

the OSTEOPATH

The magazine for Osteopaths

July 2006
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In this month:

Osteopaths Act NOW!
campaign

Regional Conferences 06/07

In Council – June

**Regional Communications
Network**

Car ergonomics



Regional networking

The General Osteopathic Council

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Registrar's report

"When clouds are seen, wise men put on their cloaks." [William Shakespeare]

Already it is July and an outcome of the Foster Review was first expected at the end of last year. But the profession has certainly 'cloaked up', with over 50% of you now responding to the *Osteopaths Act NOW!*

We have been amazed by how many people outside the profession are aware of the campaign, with osteopaths being applauded for their determination to retain their identity, under the GOsC. The occasional cynic has suggested that a 50% response means that we still do not know how the other half of the profession feels. I take the view that, with such a positive response in favour of profession-led regulation, to better protect patients, it is possible to feel confident about the support of the majority. If you know, or feel otherwise, it is still not too late to let your feelings be known – go to: www.foster-action.com. This website also gives updates of the key MPs and others with whom we have met and shows how you have responded (see also Back chat page 35).

Of course, if you are in support but have not yet managed to file a reply, please do so too! To remind you of the quote from the anthropologist, Margaret Mead:

"Never doubt that a small group of thoughtful, committed citizens can change the world – indeed, it is the only thing that ever has."

Without wishing to 'stick my neck out' too far, I really do feel that the campaign has been effective. We may not secure all the changes to the alleged proposals, but we have bought



thinking time – see Sarah Eldred's report on page 21. We are anticipating an announcement, at least in part, of those areas of the Foster Review which find favour with Government, before Parliament's summer recess. It has been hard for us all, I realise, to continue as normal in the face of such uncertainty but it will, hopefully, have been a worthwhile wait.

Nonetheless, the GOsC has the goals in its Business Plan to meet, so we have forged ahead, taking a positive view of the future. Planning for the Conferences is well underway, with this year's theme being 'Promoting Osteopathy'. You can find out more on pages 8/9.

The meeting with the Regional Communications Network proved to be an invigorating day, with fair and frank exchange making for enlightenment on all our parts. The GOsC is extremely grateful to all who give their time so generously to assist with the communication effort.

One of the GOsC's functions is to protect the title of 'Osteopath' (and the profession's reputation) from misuse by unregistered practitioners to ensure patient safety is paramount. We are pleased to announce another successful 'Protection of title' prosecution (see page 11), and there are more prosecutions planned over the coming months.

Well, summer has taken its time to arrive, but as I write, we are in the midst of a heatwave. Let us hope that by August, traditionally the month that many osteopaths relax, the cloaks will be well and truly shed. Whilst we may not have the full set of Foster outcomes, there will, hopefully, be sufficient to keep us all focused on a bright future.

**Madeleine Craggs,
Chief Executive & Registrar**

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Osteopaths Act NOW! Make your views count

Sarah Eldred, Assistant Registrar (Public Affairs)

Osteopaths have made their views on profession-led regulation loud and clear! To date, 1901 osteopaths have voiced their concerns about proposals within the Foster Review and lodged their support for profession-led regulation for osteopathy. We are also aware of at least 226 Ministers, MPs, Welsh Assembly Members and Members of the Scottish Parliament who have been contacted by osteopaths concerned about the potential impact of reforms on patient safety

This is in addition to the series of BOA/GOsC briefing meetings with key Government officials and politicians. Most recently meetings have been held with Opposition Health Spokesman in the Lords, Earl Howe, and importantly, the new Minister responsible for the Foster Review, Mr Andrew Burnham MP. Although Mr Burnham was not in a position to confirm the outcome of the Foster Review, or the date of an announcement, he did recognise that a "one-size-fits-all" regulation may not be appropriate for osteopaths as primary care professionals.

The 'Osteopaths Act NOW!' campaign has also initiated a number of parliamentary questions to the Government. These include inquiries into the extent of public funding of the GOsC compared to that of the



Health Professions Council, the reasons for any proposed changes and details of assessments into the impact of regulatory reform. Thank you to those osteopaths who have written to their political representatives.

This strength of feeling within the profession has contributed to making the BOA/GOsC-coordinated lobbying campaign such a success. Political representatives from all UK countries are more aware of the Government's review into non-medical health regulation and the potential impact on osteopaths and their patients. Indeed, a number of other healthcare professionals and providers spoke to us at the recent NHS Confederation conference in Birmingham on this very issue.

At time of going to print there is still no confirmed date of a Government announcement concerning the outcome of the Review. When an announcement is made, the GOsC and BOA will write again to all osteopaths to outline the possible implications and any necessary further action. This information will also be available on the dedicated Foster Review website at: www.foster-action.com

If you have any questions about the 'Osteopaths Act NOW!' campaign, please contact Sarah Eldred, Assistant Registrar (Public Affairs), on ext. 245 or email: sarahe@osteopathy.org.uk.



Yellow Pages deadlines

July		August		September	
Chelmsford	04/07/06	Bath	01/08/06	Dundee & Perth	05/09/06
West London	06/07/06	Leeds	03/08/06	Wirral & Chester	06/09/06
Harrow	06/07/06	Nottingham	08/08/06	Bournemouth	11/09/06
Exeter	12/07/06	Derby	14/08/06	Canterbury	18/09/06
South East London	17/07/06	Chester & North Wales	16/08/06	Maidstone	21/09/06
Bromley & Bexley	17/07/06	Manchester North	23/08/06	NI-Belfast	25/09/06
Wakefield	24/07/06	Leicester	29/08/06	NI-South Ulster	25/09/06
Bristol	27/07/06	Coventry	31/08/06	NI-North Ulster	25/09/06

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.

Regional Communications Network meeting - 19 May 2006

Representatives of 25 regional osteopathic groups and the British Osteopathic Association (BOA) gathered at Osteopathy House on Friday, 19 May for an update on key, current Communications, Development and Regulation projects, and to exchange views and provide feedback from regional colleagues.

The challenges presented by the Foster Review of Healthcare Regulation generated extensive discussion, particularly of the progress of the GOsC-BOA *Osteopaths Act NOW!* campaign and opportunities for drawing on the support of patients, along with longer-term options for strengthening the internal structures of the profession.



Communicating risk

Head of Legal Affairs **David Simpson** provided an update on "Clause 20" issues, including work underway with the Osteopathic Educational Institutions, Indemnity Insurance Providers and NCOR to ascertain levels of "risk" inherent in osteopathic care. David also outlined a proposed GOsC leaflet on "Communicating risk" and invited feedback on a medico-legal training course the GOsC is developing for osteopaths – the "Critical Cs", planned for launch in the autumn.

Participants provided valuable input to drafts of two further leaflets currently being developed by the GOsC Regulation department: *Handling complaints locally* (guidance for osteopaths) and *Making a complaint* (advice for patients).

Development Folder

The introduction this autumn of a Development Folder, to include the revised CPD Guidelines and aid Osteopaths in the management of CPD records, was outlined by Marcus Dye. GOsC Head of Development **Vince Cullen** also briefed the meeting on plans for profession-wide consultation on revisions to *Standard 2000 (S2K)* and on the scope – or more accurately – the "framework" of osteopathic practice.

Improving communications

The afternoon session of the meeting was dedicated to Communications issues. As a precursor to surveying the profession next month on preferred methods of communication between the GOsC and osteopaths, the meeting discussed the role of *The Osteopath* magazine and development of a dedicated Registrants' Website, the use of direct mailings versus email, and the function of GOsC Regional Conferences and workshops.

The proposed programme for the 2006/7 round of Regional Conferences was discussed. As the Conferences will focus this time on "Promoting Osteopathy", extensive discussion was given to this issue. Head of Communications **Brigid Tucker** presented an overview of the wide range of current GOsC initiatives and members discussed ways in which more osteopaths might be encouraged to participate in grass-roots opportunities being opened up by the GOsC – through discussion with bodies such as the Health & Safety Executive, the Department for Work & Pensions and the Royal College of Nursing.

Consumer promotion

The demands of consumer and media promotion were reviewed, with particular attention given to countering the adverse press arising from criticism levelled by Professor Edzard Ernst. The GOsC Communications department is working with NCOR to ensure the profession is better equipped to deal with similar challenges in the future.



GOsC arrangements for a prominent Osteopathy stand at The Back Show – a major consumer conference exhibition at London Olympia on 15–16 July – were discussed, along with arrangements for a national media tie-in.

Practice Survey

Regional representatives were also briefed on early plans to develop an extensive *Practice Survey*, intended to collect general information from all osteopaths in the UK about their daily practice. The aim of the project is to provide not just the GOsC, but osteopaths generally, with much-needed current data with which to promote osteopathic practice. Discussion at the meeting focused at this stage on the scope and practicalities of the project. The GOsC and NCOR will work together to develop this initiative and ensure it complements the Standardised Data Collection project already under development by NCOR through the regional research hubs.

All those attending the meeting and representing local osteopathic groups have undertaken to report on these issues to colleagues at local and regional meetings and many have already provided valuable feedback.

Minutes of the 19 May Regional Communications Network meeting will be available to any Osteopath on request. For this, or for further information on any of the projects outlined above, contact the GOsC Communications department on exts. 222 or 247.

GOsC Regional Conferences 2006/7

Promoting Osteopathy – making the most of our potential

It has been said that in professional life, most of us are driven to a greater or lesser degree by three primary motives: to make a name for ourselves; to make a living and/or, to make a difference.

Is this true of you – what makes you want to succeed as an Osteopath? In what terms do you define your "success" as a practitioner?

And is this true too of the profession as a whole? Now, perhaps more than ever before, do we not want to ensure the osteopathic profession is –

- Making a name for itself that is widely-regarded and highly-respected?
- Growing and prospering?
- Making a real difference to the quality of patients' lives and healthcare in Britain?

