

the OSTEOPATH

The magazine for Osteopaths

December '06 / January '07

Volume 9: Issue 10

£3.00

ISSN 1466-4984

In this month:

Responding to Foster

MSF launched

FORE meets in Finland

Graduations 2006



Osteopathy and the MSF

The General Osteopathic Council

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The Osteopath • Volume 9 • Issue 10 • December 2006 / January 2007. *The Osteopath* is published by the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

The Osteopath is the official journal of the General Osteopathic Council. Editorial contributions and letters for publication are welcomed, but opinions expressed by contributors or advertisers do not necessarily reflect the

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Chairman's report

The DH Review of the Regulation of Non-Medical Healthcare Professionals (Foster Report) has dominated our activities throughout 2006. This focus, which involved the Council, the profession, Educational Institutions and the BOA, working together for a common purpose, has further strengthened the position of osteopathy as a credible healthcare option. Though relatively small in number, osteopaths, as statutorily regulated, primary contact practitioners, continue to show that it is quality, not quantity, that matters. There is no doubt that the provision of high quality healthcare, underwritten by high standards of training and continuing professional development – and combined with adherence to a Code of Practice – all contributed to the Foster Report concluding that “The evidence available to us is that regulators today, including the smallest UK ones, are able to carry out their functions effectively”.

It has been suggested by the sceptics that this outcome is but a temporary reprieve and that 2011 will see the demise of the GOsC, with osteopathy then becoming one of the professions regulated by the Health Professions Council. Here I must strike a note of caution. While we are likely to see some radical changes to all healthcare regulation, the major issues will not be about the number of regulators, but about the promotion and maintenance of the highest standards. Government accepted our argument that in developing professions, the coherence of a profession, and the strength of its identity, are vital components of regulation itself. This is particularly true of a profession that operates without the strong employer element, necessary, for example, for many of the professions encompassed by the HPC. I do not believe that argument will be made any less valid by the passage of five years. What is needed is continuing positive reinforcement that osteopaths, strengthened by statutory recognition, can control their own futures and protect their patients whilst doing so.

Two very real examples of this can be found in the Forum for Osteopathic Regulation in Europe (FORE) and the National Council for Osteopathic Research (NCOR). True, the GOsC established these initiatives, and funds and services them, but it is osteopaths who



are moving them forward. It has been heartening to see these areas of leadership and endeavour flourish, in spite of the uncertainty caused by the Foster Review.

FORE has now met on three occasions – in London, Vienna and Helsinki. The GOsC was inspired to initiate FORE by the need to ensure that patients received the best

possible protection and treatment, while osteopaths could move freely in Europe to provide that care. The Forum is providing the platform for debate around standards and codes of practice, based upon the work that has been done in the UK and which forms the core of UK regulation. While there will be variations, to take account of national factors, encouraging progress has been made in establishing the need for a European approach.

NCOR has been a tough call for its Chairman, Professor Ann Moore, but her dedication to the task, combined with that of NCOR Research Officer Carol Fawkes, is taking effect. Around the UK, NCOR research “hubs” are springing up, providing support and learning for osteopaths interested in research. Significant progress has also been made in identifying priorities for osteopathic research. A Standardized Data Collection (SDC) project, which will provide a firm foundation for relevant osteopathic research in the future, is already underway. A project calling for research proposals in adverse events in osteopathy has just been completed. Both initiatives will be funded by the GOsC.

Alongside the evolution of FORE and NCOR has been that of the GOsC promotional role. You may remember that we have been conscious that this remit as currently stated in the Osteopaths Act 1993 (the Act) can be misconstrued. We suggested tackling this in our Legislative Review proposals, put to you in 2005 and, post-Foster, have now accepted that any mention of a promotional role in the Act misleads and confuses. The most recent round of Regional Conferences aim to encourage discussion on what constitutes the essential promotional work of a regulator.

In reality, the GOsC has, over the past five years, brought its activities in this arena in line with those carried out by other Regulatory Bodies. It has never been part of the GOsC's role to promote individual osteopaths. Rather, promotion is about ensuring that

members of the public, and more specifically patients, understand what an osteopath does, and what they should expect when they consult an osteopath. In short, good regulation is underpinned by better understanding between patient and practitioner. Wider areas of promotion belong more properly to the profession, and the bodies that represent the interests of osteopaths more directly. Inevitably, there will be a grey area in which responsibilities are not so well defined. For example, the recent work by the Department of Work and Pensions on healthy workplaces has clearly benefited from a better understanding of what osteopathy can do in that arena – but at what point in that work is the GOsC the body to be providing information and counsel, and at what point does this role fall to a professional association? More debate is needed to clarify such matters. I should say, however, that it is highly unlikely that there would be fee reductions, as has been mooted, as a consequence of removing the 'promote' remit from the GOsC legislation; a change of wording will not change our overall responsibility in regulatory terms, nor

what we currently do. A plan to clarify the division of responsibilities between the GOsC and the BOA, so that neither a void of responsibility, nor unnecessary overlap results, is already under development. We will be publishing this in the New Year.

Council members were delighted with the very positive feedback from many of you, in support of a 10-year anniversary event. Provisional proposals for an international osteopathic week, in late 2007 or early 2008, focusing on research, education and practice matters, and possibly centred on a conference with a strong international element, are to be considered at the Council meeting in early December.

So it is still a busy time, as I am sure it is for you all. It just remains to extend to you all my very best wishes, and those of the Council and the Executive, for a happy and peaceful break over the festive season.

Nigel Clarke
Chairman

GOsC Regional Conferences 2006/7

Series II: Spring 2007

Saturday 3 February 2007

Region 4: Central England & North Wales

Venue: Ramada Kidderminster, Worcester
(M5, J6)

Sunday 4 March 2007

Region 5: Scotland

Venue: Maitland Field House, Haddington,
nr. Edinburgh

Saturday 24 March 2007

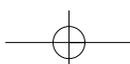
Region 6: London & South-East England

Venue: Gatwick Hilton,
London Gatwick Airport, South Terminal



'Promoting Osteopathy – making the most of our potential' is the theme of our review of healthcare regulation.

Here are some moments from the 2006 conferences, in Ilkley, West Yorkshire Hertfordshire in November. A booking form for the 2007 conferences



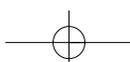


2006/7 season of regional conferences, a timely theme in view of the Foster

in September; at Edingworth, Somerset in October and in Borehamwood, – see page 5 for dates – is enclosed in this issue.



Photographs by Chris Renton & Gideon Luke



GOsC responds to Foster Report

Madeleine Craggs, Chief Executive and Registrar

Everyone is now all too well aware of the reviews of healthcare professional regulation, the reports on which were published in July, after an anxious six-month delay to the anticipated date. The documents are available on the Department of Health (DH) website at [www.dh.gov.uk/Consultations/Closed Consultations/fs/en](http://www.dh.gov.uk/Consultations/Closed%20Consultations/fs/en) and comment was invited during a consultation period, which ended on 10 November 2006. The GOsC response is best summarised by the media release 'GOsC calls for regulation in context', which we distributed that day.



The GOsC Chairman, Mr Nigel Clarke, said "Patient protection and maintaining public confidence in osteopathic regulation is the central focus of the GOsC. For this reason we broadly support the principles advocated in the Department of Health's Reviews of Medical and Non-Medical Regulation (the Donaldson and Foster Reviews), but we were disappointed by the emphasis on employer-led solutions for those working in the NHS. A significant number of primary contact practitioners across the Regulatory Bodies, like almost all registrants of the GOsC, are self-employed and practise predominantly in the independent sector."

The GOsC also observed that there was no reference to the impact of globalisation of healthcare and to the international perspective on regulation. European Union policy, in particular, poses increasing challenges for patient safety, as different countries in Europe are at various stages of development in terms of healthcare professions' recognition and regulation. This is an example of the need for profession-specific regulation.

Mr Clarke concluded: "As the Osteopaths Act is comparatively recent, the rules of the GOsC largely reflect current thinking on healthcare regulation. As part of our central role in public protection, the GOsC had already recognised the need for changes and consulted widely on proposals for improvement."

The GOsC's response to the key points of the Government's consultation are as follows:

1 The GOsC believes the patient should be at the centre of all regulatory processes and,

as such, supports increasing public and patient input to the development of regulatory matters.

- 2 The proper protection of patients demands a regulatory system based on a thorough understanding of that profession and the context in which the professional operates.
- 3 It is not clear that the Donaldson and Foster Review recommendations are sufficiently "evidence-based" for any real sense that perceived risks exist and the recommendations will actually produce improvements to patient safety.
- 4 Regulation by one over-arching body can lead to 'superficial' regulation.
- 5 The GOsC supports continuing harmonisation and collaboration between regulators that encourages good practice but allows flexibility for the individual regulator.
- 6 A key revision to the Osteopaths Act 1993 will be the removal of reference to "promoting the profession".
- 7 The GOsC supports the civil standard of proof as more effectively protecting the public interest.
- 8 The GOsC fully supports a process by which a regulated professional periodically has to demonstrate that he or she remains fit to practise but revalidation, along with some other Foster Review recommendations, has enormous implications. Further debate, evidence-gathering and collaboration between regulators is needed to establish the most effective risk-based approaches.

I imagine that the issues that will cause the most angst and debate will be:

- removal of the reference to 'promoting the profession' from the legislation and what this means in reality;
- revalidation – if and how it will be implemented.

It is timely, therefore, that the theme for this year's GOsC Regional Conferences is promotion. At the first three conferences, the respective promotional roles of a regulator and a professional

association engendered lively debate. This has also provided an opportunity to explain why there will not be a massive change to the present situation, nor pots of money suddenly available, as has been widely reported in other fora. In fact, so important is this matter, GOsC Chairman Nigel Clarke sets out to clarify the issue in his opening report to this edition of *The Osteopath*.

The revalidation debate will take time to reach conclusions. The views of the healthcare regulatory bodies are wide ranging and reflect the context in which their various professionals work. The GOsC position, as stated in our media release above, is that there needs to be a lot more evidence gathering and debate before deciding an appropriate way forward. Having revalidated every applicant when we opened the Register, we are all too well aware of the tensions between what intuitively

seems the ideal thing to do and actually translating this into a feasible, credible, proportionate and acceptable process.

Our response to the revalidation theme was quite detailed and supported by an Annex giving further opinion. **To read all about this and the other comments in the GOsC response, check out our website www.osteopathy.org.uk/news/newsdetails.php?id=39. If you would like a hard copy, contact the Communications Department on ext. 242.**

The DH has promised a quick turn around of final decisions following the consultation – optimistically suggesting before Christmas. As soon as we have more information, we will post it – or the link – on the GOsC website. 2007 promises to be another interesting and challenging year!

Scottish Executive reviews healthcare regulation

The Scottish Executive Health Department (SEHD), with support from the eight healthcare regulatory bodies in Great Britain, hosted a series of stakeholder events across Scotland in September and October to inform its response to the reports of the Donaldson and Foster reviews on healthcare regulation. This

culminated in a national event in Edinburgh on 17 October 2006. Overall, 267 individuals from a diverse range of healthcare professions and other groups participated in the regional and national events.

GOsC Head of Development Vince Cullen (pictured right) was present at the national event, along with other senior representatives from other healthcare regulatory bodies, to contribute perspectives on the following key themes of the healthcare reviews:

- Professional education/qualification, standards setting and entry to the register.
- Regulation of new professionals and support groups, and workforce development.
- Continuing fitness to practise.
- Conduct and performance of professionals.



