

the OSTEOPATH

The magazine for Osteopaths

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In Council

**Legislative Review 2005:
your views**

***Osteopaths Act NOW!*
campaign**

London Marathon

**Systematic Reviews
explained**



Pulling together

GENERAL OSTEOPATHIC COUNCIL



The General Osteopathic Council

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Registrar's report

The only possible opening to this month's Registrar's Report can be to say how heartening it is to see this great profession, once again, making its mark. There has been a fantastic response to the 'call to arms' (Foster: *Osteopaths Act NOW!* campaign), with 1335 of you supporting a future for the profession and your patients, which requires the protection and delivery of osteopathic standards as paramount. After decades of struggle to achieve independent, statutory self-regulation, the majority are not prepared to accept anything less. Eight osteopaths, however, who are equally entitled to their say, have let us know that they feel change presents a welcome opportunity and we know of two who are as yet undecided. Sarah Eldred gives an update on meetings secured with Ministers and MPs following the many letters we have all sent to alert them to our concerns.

Turning then to another joint initiative, the Legislative Review Consultation. Last week I saw an unattributed quote, with which I have to admit feeling some empathy: "When all is said and done at a committee meeting, you generally find more was said than done"! This was certainly not the case, though, when Council met to discuss the feedback from the Legislative Review Consultation. A lot was said, yes, but many decisions were reached too.

What made this such a successful debate was the excellent 25% response rate. So a big thank you to all who rose to the challenge. I think that even more than this became involved and gave their input; either by contributing to the debate with fellow osteopaths, and/or attending the Regional Conferences. Additionally, the overall quality of response made for interesting discussions amongst Council Members, who found favour for many of the counter proposals suggested by



the profession. Abi Masterson has distilled her report and Council's decisions into a feature on page 8.

The full report is 21 pages long (available on the GOsC website (www.osteopathy.org.uk) or, on request, by post), so the feature in *The Osteopath* is, by necessity, an overview. It reports the feedback and decisions, but cannot

address the detail leading to these outcomes. There will also be subsequent work needed to determine how best to implement the proposals. Even then, the Department of Health solicitors may challenge what we all seek and some eventual changes may not resemble the proposals. The Foster factor, of course, also impacts on all of this

Whilst on the subject of consultations, you may recall that the South Wales Osteopathic Society (SWOS) wrote to the GOsC some time ago expressing concern about areas of the *Code of Practice* and *Obtaining Consent* leaflet, which were introduced in May 2005. It was clear that a lot of hard work had gone into the preparation of this constructive letter and a considered response was merited. With the help of many others, I have now prepared a detailed response to the letter, addressing each of the Society's concerns, with thanks to SWOS. This extensive response will be available on the GOsC website and in hard copy on request (ext. 242).

Finally, and frustratingly, it looks as if we shall have to wait further, following the Government's recent 're-shuffles', for an announcement on the Foster Review. On the plus side, this gives more time for you to have your say. So, if you have not yet responded to the '*Osteopaths Act NOW!*' campaign, there is still time. We will endeavour to keep you up-to-date through the GOsC website.

Madeleine Craggs,
Chief Executive & Registrar

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In Council

Jane Quinnell, Clerk to Council

The 49th meeting of the General Osteopathic Council took place on Tuesday 21 March 2006 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted included:

Chairman's Report

2006 Elections

Confirmation of the result of the 2006 Elections (see p 8 *The Osteopath*, April 2006). The five new Council Members designate attended the meeting, as observers, as part of their induction.

Foster Review

The delay in the Chief Medical Officer's Review of the General Medical Council and the consequent delay in the publication of the Foster Report. In the Private Session of Council, Members agreed to action for political lobbying and communication of the situation to the profession, through a joint letter with the British Osteopathic Association.

Research Meeting between the GOsC and the National Council for Osteopathic Research (NCOR) held on 23 January 2006

The five conclusions reached at that meeting:

- Funding was required to facilitate and make effective use of the 12 existing Research Hubs and NCOR would provide details of the level of annual funding necessary to facilitate these Hubs, with a view to increasing future funding from the GOsC.
- GOsC would provide funding to facilitate possibly three "super-hub" workshops per year, based on a cost estimation provided by NCOR. Professor Moore would facilitate these super-hub workshops.
- The proposal for the Standardised Data Collection project would be resubmitted to Council with the assistance of two Members of Council.
After note: *see below where Council affirmed its decision to make funds available for the project.
- NCOR had withdrawn its original proposal for the Adverse Incidents Project. A sub-group had been formed to take the project forward and a project proposal / funding request may follow.
- Several members of the Education Committee volunteered to help NCOR develop other proposals for funding consideration.

Legislative Review

The presentation, by Ms Abi Masterson of Abi Masterson Consulting, of the results of the Legislative Review Consultation. Agreement was obtained to any



proposals that were clearly supported i.e. where more than 60% of respondents voted in favour of a proposal – subject to any exceptions or qualifications identified by Council. These represented the majority of the proposals.

Consideration was given to the 'opposed' proposals, where more than 50% of respondents voted against a proposal, and 'contentious'

proposals where less than 60% of respondents were in favour or no clear result was evident – subject to any qualifications identified by Council.

A little more work is required on drafting before proposals are submitted to the Department of Health. A full report appears on pages 8-12.

Election of the Treasurer

Mr John Chuter was elected, unopposed, as Treasurer for another three years.

Financial matters

Management Accounts

Management Accounts Highlight Report for the ten months to 31 January 2006.

Council and Committee Costs and Associated Allowances and Expenses

The Remuneration Committee's recommendation, to freeze the levels of reimbursement for another year, was agreed by Council.

2004/07 Business Plan and Budget for 2006/07

The Exception Report for the 2005/06 Business Plan.

The Budget was reviewed and considered to represent a proper justification of the costs of activities required to meet the strategic aims and the objectives of Council. The Budget was commended to Council by the Finance & General Purposes Committee and was subsequently ratified by Council for inclusion in the Business Plan.

Bids for special projects from the accumulated funds

Council reaffirmed its earlier decision to make funds available for two projects:

- *Standardised Data Collection; and
- Medico-legal training for osteopaths.

The projects would now be taken forward.

Council for Healthcare Regulatory Excellence (CHRE)

CHRE Performance Review 2005/06 of the GOsC

The first draft of CHRE's report had just been made available. Some correction was required but items mentioned as 'noteworthy practice' included:

- the nine regional conferences and the programme, including promoting better understanding of the new Code of Practice and the commissioning of the educational films using examples of actual complaints;
- enhancement of the GOsC's Fitness to Practise processes with the recruitment of additional co-opted, independent, lay members to its committees;
- development in the strengthening of the GOsC's policies, changes in the education process and promoting understanding of the osteopathic profession;
- linking the GOsC Corporate Plan to performance measurement, collection of diversity information data, database monitoring of fitness to practise outcomes and development of its indicative sanctions guidance;
- the work involved with the outsourcing of the management of the Recognised Qualification (RQ) and renewal of RQs to the Quality Assurance Agency, and the review of scope of practice;
- strengthening relationships at a European level with the establishment of the Federation of Osteopathic Regulators in Europe (FORE);
- supporting the development of an evidence-base



for osteopathy through the establishment of the National Council for Osteopathic Research; and

- organising workshops with the aim of helping osteopaths to understand the NHS reorganisations and relationships.

Committees and Senior Management Team

Update reports were received on the work of the Committees that had met since the previous Council meeting in December 2005 and on work in progress from members of the Senior Management Team. The full minutes of this meeting will be posted on the GOsC website (www.osteopathy.org.uk) after approval at the next Council meeting.

Future Council meetings

- 15 June 2006
- 19 September 2006
- 5 December 2006
- 13 March 2007

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

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



Yellow Pages deadlines

May		June		July	
Isle of Wight:	04/05/06	Guildford:	02/06/06	Chelmsford	04/07/06
London Central:	09/05/06	Basingstoke:	02/06/06	West London	06/07/06
Peterborough:	12/05/06	Oxford:	09/06/06	Harrow	06/07/06
Newcastle Upon Tyne:	17/05/06	High Wycombe:	09/06/06	Exeter	12/07/06
SW Scotland:	22/05/06	Manchester South:	15/06/06	South East London	17/07/06
South London:	23/05/06	Manchester Central:	20/06/06	Bromley & Bexley	17/07/06
Croydon:	23/05/06	Colchester:	23/06/06	Wakefield	24/07/06
Portsmouth:	30/05/06	Ipswich:	27/06/06	Bristol	27/07/06
		Southend & Basildon:	29/06/06		

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

Amending the Osteopaths Act - your views

Abigail Masterson, Director, Abi Masterson Consulting Ltd

Introduction

This article reports the outcome of the consultation on the Legislative Review carried out on behalf of the General Osteopathic Council by Abi Masterson Consulting Ltd.

25% of osteopaths responded to the consultation, a significant majority of whom supported most of the proposals. The full report of the consultation was discussed at the Council meeting on 21 March 2006 and the decisions made by Council that day and the actions to be taken by the Executive in response to the issues raised by the profession and other stakeholders, have been included in this report. Council was happy with the reasonably high level of participation in the consultation process demonstrated by the profession.

Background

In September 2005, all osteopaths and other key stakeholders (such as professional associations) were sent the Council's proposals on legislative change along with a questionnaire. 874 completed questionnaires were received from osteopaths and five from stakeholders. 99 letters were also received, many of which contained supplementary responses recommended by the British Osteopathic Association. In addition, the proposals were discussed at the 2005 GOsC Regional Conferences. The consultation closed on 10 December 2005. However, late submissions were included in this analysis.

Your views on ...

The Register

80% of respondents wanted the Register to continue to be produced in book form because it is easier to show to patients; neither all osteopaths nor all patients use computers; it is a symbol of the GOsC; and it raises patient awareness of regulation. Council noted the profession's views and will keep the Register in book form for the foreseeable future.

Registration

78% agreed that a Deputy Registrar should be nominated from the Executive. 59% agreed that Council should set the Registration Fee rather than allow it to be set by the Privy Council.



87% thought that those who do not hold a Recognised Qualification and who did not apply during the transitional period and had good reason for not applying, should be allowed to apply for registration. This is likely to affect practitioners who were abroad during the transitional period but who now wish to practise in the UK.

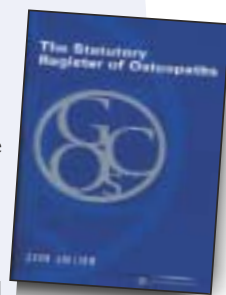
90.5% agreed that 'sufficient health' should replace 'good health' as a condition of registration. 83% thought that individuals who failed to register within a specified period after obtaining a Recognised Qualification should undergo some form of assessment before being registered. 75% agreed that individuals who have previously been registered but have not practised for a specified time should undergo an assessment before being restored to the Register. 84% agreed that EU/EEA applicants whose qualification is below the standard of a Recognised Qualification should be Provisionally Registered. 70% agreed that the maximum allowable period of provisional registration be increased to three years.

Over 60% of respondents agreed that an annual licensing system should be introduced and that practitioners who fail to renew their registration by the due date should lose their registered status on that date. Some respondents expressed concerns about the dangers of administrative errors; the need for flexibility in relation to individual circumstances; the implications for insurance cover; and the process for appeal. Council noted these concerns but emphasised that osteopaths will continue to be given good notice regarding renewal and that there are additional safeguards in place enabling delayed renewal under certain conditions.

Resignation and removal from, and restoration to, the Register

73% agreed that Council should be able to bring fitness to practise proceedings against former registrants in relation to conduct or competence issues that arise from their period of registration as this is necessary to ensure public protection.