The 2006/7 GOsC Regional Conferences will explore Osteopathy's promotional challenges and opportunities.



"Promoting Osteopathy" is an issue on which almost everyone has a view. You are warmly invited to debate the profession's promotional priorities and shape a new strategy for success.

Once again, the interactive, open-forum format of these meetings will provide an opportunity to air your concerns and share your ideas. Join with colleagues to weigh up GOsC proposals, consider your own potential for raising awareness of osteopathy, and take away ideas for enhancing your own practice profile.

The dates and locations of these full-day meetings (9:45am – 4:45pm) are listed below and a Conference booking form is enclosed with this issue of the magazine. Please complete and return the booking form to as soon as possible to ensure you are able to secure a place at your conference of choice.



Series I: Autumn 2006

Saturday 30 September 2006	Region 1: Northern England Venue: Craiglands Country Retreat, Ilkley, West Yorkshire
Saturday 14 October 2006	Region 2: South-West England & South Wales Venue: Rookery Manor, Edingworth, Somerset (M5, J22)
Saturday 11 November 2006	Region 3: London & Eastern Counties Venue: Holiday Inn London-Elstree, Borehamwood, Herts (M25, J23)

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 (venues to be confirmed)

Proposed programme

Session I *Making a name – promoting the "Osteopathic identity"*

What's the GOsC ever done for us?

Overview of GOsC promotional activities – do they exist?

- What **is** Osteopathy? What **are** we promoting?

Panel debate on a "unique" issue.

- Optimising the opportunities – your role and the GOsC role.

Open forum discussion of opportunities to consolidate osteopathy within a competitive market.

Session II *Osteopathy – a prospering profession?*

- How is the osteopathic profession shaping up? Researching your practice and the market.

Planned profession-wide practice survey – what promotional value does this offer you?

Presentation and discussion.

- Practice audit – your sharpest marketing tool?

Collecting and sharing data – is "Standardised Data Collection" simpler and more vital to your practice than you realise?

Presentation and discussion.

- Knowing your audience & their needs – public awareness of Osteopathy.

Session III *Osteopathy – making a difference: the Patient Perspective*

- How does osteopathy make a difference?

- What are your patients' expectations of osteopathy? Are you really "patient-focussed"?

- Are you really listening?

- Promoting "patient enablement". The patient-practitioner relationship.

Presentation and discussion.

Making a difference: the power of 'Word-of-Mouth Marketing'

In the face of information overload, marketing research shows us to be increasingly reliant on the opinion and guidance of friends and family. Many patients discover Osteopathy through word-of-mouth – a communications expert shows how you can hone "word-of-mouth" into a marketing tool.

Presentation and discussion.

The Foster Review – debating the future

As we go to print we are still awaiting an announcement of the findings of the Foster Review of Healthcare Regulation. Any recommendations that would significantly impact on the future of the profession are likely to form the subject of debate at the 2006/7 Regional Conferences. We shall, therefore, alter the content of the Conference programme, if necessary, to ensure there is sufficient opportunity to update you on developments and to debate options for the future of the profession.

“Quality is never an accident. It is always the result of intelligent effort”

John Ruskin



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GOsC hears from final-year students

Rebecca Costello, Registration Secretary

During the first half of 2006, representatives of the GOsC visited several of the Osteopathic Educational Institutions (OEIs) to give a presentation to the final-year students. The purpose of the visits was to introduce the GOsC to those students who are nearing the end of their courses and preparing to commence their professional lives as Osteopaths.



and the role in this of the GOsC. This allowed students the opportunity to ask questions or air concerns regarding their future registration and involvement in the osteopathic profession. It was encouraging to see that many already have a keen interest in the promotion of osteopathy and are also following the progress of the Foster Review closely.

The London School of Osteopathy, British School of Osteopathy, British College of Osteopathic Medicine, College of Osteopaths, European School of Osteopathy and Oxford Brookes University invited the GOsC to brief over 200 final-year students on statutory self-regulation

With the 'exam season' upon us we would like to take this opportunity to wish the final-year students at each of the OEIs all the very best and we look forward to welcoming them onto the Register following the successful completion of their courses.

GOsC wins 'osteopath' title protection case

On 17 May 2006, Ms Fiona Judson of Evesham, Worcester pleaded guilty to two charges of unlawfully describing herself as an osteopath. Ms Judson was fined £1,000 by Worcester Magistrates' Court and ordered to pay the GOsC's costs of almost £2,000.

Under the Osteopaths Act 1993 it is an offence for any person to describe themselves as an osteopath, unless registered with the GOsC. The Court found Ms Judson in breach of section 32(1) of the Act, which states:

"A person who (whether expressly or by implication) describes himself as an osteopath, osteopathic

practitioner, osteopathic physician, osteopathist, or any other kind of osteopath, is guilty of an offence unless he is a registered osteopath."

In deciding on the level of fine, the Court took into account Ms Judson's limited means.

Ms Judson came to GOsC attention following a complaint from a patient who had found her name in the telephone directory. Ms Judson later verbally confirmed to the patient that that she was an osteopath.

The GOsC is encouraged by the successful outcome of this case and has several further prosecutions in the pipeline.



Thomson Closing dates

July	August	September					
Weston Super Mare	08-07-06	Aylesbury	04-08-06	Newbury	1-09-06	Central London	15-09-06
York	08-07-06	Burton	04-08-06	Sth Warwickshire	1-09-06	Chesterfield	22-09-06
New Forest	08-07-06	Doncaster	04-08-06	Southampton	1-09-06	Durham	22-09-06
Crewe	08-07-06	Sandwell	04-08-06	Worcester	1-09-06	Ealing	22-09-06
Eastbourne	15-07-06	Barnsley	11-08-06	Brighton	1-09-06	Hillingdon	22-09-06
Glasgow East	15-07-06	Bridgend	11-08-06	Slough	1-09-06	Wakefield	22-09-06
Glasgow North	15-07-06	Northampton	11-08-06	Bournemouth	8-09-06	Bromley	29-09-06
Glasgow South	15-07-06	Hastings	11-08-06	Chelmsford	8-09-06	Lewisham	29-09-06
Glasgow West	15-07-06	Kingston	18-08-06	Heads Of The Valley	8-09-06	Liverpool	29-09-06
Enfield	22-07-06	Lanarkshire	18-08-06	Kidderminster	8-09-06	St Helens	29-09-06
Hertford	22-07-06	Manchester	18-08-06	Winchester	8-09-06	Stockport	29-09-06
Peterborough	22-07-06	Sunderland	18-08-06	Chichester	8-09-06	Warrington	29-09-06
Southport	22-07-06	Bath	25-08-06	Richmond	15-09-06		
Bolton	29-07-06	Cambridge	25-08-06	Great Yarmouth	15-09-06		
March	29-07-06	Dudley	25-08-06	Ilford	15-09-06		
Stamford	29-07-06	Exeter	25-08-06	Kilmarnock	15-09-06		
Scarborough	29-07-06	Reading	25-08-06	Norwich	15-09-06		

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GOsC diary June 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.

1	Thursday	GOsC - RCGP*: CAM Action Group GOsC - Insurance Providers biannual meeting
2	Friday	GOsC - Tangerine: development of new promotional material
5	Monday	Audit Clearance meeting with GOsC Treasurer & Buzzacott (auditors)
7	Wednesday	EU Directive on Recognition of Professional Qualifications update
8	Thursday	GOsC/BDA* meeting with Andrew Burnham MP, Minister of Health CHRE - Chief Executives' meeting NCOR* bi-monthly meeting UKIPG* Professional Regulation Working Party
9	Friday	GOsC visit to OBU* final year students
13	Tuesday	UKIPG* Professional Regulation meeting
14	Wednesday	NHS Confederation Conference & Exhibition (14-16 June)
15	Thursday	GOsC Council Meeting
16	Friday	CHRE* Fitness to Practise forum GOsC meeting with DEIs*
20	Tuesday	GOsC meeting with Earl Howe MP, Shadow Minister for Health GOsC - CHRE*: Rosemary Macalister-Smith, Head of International Regulation
21	Wednesday	Investigating Committee meeting GOsC Regional Conference programme development - speaker presentation CHRE* Annual Conference: patient / practitioner boundaries Northern Ireland health policy update - Fionnuala Cook, GOsC Council Member
22	Thursday	AURE - EU lobbying meeting
23	Friday	GOsC Professional Conduct Hearing GOsC - FIH*: NHS commissioning GOsC public affairs strategy meeting with PM Political consultancy
26	Monday	UKIPG* Main Group meeting
28	Wednesday	AURE* meeting with European Commission, Brussels HPCB* Project meeting, Brussels
30	Friday	GOsC/BDA*/DEIs* - Benchmarking: guidelines for osteopathic education

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		

*BDA - British Osteopathic Association

CHRE - Council for Healthcare Regulatory Excellence

FIH - Prince's Foundation for Integrated Health

HPCB - Healthcare Professionals Crossing Borders

NCOR - National Council for Osteopathic Research

OBU - Oxford Brookes University

DEIs - Osteopathic Educational Institutions

RCGP - Royal College of General Practitioners

UKIPG - United Kingdom Inter-Professional Group

In Council

Jane Quinnell, Clerk to Council

The 50th meeting of the General Osteopathic Council took place on Thursday 15 June 2006 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted included:

Foster Review

An update was given on the Osteopaths Act NOW! campaign. Details of lobbying activities and meetings were given to members. These and response statistics as at 14 June 2006 can be found on www.foster-action.com/news. Council members expressed appreciation for the significant contribution from osteopaths who had been involved in various ways. The outcome of the Foster Review was still awaited but a partial announcement was likely before Parliament rises for its summer recess.

Chairman's Report

International Affairs Committee

Council ratified the Chairman's decision to dissolve the Committee, following discussions with the Committee's Chairman, as its work had been absorbed into the work of the Forum for Osteopathic Regulation in Europe (FORE), the Communications Committee and through the leadership of the Council Chairman.

