I decided to do a masters degree. I know most of you are probably thinking ... "Fool!". But there is method in my madness. After nearly 10 years in practice, I was starting to feel a little bored and needed a challenge. I know I could have read *War and Peace*, but hey, if you are going to do something it may as well be a real challenge!

So I looked at all the available courses, and the Leeds Metropolitan University course in association with the Osteopathic Sports Care Association (OSCA) gave me everything I was looking for – a focus for my interest in sport and an opportunity to expand my osteopathic knowledge.

Therefore, last October with my new satchel and lucky gonk in tow, I started my **MSc in Osteopathic Sports Care**. As I entered the university, a smell hit me and I found myself feeling age five again on my first day at school. I am sure either all educational establishments use the same cleaning products or students just smell the same at any age.

Having had best part of 10 years out of education, to start learning again was scary, but we were all in the same boat with varying degrees of experience. Once we had all got together we started with our first module, the dreaded research methods! This is essential, but being of an age where I didn't have to do statistics, I struggled. All the toys left the pram on several occasions.

Having finished my first, very intense weekend and having numerous new research-related words, with far too many syllables, ringing in my ears, I left for home. Once I had a chance to reflect, I realised I was learning something, I had been enthused by my fellow students, the quality of the lecturers, and had had a thoroughly good weekend.

The study weekends are approximately once a month, and they are intense. But the subjects are varied, with

everything from how to write a questionnaire through exercise physiology to how to set up a bike! We have had numerous, superb lecturers including physiologists, psychologists and the great and the good of osteopathy, from Eyal Lederman to Laurie Hartman.

We not only learn a huge amount of information but

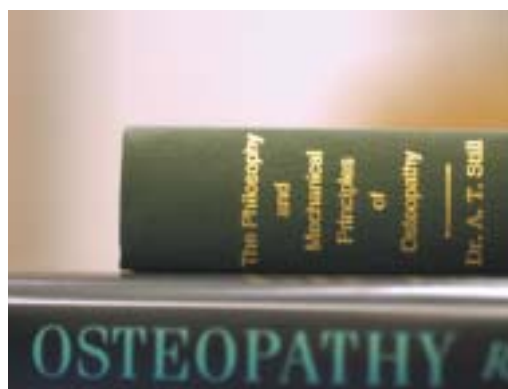
we also have fun. The city of Leeds has also really impressed and so far, it hasn't even rained.

The assignments are tough and the amount of study time required is way more than I imagined, although I probably did go into it lightly and underestimated how much was involved. But more importantly, I underestimated how essential it would prove to be and the huge

benefit it has been to everyday practice.

I would like to think I kept reasonably up to date. I read the journals etc. but the MSc has shown that I am not up to date, and there is a vast array of easily accessible and cutting edge information out there. I am now into my second year, more enthusiastic than the first and actually looking forward to doing the research. Maybe I am a fool!

If you are in practice and feel you are going through the motions, for your sake and that of your patients, look at the MSc. It will challenge, infuriate and surprise you. And you will earn lots of CPD hours to boot! Give it a go – YOUR PROFESSION NEEDS YOU!



There will be an OSCA MSc open day at Leeds Metropolitan University on 29 April for anyone interested in undertaking the course. The day will include introductory lectures, a guided tour of the facilities and some practical demonstrations.

Please contact Ian Whyte at Stone Osteopaths, 19 Lichfield St, Stone, Staffs, ST15 8NA, or tel: 01785 816481, or email: m.gray@leedsmet.ac.uk for further details.

ESO 5th International Conference

The European School of Osteopathy (ESO) will hold its 5th International Conference from 22–25 June 2006, in Boxley, Kent. The event, 'The Dimensions of the Palpatory Space', will be chaired by Renzo Molinari and will feature a variety of speakers and workshops.

Last year, over 350 delegates attended from 31 countries. Simultaneous translation will be available in several languages and interpreters will be available in all

workshops. Conference delegates are invited to meet guest speakers on the Thursday evening and also to the gala dinner on the Saturday evening.

The cost is from \$450 for 4 days including all refreshments and gala dinner. Conference programmes and further details are available from Corinne Jones, International and Postgraduate Manager, The European School of Osteopathy, tel: 01622 671 558, www.eso.ac.uk.