Just over half of the respondents agreed that applications for registration should not be considered for a minimum of five years following removal by the Professional Conduct Committee. Those who



disagreed raised concerns that five years was too long – it should depend on the circumstances – and that the key issue was assuring competence. Council noted these concerns but decided that, as practitioners are only removed from the Register for extremely serious offences and the proposed timescale is in keeping with the practice of other regulatory bodies, the original proposal be supported.

Support for the newly qualified

82% thought newly registered osteopaths should be supported during their initial period of practice. However, the profession was divided about whether or not this support should be voluntary or mandatory, and concerns were raised regarding the potential for exploitation, the impact on insurance, the legal implications, and the costs and logistics of operating such a system. Council has therefore charged the Executive to work on proposals for a voluntary scheme of support.



Indemnity insurance

83% agreed that mutual societies should be allowed to provide osteopaths with professional indemnity cover. However, in response to concerns raised, the Executive will undertake further work on the definition of 'properly insured' for consideration by Council at its June 2006 meeting.

Registrar's powers

80% agreed that the Registrar's powers should be directed by a committee. 77% thought the Registrar should be able to place conditions upon an osteopath's practice for the protection of the public. 70% agreed that the Registrar should be able to remove or suspend practitioners from the Register as a result of a failure to comply with such conditions.

The profession was divided as to whether or not an osteopath who is alleged to be a danger to the public should be required to respond to relevant inquiries within seven working days of receiving notice of the allegations against him/her. Those who disagreed were concerned that seven days was too short. Council noted these concerns and agreed to amend the proposal to 21 days.

Appeals

86% agreed that the Appeal Tribunal should hear appeals from decisions of the Registrar. 70% agreed that an Appeal Fee should be introduced to deter unmeritorious appeals and 82% agreed that this fee should be refundable to successful appellants.

Fitness to practise

76% agreed that the *Act* and *Rules* should be amended to refer to 'complaints' rather than 'allegations'. 65% agreed

that the *Act* and *Rules* should make it clear that Council may initiate complaints on its own volition. 82% agreed that Council should be able to investigate and determine complaints to the effect that an osteopath has been convicted of a criminal offence outside the UK. Nearly two thirds agreed that Council should treat the findings of other statutory regulators as proof of the fact upon which those findings were based, but that the GOsC would still decide whether those facts amounted to professional incompetence or unacceptable professional conduct as an osteopath. Those who disagreed felt that Council should review its own cases and that competence in osteopathy was not necessarily the same as competence in another profession. The Council noted these concerns but supported this proposal because it still allows Council the freedom to decide whether or not these facts amount to unacceptable conduct or professional negligence.

Just over half of the respondents agreed that 'professional incompetence' should be defined as a failure to comply with the requirements of the *Standard of Proficiency*, and be included within the description of unprofessional conduct. Many of those who disagreed expressed concerns about the current *Standard of Proficiency*. Council noted these concerns but decided that, as the *Standard of Proficiency* was due to be reviewed and work was currently underway with other health professions' regulatory bodies to develop a common and easily understood term for 'professional incompetence', this proposal should stand.

Screening and investigation

Over half of the respondents agreed with the proposal to abolish the Screener's role and to replace it with a process to be undertaken by Executive staff. 91% agreed that if the Investigating Committee (IC) finds that there is no case for the osteopath to answer, it should provide its reasons to the osteopath and complainant.

80% agreed that the Investigating Committee should be given power to dispose of cases by way of Order by Agreement, whereby an osteopath would have the choice, in certain circumstances, whether or not to accept a specified sanction without the need for a full hearing. 81% agreed with the proposal that the Investigating Committee should be given power to dispose of cases by way of Advice Letter, whereby the IC would merely advise the osteopath how to avoid future referral to the fitness to practise process where it believes that a sanction is not warranted. 68% agreed that the Investigating Committee should be able to summon documents. 70% agreed that the Investigating Committee should have the sole authority to instruct lawyers to draft charges.

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John Ruskin



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A new Fitness to Practise Committee

86% agreed that the Professional Conduct and Health Committees should be merged to form a single Fitness to Practise Committee and 71% agreed that the procedure for appeals against decisions of the Fitness to Practise Committee (whether they relate to health or conduct) should be consolidated into a single process i.e. appealed to the same forum. The Council noted that as the Government is currently reviewing the adjudication process in regulatory bodies, it was not necessary to make a decision on this proposal at this time.

Suspension

Fewer than half of the respondents agreed that a suspension imposed by another statutory healthcare regulator should act as an interim suspension of a dually-qualified osteopath from the GOsC Register. Concerns raised included the need to judge each case individually, that context is important and the need for speed in decision-making. Council noted these concerns and recommended that this proposal be withdrawn pending further discussions with the Council for Healthcare Regulatory Excellence.

Fewer than half of the respondents agreed with the proposal to extend the term of an Investigating Committee imposed suspension from two to 18 months as they felt it was too long. To ensure enough time for thorough investigations, Council agreed to extend the term of an Investigating Committee interim suspension from two to six months and asked the Executive to undertake further work on the review process to be presented at the June Council meeting.

78% agreed that the Investigating Committee should be able to impose an Interim Practice Order as an alternative to an interim suspension. 62% agreed that a new Interim Suspensions Committee should consider interim suspensions.

Sanctions

Over 75% agreed that the range of sanctions available to the Professional Conduct Committee should also include: Reprimand; Immediate Suspension and Declaration of Unfitness. 84% agreed that the Professional Conduct Committee should have the option not to impose a sanction after a finding of guilt. 61% agreed that the maximum period of a Conditions of Practice Order and a Suspension be extended beyond the current three years.

Fewer than half of the respondents agreed that the Professional Conduct and Health Committees should be able to impose conditions on an osteopath's practice for an indefinite period. Many of the concerns expressed were related to the need for regular review and an appeal process. Council agreed, therefore, that further work should be undertaken to develop a review process to be presented to Council in June.

78% agreed that Council should be able to remove or suspend an osteopath from the Register for breach of a Conditions of Practice Order. 82% agreed that the Professional Conduct Committee should, in appropriate circumstances, give guidance to an osteopath who has been acquitted, and 72% thought this guidance should be stated in an Advice Letter.



Protection of title

83% agreed that the use of terms such as 'osteopathic treatments', without a suitable disclaimer, should be prohibited. 79% thought that individuals should bear the responsibility to take reasonable action to prevent themselves being described as an osteopath by someone else. 76% agreed that organisations that do not solely represent osteopaths (i.e. registered with the GOsC) should be prohibited

from using the term 'osteopath' in their name or from otherwise purporting to represent osteopaths, unless approved by Council. 80% thought that a breach of section 32(1) of the Act should be included in the Trading Standards Department's list of offences and 70% thought that Council should be allowed more than six months from the alleged breach to investigate and begin a prosecution. 72% agreed that Council should be listed in Schedule II to the *Regulation of Investigatory Powers Act 2000*.

The Statutory Objectives of the General Osteopathic Council

76% agreed that Council's Statutory Objectives should be: protecting the public; setting standards of osteopathic education, practice and conduct; developing the profession of osteopathy, and promoting the profession of osteopathy so that its contribution to the health of the nation is understood and recognised; and that these should be explicitly stated in the Act. 65% agreed that as continuing professional development (CPD) is already a requirement for osteopaths, it should be explicitly referred to in the Act. Although the Legislative Review

consultation document proposed that section 17(1) of the Act be amended to explicitly provide for rules requiring osteopaths to undertake CPD and revalidation, Council agreed that this proposal be withdrawn as the government is still considering the role of revalidation for health professionals in general.

Council Membership

80% agreed that Council Members should complete their term of office when they attain the age of 70. 85% agreed that Council Membership should be rotated. 84% agreed that the Council Chairman's term of office should be the same as that of other Council Members. 76% agreed that Council Members should be restricted to two consecutive terms of office. 73% agreed that Council should assume the Education Committee's current responsibility for appointing Education Members of Council. 64% thought that Council should be required to consult the Education Committee before appointing Education Members of Council. 63% agreed that the requirement for one elected Member of Council to be a registered medical practitioner be removed.

63% agreed that the requirement for the Professional Conduct and Health Committees' panels to include Council Members be removed. 73% agreed that the Chair of Council should not sit on a fitness to practise committee. 72% agreed that the committee should elect a chair from amongst themselves. 60% agreed that the members of the fitness to practise committees should not elect their chairs from elected Members of Council.

Committee quorum

78% agreed that the quorum of a fitness to practise committee should be set at five but only 53% agreed that there should be a lay majority. Those who disagreed were concerned that lay members were unlikely to have sufficient knowledge and felt that having a majority of lay

members undermined the principle of self-regulation. Council acknowledged that the osteopath members on the fitness to practise committees made invaluable contributions to the process, particularly in relation to issues of competence. However, because the proposal was merely articulating what currently happens in practice i.e. the Professional Conduct and Health Committees have three lay members and two osteopath members, Council agreed that it was important to enshrine this in the *Act*.

66% agreed that sitting committees should be limited to their quorum. 67% agreed that the Chairs should lose their casting vote. 59% agreed that committee members should be prevented from abstaining. However, others felt that being able to abstain was important and that abstention provided a necessary safeguard. Council noted these concerns and rejected this proposal.

80% agreed that the Professional Conduct Committee should co-opt more members to enable prompt convening. 75% agreed that an even mix of professional and lay members should be co-opted.

86% agreed that all legal and medical assessors who advise the fitness to practise committees should be independent of Council.

Our thanks to you

A 25% response to a consultation by any profession is staggeringly high. Many regulatory bodies achieve fewer than 10%. Osteopaths are to be commended on their concern about their professional issues and on the amount of time, thought and effort taken in responding to such detailed and lengthy consultation documents.

The next stage in the Legislative Review process is for the GOsC to present proposals on which they have consulted to the Department of Health (DH). The DH will then begin the rather slow process required to bring about legislative change.

GOsC response to SWOS letter

You may recall that the South Wales Osteopathic Society (SWOS) wrote to the GOsC some time ago expressing concern about areas of the *Code of Practice* and *Obtaining Consent* leaflet which were introduced in May 2005.

Chief Executive and Registrar Madeleine Craggs has prepared a detailed response to the letter, addressing each of the Society's concerns. This extensive response will be available on the GOsC website (www.osteopathy.org.uk) and in hard copy on request (ext. 242).

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

Ethical considerations in charging fees

David Simpson, Head of Legal Affairs

Code of Practice: clause 128 – "All osteopaths should charge fees responsibly and in a way that avoids bringing the profession into disrepute. You should make available information, in advance of consultations and treatments, on the fees you charge, indicating what each fee covers. Your fee rate should refer to the treatment you provide and should not be inflated in respect of patients whose treatment will be paid for by an insurance company or other third party."

Osteopaths have freedom of contract to charge whatever level of fees they wish. This is a purely commercial matter and of no concern of the GOsC. However, the manner in which fees are charged is a matter of professional standards and is within the GOsC's jurisdiction. For example, few could doubt that invoicing an insurance provider in the name of one osteopath when another osteopath carried out the treatment is dishonest and unprofessional.

Likewise, sham arrangements, such as permanent 'discounted' rates for cash-paying patients, when insurers pay the 'full' rate, are equally unbefitting a professional and reflect badly on the profession as a whole.



Health insurers usually set a financial limit on the amount of care that patients can receive under their policies. This is not free money because patients pay insurance premiums, some for many years before needing treatment. By inflating fees for insurance-financed treatment, patients can be deprived of future treatment. If patients are able to ascertain how much they will be charged for treatment before they incur the cost, they will be able to decide whether to pay the treatment fees and claim reimbursement from the insurer, or to arrange direct payment by the insurer of the treatment fees and any additional administrative fee. This requires openness about fee rates. A lack of openness disadvantages patients and brings the profession into disrepute.

The Council is not against osteopaths levying an administration fee in addition to the treatment fee, if it is a true reflection of the extra costs involved in dealing with insurers or third parties, and is made clear to patients prior to treatment.