In addition, two new topics were identified:

- Governance and accountability of regulators.
- Devolution matters.

Although osteopaths in Scotland work almost exclusively outside the NHS, the GOsC considers osteopathic representation essential in the ongoing

Foster/Donaldson discussion of issues around professional education, standards, and continuing fitness to practise.

The GOsC highlighted concerns around the financial impact of revalidation and suggested that more evidence is needed to identify the most relevant and effective revalidation approach that ensures continued patient safety and high quality care. This is considered a vital step before imposing a potentially onerous and costly scheme and Mr Cullen emphasised also the

particular difficulties for professionals working outside the NHS structure.

NCOR prepares for the media

Steps are being taken to strengthen the profession's response to unduly critical and unbalanced media cover. Working with NCOR, the GOsC has arranged media training for a team of NCOR-nominated spokespeople, who are working also to define and refine key media messages around the development of osteopathic research.

Six NCOR stakeholder representatives, including NCOR Chair Prof. Ann Moore and Research Officer Carol Fawkes, along with Steve Vogel, Tim McClune, and GOsC-NCOR representatives Vince Cullen and Brigid Tucker, attended a



Prof. Ann Moore



Steve Vogel



Tim McClune



Carol Fawkes

training day in London on 30 October, presented by healthcare communications specialists MediaSpeak. Both broadcast and print media were the focus of attention.

As part of an evolving media strategy, NCOR is also developing a briefing sheet for general use by osteopaths dealing with the media or preparing their own presentations to external audiences. More information on this in due course.

www.osteopathy.org.uk

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



The Tavistock Institute

"WHAT IS THE PATIENT REALLY TELLING ME?"

Deepening our understanding of the osteopath-patient relationship.

Patients' presenting problems at osteopathic consultation often mask deeper underlying emotional and relationship conflicts that can be accessed by the osteopath for the benefit of the patient. Skill in doing so contributes to the patient's overall treatment and adds to the osteopath's satisfaction

This course will provide participants with improved ability to integrate and address the physical and emotional aspects of their patients' presentations.

Dates:

January 14th, 28th; February 11th, 25th; March 11th
A series of five three-hour post-graduate seminars – 15 CPD hours

Course Directors:

Mannie Sher, Principal Consultant, The Tavistock Institute; Fellow, British Association of Psychotherapists

Danny Sher, Osteopath, Professional Associate, The Tavistock Institute.

Cost: £450-00

For more information and booking forms contact:

Phone: 0207 457 3906 or 020 8349 9399

Email: m.sher@tavinstitute.org

Course will be held in Finchley N3, London.

Maximum of 8 participants

Promoting partnerships: GP workshops

Have you been contemplating forging a professional partnership with your local GP practice but are uncertain about the first step? Or, have you already secured a meeting and feel anxious about getting your message across clearly and effectively?

Then you will be pleased to know the GOsC is launching the next series of "Osteopathy & the GP" workshops in early 2007. This interactive workshop has been developed for osteopaths with a view to improving understanding of osteopathic practice among GPs and other primary care practitioners.

Working at grassroots, osteopaths can not only build better working relationships with local GPs, but help also to enhance the wider understanding of osteopathy's contribution to UK healthcare.

Led by osteopath **Robin Lansman** DO, these regional training workshops provide an opportunity for osteopaths to work together to raise the osteopathic profile with consistency and confidence.

The key elements of this interactive workshop are:

1. The osteopathic identity: How do you see yourself? How do other health professionals see you? What is the unique contribution osteopathy makes to primary care?
2. What are your local GPs' needs? What can you, the osteopath, offer?
3. Establishing partnerships: with local GP practices.
4. Making a presentation: preparation and delivery.
5. The key messages: GOsC promotional toolkit.
6. Handling difficult questions.
7. Osteopathy in action: the standing examination.

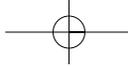


Forthcoming workshop dates:

1. Greater London	Friday 26 January 2007	Osteopathy House
2. South East	Friday 16 February 2007	Heathrow area
3. Northern England	Friday 16 March 2007	Leeds area

The full-day workshop (9.30am–4.45pm) is £100, including a workshop pack, lunch and refreshments. To ensure the workshop is as interactive as possible, places are limited to 26 and are allocated on a first-come, first-served basis.

Contact the Communications Department on ext. 242 or 222 to book a place at the location of your choice or to express interest in a workshop in your area – additional workshops will be scheduled in 2007 based on regional demand.



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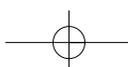


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The fitness to practise process

David Simpson, Head of Legal Affairs

Due process

The GOsC often receives letters from people who represent or support osteopaths through the GOsC's fitness to practise process. It is worrying that some of these letters indicate a lack of understanding of due process and say, "the osteopath has told you what happened, so why haven't you dropped the case?" or "you are only listening to the patient and not the osteopath". Advice to osteopaths based on these misunderstandings creates unrealistic expectations, leaving osteopaths aggrieved when the GOsC does not abort the process on receipt of the osteopath's version of events.

Suppose you were assaulted by Crusher Jennings on your way home from Sainsbury's. When you report the assault to the police, would you expect them to say, "Mr Jennings said that he didn't do it, so we are dropping the case" or would you expect further investigation? [Any similarity between this fictitious Crusher Jennings and any real Crusher Jennings is purely coincidental.]

There are two sides to every story and an independent tribunal must decide which version of events it believes. Due process has developed to ensure effective and fair determination of conflicting evidence.

Our procedures

As the GOsC is a statutory body its processes are governed by the Osteopaths Act 1993 (the Act), which closely defines its duties in relation to the investigation and examination of complaints.

The Act compels us to investigate allegations of a certain nature and precludes GOsC executive staff from taking:-

- 1 key decisions about whether to discontinue an investigation;
- 2 any decisions as to, or based on, the value of evidence.

We have, instead, committees that have the responsibility for such decisions. This is designed to preserve the objectivity of decision-making and safeguard osteopaths and the public from the capricious use of authority by any individual. The constitution of the committees, which include lay and osteopathic members, reinforces this principle by ensuring that both the patient/public and osteopathic perspectives are represented when decisions are made.



The Act sets out a three-stage process for decision-making:

- 1) the Screener;
- 2) the Investigating Committee (IC);
- 3) the Professional Conduct Committee (PCC) or the Health Committee (HC).

The GOsC executive staff support the Screener and committees in fulfilling their functions, but the executive is restricted to the gathering of evidence, which it does without presumption.

As investigations and adjudications are conducted by people who did not witness the alleged events and do not have extensive personal knowledge of the parties involved, decisions as to the veracity of the allegations must be made solely on the available evidence. The difficulty is that there is usually conflicting evidence, but due process, as stated earlier, is designed to deal with that.

The Screener

The first stage of the investigation is carried out by the Screener. The Screener's role is very specific and closely defined, with the sole function of establishing whether the GOsC has authority under the Act to consider the particular allegations. For example, the GOsC has the authority to consider allegations that may impact on an osteopath's ability to practise as an osteopath, but not to determine contractual rights, which is a matter for the courts.

The Screener deals with allegations only, not issues of evidence. This is partly because the Screener's contribution marks the beginning of the investigation, when much of the available evidence still has to be gathered, but also because doing so would usurp the functions of a committee.

Investigation

The investigation is solely an information-gathering exercise to enable an impartial tribunal to make the key decisions on evidence. The investigation must, therefore, be carried out objectively, without presumption as to the truth of the allegations. For this reason, even if the osteopath has given his version of events, the matter must still proceed to committee.

The Investigating Committee (IC)

The IC's role is to consider whether the investigation discloses a case for the osteopath to answer. In other words, does evidence exist that should be tested before the Professional Conduct Committee? However, the IC does have the authority to weigh the evidence, without making any

determinations of fact, and decide whether there is a real prospect of the allegations being proved before the PCC. If not, the IC may find that there is no case to answer and dismiss the case.

The Professional Conduct Committee (PCC)

The PCC consists of lay and osteopath members. Its role is to preside over the hearing and determine the issues of fact and law on the evidence before it. It does not enter into discussions with the parties, but maintains its independence. The PCC does not have contact with the IC and is not notified of the allegations, nor receives evidence, until the day of the hearing.

The Health Committee (HC)

This Committee has a similar role to that of the PCC, but focuses on discovering whether an osteopath's ability to practise as an osteopath is seriously impaired because of his/her physical or mental condition.

Weighing the evidence

The parties to the PCC and HC are the Registrar and the osteopath, both of whom are represented by lawyers. The complainant is merely a witness. The evidence of each party is presented by that party's lawyer and tested by the opposing lawyer through cross-examination. Only after the evidence has been presented and tested before the PCC can any decision be made as to which party's version of events is likely to be true.

The formal allegations (sometimes referred to as charges) considered by the PCC will reflect the complainant's allegations. This is not because the osteopath's evidence is not of value, but because the whole process is designed to test the veracity of the complaint.

Appeals

Osteopaths can appeal to the High Court against decisions of the PCC and to the Appeals Tribunal against HC decisions. The Council of Healthcare Regulatory Excellence (CHRE) can also appeal to the High Court against a PCC decision if CHRE thinks that the decision was unduly lenient.

Publicity

Many osteopaths are disgruntled by the publication of PCC outcomes. This may be why some complain about the process, rather than appealing against the decision. However, like all other statutory regulators, the GOsC is required by statute to publish PCC decisions against osteopaths. There are many reasons for this, including providing feedback to the profession. The reports must contain sufficient detail to allow readers to distinguish between cases and, particularly, to understand any apparent disparity in the imposition of sanctions.

I hope that two things are apparent from the above. Firstly, that just because you inform the GOsC of your version of events, the process will not stop until the IC or PCC bring it to an end.

Secondly, due to the IC's limited discretion on viewing evidence, if you do not answer questions raised during the investigation fully and directly, the matter is almost bound to progress to the PCC. This is important because some osteopaths adopt semantic arguments in the belief that this will deflect the GOsC from investigating the substantive issues of a complaint. This never happens.



Thomson Closing dates

January 2007

Preston	05-01-07
Salford	05-01-07
Mansfield	05-12-07
Bradford	12-01-07
Darlington	12-01-07
Derby	12-01-07
Islington	19-01-07
Oldham	19-01-07
Wolverhampton	19-01-07
Wrexham	19-01-07
Alton	19-01-07
Barnet	26-01-07
Luton	26-01-07
Swindon	26-01-07

February 2007

Southend	02-02-07
Staines	02-02-07
Edinburgh	09-02-07
Newport	09-02-07
Grimsby	09-02-07
Bury	16-02-07
High Wycombe	16-02-07
Lincoln	16-02-07
Rochdale	16-02-07
Spalding	16-02-07
Blackpool	23-02-07
Guildford	23-02-07
Fareham	23-02-07
Lothian	23-02-07
Newark	23-02-07

March 2007

Plymouth	02-03-07
Scunthorpe	02-03-07
Basildon	09-03-07
Gloucester	09-03-07
Chester	09-03-07
Solihull	09-03-07
Bedford	16-03-07
Lancaster	16-03-07
Medway	16-03-07
Carlisle	30-03-07
Dunfermline	30-03-07
Middlesbrough	30-03-07
Stafford	30-03-07

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

Critical New Year's resolution

To partly reiterate Jane Langer's article in the last issue of *The Osteopath* (p 11), the Critical Cs workshops have been inspired by the desire to help osteopaths learn from the mistakes of those who have been through the fitness to practise process. Many cases that appear before the various GOsC fitness to practise committees show an inadequate understanding or implementation of the Critical Cs.