Forum of Osteopathic Regulators in Europe (FORE)

A second meeting had taken place on 20 and 21 May 2006 in Vienna and a fuller report can be found in the Political round-up on page 21.

National Council for Osteopathic Research (NCOR)

Steve Vogel, Chairman of NCOR's Working Group on Adverse Events made a presentation to Council on the Group's preliminary research and development recommendations on the Experience of Treatment, Risks, Benefits and Consent. Council agreed to the Group applying for funding, to develop a full proposal to fund adverse events research.

Legislative Review

Consideration of the further work, requested by Council at its last meeting in March, was postponed pending the outcome of the Foster Review.

Financial matters

Management Accounts

Management Accounts Highlight Report for the year end to 31 March 2006.



Regional Conferences

Treasurer's action to reduce the cost of the Regional Conferences from \$55 to £50 pp.

Professional Conduct Committee (PCC) and extension of the principle of joint chairmanship

To increase the efficiency of convening PCC hearings, Council agreed to all lay Council members of the PCC being appointed as joint chairmen of the PCC with the chair being rotated (subject to availability) to allow the joint chairmen to sit on the same panel but to avoid conflict of roles.

Council and Co-opted Members' Code of Conduct and process for making a complaint against such members

Following review of the Council's Code of Conduct, members agreed, subject to some slight amendments, to accept the revised Code. The proposed process for making a complaint against Council and Co-opted members, in respect of their Council work, was also agreed. The Code would be circulated to all Members and the Complaints process would be put on to the GOsC website.

GOsC Standing Orders 1998 and Good Governance Handbook 2006

Following the Audit Committee Review of the Standing Orders 1998 and the incorporation of relevant Orders into a proposed new Good Governance Handbook 2006, Council agreed to revoke the Standing Orders 1998. Slight further amendment to the draft Good Governance Handbook would be carried out and the Handbook would then be issued to all Council members and put on the GOsC website.

Council for Healthcare Regulatory Excellence (CHRE)

The meeting planned for 21 June 2006, with the Department of Health, at which we had hoped to receive an outcome from the Foster Review, had been changed to focus on CHRE's Boundaries Project.

Minutes and papers for CHRE Council meetings can be found on www.chre.org.uk or via the GOsC website link to CHRE.

Council and Committee meeting dates – April 2007 to March 2008

Proposed dates were received and will be confirmed at the Council meeting on 19 September 2006.

Public meetings for Council and Education Committee are proposed as:

Council	Education Committee
14 June 2007	10 May 2007
18 September 2007	17 July 2006
4 December 2007	25 September 2007
12 March 2008	22 November 2007
	19 February 2008

Committees and Senior Management Team

Re-constitution of the Council Committees

Ratified Council's approval of the re-constitution of Council's Committees, following the Council Elections 2006, which was dealt with out of Council (committee membership is set out on the GOsC website).

Update reports

Update reports were received on the work of the Committees that had met since the previous Council meeting in March 2006 and on the work in progress reports from members of the Senior Management Team. More detail will be available in the full minutes of this meeting when they are posted on the GOsC website (www.osteopathy.org.uk/about_gosc) after approval at the next Council meeting.

Future Council meetings

- 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.

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Achieving value for patients and the public – NHS Confederation June 2006

As part of our continuing strategy to develop wider access to osteopathy on the NHS, the GOsC took part in the **2006 NHS Confederation annual conference and exhibition** last month. This three-day conference, running from 14 to 16 June at the International Conference Centre in Birmingham, is viewed as the year's premier event for NHS healthcare leaders and decision makers across the UK.

NHS reform and meeting patients' expectations were the key focus of this year's conference, which attracted over 2,000 delegates, primarily key decision-makers responsible for purchasing and strategy. The exhibition forms an integral part of the event, representing an invaluable opportunity to network and share information on the status of the osteopathic profession. Key areas of



interest included osteopaths' role in Practice Based Commissioning, the development of the Department of Health's Musculoskeletal Services Framework and the potential implications of the Foster Review.

Delegates were also interested in osteopathic solutions to their own health problems. GOsC staff and several local osteopaths made the

most of the opportunity to field enquiries with the aid of promotional literature, the GOsC website and on-line Register.

Specials thanks to osteopaths **Rosie McCauley, David Evans, Bharpoor Sohal, John Winton** and **Jonathan Mussen** for generously volunteering their time to help promote the osteopathic profession.

For more information on NHS Confederation call tel: 020 7074 3200 or visit www.nhsconfed.org.

Osteopaths run in memory of David Somerville

As reported in the March issue of *The Osteopath*, the largest women-only race in Britain took place on Sunday 21 May 2006 in Glasgow. Approximately 15,000 women participated in the run, which took runners around Glasgow's picturesque South side, starting and finishing in Bellahouston Park.

Runner and team organiser **Gillian McIntosh**, was joined by fellow osteopaths, **Heidi Cram** and **Helen McLean**. All finished in respectable times, even though Gillian saw fit to run with a chest infection.

The team were raising money for the Scottish Mountain Rescue in memory of osteopath **David Somerville** (the charity his family had chosen) after his tragic death earlier this year. So far, they have raised in excess of \$200, with money still coming in.



Gillian commented: "The Women's 10K run offers a great opportunity to demonstrate that we practise the healthy lifestyle we offer to our patients, whilst at the same time raising much-needed funds for charity. The atmosphere on the day was amazing and we hope to attract many more female

osteopaths to join us next year."

Meanwhile, two male osteopaths ran the first ever male-only 10K run in Glasgow for Men's Health Week last month. The event attracted approximately 1,500 participants.

The team are still collecting sponsorship money and any further donations would be appreciated. Please contact Gillian McIntosh on tel: 0141 632 1266 or email: Gillian@gillian-mcintosh.co.uk.

European osteopathic online forum

Jody Jakob DO, Portugal (UK registered)

The online osteopathic discussion group, **Osteopathy For All**, was set up approximately three years ago to look at issues concerning Osteopathy in Europe. Now with 170 members (mostly UK registered Osteopaths), we have an average of 60 posts per month. Whilst the group is aimed primarily at osteopaths, we welcome contributions from other healthcare professionals who have an interest in Osteopathy and also those from outside Europe. Posts are made in English to stimulate international advice and comment.



The group is moderated to maintain a level of discussion that is responsible and respectful of others in spite of any differences of opinion. It is a place to exchange messages of substance and share experiences. We ask our members to post messages only to the group and not to reproduce the posts of other members elsewhere without permission of the author.

It is free to join – simply go to <http://health.groups.yahoo.com/group/OsteopathyForAll/> and press the 'Join' button.

Update on naturopathic regulation

The **General Naturopathic Council (GNC)** is a new body established to regulate the naturopathic profession in the UK. At present, there is a confusing array of naturopathic registers, and no independent guidance for the public on which to choose. In addition, anyone can call themselves a naturopath and set up in practice, irrespective of their qualifications.

The stated objectives of the Council are:

- to harmonise the various naturopathic organisations in the UK in terms of educational standards and professional competence;
- to coordinate activities designed to enhance the naturopathic profession and
- to express one unified voice in national and European debates regarding regulation of the profession.

The Council comprises representatives from existing naturopathic registers, colleges and associations. It aims ultimately to form the unified register of all UK naturopaths and to accredit colleges against common standards.

What happens next?

The next step for the recently-formed GNC is to decide what sort of regulatory body is best. Naturopathy is included in the Prince's Foundation for Integrated Health (FIH) programme (part-funded by the Department of Health), which supports the regulation of ten complementary therapies. The Foundation is currently consulting all stakeholders on a federal approach to voluntary self-regulation. The document *Exploring a Federal Approach to Voluntary Self Regulation of Complementary Healthcare* can be found at the PFIH's website: www.fihealth.org.uk and all interested parties may respond. The consultation period ends on 28 July 2006.

There is still some way to go before the GNC is fully developed, so it is timely for your comments or concerns about the future of naturopathy to be put to the Council. Rachel Martineau DO, a graduate of the British College of Naturopathy and Osteopathy (now the British College of Osteopathic Medicine), is an observer on the GNC, representing osteopaths who have trained in naturopathy but who are not registered as naturopaths. Contact Rachel by email at rachelmartineau@remsley.plus.com.

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

The day I ditched my diary

Leo Meyer DO, London

When I started out building my business as an osteopath, life was simple and straightforward. I had a steady stream of patients who miraculously arrived on time for their appointments and through word of mouth my practice grew at a manageable pace. I would usually spend half an hour or so between appointments, returning messages and booking new patients into my rather dog-eared diary, and I have to admit to thoroughly enjoying the pace and autonomy of my newly founded practice.



Then one day, it all changed. My client list started to expand rapidly and I found I was turning up at my practice at 8am to fit patients in. The same started to happen in the evening, and I found I was keeping my practice open later and later in an attempt to accommodate the influx of stressed-out professionals pleading with me for after-hours appointments. Before long, I was working right through without a break, unable to answer calls from patients and instead, having to rely on them to leave messages. More often than not, I would arrive at the end of my day feeling too exhausted to even contemplate returning a machine full of unanswered calls.

I knew I was starting to lose patients who needed the reassurance then and there that an appointment could be made for them. The ones who did leave messages proved difficult to get hold of and when I eventually managed to get through to them, I often found they had gone elsewhere for treatment. I thought about employing a receptionist, but I didn't really have the space and couldn't justify the additional cost, so I decided to look into the secretarial services that go under the heading of 'virtual office' to try to find a solution to my dilemma. I discovered that many of the services currently on offer are not aimed at health practitioners and are mostly reliant on relaying messages rather than making appointments, which would still have meant spending the latter part of my day returning calls.