As in any other aspects of osteopathic practice, it is important to behave ethically when charging for treatment.

Osteopaths Act NOW!

You should have all received the *Osteopaths Act NOW!* Information / Action Pack on the Foster Review of Non-Medical Healthcare Regulation (please contact the Communications Department on ext. 245 if you have not yet received this).

The pack includes information about the Foster Review, what could be at stake for the osteopathic profession from possible Government reforms, and what action is being taken by the GOsC and British Osteopathic Association. The *Action Pack* suggests what direct action osteopaths can take themselves, including lobbying your own political representatives.



Thank you to all osteopaths who have already responded and to those who have written to their MPs. At the time of going to print we had received 1,335 responses from the profession advocating the preservation of profession-led regulation. Eight favour regulation by the Health Professions Council (HPC) as they do not feel they have benefited from profession-led regulation by the GOsC, and two osteopaths are undecided.

If you have not yet returned the feedback form in your pack, please do so now – **MAKE YOUR VIEWS COUNT** (or post your response online at www.foster-action.com). We will count your responses and present your views to Government.

For further details about GOsC activity on this matter, see this month's political round-up on page 17.

GOsC diary April 2006

This diary shows a snapshot of some of the meetings and events 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	Monday	GOsC – RCGP* CAM action group meeting
4	Tuesday	NCOR* bi-monthly meeting NCOR "adverse incidents" sub-group
5	Wednesday	GOsC Professional Conduct Hearing Joint Regulators meeting: Public Patient Involvement
6	Thursday	Regional Conference Working Group meeting: programme development
10	Monday	Foster Advisory Group meeting: Action pack & lobbying strategy
20	Thursday	GOsC – BSD*: Assessment of Clinical Performance
21	Friday	GOsC Chairman and Registrar update
24	Monday	Regional Conference Working Group meeting: programme development GOsC – CHRE*: Healthcare Regulators uniformity of sanctions meeting
25	Tuesday	GOsC 'Good Governing Handbook' development
26	Wednesday	GOsC Practice & Ethics Committee meeting
27	Thursday	GOsC Professional Conduct Hearing GOsC Regional Communications Network meeting: programme development
28	Friday	GOsC Professional Conduct Hearing

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

BSD – British School of Osteopathy
CHRE – Council for Healthcare Regulatory Excellence
NCOR – National Council for Osteopathic Research
RCGP – Royal College of General Practitioners

GOsC Regional Conferences 2006/7

Series I: Autumn 2006

Saturday 30 September 2006	Region 1: Northern England – Leeds area
Saturday 14 October 2006	Region 2: South-West England & South Wales – Bristol area
Saturday 11 November 2006	Region 3: London & Eastern Counties – North London/M25 area

Series II: Spring 2007

Saturday 3 February 2007	Region 4: Central England & North Wales – Kidderminster area
Sunday 4 March 2007	Region 5: Scotland & North-East England – Edinburgh area
Saturday 24 March 2007	Region 6: London & South-East England – Gatwick area

Fitness to Practise report

Kellie Green, Assistant Registrar (Regulation)

Investigating Committee

The Investigating Committee (IC) met on 17 November 2005 and 22 February 2006. At these meetings the IC considered a total of 12 cases and concluded the following:



The PCC found that these allegations amounted to professional incompetence. The PCC considered the mitigation put forward by Mr Dixon and concluded that a Conditions of Practice Order should be imposed. These conditions include supervision by another osteopath and active steps by Mr Dixon to remedy deficiencies in:

- case history taking;
- record keeping;
- differential diagnosis;
- osteopathic and clinical evaluation;
- and
- formulating treatment and management plans.

The Order will cease to have effect when:

- a) Mr Dixon has submitted a satisfactory Personal Professional Portfolio to the Registrar; and
- b) a satisfactory written report has been submitted by the supervising osteopath to the Registrar; and
- c) Mr Dixon has passed a test of clinical competence, thus satisfying the Registrar that he is a safe and competent practitioner.

Mr Dixon has subsequently appealed the PCC's decision in accordance with Section 31(1) of the Osteopaths Act 1993 (as amended).

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	3	1
Professional incompetence	2	1
Unacceptable professional conduct and/or professional incompetence	1	3
Unacceptable professional conduct and/or professional incompetence and/or health	0	1
UK convictions	0	0
Health	0	0

The next meeting of the IC is scheduled for mid-June.

Professional Conduct Committee

The Professional Conduct Committee (PCC) sat on 7 March 2006 to consider a case where it was alleged that the osteopath, Mr Martin Dixon (1/2332/F), had been guilty of professional incompetence. The allegations that were proved related to Mr Dixon's failure to:

- take an adequate case history of his patient;
- carry out an adequate examination of the patient; and
- maintain adequate osteopathic records for the patient.

Regional Communications Network meeting

The GOsC is hosting a Regional Communications Network meeting on Friday 19 May, bringing together regional society representatives from around the country. The meeting, at Osteopathy House, will provide an opportunity for GOsC staff to discuss with representatives key issues currently facing the profession. Osteopaths attending the meeting will be asked to report back to the wider profession during local meetings.

Items on the agenda include: Foster Review update, revised CPD Guidelines, registrants' website and 'Communicating risk' (Clause 20) guidance. Feedback will also be sought from representatives on a number of GOsC projects and activities that are in development. Osteopaths with issues that they would like to be addressed at the meeting should contact their regional representative.



CPDO

2006

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses				
11-12 Nov	IOT I: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
1-2 July	IOT II: Cervical spine, CD and UEX	Prof. Laurie Hartman	£195.00	£125.00
17-18 June	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£195.00	£125.00
7-8 Oct	IOT IV: Developing and advancing osteopathic technique	Prof. Laurie Hartman	£195.00	£125.00
2-4 Nov	Visceral osteopathy: the thorax	Jean-Pierre Barral		Full
21-22 Oct & 25-26 Nov	Osteopathic care in pregnancy & optimal fetal positioning	Averille Morgan	£395.00	£225.00
New dates: 3-4 June & 1-2 July	Osteopathic Neuromuscular "re-abilitation"	Prof. Eyal Lederman	£395.00	£250.00
7-8 Oct & 11-12 Nov	Harmonic technique	Prof. Eyal Lederman	£395.00	£250.00
30 Sept -1 Oct	How to treat sports injuries: the lower body	Chris Boynes	£195.00	£125.00
24-25 June 9-10 Sep	Osteopathic care of small animals	Anthony Pusey	£465.00	£250
18 Nov	Osteopathic care of small animals: Revisited	Anthony Pusey	£105.00	Pay in full
1-2 July	Introduction to cranial osteopathy	Ercilia De Marco	£195.00	£125.00
24 June	Practical ergonomics and musculoskeletal health	Damon Peterson	£105.00	Pay in full
21 Oct	Improving motor control in the elderly: an exercise approach	Dr Dawn Skelton	£105.00	Pay in full
11 Nov	Nutritional assessment practical workshop	Dr. Adam Cunliffe	£105.00	Pay in full
17 June	Introduction to sports taping	Tom Hewetson	£125.00	Pay in full
4 Nov	From treatment to exercise	Matthew Walden	£105.00	Pay in full
Evening courses				
15 June	How to treat: chronic disc	Prof. Eyal Lederman	£40.00	Pay in full
28 Sept	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40.00	Pay in full
26 Oct	How to treat: Tennis elbow	Prof. Eyal Lederman	£40.00	Pay in full
23 Nov	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
11 May	OT IV: Lower back and pelvis	David Tatton	£40.00	Pay in full
1 June	How to treat: Achilles Tendonosis	Chris Boynes	£40.00	Pay in full
Evening lectures				
25 May	Exercise motivation and adherence	Bob Laventure	£20.00	Pay in full
8 June	Prevention of falling and fractures in the elderly	Dr Dawn Skelton	£20.00	Pay in full
22 June	The myth of core stability	Prof. Eyal Lederman	£20.00	Pay in full
5 Oct	Update on mechanisms of pain and pain management	Prof. Martin Koltzenburg	£20.00	Pay in full

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

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Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking. In case of cancellation of courses or lectures all deposits will be refunded. The course organisers reserve the right to change the course contents and substitute leaders without advance notice. The organisers hold no responsibility for the contents and clinical application of the material taught on the courses.

Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Foster Review

Much of our political work this month has focused on coordinating the 'Osteopaths Act NOW!' lobbying campaign. This drive, in conjunction, with the British Osteopathic Association (BOA) seeks to preserve professional regulation for Osteopaths, in the face of possible Government reforms (Foster Review into Non-Medical Healthcare Regulation).

The Chairman's Foster Review Advisory Group (made up of GOsC Council Members and BOA and Osteopathic Education Institution representatives) met for the second time on 10 April – further action to inform osteopaths and lobby Government was agreed. No definitive date for publication of the Review has yet been confirmed, but it is likely that an announcement will be made by June 2006.

The GOsC and BOA have requested meetings with several Health Ministers, MPs interested in health-related issues and Opposition spokesmen.

The *Osteopaths Act NOW!* Information/Action Pack has been mailed to every osteopath. Please contact the Communications Department on ext. 245 if you have not received your pack. See page 13 for further information.

Musculoskeletal Services Framework

The General Osteopathic Council has contributed to the final draft of the Department of Health's Musculoskeletal Services Framework - now due for publication "later this year", according to a recent Government response to a parliamentary question (see below). As part of the Government's Long Term Conditions strategy, the Framework aims to improve care for patients with musculoskeletal disorders by focusing on preventative care and access to more diverse healthcare providers.

The GOsC has impressed upon the Government that if they are to improve care for musculoskeletal patients through the provision of a wider range of services, more explicit reference to the contribution of Osteopathy is essential.

The Framework will be published alongside a patient booklet, information on website resources and guidance for commissioners and health economies.

'Health, Work and Wellbeing' Summit

Following a meeting with the Department of Health on the osteopathic profession's contribution to occupational health, the GOsC has been invited to attend



the Government's 'Health, Work and Wellbeing Summit' on 3 May.

The 'Health, Work and Wellbeing' strategy, launched in October last year 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. With the Government's shift towards preventative healthcare from a wider range of providers, osteopaths can play a vital role. This high level summit, attended by GOsC Chairman Nigel Clarke, brings together key stakeholders from industry, Government and healthcare.

Director of NHS Workforce

Nic Greenfield replaced the Director of NHS Workforce, **Andrew Foster**, at the end of April. The GOsC is due to meet Mr Greenfield to discuss concerns about the Foster Review.

Health and Safety Executive

The HSE issued new guidance on 10 March aimed at preventing back pain and other aches and pains in kitchen staff. In 2004/05, an estimated 2 million people suffered occupational ill health, with back pain and upper limb disorders accounting for around three-quarters of this figure. This guidance complements HSE's Better Backs campaign launched in June 2005.

House of Commons: Parliamentary Questions

Musculoskeletal Framework: Mr Andrew Lansley MP (Con South Cambridgeshire), Shadow Health Spokesman, asked on 26 April when the Department of Health will publish the Musculoskeletal Framework. Minister **Liam Byrne** replied that the proposals are currently subject to comment from key stakeholders and will be published later this year.

Foster Review: Dr Howard Stoa MP (Lab Dartford) and **David Tredinnick MP** (Con Bosworth) asked, on 2 and 14 March respectively, about the publication date of the Foster Review. Health Minister **Jane Kennedy** referred to a previous answer given on 13 February to Sandra Gidley MP which did not specify any publication date.

Health White Paper: Andrew Lansley MP (Con South Cambridgeshire) asked about the regulation of counsellors and therapists on 9 March, and whether this would be overseen by the Health Professions Council. Jane Kennedy replied that: "the regulation of counsellors



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- (**Rear-Foot:** Heel pain/spurs, growing pains, Achilles tendonitis and plantar fasciitis .
- (**Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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Professor Laurie Hartman
Osteopath

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and therapists will be considered in the light of the recent review of non-medical professional regulation. A statement will be given in due course".