Osteopathy may not have changed much, but the context in which it is practised has. Societal expectations have changed drastically over the last few decades. **Context** is the thread that runs through all the Critical Cs. How you communicate, obtain consent, or take a case history depends upon the context. There is no mantra for all occasions, and how you conduct yourself at any given moment depends upon your individual practice and the individual patient in attendance.

Good **communication** is immensely powerful. In every walk of life, there are individuals who achieve great success, despite mediocre talents, because they are skilled communicators. The opposite is also true. To use an extreme example: what is the good of training someone to be a highly skilled surgeon, if poor communication leads them to amputate the wrong leg very skilfully? Even if they amputate the correct leg, for good reason, they will still be accused of negligence if the patient does not know why the leg was removed. Time and again at PCC hearings, complainants, even some who were victim to osteopaths' serious incompetence, have said, "If only the osteopath had spoken to me afterwards, we would not be here." Communication works on many levels and is an interesting and complex topic. Awareness of this issue can only serve to improve practice.



Consent is a branch of communication. If you communicate with patients as you should, you will fulfil the necessary elements of consent, with the possible exception of informing about serious risks associated with treatment. The trainers (osteopaths Sarah Wallace, Fiona Walsh and Mark Piper) will lead a practical

demonstration of how you might approach this.

The GOsC Committees are often disappointed by the standard of osteopathic records. **Case history** taking is yet another branch of communication. The trainers will explore the purposes of the case history and take a practical look at how much information should be recorded.

Confidentiality is frequently a misunderstood duty. Even revealing the fact that someone is a patient can be a breach that can have serious ramifications for you and your patient.

The GOsC and the osteopathic trainers have been working closely on the development of the programme to ensure its relevance and currency. Against expectations, not only has it been enjoyable, it has been extremely thought-provoking. A lot has been learned and our awareness has been raised about issues that had not previously been considered. It is hoped that you too will get as much out of the workshop.

The GOsC has commissioned events management company Sweet & Maxwell to stage the Critical Cs workshops – **see enclosed booking form**. Remember, there are only 40 places per workshop, so make sure you complete the booking form as soon as possible to avoid missing out. **Booking forms should be sent directly to Sweet & Maxwell, Conferences & Courses, PO Box 2000, Andover, SP10 9AH. For further information about the programme, contact David Simpson on ext. 248 or email: davids@osteopathy.org.uk.**

Critical Cs workshop dates

Date	Region	Location
27 January 2007	Greater London	London
24 February 2007	Northern England	Harrogate
10 March 2007	South West England	Taunton
21 April 2007	Central England & Wales	Warwick
27 May 2007	Scotland	Edinburgh
23 June 2007	South East England	Haslemere



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GOsC diary November 2006

This diary presents a snapshot of some of the meetings and events the GOsC has been involved with over the past month. To request further information about any of these meetings, please contact the relevant department.

1	Wednesday	Investigating Committee meeting Remuneration Committee meeting Finance & General Purposes Committee meeting
2	Thursday	CHRE - Chief Executives' briefing Critical Cs programme development meeting
6	Monday	DH Musculoskeletal Services Framework launch BackCare 'Protecting Young Backs' parliamentary reception
7	Tuesday	Section 32 prosecution, Hartlepool Magistrates Court GOsC - GDC meeting on revalidation
8	Wednesday	Communications Committee meeting Professional Conduct Committee meeting
9	Thursday	GOsC - GetWell UK meeting GOsC - Parliamentary Affairs monitoring meeting
10	Friday	GOsC - OEIs meeting
11	Saturday	Greater London & Eastern Counties Regional Conference
14	Tuesday	GOsC - BSD meeting
15	Wednesday	GOsC - RCGP: CAM action group Practice & Ethics Committee meeting Investigation Committee meeting PGICH seminar - NHS: integration of CAM
16	Thursday	Critical Cs workshop pilot day
21	Tuesday	GOsC - GCC: Chief Executives' meeting
23	Thursday	NHS Alliance 2006 conference & exhibition - Bournemouth Education Committee meeting
24	Friday	NHS Alliance 2006 conference & exhibition - Bournemouth
25	Saturday	LSO Graduation Ceremony
27	Monday	Professional Conduct Committee hearing GOsC Registrants' Website development meeting
28	Tuesday	Professional Conduct Committee hearing
29	Wednesday	GOsC - BDA: NHS meeting Audit Committee meeting
30	Thursday	GOsC - BDA briefing

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

BDA - British Osteopathic Association
BSD - British School of Osteopathy
CAM - Complementary and alternative medicine
CHRE - Council for Healthcare Regulatory Excellence
DH - Department of Health
GCC - General Chiropractic Council

GDC - General Dental Council
LSO - London School of Osteopathy
OEIs - Osteopathic Educational Institutions
PGICH - Parliamentary Group for Integrated & Complementary Healthcare
RCGP - Royal College of General Practitioners

Musculoskeletal Services Framework launched

Greg Sharp DO, Colchester



November 1 saw the official launch of the Musculoskeletal Services Framework (MSF) by Health Minister Andy Burnham (pictured). The Minister explained, "I see this as a manual for guidance rather than a top-down document."

The MSF, a consequence of over two years' work seeking opinion from both clinicians and patients, aims to provide the NHS primary care arena with new

guidance to help improve services. The intention is to deliver faster, better and more convenient care for patients, thereby minimising the need for patients to attend hospitals.

Thanks to persistent lobbying, osteopathy has now been included within the NHS contracting strategy for a range of clinical presentations, and is well placed to provide a variety of cost-effective pathways by applying our patient assessment, diagnostic and manual therapeutic skills.

The MSF has two main objectives:

1. To achieve a maximum wait time of 18 weeks for those patients needing hospital (secondary care) consultation and treatment by December 2008.
2. The creation of Clinical Assessment and Treatment Services (CATS).

Clinical Assessment and Treatment Services (CATS)

CATS may be focused at one site within the community or spread across larger localities, using individual practices but with central co-ordination of services. It is likely the variations on the basic framework will be as many as the 152 primary care trusts (PCTs) across England who will deliver them. However, for osteopaths, externally contracting just some of your time to your local NHS service may now be achievable working from your own practice(s).

Service providers will be expected to deliver evidenced-based "therapeutic strategies," which may include: manual therapy; physiotherapy; pain clinics; GPs with special interest; podiatry and clinical psychology, to name just a few. All should have quick access to diagnostic services and imaging.

It is intended that the patient journey will start when the GP determines the patient is not appropriate for "usual GP care". In time some CATS may evolve towards open access, thereby

cutting down the pressure on general practices.

Those working within the CATS framework will apply both the diagnostic and the therapeutic skills of their own clinical discipline but, should they recognise another clinical discipline or investigation is appropriate as well as or instead of their own, the facility for rapid onward referral should be available.

If the patient is then found not appropriate for primary care, the intention is for the secondary care consultant to receive the patient with all the

diagnostic requirements completed and results available within 18 weeks of the start of the patient journey from their GP.

Over the last 15 years the organisation of the primary care arena has been evolving through GP fundholding, primary care groups, PCTs and recently through the implementation of Practice Based Commissioning (PBC). Anywhere up to 40%–50% of the commissioners and administrators within these organisations are now being removed from the scene.



Why should osteopaths take note of these changes now?

Because PBC will be the driver of services for some years to come and, although the PCTs across England (reduced from 350 to about 152) will hold the purse strings, the important factors are:

1. GPs will determine which clinical services they wish to buy.
2. Purchasing will in the main be undertaken by GP practices contracting together in local groups – some large, some small – and occasionally a GP practice may continue an arrangement with a single osteopathic practice.
3. A likely development – one to be recommended even – will see osteopaths who wish to contract some of their time to the NHS sharing a single contract between all the interested osteopaths in their locality. Consider talking to your local colleagues!
4. The NHS of the future will only be interested in cost-effective contracting, high quality diagnostic and therapeutic delivery, high

patient satisfaction, and clear clinical governance procedures. (Clinical governance is not as frightening as some osteopaths think or some experts make it sound – it is easy, trust me!)

It is very important to appreciate the current context for your local practice based commissioners. Like you, they and their GP colleagues are relatively new to the game and the Department of Health has set them tight deadlines. The launch of the MSF, while important to many, will not yet see practice based commissioners rushing about looking for osteopaths. The musculoskeletal services are not top of many NHS agendas (if any) – yet.

Making an enquiry as to who the local practice based commissioner for musculoskeletal problems is, and what the timetable is for service development in the locality, is a good place to start. For the sake of those patients who cannot afford your fee, but need your osteopathy, do not be put off by an early rebuff.

For further information, see www.18weeks.nhs.uk then click on orthopaedics.

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Wishing you all a Merry Christmas and a Happy New Year!

FORE meets in Finland

Sarah Eldred, Assistant Registrar (Public Affairs)

In tandem with Finland's Presidency of the EU, the Forum for Osteopathic Regulation in Europe (FORE) recently held its third meeting in Helsinki. Increasing professional mobility across Europe and potentially more patients seeking treatment when abroad led the General Osteopathic Council to initiate FORE in November 2005.

Osteopathic recognition and regulation are at different stages in the countries of the European Union. Consensus on standards of training and practice between the European osteopathic organisations is necessary to protect patients and enhance the osteopathic "brand" in Europe and FORE is central to this process.

Hosted by the Suomen Osteopatiayhdistys (Finnish Osteopathic Association), the latest two-day meeting in October brought together 27 representatives of 21 osteopathic organisations from 14 different countries.

Following two earlier FORE events (in London and Vienna), the Helsinki meeting resulted in a draft *European Framework for Codes of Osteopathic Practice* (EFCOP), developed using the UK's *Code of Practice* as a template.

While this draft code of practice framework has no legal basis, it does have two important functions. One is to help the osteopathic profession achieve recognition and autonomous osteopathic regulation in countries where this doesn't currently exist; the second is to provide osteopaths' patients with a consistent standard of osteopathic care, no matter where in Europe they might receive treatment.

A *European Framework for Standards of Proficiency* (EFSOP), based on the UK's *Standard 2000* (S2K), was also considered in Helsinki and is now being drafted. FORE aims to finalise this at the next meeting of the Forum, which will take place in 2007 during Germany's EU Presidency. Other key issues on that agenda will include concepts and principles of osteopathy, and training standards.

Healthcare Professionals Crossing Borders

FORE is also making good progress in the wider healthcare field and has been invited to join the EU Healthcare Professionals Crossing Borders (HPCB) project. This is an informal partnership of European healthcare authorities (including doctors, dentists and nurses) that aims to develop and promote cooperation and collaboration in information exchange between healthcare professions. This initiative offers FORE members, including the GOsC, the opportunity to increase their status with their own national governments as well as raising the profile of osteopathy generally in Europe.

In line with the work of the HPCB project, FORE is looking at the development of certificates of current professional standing, to be used by practitioners

moving to work elsewhere in Europe.

European Commission consultation on healthcare services

Part of the GOsC's remit is to contribute to EU legislative developments that could potentially impact on UK osteopathic practice. Feedback on these concerns will have more impact if carried out with the support of European partners. FORE will therefore explore the development of joint responses to issues that affect European osteopathy, for example, the current European Commission consultation on healthcare services.

FORE undoubtedly has an ambitious agenda but, ultimately, all participating organisations share the common goal of developing a consensus on standards of training and practice to enhance patient experience and build a strong osteopathic profession in Europe.

