

the OSTEOPATH

The magazine for Osteopaths

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Critical Cs workshops



Responding to Foster

The General Osteopathic Council

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

T: 020 7357 6655 F: 020 7357 0011

www.osteopathy.org.uk

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Contact details: people

Claire Steele 256 Registration Secretary (claires@osteopathy.org.uk)	Kellie Green 236 Assistant Registrar [Regulation] (kellieg@osteopathy.org.uk)	Matthew Redford 231 Head of Finance (matthewr@osteopathy.org.uk)
Vince Cullen 223 Head of Development (vincec@osteopathy.org.uk)	Sonia van Heerden 242 Information Officer (soniavh@osteopathy.org.uk)	Abdul Saadeddin 251 Facilities Officer (abduls@osteopathy.org.uk)
Pam D'Arcy 246 Assistant to Chief Executive & Registrar (pamd@osteopathy.org.uk)	Madeline Hogan 227 Finance & Registration Officer (madelineh@osteopathy.org.uk)	David Simpson 248 Head of Legal Affairs (davids@osteopathy.org.uk)
Dana Davies 224 Professional Conduct Officer (danad@osteopathy.org.uk)	Tamara Hudson 235 Development Assistant (tamarah@osteopathy.org.uk)	Nicole Tripney 222 Communications & Events Officer (nicolet@osteopathy.org.uk)
Erika Doyle 228 Assistant Registrar [Communications] (erikad@osteopathy.org.uk)	Susan McCue 226 Communications & Media Officer (susanm@osteopathy.org.uk)	Brigid Tucker 247 Head of Communications (brigidt@osteopathy.org.uk)
Marcus Dye 240 Assistant Registrar [Development] (marcusd@osteopathy.org.uk)	Gillian O'Callaghan 233 Head of MIS [Registration] (gilliano@osteopathy.org.uk)	Joy Winyard 238 Development Officer (joyw@osteopathy.org.uk)
Sarah Eldred 245 Assistant Registrar [Public Affairs] (sarahe@osteopathy.org.uk)	Jane Quinnell 01580 720213 Clerk to Council (janeq@osteopathy.org.uk)	

**Freephone helpline
for osteopaths
0800 917 8031**

Registrar's report

What are the responsibilities and privileges of being a professional? How can these best be demonstrated and celebrated? All of these issues are covered in this month's magazine. In particular, the Regional Conferences this year concentrate on the power of professionalism in successful promotion (pages 6–8). Yet having the actual words "to provide for the regulation of the profession of osteopathy, including making provision ... in connection with the ... promotion of the profession ...", in the Osteopaths Act 1993 (the Act), has confused both the public and the profession. The impact of this on the integrity of osteopathic regulation was discussed at length by Council Members at their Strategy Review Day.

On this day, Council was tasked with preparing its Strategic and Business Plans and Budgets, for the next decade. As this had to be done with the decisions of the Reviews of Healthcare Regulation (Foster and Donaldson) in mind, it presented even more of a challenge. See page 9 for more detail on what was discussed and decided. In respect of the Promotional remit of the GOsC, it was agreed that it is the distinction between promoting **standards** and **regulation**, as opposed to promoting **professionals** that needs to be more clearly understood by osteopaths and their patients.

The GOsC, in common with all healthcare regulators, promotes the healthcare discipline it regulates – by communicating what is involved in regulation, to protect the public and to secure osteopathy, through the protection of the osteopathic title. Regulators, therefore, promote the fact that the healthcare professional is well-trained by an accredited school, committed to CPD, subject to disciplinary and competence investigation and sanctions (which can result in removal from the Register) and is properly insured. It is important the public know what they can expect of an osteopath; this knowledge, in turn, improves the standing of the profession in the public mind. There is, therefore, a critical promotional / communications role for the regulator in meeting its



remit to protect patients which frequently requires your involvement. One such example is the development of a programme to deal with the thorny, but critical, 'C's of practice life. This programme, for osteopaths and involving osteopaths in its delivery, is all about improving standards and encouraging professionalism. More about this, from David Simpson, on page 17.

The references to promoting the profession in the Act are likely to be removed to prevent, and I quote from the Foster Report, "their focus inwards on the professions' interests and the need for the regulator to be seen to be free from such influences." This will bring osteopathic regulation in line with other health professions. The communications remit will continue largely unchanged, however. This is because the GOsC has been ever-mindful of its regulatory remit and has assiduously resisted promoting individual osteopaths and their practices (as many of you will know from your criticism of this fact!), and there is little inappropriate activity to relinquish. Regrettably, any idea that there will be 'loads of spare cash', resulting in large fee reductions, to reflect a supposed loss of promotional activity, is misguided. Council will be agreeing the Business Plan and Budget at its meeting in December, which is open to all to attend.

Last month, I mentioned that we would be seeking your views on how best (or not) to mark the tenth anniversary of statutory recognition. There has been a slow response to the preliminary email we sent to those of you who have this facility. I fully recognise that this is, no doubt, a consequence of questionnaire overload! Nonetheless, we will be writing to all osteopaths individually, to give you a chance to respond.

As always, I am looking forward to the forthcoming Regional Conferences, which provide an opportunity for me to meet you personally. I hope to see some new faces too.

Madeleine Craggs,
Chief Executive & Registrar

A flyer for Pilates Training Solutions is shown at an angle. It has a white background with a red diagonal stripe on the right side. The flyer contains the following text:

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of
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"education
is our motivation"

or visit our website www.pilatestrainingsolutions.co.uk

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Editor:

Erika Doyle
editor@osteopathy.org.uk

Assistant Editor:

Nicole Tripney

Editorial Advisors:

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

Send Editorial to:

The General Osteopathic Council
 Osteopathy House
 176 Tower Bridge Road
 London SE1 3LU

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

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 Email: ads@damarketing.co.uk

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GOsC Regional Conferences 2006/7

As we go to print, the GOsC is preparing to launch the 2006/7 season of Regional Conferences in Ilkley, West Yorkshire on Saturday 30 September.

'Promoting Osteopathy – making the most of our potential' will explore the profession's future promotional opportunities and challenges, particularly in light of the Foster Report.

Concerns over the promotional remit of a number of healthcare regulators, including the GOsC, were highlighted in the Foster Review. The GOsC would therefore like to engage the profession in an open debate to help develop a promotional framework for the future.

Now, more than ever before, we 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 for the quality of patients' lives and UK healthcare.

The programme will also offer practical advice for promoting osteopathy, combining your patients' expectations and best practice, and making the most of 'word-of-mouth' marketing.

As ever, the interactive nature of these meetings provides an invaluable opportunity for the GOsC and osteopaths to come together to discuss the key issues facing the profession and to continue developing best practice.

The programme

'Promoting Osteopathy – making the most of our potential'

It has been said that in professional life, most of us are driven by three primary motives: to make a name for

ourselves, to make a living and to make a difference.

Session I Making a name – promoting the "Osteopathic Identity"

Presentation and open forum led by **Brigid Tucker**, (left) GOsC Head



of Communications and **Robin Shepherd DO** (above) Chair of GOsC Communications Committee



- What's the GOsC ever done for us? GOsC promotional activities – do they exist?
- Is the GOsC promotional role appropriate? Osteopathy's strategy for the future.
- Optimising the promotional opportunities – your role and the GOsC role.

Session II Osteopathy – a prospering profession?

Presentation and discussion led by **Steven Vogel DO** (below), Head of BSO Research Centre & NCOR representative and **Brian McKenna**, NCOR Hub Member



- How is the Osteopathic profession shaping up?
- Is the picture complete? Would a profession-widesurvey help you promote your practice?
- Researching your practice – where does Osteopathy fit in today's healthcare?
- Practice audit – your sharpest marketing tool?
- Collecting and sharing data – is "Standardised Data Collection" simpler and more vital to your practice than you realise?



Steven Vogel DO, Head of BSO Research Centre and NCOR representative

Steven graduated from the British School of Osteopathy (BSO) with honours in 1989 and has been working in a London GP practice for the NHS since 1993. His passion for research led to his appointment as BSO Head of Research in 2005, through which he also became a core member of the Musculoskeletal Processes of Care Collaboration (multidisciplinary group). Steven has had numerous works funded and published through this and other collaborations. His current research interests include, amongst others: psychological factors in back pain – risk and identification, and measurement of depression and anxiety in patients with persisting pain.

Session III: Part I Osteopathy – making a difference: the Patient Perspective

Presentation and discussion led
by **Dr Tamar Pincus MSc M.Phil
PhD**, Reader in Psychology,
Royal Holloway University of
London

- How does Osteopathy make a difference?
- What are your patients' expectations of Osteopathy? Are you really "patient-focused"? Are you really listening?
- Promoting "patient enablement". The patient-practitioner relationship.



Dr Tamar Pincus MSc MPhil PhD,
Reader in Psychology, Royal Holloway
University of London

Tamar holds a PhD in Psychology from University College London, and a Masters Degree in Epidemiology (Cambridge University) and Research Methods (UCL). With a special interest in the study of pain, much of Tamar's research has focused on psychological aspects of the pain experience, including depression and fear. She has been involved in the development and testing of new measurements to assess moods in patients with chronic pain, and to assess attitudes and beliefs about back pain in clinicians. Collaborating with Osteopaths since 1993, Tamar has a special interest in the Osteopathic approach to care. She is also a core member of the Musculoskeletal Process of Care Collaboration, and advises the Medical Research Council and the Cochrane Collaboration.



In the face of information overload, marketing research shows us to be increasingly reliant on the opinion and guidance of friends and family – not least in matters of health. Many patients discover Osteopathy through word-of-mouth – what is the impact of this on your practice? Steve

appraises the world of marketing today and explores practical tactics Osteopaths might adopt to raise the profile of their practice.



Steve Barton, CEO, Keevill Barton Kershaw

Since graduating with a degree in Organisational Behaviour and Management from Brown University in the USA in 1984, Steve has built a successful career in marketing management, which has led him to his current position as CEO of London-based direct marketing agency Keevil Barton Kershaw.

Working his way up the ranks in New York and then London, Steve managed accounts for a number of large international organisations, including Kodak and Holiday Inn, where he was also responsible for developing new models for integration. Over the past few years, Steve has also enjoyed giving lectures and running workshops on word-of-mouth and other marketing tools.



The dates and venues for the Conferences are listed on the map overleaf. The cost for the full-day event, including lunch and refreshments is £50. **A booking form is included with this issue – please complete and return the form to us as soon as possible to ensure a place at the conference of your choice.** For more information, call the Communications department on exts. 222 or 242.

Session III: Part II Making a difference: the power of 'Word-of-Mouth Marketing'

Presentation and discussion led by **Steve Barton**, Word-of-Mouth Marketing Communications Expert, Keevill Barton Kershaw Ltd.

CPD

These conferences may be counted toward your annual CPD requirements should you feel that they have enhanced your professional work.

Regional Conference dates and locations



Erratum

GOsC Regional Conference 2006 – South West Region

Please note that an incorrect date was given for this Conference in the August/September issue of *The Osteopath* magazine. The South West Region Conference will be held on Saturday 14 October (not 10 Oct) at the Rookery Manor, Edingworth, Somerset.