GMC Complaints Mechanism: Steve Webb MP (Lib Dem Northavon) asked on 3 March about the effectiveness of the GMC's complaints mechanism. Jane Kennedy responded that the Chief Medical Officer is undertaking a review of medical regulation and will make a statement shortly.



European Union Services Directive

The European Commission made a statement to the European Parliament on 4 April setting out a revised proposal for a Directive on Services. This followed the line of the European Parliament which excluded healthcare services from the scope of the Directive. Internal Market Commissioner **Charles McCreevy** reiterated the Commission's intention to come forward with a separate proposal on healthcare services. This will be led by Health and Consumer Protection Commissioner **Markos Kyprianou**. Publication of a Green Paper is expected in late July.

The GOsC is monitoring developments through its participation in the Alliance of UK Health Regulators on Europe and will be seeking to participate in a future consultation process. Our concerns relate specifically to the impact of freedom of movement on patient safety, in the light of the current lack of common osteopathic standards of training and practice across the European Union.

Forum for Osteopathic Regulation in Europe

21-22 May 2006 has now been set as the date for a second meeting of the Forum for Osteopathic Regulation in Europe – in Vienna, to tie in with the Austrian Presidency of the EU. This meeting follows exploratory talks in November, instigated by the GOsC, to look at the broader range of European issues affecting osteopaths and patients. Whilst a formal agenda has yet to be finalised, the GOsC's *Standard of Proficiency* and *Code of Practice* will be used as bases for discussion to develop possible European standards of training and practice in the future.

If you have any comments or questions about the content of this month's political round-up, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.



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For further detail, please contact:

Dr Paula Fletcher, The European School of Osteopathy, Boxley House, Boxley, Maidstone, Kent.
ME14 3DZ
Tel: +44 (0)1622 671558
E-mail: paulafletcher@eso.ac.uk Web: www.eso.ac.uk

Digger runs London

Steve Orton DO, Hampshire

On 23 April, dressed as Digger, an Irish Wolfhound, I ran the Flora London Marathon. If you didn't manage to catch the results, I bounded home in world record time. If you were watching, then I'll come clean – I finished ... eventually!



The day was very wet which is not good for an old dog's paws, but the run started well. We all set off from Greenwich and headed toward central London. Running along with Chewbacca, Bob the Builder and a 7ft white rabbit is a bizarre sight, even for someone dressed as a dog.

The rain continued to fall but spirits were lifted by the fantastic crowd who, despite the horrible weather, supplied me with dog treats all around the course. I loved the support, waving to people, hugging people



and generally having fun. Tower Bridge was definitely the highlight – running on to the bridge and being hit by a wall of noisy cheering was just the lift a dog-tired runner needed.

Towards the end my paws were sore and it was slow going, but I finished in the record time of 6 hours 39 minutes (well it's a record for Digger

anyway). I was running for the charity Spinal Research and am happy to say that so far, I have raised over £2500 with your help, and it's still growing.

So, a huge thank you for the sponsorship, it is greatly appreciated. If you would like to make a donation, please visit www.justgiving.com/diggerdoeslondon.



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

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 and asthma. 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

PRELIMINARY COURSE IN OSTEOPATHY IN THE CRANIAL FIELD

The basic level 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

Dates: Sunday 3rd, Monday 4th, Tuesday 5th & Friday 15th, Saturday 16th September 2006

Course Fee for the 5-day course: £920. A deposit of £100 is required upon application.

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

Osteopathy at the London Marathon

Tutors and students from the British School of Osteopathy (BSO) gave a helping hand to runners in this year's London Marathon. **Dennis Picknett**, **Robin Lansman** and **Soran David** were joined by a team of 12 BSO students in providing post-race care for participants at the event. Runners for the Spinal Injuries Association (SIA) and the mental health charity Youngminds were treated for a range of injuries and ailments. The cool, wet conditions meant that while times were generally faster than last year, many runners had problems with muscle

cramps. Thankfully, there was none of the swollen feet and knees, or tendonitis, of 2005.

The event provides a useful insight for students and runners into what osteopathy can offer.

Plans for involvement in next year's event are already under way and may involve screening runners prior to the Marathon day. SIA could potentially be looking after up to 700 runners in 2008 and more osteopaths may be needed to provide pre- and post-race care. Watch this space!

Supporting the England World Cup Squad

Carl Todd BSc (Hons) Ost, Wiltshire

Back to Germany again!!! I never would have thought 15 years ago when I was leaving Germany as a young Lance Corporal in the Royal Engineers that one day I would be making a return to German soil. Although still in uniform, my camouflaged fatigues have changed and now I proudly wear the familiar red, white and blue colours of the England World Cup Football Squad.



function. That's what makes osteopathy distinctive in its approach to healthcare, based upon an established system of clinical diagnosis, treating the person not just the disorder. Most people, and even players, see osteopaths as purely spinal specialists.

Much has changed since those early years and the Army is all but a distant memory. I am now an osteopath, married to my osteopath wife. We have three boys and are currently living and working in Wiltshire. For the past year I have been working as Consultant Osteopath to the England Football Squad, a very privileged position indeed. I say that because it's not just about working on the players, fantastic as it may be, but also about being part of the medical team and having the opportunity to work alongside some extremely talented healthcare professionals. This is the first time in England that an osteopath has ever worked with international footballers at this level and I am very proud to work alongside the team doctor, physiotherapist and sports masseurs.

As an osteopath my work focuses mainly on the structure of the body, using soft tissue, articulation and manipulative techniques to correct and normalise joint and tissue imbalances, therefore improving overall

work. Throughout a tournament like the World Cup, treatment intervention for trauma management and preventative care will take up a large part of my time, especially as the recovery periods between games reduce.

Sometimes when I leave the team hotel to travel home, I think to myself, "How did this happen?" It came purely through recommendation and took me completely by surprise. We still have our clinics in Wiltshire and I do spend some time on consultancy work for the medical team at Honda, but I must admit it is nice to break up the working week with the odd trip away for games. So let's look forward to a good World Cup. May it be both enjoyable and fruitful for the fans, staff and squad, and by the way, before you football fanatics start asking for free tickets, please don't – there aren't any!

For further information contact Carl Todd or Melanie Elson tel: 01225 742923 or 01793 436833, email: osteopath@aesc-osteopathy.co.uk, www.aesc-osteopathy.co.uk.

www.osteopathy.org.uk

Visit the GOsC website to keep up-to-date with the latest GOsC, osteopathy and healthcare news.

New BSO Principal appointed

The British School of Osteopathy Board of Directors is delighted to announce that **Charles Hunt** (pictured) has been invited to undertake the position of Principal and Chief Executive with effect from Monday 1 May 2006.

Charles has demonstrated his commitment to the BSO over a number of years and, in



particular, in his role as vice-principal. We look forward to Charles leading the BSO with his usual energy and humour. There are going to be even more challenges and opportunities for the BSO over the next few years and we are sure that Charles can rely upon the support of all of us to take the school forward.

Leeds Met course development

Leeds Met has been working for the last two years to develop an osteopathy undergraduate BSc course in the North. Whilst it is still early days, there is now a course development team working on establishing a suitably rich and broad curriculum to enrich future osteopathic students. It is hoped that LMU, with the help of local osteopaths, will be able to produce high quality osteopaths to help fill some of the vacancies in the North. **Louise Potter** has recently been appointed to the academic team to offer osteopathic input during development stages of the curriculum and thereafter. The team are working towards getting GOsC Recognised Qualification status in time for students to start in 2007.

The course will be run within the School of Health and Human Sciences and, as such, there will be a wealth of expertise and resources available from the current academic team. **Prof Mike Thomas**, the Associate Dean of Health and Human Sciences, has organised a meeting for local osteopaths interested in the clinical supervision of students, on 10 June 2006. The school intends to develop an osteopathy department with a sound research base which will be able to provide further postgraduate opportunities to osteopaths in the North.

If you are interested in tutoring or providing any lecturing support for the course, or have any queries, please email Louise Potter: L.J.Potter@leedsmet.ac.uk.

Visceral and Obstetric Osteopathy Courses with Caroline Stone

Returning from Australia for November 06
(next return '08/09).

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OBSTETRICS AND GYNAECOLOGY*

*practice restrictions apply in UK – see website

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Pub Elsevier, due Dec 06 / Jan 07.
caroline@yourosteopath.com.au

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Postgraduate diploma for osteopath in treating animals

A British osteopath has become the first osteopath in Europe to be awarded a University-validated postgraduate diploma in the application of osteopathy to animals.

Jonathan Cohen, (right) a founding member of the Society of Osteopaths in Animal Practice (SOAP), received the University of Wales diploma on completing the two-year postgraduate programme.

The first year of the course, which takes place at Warwickshire College, is heavily academic, with regular exams and essays. In the second year the emphasis is on the practical application of osteopathic principles and practice as applied to animals.

The osteopathic team of facilitators is led by **Anthony Pusey**, who has more than 20 years' experience treating animals, including the horses of the Queen's Household Cavalry. The treatment of horses and dogs forms a major part of the course, as these animals are the most commonly treated by osteopaths, but students also learn about farm animals and domestic pets. There is also a section on exotic and wildlife animals run by one of the UK's foremost



authorities on the subject, **Tony Nevin**, who is known for his work with elephants at Twycross Zoo.

Jonathan's independent research developed the theme of his undergraduate thesis, which compared the use of osteopathic techniques in the treatment of humans and horses. His postgraduate dissertation explores the use of thermographic imaging as a diagnostic and audit tool within equine osteopathic practice. He is currently investigating the

subject in greater depth for an MSc dissertation, as the postgraduate diploma course has just become an MSc programme and Jonathan intends to complete his Master of Science degree by the end of this year.

Jonathan, who practises in London and the Home Counties, says his postgraduate training has also had unexpected benefits: "It has greatly assisted my human practice, especially enhancing

my skills of observation and palpation."

For more information, contact Jonathan Cohen, email: info@equinost.com or tel: 0797 3223 630.

NHS Confederation annual conference and exhibition 2006

The GOsC will again be attending this year's NHS Confederation conference and exhibition at Birmingham International Convention Centre on **Wednesday 14 – Friday 16 June**. This event regularly attracts over 2000 senior leaders and commissioning managers from the NHS.

The theme of this year's event, 'Achieving value for patients & the public', will focus on recent government policies which recognize the need for more integrated services, and the roll-out of Practice-based Commissioning.

Osteopaths are invited to join GOsC staff on the exhibition stand to help raise awareness of osteopathy amongst key NHS decision-makers and, importantly, to assist with fielding clinical questions.

As recently reported, the GOsC annually attends a number of major, national healthcare conferences and exhibitions as part of its strategy to promote osteopathy. Simply having a presence at such events is imperative to raising awareness of the profession and the role it plays within today's healthcare service.

GOsC staff and local osteopaths are manning the stand at this year's Primary Care 2006 Conference and Exhibition in Birmingham as we go to print. A report on the event will feature in the next issue.

If you are interested in joining GOsC staff at NHS Confederation, or would like further information about national healthcare conferences, please contact Nicole Tripney, Communications and Events Officer on tel: 020 7357 6655 ext. 222 or email: nicolet@osteopathy.org.uk.



News from the NCOR research hubs

The regional research hubs are continuing to meet regularly. The dates for the next round of meetings and the topics to be discussed are:

LEEDS

Tuesday 9 May, 7–9pm. Critical appraisal workshop and an introduction to searching for literature on the internet.

Tuesday 20 June, 7–9pm. Further searching and where to find good quality information on the internet.

BRISTOL

Thursday 18 May, 7–9pm. Adverse events and manipulation: discussion of AG Terrett's findings.

Thursday 29 June, 7–9pm. Back pain in children and school bags – what is the evidence?