I was aware that many large businesses used shared online diaries that could be accessed by different people and updated in real time. Unfortunately, even the best virtual office companies could only offer very basic diary services which wouldn't allow me to make my own appointment changes in real-time. I also found they weren't able to offer many of the other services I needed, such as invoicing, managing cancellations and sending out appointment reminders. And anyway, I wanted real people behind my business, people with patience, knowledge and an understanding of my practice.

I finally gave up looking and decided the only answer was to create my own reception service. Following numerous discussions and months of research, I came up with the

concept of IdealReceptionist, which I initially trialed within my own practice and with a few close colleagues before rolling it out to other practitioners.

The difference between IdealReceptionist and other virtual reception services is that the phone is answered in the practice's name by a fully-trained, dedicated receptionist who is familiar with the practitioner's business. This way, the practitioner gets to know his or her receptionist and in turn, the receptionist gets to know the practitioner's patients.

I must admit, when I first started out developing a second business, I found it rather daunting and a little overwhelming at times. However, the phenomenal response received so far has convinced me that there are many other practitioners like me, who find they are treating the stress of their patients without having a solution to their own pressures. Perhaps now they can do as I did and ditch their diaries in return for a professional reception service to help to alleviate many of the daily demands of a busy practice.

For further information about IdealReceptionist services, contact: IdealReceptionist on tel: 020 8788 6486, email: contact@IdealReceptionist.co.uk, or visit: www.IdealReceptionist.co.uk.

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THE SHOULDER – THEORY AND PRACTICE (tutor Dr Jeremy Lewis PhD PT)

Oct 14 to 15 – Taunton, Oct 28 to 29 – London, Nov 11 to 12 – Fife, Scotland, Dec 9 to 10 – Sutton-in-Ashfield, Notts

THE COMBINED APPROACH TO THE SACROILIAC JOINT (tutors Howard Turner BSc MCSP or Hugh Jenkins BSc MCSP)

July 8 to 9 – Notts, Sept 9 to 10 – Liverpool, Oct 7 to 8 – Crewe, Cheshire, Oct 28 to 29 – Aylesbury, Bucks, Nov 11 – 12 – Cardiff, Nov 25 – 26 – Fife, Dec 9 – 10 – Uxbridge, Middx

PRACTICAL PODIATRIC BIOMECHANICS (tutor Paul Harradine, MSc, BSc (Hons), SRCh, Cert Ed, Podiatrist)

July 15 to 16 – Uxbridge, Middx, Sept 16 to 17 – Harrogate, Sept 30 to Oct 1 – Guernsey, Nov 11 – 12 – Hemel Hempstead, Herts

ALTERED HAEMODYNAMICS (tutors Alan Taylor MCSP MSc & Roger Kerry MCSP MMAPC MSc - this course is MACP accredited)

Sept 9 to 10 – Farnham, Surrey, Oct 14 to 15 – Bournemouth

HAEMODYNAMICS OF THE CERVICAL ARTERIES: VBI ISSUES (tutors Alan Taylor & Roger Kerry)

October 6 – Bradford, Nov 25 – Bury St Edmunds, Suffolk

TREATMENT OF SPINAL DYSFUNCTION WITH COMBINED MOVEMENT THEORY:

MOBILISATION & MANIPULATION (tutor Christopher McCarthy PhD, PGD Manipulative Therapy, PGD Biomechanics, MMAPC, MCSP)

July 22 to 23 – Gillingham, Kent, Oct 7 to 8 – West Midlands, Oct 21 to 22 – Salisbury, Nov 25 to 26 – Leicester. This course is MACP accredited.

SPORT & EXERCISE FIRST AID (tutor Tony Bennison) September 8th – Aldershot, Hampshire

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Sept 30 to Oct 1 – Sutton Coldfield, West Midlands

ANTERIOR KNEE PAIN: DIFFERENTIAL DIAGNOSIS & TREATMENT (Lee Herrington MSc, MCSP, CSCS)

July 15 to 16 – Reading, Sept 16 to 17 – Peterborough, Nov 16 – 17 – Chichester, West Sussex

PAEDIATRIC RESPIRATORY & ORTHOPAEDIC WORKSHOP (tutors Peter Beirne MCSP & Paul Ritson MCSP)

Sept 2 to 3 – Newcastle, Oct 21 to 22 – Cardiff

GRADE V SPINAL MANIPULATION (tutor Neil Langridge MSc MMAPC MCSP)

Sept 9 to 10 – Bournemouth, Oct 14 to 15 – Leicester, Nov 25 to 26 – Taunton, Somerset

WORLD CLASS SPORTS MASSAGE (tutor Bert Appleton MA LSSM MSMA)

Sept 2 to 3 – West Midlands, Oct 7 to 8 – Paisley, Scotland

PROPRIOCEPTION & NEUROMUSCULAR CONTROL IN EXERCISE REHAB FOR

THE LOWER LIMB (tutor Nicholas Clark)

Aug 5 to 6 – Northampton, Sept 2 to 3 – Oswestry, Oct 7 to 8 – Wirral, Oct 28 to 29 – Farnham, Surrey, Nov 11 to 12 – Peterborough, Cambs, Dec 2 to 3 – Winchester, Hants

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REGION (tutor Haydn Gambling B.App.Sc. Phys) July 14 to 16 – Manchester

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Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

New Health Minister

The local elections held on 4 May saw Labour's share of the vote drop to 26% with the Conservatives on 40% and Liberal Democrats on 27%. The Conservatives now have 1830 councillors, Labour 1439 and Liberal Democrats 909. Tony Blair radically reshaped his Cabinet on 5 May and the subsequent ministerial shake-up saw **Andy Burnham MP** (Leigh) take over as Health Minister from **Jane Kennedy MP**, who resigned from the Government citing concerns over NHS reforms. Andy Burnham was elected in 2001 and previously served in the Home Office. He cites health policy as one of his political interests.



Government. The summit followed the launch, in October 2005, of a strategy by the Department for Work and Pensions, Department of Health and the Health and Safety Executive, setting out a blueprint for change to create healthier working environments, but also to ensure people get the help they need to stay in work if they become ill. The GOsC has been invited to join

working groups to help apply the Government's strategy.

Patient forums

Health Minister **Rosie Winterton** announced the opening, on 1 June, of a new national Patient and Public Involvement Resource Centre run by a consortium made up of the University of Warwick, The Centre for Public Scrutiny and the Long Term Medical Conditions Alliance. The Health Minister said: "The Centre will be a one-stop shop for information and advice". **Harry Cayton**, the Department of Health's Director for Patients and the Public, said: "There is much active engagement of service users and patients already; cancer networks, mental health user groups, patient surveys and public consultations. The new centre will bring all this expertise together as a focus for learning and innovation".

Foster Review

Mr Burnham has yet to take a decision with regard to the Foster Review on the reform of healthcare regulation - no date has been set for publication. For further information about what action has and is being taken, see page 6.

Complementary Medicine debate

Responding to the letter from doctors and scientists urging the NHS to stop funding complementary therapies, Liberal Democrat Shadow Health Secretary, **Steve Webb MP** said in a press release on 23 May: "We should be open to new ideas and treatment and evaluate them in a systematic and fair way which is consistent with the way other treatments are assessed. We would welcome more funding from the Government for testing of non-patentable complementary therapies to ascertain whether they are effective or not". The GOsC may contact Professor Webb to discuss the current provision of osteopathy on the NHS.

Musculoskeletal Services Framework

We have received notification from the Department of Health that many of the GOsC's comments on the Musculoskeletal Framework have now been incorporated into the final document. We have been actively liaising with the author of the document at the Department of Health to ensure that appropriate recognition is given to the contribution of the osteopathic profession. In response to a recent parliamentary question, then Health Minister **Liam Byrne MP** responded that the framework will be published "later this year" - no date has yet been set.

Health, Work and Wellbeing Summit

GOsC Chairman **Nigel Clarke** and Assistant Registrar (Public Affairs) **Sarah Eldred** attended the Government's 'Health, Work and Wellbeing' Summit on 3 May, along with key stakeholders from industry and

Hillsborough Castle Garden Party & Healthcare Exhibition

The GOsC was invited to attend and exhibit at Secretary of State, **Peter Hain's** Garden Party on 15 May at Hillsborough Castle. Held on the same day as the first meeting of the new Northern Ireland Assembly, the event was attended by 2,000 guests, including Members of the Legislative Assembly. HRH the **Prince of Wales** and the **Duchess of Cornwall** met some of the guests and visited the exhibition area, including the GOsC stand (below). Mr Hain and Health Minister, **Paul Goggins** also talked with GOsC representatives and afforded us the opportunity to update the Northern Ireland political community on the status of the osteopathic profession.



We were also able to speak with officials on the development of policy to provide wider access to complementary medicine in Northern Ireland. GOsC representatives included Council Member **Fionnuala Cook**, Assistant Registrar **Sarah Eldred** and local osteopath **Ralph McCutcheon**. The GOsC has now been invited to join a working group tasked with developing policy on integrated healthcare in Northern Ireland.

www.osteopathy.org.uk

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- Find an Osteopath online
- Press releases
- Picture library
- Case studies and statistics
- Osteopathy and the NHS
- Research
- CPD

Parliamentary Questions

Foster Review: Laurence Robertson (Con Tewkesbury), Shadow Minister for Northern Ireland, asked on 3 May what plans there were to amend the arrangements for the regulation of osteopaths. Jane Kennedy replied that "an announcement about the review will be made shortly".

Dr Richard Taylor (Ind Wyre Forest) asked on 15 May about the expected publication date of the Foster Review. **David Amess** (Con Southend West) asked on 15 May when the Foster Review would be published; when the regulatory impact assessment would be published; what discussions had taken place with the osteopathic profession on possible changes as well as the impact on patient care. Andy Burnham replied saying: "We will publish our decisions on the review of non-medical professional regulation and on the Chief Medical Officer's review of medical revalidation and related subjects in due course. A statement will be made at that point. The review used a wide range of evidence, including from the osteopathic profession."

