

# the osteopath

## Fit for the future

**inside** | 10-year event  
NICE back pain guideline  
Cost-effective osteopathy  
France regulates osteopathy

# Who regulates health and social care professionals?

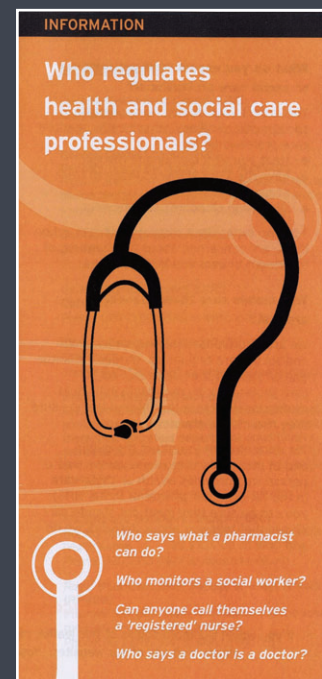
**Free to osteopaths** - a leaflet that helps to explain regulation to patients.

This new patient information leaflet – “Who regulates health and social care professionals?” – has been jointly produced by the 12 organisations responsible for the regulation of health and social care in the UK.

Helping to improve patient protection, the leaflet raises awareness of healthcare regulation by explaining who the regulators are and what they do.

Contact details are also provided for each regulator.

Leaflets have been distributed throughout the NHS and related organisations. Practitioners are also encouraged to hand out copies of the leaflet to patients to promote a greater understanding of regulation and to highlight the importance of seeing a registered practitioner.



**Free copies of the leaflet** are available from the GOsC Communications Department and can also be downloaded from the GOsC website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

For further information, contact the Communications Department on tel: 020 7357 6655 ext. 242.





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Cover image: Lumbar spine radiograph, Wellcome Photo Library

## the osteopath

Volume 10 | Issue 4 | May 2007

*The Osteopath* is the official journal of the General Osteopathic Council.

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**Development** **Ext 238 / 235 / 240**

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**Finance & Administration** **Ext 227**

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**Public affairs** **Ext 245 / 247**

**Enquiries about** national healthcare policy, parliamentary and international affairs.

**Registration** **Ext 233 / 256**

**Enquiries about** annual renewal of registration, updating your Register details, non-practising status, practising abroad, graduate registration, retiring/resigning from the Register, professional indemnity insurance.

**Regulation** **Ext 224 / 249**

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# Registrar's report

Spring is, they say, a time for new beginnings, so an appropriate point at which to launch the revamped GOsC official journal – *The Osteopath*. As our primary means of communicating with the profession, it is important that you find it a 'good read', so that the critical information we often need to pass on to you catches your attention. Your feedback has significantly shaped the redesign of *The Osteopath* magazine, and on page 9 we explain the journal's purpose, and how it is now intended to be of wider interest and provide good representation of the profession and its standards. Yes, I did offer up the Registrar's report for a fashionable makeover, but was told that it was still required to provide the comfortable continuity bit!

Note too that in the summer we will be gathering your views on the new layout and content, after you have had a chance to read a few issues of the magazine. This survey will again help shape future issues, so please do take up the opportunity to voice your opinion. In the new year, armed with this feedback, *The Osteopath* will come to you every other month, but our communications with you will be enhanced by a password-protected website for all GOsC-registered osteopaths. This comprehensive site will go live this summer and has been designed to complement *The Osteopath*.

Plans for the milestone 10th Anniversary event are now crystallising and we are able to give you a more detailed outline of the plan (see Brigid Tucker's report on pages 6–8). The complexity of managing an event of this magnitude cannot be underestimated. Knowing the numbers that are likely to attend is crucial. You gave us very positive support when we first mooted the idea, but we need to know this will translate into actual attendance. Next month we will have for you details of the

proposed costs of each of the component activities. I will have retired before the event weekend, but am hoping to enjoy the social event with at least 1,000 of you!

And we continue to look to the future. Osteopath Charles Peers, on page 21, considers the need to prove the cost-effectiveness of osteopathy provided in the public sector. He advocates careful cataloguing of the results of osteopathic care, and demonstrates that audit is not a process to be feared or considered burdensome. An added bonus is that such expertise can feed into the development of the National Institute for Health and Clinical Excellence (NICE) guideline for low back pain, to which the osteopathic profession will have some input – see page 16. Be inspired by this work towards securing the profession's future and make every effort to take part in the profession-wide survey / data collection exercise NCOR will soon be instigating.

Europe continues to provide the GOsC and the members of the Forum for Osteopathic Regulation in Europe (FORE) with unforeseen challenges. It is, therefore, heartening that FORE has established itself as a group of influence. Following the successful completion of a European Framework for Codes of Practice for osteopaths, FORE is now hoping to finalise a framework for standards of proficiency when it next meets in Wiesbaden. Sarah Eldred gives an update on matters European on pages 16-17.

Currently there is nothing further for me to report on the White Paper, as we still await news on an implementation timetable. A large meeting of 'stakeholders' is planned for 5 June, which will be an opportunity to contribute to the development of the processes and ultimate implementation of the proposed reform. Meanwhile, at a meeting of the Regional

Communications Network, held at Osteopathy House at the end of April, there was an opportunity to discuss issues for dissemination at a local level – a full report will follow next month.

Finally, given all that has been going on recently, a thought for the summer from William Hazlitt, writer and literary critic who, over two centuries ago, observed:

"The more we do the more we can do; the more busy we are, the more leisure we have." In modern parlance this might be a tip for achieving the elusive work/life balance.

**Madeleine Craggs**  
Chief Executive & Registrar



# UK Osteopathy – celebrating 10 years of statutory recognition

31 January – 3 February 2008

Brigid Tucker, Head of Communications



**A series of events early in the new year will bring together osteopaths from across the UK – and the world – on the 10th anniversary of the establishment of the General Osteopathic Council, to celebrate and promote the advances made by this profession since the introduction of statutory regulation in 1998 – and in the 110 years since osteopathy was first introduced into Britain.**

Feedback from osteopaths through a GOsC survey conducted last summer strongly favours a national event to mark this milestone in the profession's development and look to the challenges and opportunities ahead.

For many, the recent Department of Health (Foster) review of health regulation served to confirm that osteopathy has emerged into the frontline of primary care and that in this arena osteopaths have won recognition for their distinct contribution to modern healthcare. Osteopaths can justifiably take pride in their hard-won progress.

In addition to sounding out the views of the profession at large, the GOsC has also been in consultation with the osteopathic educational institutions (OElS), the BOA and the National Council for Osteopathic Research (NCOR). Plans for the "10th Anniversary Initiative" are now well underway, with growing interest and support from the wider international osteopathic community.