For further information about FORE, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk. Alternatively visit FORE's website at: www.forewards.eu.





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Dr Foster 2007 CAM Directory

Michael Toorie, DF Research

As many of you are aware, Dr Foster Ltd has developed a searchable database of complementary practitioners in the UK. The primary aim of the directory is to help the general public find complementary practitioners, and also includes information about the practitioners' areas of special interest. To ensure that we have the most up-to-date information, we are refreshing the database for our new 2007 CAM Directory.

Recent changes at Dr Foster

There have been many changes at Dr Foster since the development of the last CAM Directory. In February 2006, Dr Foster Ltd launched an innovative joint venture with the Health and Social Care Information Centre (a special health authority of the NHS). The new company, now called Dr Foster Intelligence, combines commercial acumen from the private sector with the specialist expertise and public sector commitment of the Information Centre. The objective is to assist the NHS and social care communities to deliver services efficiently and in a manner that is responsive to the needs of users. To read more about the joint venture, visit: www.drfooster.co.uk/library/news/article.aspx?articleid=16&from=news.

DF Research has also recently been established and is now responsible for all non-NHS projects, for example the work we do with charities and complementary therapies. The CAM Directory falls under the remit of DF Research.

Distribution of the CAM Directory

The 2006 CAM Directory is now presented on Norwich Union Healthcare's Personal Health Manager website. This means that members of the public who have a health insurance policy with Norwich Union Healthcare now have access to the CAM database, and can search this to find their local complementary practitioners.

Furthermore, on September 1, Dr Foster began providing health services directory content, including the complementary practitioners' directory, to the health website, NetDoctor <http://www.netdoctor.co.uk/>. This website receives 2.3 million visitors each month, enabling us to make our information accessible to a huge audience. NetDoctor was recently acquired by National Magazines, the publisher of magazines such as *Prima*, *Good Housekeeping*, *Prima Baby* and *Cosmopolitan*. This will hopefully enable us to reach even more people.

Joining the CAM Directory

If you would like your details to appear in the new directory, please **complete the enclosed Dr Foster questionnaire** and return it in the freepost envelope provided by **Monday 29 January 2007**.

If your questionnaire is missing, please contact Michael Toorie on 020 7332 8908 or email cam2007@drfooster.co.uk.

If your freepost envelope is missing, please post to Michael Toorie, Dr Foster Research, FREEPOST, PO BOX 46176, London EC3B 0ZZ (no stamp required).

STOP PRESS: phone scam email

There is currently an email going round alerting people to a scam, originating in Belize, in which a card is posted through the door from a company called PDS (Parcel Delivery Service) advising that they were unable to deliver a parcel and that the recipient needs to contact a premium rate number: 0906 6611911. If the recipient does that and starts to hear a recorded message, the email goes on, he or she will have already been billed £15 for the phone call. The email suggests calling Royal Mail Fraud or ICSTIS, the premium rate service regulator.

In fact, ICSTIS has a notice on its website explaining that this was a scam operating last Christmas and ICSTIS does not believe it is still happening. ICSTIS stopped the service operating and is currently proceeding with a case against the company responsible. In any case, ICSTIS says, it is not possible for a £15 charge to be made on connection.

For further information about this particular case and general information about ICSTIS and premium rate services see http://www.icstis.org.uk/pdfs_news/email.pdf.

Graduations 2006

HRH The Princess Royal congratulates BSO graduands

Her Royal Highness, **The Princess Royal**, presented their degrees to the 64 graduands of the British School of Osteopathy (BSO) at this year's graduation ceremony. The degree course is validated by the University of Bedfordshire and this enables students to pay standard fees rather than private costs, a saving of several thousands of pounds a



HRH The Princess Royal and Charles Hunt meet graduands at the reception

year. The Princess Royal, who is Patron of the school, said the partnership between the BSO and the University had allowed more students from non-traditional backgrounds to enter the profession.

She commented: "The BSO is a world leader in its field and continues to set the highest standards of patient care and education. It is very rewarding to see more people training in this field and this is, in part, due to the special partnership between the BSO and the University, which has opened up this growing profession to those who may not have been able to otherwise afford it."

The Princess Royal also outlined the importance of graduates maintaining links with the BSO and, as the next

generation of osteopaths, of providing an evidence base for the practice of osteopathy.

The university's Vice-Chancellor, **Professor Les Ebdon**, told the guests: "Those graduating should be very proud of their achievements as this degree programme combines the challenge of both theory and practice over a four-year

period. This involves an immense amount of dedication and commitment and I have no doubt they will use this enthusiasm to be innovative in the way they serve their communities."

Charles Hunt, Principal and Chief Executive of the BSO, expressed thanks to **Dr Martin Collins** who stepped down as Principal and Chief Executive in May 2006 and was awarded an honorary fellowship. Other awards included a PhD to **Stephen Sandler** and an associate professorship to **Dr Tamar Pincus**.

Following the ceremony, The Princess Royal met with graduands, their guests and BSO staff at a reception.

College of Osteopaths: students graduate in style



Saturday 21 October proved to be a day to remember for all those at The College of Osteopaths. Surrounded by the opulence of Knebworth Hall and its extensive parklands and wildlife, graduates celebrated the successful conclusion of five years of hard study, culminating in their entry into the osteopathic profession.

Principal Mark Lawrence presided over the ceremony, uncharacteristically but suitably attired in cap and gown. The enormity of the occasion, and the achievement of all, was made clear by his reminder to graduates that "practice should always be informed by principles". With formalities out of the way and in true student style, caps were thrown in the air and photographs taken – much to the delight of families and friends.

The evening festivities began with a champagne reception followed by a gala dinner complete with magician, harpist and swing band. Dancing continued into the small hours as would befit such a celebratory occasion.

Celebrations were also in order to mark the opening of the new clinic at Borehamwood which heralds a new era for The College of Osteopaths.

BCOM honours new graduates

On Saturday 28 October 2006, the British College of Osteopathic Medicine (BCOM) graduation ceremony was held at the Mermaid Conference and Events Centre in Blackfriars, London. It was a wonderful opportunity for graduands and prize winners to share their achievements with faculty, friends and families. The College was proud to celebrate both another successful year and the continued excellence of its students and staff.

The afternoon began with a procession of faculty and university guests and an address by Registrar **Mrs Kasia Kowalska**, who thanked and wished the graduands well. Then the Principal, Dr **Ian Drysdale**, spoke to the audience, outlining BCOM's innovative new degree pathways. The College was delighted to welcome the Mayor of Camden, **Councillor Jill Fraser**, as its special guest. In a well-received speech, she described her personal experiences of osteopathy.

The Mayor presented the graduands with their awards, welcoming 35 new osteopaths to the professional community and marking the commitment



to continuing professional development of almost 30 more. 31 students from the BSc (Hons) Osteopathic Medicine received their degrees, with no fewer than ten gaining first-class honours. Nine students graduated from the BOstMed degree and four more students received a Diploma in Osteopathy before continuing into the fifth year of the Bachelor of Osteopathic Medicine degree.

It was another busy year for the internationally popular BSc (Hons) Osteopathy Conversion Course, with 17 students from all over Europe graduating. A humorous vote of thanks by students **Phillip Corbin** and double prize winner **Hazel Mansfield** celebrated the linguistic joys of studying in such a truly diverse academic environment. Other prize winners included **Naaznin Karim** for the BNA Naturopathy Prize, while the Christopher Bennetto Prize, remembering a much-missed key member of the Board of Governors, went to **Mark McCall**. Then the new graduates could begin their graduation party, which carried on long into the night.

ESO joins University of Greenwich

The University of Greenwich and the European School of Osteopathy (ESO) have teamed up to provide degrees in osteopathy. From this autumn the European School of Osteopathy is offering a BSc and an MSc in osteopathy validated by the University of Greenwich. The degrees have been running for some years under another validator. The BSc is a four-year full-time course providing theoretical and practical training in osteopathy and the MSc is designed for both recently qualified osteopaths and established practitioners.

This is the renewal of a relationship between the two institutions that began in 1994 when the university validated a part-time MSc Osteopathy, which was phased out in 2004. At a signing ceremony held on



The Mayor of Maidstone, Baroness Blackstone and John Barkworth at the signing ceremony

September 20 to celebrate the renewed relationship, University of Greenwich Vice-Chancellor, **Baroness Blackstone** said: "I am delighted that the University of Greenwich is rekindling long-standing links with the European School of Osteopathy. This partnership builds on the university's established strengths in life sciences, pharmaceutical sciences and nursing."

John Barkworth, Chair of the ESO trustees commented: "The link with Greenwich will be beneficial to the school in a number of ways, particularly in the areas of access to human and physical resources for students and staff, the potential for research collaboration and in providing access to public-funding for our BSc students. We are very pleased that our ties have been renewed and strengthened."

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CAM Specialist Library

The National Library for Health Complementary and Alternative Medicine (CAM) Specialist Library (<http://www.library.nhs.uk/cam/>) is part of the NHS library and information service. The target audience includes clinicians, healthcare services managers, commissioners and policy makers, complementary practitioners, researchers and patients/general public, although the primary route into this information for the latter is supposed to be NHS Direct online.

The specialist library aims to provide access to the best available evidence in the field of CAM. Specific objectives are to identify relevant information on a regular basis, use appropriate evaluation tools to assess the quality of the information and to organise it in such a way that it is readily accessible.

Types of information in the library include:

- Cochrane Reviews (protocols of ongoing reviews will be also included)
- Abstracts of systematic reviews (included on DARE)
- Other systematic reviews (subject to critical appraisal)

- National and selected international guidelines and guidance, which mention CAM therapies
- Reference materials (e.g. e-books, online CAM information resources, electronic journals; journals with full text availability from Core Content sources; other relevant publications – subject to editorial review)
- Patient information (subject to editorial review)
- News & events items (subject to editorial review)
- Selected recent large-scale surveys on CAM usage (subject to editorial review)

Primary research such as randomised controlled trials and observational studies are not included at this stage.

The library is run by a consortium comprised of the Royal London Homoeopathic Hospital, the Research Council for Complementary Medicine and the School of Integrated Health at the University of Westminster. There is also an editorial board and external reference group of key stakeholders.

The home page includes links to the key complementary healthcare research journals and to an enquiry service for primary care professionals with queries about complementary interventions.

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Course Date: March 10-11 2007

beacon
seminars





British School of Osteopathy

CPD Courses: www.bso.ac.uk/cpd

OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY

This one-day course of structured practical/tutorial sessions, following short lectures, is designed to help practitioners to overcome some of the difficulties commonly encountered in the early days of putting Dr Sutherland's approach into clinical practice.

This course is open to practitioners who have previously attended one, or more basic 5-day courses at the BSO (or SCC equivalent).

Course Leader: Nick Woodhead

Date: 24th February 2007

Deadline for applications: 5th February 2007

Course Fee: £99.00

STRAIN AND COUNTERSTRAIN COURSE

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

Course Leaders: Bob Burge and Jo Holmden

Date: 25th February 2007

Deadline for applications: 12th February 2007

Course Fee: £90.00

OSTEOPATHIC CARE OF CHILDREN (PART II)

Building on the Care of Children Part I course. Subjects covered include Down's syndrome, ADHA, epilepsy, autism and prematurity.

This 2-day course is open to practitioners who are registered with the GOsC and have satisfactorily completed two BSO Preliminary 5-day courses (or SCC equivalent) and had a minimum of two year's clinical practice in this field.