Council prepares response to Foster report

Madeleine Craggs, Chief Executive and Register

The GOsC Council meets a minimum of four times a year and generally devotes its autumn meeting to reviewing its strategic direction. These decisions are then reflected in the rolling Business Plan and Budget. This year, Council also had to take into account the decisions reached following the Reviews into Healthcare Regulation; known as the Foster and Donaldson Reviews. If you need to re-visit the decisions of Foster, a summary can be found at http://www.foster-action.com/pdfs/government_review.pdf on pages 6-10 of the Foster Review document. There is a further period of Department of Health consultation, which ends on 10 November 2006 and, at our meeting, Council Members considered how best to respond.

Council considered the way ahead for osteopathy, mindful of the GOsC's current remit to **Regulate, Develop and Promote**. Supporting these functions is the key matter of **Registration** and the areas of governance, accountability and finance, led by Council and delivered by the **Secretariat**. It, therefore, seemed appropriate to review the objectives of each of the five functions (indicated in bold) and to revise them, where necessary, to achieve future goals. The current Strategic Objectives and consequent departmental aims and targets can be found on the GOsC website: www.osteopathy.org.uk under *About the GOsC/General Reports/Corporate Plan*. An overview of the Council debate is given below.

Regulation

Council supported the principle of independent adjudication of complaints against osteopaths, but thought that this should be achieved by adapting the GOsC's current system in line with osteopaths' responses to the Legislative Review, i.e. for the external appointment of Professional Conduct and Health Committee panellists.

Communications

It was agreed that removing reference to 'promoting the profession' from the Osteopaths Act, to bring osteopathic regulation in line with healthcare regulation generally, would avoid the confusion that exists over this role. The need to continue to promote standards and the development of the profession, and to ensure public awareness of osteopathic regulation and practice, was also agreed. In reality, as a regulator, the GOsC does not promote individual osteopaths or their practices, so there will be very little change to the Business Plan activities.

Development

Members felt very strongly that the setting of standards for

undergraduate training and the accreditation of those courses, was a matter for the Regulator and that the Chief Medical Officer's proposal to remove the education function from the General Medical Council (GMC) was worrying. The GOsC would support the GMC in its efforts to retain this function.

With regard to revalidation, it was felt that insufficient consideration had been given to the context in which osteopaths practise. The GOsC will, therefore, resist being pushed into a prescribed and unsuitable system, in favour of building on the current CPD processes. We feel that this will produce the desired proportionate and targeted response.

Registration

It was recognised that many issues are still at a developmental stage and complicated by impending legislation (e.g. in relation to Criminal Records Bureau checks) and EU Directives. In particular, Members were most concerned about the likelihood that EU/EEA nationals may wish to practise osteopathy temporarily in the UK and the potential implications of this for UK patients. Council supported the notion of a central register of healthcare students, but felt that their regulation should remain with the academic institutions.

Constitutional Matters

Members concluded that the electoral process was fair and transparent and that, as the existing constitution allows for 12 appointed members (50% of Council), there was no obvious need for change. This, combined with a lay Chairman and lay Members chairing statutory committees, should be sufficient to quell public perception that professional members 'look out for their own'.

Council currently comprises 13 osteopaths and 11 lay members:

- 12 osteopaths elected by the profession;
- 3 members appointed by the Education Committee (currently 1 osteopath and 2 lay);
- 8 lay members appointed by the Privy Council;
- 1 lay member appointed by the Secretary of State for Education.

Abi Masterson, who is well-known to the profession from her help with the CPD Consultation, acted as facilitator for the day. We are now able to compile the Strategic and Business Plans and Budget in draft for consideration by Council at the December meeting. The GOsC response to the further consultation on Healthcare Regulation will be made available on the website (www.osteopathy.org.uk).

How well does the GOsC communicate?

The GOsC recently asked registrants to provide feedback on how well we communicate with the profession and the methods used. We now have the results and Council's Communications Committee will consider where and how improvements can be made. We will report further on this in due course. In the meantime, we thought you might like to read for yourself the report from the independent communications agency who conducted the research on our behalf. You had plenty of views to share – the full report runs to 120 pages! We reproduce just the executive summary here, but the full report is available to any osteopath on request.

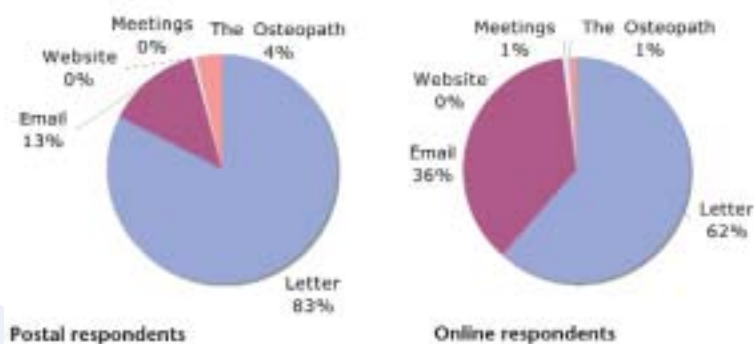
"The GOsC is very keen to improve its communications with the osteopathic profession, specifically the effectiveness of the information it provides and the methods used. To that end, Wild Strawberry Communications conducted an audit of the GOsC's communications with registrants during August 2006.

3,754 registrants – including 315 outside the UK were sent a postal questionnaire covering most aspects of the GOsC's communications on 9 August. Simultaneously, the GOsC sent an email invitation with the option to participate in the survey online to more than 2,000 registrants for whom it has email addresses. The online and postal surveys were open till 25 August.

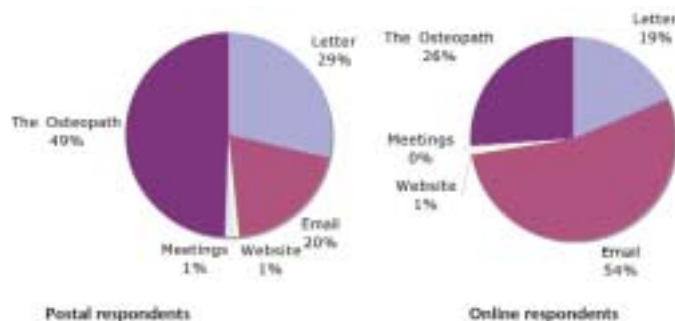
In total there were 1410 responses, representing 37.6 per cent of registrants. Of these 916 were postal and 494 online. These levels of response far exceeded our expectations, and the thresholds required for statistical validity. Consequently, we can be confident in comparing the results of the two segments – the postal and online surveys – and the overall sample.

Registrants regard communication with the GOsC as important and ensuring this communication is effective presents both an opportunity and a challenge. Registrants place value in printed communications. Three-quarters want essential information communicated by letter and 40 per cent want general information communicated in *The Osteopath*.

Methods of communication: Essential information



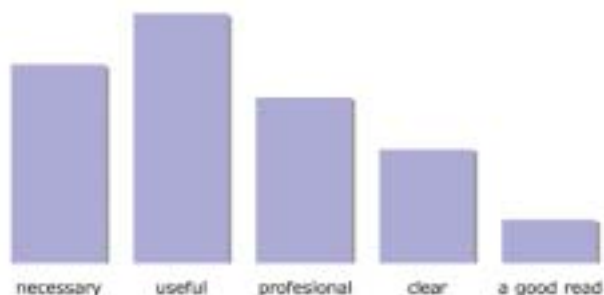
Methods of communication: General information



At the same time, 7 out of 10 also want email communications. However, it is not clear whether these should supplement or replace hard copy communications. Web respondents showed a greater preference for email than their postal counterparts. Ninety per cent want email communications; more than a third want the GOsC to use that medium for essential information and more than a half for general information.

The Osteopath is regarded as 'necessary' and 'useful',

What readers think of *The Osteopath*



and is well – and promptly – read by registrants. But they are critical of its editorial quality, both content and style. The responses suggest that the magazine's full potential is not being realised. Four out of five want debate included, although this directly contradicts views expressed about the alternative method of promoting debate: using the registrants area of the GOsC website. Some of the views expressed reflect wider concerns about the GOsC's relations with registrants.

The GOsC's public website had been visited by 60 per cent of registrants. Over 80 per cent say they would recommend the website to other osteopaths and patients. But many are critical of the 'look and feel' of the site and find content and search facilities lacking. Most tellingly, the website scores very low as a medium for essential and general information. This view arises

partly because many registrants see the site as a medium for communicating with practitioners, rather than a 'public site' aimed at wider audiences as the GOsC intends.

Many respondents made comments about the forthcoming 'registrants-only' area on the website.

Suggestions for content included debate and discussion about all aspects of the profession. Again this reflects a recurring theme; the need for more openness and consultation on the part of the GOsC. Registrants also want the site to offer practical resources, including advertising and downloads.

There were more than 500 suggestions for GOsC training workshops. The need for more regional workshops was frequently raised. Other suggestions were similar to those for the registrants website; for example practical help for new and established practitioners about clinical, legal and business issues. Working with the NHS was a frequent concern.

Registrants are clearly keen on face-to-face contact with the GOsC staff and Council Members. Six out of seven believe regional conferences are effective for exchanging professional views and almost six out of 10 had attended. Almost half all respondents were members of Regional Societies and more still were positive about the Societies' potential for exchanging professional views.

The scheduling of courses, meetings and conferences was a major theme. Overwhelmingly, registrants want weekend events: 44 per cent favour Sundays. Inconvenience, time pressures and cost were the prime reasons for nonattendance.

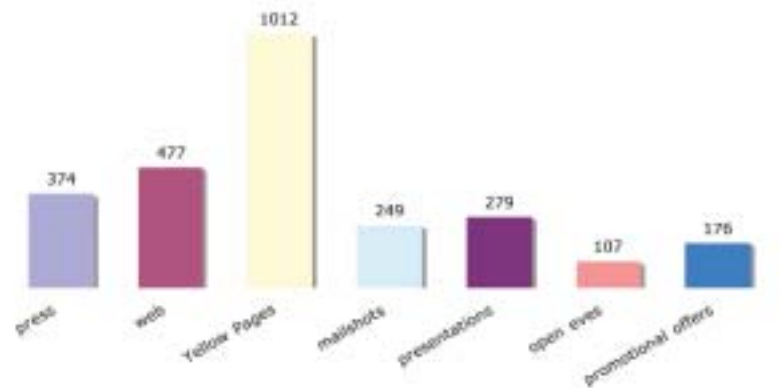
Osteopaths are very interested in promoting the profession and their practices. Six out of seven practices promote themselves, with Yellow Pages and other printed directories by far the most popular medium. The Corporate Box is considered effective by more than half of respondents and used by the majority of practices when advertising in trade directories. But four out of ten think

the Corporate Box misleading and a third don't know.

The web and local press are also popular promotional options. Respondents want the GOsC to help promote osteopathy locally and say leaflets are the most useful support materials by far; the GOsC website was second.

Two specific groups of respondents stood out in their

How practices are promoted



calls for more support; students and newly-qualified osteopaths, and those working outside the UK. Finally, many respondents are concerned with the 'mechanical' aspects of communication, in particular responses to letters, phone calls and emails and the 'late' delivery of The Osteopath. Possibly related to this, many perceive a lack of openness, failure to listen or consult on the GOsC's part."

Many thanks to all of those who responded. This feedback will help tremendously in ensuring the GOsC communicates effectively and targets funds appropriately. We will be discussing the survey results in more detail at the forthcoming Regional Conferences, with particular reference to the promotional role of the GOsC. A full version of the report (120 pages) is available from the Communications department on ext. 242 or email: info@osteopathy.org.uk.

GOsC Promotional Material Ordering Service for Osteopaths



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

www.osteocare.com

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"The Art of Good Bone Structure"
Body painting by Sarah Bee, for Osteocare.