## When?

The key events of what could be considered a UK Osteopathy Week will take place between **Thursday 31 January and Sunday 3 February 2008**, in the form of a series of interlinked national and international osteopathic conferences and social events.

## Why?

The aim of these events is to reflect and augment developments in osteopathic practice, in osteopathic education and training, and in research and professional regulation, here in the UK, across Europe, and internationally.

## Where?

In a departure from the GOsC's more customary regional events, the 10th Anniversary offers an opportunity for the major national GOsC event many osteopaths have indicated they would welcome from time to time.

Given the heavy predominance of osteopaths in south-east England (and anticipated overseas interest), and the capital's transport infrastructure, by general consensus the event is to be located in central London.







## Proposed Anniversary Event programme

As patron of the GOsC, the attendance of HRH The Prince of Wales at an event forming part of the 10th Anniversary Osteopathy Week would be most welcome. The GOsC will be advised of HRH's availability in due course.

Working with the educational institutions, NCOR and the BOA, the 10th Anniversary event programme is shaping up as outlined below.

### Thursday 31 January 2008

#### > Formal launch of the GOsC 10th Anniversary events

A busy weekend of conferences will most likely be launched on the evening of Thursday 31 January, with a formal reception. This will highlight to external audiences the achievements of the UK osteopathic profession and acknowledge the unstinting contribution to the profession's progress of many within – and outside – it.

### Friday 1 February 2008

#### > International Osteopathic Research Conference

Hosted by NCOR, a packed programme of expert opinion from across the international research community will assess the research challenges for osteopaths, through key-note and viper presentations, panel debates and research poster exhibitions. This event will provide an invaluable overview, particularly for those hesitant at venturing into research territory.

### Saturday 2 February 2008

#### > Osteopathy in Practice Conference

The GOsC & BOA are together designing a one-day programme with wide appeal for all practising osteopaths. A relatively rare opportunity for osteopaths to meet with colleagues from across the UK, to share experience and, through CPD, enhance practice.

### Saturday 2 February 2008

#### > Social event

Again, feedback from the profession has indicated that you would welcome an evening social event, linked to a series of conferences, which brings together the UK osteopathic community and international contributors to, and attendees of, the conferences.

### Sunday 3 February 2008

#### > International Osteopathic Education Conference

The British School of Osteopathy (BSO), in conjunction with the other OEIs and the Osteopathic International Alliance (OIA), will co-host a programme that invites all osteopaths to consider the future of osteopathic education and training. This event will bring together leading opinion within the international osteopathic education community, with a view to informing the profession's future and development.

All three conference days will be supplemented with a substantial trade exhibition and poster presentations.

## UK National Osteopathic Archive

A 10th Anniversary occasion also presents an opportunity to launch new initiatives that will, in time, serve to consolidate the profession. In an accompanying report (see page 8), Dr Martin Collins observes that next year marks another important milestone for the profession: 110 years since osteopathy was first practised in the UK.

Many osteopaths would agree that a familiarity with the past is frequently a helpful guide to the future and therefore will welcome Martin's news that his plea for the establishment of a national osteopathy archive is enjoying wide support. The intention is to create a much-needed central repository to preserve and promote material relevant to the development of osteopathy in the UK, ensuring also that it is accessible to researchers. The GOsC is assisting this development and it is hoped that next year's 10th Anniversary events will include the official opening of this important and valuable archive for all osteopaths.

## Taking part

Over the summer we will be bringing you more details about the 10th Anniversary events – educational and social, including conference programmes, costs and accommodation options. It is hoped that this milestone occasion will bring together many osteopaths, those of you active in practice, education and research here in the UK or abroad, and retired members of the osteopathic community, who are the foundation of today's achievement.



# Towards a National Osteopathic Archive

**Dr Martin Collins DO PhD**

In a previous issue of *The Osteopath* (March 2006), I argued the need for an archive of the history of osteopathy in the UK. I was pleased this plea resonated around the profession and has been heeded by the General Osteopathic Council. There have since been moves to make the archive a reality and it is envisaged that we will be in a position to launch a UK osteopathic archive early next year, during the week of events highlighting the 10th anniversary of the GOSc. The GOSc has committed funds to the initiative, but it is hoped that additional sources of funding will emerge from within and/or outside the profession.

The project is now being led by an informal working party initiated by Brigid Tucker, GOSc Head of Communications, and including osteopath John O'Brien, who has a long-standing interest in the history of osteopathy, Council Member and osteopath Tim McClune, and me. London School of Osteopathy Principal Robin Kirk has also lent his support.

## Why the need for a national archive?

- > The profession needs to acknowledge and respect its history. Apart from the forthcoming 10th anniversary of the GOSc, 2008 marks the 110th anniversary of the introduction of osteopathy into the UK.
- > Osteopathy has a complex history – understanding this is necessary to understanding the diversity within the profession today.
- > Human sources of this history are ephemeral and it is known only by a few. In time, these sources will no longer be available.
- > The written history is widely scattered and may be lost on the demise of any organisation or person in possession of it.
- > It would be a bequest to the future. In years to come osteopaths will seek to learn the history of the profession. It is important to preserve now all we can.
- > The history of osteopathy as a complementary healthcare profession in the UK is unique and will be of interest to those studying the history and sociology of healthcare generally. It will bring osteopathy into the health sociology playing field.
- > It will enhance the public and political standing of osteopathy, by



promoting the practice of osteopathy and educating others about it.

- > It will add to the capital, or equity, of the profession.

## Prerequisites for an archive

Quite rightly, a number of concerns have been expressed about the management and maintenance of such an archive. It will be important for it to be managed by an archivist, to ensure:

- > security with accessibility
- > maintenance
- > cataloguing
- > publicity: it is important that the contents of the archive are known to those who may be interested in it, e.g. via a website.
- > development: there is a considerable amount of historical material currently in the possession of individuals and organisations. This needs to be actively sought and acquired. In addition, documents generated today need to be placed on permanent file as part of tomorrow's legacy.

## Location

Finding a suitable location for the archive is the most pressing current challenge for the working group. It is important that the location is:

- > permanent
- > secure but accessible
- > not 'owned' by any individual or organisation. The archive needs to be free of any 'political' affiliation or association, with any organisation or individuals that might cause those

currently in possession of historical material to be reluctant to part with it.