Thursday 7 September, 7–9pm. Osteopathy and its effect on hypertension – what does the literature tell us?

OXFORD

Wednesday 24 May, 7–9pm. Designing a case history sheet for osteopaths.

EXETER

Saturday 3 June, 10am to 12 noon. The BEAM trial – discussing the economic implications.

PERTH

Sunday 4 June, 2–4pm. Discussing the topic areas to be included in a systematic data collection tool for osteopathy.

GLASGOW

Monday 5 June, 7–9pm. Discussing the topic areas to be included in a systematic data collection tool for osteopathy.

If you would like further information, please contact Carol Fawkes on tel: 01273 643457 or email: c.a.fawkes@brighton.ac.uk

Systematic Reviews – a brief outline

Carol Fawkes BA (Hons) DO, Research Development Officer

Many osteopaths will have read or at least heard about the "systematic review of systematic reviews" published by Ernst and Canter (*J. Royal Soc Med.* 2006; 99: 192-196 at www.jrsm.org/cgi/content/full/99/4/192) which has enjoyed extensive publicity in recent weeks. Many practitioners may have heard the term 'systematic review' but have been unclear as to what it actually means.

What is a systematic review?

A systematic review is a review of published literature, prepared with a systematic approach to minimise biases (systematic errors) and random errors (simple mistakes). It includes information on materials and methods used in published literature; the search strategy and criteria for including trials should be transparent. A systematic review should, therefore, be reproducible and allow critical appraisal of the identified clinical trials. Randomised

controlled trials (RCTs) are most commonly included but occasionally, information is included which is derived from other research designs, if appropriate. Systematic reviews are most frequently carried out to examine the effectiveness of interventions. Occasionally they can be used to examine questions that are not clinically based (e.g. how many patients currently use complementary and alternative medicine). Questions for systematic reviews are often very narrow, to limit the amount of suitable information gathered when searching for literature.

Why are systematic reviews produced?

The Department of Health commissioned a series of reviews on the effectiveness of treatments for common conditions, to assist healthcare purchasers in the UK. They commissioned a consortium of the Universities of Leeds and York to provide rigorous and accessible reviews

on the effectiveness of interventions for purchasers and initiated the Cochrane Centre at the University of Oxford to produce and maintain systematic reviews of the literature on health services.

How are systematic reviews prepared?

The findings of systematic reviews can be analysed in two ways.

- They can be summarised without statistical analysis (a narrative systematic review)
- Statistical techniques can be used to combine and summarise the results of studies addressing the same question (a meta-analysis).

A number of steps are normally followed in the preparation of a systematic review. These include:

Planning the review

Identifying the need for a review

It is important at this stage to identify systematic reviews that currently exist and those that may be in preparation. When currently existing reviews have been identified, they should be rigorously appraised for quality. This process is important to identify flaws in reviews that might bias the results. A useful critical appraisal tool for systematic reviews can be found at www.phru.nhs.uk/casp/casp_s.review_tool.pdf.

Preparing a proposal for a review

The research proposal should be based on an initial assessment of potentially available literature. This can be achieved by using clearly stated and reproducible search terms and named databases to scope the literature. Background information concerning the need for the review should also be included. Review questions, methods, a timetable for completion, information about the reviewers and the strategy to disseminate the findings to a wider audience should be clearly stated.

Developing a review protocol

This should be based on the findings detailed above. These should be developed to expand on the study selection criteria, a strategy for extracting data and methods of dealing with the extracted data.

Conducting a review

Identification of research

A search strategy should be agreed. This should include identifying the electronic databases, conference proceedings and grey literature that will be used, and deciding whether hand-searching will be used to examine non-electronic literature (e.g. old journals). The terms to be included in the search can be generated using the PIOS format (i.e. Population, Intervention(s), Outcome and Study design). Synonyms can then be used to identify as

many search terms as possible (e.g. low back pain patients, lumbar pain patients, spinal pain patients, etc).

Selection of studies

Clear inclusion and exclusion criteria should be agreed upon and defined in terms of the PIOS format. Time (e.g. the past 5 years) and language restrictions (e.g. English language papers only) can be imposed.

Assessment of quality of studies

There are a number of different views concerning what constitutes quality in a paper. The quality of the study methodology and the manner in which the study has been conducted and analysed is known as "internal validity" or the degree to which the results of a study are likely to be close to the "truth". The quality of the populations, interventions used (their description and homogeneity (see glossary below)) and outcome measures is known as "external validity" or the extent to which the effects observed in the study can be generalised to the population at large. An assessment of bias in literature is also important, since bias tends to produce results that are distanced from the "true" results.

Extraction of data

This is the process by which the reviewers gather the information they require from the reports of the primary research studies. A data extraction form should be produced to ensure consistency and a systematic approach. The design of such a form should be undertaken carefully and should be directly related to the question(s) posed for the review. It should include some general information e.g. the name of the reviewer, bibliographic details of the paper and the source of the paper. More specific information on the form should include details of the population characteristics, methodological quality of the study, interventions used and the outcomes used. Detailed information on the outcome of the study should include the number of drop-outs, length of follow up, missing data, information on discrete data (e.g. events, total numbers, p-values) and continuous data (e.g. mean, standard error, standard deviation, numbers and p-values) and effect measures. An example of a data extraction form can be found at www.jr2.ox.ac.uk/cochrane/pdfs/dataform.pdf.

Progress monitoring

Periodic meetings can be held between the reviewers and the review's commissioners to ensure that the work is progressing to a pre-agreed timescale.

Synthesis of data

This process involves the tabulation of the study characteristics and results to summarise the findings. A quantitative (numerical) evaluation of the results can then be carried out.

Research

Reporting and dissemination

Preparing the report

The report details the review's findings. The dissemination strategy can then be implemented to make the findings available to as wide an audience as possible. Recommendations can then be made; these can be graded in terms of levels of evidence (e.g. grade A is associated with high quality experimental findings without heterogeneity (see glossary below) and with precise results).

Getting evidence into practice

The overall aim of any systematic review should be to improve the quality of healthcare and improve outcomes. This can only be achieved if relevant research findings are appropriately applied to practice. It should always be remembered that evidence-based practice can be more appropriately described as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients, integrating individual clinical expertise with the best available external clinical evidence from systematic research" (Bury & Mead, 1998).

Advantages of systematic reviews

- They are a less subjective assessment of literature than traditional literature reviews.
- The methods employed are explicit and reproducible.
- Large amounts of information concerning a specific clinical question can be critically appraised and synthesised.
- The systematic nature of the method helps to prevent bias and simple mistakes occurring in the evaluation.

Disadvantages of systematic reviews

- Little assessment is sometimes given to the age, methodological quality, timing of outcome measurement, appropriateness of follow-up period, competence of clinicians, competence of researchers, measurement tools used or heterogeneity of interventions used in the original trials.
- The interventions examined often fail to reflect current practice and are not graded for quality.
- Consideration is rarely given to the fact that interventions are delivered as part of a multi-modal package of care.
- The intended physiological effects of interventions are not considered.
- The questions posed are often too narrow.
- There may be insufficient numbers of high quality studies employing a particular methodology available for review.

Glossary

Heterogeneity. This is the degree of difference of variation between studies when examining key characteristics, methodological quality and effects.

Homogeneity. This is the degree to which studies in the review are similar.

Further sources of information

York University Centre for Reviews and Dissemination: www.york.ac.uk/inst/crd/index.htm

The Cochrane Library: www.cochrane.org

Cochrane reviews in complementary medicine: http://news.cochrane.org/view/item/review_one.jsp?j=598

www.compmed.umm.edu/Cochrane

www.Cochrane.org/consumers

Research news in brief

Premature babies feel true pain

A study carried out at University College, London has reported that information about pain does reach the brain in premature babies and is not solely a reflex action. The research was carried out using brain scans on 18 premature babies in the neonatal unit at the Elizabeth Garrett Anderson and Obstetric Hospital, London. The results of the study are reported in the *Journal of Neuroscience*. (Source: www.royalsociety.org)

New interventions for depression

Patients who suffer severe forms of depression may be able to benefit from a new treatment developed at Bristol University. A new technique has been developed for patients who have been unresponsive to other treatments; it involves inserting electrodes into the core of the brain to attempt to alter a patient's mood. (Source: www.royalsociety.org)

Vitamins and pre-eclampsia

A study published in *The Lancet* suggests that taking vitamins C and E does not reduce the risk of pre-eclampsia. Source: *The Lancet*. 2006; 367(9517): 1145-1154.

New drug for breast cancer patients

A drug is being developed to prolong the lives of women with breast cancer whose cancer has metastasised. Trials of the drug, Tykerb (lapatinib) have been stopped early since initial results have been so good. (Source: www.royalsociety.org)

Cherviv RD, Ruzicka DL, Giordani BJ *et al.* **Sleep-disordered breathing (SDB), behaviour, and cognition in children before and after adenotonsillectomy.** *Pediatrics* 2006; 117(4): e769-e778.

This study was conducted to attempt to understand sleep-disordered breathing and its long-term response to adenotonsillectomy. Sleep was recorded and behaviour, cognitive and psychiatric morbidity were assessed in 105

children. 78 of the children were scheduled to have adenotonsillectomy and the remaining 27 were scheduled for unrelated surgical care (acting as a control group). A follow-up examination including all of the original assessments was conducted one year later on 100 of the original 105 children. The researchers found that the children who had undergone adenotonsillectomy had shown significant improvement in all original measurements, while the children in the control group made no improvements in any of the measurements. Sleeping assessment of baseline SDB did not clearly predict improvement in any area other than sleepiness. The researchers concluded that although the adenotonsillectomy improved the measures used, further work is required to develop better measures or improved understanding of underlying causal mechanisms.

<http://pediatrics.aappublications.org/cgi/content/abstract/117/4/e769>

Heilbron LK, de Jonge L, Frisard MI, Delaney JP *et al.* **Effect of 6-month calorie restriction on biomarkers of longevity, metabolic adaptation, and oxidative stress in overweight individuals.** *Journal of the American Medical Association.* 2006; 295 (13): 1481

Previous studies have shown that prolonged calorie restriction had increased the life span in rodents. A study has been carried out in the USA to investigate the effect of prolonged calorie restriction (6 months) in nonobese (sic) men and women. 48 subjects were randomised to one of four groups: control; calorie restriction; calorie restriction and exercise; very low calorie diet (890kcal/day). The researchers found that fasting insulin levels were significantly reduced from baseline at 6 months, but levels of dehydroepiandrosterone sulphate (DHEAS) were unchanged. Core body temperature was reduced in the calorie restriction and calorie restriction with exercise groups. The findings suggest that two biomarkers for longevity (fasting insulin and body temperature) are decreased by prolonged calorie restriction in humans.

<http://jama.ama-assn.org/cgi/content/abstract/295/13/1539>

Forthcoming courses and conferences

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.

30 September 2006: Physiotherapy, Osteopathy and Chiropractic: "Moving forward through research and practice", School of Health Professions, Robert Dodd Building, University of Brighton, 49 Darley Road, Eastbourne, BN20 7UR.

5-8 October 2006: 9th International Congress of the German Osteopathic Association (VOD), Wiesbaden, Germany. This includes the **Third International Symposium on Advances in Osteopathic Research** (Saturday 7 October, 2006). Deadline for abstract submissions: 1 July, 2006.

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. Further information can be found at www.pms.ac.uk/compmed/symposium.

Exhibitions

Any osteopaths interested in refreshing their knowledge of anatomy may be interested in **BODIES - The Exhibition**, which is being held at Earls Court, London from 12 April to 31 May 2006. Further information can be found at www.bodiestheexhibition.com.