Postgraduate Certificate in Clinical Education

The College of Osteopaths' Clinic Director, **Tracy Stokley**, and Senior Clinic Tutor, **David Lintonbon**, were the first osteopaths to complete the University of Brighton's Postgraduate Certificate Course in Clinical Education.

The course is designed for any health-related professional who has responsibility for facilitating student learning in the clinical setting. It runs in semi-distance learning mode with students required to complete three core modules, each with an attendance requirement of two and half days. Each module is supported by an experienced team of academic staff and

also by a student-centred learning text.

Tracy and David found the course to be very helpful in consolidating and formulating their roles as clinical tutors, which, in turn will benefit students and staff. They note that the course is specifically aimed at a hands-on, therapy-based teaching approach that it is perfect for the profession. **Professor Ann Moore**, Head of the Clinical Research Centre for Health Professions, hopes that more osteopaths will join the certificate programme in the coming years and share experiences of student learning in the clinical setting.

OSTEOPATHY CLINIC IN SCOTLAND

DO YOU WANT

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- (>2000 pts on database)
 - Have Business Development Support?
- Have Osteopathic Support?
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Reply in writing, with CV,
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Activate Your Core Potential

PILATES MAT COURSE CERTIFICATION

4 Day Intensive Training

Dates: March 17-20

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8 Day Intensive Training

Dates: March 21-28

These courses include anatomy, biomechanics, cueing/imagery techniques, & exercise instruction based on pilates principles covered in length to educate you and prepare you for Pilates Mat & Equipment class instruction utilizing the primary principles of anatomy & biomechanics required for safe, correct movement which can be taught in a class or one-to-one basis. The pilates equipment course covers exercises on the reformer, Cadillac, chair, and ladder barrel.

Special populations pilates courses will be offered for: Pre/Post Natal, Sports Specific, Elderly, and Children. Contact us for more details on dates & times.

Course Location: Total Body Approach, 5 Alva Street, Edinburgh, Scotland EH2 4PH

0131 220 3838

enquiries@totalbodyapproach.com

www.totalbodyapproach.com

PilatesTherapy
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Instructors:

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Brain food from Vasyli

Vasyli One Day Workshops 2006 Lower Limb Biomechanics

CPD Value
6 points*

Join one of our highly regarded workshops and learn more about Lower Limb Biomechanics from the experts

Now in their 12th year, Vasyli Workshops have provided an introduction to the theory and techniques of lower limb biomechanics for thousands of healthcare professionals. Our 'hands-on' courses give you the chance to participate in the practical application of assessment and measurement techniques.

Level 1: Introductory Rear Foot Mechanics

Topics include: Subtalar Joint function/dysfunction and evaluation and Gait Cycle; Common conditions associated with biomechanical dysfunction – *Plantar Fasciitis, Heel Spurs, Achilles Tendonitis, Shin Splints, Knee Pain, Lower Back Pain and Leg Length Discrepancy.*

Practical work includes: Hands-on STJ Neutral, taping, heat moulding and fitting orthosis.

Level 2: Introductory Fore Foot Mechanics

Topics include: Fore foot mechanics and 1st Ray function and evaluation; Common conditions – *Bunions, Metatarsalgia, Morton's Neuroma, Hallux Rigidus/Limitus, Hammer-Claw-Mallet toes, Fore foot Varus/Valgus, Plantarflexed/Dorsiflexed 1st Ray.*

Practical work includes: Hands-on assessment of the fore foot, fore foot neutral, measurement techniques, wedging and troubleshooting.

Workshops cost £100 inc. VAT per delegate per course. Or, book both Level 1 and 2 at the same time and pay just £180 inc. VAT. This includes lunch and refreshments, lecture notes and certificate of completion.

For more information or to reserve your place – call Julia Tanner on 01280 843878 or visit www.canonbury.com/workshops



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Back chat

Your letters



Dear Editor

I would like to thank those colleagues who joined in, commented on, and tried to assist in, my search for an acceptable **definition of osteopathy**.

My quest continued until I attended the BOA conference in October last year and heard a comment attributed to John Wernham which seemed to sum up everything I had been trying to say in a nutshell.

"The role of the osteopath is to make life a little more comfortable for the patient"

For me that suffices! This is exactly what I attempt to do with every patient encounter. Mind, body, spirit, all encompassing, all inclusive, and by all means available to me. I believe everyone has the capacity to improve their potential from whatever state they are in.