Health Professions Council: Dr Richard Taylor (Ind Wyre Forest) asked on 15 May about the costs to public funds of the GOsC the GCC and the HPC. Andy Burnham responded that "no money was paid to these organisations which are self-funded through registrants' subscriptions, with the exception of £1,465 paid to the GCC in 2004-05 for the cost of room hire and catering". We will be asking Dr Taylor to submit a further question on the Government funding of the HPC.

Shipman Inquiry: Steve Webb (Lib Dem Northavon) asked on 11 May why the Government had not yet implemented the recommendations of **Dame Janet Smith's** inquiries into the Shipman case. Andy Burnham replied that some action had been taken but that the Government now awaited the review by the Chief Medical Officer (CMO) on certain aspects of medical regulation, including the revalidation of doctors. Once this has been considered, "the Government will publish a comprehensive action programme responding to the outstanding recommendations of the Shipman Inquiry".

Robert Goodwill (Con Scarborough and Whitby) asked on 11 May when the CMO will release his review on the Shipman Report. Andy Burnham replied that the CMO was finalising his report.

European Union

Forum for Osteopathic Regulation in Europe

A second meeting of the Forum for Osteopathic Regulation in Europe (FORE) took place in Vienna from 20-21 May following exploratory talks in November 2005, instigated by the GOsC.

The GOsC's Code of Practice was used as a model to develop a European Code of Practice. Discussion also focused on the distinct roles of FORE and those of existing European osteopathic organisations; the importance of sharing information and the need to develop a FORE website and dedicated secretariat.

The meeting was attended by 25 delegates representing osteopathic organisations from 12 EU / EEA Member States. GOsC Chairman Nigel Clarke, Head of Development Vince Cullen, and Assistant Registrar (Public Affairs) Sarah Eldred represented the GOsC.

Health-EU Portal

The European Commission has set up a new 'Health Portal' on the internet providing answers to health questions for European citizens. The launch took place on 10 May in Malaga, Spain, at the Commission-sponsored "ehealth" conference. The Health-EU Portal is defined as a gateway to simple and sound information on 47 topics, divided into six thematic areas, including 'Care for Me' which sets out policies on patient safety of interest to the GOsC. The portal is designed as a professional tool aimed at citizens, patients, healthcare professionals and scientists. <http://health.europa.eu>.

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UK EVENTS

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Yoga and Osteopathy	Sat 9 Sept
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Neuro-linguistic Programming in Osteopathy	Sat 21 Oct
<i>Will Williams DO</i>	10am-2pm £40
Buteyko Breathing	Sat 11 Nov
<i>Janet Brindley, Rachel Ives MSc, DO</i>	10am-5pm £85
Pilates and Osteopathy	Sat 18 Nov
<i>Susie Lecomber BSc (Hons)</i>	10am-5pm £85

INTERNATIONAL EVENTS

'La Speccola' Wax Anatomy Museum	6-8 Oct
<i>Guided Visit, International Speakers & Gala Dinner</i>	FLORENCE £250 + flight
Traditional Medicine, Scuba Medicine & Diving with Whale Sharks	March 2007
	BELIZE See website for further details

For bookings or further details,
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National Council for
N C O R
 Osteopathic Research

Research Hub news

The development of a standardised data collection tool has been proceeding in many of the longer established hubs. Some of those hubs are now undertaking slightly different forms of activities and these are listed below.

Location of research hubs in UK and Ireland



BRISTOL

Thursday 7 September, 7–9 pm. Osteopathy and the treatment of hypertension – what is the evidence?

EXETER

Saturday 7 October, 10 am to 12 noon. Looking at consent forms and the issue of consent in clinical research and practice.

Saturday 9 December, 10 am to 12 noon.

GLASGOW

Date to follow

HAYWARDS HEATH

Sunday 24 September, 10 am to 12 noon.

Sunday 3 December, 10 am to 12 noon.

LEEDS

Tuesday 12 September, 7–9pm. Using outcome measures.

Tuesday 14th November, 7–9pm

LONDON

Tuesday 11 July, 7–9pm. Examining the Ernst and Canter systematic review.

OXFORD

Wednesday 13 September, 7–9pm.

PERTH

Date to follow.

Outcome measures

Carol Fawkes BA [Hons] DO, Research Development Officer

Many osteopaths will be familiar with the concept of clinical governance. Demonstration of a practice's clinical governance policy has now become a requirement by many healthcare insurers. Clinical governance itself is a public recognition of the fact that quality, accountability, transparency and continuous improvement are vital aspects of the life of any healthcare professional.

What is an outcome measure?

Clinical governance attempts to examine competence of practice, among other aspects of care, as part of a quality assurance process. The use of appropriate outcome measures can play a significant part in this aspect of care, as they assess the results of healthcare processes in a more objective manner. Essentially, they measure the change from one specified time point (e.g. before a treatment intervention began) to another time point (e.g. following a single or a specified number of treatment interventions). Outcome measures are most useful when they are standardised and have clear and explicit instructions concerning how to administer and score them. Many of these instructions can be found in the original paper in which the outcome measure was published.

What features should outcome measures possess?

In order for outcome measures to be used appropriately and effectively, it is important that they are easy to use in terms of administration and time; equally they should not cause pain or discomfort to the patient being assessed. A key feature of an outcome measure is that it should demonstrate both validity and reliability and be sensitive to the change(s) required to be measured as the change(s) occur(s) over time.

The **reliability** of an outcome measure is concerned with how effectively the assessment can be repeated when it is employed by different individuals and on different occasions.

The **validity** of an outcome measure is concerned with how well the measure assesses the feature(s) of patient care being measured, e.g. mobility, satisfaction or pain.

The **sensitivity** of an outcome measure is its ability to detect subtle changes in a patient's progress when measured over a specific period of time.

Examples of outcome measures

A series of paper-based questionnaire designs are

available for use as outcome measures. These can measure clinical conditions, such as osteoarthritis, or pain, or general states of wellbeing. Computer-based outcome measures are also available (e.g. LIFEware) but sophisticated software systems are required to administer them and need significant financial input. Examples of some frequently used outcome measures are given below. These outcome measures are frequently referred to in published research.

Visual Analogue Scale (VAS)

This is one of the most frequently used outcome measures. It attempts to measure a patient characteristic that occurs across a continuum and cannot be easily measured in a direct manner (e.g. pain). It usually consists of a 100 mm horizontal line and is accompanied by narrative descriptions at each end.

No pain Very severe pain



This is a highly subjective measure and is most useful when attempting to assess change in patients. Further information on the use of the visual analogue scale can be found in: Wewers ME and Lowe NK. A critical review of Visual Analogue Scales in the measurement of clinical phenomena. *Research in Nursing and Health*. 1990;13:227-236.

Western Ontario and MacMaster Universities Osteoarthritis Index (WOMAC)

This is a self-administered questionnaire designed to assess three dimensions of pain, disability and joint stiffness concerning osteoarthritic changes in the knee and hip, using a selection of 24 questions. The latest version of this outcome measure, the WOMACTM 3-1, is available in an extensive variety of languages. It is available in both 5-point Likert and 100 mm Visual Analogue format in most languages.

McGill Pain Questionnaire

This is a patient-completed questionnaire to assess subjective pain experience using three types of word descriptors – sensory, affective and evaluative. Three measures can be derived from the assessment process:

- The pain rating index, PRI, which is based on numerical values assigned to each word descriptor.
- The present pain intensity, PPI, which is a 0–5 scale derived from the pain description section –

nopain, mild, discomforting, distressing, horrible or excruciating

- The number of words chosen, NWC.

Further information on this outcome measure can be found in the paper: The McGill Pain Questionnaire: major properties and scoring methods. *Pain*. 1975;1:277-299.

For further information see: www.womac.org/womac/index.htm.

Roland and Morris Disability Questionnaire

This is a patient-completed questionnaire which consists of 24 statements from the Sickness Impact Profile. Activities covered include self-care, sleeping and mobility. The 24 items are scored from 0 or 1; a higher score represents a worse level of dysfunction. Further information concerning the development of the questionnaire can be found in the paper: Roland M, Morris R. A study of the natural history of back pain: Part 1: Development of a reliable and sensitive measure of disability in low back-pain. 1983; *Spine*. 8(2):141-144.

Instructions for use and the method for scoring can be found in the paper: Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. *Spine*. 2000;25(24):3115-24.

Oswestry Disability Questionnaire (ODI)

This outcome measure uses a patient-completed questionnaire which provides a subjective percentage score of level of function (disability) concerning some of the activities of daily living in patients undergoing rehabilitation from an episode of low back pain. It is currently only available in English. The questionnaire examines perceived level of disability in 10 everyday activities. Further information can be found at: www.orthosurg.org.uk/odi.

Short Form-36 (SF36)

This is a general health status outcome measure that is completed by patients either on their own or with assistance. It considers eight aspects of health status: physical function, physical role, bodily pain, general health, vitality, social functioning, emotional role, mental health and health transition. Analysis is carried out by coding scores, adding them and transforming them into a scale from 0 (worst possible health status) to 100 (best possible health status). It can be administered by post for extra convenience. Further information can be found at: www.sf-36.com.

MYMOP

This is an outcome measure which is frequently used by complementary and alternative medicine

practitioners. It is a patient-generated or individualised questionnaire which is problem specific but includes wellbeing. Further details can be found at www.hsrb.ac.uk/mymop.

Making sense of the results

The results obtained using an outcome measure require careful analysis. They can be analysed to assess if a change in health or performance status has occurred and whether this can be attributed to a particular intervention. They serve as an objective measure for an intervention.