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Tel: +44 (0) 1622 671558 Fax: +44 (0) 1622 662165 E-mail: corinnejones@eso.ac.uk

Western Counties Society of Osteopaths

Nutrition for the Western Counties

Anita Hegerty BSc PhD DO, Dorset

The spring meeting of the WCSO took place at Exeter Racecourse on Saturday 18 March. Although the venue was not a great success, we enjoyed the interesting workshop run by integrative physician **Dr Mark Draper**, medical advisor to Nature's Own and Cytoplan. Dr Draper firmly believes that the (hospitalised) sick need drugs, whilst the ailing general population require nutrition. If you keep the population well you will eventually reduce the drugs bill for the nation (not a popular notion with the pharmaceutical companies).

Dr Draper advocates a 'bridging the gap' philosophy where nutritional supplementation is used to correct the difference between the average amounts of essential nutrients people are achieving from diet (according to the Ministry of Agriculture, Fisheries and Food (MAFF)) and the amounts being recognised as optimal for health (based on WHO figures). He highlighted the findings that people growing up in Britain since 1977 (when MAFF advocated a change in farming policy which disrupted the micro-rhiza in soil, and hence the conversion of inorganic minerals into an organic form for plant uptake) are showing signs of chronic degenerative disease at an earlier age, and in a more profound form than their parents, even when social factors are common between the two.

He believes that one of the prime candidates is selenium – the levels of which dropped in the UK by 47% between 1974 and 1994 (Rayman M, 1987, *BMJ*, 'Selenium – a time to act', Nov). Dr Draper also feels that correcting Omega-3 imbalance is vital for all aspects of well being.



An interesting comment in the light of the more recent report on the efficacy of fish oils – was experimental design at fault? Was the data based on results following farm-reared fish which are corn-fed and therefore have no higher levels of Omega-3 than chickens? (Laurance J, 24 March 2006, *The Independent*).

Following correction of these underlying nutritional inadequacies seen in Type B malnutrition (where calorie intake is too high and nutrient intake too low) one can then address specific issues which remain apparent e.g. rheumatoid and osteoarthritis, osteoporosis, Type 2 Diabetes and behavioural issues to name a few. Whilst there is a level of micronutrient deficiency there will always be a block to healing; when nutritional levels are adequate and the body is stimulated by therapy, be it acupuncture, osteopathy, homoeopathy etc, the body has remarkable ability to self heal. When this self-healing mechanism fails, then, and only then, is it necessary to consider intervention with drug therapy.

Mark Draper was a most eloquent speaker with an obvious passion for his subject. He is currently developing a Certificate of Nutritional Support. If sufficient osteopaths are interested in nutrition as an adjunct to their patient care it would be possible to run a series of modules through the WCSO.

Anyone requiring further information please contact Anita Hegerty by e-mail: secretarywco@tiscali.co.uk or watch the WCSO website for updates – www.wco.co.uk.

Keeping it pain free

Sue Brazier DO, Worcester

Saturday 25 February – Another snowy night and another Osteopaths @ Worcester gathering ... but at least we managed to make it relatively painless. **James Butler** of Painless Practice gave an interesting presentation to 25 of our local osteopaths on defining the purpose of our practice and the roles within it.

James' discussion aimed to inspire us, provoke thoughts on how to promote our practice and to look at it with fresh eyes. He suggested we think about the pathways patients take when they visit an osteopath, and "why would they choose you?"

Interesting views put forward by my colleagues started me thinking about the patient's first impression of the practice (answerphone or receptionist) and then their second impression (clinic/reception and me – scary!). This session has certainly made me look at my work from another angle and I realise that there are quite a few aspects I need to address and review.

James guided us through issues worth considering and I left the talk with some really helpful tips and 'things to do'. A very interesting evening and well worth the journey.

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

Ergonomics course at the BSO

Sheila Lee DO, London

At the centre of this occupational health and ergonomics course was the subject of job design associated to work-related injury and accidents. A subject that osteopaths commonly deal with, this four-day course took place at the BSO over the last two months.



inclusive design for the disabled, as well as the cognitive problems associated with information design. Sessions were led by a number of speakers, all well-established in their profession, who brought to their presentations a great deal of knowledge and experience in the field.

It was devised to emphasize the connections between occupational health and the wider aspects of ergonomics, from mismatches in office furniture, to the manual handling problems of ambulance workers, to

The intention is to set up a special interest group of 'Osteopaths in Ergonomics' who have undertaken a basic course in the subject. **For further details about courses, contact Gayda Arnold, BSO on tel: 020 7089 5315.**

13th Annual Symposium on Complementary Healthcare

This annual symposium, organised by Professor Edzard Ernst's Complementary Medicine unit at the University of Exeter, is now in its 13th year. Its aim is to provide a forum for all individuals with a research interest in CAM. With an emphasis on original research it offers an opportunity to discuss key issues such as effectiveness, safety and costs. Held on 12-14 December this year, the main programme of the symposium consists of two days of platform and poster presentations, complemented by

pre-symposium workshops. **Call for abstracts:** abstract submissions for platform and poster presentations are invited for the deadline of 1 September 2006.

For further details visit the symposium website at www.pms.ac.uk/compmed/symposium or contact Barbara Wider or Kate Boddy, Complementary Medicine Peninsula Medical School, Universities of Exeter & Plymouth, UK, tel: +44 (0)1392-424872, email: B.Wider@exeter.ac.uk.



Thomson Closing dates

May

Cardiff	12-05-06
Hendon	12-05-06
Huddersfield	12-05-06
Watford	12-05-06
Birmingham Central	19-05-06
Tameside	19-05-06
Telford	19-05-06
Torbay	19-05-06
Isle of Wight	26-05-06
Oxford	26-05-06
West Dorset	26-05-06
Reigate	26-05-06

June

Colchester	02-06-04
Macclesfield	02-06-04
Milton Keynes	02-06-04
Wisbech	02-06-04
Altrincham	09-06-04
Crawley	09-06-04
Ashford	16-06-04
Basingstoke	16-06-04
East Cornwall	16-06-04
Newcastle	16-06-04
Swansea	16-06-04
Canterbury	23-06-04
Sheffield	23-06-04
Tunbridge Wells	23-06-04
Ipswich	30-06-04

July

Weston Super Mare	08-07-06
York	08-07-06
New Forest	08-07-06
Crewe	08-07-06
Eastbourne	15-07-06
Glasgow East	15-07-06
Glasgow North	15-07-06
Glasgow South	15-07-06
Glasgow West	15-07-06
Enfield	22-07-06
Hertford	22-07-06
Peterborough	22-07-06
Southport	22-07-06
Bolton	29-07-06
March	29-07-06
Stamford	29-07-06
Scarborough	29-07-06

August

Aylesbury	04-08-06
Burton	04-08-06
Doncaster	04-08-06
Sandwell	04-08-06
Barnsley	11-08-06
Bridgend	11-08-06
Northampton	11-08-06
Hastings	11-08-06
Kingston	18-08-06
Lanarkshire	18-08-06
Manchester	18-08-06
Sunderland	18-08-06
Bath	25-08-06
Cambridge	25-08-06
Dudley	25-08-06
Exeter	25-08-06
Reading	25-08-06

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

Paediatric osteopathy course at Manchester OCC

Sally Devereux DO, Chester

The Manchester Osteopathic Centre for Children (OCC) opened the doors of Phoenix Mill to osteopaths for a day of interactive CPD on paediatric care on 14 March.

Kok Weng Lim kicked off the programme with a lecture on 'Colic, its symptoms, treatment and consideration'. The lecture was delivered in a concise and informative way, with particular attention given to differential diagnosis and day-to-day application in practice.

Following a tour around Phoenix Mill, an old industrial mill which has been sensitively adapted, we were then given the opportunity to see the centre in action. Each person was allocated to an osteopathic member of staff and a two-hour clinic session got under way. During this time we observed a number of different children who presented with a wide range of symptoms and conditions. The children were treated by staff members, whilst we were encouraged to have a hands-on approach.

Stuart Korth was next on the bill and presented a lecture on 'Osteopathy and Neurological disorders'. Stuart

has a unique style of lecturing which is always enlightening and inspiring. His lecture, based very much on his own vast and varied experience, ranged from talking about treating premature babies in incubators at a London Hospital to dealing with children with profound brain damage.

The day at the OCC was a definite success. All who attended not only had the opportunity to learn, but were able to experience the clinic first hand. We saw children with conditions which we would not normally see in practice. Speaking personally, it was a delight to see so many parents who felt that osteopathy had made a positive difference to their child's quality of life. I have nothing but praise for the members of staff at the OCC (many of whom work on a voluntary basis) who were both warm and welcoming and shared their knowledge in the field of osteopathy in the paediatric field. An enjoyable, enlightening day was had by all. I leave you with a quote from an OCC leaflet: "Every Child has a success story to live".

Integrating CAM - NHS Contracting & Clinical Governance Course

Recent NHS policy shifts, most significantly the White paper 'Our health, our care, our say', now make access to NHS CAM services a viable option through new primary care commissioning arrangements. A variety of new contracts make it possible for Primary Care Trusts and GPs to purchase complementary therapy services as part of innovative service development and delivery. One of the main contractual duties for any NHS service provider is to ensure adequate governance arrangements and to be able to demonstrate clinical governance (CG) compliance.

Offered by the iCAM unit at the School of Integrated Health, University of Westminster, this three-day course (22-24 June 2006) will help practitioners develop the necessary understanding for NHS primary care contracting.

The course will cover the opportunities that are now available through recent NHS reforms and will also explore new contracting arrangements, standards for practitioners, service provision and CG. Course content will be delivered by a range of experts from the CAM and NHS sectors and will enable you to:



- Develop an entrepreneurial approach to your practice
- Widen your scope of employability
- Be enterprising about the delivery of complementary healthcare
- Increase your professional education and enhance your current CPD

Course content

- The NHS environment – current policy & practice
- Governance as an enabler of change & innovation
- Standards of practice in the context of a CG framework
- Commissioning contracts & models of delivery
- Governance systems, processes & demonstration
- Business case development

For further information about the course, or to book a place, contact Mark Armstrong, Senior Admissions Administrator on tel: 0207 911 5000 ext 3699, fax: 0207 911 5079 or email: armstrm@wmin.ac.uk. For further information on the iCAM unit please visit: www.wmin.ac.uk/sih/page-435.

*"At least 50% of my patients ask me for dietary advice.
I'm really looking forward to
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and being able to answer them with confidence."
Jerry, Osteopath, London*



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Mode of study: Tuesdays in year 1, Fridays in year 2

Point of entry: September

Attendance: 1 day a week for 37 weeks (PGDip), 7 days over 1 year (MSc)

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Year 2 - Masters of Science in Nutrition (MSc)*

* awarded by the University of East London

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Yes, please register me for May 30th / 18th July Open Evening ☐

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TH 10/06



Are We On The Path? – The Collected Works of Robert C Fulford

Edited by Theresa A Cisler
Published by the Cranial Academy
ISBN 0-974-1690-0-5
293 pages

Reviewed by Alison Leason DO, Leicester

This book is a collection of philosophical writings by cranial osteopath and physician Robert C Fulford. Opening with some interesting insights into his upbringing, the foreword tells how he was rejected by a medical school; being told that he would make a better dentist than physician. Fulford subsequently enrolled at Kansas City Osteopathic College and was determined to prove to the medical profession that they had made a mistake. He was greatly inspired by Dr Sutherland.

The opening section of the book offers a brief tribute to Dr AT Still, exploring his view of the body and some definitions of osteopathy. There is a reminder of the importance of balancing physical, emotional, mental and spiritual dimensions in osteopathy. The next section covers 'Anatomy and Embryology' and mentions the importance of the solar plexus in its responsibility for the balance of the abdominal organs. The significance of the occipito-atlanto-axial complex is emphasized and the effects of retention of primitive reflexes on behaviour patterns. The insight into the link between birth trauma and adolescent suicides makes powerful reading.