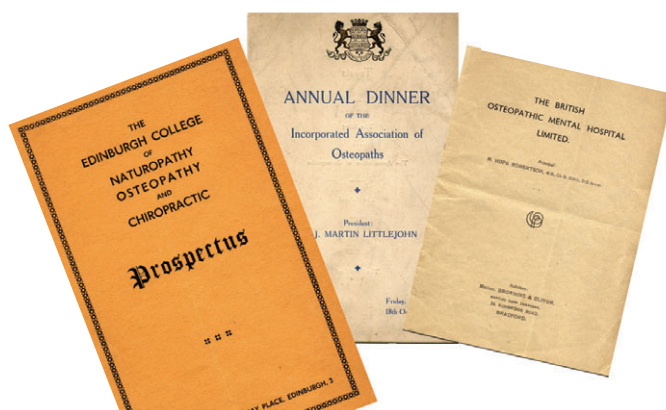
## Developing the archive

In order to initiate the archive, I intend to donate all the material that I have collected personally over the years. We hope that others will contribute material, either as permanent gifts, or on loan. It is recognised that some may be reluctant to part with their 'crown jewels', or that the material may in the future be needed by an organisation to celebrate its own history. To this end, the source of all donated material must be recorded, together with the conditions of its acceptance. If material is given on loan, a letter defining the terms of the loan must be provided to the donor and the material returned as and when required.

In the meantime, if any person or organisation has material they may be willing to contribute to the establishment of a National Osteopathic Archive, I or any other member of the working party, would be pleased to hear from you, tel: 020 7089 5319 or email: martinc@bso.ac.uk.

*J M Littlejohn, his wife, mother and 6 children at home in Lake Bluff, Chicago, c1908*

Dr Martin Collins is a former principal of the British School of Osteopathy and author of *Osteopathy in Britain: the first hundred years*. BookSurge Publishing, 2005. ISBN: 1-4196-0784.



# The Osteopath > extreme makeover

**You have told us you value it. Many of you say you regard it as “useful” and “necessary”. Surprisingly, a lot of you assert that you read most – or all – of it in the first week of delivery. We know that it is increasingly read by external audiences.**

But it's not all good news. *The Osteopath* – the GOSC's official journal – is also deemed too dry and dated. It lands on your doorstep too late in the month and is not particularly reader-friendly.

Last summer, the GOSC surveyed the osteopathic profession, seeking your feedback on our methods for communicating with you. Nearly half of you contributed extensive views and suggestions.

As *The Osteopath* is currently the GOSC's primary means of communicating with the profession,

developments – national and international – that impact on the practice of osteopathy in the UK.

- > Promote patient safety and best practice, thus enhancing the standing of osteopathy.
- > Underpin professional development and evidence-based practice.
- > Encourage osteopathic cohesion through information-sharing and exchange of views.

But, in addition, we also want to provide you with a professional journal that you can feel proud to show to your patients and other colleagues – that reflects osteopaths' high standards and commitment to excellent patient care.

## Axiom Partners – new publishers

In future we shall be working with Axiom Partners, the Suffolk-based publisher who has won the tender to redesign and produce the magazine for us. Axiom is partnered by Wealden Printing, who will now manage all aspects of the magazine's advertising and printing – see contact details on pages 3 and 27.

## Content

In response to your comments, we are working to improve the quality of the editorial content of the magazine, aiming to make it both more newsworthy and less “dense”. We have noted your call for less “politics” and more on “clinical practice”. *The Osteopath* now comprises five regular sections, denoted by distinct colours:

- > **GOSC news:** highlighting key healthcare policy developments.
- > **health matters:** general news and developments in the wider health arena, nationally and internationally.
- > **research:** the National Council for Osteopathic Research leads here on current osteopathic research, supplemented by tutorials and an overview of wider health research.
- > **in practice:** clinical practice, CPD resources, osteopathic regional news, and more.
- > **marketplace:** all advertising and general promotion contained in a dedicated section.

## What you think of the redesign?

We want to ensure we are on the right track with this new presentation of *The Osteopath* and in the summer, once you have had the opportunity to read a few issues, we plan to carry out a readership survey, to gather your views on the magazine's content and layout. Your comments are important and will further shape future issues and ensure good information exchange within the profession.

## The future – news online

This summer will also see the introduction of a comprehensive GOSC website, accessible only to GOSC-registered osteopaths. This will give us the facility to keep you informed more quickly, more often and, if necessary, in more detail. Our hope is that you will in time come to regard this website as a one-stop information resource and a more appropriate place for the profession's internal debate, including sharing views and opportunities.



your views on the magazine are particularly significant and we gave these very careful consideration. How effectively we share information is key to the profession's continued progress and development. Given your feedback, with this issue of *The Osteopath* we initiate a wholesale overhaul of the magazine – the contemporary look we hope you will find more engaging, the content increasingly relevant and accessible. In short, *The Osteopath's* purpose is to:

- > Keep the profession abreast of healthcare policy and regulatory



The website has been designed to complement *The Osteopath* magazine, which in the new year will come to you bi-monthly. This will give us the opportunity to provide you with more analysis and a wider scope of professional news for sharing with the wider healthcare community, and to help foster professional development.



# Development folder launch

Marcus Dye, Assistant Registrar (Development)

**In line with the introduction of the GOSc Fitness to Practise Folder in May 2005, osteopaths will soon be provided with a 'Development' folder, which will bring together the necessary information and guidance relating to education and development as it affects osteopathic practice.**

Over time, as new policy evolves, the folder will enable you to store and refer easily to GOSc guidance. Initially, the folder will contain a revised version of the Continuing Professional Development (CPD) Guidelines and a reprint of the current Standard of Proficiency. Inclusion of the Standard of Proficiency – now eight years old – signals the start of a consultation with the profession to develop, over the next two years, a new Standard of Proficiency for osteopaths.

## Continuing Professional Development Guidelines

The Continuing Professional Development (CPD) Guidelines will initially be the primary element of the new Development folder. The original CPD Guidelines was issued as a draft document, allowing the profession an opportunity to provide feedback on the practicalities of the CPD process and the clarity of the Guidelines themselves. A questionnaire was included to encourage this. Overall feedback was positive, although some common problems were identified, such as the legibility of the text in some places and the difficulty many experienced reproducing the forms.

Over the past three years, the GOSc Development Department has also assessed how well the CPD process works in practice. Much information has been gathered from osteopaths' CPD submissions, and from your questions and comments to the GOSc. Drawing on all this, the Development Department has revised the Guidelines to address these concerns and make the document more accessible.

We hope the revised guidance now meets the needs of a wide audience – from newly-graduated students to



those who have been in practice for some time, and external audiences, whose confidence in osteopaths' proficiency is essential for the profession to flourish.