Research news in brief

New treatment dose regime for breast cancer patients

A team of researchers from the UK and the US have suggested that giving larger doses of radiotherapy but on fewer occasions may be a safe and effective manner in which to treat breast cancer. The results of the ten-year trial have been published in *Lancet Oncology* (www.thelancet.com/journals/lanonc). The trial followed 1410 women who underwent a lumpectomy following treatment for early breast cancer, followed by different radiotherapy treatments.

If the results of the trials are confirmed by a larger follow-up study it could mean fewer visits for radiotherapy, which would help to prevent the exhaustion brought about by daily trips for therapy.

Genetic cause of strokes in young people

Researchers from the University of Rostock, Germany have suggested that they have identified a genetic component for unexpected stroke. They carried out screening on 700 patients who had unexplained strokes to try and identify whether they had Fabry disease. The researchers found that nearly 5% of the male stroke patients and 2% of the female stroke patients had the gene linked to Fabry disease. Fabry disease is caused by a missing or faulty enzyme that the body requires to process oils and fatty acids; its absence results in the accumulation of harmful lipid levels in the eyes, kidneys, nervous and cardiovascular systems. Enzyme replacement therapy can, however, slow the progress of the condition.

Chronic pain helped by music

Researchers in the United States have

suggested that listening to music can have a beneficial effect on chronic pain. The investigators studied 60 patients who had been suffering from chronic (longer than six and a half years) conditions such as rheumatoid arthritis, disc problems and osteoarthritis. The study, published in the *Journal of Advanced Nursing*, found that patients who listened to music reported a 21% reduction in their levels of chronic pain and a 25% reduction in associated depression.

Breathing function and exercise

Researchers at the Woolcock Institute of Medical Research in Sydney have found that the use of inhalers can be reduced if patients suffering with asthma practise breathing exercises. The study is published in *Thorax*.

Hayden C, Mullinger B. **A preliminary study of the impact of cranial osteopathy for the relief of infantile colic.** *Complementary Therapies in Clinical Practice*. 2006;12(2):83-90.

This prospective controlled study followed the progress of 28 infants with colic. The infants were randomised to either cranial osteopathic treatment as the active intervention or no treatment. All infants were treated weekly by the same practitioner for a period of four weeks. Crying time, sleeping time and the time spent being held or rocked was recorded in a 24-hour diary. A highly significant reduction in crying time was recorded between weeks 1 to 4 and a significant increase in sleeping time was also recorded. No significant differences were reported in the group receiving no treatment. The researchers also found that infants who had received treatment required less parental attention than the group who received no treatment. This study suggests that cranial osteopathic treatment can benefit infants with colic.

Truby H, Baic S, deLooy A *et al.* **Randomised controlled trial of four commercial weight loss programmes in the UK: initial findings from the BBC "diet trials".** *British Medical Journal*. 2006;332:1309-1314.

This unblinded randomised controlled study attempted to compare the effectiveness of four commercial weight loss programmes commonly used by adults in the United Kingdom. The programmes concerned were Dr Atkins' new diet revolution, the Slim-Fast plan, Weight

Watchers pure points programme and Rosemary Conley's eat yourself slim diet and fitness plan. A control group was asked to maintain their current diet and exercise regime. The study was carried out at five regional centres and involved 300 patients who were otherwise healthy and obese adults. Weight and body fat changes over six months were measured. The researchers found that all diets resulted in significant and similar amount of reduction of body fat and weight over the six-month period. The Atkins diet resulted in a significantly higher weight loss during the first four weeks but at the end of the six-month study period was found to be no more effective than any of the other diets.

Kearney PM, Baigent C, Godwin J *et al.* **Do selective cyclo-oxygenase-2 (COX-2) inhibitors and traditional non-steroidal anti-inflammatory drugs (NSAIDs) increase the risk of atherothrombosis? Meta-analysis of randomised trials.** *British Medical Journal*. 2006;332:1302-1308.

Researchers examined studies from January 1966 to April 2005 to assess the effects of selective COX-2 inhibitors and NSAIDs on the risk of vascular events. The type of vascular events that were investigated were myocardial infarction, stroke or vascular death. A total of 138 randomised trials were examined encompassing 145,373 patients. The researchers found that selective COX-2 inhibitors and high dose regimes of ibuprofen and diclofenac are associated with a moderate increase in the risk of vascular events; high dose regimes of naproxen are not associated with such an increase in vascular events.

Forthcoming courses and conferences

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. Registration details can be found at www.brighton.ac.uk/sohp.

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).

3-5 October 2006: British Osteopathic Association's Annual Convention and Trade Exhibition. Marriott Forest of Arden Hotel and Country Club, Meriden, Warwickshire. Further information can be obtained from Catherine at the BOA office, telephone: 01582 488455.

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.

30 March 2007: Developing Research Strategies Conference.

This conference has been held previously in Southampton, hosted by Dr George Lewith. The next conference will change its venue and will be held in Northampton on 30 March, 2007. The conference will then move around the country to be hosted by universities with academic departments in Complementary Medicine.

11-13 May 2007: International Congress on Complementary Medicine Research. Munich, Germany. The deadline for submission of abstracts is 31 December 2006; they can be submitted online at www.CMR-Muc2007.de.

Exhibitions

Any osteopaths interested in refreshing their knowledge of anatomy may be interested in **BODIES – The Exhibition** which is currently being held at Earls Court, London runs until 31 July 2006. Further information can be found at www.bodiestheexhibition.com or telephone: 0870 060 3793.

Media coverage

Many osteopaths have expressed their concern at the recent adverse press coverage that has engulfed the profession during the past six weeks. NCOR sent responses to the Ernst and Canter paper (*Journal of the Royal Society of Medicine*, April 2006), the article by Robson (*Peak Performance*, May 2006) and *The Times*, Tuesday 23 May, 2006). Copies of the NCOR responses can be found on the NCOR website (www.ncor.org.uk).

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For an informal discussion and to obtain further details of the role, please contact the Principal on ipd@bcom.ac.uk. CV and full covering letter should be sent to the following address by **20th August 2006**: -

Catherine Gibbs, HR & Training, BCOM, Lief House, 120-122 Finchley Road,
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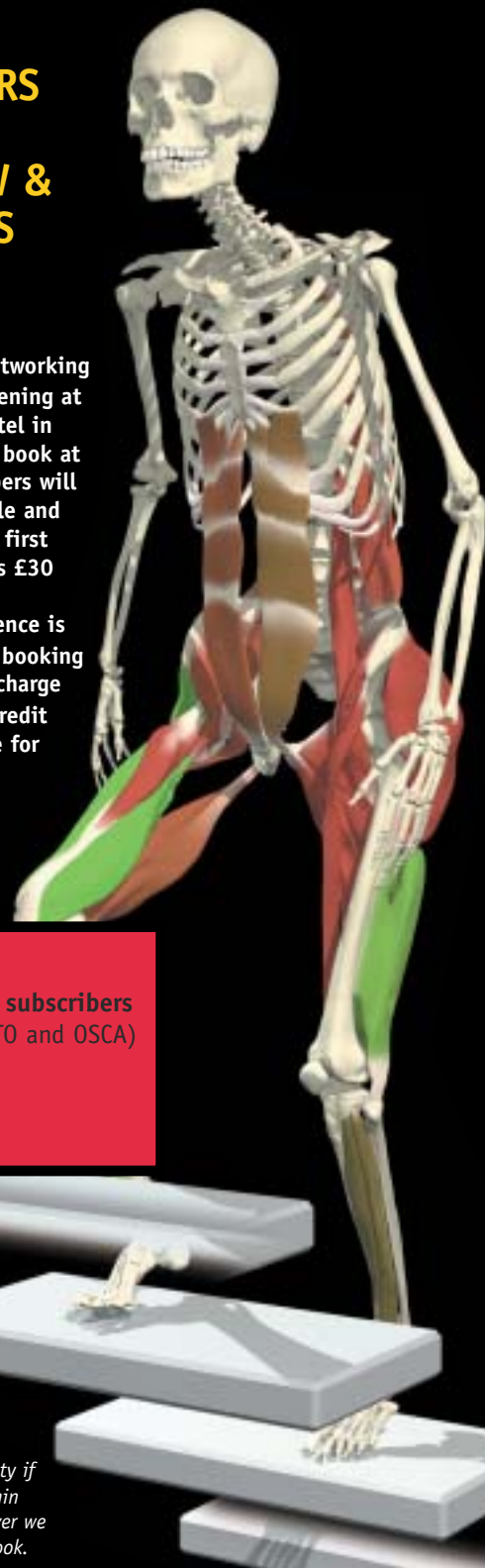
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CONFERENCE PROGRAMME

FRIDAY

TIME	ACTIVITY	SPEAKERS
08.30-09.15	Tea, coffee and juice - Registration	
09.15-09.30	Introduction	
09.30-11.00	Anatomy Trains: A Revolution in Soft-Tissue Patterning	Thomas Myers
11.00-11.30	Tea, coffee and juice	
11.30-13.00	Connective Tissue Manipulation	Liz Holey
13.00-14.00	Lunch	
14.00-15.00	Cycling and manual therapy	Warren Hutson
15.00-15.30	Tea, coffee and juice	
15.30-17.00	Bodyreading: Visual Assessment in Standing	Thomas Myers

SATURDAY

TIME	ACTIVITY	SPEAKERS
08.30-09.00	Tea, coffee and juice	
09.00-11.00	Assessment and Manual Treatment of Muscular Dysfunction associated with Breathing Disorders	Dr Leon Chaitow
11.00-11.30	Tea, coffee and juice	
11.30-12.30	Live assessment of a series of patients	Multi-disciplinary panel inc. Dr Chaitow
12.30-13.30	Lunch	
13.30-14.30	Tissue Repair and Healing	Prof Eyal Lederman
14.30-15.00	Tea, coffee and juice	
15.00-17.00	Integrated Neuromuscular Inhibition Technique (INIT)	Dr Leon Chaitow

- We will be holding a networking dinner on the Friday evening at the Quality Friendly Hotel in Loughborough. You can book at any time however numbers will be limited to 200 people and will be on a first come, first served basis. The cost is £30 per person.
- Payment for the conference is required at the time of booking
- There is a £3 handling charge for bookings made on credit card (there is no charge for payments made by debit card).