In work with the involuntary mechanism, emphasis is made of the subtlety of approach, the search for and unlocking of disorganised body patterns and re-establishing a balanced interaction between the cranium and sacrum. We are reminded of the fundamental principles of osteopathy: the dependence of health on structural integrity and that the body itself contains the essentials for self healing. Much discussion centres on bioenergy and electromagnetics and some reference is made to the acupuncture meridians and chakras. There is great importance placed on respiration, which functions as a mediator between the mind and body and is vital to the flow of CSF.

There is an interesting chapter on foetal life and the influence of maternal hormones and emotions on the subsequent development and personality of the child. The different types of birth and their long-term implications on general health and wellbeing are also discussed.

All in all, this series of lectures and written addresses provides an interesting and thought-provoking insight into the workings of cranial osteopathy. It is somewhat repetitive, but none-the-less would interest anyone with an open mind and those keen to learn more about the involuntary mechanism.



Clinical Orthopaedic Rehabilitation **S Brent Brotzman and Kevin E Wilk**

Published by Mosby
ISBN 0-323-01186-1
£69.95, 672 pages

Reviewed by Donald Scott DO, Strathclyde

This book was originally published in 1996, with this, the second edition, more recently updated in 2003. The descriptions of the varied conditions covered are illustrated clearly using photographs, line diagrams and anatomical drawings.

The vast majority of the conditions presented are most likely to be seen within the context of an orthopaedic or trauma clinic rather than an osteopathic practice, as they deal with the primary management of fractures and gross tissue damage. The author's stated intention is to improve the post-operative management of patients who suffer a compromised treatment outcome due to poor surgical aftercare. No matter how expert the surgery, scar tissue, stiffness, rupture or incomplete healing will take place if good post-operative care is absent.

The conditions most likely to be of interest to osteopaths, such as functional disorders and chronic limb dysfunction, are covered in great detail and include relevant anatomical structures, differential diagnosis, indicative diagnostic tests, biomechanical details, rehabilitation rationale and suggested clinical goals.

At the end of the book there is a well-documented discussion on the management of acute lumbar back pain which advocates the McKenzie approach. This method emphasises increasing the lumbar lordosis by extending the lumbar curve through exercise, whilst at the same time avoiding the presentation of symptoms going from a central to a peripheral distribution area. The advantages of this approach are discussed along with the disadvantages.

The final chapter covers the common terms and techniques used within the rehabilitation of orthopaedic injuries including ultrasound, galvanic stimulation, cryotherapy and TENS. Interestingly, there is no inclusion of laser therapy which is fast becoming the treatment of choice for soft tissue conditions in Europe, particularly in the sport medicine field.

I expect the cost of this book will make the average reader think twice about purchasing it, and imagine that probably medical libraries will be the main source for those interested in obtaining a copy.

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

Back chat



Dear Editor

I feel deeply concerned about the proposed changes to our regulation. I cannot imagine how the Health Professions Council (HPC), as the regulator of 15 different professions, could really promise to represent the interests of the many thousands of patients attended to by those varied professions. We would no longer be in the hands of an active regulator which aims to create awareness where standards may be wanting, and is dedicated to a code of practice based on the best evidence and understanding available. I believe this is what the current GOsC attempts to do. The HPC would surely perform more of an administrative function, processing the direct debits we would pay in the hope of never hearing from them again.

I know that a certain degree of antipathy is felt towards the GOsC; ultimately, I guess these sentiments would not be apparent if they were not doing a reasonable job in regulating. Much has been made of the lack of consultation with regard to the implementation of the current *Code of Practice* but how much less would there be from a body with no vested interest in the development of the profession? At least as things stand, with the growing presence of the BOA, something of a democracy does exist. There appears to be a real opportunity for the views of osteopaths to be heard. I feel I receive a reasonably balanced view of the state of the profession, and I feel reasonably well informed as to how I should continue to practise.

Now that our presence is apparently so much more a part of routine healthcare, we need more than ever to consolidate our professional identity. Whilst I would in no way question the clinical standards of colleagues in fellow professions regulated by the HPC, it is fundamental to our practice that we have been autonomous to date, making our own osteopathic evaluation and diagnosis as primary care practitioners. In regulating such a large number of professions, surely the HPC would adopt a streamlining approach for simplicity, at least within the 'manual professions', potentially eroding our scope of practice through a lack of understanding of the osteopathic clinical and philosophical outlooks.

As a recent graduate, I feel very protective of my professional status as an osteopath. It was something I worked long and hard for, reflecting something of the struggle undertaken by my forebears over decades when striving to achieve professional recognition. The cost of my training in time, effort and money was enormous and would certainly be sufficient to thwart the ambitions of many would-be osteopaths. I would be devastated if after all that I worked so hard for (to be an

osteopath), I found myself and my profession relegated so soon after qualifying.

It is my firm belief that the best interests of my patients, let alone my own interests as practitioner, are better represented with things as they currently stand.

Soran David BSc Ost, Essex



Dear Editor

After a busy period responding to Ernst and Canter's paper (Ernst & Canter 2006) I would like to thank the GOsC for working as quickly and effectively as they did in difficult circumstances. I'm sure some lessons have been learnt by all involved which will only improve a response to such an attack in the future. The press release from the Royal Society of Medicine (RSM) really was inflammatory and that's what the media picked up on.

We should also be grateful for Professor Alan Breen's calm and authoritative responses to the media. I spent considerable time discussing responding to the paper with Alan and he was generous with his advice, representing osteopathy positively as well as defending chiropractic. Alan and I, along with other members of our research group – the Musculoskeletal Processes of Care Collaboration – have since written a letter to the editor of the *Royal Society of Medicine Journal* which we hope they will publish in due course. Unfortunately, the Ernst and Canter paper will be in the literature for years to come and I suspect it will often be cited by academics as well as journalists.

The problems with the paper that I spotted are as follows:

- The nature of manipulation as an intervention is poorly described and assumes that it is a single intervention, whereas in practice it is complex and uses a broad range of approaches. Hands-on treatment is an important element, but this is sited within a package of care that includes advice about re-activation, activity modification, pain control, and the recognition and minimisation of psychosocial risks for chronicity.
- There is no evidence of the criteria used to assess the quality of the reviews included in the study. Poor reviews are mixed with better reviews. Judgements about quality appear to be made on the basis of the professional background of the lead author of selected reviews, or by self-assessing Ernst's own previous works as 'rigorous and systematic'.
- The reviews included in the paper represent a broad mix of conditions from low back pain to infantile colic. Comparing intervention

effectiveness across this mix and drawing conclusions across the board lacks validity.

- There seems to be the assumption that where there is evidence of effectiveness equivalent to other treatments that this is not good enough (ie Assendelft's review). More recent trials than those included in the review suggest both effectiveness and cost effectiveness for manipulative approaches being used in the UK (UK Beam 2004; Williams et al 2003; Williams et al 2004; Brennan et al 2006).
- The risk benefits discussion is inflated by using difficult to estimate risks associated with neck manipulation and inferring that these risks are associated with all manipulative treatment for all conditions.
- The selection of the included reviews is poor and fails to draw on more recent trial data.
- The conclusions do not seem to be drawn from the data presented in the main body of the paper.

Ernst and Canter appear to be considering manipulation as a magic bullet which either works or does not. Clearly this is not the case, as with any treatment there will be a range of responses. Taking a biomedical approach to complex interventions and complex conditions is unlikely to lead to the development of better care for patients (Foster et al 2003). Research should focus on identifying the characteristics of subgroups of patients that respond to packages of care delivered by competent, well-trained professionals. Certainly we need to pursue research into adverse effects, but if we uncritically accept the message from Ernst and Canter we will be throwing the baby out with the bath water.

This kind of furore reinforces the importance for practitioners being able to consume and criticise relevant academic literature. The primary reason should be to inform and develop one's own practice, but when something like this comes up, being up-to-date with the most significant recent research is a real help.

Steven Vogel DO, London

Head of Research, The British School of Osteopathy & Council Member of NCOR

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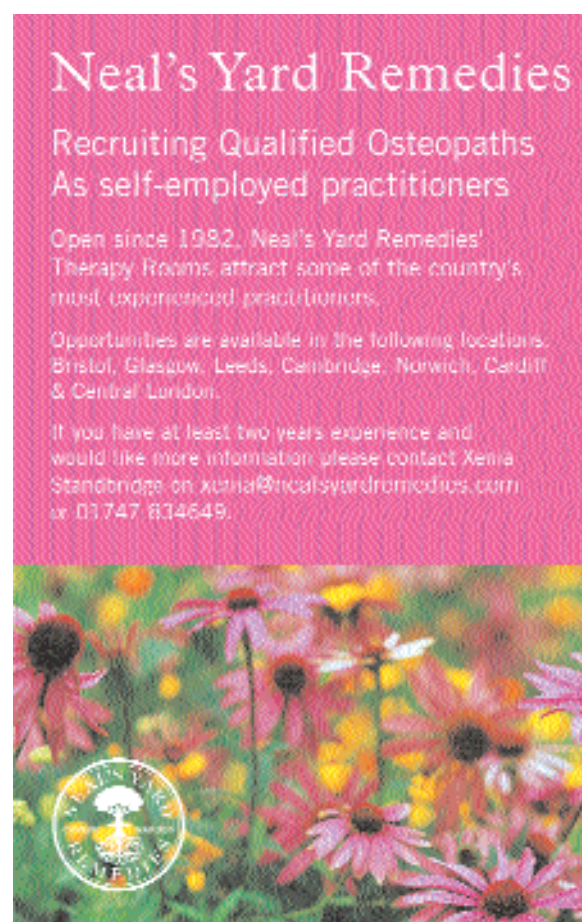
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Courses 2006

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

Refining Osteopathic Adjustment of the Lower Extremity

18 May

Speaker Prof. Laurie Hartman. Organised by Osteopathic Professional Education North Ltd. To be held in London. Contact: tel: 01423 523 366, 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, Glos. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk).

Children's Complementary Therapy Network (CCTN) Conference – Complementary Therapies and Autism

20 May

Organised by the Children's Complementary Therapy Network. To be held at Birmingham Children's Hospital. Contact: Dr Pankaj Shah, tel: 0121 4156670, email: cctn@freshwinds.org.uk.

Exercise Motivation and Adherence

25 May

Speaker Bob Laventure. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. Contact: tel: 020 7 263 8551, email: cpd@cpdo.net.

Craniosacral Therapy Introductory Weekend

3–4 June

Speaker Steve Haines. 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).

Dental Factors in Osteopathic Practice – Occlusion I

4 June

Speaker: Caroline Penn. To be held at Hatfield, Ross-on-Wye. Contact: email: caropenn@bopenworld.com (website: www.pennclinic.co.uk www.pennclinic.co.uk).

Prevention of falling and fractures in the elderly

8 June

Lecturer Dr Dawn Skelton. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. 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).

"What is the patient really telling me?"

Deepening our understanding of the osteopath-patient relationship

11 June

Course Directors Mannie Sher, Fellow, British Association of Psychotherapists; Principal Consultant, Tavistock Institute, London; Danny Sher, Osteopath. Contact: tel: 020 8349 9399, email: sherdanny@hotmail.com.

Healthy Pregnancy

17 June

Lecturer Averille Morgan. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. 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. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. 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. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. 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).

Module 5 IRT

23–25 June

Organised by the Sutherland Cranial College. To be held at Hawkwood College. Contact: email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

Practical Ergonomics and Musculoskeletal health**24 June**

Lecturer Damon Peterson. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Osteopathic care of small animals**24–25 June**

Lecturer Anthony Pusey. To be held at the Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London, N19. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Osteopathic Care of Children Part 1**24–26 June**

Course leaders Carina Petter and Carol Meredith. 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).