## CPD Rules approved

With the revised CPD Guidelines comes the formal Privy Council approval of the CPD Rules. The Rules were originally drafted for the launch of the CPD scheme in May 2004 but, to allow flexibility for both the profession and the GOSc, it was decided not to seek formal approval until the scheme had been trialled and osteopaths were familiar with the process. The Rules became effective as of 1 March 2007.

It is important for this profession that it is able to demonstrate a credible CPD process and that an osteopath's annual renewal of registration is dependent on meeting these standards. To the credit of the profession, osteopaths have embraced CPD – the mushrooming of regional societies and training groups in recent years is one of the very positive outcomes of this area of development.

The recent White Paper on healthcare regulation makes the introduction of revalidation at some point in the future very likely. A solid and successful CPD scheme will help to ensure that revalidation requirements are less onerous for osteopaths.

**Further details about the Development folder, changes to the CPD Guidelines and revalidation will be published in next month's *The Osteopath*.**

## Successful Protection of Title prosecution

The GOSc prosecuted another bogus practitioner in March, the seventh successful Protection of Title case for the osteopathic profession in the past 12 months. These prosecutions are clear evidence that the courts are taking seriously the legal use of the title 'osteopath'. Protection of patients and protection of the profession's reputation are key to the GOSc's responsibilities as regulator.

On 29 March, Frederick Paul Kitson pleaded guilty to two charges of unlawfully describing himself as an osteopath when not registered with the GOSc. Mr Kitson, of Paul Kitson Back Care Centres in Stourbridge and West Bromwich, was fined £1,000 on each charge and ordered by Dudley Magistrates Court to pay costs of over £1,400.

Mr Kitson applied for registration with the GOSc but was refused in 2001, on the grounds of insufficient evidence of safe and competent osteopathic practice. He therefore lost the right to describe himself as an osteopath (Section 32 of the Osteopaths Act 1993). However, in blatant breach of the law, Mr Kitson continued to suggest that his practice was osteopathic. Despite previous warnings from the GOSc that he cease describing himself and his practice in this way, Mr Kitson continued to deliberately mislead the public, advertising in local telephone directories in the 'osteopath' sections.

Prosecution by the GOSc was brought following numerous complaints from members of the public and osteopaths in the West Midlands area.



Above: Osteopaths Brian McKenna and Steven Vogel





# Regional conference reflections



Below right: Conference Chair, osteopath Robin Shepherd

**Promotion of the osteopathic profession – whose responsibility this is – has long been a contentious question. Over the past 18 months this has been under even greater scrutiny, and now by a much wider audience. The Foster Review of non-medical healthcare regulation recently highlighted the disparity between promoting the public's best interests and promoting a healthcare practice.**

Timely then that the 2006/7 GOsC Regional Conferences focused on this very issue – 'Promoting Osteopathy: making the most of our potential.' What was taking place concurrently within the wider healthcare field, in terms of calling in to question a regulator's role in promotion, made for an interesting and challenging programme.

GOsC Head of Communications **Brigid Tucker** explored ways in which the profession is making a name for itself through the combined efforts of the GOsC, the BOA and the profession itself. Importantly, in the light of the Foster Review, this presentation helped

crystallise the separate promotional roles of the GOsC as regulator and the BOA as professional association.

Osteopaths **Steven Vogel, Brian McKenna** and **Charles Peers** joined forces to identify research priorities that could help the profession to develop and flourish. Much more data is needed about current practice of osteopathy in the UK and Steve Vogel implored osteopaths to contribute when the time comes for the profession-wide practice survey planned for later this year. Brian and Charles demonstrated the "promotional" value of routine practice audit, and the valuable work of NCOR's research hubs in their effort to ultimately standardise data collection across the UK for the benefit of all osteopaths.

**Dr Tamar Pincus**, Reader of Psychology at Royal Holloway University London, touched a chord everywhere when she drew attention to the important role osteopaths must often play in managing the psycho-social element of patient care. She urged osteopaths to be well-equipped in this sensitive and deeply complex area.

For osteopaths, it is word-of-mouth that brings most new patients, and communications expert **Steve Barton** showed how patients' endorsement can help build a practice. He illustrated too the practical value to patients of practice websites and newsletters in enhancing public understanding of osteopathy.



## Forthcoming events

### GOsC 10th Anniversary

**Feedback from the profession indicates that from time to time conferences hosted on a national rather than a regional scale would be welcomed. Therefore, you may be pleased to hear that next February the GOsC will offer osteopaths the opportunity to attend a national event that will mark the achievements of the profession, particularly in the ten years since attaining statutory recognition – see pages 6-8 for further details.**

### Critical Cs

**Although there are to be no further regional conferences in the coming year, the GOsC will continue its programme of regional training workshops. The 'Critical Cs workshop' offers practical advice on improving patient satisfaction, minimising the likelihood of a patient complaint. Context, communication, consent, case history and confidentiality offer rich food for thought. The current round of workshops is fully booked, but further dates are intended to accommodate the profession's interest.**

### GP "Promoting Partnerships"

**Osteopaths aiming to build professional relationships with their local GP community will benefit from the GOsC's 'Promoting partnerships: osteopathy and the GP workshop'. Seminar dates are scheduled based on regional demand, so contact the GOsC on ext 242 / 222 or email: [events@osteopathy.org.uk](mailto:events@osteopathy.org.uk) to register your interest.**

### Regional Communications Network

**To exchange information on current policy development and GOsC activities, two Regional Communications Network meetings this year will bring together osteopathic representatives from around the UK with members of the GOsC executive and Council. A report of the first meeting, held on Friday 27 April, will be published in next month's *The Osteopath*; a follow-up meeting is planned for November.**



## GOSc Chairman addresses Parliamentary Group

Separating the interests of the public from the interests of the profession is key to healthcare regulation today. GOSc Chairman Nigel Clarke (pictured) highlighted the vital importance of this distinction during his talk to the Parliamentary Group for Integrated and Complementary Healthcare on 27 March 2007.

Speaking to the group – political representatives and healthcare practitioners – Nigel considered current and future developments within osteopathy, particularly following the publication of the Government's White Paper on healthcare regulation.

Chairman of the General Chiropractic Council, Peter Dixon, was also invited to speak at the meeting, which formed part of a series of regulation updates, this time focusing on the osteopathic and chiropractic professions in the UK today.

Nigel was keen to impress upon the audience, principally for those disciplines seeking regulation status, that "Whilst regulator and association have distinctive roles, both are equally important".

# Get involved: raise the osteopathic profile

## NHS Confederation annual conference and exhibition 2007

This national healthcare event offers an invaluable opportunity for the osteopathic profession to come face-to-face with senior level decision-makers within the health sector, NHS commissioners and managers, and providers from the independent sector.