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THE UK'S NO.1 SELLING BONE HEALTH FORMULA

Greater Integration of CAM in Northern Ireland

Sarah Eldred, Assistant Registrar (Public Affairs)

Greater access to osteopathic care in Northern Ireland (NI) will be discussed at a seminar arranged by the Department of Health, Social Services and Public Safety (DHSSPS) in Belfast this month.

Bringing together healthcare professionals (e.g. GPs), commissioners and policy makers in NI, the NI Dept. of Health is seeking to explore current and potential future developments in the field of 'complementary and alternative medicine' (CAM). It is hoped this will also help to identify barriers to integrating CAM into NHS healthcare in NI.

With a view to promoting greater awareness of osteopathy and improving access to osteopathic care, the GOsC has been involved in this initiative from the outset. Last May we had the opportunity to brief Secretary of State for Northern Ireland, **Rt Hon Peter Hain MP** (above), and his officials. GOsC Acting Chairman and the Chair of the NI Southern Health and Social Services Board,



Fionnuala Cook (left), is on the DHSSPS working group developing the seminar's programme.

Debate continues as to whether the profession feels osteopathy is part of 'CAM', nevertheless this initiative is a step towards ensuring osteopathy contributes fully to public healthcare provision in NI. The Department of Health's Musculoskeletal Services Framework, although designed for England, could be used to influence healthcare policy all UK regions. Even for osteopaths with no wish to provide NHS services, this is an opportunity to encourage greater professional recognition.

The GOsC has contacted all osteopaths practising in Northern Ireland, inviting views on NHS integration and the barriers they perceive to this. This information will be incorporated into a formal presentation at the October seminar. We will report on progress in forthcoming issues.

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

Osteopathy in the media

In recent weeks osteopathy has received a good deal of attention in the media.

Robin Shepherd, Chairman of the GOsC Communications Committee, has twice featured on Channel Five's *Doctor Doctor* programme (right). This daily, live show tackles a series of topical medical issues in front of a studio audience. Dr Mark Porter heads up a panel of medical experts to answer viewers' questions on the topics of the day. Robin provided expert advice on back pain in July and was invited back to the show in August to talk about the treatment of arthritis.



Osteopath **Kristian Wood** was the author of a lengthy article in *The Daily Telegraph* on 4 September, which highlighted the plight older people with musculoskeletal injuries and the seemingly limited options available to them through the NHS. The article resulted in a influx of calls to the Osteopathic Information Service (OIS) from

older people desperately seeking advice and details for osteopaths in their area. The majority of people had deeply moving stories to tell and many had almost given up, learning to live with their pain or disability. One tearful lady even turned up in person to Osteopathy House to seek advice for her sister who suffers with a chronic neck injury that conventional medicine had failed to help. Kristian's article has offered much needed hope for the hundreds of older people that are suffering with chronic musculoskeletal conditions and has certainly raised awareness of osteopathy as a treatment option.

The September/October issue of *Welsh Country* magazine featured a double page spread on osteopathy. The article provided general information on osteopathy and featured a patient case study, kindly recommended by local osteopath **Brian McKenna**.

Fitness to Practise Report August 2006

Kellie Green, Assistant Registrar (Regulation)

Practice & Ethics Committee

The Practice & Ethics Committee (P&E) met on 26 April 2006 and considered the following:

Clause 20 and risks associated with osteopathic treatment: this work was ongoing. The Osteopathic Educational Institutions (OEIs) were still collating information about the risks

that they teach at present, to ensure a consistent approach. A first draft addendum to the 'Obtaining Consent' leaflet was considered, which would be expanded upon before publication.

Complaints: the *Handling Complaints Locally – at Practice Level* and *Making a Complaint* leaflets were considered. *Handling Complaints* is designed to help osteopaths establish and operate effective procedures within their clinic to consider and respond to complaints locally. *Making a Complaint* is an updated version of the current leaflet, which is aimed at members of the public and explains the procedures followed by the GOsC if you make a complaint about an osteopath.

Nursing and Midwifery Orders: the implications of the *Nursing & Midwifery Order 2001* and *Nursing & Midwifery Council (Midwives) Rules Order of Council 2004* for the osteopathic profession were considered. It was agreed that these were of concern to the profession and a dialogue with the Nursing and Midwifery Council (NMC) was essential.

The Chairman of the P&E subsequently met with four osteopaths who work and/or teach osteopathic care for expectant mothers and babies. This identified the osteopaths' established contribution to this area of healthcare and provided relevant, up-to-date information that could be taken to the NMC. An initial meeting with the NMC was positive. This work continues and further reports will follow in *The Osteopath*.

Requesting X-rays and MRI Scans: the GOsC had been approached by a member of the Royal College of Nursing's Nurse Practitioner Committee, who was developing national guidelines for non-medical healthcare professionals who request X-rays and MRI scans for their patients. The P&E agreed that the GOsC should be involved in this initiative and an osteopathic



member of the P&E was appointed to the working party that will develop and publicise the guidelines.

Ethical queries: the GOsC now receives a significant number of queries from osteopaths on various ethical and practice matters. An ethical queries database has, therefore, been

designed to log these calls and ensure up-to-date and consistent advice is given to osteopaths.

The next meeting of the P&E is scheduled for mid-November.

Investigating Committee

The Investigating Committee (IC) met on 21 June 2006. At this meeting, the IC considered five cases and concluded the following:

Professional Conduct Committee

Allegation	Case to answer	No case to answer
Unacceptable professional conduct	1	1
Unacceptable professional conduct and/or professional incompetence	2	1



Mr Barrie Savory: the Professional Conduct Committee (PCC) sat on 27 and 28 April 2006 to consider a case where it was alleged that the osteopath, Mr Barrie Savory (registration number: 1/1148/F), had been guilty of unacceptable professional conduct and/or professional incompetence.

It was alleged, and found proved, that Mr Savory had not conducted a neurological evaluation of his patient. The patient had previously attended a Consultant Orthopaedic Surgeon for treatment in respect of possible 'thoracic outlet syndrome' and been referred to Mr Savory in May 2002.

The PCC concluded from Mr Savory's own evidence that he believed the Consultant Orthopaedic Surgeon had done a neurological evaluation of this patient prior to referral and Mr Savory, therefore, decided he did not have to conduct his own. Mr Savory's description of his clinical reasoning process towards a differential diagnosis indicated that he did not even consider a neurological evaluation, despite the fact that:

- the referring Consultant had already decided to send the patient for a further test; and
- her symptoms (as recorded on Mr Savory's osteopathic records) should have flagged up such a need.

Having found that Mr Savory had failed in this regard, the PCC went on to consider whether this amounted to unacceptable professional conduct or professional incompetence. It decided that osteopaths are autonomous clinical practitioners who must take full responsibility for the care and safety of their patients. There was, however, no evidence that Mr Savory's failure was the result of basic incompetence or that Mr Savory habitually worked this way. The PCC concluded, therefore, that Mr Savory's conduct had fallen short of the standard required (unacceptable professional conduct) but he had not been professionally incompetent.

The mitigation put forward on Mr Savory's behalf included an admittance from Mr Savory that he needed to learn from this experience. The PCC advised Mr Savory to improve his practice in relation to record keeping and undertaking appropriate assessments prior to commencing treatment. Given the time that had passed since this patient attended Mr Savory, and that there was no evidence of incompetence or habitual practice, the PCC admonished Mr Savory.

Mr Daniel Sher: the PCC sat on 23 June 2006 to consider a case where it was alleged that the osteopath, Mr Daniel Sher (registration number 3/2802/F), was guilty of unacceptable professional conduct. At the start of the hearing, Mr Sher accepted the charges against him, which related to providing dishonest information on an application form for an AXA PPP Healthcare policy and making dishonest claims to AXA PPP. It was accepted that this conduct fell short of the standard required of an osteopath (unacceptable professional conduct).

The PCC considered that its primary function was to ensure public protection and to maintain and uphold the good standing and reputation of the osteopathic profession. Any issue of dishonesty is a very serious matter for an osteopath.

Osteopaths are accountable for the way they conduct themselves both in the course of their practice and in their private lives. An osteopath has the obligation to be both honest and trustworthy. This is emphasised in the 2005 *Code of Practice*.

The mitigation put forward on Mr Sher's behalf, and accepted by the PCC, was that Mr Sher had been suffering from a medical condition and, although this can never be an excuse for dishonest conduct, it did form the background to the events. This was isolated behaviour,

which was out of character. Mr Sher had shown insight into his actions and had admitted his wrongdoing at the earliest opportunity. Mr Sher had genuinely expressed regret for his actions and the experience had been a very salutary one. There would be no repetition of this behaviour. The PCC was impressed by Mr Sher's references and it was clear that he was well regarded as a practitioner. No question had been raised as to his clinical competence.

For all of these reasons, the PCC decided that an admonishment was the appropriate and proportionate sanction in the specific circumstances of Mr Sher's case.

Mr Alexander Low: the PCC sat for one day on 14 July 2006 to consider a case where it was alleged that the osteopath, Mr Alexander Low (registration number 2/1502/F), was guilty of unacceptable professional conduct. Mr Low had been arrested in December 2004 on suspicion of purchasing and/or possessing indecent images of children and was subsequently charged with this offence and suspended on an interim basis from the Register held by the GOsC.

Mr Low was prosecuted under s160 of the Criminal Justice Act 1988 for possession of 848 indecent photographs of children. In March 2006, having earlier pleaded guilty to ten offences, Mr Low was sentenced at Woolwich Crown Court where he was fined a total of £5,200 and ordered to pay £755 costs. In addition, he was disqualified from working with children.

At the PCC hearing, Mr Low accepted that his conduct had fallen short of the standard required of an osteopath (unacceptable professional conduct) and the PCC listened carefully to the mitigation put forward on his behalf.

The Committee considered the issues of:

1. Protection of the public;
2. Maintaining the standards and integrity of the profession;
3. Maintaining public confidence in the profession.

In the PCC's judgment, conduct on this scale, involving child pornography, was a matter of grave concern. It involved a fundamental breach of patient trust and inevitably damages public confidence in the profession. The Committee concluded that

the only appropriate and proportionate sanction was to order Mr Low's removal from the Register.

Mr Simon Cooke: the PCC sat on 8 and 9 August 2006 to consider a case where it was alleged that the osteopath, Mr Simon Cooke (registration number 3/4015/F), was guilty of unacceptable professional conduct.

It was alleged, and found proved, that Mr Cooke had not communicated effectively with his patient in that he had failed to recognise the patient's unease as the examination



and treatment proceeded. The PCC accepted the advice of its legal assessor, having heard the submissions from both the Council's and Mr Cooke's legal representatives, on the meaning of the word 'recognise' in this charge. It was accepted by all that this referred to a process of communication, which included the taking of action following a display of unease by the patient. Given the requirement to communicate effectively with patients as set out in the *Standard of Proficiency* and the *Code of Practice*, the PCC considered this failure to amount to unacceptable professional conduct.

In addition, it was alleged and found proved that Mr Cooke had failed to respond appropriately to the complaint made by this patient and to provide adequate information on how to make a complaint. The standards in place at the time, as outlined in the code of practice, *Pursuing Excellence*, required an osteopath to ensure patients had clear information on how to make a complaint. The standards also clearly stated that patients

were entitled to a proper investigation of their concerns and a sensitive explanation of what had happened. The osteopath concerned should take the initiative in putting things right. The PCC concluded that Mr Cooke had failed to meet these standards and that his conduct had fallen short of the standard required of an osteopath (unacceptable professional conduct).