So there we are. What started as a full page of loquacious diatribe from me can be whittled down satisfactorily to just one line. Perhaps science and 'progress' don't always hold the answer?

Robin Shepherd DO, West Sussex



Dear Editor

I read with interest **Caroline Penn's** report of the 8th International Congress of the German Osteopathic Association (*The Osteopath*, Volume 8: Issue 10, December '05 / January '06). In particular I was interested in the reported views of Professor Michael Patterson regarding osteopathic research methodology.

It is suggested that emphasis in efficacy studies should be placed on methods which do not factor out placebo effects or other non-specific effects of hands-on treatment. This, as is pointed out, depends on the question one wishes to ask. However, "What is the effect of an osteopathic treatment?" is not the most important efficacy question to ask. More important is the question "What effect comes from the uniquely osteopathic character of treatment?" i.e. osteopathic technique applied according to an osteopathic theoretical model. This is the only way to begin to validate our theoretical constructs and our technical approach. It is essential, for this knowledge to be had, to separate out placebo and non-specific responses.

In this case, hands-on, but non-specific, sham treatment is clearly more suited as a control than no treatment. Some might consider this idea "reductionist", yet most of us use specific techniques according to a theoretical model, which we believe produce better results (in conjunction with an empathetic hand), than the simple laying on of that hand alone. If not, why use them?! The placebo response is not in doubt. Additional effects of the specific technical approach may be. In another age Littlejohn wrote: "Osteopathically we are attempting to reduce an art to a science". Today he would be criticised for such a "reductionist" view. Isn't life strange?

Robert Hale DO, Ibiza

Primary Care 2006

The 2006 Primary Care Conference & Exhibition will be held at the National Exhibition Centre, Birmingham on 4-5 May. The GOsC will once again be exhibiting at the event as part of our efforts to raise the profile of osteopathy amongst key decision makers in the healthcare sector. Last year the event attracted more than 4000 GPs, PCT and primary care managers, pharmacists, nurses and Allied Health Professionals. Should you wish to assist the GOsC staff on the stand, contact the Communications department on ext. 222 or email: nicolet@osteopathy.org.uk.

Courses 2006

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

OTII: 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.

Phase1: A Biodynamic View of Osteopathy in the Cranial Field

10–13 February

Tutor Christian Sullivan. To be held at Croydon Hall, Somerset. Contact: tel: 01225 868282, email: enquiries@churchstreetpractice.co.uk.

An Approach to Whiplash

18 February

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

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).

The Haematological Assessment of Musculoskeletal Disorders

21 February

Speaker Professor Keven Cheah, Orthopaedic Consultant. Organised by Essex Osteopaths. 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.

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 Association (OSCA)

28 February

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

Osteopathy in the Cranial Field

4 March

Course leader Nick Woodhead. To be held at The British School of Osteopathy, 275 Borough High Street, London SE1 1JE. Contact: Gayda Arnold tel: 020 7089 5315, email: g.arnold@bso.ac.uk (website: www.bso.as.uk).

Integrated 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).

Maxillofacial surgery – 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.

Treating the Liver

18 March

Speaker Phil Austin. Organised by Osteopathic Professional Educational North Ltd. To be held at Leeds University. Contact: tel: 01423 523 366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk).

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.

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).

Cranio-Sacral Therapy – Introductory Day

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.

Osteopathic Approaches to the pregnant patient Parts 1 & 2

1–2 April

Speaker Averille Morgan. Organised by Osteopathic Professional Education North Ltd. To be held at the Osteopathic Centre for Children, Phoenix Mill, Manchester. Contact: tel: 01423 523 366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk).

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 Atlee. 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).

"Getting to the core of the matter" Back Rehab

8 April

Speaker Matthew Walden. Organised by Osteopathic Professional Educational North Ltd. To be held at Leeds University. Contact: tel: 01423 523 366, email: mail@open-ed.co.uk (website: www.open-ed.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).

Refining Technique – The Lower Extremity

13 May

Speaker Prof. Laurie Hartman. Organised by Osteopathic Professional Educational North Ltd. To be held at Leeds University. Contact: tel: 01423 523366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk).

Module 4 – WG Sutherland'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 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).

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.