Hoping to attract over 2,000 delegates, this year's event – 'Serving patients and the community' – will be held at **ExCel, London** on **Wednesday 20 – Friday 22 June**. As part of its continued efforts to widen public access to osteopathic care, the GOSc will again be taking part in the exhibition. A prominent presence at this key national health event will help to highlight osteopathy's integral role in the delivery of health services through practice based commissioning and the Department of Health's Musculoskeletal Services Framework.

Having osteopaths working alongside GOSc staff on exhibition stands at national healthcare events is vital to their success.

**If you are interested in offering your time and expertise for a few hours, contact the GOSc Communications Department on ext 222 or email: [nicolet@osteopathy.org.uk](mailto:nicolet@osteopathy.org.uk) for further information. To find out more about the NHS Confederation annual conference visit [www.nhsconfed.org](http://www.nhsconfed.org).**



## Join Team Osteopath 2007!

Why not set a great example for your patients, while raising the osteopathic profile, by joining this year's Team Osteopath for the **British 10K London Run?** Running for the third year, Team Osteopath brings together osteopaths from around the UK to raise much-needed funds for charity and to highlight the importance of maintaining a fit and healthy lifestyle.

We are again looking for eager volunteers to join Team Osteopath for the run on **Sunday 1 July 2007**. Money raised by the team will this year be donated to **Get Kids Going!**, a national charity that gives disabled children and young people – up to the age of 26 years – the opportunity of participating in sport. Get Kids Going! helps and encourages British disabled children to compete by supporting them with their sports training, physical therapy and travel. The charity also assists with the design and development of purpose built sports wheelchairs, enabling young people to take part in marathons, triathlons, tennis, athletics, mountain skiing, rugby and basketball. For further information about Get Kids Going! visit their website: [www.getkidsgoing.com](http://www.getkidsgoing.com).

Starting at Marble Arch at 9.35am and finishing at Whitehall, the British 10K run takes runners through the heart of London, passing many of the world's famous historic and iconic landmarks. For further details and to view the route map, visit the official website: [www.thebritish10klondon.co.uk](http://www.thebritish10klondon.co.uk).

**If you are interested in joining this year's Team Osteopath – or perhaps recruiting a group in your local area to join us (they need not be osteopaths) – please contact the Communications Department on ext 226 or email: [susanm@osteopathy.org.uk](mailto:susanm@osteopathy.org.uk). Places are limited so please contact us as soon as possible to ensure your participation.**



This diary presents a snapshot of some of the meetings and events the GOSc has been involved with over the past month and some key events taking place in the coming month. For further information about any of these meetings contact the relevant department.

### Key

- GOSc Ext. 242
- Communications Department Ext. 242
- Development Department Ext. 235
- Registrar Ext. 246
- Registration Department Ext. 256
- Regulation Department Ext. 249

### Abbreviations

- AGM – annual general meeting
- AURE – Alliance of UK Regulators on Europe
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- FORE – Forum for Osteopathic Regulation in Europe
- GCC – General Chiropractic Council
- GMC – General Medical Council
- GOC – General Optical Council
- NMC – Nursing and Midwifery Council
- OBU – Oxford Brookes University
- PCC – Professional Conduct Committee
- PPI – Patient and public involvement
- UKIPG – United Kingdom Inter-professional Group

## April

### 4 Wednesday

- GOSc – OBU: presentation to final year students
- GOSc – CHRE: European policy update

### 11 Wednesday

- AURE meeting, GMC

### 13 Friday

- FORE meeting preparation

### 16 Monday

- Joint Regulators PPI meeting

### 19 Thursday

- GOSc PCC hearing

### 20 Friday

- Joint Regulators' PPI seminar: Education provider accreditation
- GOSc Chair and CE&R – monthly meeting

### 21 Saturday

- Critical Cs workshop, Warwick

### 23 Monday

- NCOR stakeholder meeting, GOSc
- GOSc meeting re NICE guideline development
- GOSc – Southwark Chamber of Commerce AGM

### 24 Tuesday

- Interviews for GOSc Education Committee Members
- Non-UK qualified osteopaths – clinical assessments
- GOSc – Joint Regulators PPI meeting, GMC

### 25 Wednesday

- GOSc Investigating Committee meeting
- Practice & Ethics Committee meeting

### 27 Friday

- GOSc – Regional Communications Network meeting

### 30 Monday

- GOSc – In-house lawyers' forum, GOC

## May highlights

### 2 Wednesday

- GOSc – BSO: presentation to final year students

### 3 Thursday

- CE&R – Healthcare Regulatory Bodies meeting, NMC

### 10 Thursday

- Primary Care 2007 conference and exhibition, NEC, Birmingham
- Education Committee meeting

### 11 Friday

- Primary Care 2007 conference and exhibition, NEC, Birmingham

### 12 Saturday – 13 Sunday

- GOSc – FORE meeting, Wiesbaden

### 22 Tuesday

- GOSc – UKIPG governance group meeting

### 27 Sunday

- Critical Cs workshop, Edinburgh



# A life less ordinary in osteopathy ...

Anthony G Pusey, 22 January 1951 – 30 March 2007

## Laurence Butler DO (Hons) BA (Hons), Redhill, Surrey

To many of you the news that Anthony (Tony) Pusey passed away will come as quite a shock if, like me, you remember him as a larger than life, vibrant and accomplished clinician. It must say a lot for his impact on me that, when I heard that he had died, his life, (at least, the bits that I had been personally involved in), passed before my eyes.

Soon after I qualified at the British School of Osteopathy, I was invited to interview for a clinical position in Tony's practice in Sussex. I found myself on Slugwash Lane – an extraordinary location for my first meeting with an extraordinary character.

My 'interview' / in-depth psychometric evaluation consisted of being shown around the grounds and asked for my clinical opinion as to whether a paddock or car park would be the best use of his real estate. We adjourned to the staff rest room, at which point I first noticed his immensely long, expressive fingers. He wiped one of them across the sole of his muddy shoe, held it under his nose and, beaming widely, proclaimed, "At least it's only mud – not something from an animal's back end!" With the ice so completely broken, he informed me that I would be working with him in a fortnight's time. I took it as a royal summons and complied.

Tony always demanded high standards of those of us who became his osteopathic associates – but he was also always prepared to pass on his knowledge and skills so that we could reach those standards. Working with him was an excellent proving ground for one's clinical skills – from communication with patients and other practitioners, via excellent record keeping (something he absolutely insisted on) to using a variety of treatment and management approaches. He was as much at home and as capable of using (and teaching) two-man cranial techniques as the Chicago sacroiliac thrust technique. Anterior pectoral fascial balancing was just one of the novel approaches that he pioneered in human osteopathy (he'd understand the reference).