Having found these charges proved, the Committee heard the mitigation put forward on Mr Cooke's behalf. Given that Mr Cooke said that he would work with his legal representative to ensure that an effective complaints procedure would be available in the future to his patients, and he would take steps to improve his communication and record keeping skills, the PCC concluded that a proportionate sanction would be to admonish Mr Cooke. **The above is a summary of the cases that have been considered. The full written decision for each case considered by the Professional Conduct Committee appears on the GOsC website.**

GOsC diary September 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.

- 5** Health Committee hearing
Chairman's Advisory Committee
- 7** Professional Conduct Committee hearing
- 8** Professional Conduct Committee hearing
*AURE meeting
- 12** Presentation to *BCOM 3rd year students
- 13** Regional Conference planning meeting
Investigating Committee hearing
*RCGP CAM Group meeting
- 14** Inter-regulatory education meeting
Investigating Committee hearing
- 15** Chairman/Registrar meeting with *BOA
- 18** Research seminar on Medical Regulation
*QAA/GOsC evaluation meeting

- 19** Investigating Committee hearing
GOsC Council meeting
- 20** GOsC Council Strategy Day
- 21** Registrars' meeting
- 22** *PPI 'Hard to reach' seminar
In house lawyers forum
- 25** *UKIPG Main Group meeting
- 26** Education Committee meeting
*NCOR London Research Hub meeting
- 27** *FiH Self-regulation Consultation results meeting
*UKIPG Corporate Governance meeting
- 28** GOsC welcome and briefing for new BSO principal
- 30** North England Regional Conference

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		

*AURE – Alliance of UK regulators on Europe
BCOM – British College of Osteopathic Medicine
RCGP – Royal College of General Practitioners
BOA – British Osteopathic Association
QAA – Quality Assurance Agency

PPI – Public and Patient Involvement
UKIPG – United Kingdom Inter-Professional Group
NCOR – National Council for Osteopathic Research
FiH – Prince's Foundation for Integrated Health

Critical Cs Workshops

David Simpson, Head of Legal Affairs

In the last issue of *The Osteopath*, I reported the development of the 'Critical C's Workshop, the brainchild of **Jane Langer**, former GOsC Council Member. While there are many medico-legal courses, most of which focus on the 'courtroom' setting – this workshop is being developed by osteopaths for osteopaths, with a focus on the osteopath-patient

The Critical Cs, as they relate to osteopathic practice, are given as:

- 1 Context – the expectations that contemporary society places upon osteopaths
- 2 Communication – the building of rapport and managing patients' expectations
- 3 Consent – the exploration of the difficulties of obtaining informed consent
- 4 Case histories – the purpose, essential elements, and ownership of records
- 5 Confidentiality – a topic everyone thinks they know but that few understand in detail

relationship.

The osteopaths who have agreed to dedicate their time to the development and delivery of the Critical Cs Workshop are **Sarah Wallace**, **Fiona Walsh**, and **Mark Piper**, two of whom will present each workshop.



Sarah Wallace (left) qualified from the European School of Osteopathy in 1987, and since then has been in continuous osteopathic practice. She was a member of faculty at the European School of Osteopathy from 1988 to 1995, and Head of Department of Postgraduate Studies / MSc Pathway Leader (MSc Osteopathy, European School of Osteopathy in collaboration with University of Greenwich) from 1995 to 1997. She continues to teach osteopathic technique at the Vienna School of Osteopathy, Austria.

Sarah was appointed, by Privy Council, as an Education Member to the General Osteopathic Council in 1997, and served until September 2004. In the last four years of office she chaired the GOsC Education Committee.

Sarah has experience as an external examiner, and of university validation and professional re-accreditation,

of osteopathic courses, both within and outside the UK. She also acts as an expert witness before various tribunals, including courts of law.

Fiona Walsh (below) qualified from the British School of Osteopathy in 1997, and since then has been a senior lecturer and clinical tutor, teaching osteopathy for over 24 years. She was the last Chairman of the General Council and Register of Osteopaths – a voluntary register in existence before statutory regulation. Fiona is also an external examiner at the Vienna School of Osteopathy and has worked with validation bodies awarding osteopathy degrees at the London School of Osteopathy.



Fiona has been a GOsC Council Member since May 2001 and chaired the Investigating Committee until April 2004, when she transferred to the Health Committee. She has also sat on the Education, Practice & Ethics and International Affairs

Committees. Fiona was re-elected to Council in May this year and is currently a member of the Professional Conduct and Audit Committees, and remains a member of the Education Committee.

Mark Piper (below right) qualified from the British School of Osteopathy in 1990. He is currently a partner in a large multi-disciplinary practice incorporating osteopaths, physiotherapists, an orthopaedic doctor, a consultant spinal surgeon and a consultant in pain management.

Mark has extensive experience in the field of assessment and examining of clinical competence. He is an approved external examiner of clinical competence for the GOsC and is trained and experienced in the field of assessing the clinical competence of both graduates and experienced osteopaths on behalf of the GOsC. He has extensive experience as an expert witness before the GOsC's Professional Conduct Committee, and in the courts.



These osteopaths combine a range of training backgrounds and many years' first-hand experience. As such, they will offer a sounding board for your concerns and will share ideas in an interactive learning environment. For this reason, each workshop will be limited to 40 osteopaths. The presenters are determined to make your day as interesting and useful as possible,



CPDO

2006

By popular demand repeat evening lecture:

9 Nov	The myth of core stability	Prof. Eyal Lederman	£20.00
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The principle of core stability has gained wide acceptance in training for prevention of injury and as a treatment modality for rehabilitation of various musculoskeletal conditions in particular the lower back. There has been surprising little criticism of this approach up to date. This lecture will re-examine the original findings and the principles of core stability and how well they fare within the wider knowledge of motor control, prevention of injury and rehabilitation of neuromuscular and musculoskeletal systems following injury.

This lecture will also review some of the basic assumption of core stability:

- £ The role of transverses abdominis (TA) as a stabiliser and relation to back pain: what is stabilisation and is TA that important for stabilisation?
 - £ The TA timing issue: what are the timing differences between asymptomatic individuals and patients with LBP? Can timing change by core stability exercise?
 - £ Abdominal muscle strength: what is the normal strength needed for daily activity? Can core stability exercise affect strength?
- Single muscle activation: can single muscle be selected? Does it have any functional meaning during movement?

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses				
11-12 Nov	Osteopathic tech: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195.00	£125.00
7-8 Oct	Osteopathic tech: Developing and advancing osteopathic technique	Prof. Laurie Hartman	£195.00	£125.00
2-4 Nov	Visceral osteopathy: the thorax	Jean-Pierre Barral		Full
21-22 Oct & 25-26 Nov	Osteopathic care during pregnancy	Averille Morgan	£395.00	£225.00
7-8 Oct & 18-19 Nov	Harmonic technique	Prof. Eyal Lederman	£395.00	£250.00
18 Nov	Osteopathic care of small animals: Revisited	Anthony Pusey	£105.00	Pay in full
21 Oct	Improving motor control in the elderly: an exercise approach	Dr Dawn Skelton	£105.00	Pay in full
11 Nov	Nutritional assessment practical workshop	Dr. Adam Cunliffe	£105.00	Pay in full
4 Nov	From treatment to exercise	Matthew Walden	£105.00	Pay in full
Evening courses				
28 Sept	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40.00	Pay in full
26 Oct	How to treat: Tennis elbow	Prof. Eyal Lederman	£40.00	Pay in full
23 Nov	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
Evening lectures				
5 Oct	Update on mechanisms of pain and pain management	Prof. Martin Koltzenburg	£20.00	Pay in full

Name:

Address:

Telephone:

E-mail:

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

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

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

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

and will encourage you to contribute fully to discussions.

The Critical Cs cover the subject matter of the most common complaints to the General Osteopathic Council and the content has been developed out of lessons learned from the GOsC Fitness to Practise process to meet development needs within the profession. As such, the courses will be subsidised by the GOsC, to encourage attendance by osteopaths.

The UK tour of the Critical Cs Workshop will get underway in late January 2007, with seven initial dates scheduled. Further dates will be added in response to demand.

Month	Region	Location
January 2007	Greater London	London
February 2007	Northern England	Harrogate area
March 2007	South West England	Taunton Area
April 2007	Central England & Wales	Warwick area

The first four workshops are to be held on a weekend in:

The Scotland, South East England and London & Eastern Counties dates will be scheduled shortly.

For more information, contact David Simpson on ext. 248 or email: davids@osteopathy.org.uk.

Reassurance from the British Osteopathic Association (BOA)

David Simpson, Head of Legal Affairs

In the last issue of *The Osteopath*, we reported that the GOsC had prosecuted **Mr Sandy Hemingway** for having breached osteopaths' protected title by describing himself as an osteopath when not registered with the General Osteopathic Council.

An alarming aspect of that case was that Mr Hemingway had been in a position to use BOA-headed insurance documentation to help pass himself off as an osteopath. Although not an osteopath, Mr Hemingway was able to obtain professional indemnity insurance via the BOA because he was an "affiliate member" of the BOA, a category later re-designated "Friends of the BOA" after concerns raised repeatedly by the GOsC.

Mr Hemingway practised at a health club, which was obliged to carry out an annual check on his professional status. The health club had been misled by documentation including:

- a British Osteopathic Association (BOA) *Commercial Legal Protection for Members* certificate, issued on 5 May 2006, which states, "The Assured: Mr Sandy McNeal Hemingway being a full member of the British Osteopathic Association";
- a Balens *Evidence of Insurance* certificate for the period 1 May 2006 to 30 April 2007, which states,

"Business: Manipulative Therapist deemed to be a member of the British Osteopathic Association.";

- a Balens *Evidence of Insurance* certificate for the period 1 May 2005 to 30 April 2006, stating, "The Insured: Mr Sandy McNeal Hemingway being a full member or associate of the British Osteopathic Association" and "Business: Manipulative Therapist deemed to be a member of the British Osteopathic Association." ;and
- a Medical Protection Society *Membership Certificate*, dated 5 May 2006, which contained a prominent display of the BOA logo in its header.

The GOsC wrote to the BOA, inviting an explanation of the circumstances that allowed non-osteopaths to describe themselves as members of the BOA, and by implication of that, as osteopaths.

The Chief Executive of the BOA has stated that the BOA was unaware of the wording of the insurance certificates, which were issued by Balens Insurance. Balens Insurance has written to the GOsC in support of the BOA's position.

Balens Insurance has since undertaken to amend its documentation so as not to describe non-osteopaths as members of the BOA. The BOA has given an assurance that it will no longer provide services to non-osteopaths.

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

FIH launches new integrated health initiative



Integrated health is now at the forefront of UK healthcare and The Prince's Foundation for Integrated Health (FIH) is offering a helping hand to those responsible for its provision.

The Integrated Health Associates (IH Associates) is a new initiative designed to assist health professionals in working with other disciplines to deliver an integrated approach to health for the benefit of the public. It is now widely recognised that a variety of circumstances affect our health, and many approaches – from mainstream medical science to traditional healing arts – form part of a good healthcare package.

Following the success of the GP pilot scheme launched in October 2005, the second phase of the initiative now extends membership to osteopaths, nurses, midwives, physiotherapists and chiropractors. Plans are also in place to extend this to other regulated health professionals in the future.