Course Leaders: Carina Petter PGDip DO DPO & Carole Meredith DO

Dates: TBC (to register your interest, please contact G. Arnold as directed below).

Course Fee: £380.00

VISCEROCRANIUM AND DENTAL CONSIDERATIONS

The aim of the course is to familiarise practitioners with this inter-disciplinary area, and provide an opportunity to review their approach to the diagnosis and management of problems within the stomatognathic system. The potential of this area to contribute to more global patterns of dysfunction has long been recognised.

Material covered will include:

- Practical workshops on treatment of facial disorders by senior OCF faculty
- Occlusal and bite difficulties, their diagnosis and management, by a dental surgeon with a special interest in TMJ dysfunction.

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

Course Leader: Nick Woodhead

Dates: 7th & 8th July 2007

Deadline for applications: 18th June 2007

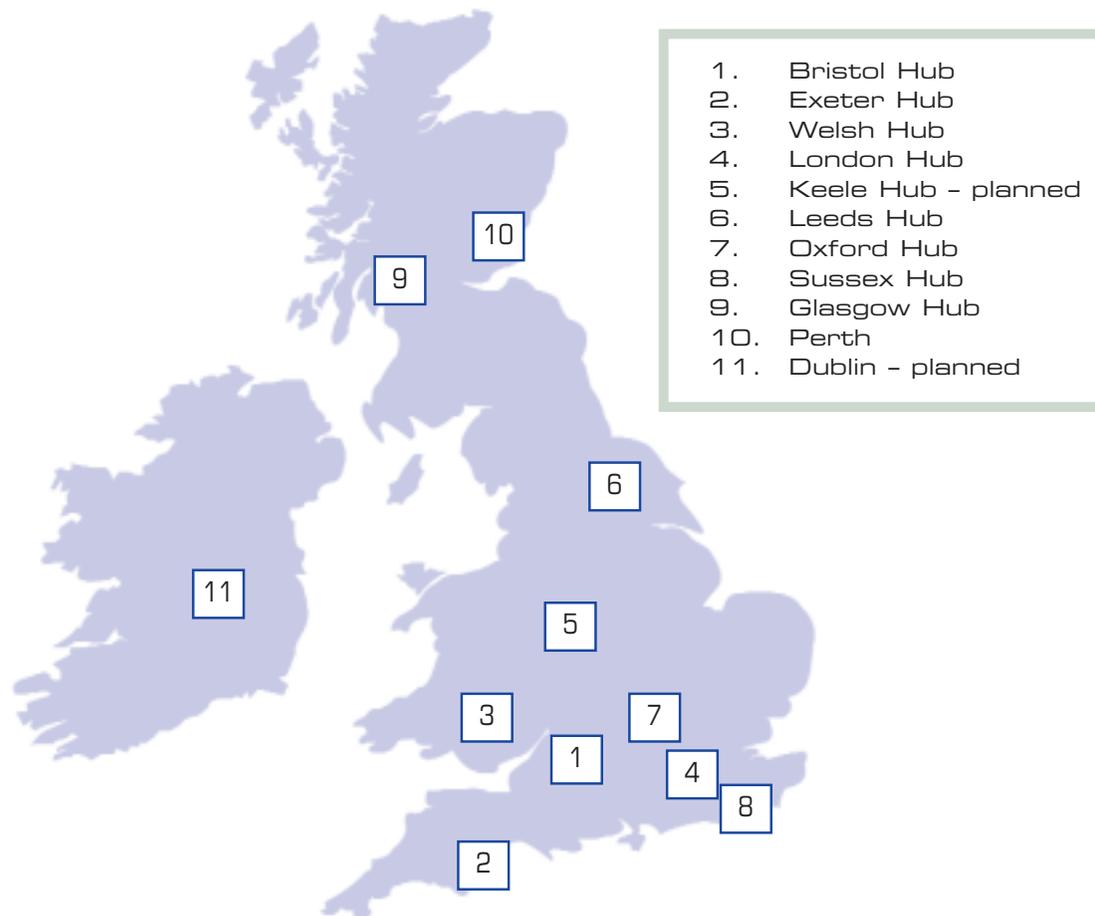
Course Fee: £380.00

Location for the above courses: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE

For an application of any of the above courses to be sent to you, please contact Gayda Arnold – 0207 089 5315 or g.arnold@bso.ac.uk

National Council for
NCOR
Osteopathic Research

NCOR research hubs



BRISTOL

Thursday 8 February 2007. Developing an audit tool to look at referral patterns by osteopaths and to look at occupation and gender distribution changes in cervical spine symptoms over the past 10-20 years.

EXETER

Saturday 9 December, 10am to 12 noon. Guest speaker explaining the statistics involved in the BEAM trial and their meaning. Further discussion will also take place concerning the consensus development of a patient information sheet for osteopathic practice.

Saturday 24 February 2007, 10am to 12 noon. Topic to be decided.

HAYWARDS HEATH

Sunday 3 December, 10am to 12 noon. Developing a case series looking at osteopathic management of patients during pregnancy.

Sunday 1 April 2007. Topic to be decided.

LEEDS

Tuesday 20 February 2007. Discussion about patient satisfaction questionnaires.

LONDON

Tuesday 23 January 2007, 7-9pm. Discussion about small project looking at audit of symptom patterns in chronic patients.

OXFORD

Wednesday 28 February 2007. Case presentation on detection of space occupying lesions by local osteopath Hector Wells. Developing an audit tool to look at changes in the number of cervical HVT before and since the introduction of Clause 20 (Code of Practice).

Osteopathic management of patients during pregnancy

Carol Fawkes BA (Hons) DO, NCOR Research Development Officer

A considerable number of calls have been received recently at the NCOR office concerning the evidence to support the osteopathic management of patients during pregnancy. This article is designed to be a brief overview of predominantly osteopathic research, with references provided for further reading; it is not intended to be an exhaustive account of the literature.

The most significant data connected with osteopathic management of patients during pregnancy can be found from work carried out by Steven Sandler, Director of the Expectant Mothers Clinic at the British School of Osteopathy¹. A survey of the first 400 cases seen at the clinic revealed a profile of the symptoms and outcomes of treatment experienced by patients up to 1996. One of the most frequently cited symptoms during pregnancy is low back pain; this has been described as occurring in 82%² to 50%^{3,4} of patients. Low back pain and referred pain to the sciatic distribution during pregnancy remain the most common symptoms reported to osteopaths. The safe and positive effects of treating low back pain at this time have been documented in the literature^{5,6,7}.

Anecdotal evidence from practice will inform osteopaths that the symptoms experienced by patients during pregnancy can vary further to include indigestion and gastrointestinal reflux⁸, hypertension⁹, sacro-iliac pain¹⁰ and carpal tunnel syndrome¹¹. Taking a careful case history with patients is imperative to allow correct differential diagnosis of symptoms; it is by no means uncommon for patients to experience complications of pregnancy which manifest as musculoskeletal symptoms.

The physiological effects of pregnancy on the musculoskeletal system are well documented¹²; the musculoskeletal system is significantly affected by the action of relaxin, which is extensively described in the literature^{13,14}. The onset of gastrointestinal disorders is not uncommon during pregnancy; these can include nausea and vomiting, symptomatic gastroesophageal reflux and the onset of constipation *de novo* or the increase of chronic constipation¹⁵. Pharmacological options in the form of antacids are considered the first-line drug therapy; histamine₂-receptor agonists can be used with persistent symptoms⁸. Many patients are reluctant to use medication during pregnancy: the devastating effects of thalidomide use^{16,17} in the late

1950s have still not been forgotten¹⁸. The use of osteopathic techniques to alleviate symptoms of heartburn is commonly acknowledged anecdotally but little documented evidence exists for this therapeutic approach.

Carpal tunnel syndrome (CTS) is a well documented symptom in pregnancy¹¹. Careful differential diagnosis is required since carpal tunnel can also be associated with a variety of other disorders including diabetes and thyroid disease^{19,20}. Mid thoracic pain aggravated by changes in the ligamentous tissue and increased weight of breast tissue is also frequently reported in osteopathic practice.

The use of osteopathic manipulative treatment during pregnancy and its effect on the outcome of delivery has been investigated by American osteopaths using a retrospective case control design²¹. A number of different outcomes were reviewed in 160 patients who received osteopathic care and 161 patients who received no osteopathic care; outcomes considered included the occurrence of meconium stained amniotic fluid, pre-term delivery, use of forceps and caesarean delivery. The study found evidence of improved outcomes in both labour and delivery for patients who received prenatal osteopathic care compared with patients who did not.

Work has also been undertaken by osteopaths in the US to look at the effects of posture during delivery²²; nonsupine positions during labour and delivery were found to have clinical advantages without risk to the mother or infant. Enhanced outcomes included perineal integrity, reduced vulvar oedema and reduced blood loss.

Symptoms frequently persist after delivery and pelvic pain caused by symphysis pubis separation is described in the literature²³; a scoring system has now been developed to attempt to produce an objective assessment value for this distressing condition²⁴ which has a variety of approaches to its management strategies²⁵.

Significant gaps remain in the literature in this area of osteopathic care. An initiative has been undertaken by the Haywards Heath research group to develop a template to collect data to build up a case series to document information concerning the osteopathic management of patients during pregnancy. It is important for osteopaths to be able to demonstrate a history of treatment in this clinical domain that is both safe and effective.

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Forthcoming courses and conferences

Thursday 8 March 2007: 3rd National Conference for Extended Scope Practitioners, physiotherapists and other professionals working with musculoskeletal conditions. The focus of the 2007 conference will be the Musculoskeletal Services Framework (MSF). The conference will be held at Regent's College, London. Posters are still required for this event: the deadline is 31 January, 2007. Information should be submitted to mike.roberts@mkupdate.co.uk.

30 March 2007: Developing Research Strategies Conference, at the University of Northampton. This conference has been held previously in Southampton and hosted by Dr George Lewith. The closing date for abstracts is

12 February 2007. Please contact Andreas Somner (andreas.somner@northampton.ac.uk) for further information.

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

Saturday 12 May 2007: 3rd International Evidence-based Physical Therapy Conference and Exhibition. Imperial College, South Kensington, London. Full details of the programme can be found at www.heseminars.com/conference_2007.htm

Useful online resources

Any osteopaths who would like to refresh their clinical examination skills will find a variety of videos addressing different systems. These can be found at www.etu.sgul.ac.uk/cso.

Popular case-based resource models and images can also be found at <http://clinicalcases.blogspot.com>.

**Time and Tide presents:
Developing Palpation
Osteopathy in the Cranial Field**

Tutor: IAN WRIGHT
At Knocklofty Country House Hotel,
County Tipperary, Ireland.

These courses are designed to help Osteopaths with some experience in Osteopathy in the Cranial Field to further their palpatory and perceptual skills to allow the Osteopath to learn to feel detailed anatomy, fulcrums, patterns of emotion, disease and health in the whole body.

Part 1 March 23, 24, 25 2007- Finding the inherent path to health.

Part 2 June 8, 9, 10, 2007- Spaciousness, detail and emotional anatomy.

Part 3 Oct 12,13,14 2007- Fulcrums and Midlines

We usually advise that 1 course per year is sufficient.

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Painless Practice CPD events

Described by previous delegates as "*brilliant*" and "*life-changing*," this day will get you thinking about your practice – what makes it unique, how you can build your patient list and what you want from your business in the future.