He was probably even better known for his excellence in the field of animal

osteopathy. He published numerous papers and helped to develop high quality postgraduate courses in the subject. He also spoke at conferences and applied his clinical skills to patients in various parts of the world. I had the privilege of observing his approach to small and large animal practice on numerous occasions.

I understand that he once suffered a hernia, as a result of a horse falling onto him. Because of this, he became more inclined to be cautious and would often ask his veterinary colleagues to administer a mild sedative – to his equine wards, I mean.

This excellent interdisciplinary relationship did break down once when I was observing, though. With Tony at the far end of the stall, applying sacral fascial traction to an increasingly restive horse (pulling on its tail!), the supervising vet decided to make things more interesting. With a broad grin that Tony couldn't see from behind the horse's rump, he mused aloud, "Did I ever tell you about the fella in Australia who tried that technique you're using – and got his head kicked clean off his shoulders?" I have never seen an osteopath move as fast as he did away from that beast, even on the rugby pitch! To his credit, Tony was soon laughing louder than anyone; he then showed his mettle by getting back in the stall and finishing the treatment.

Laughter and character are things that I will always associate with Tony Pusey. He had a strong (some would say 'wicked') sense of humour. He invited me to a barbecue at the Slugwash Lane practice some summers back and insisted that we should all eat our skewers of steak and green pepper



before settling down to watch his 'home movie' as he called it. This turned out to be endoscopic footage of his gallbladder being removed!

You can read Anthony Pusey's Telegraph obituary of 6 April 2007 at <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2007/04/06/db0602.xml>. It reflects his standing in the profession and the community at large, and is largely drawn from the *curriculum vitae* that he apparently penned when he knew just how short a time he had left to live. It recounts many impressive achievements and reflects his justifiable sense of pride when looking back at them. To paraphrase Spike Milligan's self-penned epitaph, "I told you I was skill!"

Anyone privileged enough to have worked closely with Tony (and there are quite a few of us) can certainly echo that sentiment.

**Laughter and character are things that I will always associate with Tony Pusey**

**Dr Ian Drysdale BSc (Hons) PhD  
Principal, British College of  
Osteopathic Medicine,  
remembers Anthony Pusey**

It was with much sadness that we learnt of the recent passing of Anthony. He made a significant contribution to the acceptance of osteopathy in general and, specifically, to the field of animal osteopathy.

The institution of the GOsC Register in 2000 brought many changes to the profession and some of the smaller, more select, specialties within osteopathy were inevitably and understandably given lower profile during the important formative period. Anthony never allowed this to happen to animal osteopathy and worked tirelessly for a sound, professional understanding and acceptance of this important specialty.

In 1995, Anthony opened discussions with the British College of Osteopathic Medicine (BCOM) that led to his involvement with a new five-year degree designed to include a module about animal osteopathy. This was just what he had been looking for and he threw himself into it enthusiastically and continued to do so over the succeeding twelve years. The animal osteopathy module has continued to be very successful, in no small measure due to his enthusiasm, professionalism and wide personal experience in the treatment of animals. It has also included the participation of his veterinary colleagues.

At the International Conference on Advances in Osteopathic Medicine at the Royal Society of Medicine in 2003, Anthony led a series of themed presentations on animal osteopathy that resulted in a subsequent, very successful, series of weekend seminars on the subject. He did all this in addition to his thriving general osteopathic practice.

Wherever Anthony treated animals, spoke of this interest or debated for its acceptance, whether at the GOsC, Royal Horse Guards or on the teaching circuit, his infectious enthusiasm and knowledge of his subject could not help but recruit disciples. His energy, drive, humour and sheer enthusiasm for life made him excellent company and he will be sadly and significantly missed by all those who knew him.



*Anthony talks animal osteopathy with HRH The Prince of Wales*

**He made a significant contribution to the acceptance of osteopathy in general and, specifically, to the field of animal osteopathy**

## Anthony G Pusey, osteopath

**Born 22 January 1951 – died 30 March 2007**

**A memorial service will be held for Anthony Pusey on Tuesday 5 June at 12 noon at the Guards Chapel (located adjacent to Wellington Barracks on Birdcage Walk, London SW1). Family flowers only, but Anthony requested that, if desired, donations should go to his local church fund:**



**Holy Cross, Ramsbury, Wiltshire. There will be a reception at the Guards' Club after the service but, to help the family with planning, please contact the communications Department (ext. 242) by 18 May if you wish to attend.**

# Osteopathic input to NICE guideline development

The role of osteopathy will be considered when work gets underway this month to develop national clinical guidelines for the treatment of low back pain (LBP).

Lost production as a result of LBP is estimated to cost the UK economy at least £3,500 million per year – and treating all types of back pain costs the NHS more than £1,000 million per year.

The National Institute for Health and Clinical Excellence (NICE) has commissioned the development of guidelines for NHS treatment of low back pain in England and Wales. The remit of the guideline development group is to “prepare a clinical guideline on the acute management of patients with chronic (> 6 weeks) low back pain. To include indications for referral and pathways of care.”

NICE guidelines are developed in an attempt to improve the quality of clinical care and assess the clinical and cost-effectiveness of treatments, based on the best research evidence available and expert consensus.

The Guideline Development Group (GDG) must include a range of health professionals with demonstrable experience of treating

patients with non-specific low back pain in typical NHS circumstances on a day-to-day basis. As registered stakeholders, the GOsC and NCOR were permitted to submit nominations for membership of the GDG, and NICE last week announced that osteopath **Steven Vogel**, Head of Research at the British School of Osteopathy, has been appointed to the GDG. Steven has worked for over ten years within the NHS and has a solid grasp of guideline development and research.

He will join representatives of a wide range of other disciplines – medicine, physiotherapy, chiropractic, clinical psychology, occupational health and nursing. The GDG is to be chaired by Martin Underwood, Professor of General Practice at Barts and The London, Queen Mary’s School of Medicine & Dentistry, whom some osteopaths will recall from the GOsC Regional Conferences.

The GDG convenes first on 1 May 2007 and the NICE guideline will be developed through a number of formal phases over the next two years. A consultation of the draft guideline is currently scheduled for August–October 2008, for final issue in March 2009.

## Integrated Health Awards 2007: nominations now open

Does your healthcare approach set an example of best practice in integrated healthcare? Is your practice making a real difference to public health? Then you could be recognised for your achievements by entering this year’s Integrated Health Awards.