Member benefits include;

- 1 **Integrated healthcare delivery support:** practical tools for setting up and managing an integrated healthcare service including sample contracts, pro forma templates and example business cases for commissioning bodies;
- 2 **Support and learning:** opportunities to improve practice and skills through expert and peer learning, inter-professional development, an annual conference and regional workshops;
- 3 **Resource centre:** information about specific integrated health issues, including research, fact sheets and examples of existing good practices.

The official launch of IH Associates will take place during the *New Horizons for Integrated Health* conference on 21 November 2006 at the Royal College of Obstetricians and Gynaecologists, which members of IH Associates are welcome to attend.

If you are interested in helping to develop healthcare for today's society, please register your interest by visiting www.fih.org.uk, or contact Lucy Blunden on tel: 020 3119 3108 or email: iba@fi.org.uk.

CAM Awards 2006

The CAM (Complementary and Alternative Medicine) Awards were launched five years ago to recognise the outstanding achievements of CAM practitioners in the UK, and are now some of the most highly regarded in the industry.

CAM practitioners of all disciplines are currently being invited to nominate themselves or their colleagues for the Practitioner Awards to highlight inspirational healthcare delivery.

Practitioner Awards:

Outstanding Practice Award

This category looks to recognise a practitioner, or group of practitioners, whose work has inspired and motivated others and illustrates best practice. Nominations may include: work developing effective protocols for treating difficult medical conditions, innovative practice, areas of specialisation or new research.

Outstanding Contribution to the Community Award

This award recognises a practitioner, or group of practitioners, who have had a demonstrable impact on a local community or specific group. Examples for nominations might include: providing CAM services to low-income groups, introducing CAM to a new area, or providing special services to an institution or special needs group.

In addition to the kudos, winners will also receive \$1,000 and coverage in *CAM* magazine.

Entries for the 2006 Awards close on **Friday 20 October 2006** and can be submitted online – www.totalcamshow.com/awards. Winners will be announced in March next year at the Natural Trade Show in Brighton.

For further information, contact Diana Bland on tel: 01279 810080, email: diana.bland@targetpublishing.com, or visit www.totalcamshow.com/awards.

Homeopathic remedies regulated

Homeopathic remedies are now allowed to specify the illnesses they claim to treat on the packaging, following the introduction of new government regulations on 1 September 2006.

The National Rules Scheme has been introduced by the Medicines and Healthcare products Regulatory Agency (MHRA), the government body responsible for licensing medicines, as part of an attempt to regulate alternative remedies in a similar way to licensed drugs.

While the MHRA claim the regulations will help ensure the safety of homeopathic products, through compliance

with recognised standards of quality and safety, some doctors and MPs have raised concerns about the lack of scientific evidence.

Under the new scheme, remedies will be licensed based on "homeopathic provings" which rely on observations of the symptoms a person experiences when given a specific substance and only apply to the treatment and relief of minor, self-limiting conditions.

Patient information leaflets will also be included in the packaging to help consumers use the medicines safely and effectively.

BackCare Awareness Week 16-21 October

As reported last month, 'Protecting Young Backs' is the focus of this year's BackCare Awareness Week. 'Watch Your Back Week', which runs from 16-21 October, forms part of this wider campaign aiming to tackle the rising incidence of back pain amongst children.

Half of all children suffer back pain at some time and 8% of children experience back pain that impacts on their attendance and progress at school. 'Watch Your Back' awareness days will be held in schools around the country in an attempt to highlight this growing problem and to encourage children to take an active



interest in having a healthy back. Exercise classes, quizzes and competitions will keep children entertained and provide a fun environment for health education.

A BackCare spokesperson said: "Just as government is now tackling the increasing problem of obesity in children, we need measures to give children their best chance of going into adulthood with healthy backs; many of the solutions, like more physical activity, will overlap."

Osteopaths are welcome to attend the awareness days. For more information on these or the 'Protecting Young Backs' campaign, contact BackCare on tel: 020 8977 5474 or visit www.backcare.org.uk.



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Yellow Pages deadlines

October

Cardiff	20/10/06
Newport	20/10/06
Bradford	27/10/06
Middlesbrough	31/10/06
Sunderland	31/10/06
Durham	31/10/06

November

Shrewsbury	08/11/06
Hereford	08/11/06
West Midlands South	13/11/06
Plymouth	16/11/06
Cornwall	16/11/06
Brighton	23/11/06
Kingston	27/11/06
Richmond & Twickenham	27/11/06

December

Sheffield	1/12/06
Barnsley	1/12/06
Norwich	7/12/06
Reading	14/12/06
Slough	14/12/06
Chesterfield	21/12/06
Mersey	22/12/06
Warrington	22/12/06

**Cut-off dates for advertising in the GOsC Corporate Box in your local areas.
Please contact Yellow Pages on 0800 37 1755 not the GOsC, to make a booking.**

Promote Osteopathy – by promoting yourself

James Butler, Painless Practice

When I meet osteopaths to talk about promoting their practice, the conversation often turns to who else should be promoting the profession of osteopathy. When the phone isn't ringing with new patients, it can be easy to blame the regulator, the professional association, the government, the NHS or even other professions.



- Seeking CPD on topics other than osteopathic techniques can also really help you as a practitioner – Painless Practice CPD days on growing your practice are now held several times a year throughout the country.

Of course, these players do have an impact and some of them are working hard to clarify what that role should be – the GOsC are using this round of Regional Conferences to debate this, and the BOA are developing their remit in light of the Foster Review and other trends.

However, all of these players are outside the direct control of individual osteopaths. It seems to me that the growth of one's practice is likely to be quicker if energy is focused on what is in one's own control, rather than trying to blame others.

Being Proactive

So what can be done to add to your current activities that will help to grow your practice? If you're short of ideas, here are a few of the resources available to help get you started:

- The GOsC Regional Conferences are an opportunity to hear ideas on promoting the osteopathic identity – including the importance of practice audit and the power of word-of-mouth marketing (by far the most cost effective).
- BOA members can obtain a free copy of the *Business Development Handbook*, written by myself and BOA Chief Executive Michael Watson.
- BOA members can also access PR support (a member benefit) from VP Communications. When one of my clients called them, he had a slot on local radio within three days.

Before you start any promotional activity, however, it is important to plan what you want to achieve, and what you will be doing in order to get the most effective outcome. The worst marketing is often the result of an unfocused impulse decision (usually in response to a persistent direct sales call!). As the *Business Development Handbook* explains, it is important to know who you want to attract to your practice and then consider how to appeal to that group of people.

It can be tempting for osteopaths to think that they can treat anyone, meaning their target market is anyone. Whilst this may be true, generalised marketing is the least effective, so the more specific you can be the more success you will have. Try to consider what makes your ideal patient – in terms of age, attitude, career, interests, presenting conditions and attitude to their own healthcare and attitude to their own healthcare.



The BOA's Business Development Handbook

Written in response to a need for an osteopath-specific guide to building a practice, this book provides practical hints and tips on gaining more patients – ensuring that as many people as possible benefit from osteopathic treatment. The book also helps osteopaths at any stage in their career to understand what they want from their practice, and what that means in terms of their plans for building it.

The Handbook will help you to understand more about knowing your local market, planning who you want to attract to your practice and the importance of managing every aspect of the patient's experience.

BOA members can ask for their free copy by calling tel: 01582 488455. The book is not currently available for non-members.

Advertorial

Pulling levers

Osteopaths will be especially aware of the power of leverage in lifting or moving objects – how posture and positioning can radically change the outcome of even the smallest movements. The same is true of actions to promote your practice. Look for the patient-generating activities that will achieve most for the least investment (of time or money):

- Patient referrals – get your patients acting as your salesforce. Manage their experience of your practice so that they leave wanting to rave about you (if you're not sure how, maybe a Painless Practice CPD day is for you).
- Generate localised PR – if you're a BOA member, use the services of VP Communications to develop ideas and a strategy for getting positive local coverage. Then when people see you in the paper and hear you on the radio, they will be more likely to remember you when they need treatment.
- Targeted marketing materials – high quality leaflets (professionally designed and printed) can help raise the profile of your practice. Think how they will look to your ideal patient – what will they be looking for? Spend as much as you can afford on professional design (we're only talking a couple of hundred pounds) – the results will repay the investment. And give the leaflets out. Having them in reception is of limited use – the people seeing them are already patients.

Try it, test it, change it

Once you have some idea of what to do, and how, you can give it a go and measure the results. If you're managing your practice well, you'll know patient levels before and after a particular initiative. If you ask new patients how they heard of you, you'll see what works. And if it doesn't work, change it, measure it and review it. With the right level of promotion of your practice to the type of people you want as patients, you'll soon be too busy to worry about whether anyone else should be

promoting the profession for you. Who knows, maybe one day chiropractors will complain that osteopaths are too good at marketing?

Painless Practice CPD days


Described by previous delegates as "brilliant" and "life-changing", the course is designed to get you thinking about your practice – what makes it truly unique, how you can build your patient list and what you want from your business in the future.

With a range of interactive challenges and topics for debate, the course will explore a number of key areas covered in the **Business Development Handbook**, in particular the 'Patient Journey' – what experience do you create for your patients?

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Bookings are now being taken for Manchester on 15 October 2006 and Bristol on 19 November 2006. Events are also planned for Cardiff, Worcester and Cambridgeshire early in 2007. Call Painless Practice on tel: 01491 659073 to book or to ask for further details.

James Butler is Director of Painless Practice, which provides assistance to osteopaths who want to develop their practice to meet current challenges – through one-to-one support, training and published materials. Email: james@painlesspractice.com Website: www.painlesspractice.com Tel: 01491 659073.