Cardiff (SWOS)	11 February	£60 (1 day)
Peterborough	25 February	£95 (1 day)
Worcester	22 March	£30 (3 hrs)
London	03 June	£95 (1 day)

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CPD EVENT

Visceral Osteopathy Introductory & Intermediate

This is a progressive course covering this exciting and increasingly popular osteopathic modality. Starting with a broad introduction and, in the 2nd and 3rd weekends moving on to more advanced concepts. The courses can be taken as a whole or individually.

Lecturer: François Allart DO
Dates: Introductory: 3rd - 4th March 2007
Intermediate: 20th - 21st October 2007
Advanced: TBC
Cost: £185 (per 2 day event) including lunch & refreshments

For further information please contact:
Corinne Jones
The European School of Osteopathy,
Boxley House,
The Street,
Maidstone, Kent. ME14 3DZ

Tel: +44 (0)1622 671558
E-mail: cpd@eso.ac.uk
Web: www.eso.ac.uk

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European School
of Osteopathy

Research news in brief

Scientists at McMaster University have looked at the effect of brief periods of intense exercise training compared with more traditional exercise regimes. The researchers have suggested that short intense periods of exercise may be just as effective as extended episodes of longer duration.

Reference: Gibala MJ, Little JP, van Essen M *et al.* **Short term sprint interval versus traditional endurance training: similar adaptations in human skeletal muscle and exercise performance.** *The Journal of Physiology.* 2006;575(3):901-911. <http://jp.physoc.org>.

Scientists at Harvard Medical School have suggested that Vitamin B3 can have a protective effect on axons, reducing degeneration. The study findings were reported in the *Journal of Neuroscience*.

Reference: Kaneko S, Wang J, Kaneko M *et al.* **Protecting axonal degeneration by increasing nicotinamide adenine dinucleotide levels in experimental autoimmune encephalomyelitis models.** *Journal of Neuroscience.* 2006;26(38):9794-9804. www.neurosci.org/cgi/content

A study by the Twin Research and Epidemiology Unit at St Thomas' Hospital, London has suggested that arthritic fingers may be a sign of accelerated ageing. Information was gathered from X-rays of hands and DNA samples to locate a genetic marker for biological ageing which was more pronounced in study participants with osteoarthritic changes in their fingers.

Jefferson T. **Influenza vaccines: policy versus evidence.** *British Medical Journal.* 2006;333:912-915

Many patients currently entering osteopaths' practices have received, or are waiting to receive, their flu jab. Tom Jefferson assesses the evidence for this blanket vaccination policy and finds some surprising results.

A growing number of categories of patients are identified each year as likely to benefit from flu vaccination. These include patients in different age groups with, for example, asthma, chronic obstructive pulmonary disease (COPD), diabetes, cardiovascular disorders or immuno-compromised health. Policy is directed at preventing serious effects (such as pneumonia or death) and preventing further transmission.

The incidence and circulation of seasonal influenza varies greatly each year; there is no demonstrable carry-over protective effect from one year's vaccine to the

next, especially if the vaccine changes its antigenic configuration. Gathering robust data on the incidence of true influenza can be difficult since influenza-like illnesses produce symptoms that cannot be distinguished easily from "true" influenza.

The evidence that drives policy decision is extremely variable in quality; great reliance is placed on non-randomised studies and little information is recorded on viral types in circulation and vaccine content. Reviews also found no evidence of an effect in patients with asthma or cystic fibrosis, but activated vaccines were shown to reduce the incidence of exacerbations after three to four weeks by 39% in patients with COPD.

Very limited information was available concerning safety, although there appears to be no evidence that annual revaccination is harmful. The lack of accurate and fast surveillance systems which can highlight which viruses are circulating in a setting or community within a short time frame compounds the difficulty of trying to make predictions of future trends. This study has highlighted the fact that a gap exists between current policy and evidence but the reasons, though likely to be complex, are unclear.

Reference: Van Dam RM, Willett WC, Manson JE, Hu FB. **Coffee, caffeine, and risk of type 2 diabetes: A prospective cohort study in younger and middle-aged US women.** *Diabetes Care.* 2006;29(11):398-403 <http://care.diabetesjournals.org>

Caffeine has received a bad press in recent years and the growth of decaffeinated products within the food industry has reflected this concern. A new piece of research from the United States has suggested that caffeine may, in fact, confer some benefits to the population. The November issue of *Diabetes Care* reports the results of a large prospective cohort study carried out by researchers from Boston and Amsterdam. The study was designed to investigate the association between coffee intake and the incidence of type 2 diabetes, based on an oral glucose tolerance test (OGTT). A sample of 910 adults, aged 50 or over, without diabetes at the start of the study were followed and reassessed after an eight-year interval. Comparisons were made between subjects who were past and current coffee drinkers and those who had never drunk coffee. Past and current coffee drinkers were found to have a lower incidence of type 2 diabetes, allowing the authors to suggest that caffeine in coffee displays a striking protective effect against type 2 diabetes.

NCOR Annual Report & Accounts

As we go to print, NCOR's Annual Report and Accounts 05-06 is being finalised and will be available online in the New Year – www.ncor.org.uk.

North & Mid Wales Osteopathic Society (NMWOS)

It's all down to icosahedrons!

Genevieve Brown DO, Llandrindod Wells

Our group was fortunate to secure **Dr Stephen Levin**, orthopaedic surgeon and international lecturer, as a speaker for our meeting at Llandrindod Wells on Sunday 22 October. Biotensegrity, a concept originated by Dr Levin, refers to the application of tensegrity-balanced forces in organisms from viruses to humans.

During his passionate lecture, Dr Levin illustrated that none of us actually weight bear through our joints (when all is well), as our skeleton is suspended in a "Biotensegrity matrix".

He showed that the simplistic view of biomechanical levers can be questioned when muscle studies show synergists and antagonists firing simultaneously while cycling. His gentle approach cleared many



questions and proved for a very enlightening lecture. It's all down to icosahedrons!

Special thanks to osteopath **Lis Davies** for providing B&B for Dr & Mrs Levin, and whose contact made this lecture a possibility. Thanks also to the 25 osteopaths who helped make the day both successful and worthwhile. Wishing all who have supported NMWOS a healthy & Happy Christmas & New Year!

Future date for your diary

March 25 & 26 2007 – lecture by **Gary Riley** (subject TBC) – watch this space! **For further information, contact Genevieve Brown on tel: 01982 551240 or email: GenBrynci7@aol.com.**

BBENSCH

Meetings past and future

Claire Merriweather BSc (Hons) Ost, St Albans & Barbara Grace DO, Welwyn Garden City

It's gratifying to see so many eager faces early on a Sunday morning, especially when they have travelled

far and wide to attend another BBENSCH meeting. On 15 September the draw was osteopath **Tim Oxbrow** (pictured) and his "Fascial Considerations in Osteopathic Practice".

It is always a challenge for one individual to deliver a full-day's programme with enthusiasm and sustain interest throughout, but Tim managed both with apparent ease. He successfully managed to bring together the biomedical models on the role of fascia at both "macro" and "micro" levels and dovetail evidence-based medicine with biopsychosocial medicine – a mean feat in itself, but even more impressive when delivered from an osteopathic perspective!

In addition to all this, we also had a good lunch and the opportunity to catch up with other BBENSCHers, old and new. An all round good day, and 6 hours of CPD as an added bonus!



What's on in the New Year

Our next full-day meeting will be held on Sunday 25 February 2007, 9am-4.30pm, at

the De Havilland Campus, University of Hertfordshire, Hatfield. The programme will include GP **David Lewis**, who will explore "Differential diagnosis of abdominal pain in pregnancy", and osteopath **Diane Khier** who will look at "Osteopathic technique for stabilizing the pelvis". Two further speakers

are still to be confirmed.

Cost: £70 for members or £85 for non-members, including 2-course lunch. Our annual membership is now due for renewal (Jan 2007) – cost £25. Please send cheques made payable to BBENSCH to our new address: BBENSCH, 58 Tennyson Road, Harpenden, Herts, AL5 4BB.

Please call Claire Merriweather, Barbara Grace or Catherine Hamilton-Plant on tel: 01462 743729, or visit www.bbensch.co.uk for further details.

Anglian Osteopaths

Meet the Anglians

Jo Sunner BSc (Ost), Peterborough

Our group was formed approximately 18 months ago with the purpose of providing CPD on a local basis. With a current total membership of 25 osteopaths, we aim to meet once every two months and generally attract around 20 members to each meeting.



So far this year, our speakers have included consultants from the following fields: hand surgery; spinal surgery; rheumatology; paediatrics and bowel surgery. Most recently, consultant **Mr Richard Hartley** gave a very interesting and in-depth lecture on rheumatoid arthritis. Due to the popularity of this presentation, we will be including a summary of his talk in the February issue of *The Osteopath*.

Future meetings dates:

29 November 2006 @ 7.30pm – Dr Andreas Erdmann, consultant anaesthetist, "Why, how and outcomes of epidurals"

31 January 2007 @ 7.30pm – Mr B Dutta, consultant orthopaedic surgeon, "Hip resurfacing - when, how and why"

14 March 2007 @ 7.30pm – Mr A Schrimivan, consultant gynaecologist, "Differential diagnosis of musculoskeletal pain".

If you would like to become a member or want further information about the group, please contact Jo Sunner on tel: 01778 391714, or email: josunner@aol.com. We have only two requirements for membership: be prepared to learn and question, and be prepared to get involved in the meetings.

We decided early on that as busy practitioners we would focus our energies purely on CPD and therefore don't organise any social activities. Meetings are typically held on Wednesday evenings at Fitzwilliam Hospital, Peterborough and start promptly at 7.30pm. The cost for the meeting is £2, which includes a drink and sandwich. CPD certificates are issued to attendees.

We aim to attract a range of clinical speakers from the area and the general brief is that we want a greater understanding of what they do and, importantly, we want them to understand what we, as osteopaths, do. We have found that case studies are a useful way of learning about their areas of specialisation. The speakers are also encouraged to discuss basic diagnostic indicators for referral, where appropriate, and include a 30-minute Q&A session following their presentation.

South Manchester Osteopathic Group

Demystifying head & neck surgery

Margaret Horner DO, Manchester

Walking into the BUPA Regency Hospital in Macclesfield it's impossible to avoid their latest promotion for cosmetic surgery – pretty much any saggy bit of your anatomy can be lifted, tucked or remodelled to your specifications. I joked that I might pick up a brochure. But purely aesthetic operations suddenly appeared very frivolous as we listened to **Mr Manu Patel**, maxillary osteotomy surgeon, describing his work at our last meeting on 28 September.

His patients have carcinomas of the face, mouth and larynx, which grow and metastasise rapidly, requiring radical surgery. Until recently, this surgery often resulted in gross facial deformity, which requires tongue/larynx removal and causes major dysfunctions in swallowing, eating and speech.

What has now dramatically improved surgical techniques, face reconstruction – and therefore quality of life – are titanium mini bone plates. These are used to fix facial fractures, allowing a surgeon to deconstruct the face to excise a deep tumour - and then to rebuild it again.

Mr Patel is a master of imaginative reconstruction.

He uses bone grafts from the iliac crest and the fibula to reshape a mandible, and a skin flap from the chest, forearm or abdomen to rebuild a tongue. Only noses and eyes can't be remodelled. His patients may require an operation of eight or more hours; but he pointed out that many don't have a choice: without surgery, their life expectancy can be estimated in just weeks. Astonishingly, physical appearance was barely altered in the "after" photos.