Module 2/3 Osteopathy in the Cranial Field

3–7 July

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

RECRUITMENT

OSTEOPATH EXPERIENCED with mums, babies and children required for maternity cover for busy Obstetric / Paediatric practice in Oxford for 2 days a week from April 06. for approx 5 months with possible assistantship thereafter. Contact Rosalind Jones on 01865 778 064.

ASSOCIATE OSTEOPATH REQUIRED ASAP for friendly, well established, multi-disciplined Lincolnshire practice. 4/5 days, between two sites. Paediatric/cranial experience an advantage. Transport essential, accommodation available. Tel: 01507 608166 or email ann@broadbank.go-plus.net

MIDLANDS CLINIC Associate Osteopath required to join our two well-established (structural) clinics. Working alongside a state registered chiropodist/podiatrist, acupuncturist and Pilates instructor, we are looking for a superb communicator as well as clinician. BUPA registered. Willing to learn dry needling. Initially two half-days per week, but scope to grow. Start date TBA. Please reply with CV to: Paul Clusker, The Back Care & Acupuncture Clinic, 15 Kings Road, Sutton Coldfield B74 3EW.

ASSISTANT REQUIRED in Swindon, Wilts, Mondays and Thursdays to run and build practice in Major National company HQ. Facilities include restaurant, starbucks, Gym, Tennis etc. Good percentage of fee to start. Tel: Stuart McGregor 01235 768033

OSTEOPATH REQUIRED to take over existing patient list in busy practice in Liverpool, working between 2 centres 5 full days, predominantly structurally based. Please contact Mrs Vicky Thomas 077 689 13503.

LOCUM REQUIRED FROM EASTER TO END OF SEPTEMBER. We require an Osteopath with some experience in both structural and cranial technique to cover the principal's list on Mondays, Tuesdays, Wednesdays, and Thursdays. Accommodation is provided. Lovely position in Conwy, North Wales. CV to teresa@deganwydoc.freeserve.co.uk

OSTEOPATH WANTED to join well-established, small, friendly, multi-disciplinary practice. 2-4 days per week, 6 months to long-term. Enthusiasm plus skills with cranial work essential, support offered. Accommodation possible. Please send C.V. or contact Caroline Bordon, 88 London Rd, King's Lynn, Norfolk PE30 5EU, 01553 769331.

ASSOCIATE OSTEOPATH REQUIRED for 2/3 half days per week in newly refurbished multidisciplinary clinic in Birmingham. CPD Support. Good remuneration. Enthusiasm, flexibility, excellent people skills essential. Please contact Claire on 07773355854 or Claire@ukosteopath.com

ASSISTANT REQUIRED for 2-3 days in busy friendly clinic in Camberley Surrey. Includes Saturdays. Min 2 year contract. Accommodation available above clinic if required. Please send CV's to S Green at; 272 Gordon Avenue, Camberley, Surrey GU15 2 NU

ASSISTANT OSTEOPATH(S) required 1-5 days per week in friendly, busy, established practices, to replace emigrating Osteopath. Located west of Birmingham and in Worcestershire, working alongside very experienced osteopaths. Would suit person interested in treating a variety of complaints, learning, sharing knowledge and skills. Tel: 0121 550 1558 anytime, ask for Mark.

OSTEOPATH REQUIRED to assist in busy Derbyshire Clinic, initially for Wednesdays and Fridays but with the strong possibility of more work. Good soft tissue, structural skills and an interest in sports injuries and rehab preferred. Please apply with CV to Joy Potts, Enjoy Sport Ltd, 2 Ash Close, Allestree, Derby. DE22 2JF

WANTED. OSTEOPATH, 8 years experience relocating to Northern England. Assistantship sought, pref. Full-time but anything considered. Please tel. or text 07810 735 218

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

COMMERCIAL

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

PRACTICE FOR SALE excellent rural practice in Lincolnshire for sale due to retirement. Established many years with very large patient base. Ground floor High Street premises. High fees and low overheads. Write to box No 5376

GOODWILL FOR SALE: GILLINGHAM / KENT. Cranial and structural practice established within a Friendly environment as a part of the sunlight center, very little overheads and good referral from medical network: GP, Nurses, Health Visitor, Midwives. Contact Xavier on: 07729398425 or bodylinks@fmail.net

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

PODIATRY CLINIC opening March 2006 Abingdon Oxon area. Ground floor treatment rooms available. Very reasonable rental, free parking Tel: Tess 07976 974115 Evenings 01235 526505

PLINTH FOR SALE. Two section, hydraulic 'Plinth 2000' Eighteen months old, hardly used / immaculate condition. Offers in region of £400. Buyer to organise collection from Cheltenham. Phone 07803 297 775 after 7pm.