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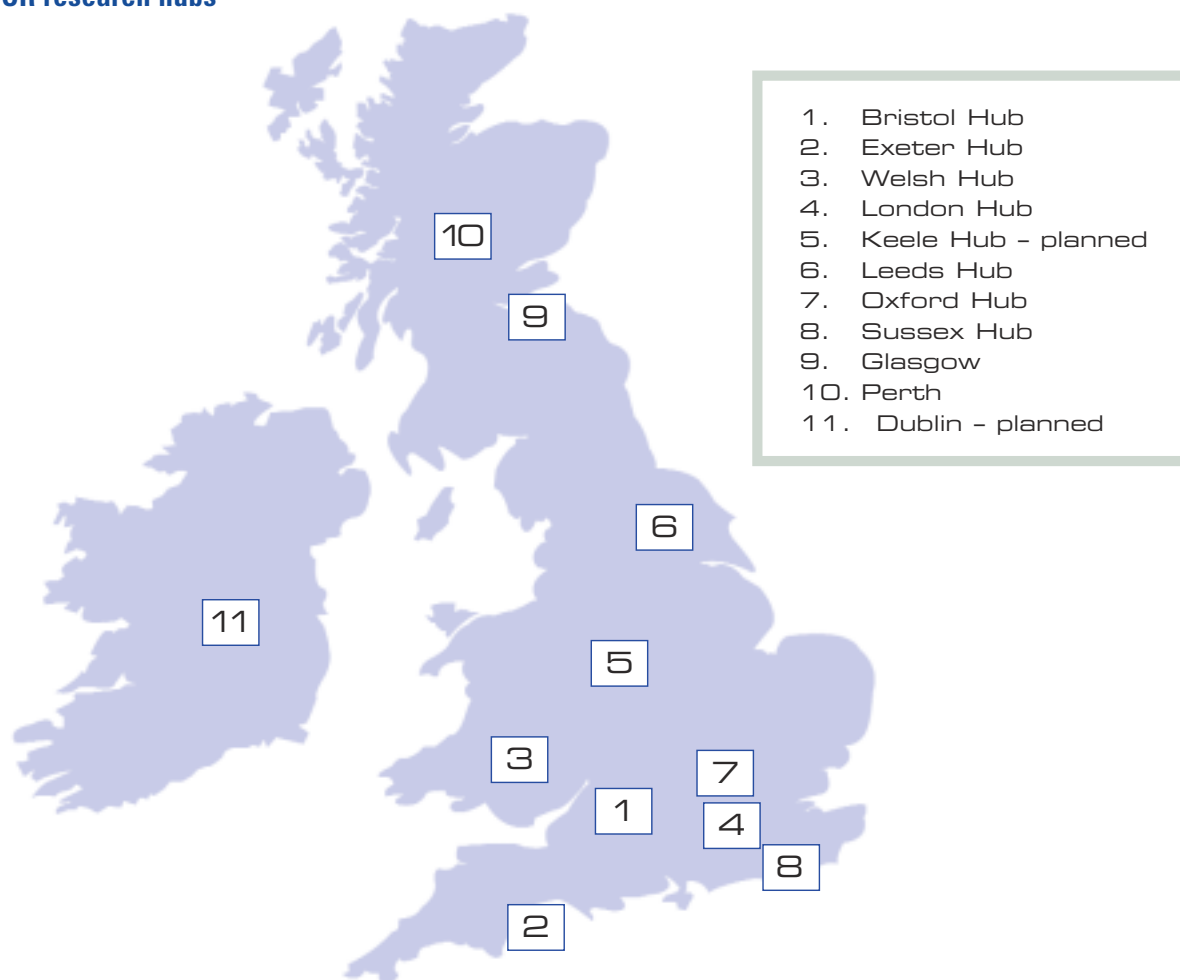
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Research Hub news

NCOR research hubs



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.

EXETER

Saturday 9 December, 10 am to 12 noon.

GLASGOW

Date to follow

HAYWARDS HEATH

Sunday 3 December, 10 am to 12 noon.

LEEDS

Tuesday 14 November, 7–9pm.

PERTH

Date to follow

Evidence-based practice tutorial – A brief introduction to clinical audit

Carol Fawkes BA [Hons] DO, Research Development Officer

What is clinical audit?

Clinical audit is essentially a quality improvement process; it aims to improve patient care and outcomes of care. Audit is achieved by conducting a systematic review of care which may have been set against pre-determined criteria; suitable changes can be implemented and the effect of those changes can be re-evaluated.

History of clinical audit

Florence Nightingale is regarded as one of the earliest pioneers of clinical audit. She was appalled at the conditions patients experienced at the barracks hospital in Scutari in 1854 and kept meticulous records of the mortality rates among the wounded patients. She applied strict standards of hygiene for the hospital and its equipment and was able to demonstrate a fall in mortality rates from 40% to 2%.

Clinical audit was further developed by Ernest Codman. He is frequently quoted for the remark "... collect information on all cases to determine whether

treatment has been successful, and then to inquire 'if not, why not (sic)'. It was reported that his initiative met with "the resistance of arrogance, the molasses of complacency and the anger of the comfortable disturbed". Codman's work ultimately developed into the demand for the setting of national outcomes for medicine by Hey Groves (*BMJ*. 1908; Oct 3).

More recently, the 1989 White Paper, *Working for Patients*, saw the first attempt to standardise clinical audit as part of professional health care; it was formally introduced into the National Health Service (NHS) in 1993. Clinical audit tends to support the more patient-centred approach that is a feature of modern health care provision.

What is the difference between audit, research and data collection?

Research and audit are often confused; the differences between audit and research are explained in the table below.

RESEARCH	AUDIT
May involve experiments based on a hypothesis.	Never involves experiments and involves measuring against pre-existing standards.
It is a systematic investigation.	It is a systematic review of practice.
It may involve random allocation.	It never involves random allocation.
There may be extra disturbance to patients.	There is little disturbance to patients.
It could be a new treatment.	It never involves a completely new treatment.
Creates new knowledge about effectiveness of treatment approaches.	Answers the question "Are we following best practice?"
May involve experiments on patients.	Patients continue to experience their normal treatment management.
It is usually a lengthy process involving large numbers of patients.	It is usually carried out involving a small number of patients and in a short timespan.
It is based on a scientifically valid sample size (except in the case of some pilot studies).	It is more likely to be conducted on a pragmatically based sample size.

RESEARCH	AUDIT
Extensive statistical analysis of data is routine. Data analysis can take a number of forms depending on whether qualitative or quantitative research has been carried out.	Some statistics may be useful.
Results can be generalisable and hence publishable. Quantitative research tends to be more easily generalisable than qualitative work.	Results are only relevant within local practice settings (although the audit process may be of interest to a wider audience and hence audits are publishable).
Responsibility to act on findings is unclear.	Responsibility to act on findings rests with individual osteopaths.
Findings influence the activities of clinical practice as a whole.	Findings influence activities of practitioners within a practice.
Always requires ethical approval.	Does not require ethical approval.
Research can identify areas for audit.	Audit can be a precursor to clinical research by pinpointing where research evidence is lacking.

© 2000 UBHT/CMS Clinical Audit Central Office.

Audit is also frequently confused with data collection. Collecting general information concerning what happens in practice is not audit, it is data collection. Audit looks quite clearly at a specific area of practice and focuses on the adequacy of patient care. Clear changes are introduced following the collection of information and the area of practice is re-examined to assess whether the changes introduced have had an effect on standards of care.

What is the audit cycle?

The audit cycle is the process that is undertaken when conducting an audit in clinical practice. Unfortunately, all too often the last stage of the process is forgotten and the audit remains incomplete.

Initial baseline data is gathered on a specific area of practice. The current standard in this area of practice can be identified and new standards can then be set. Changes can be identified and implemented to try and affect practice; the effect of those changes can be evaluated and standards can be reviewed.

What can be audited?

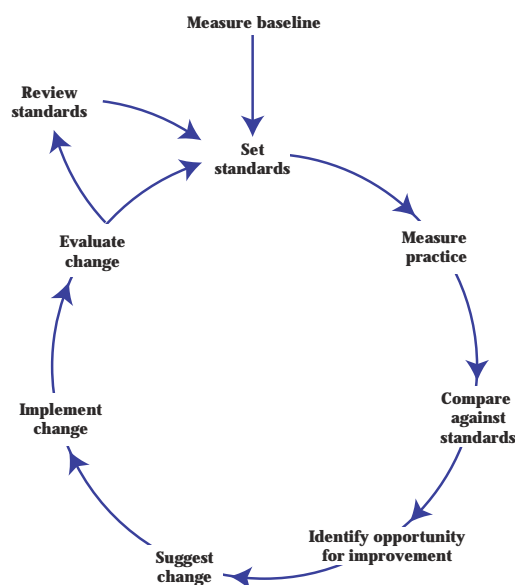
The quality of health care provided can be audited by examining four interrelated component parts:

- 1 Structure
- 2 Process
- 3 Outcome
- 4 Patient satisfaction

Audits of structure

This type of audit looks at environmental factors within

which care is delivered. Criteria that can be considered include the practice building (state of repair, facilities offered, confidentiality offered during consultations, privacy, cleanliness), the personnel (the receptionist, osteopaths, other healthcare practitioners and additional ancillary staff), equipment in the practice (is it always functioning, is it regularly assessed for safety?) and patient notes (are they kept securely to maintain confidentiality, are they legible and complete, are they



Reference: www.gp-training.net

Research

of a suitably high standard?). This provides an indirect assessment of a patient's care, but the environment in which a patient is treated is, nonetheless, an important aspect of their care.

Audits of process

This can include a variety of factors related to patient management. This type of audit can focus on the technical skills of an osteopath and an evaluation of the decisions made concerning the management of a patient.

Audits of outcome

Outcomes are considered to be the most relevant assessment of a patient's care. They examine the change in the health status of a patient following a particular treatment intervention. An extensive number of outcome measurements have been developed to assess general health status, physical health and psychological wellbeing. Outcome audits can be concerned with:

- 1 Response to treatment in terms of pain relief or change in levels of disability;
- 2 Response to treatment in terms of reaction to treatment e.g. soreness, increased pain or disability within a specified time frame;
- 3 Degree by which patients can manage their symptoms following advice delivered.

Audits of patient satisfaction

Patient satisfaction is becoming an increasingly important outcome. Growing numbers of health insurers require information concerning patient satisfaction evaluation; this trend has largely resulted from the introduction of the 1989 White Paper *Working for Patients*. Assessment of patient satisfaction, however, may not necessarily be representative of the

outcome of treatment: patients can demonstrate high levels of satisfaction despite experiencing small changes in pain relief etc.

Conducting an audit in practice

A large number of publications exist concerning clinical audit but there is very little basic information available for professional groups who have never undertaken clinical audit or who work outside the NHS. One of the most straightforward ways to learn about the audit process is to work through an example.

Planning an audit

1. Select an area of practice

Non-attendance and lateness for appointments creates considerable difficulties in practice; it prevents more urgent patients being seen and costs the practice money. Examination of the practice diary can identify patients who do this; in the majority of cases this may happen as an isolated incident but all practices have their habitual non-attenders. Many practices automatically telephone non-attenders to clarify whether a simple administrative error has been the cause of a missed appointment.

2. Decide the standards

The ideal standard for non-attenders would be 0% but a more realistic level of non-attendance will vary from practice to practice.

3. Gather information about current practice

In order to gather information on the current state of practice, a retrospective examination can be made of the appointment diary during the previous eight weeks. This will provide numbers of non-attenders compared with appointments booked. A policy can be introduced in the practice that a telephone call is made to all patients after a missed appointment to identify the

An audit form

Reason for lateness and non-attendance	Frequency of non-attendance
Stuck in traffic	
Unable to park	
Left home/work late	
Forgot	
Confused the time	
Confused the date	
Not sure what to expect at first/next appointment so didn't attend	
Didn't feel treatment was working	
Didn't like the environment	
Sought a different type of treatment	
Unable to identify reason for non-attendance	
Total number of appointments not kept during the eight-week evaluation period	
Total number of appointments booked during the eight-week evaluation period	
Percentage of patients not keeping appointments during the eight-week evaluation period	

reason for the missed appointment. In the example considered here, the audit form could look like the form shown below. Analysis of the appointment diary during the previous eight weeks will identify information to allow completion of some aspects of the audit.

4. Compare actual practice activity with ideal practice activity

Once the level of non-attendance has been identified, an ideal level of attendance can be set for a particular practice.

5. Decide what changes to introduce

When the reasons for non-attendance have been identified, strategies can be created to address the problems identified. These could include asking the receptionist to telephone all patients the day before their appointment to remind them of the day and time. Text messages could be sent to patients one day/one hour before their appointment to remind them that they have an appointment. The strategy for appointment reminders should be clearly outlined to all patients and implemented with their consent. Equally, a clear description of practice policy considering non-attendance or late cancellation should be displayed in the practice (in both the treatment room and the waiting room) and preferably also on appointment cards.

6. Implement the change

A period of time, for example, eight weeks can be chosen to implement the change in reminding patients of their appointments, to allow ample time to see if the strategy is having a beneficial effect on attendance.