I left the hospital with an infrequently experienced sense of wonder at the healing and adaptability of the human body – and an awesome respect for the surgeons who work with it to give back to their patients the chance to return to everyday life.

South Manchester Osteopathic Group welcomes all new colleagues – you don't even have to live/work in South Manchester! We usually meet one evening every two months in Macclesfield.

Further details are available from SMOG secretary, Elizabeth Curphey, on tel: 01625 502782 or email: lizcurphey@yahoo.com.

GOsC Promotional Material

Ordering Service for Osteopaths



For further information on the leaflets and posters, telephone 020 7357 6655 ext 242 or visit www.osteopathy.org.uk

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).

PATIENT SATISFACTION STUDY

I am conducting a pilot study investigating patient satisfaction with osteopathy in private practice under the supervision of Barts and The London (Queen Mary School of Medicine and Dentistry).

The study involves distribution of a questionnaire to patients.

If your practice would be interested in being involved by distributing a small number of questionnaires (15), please contact Carol Fawkes on 02476 505997 or **email: carol33fawkes@tiscali.co.uk**.

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South Wales Osteopathic Society

Head to toe learning

Joanne Perkins DO & Mari Evans MSc DO, Cardiff

On 17 September, 17 eager osteopaths gathered in Cardiff for a brush-up on "Clinical Methods" with osteopath **Laurence Butler**. For those who qualified a few years ago, and even for us oldies who qualified many years ago, Laurence delivered a very interesting and informative session.

Leading us through the examination of the cranial nerves helped us not only to improve our clinical reasoning, but also to work out where lesions could be situated. He encouraged us to take our ophthalmoscopes out of their dusty cases and reminded us how to use them (can you remember why they have a green light and what it's used for?) Looking in our patients' eyes can also be a good indicator of the general vascular state of the patient; useful before we start manipulating the cervical spine.

We ended the session looking at a video of a neurological case, which helped to highlight the clinical process we go through, even if we're not certain of an exact diagnosis. Laurence was, as usual, very thorough and delivered some difficult information in an easily digestible way.

SWOS held another well-attended meeting in Cardiff recently. Solicitor **Stuart Oldery** opened the programme with an interesting talk on medico-legal issues, which amongst other things, covered record keeping. This included advice on the storage of records, their content,

legibility and release to third parties. (We even drew on our *Code of Practice* and the implications it has on our practices, which gave us all something to think about.

The latter part of the day focused on the foot and ankle, with two interesting lectures given by **Sarah Curran**, senior lecturer in podiatry, University of Wales Institute, Cardiff who looked at mechanics and how this can affect the hip and knee joints, and **Mr Hennadi** an orthopaedic specialist who discussed current surgical procedures in this field. For those of us who completed our training some time ago, it was interesting to see the advances in this field.

I am sure those of us who attended will be making a more concerted effort to improve our patient records and will feel better equipped to deal with conditions affecting the foot and ankle.

Dates for your diary

11 February 2007 – "Painless Practice" with James Butler

17 March 2007 – "Osteopathy and the NHS" with Greg Sharp & Charlie Davison

Both meetings will be held in Cardiff. **For more information please visit the SWOS website at: www.osteopathywales.co.uk, or contact Joanne Perkins on tel: 029 2069 3258 or email: perkyosteopath@aol.com.**



Head of Professional Practice and Development Part time position

The BOA wishes to appoint a head of professional practice and development to support the BOA broaden its capability. Core to this position is maintaining the unique philosophies and principles of osteopathy and integrating them into CPD, best practice guidelines and research.

We are looking for a registered, experienced osteopath with some experience in the education of osteopaths and an interest in research who understands practice issues and constraints. You will need to be a confident and a clear communicator and a team player.

Full details concerning this important appointment are available on the BOA website www.osteopathy.org.

Please send your curriculum vitae and a covering letter outlining the key issues you see facing professional associations over the next few years and how you feel you can help the BOA achieve its core aims. Send this to: Catherine Goodyear, Business Manager, British Osteopathic Association, 3, Park Terrace, Manor Road, Luton LU1 3HN to arrive no later than 31st January 2007.

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

Courses for osteopaths

Although many have benefited from her sterling efforts, few are aware that for the past 15 years, **Sue Pawsey** (pictured) has given freely of her time to voluntarily collate a calendar of CPD events, and supply this to the GOsC and the British Osteopathic Association (BOA) for publication in our magazines.



The origins of this task have probably vanished into the mists of time, but it began when the now defunct Osteopathic Continuing Professional Development Council was in existence, prior even to the establishment of the statutory Register.

Following the implementation of the Continuing Professional Development scheme for osteopaths, the number of courses being targeted at the profession has grown exponentially and pooling this information is now a time-consuming task.

Understandably, after so long at this chore, Sue wishes to focus her energies on other projects. We feel sure all osteopaths will join with the GOsC in warmly thanking Sue for her commitment to this invaluable service – we wish her all the best for her future endeavours.

The GOsC will assume the responsibility for producing the course calendar from now on.

This free service aims to provide osteopaths with an up-to-date list of relevant courses to assist you in meeting your annual CPD requirements. **Course providers are invited to submit details or queries directly to *The Osteopath* – editor@osteopathy.org.uk.**

For further information contact the Communications Department on ext. 242/222.

Musculoskeletal conference: call for papers

The 3rd national conference for extended scope practitioners (ESP), physiotherapists and other professionals working with musculoskeletal conditions will be held on **Thursday 8 March 2007 at Regent's College, London**. This year's conference – 'Musculoskeletal Conditions: meeting the 18-week challenge' – will focus on the Musculoskeletal Services Framework and the impact this service redesign will have for health professionals working in this field.

The organisers are currently calling for speakers and are interested in hearing from health professionals

involved in different stages of the patient journey, with an emphasis on measuring the impact of your service. Academics who wish to present on research and data related to musculoskeletal conditions are also welcome. Lecturers, researchers and students are also being invited to present a paper or poster at the event. The deadline for submissions is **31 January 2007**.

Those interested in submitting a speaker proposal or paper/poster should contact Mike Roberts at M&K Update Ltd on email: mike.roberts@mkupdate.co.uk or tel: 01768 773030.

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

Book reviews

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



Foundations of Chiropractic: Subluxation 2nd Edition

Meridel I Gatterman
Published by Elsevier Mosby
ISBN 0-323-02648-6
£62.99 590 pages

**Reviewed by
Donald Scott DO**

What's in a word? According to the physician and poet Oliver Wendell Holmes, "A word is not a crystal, transparent and unchanged; it is the skin of a living thought and may vary greatly in color and content according to the circumstances and time in which it is used".

Subluxation: aberrant motion, acute joint lock, dysarthritic lesion, dystopia facilitated segment, kinetic subluxation, neurofunctional, neuromechanical, motor unit derangement and pseudosubluxation – these, and so many more terms, have been created to represent what happens when something mechanical goes wrong in our spines. But what is this occurrence, and how can we try to outline and research this problem that we, as a profession, claim to both see and feel and then try to resolve?

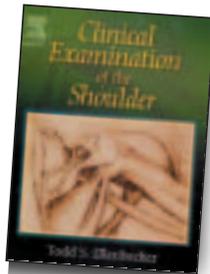
Gatterman's book outlines a large volume of research, which illuminates the processes that, in their totality, help to resolve the issue of subluxation. The contributors define and illustrate its many presentations and suggest possible solutions, including when other medical and surgical solutions are to be recommended.

Over 25 years ago a physiology lecturer at the British College of Naturopathy and Osteopathy introduced the topic of axoplasmic flow and must have done so in such a way as to switch on some light bulbs in my head. Every so often since then the implication as to the central relevance of this topic comes back and in this book, along with so many other themes of significant importance to the osteopathic model of human health, the subject is covered in fascinating detail. (Chapter 10, if you're interested, deals with theoretical models of subluxation and includes cerebrospinal fluid flow and microcirculation ischaemia).

The eight chapters comprising the book cover the model of a subluxation and how its conceptual basis has arisen historically and evolved over time. The anatomy, including the autonomic nervous system and its links to

the spine, animal models, palpatory diagnosis, radiology, corrective techniques, and the non-manipulatable aspect of subluxation are covered in expert detail. The book reads easily, is illustrated clearly and has an excellent reference section at the end of each chapter.

This is a superb book, which brings all the research physiology relevant to osteopathic practice bang up to date. The author is to be congratulated on producing such a concise and broad-based text, which encompasses chiropractic, osteopathic as well as physiotherapeutic views within its approach. If you are going to buy one clinical textbook this year, this has to be the one.



Clinical Examination of the Shoulder

Todd S Ellenbecker
Published by Churchill Livingstone
ISBN 0-7216-9807-7
£33.99 210 pages

**Reviewed by
Heath Williams MHSci (Osteo)**

For those who want to learn about the most up to date clinical assessment procedures for the shoulder, or to expand their current shoulder knowledge, this book is extremely good and provides a comprehensive assessment of the subject.

It is written from an evidence based perspective. If you are unfamiliar with research jargon this aspect of the text may become slightly cumbersome. It is, however, this particular feature of the text that makes it such an excellent teaching or reference tool.

Clinical Examination of the Shoulder is arranged in a logical order, covering all aspects of shoulder examination from how to take a comprehensive history to the most up to date orthopaedic examinations of the shoulder. It explains how to assess the effectiveness of your treatment via functional shoulder rating scales and looks at sports related injuries.

Each chapter is divided into sections, which include an introduction to, and guidance on, the assessment of a particular region e.g. rotator cuff; indications for testing; a description of the appropriate test; how to carry out the test; what constitutes a positive test and the ramifications of a positive test.

The book concludes with case studies that allow the reader to consolidate the information given earlier in the book and set it in a clinical context.

Courses 2007

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

What Is The Patient Really Telling Me?

Deepening our understanding of the osteopath-patient relationship. A series of 5 seminars under the auspices of the Tavistock Institute.

14, 28 January; 11, 25 February & 11 March

Course Directors: Mannie Sher, Principal Consultant, The Tavistock Institute; Fellow, British Association of Psychotherapists & Danny Sher, Osteopath, Professional Associate, The Tavistock Institute. Contact: tel: 020 8349 9399, Email: <mailto:m.sher@tavinstute.org> To be held in Finchley N3, London. Maximum of 8 applicants to attend all 5 seminars.