"What is the patient really telling me?"**Deepening our understanding of the osteopath-patient relationship****26 June**

Course Directors Mannie Sher, Fellow, British Association of Psychotherapists; Principal Consultant, Tavistock Institute, London; Danny Sher, Osteopath. Contact: tel: 020 8349 9399, email: sherdanny@hotmail.com.

Cranio-Sacral Therapy – Introductory Day**1 July**

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

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).

The Fluid Brain**5–9 July 2006**

Speaker Katherine Ukleja. 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).

Cranio-Sacral Therapy Introductory Day**8 July**

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

Yoga and Osteopathy**8 July**

Speakers Rachel Ives and Dr Amanda Samson. Organised by CPD International. To be held at Greenwich University – Maritime Campus London SE10. Contact: tel: 07944 552093, email: office@cpdinternational.co.uk, (website: www.cpdinternational.co.uk).

"What is the patient really telling me?"**Deepening our understanding of the osteopath-patient relationship****10 July**

Course Directors Mannie Sher, Fellow, British Association of Psychotherapists; Principal Consultant, Tavistock Institute, London; Danny Sher, Osteopath. Contact: tel: 020 8349 9399, email: sherdanny@hotmail.com.

Cranio-Sacral Therapy Introductory Course – Stage A of full professional training**15–20 July**

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

"What is the patient really telling me?"**Deepening our understanding of the osteopath-patient relationship****23 July**

Course Directors Mannie Sher, Fellow, British Association of Psychotherapists; Principal Consultant, Tavistock Institute, London; Danny Sher, Osteopath. Contact: tel: 020 8349 9399, email: sherdanny@hotmail.com.

Preliminary Course in Osteopathy in the Cranial Field**3 – 5 & 15 – 16 September**

Speaker 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).

Module 2/3 Osteopathy in the Cranial Field**8 – 10 & 15 – 17 September**

Course Director Peter Cockhill. Organised by Sutherland Cranial College. To be held Columbia Hotel, London. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk).

Lymphatic Motion**9 September.**

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

Osteopathic care of small animals – weekend course**9–10 September**

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

Classifieds

RECRUITMENT

OSTEOPATH REQUIRED-BRISTOL. Graduate, recently qualified or experienced Osteopath required for initially 3 days per week. An excellent opportunity to build your own patient list, under the supervision of the Senior Practitioners. We are a busy Osteopath Practice established in 2000 with 6 existing Practitioners. IVM & structural Patients. Start August. See www.chandosclinic.co.uk for more details. Applications in writing with CV, or give us a ring on 0117 974 5084 and ask for Robert Dumbleton, Practice Manager.

FULL TIME EXPERIENCED OSTEOPATH required for a busy osteopathic practice in Dubai. Minimum 3 year contract. Terms of employment available on request. Please send a detailed CV to admin@osteopathydubai.com To read more about the practice, go to www.osteopathydubai.com

EXCITING OPPORTUNITY - LONDON. An Experienced Osteopath is required to join partnership in well maintained multi disciplinary complementary health clinic. The clinic is located 2 minutes from reliable transport network and very busy shopping precinct located in Zone 3. Applicants must be interesting in managing the clinic and will be offered the opportunity to participate in profit share scheme and to buy share of the leasehold. Interested parties should contact Aneeta on 020 8523 8216 or email: aneeta@parkerharris.com

ASSOCIATE REQUIRED. We are a dynamic, thriving family wellness centre in Newcastle upon Tyne. Due to growing demand, we require a fourth full time practitioner to start summer 2006. New grads welcome to apply. For information call Julie 01912431216

ASSISTANT/LOCUM OSTEOPATH REQUIRED. Assistant required for Thursdays 10am-6pm, and to cover maternity leave on Tuesdays 1pm - 7.30pm. A willingness to work with others in a small but busy multi-disciplined practice is essential. Osteopathic interests varied, must include IVM and children. Send CV to: Attn Jacquie, Silverhill Natural Health Centre, 3 Battle Road, St Leonards, East Sussex, TN37 7AA, 01424 440898. Position required from beginning August.

ARE YOU A QUALIFIED OSTEOPATH? Would you like to join our new supportive team at a multi-discipline clinic in the affluent part of Western Enfield, North London? For more information please call Ian on 020 8363 2244

ASSOCIATE OSTEOPATH required full time, Mon - Fri, for well established practice in Ledbury, a thriving market town on Gloucestershire / Herefordshire border - (Cheltenham 23 miles). To start summer 2006 taking over patient list of female practitioner. Family orientated clinic seeing a broad range of patients and age groups. Combination of structural and cranial preferred. If you're strongly motivated, interested in learning, and want to join a like-minded fun team, please call Pat on 01531 635080.

ASSOCIATE OSTEOPATH(S) REQUIRED to work in a busy mid - Yorkshire practice, 3 - 4 days available to continue an already established list. Position would suit a more structurally based osteopath. Please contact Ginette Bennett on 01977 513642.

HEREFORD & ROSS-on-WYE. Associate required beginning July. Experience with IVM and working with children and babies preferred. Regular tutorials offered and opportunity of working with other osteopaths. Possible help with SCC fees for right person.

2 - 3 days a week initially, to include one evening and Saturday mornings. Two years minimum. Could become full-time and permanent. Accommodation available. The Wye Valley is a beautiful place to live. Write with CV to Nicholas Handoll, 70 Belmont Road, Hereford HR2 7JW. E-mail: Nicholas@handoll.org

OSTEOPATH REQUIRED at the Blackberry Clinic in Milton Keynes, one of the largest multidisciplinary clinics in the country with own fully equipped Gymnasium including the latest Pilates equipment, seeing approx 3000 patients per month. For more information visit our web site www.blackberryclinic.co.uk If interested please send your CV to Mrs G Bruce, Blackberry Orthopaedic Clinic, Blackberry Court, Walnut Tree, Milton Keynes, Bucks. MK7 7PB or email: gillianb@blackberryclinic.co.uk

WE ARE LOOKING TO RECRUIT another osteopath to join our team with experience working with adults, babies and children. For more information about this position and how to apply please visit www.fop.co.uk/opportunities.html

Melinda and Andrew Cotton Fulham Osteopathic Practice www.fop.co.uk

ASSISTANT/ASSOCIATE OSTEOPATH required for busy Inverness city centre multidisciplinary clinic, located on the banks of the River Ness in the beautiful Highlands of Scotland. Initial 2 year contract with possibility of future partnership. Accommodation available for introductory period if required. Contact Keith on 07720 708730 (weekdays after 6pm) or at A9backdoc@aol.com

LOCUM required from June 2006 to cover maternity leave for 1-2 days per week in a multi-disciplinary clinic in South Norfolk.

Please send CV to Kate Blanch at The Clinic on the Green, Old Buckenham, Norfolk, NR17 1RG. Tel 01953 861210

ASSOCIATE OSTEOPATH required to join busy clinic in Malvern, Worcestershire. Full or part time position with existing case load. For further info about the clinic, visit our website at www.theosteopaths.com. Contact Ken Smith, tel 01684 568744 or email ken@theosteopaths.com

FEMALE ASSOCIATE CENTRAL LONDON W1, AND SW1. We are looking for an experienced osteopath (5 years+) to cover maternity leave for one of our associates. You must have experience with pregnant mothers and children as well as good musculoskeletal skills. To cover approximately 4-6 sessions per week with a view to staying on after locum has finished. A good rapport with patients is also essential. Please contact Simone Ross on simone@kaneandross.co.uk or telephone her after 7.30pm on 07976843836.

EXPERIENCED OSTEOPATH / NATUROPATH required for long established clinic in Beckenham (15 mins from Victoria) 2-3 days per week. Cranial Osteopath (ideally with DPO or OCC experience) for very busy clinic in Beckenham (15 mins from Victoria) 2-3 days per week

Email CV to Martin Stokes cranialbase@hotmail.com tel 07930 324 827

NATUROPATHIC OSTEOPATH needed to fill vacancy near Peterborough in a rural setting. Initially 2 days per week, could become more. Working with other Osteopaths, Acupuncturists and Naturopaths. The clinic puts a strong emphasis on lifestyle, prevention, risk assessment and patient management. Call Alison on 01487 830877.

LOCUM REQUIRED FOR FRIENDLY Kent practice to cover 6 months maternity leave of current associate. Wednesdays and Saturdays required from end of July. Must be confident with IVM and "Structural" techniques and be comfortable treating children. Please send CV to Hawkhurst Osteopaths, 1 The Colnade, Rye Road, Hawkhurst, Kent TN18 4ES

GREAT OPPORTUNITY for enthusiastic ambitious Osteopath to join established semi-rural practice near Burton on Trent. Wholistic approach to treatment an advantage Apply with full CV to Peter Sadler Natural Medicine Centre 7 Branston Road Tatenhill Staffordshire DE13 9SA

RECRUITMENT

HARLEY STREET W1, ROOM TO LET quiet spacious room with electric couch, in holistic medical practice, Mondays and / or Thursdays 9.00am - 6.00pm, suit registered osteopath with established client list. Tel: Dr Alice Greene on 07815 763 570

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COURSES

FOUNDATION COURSE IN PRESCRIPTION ORTHOSES FOR OSTEOPATHS. This course includes: - practical podiatric biomechanics, foot techniques, gait analysis and instructions on how to prescribe and cast top of the range custom made orthoses. Call to register for the following courses: - Sunday 21st May, Sunday 18th June, Sunday 27th August and Sunday 8th October. Tel: 01923 260452 email: info@pegasusorthoses.co.uk

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



The Heath House Clinic

Large Rooms To Rent

Rooms within a cosmetic/Beauty Clinic in Crockham Hill in Kent (Near Oxted).

Would suit an established osteopath to work alone or room share.

Monthly Rent includes:

**Full time receptionist
Individual room phones
Contract cleaners
FREE off road parking
Complimentary refreshments
44" Plasma screen for rolling presentations
Wireless internet / Broadband connection
Comfortable and spacious waiting room**

**ALL BILLS INCLUDED IN ROOM RENTAL
(except phone calls)**

PLEASE CONTACT Sharon or Ian on

01403 270 068



SUTHERLAND Cranial College

IN RECIPROCAL TENSION

Module 5 on the SCC Pathway

A four day residential course

Course Director: Jeremy Gilbey DO, MSCC

Evening 8th-12th June 2006

Le Hameau De L'Etoile, Montpellier, France

24hrs CPD Fee: £795

Limited spaces available

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3 on the SCC Pathway

A six day non residential course

Course Director: Peter Cockhill BA (HONS), DO, MSCC

and Susan Turner MA, DO, MSCC

8th-10th and 15th-17th September 2006

Columbia Hotel, London

48hrs CPD Fee: £1380

FOUNDATION COURSE

Module 1 on the SCC Pathway

A three day residential course

Course Director: Alison Brown DO, MSCC

6th-8th October 2006

Abbey Mead Natural Centre, Devon

24hrs CPD Fee: £795

THE SPARK IN THE MOTOR

Module 7 on the SCC Pathway

A three day non residential course

Course Director: Peter Armitage DO, DPO, MSCC

3rd -5th November 2006

Columbia Hotel, London

24hrs CPD Fee: £835

PAEDIATRIC CLINICAL SCREENING

Pre requisite in preparation for Part I

A two day non residential course

20-21 January 2007

INTRODUCTION TO PAEDIATRIC OSTEOPATHY PART I

Module 9 on the SCC Pathway

A three day residential course

23-25 February 2007

PAEDIATRIC OSTEOPATHY PART II

A three day residential course

Course Director: Susan Turner MA, DO, MSCC

27-29 April 2007

Limited spaces available

Modules 5 – 9 can only be taken after successful completion of Module 2 and Module 3 or equivalent.

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

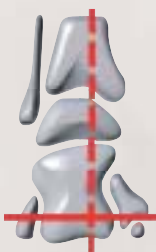
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