Organised by The Prince’s Foundation for Integrated Health – a UK charity promoting integrated health – the awards not only celebrate and acknowledge best practice, but also, importantly, raise public awareness of how integrated health benefits patients.

This year’s awards are currently open for nominations and will honour ground-breaking and accessible projects and initiatives from a range of settings – including multidisciplinary practices, hospitals, businesses, schools and community centres.

Nominations must be received by **Friday 1 June 2007** and can be for any of this year’s three awards:

- > the UK award – prize money of £5,000 (sponsored by Nelsons)
- > the Wales award – prize money of £2,500 (sponsored by the Welsh Assembly)
- > the Northern Ireland award – prize money of £2,500 (sponsored by the Department of Health, Social Services and Public Safety, Northern Ireland)

Among other things, your approach should promote healthy living; create supportive and sustainable environments; look at the whole person; and emphasise self-care. Any organisation in the UK that meets the criteria can apply, and applicants from Wales or Northern Ireland will be eligible for the national award as well as the UK award.

Judges this year include Dr Michael Dixon, Chair of NHS Alliance; Dr John Briffa, journalist and author; and Anne Wadsworth, voluntary sector strategic development specialist.

The Foundation’s Chief Executive Kim Lavelly said: “The Integrated Health Awards shine a light on the pioneers and trailblazers of integrated health and set the pace for change in the way we see health. Through the awards we want to share success stories of how integrated health can make an enormous difference to individuals and communities. This will inspire others in turn to set up integrated health projects and give existing projects tips and ideas about what works and how to meet the challenges of this kind of innovative healthcare.”

**Further details about the awards criteria and how to enter are available on The Prince’s Foundation for Integrated Health website: [www.fih.org.uk](http://www.fih.org.uk).**

## FORE meets to address patient safety in Europe

12–13 May, Germany

**Sarah Eldred, Assistant Registrar (Public Affairs)**

Patient safety is facing a new challenge in Europe. In the absence of consistent regulation of osteopathy in Europe, recent EU proposals encouraging freedom of movement for health professionals in fact potentially jeopardise the maintenance of public protection.

As osteopathy is currently only statutorily regulated in four of the 27 countries in the European Union, not only are patients potentially vulnerable, but so too is the standing of the osteopathic profession.

Recognising the need to address this issue, the osteopathic community set up the Forum for Osteopathic Regulation in Europe (FORE) in 2005. Comprising osteopathic organisations and competent authorities, FORE has been working to rapidly develop a consensus on standards of osteopathic training and practice.

The group has so far met on three occasions and already a European Framework for Codes of Osteopathic Practice has been agreed and printed. While the Framework has no legal basis and is not designed to override national law, it is intended as a template to inform national systems on a voluntary basis. Its aim is to:

- > help the profession achieve recognition and regulation where this doesn’t currently exist;
- > provide patients with a high standard of osteopathic care, no matter where they might seek treatment in Europe.

FORE will next meet in Wiesbaden, Germany on 12–13 May 2007 – coinciding with the German Presidency of the EU – where work will focus on finalising a European Framework for Standards of Osteopathic Proficiency, before turning to a consensus on training standards. The Verband der Osteopathen Deutschland (German Osteopathic Association) will host the meeting.

**Visit the FORE website: [www.forewards.eu](http://www.forewards.eu) for further information, or contact Sarah Eldred, FORE Secretariat, on 020 7357 6655 ext 245 or email: [foresecretariat@osteopathy.org.uk](mailto:foresecretariat@osteopathy.org.uk).**





## International agreement on osteopathic training guidelines

New international guidelines on basic training in osteopathy were agreed by the international osteopathic community at the World Health Organisation (WHO) consultation in Milan recently.

Due to be published by the WHO later this year or in early 2008, the guidelines, whilst only advisory, are intended to improve patient safety through international consensus on minimum standards of osteopathic training. It is hoped that they will also enhance development of the

profession globally, particularly with regard to the recognition and regulation of osteopathy.

Osteopaths and osteopathic physicians (US) from around the world came together with WHO officials, government representatives and other healthcare professionals for the consultation, where they agreed and adopted the global guidelines – the product of over two years' work. Representing the GOsC were Chief Executive and Registrar Madeleine Craggs and Head of Development Vince Cullen.

One of the key concerns addressed at the meeting was the need to ensure the guidelines reflect the standards required to practise osteopathy safely and competently. Following three days of intense debate there

*Above: WHO consultation, Milan*

was agreement that training in osteopathy should be a minimum four-year degree programme, including 1,000 hours clinical training. It was also made clear that osteopathy is a distinct primary contact profession and differences between the practice of osteopaths and osteopathic physicians were clarified and will be published in the final document.

After lobbying from the GOsC, osteopathy was accorded its own training guidelines rather than being included in a wider manual therapy document, as originally proposed by the WHO (*The Osteopath*, June/July 2004, pp. 14-15).

## France regulates osteopathy – *enfin!*

After five years of deliberations with professional representatives, the French Government has launched a Ministerial order requiring osteopaths to register by the end of July this year. Since March 2002, osteopathy has been a recognised profession in France, but what constituted an osteopath's training and scope of practice had been left undecided.

### Training standards

Training standards in France today require a minimum of 2,600 hours or three years including 1,435 hours theory and 1,225 hours practical. Continuing Professional Development will also soon be mandatory.

### Osteopathic practice

Osteopaths in France will now not be able to carry out gynaecological or obstetric treatment.

For manipulation of the cervical spine or manipulation on infants under six months, osteopaths will need a certificate of 'non-contraindication' from a medical practitioner before treatment. These restrictions have been subject to heated debate and public demonstration in France. From a patient safety perspective, the GOsC is currently seeking clarification from the French Government about why this decision has been made.

### Registration in France

Currently there is no single regulatory body for osteopathy in France, so osteopaths wishing to practise there must apply to their local council (préfet de région) by 30 July 2007 with details of their:

- > civil status;
- > nationality; and
- > osteopathic qualification (including certificate, course content and duration, confirmation from awarding body).

If the training of the applicant is found to be

substantially different to the training required in France, an aptitude test or period of adaptation will be offered.

UK osteopaths wishing to practise in France must have all the above information translated into French and sent recorded delivery to the relevant préfet de région. A Certificate of Current Professional Status will also be required from the GOsC (autorité compétente). To request this, contact GOsC Registration Secretary, Brenda Buckingham, on ext 256 or email: [brendab@osteopathy.org.uk](mailto:brendab@osteopathy.org.uk).

### Next steps

As there are a number of practical issues that still require clarification, further updates will appear in *The Osteopath*. Alternatively, contact the GOsC on ext 245 or email: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk), or the Registre des Ostéopathes de France ([www.osteopathie.org](http://www.osteopathie.org)) directly for more details.