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SW19 1HX, UK *we continue to experience problems receiving mail, so for safety if you wish to post your booking and do not receive acknowledgement from us within 7-10 days, please contact us via phone or by emailing subs@sportex.net - however we would strongly recommend using the website or contacting us by telephone to book.

Cars: the Good, the Bad, and the Ugly

Bryan McIlwraith BSc Ost, Inverness

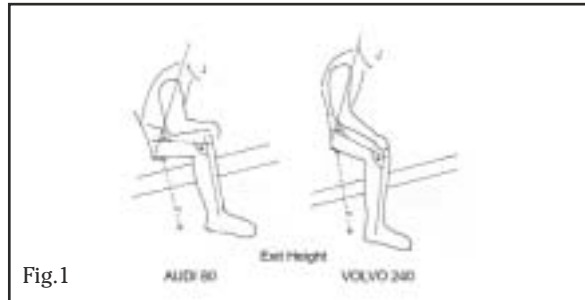
I bought a new toy recently – a red 1972 Triumph TR6. I went to see a mate who's a bit of a wheeler-dealer and there it was, in the back of his garage. A few minutes later, a deal had been struck. He delivered it a week later, and I went for a spin. It was great; and it was awful! The roar of the exhaust, the wind in your hair, the scuttle shake, the massive oversteer was all how it should have been, but the driving position! I'd forgotten just how bad it was in these machines. Sitting upright and straight legged, with the steering wheel nearly in your face is fine for a Sunday jaunt, but you wouldn't want to go very far.

Of course sports cars are always a compromise as far as the driver is concerned, largely dictated by the low body, but even in saloon cars the driving position may be far from perfect. The shape of the motor car has been changing subtly for decades, sometimes for the better, and sometimes for the worse. The cars in the first half of the last century tended to be fairly upright "box" designs, and the driver had enough headroom to sit reasonably upright. Fuel economy mattered little in those days, and streamlining was more of an artistic exercise than a design criterion. Slippery body shapes that would enhance fuel consumption made a tentative appearance after WW2, but it took the fuel shortages of 1973 to really kickstart the process. Suddenly aerodynamics were "in".

In an effort to reduce the frontal area of the car, designers set windscreens at a shallower angle, and reduced the overall height of the passenger cell. This was good for miles per gallon figures but not so good for the driver. The overall reduction in headroom meant that something had to give. The driver was forced down and backwards, forcing the legs straighter, and also increasing the angle of the seat back from the vertical. This sort of seating position has significant consequences for the driver. The more extended (i.e. straighter) the legs when seated, the greater the tendency for the hamstring muscles to pull on the ischial tuberosities, and this tends to rotate the pelvis posteriorly^[1]. This in turn tends to force the lumbar spine into flexion. Intra-discal pressure is already higher in most seated positions than it is when standing^[2], and this is exacerbated by flexion. When one considers that this posture may be maintained for an extended period of several hours, it is easy to see how damage to the discs can occur when driving.

Unfortunately, low body shapes add a further risk for the driver's spine because they inevitably produce a low exit height from the vehicle. Figure 1 is taken from actual photographs of the same person exiting a low and a high vehicle.

In the first example (Audi 80), the driver's knee is slightly higher than his hip, and his hip is already flexed well past



90 degrees. To enable the driver to stand upright, he will have to transfer his weight to his right foot, but the leg muscles have little mechanical advantage, and so this can only be accomplished by moving the weight of the torso forwards and sideways which will produce flexion, rotation and sidebending of the lumbar spine. This position places the fibres of the intervertebral disc under enormous loading, but paradoxically it is also the position in which they are at their most vulnerable due to the orientation of the fibres. By contrast, in the higher vehicle, (Volvo 240), the driver's knee is well below the hip and the strong hip extensors can come into play immediately, allowing the driver to move the hip, and then the spine into extension, which is altogether a safer option.

The trend for low roof lines continued into the mid nineties, and I can clearly remember sitting in a Peugeot 405 of the era, and finding that even I, at 5ft 8in, was struggling for headroom. However, over the last five or so years, a quiet revolution has been taking place. It began with people carriers, which were built on a conventional car platform, but with a higher roof line. Despite appearances, these vehicles weighed little more than their saloon counterparts, and the long roof, coupled to the sloped bonnet and windscreen, actually combined to produce a low drag factor. All at once the driver could now sit upright again, and the exit heights improved. Unfortunately, in some of the early ones such as the Renault Espace and the Ford Galaxy the designers messed up when it came to the position of the steering wheel and the pedals, but overall, things were heading in the right direction.

Then it was the turn of the saloon cars. In the last two or three years, the bubble-shaped roof has been introduced, and in general terms, most saloons are significantly taller than before. There is a whole new generation of small city cars, such as the Renault Modus, and the Nissan Micra which are ergonomically very sound. They offer the driver well placed controls, good headroom, and a good exit height. To be honest, they are also as ugly as sin, and I'm not sure I'd be seen dead in one, but if it's ergonomics you want, then they have it in spades.

Research

Another welcome feature of recent models is the introduction of arm rests. If you think that they are just a minor aid to driver comfort then think again. The graph below (Fig. 2) shows intra-discal pressure with, and without, arm rests at different inclinations of the seat back. There is a clear reduction in intra-discal pressure with arm rests, and there is no doubt that a well placed arm rest can benefit the driver, I do say "well placed" because some that I have examined appear to be designed for people fitted with orangutan arms, but perhaps it is my arms that are too short.

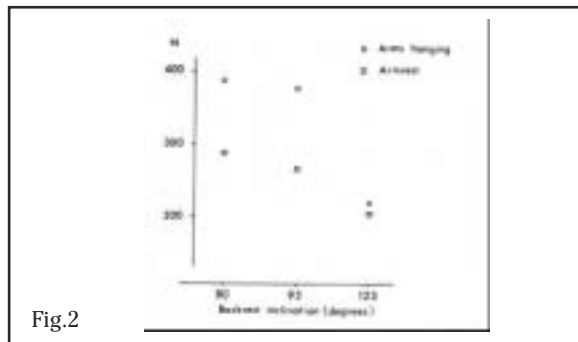


Fig.2

Seat quality has also improved drastically across most of the range over the years, but adjustable lumbar supports are still not universal. Not only has it been demonstrated on many occasions that an adjustable lumbar support should be fitted to a car seat, it has been shown that the support should be adjustable for height. My own research, and that of other authors, has shown that the area of support required will vary from one driver to another^[3,4]. Imagine my delight then, when a visit to the Audi showroom revealed that the Audi 80 now features a support that not only goes in and out, but also goes up and down. I swear I heard the *Hallelujah Chorus* ringing out. Unfortunately it is attached to a rather expensive car, but the actual mechanism is quite cheap to produce and I hope that it will percolate down the range, and into other vehicles.

So much for the Good, and also the Ugly, but what about the Bad? Well, they are still there. In particular, some makers

just can't get their heads around the fact that most people have arms that are the same length. Some vehicles still feature serious wheel angle, where the left-hand edge of the steering wheel is closer than the right. The photograph below shows a Renault Clio. Two plastic profiles have been placed in the car. The rear profile is set perpendicular to the long axis of the car, and the front profile is touching the wheel. It is at once obvious



that the steering wheel is set at a huge angle with respect to the driver. How anyone can reasonably be expected to drive such a vehicle is beyond me.

In fairness to the manufacturers, vehicle ergonomics have improved massively over the last decade, but there is still room for improvement. To find out more about the latest vehicles visit www.car-seat-data.co.uk

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3. McIlwraith B. Loss of the Lumbar Curve in the Driving Seat. *Brit Ost J. Vol XIX pp 19-23 1996.*
4. Porter J M, Norris B J. The Effects of Posture and Seat Design on Lumbar Lordosis. *Human Factors in Transport Design. Contemporary Ergonomics pp191-196 pub Taylor & Francis 1987.*

Bryan will be speaking on driving and back pain in his seminar entitled, 'Does driving damage your back?' at The Back Show (www.backshowexpo.com), London Olympia on Saturday 15 and Sunday 16 July. Entry is free for all osteopaths.

CAM research congress - call for papers

The inaugural International Congress on Complementary Medicine Research will be hosted in Munich on 11–13 May 2007. The 3-day event will be a major international forum for Complementary and Alternative Medicine (CAM) research, with leading researchers in the field presenting new findings and discussing future strategies.

CMR Congress 2007 is being organised by the International Society of Complementary Medicine (ISCMR) and the Centre for Complementary Medicine, Technical University, Munich, who will also host the event.

The ISCMR was established in 2003 to foster co-operative and multidisciplinary research and development within complementary, traditional and integrative medicine. It is hoped that this event will be the start of regular conferences throughout the world.

The conference will feature a combination of both keynote lectures and oral and poster presentations. Organisers are now **calling for papers**, with abstracts due for submission by **31 December 2006**.

For more information, or to book a place, visit: www.cmr-muc2007.



**Osteopathy in Britain
The First Hundred Years
Dr Martin Collins**

Published by BookSurge
ISBN 1-4196-0784-7
£11.43 / 359 pages

**Reviewed by Stuart Beardwell BSc
(Hons) Ost, Leeds**

As undergraduates, in a few hours of osteopathic history, students at the British School of Osteopathy (BSO) are taught about the origins of the profession. From America's Midwest we learnt how John Martin Littlejohn added physiology to Still's principles and brought it to Britain, founding the BSO. Inherent in this is the prevailing belief that there is no need for us to know much more – the "Golden Age" of osteopathy was that of AT Still.