7. Repeat the process

The audit form can be used again at this point to assess the level of non-attendance and the reasons. A positive change in the level of appointments kept will indicate whether the strategies for reminding patients about their appointments have been effective. The success of such an intervention will determine whether it should be sustained in a practice or whether the audit cycle should be repeated with a different strategy for change in place.

Areas of clinical practice can also be audited to assess whether current management of patients is in accordance with current best practice guidelines. Examples of practice guidelines can be found in a number of locations, including:

- European back pain guidelines: www.backpaineurope.org.
- Guidelines finder: www.library.nhs.uk/guidelinesfinder.

Useful websites

Outcome measures: www.csp.org.uk

UBHT Clinical audit: <http://www.ubht.nhs.uk/clinicalaudit>

What is clinical audit? www.evidence-based-medicine.co.uk (Volume 4, number 1).

Audit information from the Chartered Society of Physiotherapy: www.csp.org.uk/director/effectivepractice/audit.cfm

Audit information from the Institute for Musculoskeletal Research and Clinical Implementation: www.imrci.ac.uk/Back_Pain_Audit_Toolkit/BackPain/backpain.html

Forthcoming courses and conferences

5–8 October 2006: 9th International Congress of the German Osteopathic Association (VOD) at Wiesbaden, Germany. This includes the **Third International Symposium on Advances in Osteopathic Research** (Saturday 7 October, 2006).

3–5 November 2006: British Osteopathic Association's Annual Convention and Trade Exhibition at the Marriott Forest of Arden Hotel and Country Club, Meriden, Warwickshire. Further information can be obtained from Catherine at the BOA office by telephoning 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 and hosted by Dr George Lewith. The next conference will change its venue and will be held in Northampton. The conference will then move around the country to be hosted by universities with academic departments Complementary Medicine.

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

Further reading

Crombie IK, Davies HTO, Abraham STS and Florey C du V. *The audit handbook. Improving health care through clinical audit.* Wiley and Sons. 1993 Shaw DC, Costain DW. Guidelines for medical audit: seven principles. *British Medical Journal.* 1989;299:498–499.1989; 299:498–499. Coles CR. Self-assessment and medical audit: An educational approach. *British Medical Journal.* 1989; 299:807–808.299:807–808.

In Reciprocal Tension, June 06

Warwick Downes DO, Exeter

In the delightful surroundings of the valley of the Hérault, near Montpellier, lies the Hameau de l'Étoile, a converted monastery which now hosts courses and retreats. Equipped with a large swimming pool and an even larger chef, this venue could not fail to provide the ideal background to the Sutherland Cranial College (SCC) Module 5, "In Reciprocal Tension".

Students mainly came from the UK but nearly a third were from other parts of Europe. The course is an exploration of reciprocal tension in the body, moving beyond Sutherland's original concept of the Reciprocal Tension Membrane to an inclusive view of the structure and function of connective tissues, intra- and extracellular relationships, tensegrity and support of internal organs.

In April 2005, **Jeremy Gilbey** and the SCC organised a seminar entitled "The Intelligent Body", and many of the lectures this time were inspired by the material developed there. **Clive** and **Liz Hayden** used photographic material



from their dissection work in America some years ago, and talked in detail about their experience of the quality of the dissected tissues.

Every day began with Jeremy leading a simple Tai Chi session by the pool, to enhance everyone's awareness of their own internal and external environments. The practical sessions were designed to

help develop subtle awareness of reciprocal tension in all tissues. The guidance of the tutorial staff was sensitive and quietly authoritative.

Much hard work was put in by both tutors and students, matched by some hard play, including a barn dance called by Lis Davies, and thrills and a few spills on the white water of the Hérault in canoes on the final afternoon.

Thanks to Jeremy Gilbey for organising yet another inspirational course, along with Clive and Liz Hayden, **Tim Marris**, **Peter Cockhill**, **Lynn Haller** and **Lis Davies** for their support for all their students.

Total CAM Show, March 2007



The Total CAM Show was launched in March this year at the Natural Trade Show, Brighton, and is set to return in 2007.

The Show, to be held at the Brighton Metropole Hotel on 11 and 12 March, is aimed at Complementary and Alternative (CAM) practitioners and students, and will feature a free trade exhibition and education programme. The Show was developed in response to the growing demand for an



environment where UK CAM practitioners can meet, learn and do business.

For more information, or to register your interest in visiting or exhibiting at the Total CAM Show Brighton 2007, email: info@naturaltradeshow.com or tel: 01279

810080 quoting "The Osteopath Magazine". To read a review of the Total CAM Show 2006 visit: www.totalcamshow.com

Volunteering in Sri Lanka

Christine Langley DO, Buckinghamshire

I was recently given the opportunity to go out to Sri Lanka for three months and help set up and work in a new clinic known as the Lanka Osteopathic Centre for Children (LOCC) – an experience that provided a valuable insight for the future.

The clinic was opened just opposite a large temple in the southwest coastal town of Galle in March this year. An osteopathic paediatric conference was also arranged the following month, in the capital city of Colombo. This was aimed to help kick-start the project and provide further funding. It presented a wonderful opportunity to bring the benefits of osteopathy for children to this small island, so badly affected by the recent Tsunami.

Many people flew in from around the world to attend the conference, visit the clinic and impart their knowledge and skills to all present. Not only did this enable practitioners to meet up with old friends who have since left the UK and set up clinics worldwide, it also provided a wonderful experience for both myself and **Ciara Heney**, another long-term volunteer from Ireland, to work alongside some of the most skilled and dedicated practitioners in the field of osteopathy.

For the first few weeks we were lucky to have on board **Gabriella Colangelo**, a very experienced paediatric osteopath, now living in Italy, who provided valuable help and support during the early days. Shortly after the conference, our main team became three as we were joined by **Florian Gandubert**, an osteopath from Switzerland, who stayed for a further two months.

The Sri Lankan children, were a delight to work with. A local man was employed as an interpreter, so



communication was not difficult as parents often brought the child's medical history written in English. As all medical care is free in Sri Lanka, the clinic does not charge a fee for treatment. It is hoped that funding will eventually be supplied by the government and other sources, once the Centre becomes more established and hopefully gains charitable status.

As with all new schemes, a lot of lessons were learnt, particularly with regard to the day management of the centre. Communication between the London-based administration of the Centre and the volunteers in Sri Lanka proved to be



a challenge and revealed a need for a permanent on-site administrator/osteopath to be part of the overall vision as well as the day-to-day practice management and organisation of the volunteers.

Overall, the clinic itself proved a huge success and the local Buddhist priest received very positive feedback from the community. The venture has proved challenging for all

concerned but the experience has provided valuable information for any similar future clinics. Personally, my time in Sri Lanka provided me with some wonderful memories and a unique wealth of experience. It was an opportunity to meet some lovely people from around the world, all with one common interest – a love of osteopathy.

For more information on the LOCC, email: info@locc.lk or visit: www.locc.lk



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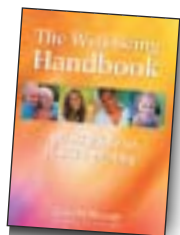


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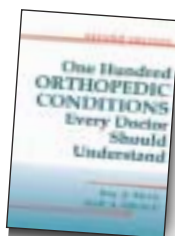
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The Well-Being Handbook – An A-Z Guide to Holistic Healing

Cissi Williams
Published by Findhorn Press
ISBN 1-84409-053-1
£12.95
203 pages

Designed as a self-help book, this text explores the notion of 'dis-ease' and aims to assist readers to take charge of their own health and well-being through guidance on the mind, body and soul. The author, an osteopath and naturopath, explores the holistic benefits of a range of complementary therapies. A comprehensive section on conditions offers practical guidance for treating the symptoms of over 70 medical conditions, including advice on diet, supplements and exercise.



One Hundred Orthopedic Conditions Every Doctor should Understand

Second Edition
Roy A Meals
Scott A Mitchell
Published by Quality Medical Publications
ISBN 1-57626-235-9
394 pages

The case-study, problem-solving format of this textbook offers a practical insight into a range of musculoskeletal disorders, making it relevant for all health professionals working in this field. Again adopting a lighthearted tone, this second edition takes account of the vast changes over the 14 years since the first text and is again illustrated with diagrams, pictures and X-rays.



Complementary and Alternative Medicine – An evidence-based approach

Second Edition
John W Spencer
Joseph J Jacobs
Published by Mosby
ISBN 0-323-02028-3
£33.95
632 pages

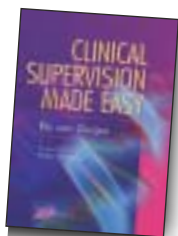
This text explores the evidence supporting the efficacy and safety of CAM therapies used to treat a range of medical conditions and patient groups. An examination of clinical research which analyses the value of CAM therapies is coupled with practical information on how therapies can be used to treat health conditions. The text is organised for quick reference with summary tables, graphs and statistics. Advice on legal and ethical issues is also now included in this second edition.



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Fourth Edition
Mari Robbins
Published by Radcliffe Medical Press Ltd
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A reference text for medical receptionists working either in the NHS or in private practice, this book offers practical advice about the day-to-day responsibilities of frontline staff. From the fundamentals of IT to the complexities of law, ethics and medicine, this textbook enables staff to work efficiently and effectively in a team environment. The comprehensive appendix includes a list of commonly used medical abbreviations, immunisation schedules, plus details of statutory organisations and support groups.



Clinical Supervision Made Easy

Els van Ooijen
Published by Churchill Livingstone
ISBN 0-443-07242-6
£19.99
255 pages

This practical guide to clinical supervision is based on the author's experience of giving, receiving and teaching supervision. The 3-Step Method – What? How? and What Next? – outlines a straightforward model for supervision that is applicable to all health professions. Easy-to-read, the book provides strategies and advice through case examples and personal experience.

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Will Williams DO

Yoga and Osteopathy Sat 4 Nov Dr 10am-5pm £85
Rachel Ives MSc, DO
Amanda Samson Dip Yoga, BEd PhD

Buteyko Breathing for Osteopaths Sat 11 Nov 10am-5pm £85
Janet Brindley, Rachel Ives MSc, DO

Pilates and Osteopathy Sat 18 Nov 10am-5pm £85
Susie Lecomber BSc (Hons)

INTERNATIONAL EVENTS

'La Specola' Wax Anatomy Museum FLORENCE 6-8 Oct £250 + flight
Guided Visit, International Speakers & Gala Dinner

Traditional Medicine, Belize March 2007 See website for further details
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office@cpdinternational.co.uk or call
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CPD EVENT


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Your letters



Dear Editor

The committee of the South Wales Osteopathic Society noted with interest the suggestion from the London Osteopathic Society (LOS) [*The Osteopath*, July 2006] that the GOsC should amalgamate with the General Medical Council (GMC) to safeguard our profession's future. We may have had a temporary reprieve from being forced into the Health Professions Council (HPC) but the government is unlikely to leave healthcare regulation as it is; if small healthcare regulatory bodies are, as seems likely, to be merged with each other or with larger ones, we should act now to determine that we osteopaths are linked to a body of our choosing.

Interestingly, some of us in South Wales who lobbied our MPs and others of influence whom we knew about the Foster Report, made this very suggestion in our letters – that a merger with the GMC (or General Chiropractic or General Dental Councils) was preferable to a merger with the HPC. On reflection, perhaps we should have taken the window of opportunity afforded by the Foster Review to suggest that such a course would in fact be preferable to the status quo.