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)

Pelvic and Pelvic Girdle Pain

3–4 February

Lecturer Diane Kheir. Organised by Beacon Seminars. To be held at Viking House, Maidenhead, Berks (note change of venue). Contact: Diane Kheir tel: 01494 880649, email: dkkheir@aol.com (website: www.beaconosteopathy.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 260452, email: info@pegasusorthoses.co.uk

Foot and ankle surgery

15 February

Speaker Mike Trevitt, Consultant Orthopaedic Surgeon. Organised by Osteopaths@Worcester. To be held at Holiday Inn Droitwich, M5 J5 Contact: Sue Brazier email: info@suebrazier.com (website: susanbrazier-osteopath.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)

Chronic Pain and Patient Management

17–18 February

Speaker Dr Tim Anstiss. Organised by Osteopathic Professional Education North Ltd. To be held at the Osteopathic Centre for Children, Manchester. Contact: tel: 0113 638 2984 (website: www.open-ed.co.uk)

The practical synthesis of clinical applications of painful and difficult cases

24–26 February

Speaker Renzo Molinari. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: www.eobosteopatia.com)

Balance Ligamentous Tension

25 February

Speaker Sue Turner. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 0113 638 2984 (website: www.open-ed.co.uk)

The Dynamic Basicranium

2–4 March

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

The speech of the embryo

2–4 March

Speaker Prof. Jaap van der Wal. 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)

Classical Functional Technique

3 March

Speaker Steven Sandler. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 0113 638 2984 (website: www.open-ed.co.uk)

Integrating Pilates with Osteopathic Treatment

10–11 March

Lecturer Diane Kheir. Organised by Beacon Seminars. To be held at Viking House, Maidenhead, Berks (note change of venue). Contact: Diane Kheir tel: 01494 880649, email: dkkheir@aol.com (website: www.beaconosteopathy.co.uk)

Analysis, Synthesis and Integration

16–18 March

Speaker Roger Brown. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: www.eobosteopatia.com)

First Aid in the Clinic Environment**17 March**

Speaker Steve North. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 0113 638 2984 (website: www.open-ed.co.uk)

Craniosacral therapy introductory weekend**17–18 March**

Speaker Michael 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)

Part 1 – Developing Palpation – Osteopathy in the Cranial Field (finding the inherent path)**23–25 March**

Speaker Ian Wright. To be held at the Knocklofty Country House Hotel, Co. Tipperary, Ireland. Contact: tel: 00353 52 38800

The Ways of Osteopathy, Level 1 (3rd edition)**23–26 March**

Speaker Bruno Decoux. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: www.eobosteopatia.com)

Cranio-Sacral Therapy – Introductory Day**31 March**

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

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

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

Emotion, Meditation and the Seven Transverse Diaphragms**14–15 April**

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

Dentistry and Cranial Work**14–15 April**

Speakers 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 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)

Osteopathy, movement and physical activity (1st seminar)**27–29 April**

Speakers Jean Francois Favre, Alain Ceccaldi, Frank Maze. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: www.eobosteopatia.com)

The Role of Nutrition in Inflammation and Musculoskeletal Conditions**28 April**

Speaker Antony Haynes. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 0113 638 2984 (website: www.open-ed.co.uk)

Biodynamics (Level 3)**4–7 May**

Speaker James Jealous. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: www.eobosteopatia.com)

Evidence Based Physical Therapy Conference & Exhibition**12 May**

Organised by Health Education Seminars. To be held at Imperial College, South Kensington, London. Contact: tel: 01202 568898, email: info@heseminars.com (website: www.heseminars.com)

WG Sutherland's osteopathic approach to the body as a whole**16–20 May**

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)

Specific adjustment techniques Level 1**18–21 May**

Speaker Gez Lamb. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. Contact: tel: +93 480 25 15 (website: "<http://www.eobosteopatia.com>")

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: "<mailto:info@ccst.co.uk>" info@ccst.co.uk (website: "<http://www.ccst.co.uk>")

Breath of Life Conference**26–27 May**

Speakers include Dr Masaru Emoto, Dr Mae Wan, Stanley Keleman, Dr James Oschman, Franklyn Sills, Katherine Ukleja and Prof. Jaap van der Wal. To be held at the Brunei Gallery, School of Oriental and African Studies, 10 Thornhaugh Street, Russell Square, London WC1. Contact: Diane Baird, tel: 01935 389492, email: "<mailto:info@breathoflifeconference.co.uk>"

Classifieds

RECRUITMENT

EAST SUSSEX: Associate position available for compassionate, perceptive Osteopath practising good all round osteopathy, focusing on IVM / Biodynamic work for predominantly cranial/paediatric and obstetric practice. SCC or equivalent pathway an advantage. Commitment to post-graduate learning essential. Available from April 2007. 3 half days (Mon - Wed) plus 1-2 full days (Thurs, Sat). Carolyn McGregor and Claire Piper Registered Osteopaths, c/o 2 Mabbs Hill Cottages, Lynden Lane, Stonegate, East Sussex, TN5 7EF. Mobile: 07766330489

ADDLESTONE THERAPY CENTRE, SURREY: A brilliant opportunity for an enthusiastic osteopath to take over a busy practice (currently 2 days per week but with potential to expand). Candidate must be experienced in cranial osteopathy and confident in treating babies, children and expectant mothers. Full support provided. Contact: Mr. Raj Bahbra Tel: 07968 827115 or email: info@addlestontherapycentre.co.uk

WORCESTER ASSISTANTSHIP to start Jan/Feb 2007 for 2 days per week, initially. Applicants must have good IVM skills and be experienced in treating children. The practice is exclusively cranial. Delightful countryside setting, friendly practice, good remuneration. Please contact Joanna Young on (01886) 833 387

MALTON, NORTH YORKSHIRE - P/T Associate wanted to join multidisciplinary practice. Good soft tissues structural approach. Rapidly expanding with room to grow own list. Call Debra Burdon on tel no. 07815 114359.

EXPERIENCED OSTEOPATH to take over existing lists in busy Sussex Practice 2+ days per week. Mainly structural but cranial experience would be an advantage. Must have excellent people skills and preferably live Sussex side of M25. This is a long-term commitment with regular CPD provided. Send CV and covering letter to Box No 5665.

THE CHILDREN'S CLINIC FOR CORNWALL has opened a new complementary clinic at Lostwithiel, in which practitioners of cranial osteopathy, homeopathy, herbal medicine and acupuncture come together 'under one roof' to offer their services to children and adults. Expressions of interest from practicing therapists in the above disciplines are invited. Please write, with CV, to the secretary, Children's Clinic for Cornwall, The Market Building, Pleyber Christ Way, Lostwithiel, Cornwall, PL22 0HA

FEMALE ASSOCIATE REQUIRED to join two multidisciplinary practices. Enthusiastic and capable osteopath with good structural and soft tissue approach. Close to Snowdonia National Park and city life in Chester, Manchester and Liverpool. Exciting opportunity to be part of diverse and dynamic practices. Starting Feb/March 08. Practice manager: 01352 731818.

SUNDERLAND. Associate required for new city centre practice. Excellent facilities including rehab gym. Contact Jason 07788 620 633

WE ARE LOOKING TO RECRUIT an osteopath to cover maternity leave on Tuesdays from Jan 07. We can only consider applicants who have experience working with adults, children and babies. A successful candidate would ideally be Bupa registered. For further information about the position and how to apply please visit www.fop.co.uk/opportunities.html Melinda and Andrew Cotton The Fulham Osteopathic Practice www.fop.co.uk info@fop.co.uk

Osteopathy Business Opportunity ~ practitioners wanted

Marlborough House, the Centre of Excellence for complementary therapy in Somerset, has an outstanding opportunity for one or two dedicated Osteopaths to join its team of 15 professional therapists. Our busy and well-marketed practice is based in a lovely Georgian house in the centre of Taunton and we have a team approach to complex areas of patient care, with good cross-referral.

For more details please call Jenny Drewitt on 01823 272227 or email contact@mh-tc.com
www.mh-tc.com

LOOKING FOR TIME OFF IN THE WINTER? Locum cover available, anywhere within UK and Eire. 13 years full time practise experience. Contact Iona Gray on 0033. 650197105 or iona.gray@wanadoo.fr

MATERNITY COVER: Mid-January to May. Suit motivated individual confident in all aspects of osteopathy and treatment of adults/children. Initially two half-days per week, plus occasional Saturday mornings (1 in 4). Potential for permanent work. The Westway Clinic employs 13 therapists including five osteopaths. Send CV and detailed covering letter to Mark Piraino, Somers House, Linkfield Corner, Redhill RH1 1BB or mark@westwayclinic.co.uk

PART-TIME WORK available for osteo / cranial osteopath with a possibility to extend hours. Multidisciplinary clinic in London N14. Suit local person with confidence, excellent manual skills willing to work alongside physios. Call 020 8440 3629

OSTEOPATH REQUIRED for maternity leave, 2.5 - 3 days in 2 practices (Wimbledon / Woking), February - September 2007, which may lead to a permanent position. You will need to be enthusiastic, friendly and have good structural and cranial skills. Please call 02085450965.

COMMERCIAL

GOODWILL FOR SALE: EAST SUSSEX. Well established practice in St Leonards-on-Sea. General osteopathy along with IVM and Paediatric speciality. Practice will need to be relocated in foreseeable future. Applications to Claire Piper, 8 Madison Way, Sevenoaks, Kent TN13 3EF / 07891 043497.

HARLEY ST W1, ROOM TO LET. Quiet, spacious room with electric couch, in holistic medical practice. Mon & Thurs 9.00am - 6.00pm for osteopath with own client list. Wireless broadband access and CPD available. Tel: Robert McLoughlin on 07956-185-123

PRACTICE FOR SALE. Busy double list practice in pretty location near coast and mountains. For details go to: <http://deganwyosteopath.blogspot.com>

GOODWILL FOR SALE - Well-established structural based clinic in heart of Yorkshire market town. Good relationships with local GP practices. Ideal opportunity for new graduate or osteopath wanting to develop their own practice. For more details contact Jonathan on 01757 704 152 or email johnnyw07@yahoo.co.uk

COURSES

CERTIFICATE IN BASIC CRANIOSACRAL TECHNIQUES, Sundays monthly in Bath, February 18th March 18th April 15th May 13th June 10th July 8th 2007. Cost £975 (Earlybird £925). £180 deposit secures place. For further details and booking Tel: 01769 579079 or www.turningpointtraining.org

THE MODERN PELVIS CONFERENCE: The way forward with PGP and SPD: a multidisciplinary conference looking at the active management and treatment of PGP and SPD. Speakers include Ian Melrose, Registered Osteopath; Malcolm Griffiths, Consultant Obstetrician; Jancis Shepherd, Senior Midwifery Lecturer and Caroline Gill, Chartered Physiotherapist. Date: 28th April 2007 At: Queen's University, Belfast Application forms available at www.pelvicpartnership.org.uk or tel: 01235 820921 Fee: \$85 students £75 Payable to: The Pelvic Partnership

ADVANCED CERVICAL SPINE: THE CLINICAL REALITY

3rd March 2007

With over 25 years of clinical experience Mike Smith and Steve Green present a one day seminar on the cervical spine. During the day we will explore patterns of dysfunction and disease commonly encountered in clinical practice, examine theoretical concepts underlying these conditions and then propose biomechanical and neurological models to help explain the genesis and course of these common cervical spine presentations. Topics include:

- Functional and dysfunctional biomechanics.
- Pain physiology
- Imaging
- Degenerative conditions
- Neurological involvement and referred pain
- Treatment techniques & rationale

Course is to be held at the British School of Osteopathy, London. Course fee £95. To reserve your place please send a cheque payable to Gocpd to 272 Gordon Avenue, Camberley Surrey GU15 2NU. For more information visit www.gocpd.com

BOX NO REPLIES: Quote Box No on outside of envelope and address to *The Osteopath*, c/o D A Marketing & Communications, Prince Consort House, 109-111 Farringdon Road, London EC1R 3BW. Your reply will be forwarded to the advertiser unopened.

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Jenny McConnell, acknowledged expert in the management of chronic musculoskeletal problems...

...and now, member of the Vasyli ThinkTank

Renowned Australian Physiotherapist Jenny McConnell has been involved in research into patellofemoral, shoulder and lumbar spine problems. She has published widely in these areas and has lectured extensively on the management of chronic musculoskeletal problems – patellofemoral, shoulder and spine.

Jenny is now a founder member of the new Vasyli 'ThinkTank'. The *ThinkTank* has been created to be at the heart of Vasyli, influencing research, product development, practitioner and patient education, knowledge sharing – in fact, every area of operation.

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