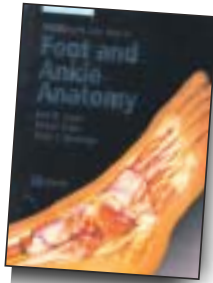
Fortunately Dr Collins doesn't agree. He believes that osteopaths should actually have some understanding of where their profession has come from and the hardships it has been through to reach its present position. His recently published book is literally the first book of its kind. As such he has had a blank canvas and virtually no reference texts to work from.

Credit should be given for the skilful presentation of complex and, at times, convoluted episodes such as the House of Lords Committee of 1935 or the recurrent wrangling between the British Osteopathic Association and the BSO over osteopathic standards. At all times the author has been candid in his portrayal of osteopathic figures, though careful to present their characters in the round. Much of this material comes from original research from BSO archives.

The early years are the strongest part of this work, where distance from events has provided clarity. The more recent events suffer from an overload of fact and a dearth of overview: an understandable stance, but one that may have benefited from a more robust treatment.

This is the first account of British osteopathic history in a 100 years and what readers may regret is the absence of any discussion of treatment techniques or how the patient experience has changed over time. There is a notable lack of 'osteopathy', in the sense of that which happens between the osteopath and the patient. Similarly the reader will not know their Specific Adjustment Treatment (SAT) from their General Osteopathic Treatment (GOT). What they will have is a greater understanding of the political and legal developments of osteopathy; the key events and historical operators and why we are where we are today. Hopefully this achievement will usher the development

of osteopathic history and we will witness a proliferation of interpretations. An informed profession is more likely to take a mature attitude to the political issues of the day.



**McMinn's Color Atlas of Foot and
Ankle Anatomy
Third Edition
Bari M. Logan, Dishan Singh, Ralph
T. Hutchings**

Published by Mosby
ISBN 0-7234-3193-0
£28.00, 130 pages

**Reviewed by Donald Scott DO
Strathclyde**

Anatomy texts published nowadays are no longer solely judged by potential readers based on their descriptive content and the authors' approach to the subject matter. With the advancement of computers, CD-ROMs and other IT technology, the ability to illustrate material has changed out of all recognition.

McMinn's Colour Atlas stands on its own right though, as a useful text, and, in particular, enhances the study of anatomy of the foot through superb graphics. The book is geared towards chiropodists and podiatrists but would be at home in any osteopathic library, as it also incorporates the whole of the lower limb and pelvis. In addition to excellent photographs of living models, the text also shows the bony anatomy and cadaveric dissections. MRI plates are also included in this latest edition.

This short text is divided into four chapters to include Lower limb, pelvis and hip; Thigh knee and leg; Foot; and Imaging of foot and ankle. Pathology, functional discussion of anatomy and clinical examination are not included as the book is published solely for the purpose of illustrating basic anatomy, which it does expertly.

Robert McMinn has retired as the leading author with Dishan Singh, a consultant orthopaedic surgeon at the Royal National Orthopaedic Hospital, Stanmore, taking over the position for future editions. What changes in the presentation of these future texts remains to be seen, but it is hard to imagine the content will be improved, other than perhaps the inclusion of a CD-ROM.

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Your letters



Dear Editor

The future of the profession – negotiate with the General Medical Council (GMC) to join the orthodox medical profession.

There is great danger to the profession from the Foster Report and the proposal to put us in the Health Professions Council (HPC) alongside such professions as art therapists, which downgrades our status and independence. We may escape the proposals this time, but even if we do the government will very probably try something similar in the future, so we need to protect ourselves.

Discussion at the recent London Osteopathic Society meeting on the subject suggested that our weaknesses were a lack of size of the profession and a lack of a vigorous research base. How can we remedy these problems?

The obvious thing to do is join with another profession that has power, numbers and a thriving culture of research. There is such a profession – the orthodox medical profession, which is where we sprang from.

As an indication of how close we are, when Martin Pidd trained at the BSO in the late 1980s a close relative had just finished his medical training at Charing Cross Hospital as a doctor – he is now a professor and consultant. It was very surprising to find that not only was the structure of the courses quite similar, but Martin was being taught by some of the same people who taught his relative at Charing Cross. Of course there are differences: we had Osteopathy, less pharmacology and no surgery, but the courses were surprisingly similar. In the USA, Osteopaths in certain states have, of course, rejoined the orthodox medical profession, indicating the closeness of our professions.

It seems to us that we really have no choice. We have to approach the GMC to become part of mainstream healthcare. If we do not, we have much, much more to lose than trying to go it alone with Foster hovering nearby.

Research, status and power are closely linked in this case. In medical research, clinicians (orthodox medics) doing the same research as other non-clinicians get paid a lot more and this is regarded as normal. They tend to have control of grant bodies and appointment boards. Not being a clinician is a real problem for funding and promotion.

The status and power lines were seen very clearly in the British Institute of Musculoskeletal Medicine conference in

December 2005 entitled, "Below the belt". The main table, at which sat those chairing the meeting, was raised, and those on it were mostly professors of medicine/orthopaedics/sports medicine.

The audience was made up almost entirely of physiotherapists. The status divisions could not have been clearer. The medics were doing most of the research, or commenting on it, which eventually provoked one physiotherapist to stand up and complain that she was fed up with the doctors coming along with "their" research which revealed physiotherapy does not work. We can avoid the unpleasant prospect of having others deciding if our approach is clinically efficient only by negotiating with the orthodox medical profession. They have their own separate negotiations with government over Foster and will no doubt come out of it very well judging by the way they ran rings round civil servants in the latest pay rise, which has contributed to the NHS funding crisis.

Some in the profession will complain that we will lose our osteopathic identity if we do manage to join the GMC – we will lose much more in the HPC. The orthodox medical profession has a wide range of different types of doctors, from cardiologists to psychiatrists to surgeons. We would become just another type of doctor in the profession.

Should we use the title "Doctor of osteopathy"? Probably, or we could keep a separate title as the surgeons did – it's up to us. We can and should develop Royal College's, for example, the Royal College of Osteopathic Medicine and the Royal College of Osteopathic Paediatrics and so on. It is up to us to negotiate for a proper upgrading of the profession.

The profession is a brilliant one, this is no time to be timid and we need to recognise our strengths. Change will happen, but we have to control change to avoid being picked off by the Government. We need to change in an upward direction, not into the HPC and downward.

Martin Pidd DO, London

Toby Borradaile BSc Ost, London

Alan Szmelskyj DO, Cambridgeshire

Vincent Barnes BSc Ost, Kent

Harry Phillips DO, London

Josephine Halsall DO, London

Have your say ...

If you would like to share your views or comments with other readers of *The Osteopath*, write to the editor at Osteopathy House, or email: editor@osteopathy.org.uk

Courses 2006

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

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.

Shoulder Instability – Diagnosis, Treatment and Rehabilitation

1 September

Lecturer Jo Gibson. Organised by the Rugby Osteopathic Centre Ltd. Contact: Adam Sheridan tel: 01788 567 931, email: adam@jannesh Sheridan.ndo.co.uk.

Cranio-Sacral Therapy – Introductory Day

2 September

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

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

Equine Cranio-Sacral Therapy

9–10 September

Organised by the College of Cranio-Sacral Therapy (CCST). To be held at Writtle College, University of Essex. Contact: CCST on tel: 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

Osteopathic care of small animals – weekend course

9–10 September

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

Cranio-Sacral Therapy – Introductory (Stage A) Course – First stage of full professional training

9–14 September

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

How to treat: frozen shoulder – evening course

28 September

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

How to treat sports injuries – the lower body – weekend course

30 September – 1 October

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

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

30 September – 1 October

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

Harmonic Technique

1–2 October

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Update on mechanisms of pain and pain management

5 October

Lecturer Prof. Martin Koltzenburg. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Module 1 Foundation

6–8 October

Course Director Alison Brown. Organised by Sutherland Cranial College. To be held at Abbey Mead Natural Centre, Devon. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk).

IOT IV: Developing and advancing osteopathic technique – weekend course

7–8 October

Lecturer Prof. Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Balanced Ligamentous Tension**15 October**

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

Improving motor control in the elderly: an exercise approach**21 October**

Speaker Dr Dawn Skelton. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

How to treat: tennis elbow**26 October**

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Visceral Osteopathy: The thorax**2-4 November**

Lecturer Jean-Pierre Barral. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Module 7 The Spark in the Motor**3-5 November**

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

From treatment to exercise**4 November**

Lecturer Matthew Walden. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Harmonic Technique**11-12 November**

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

IOT I: Lumbar & Thoracic spine and ribs – weekend course**18 November**

Lecturer Prof. Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Osteopathic care of small animals: revisited – weekend course**18 November**

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

How to treat: whiplash injuries**23 November**

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Trauma – a 3-Day Post-Graduate Cranio-Sacral Workshop**24-26 November**

Speaker Thomas Atlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 02 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

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GLASGOW – LOCUM/ASSISTANT NEEDED from mid-September, initially to help cover maternity leave for two full days per week. Possibility of further hours and more permanent position later. Please send C.V. to Kirsten Polson, 18 Crowhill Road, Bishopbriggs, Glasgow, G64 1QY or to Kirsten.polson@ntlworld.com

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ASSOCIATE OSTEOPATH – ASHTEAD, Surrey required to join busy practice for 2-3 days and alternate Saturdays, to start ASAP. Mixture of structural and cranial work and an interest in paediatric work an advantage. Contact Lisa Eicke 01372 277311

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GLASGOW. Locum needed for September 2006 to run a busy west-end practise. I am looking for a person who has a good sense of conventional Osteopathy. Cranio-Sacral Osteopathy and basic Acupuncture would also be helpful. Please contact David on 0771-737-8990 or 0141-339-5859.

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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 27th August and Sunday 8th October. Tel: 01923 260452 email: info@pegasusorthoses.co.uk

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