We understand that major reform of the GMC is under way. Now is therefore the opportune time to push the proposal that regulation of the osteopathic profession should be a function of the GMC.

We are currently canvassing our members about this, but meanwhile would urge the GOsC to consider seriously the LOS proposal and put the same effort into seeking the opinions of, and mobilising, the profession as they did in resisting the HPC merger.

Clare Love BSc (Hons) Ost

Brian McKenna BSc (Hons) Ost

Peter Palmer DO

Joanne Perkins DO

David Rodway DO

South Wales Osteopathic Society



Dear Editor


I wholeheartedly agree with the letter from Martin Pidd *et al* in your last edition. We have always avoided this solution.

Even though the immediate threat from the Foster Report to our status has passed, it would only take some headline grabbing event to trigger another such attempt to rein in statutory self-regulating professions. This time we need to be prepared ahead of any such development, considering that, as a small profession, we remain highly vulnerable.

The suggested amalgamation with the medical profession has its own inherent dangers. We must not forget the experience of our colleagues in California where amalgamation with orthodox medicine resulted in closure of osteopathic schools. It took much hard work for them to undo the damage. Although this was a long time ago, there are possibly lessons for us to learn for future negotiations with the General Medical Council.

Prior to any negotiations, maybe we should join forces with the chiropractic profession, as we have far more in common with them than we have differences. I feel sure the two professions are bracketed together in the minds of medical practitioners. Together, osteopaths and chiropractors would have a much stronger negotiating potential than the two professions separately.

Joyce Vetterlein DO MSc Ost, London



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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.

Developing Palpation – Osteopathy in the cranial field

13–15 October

Speaker Ian Wright. To be held at Knocklofty Country House Hotel, County Tipperary, Ireland.

Contact: Clonmel Osteopaths,
tel: 00353 5225309.

Balanced Ligamentous Tension

15 October

Speaker Sue Turner. Organised by Osteopathic Professional Educational North Ltd. To be held at Leeds University.

Contact: tel: 01423 523366,
email: mail@open-ed.co.uk
(website: www.open-ed.co.uk).

Painless Practice – Business Development

15 October

Lecturer James Butler. To be held in Manchester.

Contact: tel: 01491 659073,
email: james@painlesspractice.com (website:
www.painlesspractice.com)

Improving motor control in the elderly: an exercise approach

21 October

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

Neuro-Linguistic Programming in Osteopathy

21 October

Speaker Will Williams. Organised by CPD International. To be held at Greenwich University – Maritime Campus London, SE10. Contact: tel: 07944 552093

email: office@cpdinternational.co.uk
(website: www.cpdinternational.co.uk)

Biotensegrity – the new Bio Mechanics

22 October

Speaker Dr Stephen Levin. Organised by Mid Wales Osteopathic Society. To be held at Hotel Metropole, Llandidrod Wells. Contact: tel: 01597 851 759,
email: GenBrynci7@aol.com.

Biotensegrity and its connection with osteopathy

25 October

Lecturer Dr Steven Levin. To be held at Osteopathy Associates Killaloe, County Clare, Ireland. Contact: tel: 061 374 618.

How to treat: tennis elbow

26 October

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.

Connecting with Work-Related Injury (a clinical and practical perspective)

28 October

Speaker Damon Peterson. Organised by MMS National Ltd. To be held in Bristol. Contact: tel: 01372 467760,
email: cpd@mms-national.co.uk

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

Yoga and Osteopathy

4 November

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

Spinal Manipulation, Theory and Practice

9 November

Speaker David Evans. Organised by Osteopaths@Worcester. Contact: Sue Brazier email: info@suebrazier.com
(website: susanbrazier-osteopath.co.uk)

Buteyko Breathing for Osteopaths

11 November

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

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

Pilates and Osteopathy**18 November**

Speaker Susie Lecomber. Organised by CPD International. To be held at Greenwich University – Maritime Campus, London SE10. Contact: tel: 07944 552093
email: office@cpdinternational.co.uk
(website: www.cpdinternational.co.uk)

Painless Practice CPD Day**19 November**

Speaker James Butler. Organised by Painless Practice. To be held in Bristol. Contact: tel: 01491659073,
email: james@painlesspractice.com

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 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)

Every Drop Knows the Tide**2–3 December**

Speaker Dr Micheal Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1. Contact: tel: 07000 785778,
email: info@cranio.co.uk
(website: www.cranio.co.uk).

Concepts of Hip Surgery**7 December**

Speaker Nadim Adlam. Organised by Osteopaths@Worcester. Contact: Sue Brazier email: info@suebrazier.com
(website: susanbrazier-osteopathy.co.uk)

2007**Paediatric Clinical Screening****20–21 January**

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

The art of being a practitioner**3–4 February**

Speaker Melanie Langer. 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)

Foundation Course in Prescription Orthoses for Osteopaths**4 February**

Lecturers Edward Buckwald and Chris Eke. Organised by Pegasus Orthoses. To be held at the Stanborough Centre, Watford. Contact: tel: 01923 260 452
email: info@pegasusorthoses.co.uk

Paediatric Osteopathy**16–18 February**

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

The Dynamic Basicranium**2–4 March**

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

Osteopathy in the Cranial Field**31 March – 4 April**

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

Dentistry and Cranial Work**10 – 11 April**

Speaker Wojciech Tarnowski and Chris Castledine. 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)

Paediatric Osteopathy**27 – 29 April**

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

WG Sutherland's Osteopathic Approach to the body as a whole**16 – 20 May**

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

Emotion, Meditation and the 7 Transverse Diaphragms**26 – 27 May**

Speaker Andrew Stones. 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)

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RECRUITMENT

LOOKING FOR A BETTER QUALITY OF LIFE? Stunning surroundings? Clean air? Then work in wondrous Mid-Wales! Simon Guinane (Three Cocks, Brecon) and Genevieve Brown (Builth Wells, are looking to attract an associate, and can offer 3-4 days' work between their practices. Genevieve is also looking for an associate in her coastal Aberystwyth practice 3-4 days per week. Please send Applications with CV & references to GenBrynci@aol.com or Builth Wells Osteopathic Clinic, Temple Chambers, Builth Wells, Powys, LD2 3AH

WEST YORKSHIRE – LOCUM / ASSISTANT NEEDED in a friendly integrated health practice from January, initially to cover maternity leave for one full day per week. Possibility of further hours and more permanent position. Mixture of structural and cranial work and an interest in paediatrics an advantage. Please send CV to Stuart Lightbody, The Halifax Clinic of Natural Medicine, 22 Clare Road, Halifax, HX1 2HX or call 01422 340919

ASSOCIATE REQUIRED for busy wellness practice – 17 years established in Ledbury, Herefordshire (Cheltenham 20 miles). Flexible hours, initially 2 days per week with ample scope to increase. Excellent long term opportunity. Broad patient base including paediatrics. Primarily structural with some IVM work. Full reception support provided. Tel: 01531 635080

MATERNITY COVER January – March inclusive. Motivated professional osteopath required for three days per week including Saturday mornings. An interest in IVM preferable. This opportunity may lead to a permanent position. Please send CVs to The Clinic Manager, Ealing Optimum Health Clinic, 106 Gordon Road, Ealing, London W13 8PJ or email to: info@ealingosteopath.com

OSTEOPATH REQUIRED to run busy long established practice in Wigston, Leicestershire with view to taking over on permanent basis. Would need to have several years' experience. Excellent opportunity for ambitious osteopath. For details please contact John Lovett on 0116 2571234.

TONBRIDGE – KENT ASSOCIATE REQUIRED for busy musculo-skeletal practice within an established multidisciplinary private clinic. You will need to have good manual and ideally cranial skills. The position is initially part – time. Please send full CV to lee@tonbridgeclinic.co.uk or send to: Mrs Lee Perrett, Practice Manager, The Tonbridge Clinic, 339 Shipbourne Road, Tonbridge, Kent TN10 3EU

IRELAND – ASSOCIATE OSTEOPATH / LOCUM needed to join friendly multidisciplinary clinic. Experience with IVM helpful, seeing a broad range of patients. Clinic overlooking a lake near to Limerick city and Shannon airport. Please call Gideon on 0035361374618 or email: gideonseth@eircom.net

AUSTRALIA. Terrific opportunity to spend time in Australia or even to emigrate. Join thriving practice in Hobart, Tasmania, Australia's most picturesque state. Would suit new graduate (currently 4 osteopaths with a combined experience of 67 years) or seasoned practitioner looking for a lifestyle change. Hobart has all the advantages of city living while being 15 minutes away from pristine wilderness. Outdoor activities abound and the natives are incredibly friendly. Expressions of interest to mich@southcom.com.au

ASSOCIATE OSTEOPATH required for three days per week, working in the established practices of two osteopaths of considerable experience. Both practices are located in different parts of beautiful rural North Norfolk, all have emphasis on IVM patients; confidence in working in this field would be advantageous. For more information contact Peggy Corney 01263 860782 (home no.) 01263 861184 (practice no.) or Yvonne Ayliffe 07770 652839

ASSOCIATE OSTEOPATH required for busy practice in Cork City, Ireland. You will need to be enthusiastic, reliable and have an interest in both structural and cranial osteopathy. For more information on our clinic see www.theosteopath.ie. If interested, please e-mail your C.V. to frank.kelleher@theosteopath.ie

ASSOCIATE OSTEOPATH required for busy, established practice for 2 Days (inc. Saturdays) in Seaford. Excellent structural skills essential, cranial experience preferred. Send CV to The Practice Manager, 23 Sutton Park Road, Seaford, East Sussex, BN25 1RH. Or email: jvara@blueyonder.co.uk

WE HAVE A VACANCY for a suitably experienced practitioner in conventional osteopathic procedures. You will be replacing an established male colleague of seven years who currently practices two extended half days and assuming responsibility of an existing patient base. If you are interested in joining our Surrey based practice please e-mail your CV with covering letter to osteopath@back2health.biz

OSTEOPATH NEEDED from mid October. To join busy practice in Tunbridge Wells Understanding of Classical osteopathy essential Quentin Shaw Phone 01892 535 858 Email osteoshaw@tiscali.co.uk

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GOODWILL FOR SALE: WEST MIDLANDS. Thriving and rapidly expanding practice. Ideal for recent graduate or osteopath ready to develop own practice. Low overheads, prestigious location. Also available recently purpose converted practice rooms. Sale due to relocation. Call Alistair 07970221946

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CONSULTING ROOM TO LET for osteopath or chiropractor in Cannon St London EC1 or Bishopsgate near Liverpool St station London. Very Busy areas with lots of potential. Please call Yonas on 078598 20749 or email: yonas97@hotmail.com

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SUTHERLAND Cranial College

ROLLIN BECKER MEMORIAL LECTURE

Paul Lee DO, FAAO, DABMA

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5:00PM, 25th November 2006

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This lecture will explore, in detail,
"the mechanism," examine its structural composition,
and search out its spiritual origins, as evidenced
by the Intelligence it displays.

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*Module 6 can only be taken after successful completion of
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Course Director: Susan Turner MA, DO, MSCC

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Sutherland Cranial College, PO Box 91, Chepstow NP16 7ZS

Telephone 01291 689908 Fax 01291 680056

during office hours Monday – Friday 9:15am-3:00pm

admin@scc-osteopathy.co.uk or info@scc-osteopathy.co.uk

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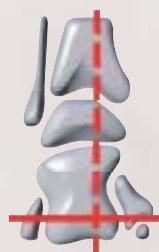
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