LONDON WEST END: Pleasant air-conditioned furnished room and facilities available on a sessional basis for an established osteopath. Ideal situation near Baker Street Station, buses, taxis, car park and shops. Tel: 020 8201 7200 or 07984801231 day or evening.

GOODWILL FOR SALE: Rented practice room located in health and leisure suite at 'Foxhills', a prestigious resort nr Chobham, Surrey. Established 8 years. Plinth, supplies and good secretarial services included. Good opportunities for expansion. Reasonable offers invited. For all enquiries contact Simon Kemp. Tel: 07789 038 226. Email: simon@kemp1933.freeserve.co.uk

COURSES

OSTEOPATHIC CENTRE FOR ANIMALS. Postgraduate diploma in osteopathy for animals. New 1 year course starts July 2006. Learn to apply your osteopathic skills to the treatment of horses and dogs using traditional osteopathic principles. For information contact STUART MCGREGOR DO. Tel: 01235 768033 Email: Wantageclinic@msn.com

11/12 MARCH 2006 - Scottish Massage Therapists Organisation Conference with Jim Waslaski (USA) in Edinburgh. Orthopaedic Massage and Pain Management of Upper Limb. Extra workshop in Aberdeen on 18/19 March on Lower Limb. For further details contact SMT0 on 01224 822960 or info@scotmass.co.uk

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Up to 40 words – £40, thereafter 20p per word



SUTHERLAND Cranial College

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3 on the SCC Pathway

A five day residential course

Course Director: Tim Marris DO, MSCC

6-10th April 2006

Columbia Hotel, London

48hrs CPD Fee: £1290

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

Module 4 on the SCC Pathway

A four day residential course

Course Director: Susan Turner MA, DO, MSCC

Evening 18th-21st May 2006

Hawkwood College, Stroud

32hrs CPD Fee: £1025

IN RECIPROCAL TENSION

Module 5 on the SCC Pathway

A three day residential course

Modules 2 and 3 have to be completed first.

Course Director: Jeremy Gilbey DO, MSCC

8-12th June 2006

Le Hameau De L'Etoile, near Montpellier in France

24hrs CPD Fee: £795

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3 on the SCC Pathway

A six day non residential course

Course Director: Peter Cockhill DO, DPO, MSCC

2-4th and 16-18th September 2005

Columbia Hotel, London

48hrs CPD

FOUNDATION

Module 1 on the SCC Pathway

A three day residential course

Course Director: Alison Brown DO, MSCC

6th-8th October 2006

Tavistock, Devon

32hrs CPD

THE SPARK IN THE MOTOR

Module 7 on the SCC Pathway

A three day residential course

Course Director: Peter Armitage DO, DPO, MSCC

3rd -5th November 2006

Columbia Hotel, London

24 hrs CPD

SCC Administration, PO Box 91, NP16 7ZS

Telephone: 01291 689908 Fax: 01291 680056

Email: admin@scc-osteopathy.co.uk

Website: www.scc-osteopathy.co.uk

City & Guilds Accredited Teacher Training Centre. Charity No 1031642

Howard Dananberg, renowned worldwide for development of the concepts of Functional Hallux Limitus and the relationship of gait style to Chronic Lower Back Pain...

...and now, member of the Vasyli ThinkTank

Award winning podiatrist Dr. Howard Dananberg is renowned for his work on the development of the concepts of Functional Hallux Limitus, Sagittal Plane Biomechanics and Gait-related Lower Back Pain. Dananberg, named one of the most influential podiatrists in America by Podiatry Management Magazine, is a founder member of the new Vasyli 'ThinkTank'. The ThinkTank has been created to be at the heart of Vasyli, influencing research, product development, practitioner and patient education, knowledge sharing – in fact, every area of operation.

Howard Dananberg's involvement in the Vasyli ThinkTank will act to accelerate innovation in advanced orthotic design and provide new treatment paradigms for podiatric and postural dysfunction.



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