# NCOR research hubs



[www.ncor.org.uk](http://www.ncor.org.uk)



## Hub meetings

### > BRISTOL

**Thursday 17 May, 7–9pm**

Small project work: looking at data on referral patterns from osteopaths. The Bristol group is trying to identify the reasons for referrals and the types of practitioners (medical or complementary) to whom referrals are made. A data collection tool has been specifically designed for this purpose and is currently being piloted by the group. Once the pilot stage is complete, any necessary refinements to the tool will be made and a longer period of data collection may be undertaken.

The Bristol group is also involved in an audit of case records from the past 20 years. The group is looking at how the incidence of cervical spine symptoms compared to low back symptoms has changed as work demands and computer use have developed during this time period.

### > EXETER

**Saturday 19 May, 10am to 12 noon**

Creating a consent form for clinical practice by consensus. Obtaining informed consent from patients is an issue that has caused considerable concern to many osteopaths. The Exeter group is looking at literature sources and examples of consent forms currently used within the group, and is trying to develop a consent form by consensus.

**Saturday 7 July, 10am to 12 noon**

Developing a patient information sheet for clinical practice through a consensus process. This will attempt to inform patients about what will happen when they visit an osteopath and give information concerning responses that can occur after treatment.

### > HAYWARDS HEATH

**Next meeting: see [www.ncor.org.uk](http://www.ncor.org.uk)**

Developing a case series looking at osteopathic treatment during pregnancy and a literature review of contraindications to osteopathic treatment. The recent publicity concerning osteopaths treating patients during pregnancy spurred this group on to develop a data collection template in an attempt to demonstrate the safe and effective osteopathic management of patients during pregnancy. A case series is being created which will be submitted for publication next year.

The group is also undertaking a literature review of contraindications to osteopathic treatment, identifying absolute and relative contraindications. This work will also be prepared for submission for publication in 2008.

### > LEEDS

**Wednesday 16 May, 7–9pm**

Developing a patient satisfaction questionnaire for osteopathic practice. The Leeds group has decided to look at patient satisfaction questionnaires that have been developed by other healthcare practitioners. The implementation of clinical governance has made patient satisfaction a fundamental consideration for healthcare practitioners; an increasing number of private health insurers are requesting evidence of practices' clinical governance arrangements. The group intends to develop a draft patient satisfaction questionnaire for osteopathy.

### > LONDON

**Next meeting: Tuesday 15 May, 7–9pm**

Small project work: descriptive study looking at the role of osteopaths.

### > OXFORD

**Next meeting: see [www.ncor.org.uk](http://www.ncor.org.uk)**

Developing an audit tool to assess changes in treatment approaches to the cervical spine since the introduction of the revised *Code of Practice* for osteopaths (2005).

The Oxford group has looked at the development of a case history sheet through a consensus process to satisfy what were regarded as minimum requirements of practice. The group is now investigating whether the number of cervical HVTs being carried out by osteopaths has changed since the introduction of Clause 20 of the *Code of Practice* for osteopaths.



# Courses and conferences

## > 11–13 May

International Congress on Complementary Medicine Research, Munich, Germany.

For more information see [www.CMR-Muc2007.de](http://www.CMR-Muc2007.de).

## > 12 May

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](http://www.heseminars.com/conference_2007.htm).

## > 1–4 June

Osteopathy and White Nights International Conference, St. Petersburg, Russia.

Further details can be found at [www.osteopathic-conference.org](http://www.osteopathic-conference.org).

## > 13 September

The Science and Art of Healing: Understanding the Therapeutic Response, Royal College of Physicians, London. A joint conference hosted by the Royal College of General Practitioners, the Royal College of Physicians and The Prince's Foundation for Integrated Health.

For further details about the programme or to book online, visit [www.rcplondon.ac.uk/event/details.aspx?e=674](http://www.rcplondon.ac.uk/event/details.aspx?e=674).

## > 4–5 October

First fascia research conference, the Conference Centre, Harvard Medical School, Boston, USA. Further details can be found at [www.fascia2007.com](http://www.fascia2007.com).

## > 11–13 December

14th Annual Symposium on Complementary Health Care, University of Exeter. The three-day CAM research event is currently calling for abstract submissions for oral and poster presentations. Submissions should be emailed to: [camexeter@pms.ac.uk](mailto:camexeter@pms.ac.uk) by 1 September 2007.

For further information see [www.pms.ac.uk/compmed/symposium](http://www.pms.ac.uk/compmed/symposium).

# Research news in brief

## Intervertebral disc transplantation in the treatment of degenerative spine disease: a preliminary study

Reported in *The Lancet*, this study involved five patients – average age of 47 years – experiencing cervical disc herniation. All the patients received a fresh-frozen composite disc allograft after excision of the herniated disc material. Progress after surgery was monitored by taking serial MRIs and static and dynamic radiographs.

Three months after surgery, good union of the graft endplates was seen in all patients. At a minimum follow-up of five years, the neurological symptoms of all patients had improved levels from prior to surgery and no immunoreaction was experienced. All except one of the discs showed preservation of sagittal motion at the final follow-up examination. MRI at the five-year mark showed preservation of hydration in at least two discs. (Ruan D, He Q, Ding Y et al, *The Lancet*. 2007;369:993-999.)

## Development of new gel for damaged discs

Researchers at Manchester University are developing a new gel to be injected into damaged intervertebral discs. The new gel, which is slightly acidic in nature, will stiffen and swell when exposed to an alkaline component during the injection process. The gel can be injected through very small apertures and it is intended to repair intervertebral disc damage, thereby producing a shorter recovery time than through traditional surgical approaches. The new treatment approach is just about to undergo clinical trials and will be available in four to five years' time if the trials are successful.

## Raised blood sugar levels and incidence of cancer

Researchers from Umea University, Sweden have examined the link between high blood sugar levels and the incidence of cancer in the breast, pancreas, skin, womb and urinary tract. The study looked at 64,500 men and women over a course of 13 years, measuring their fasting blood sugar as well as the amount of sugar in their blood after glucose infusion. Findings from the study indicated that, in women under the age of 49, there was an increased risk of breast cancer when high sugar levels were present in their blood. Clear evidence was seen of higher rates of hyperglycaemia with increasing age. During the 13-year study, 2,748 cases of cancer were identified. Eating large amounts of fatty foods can harm the body's ability to break down glucose, contributing to elevated blood sugar levels.

Men with high blood sugar levels were also more likely to get cancers, but the increased dangers were lower and were not considered to be significant by the researchers.

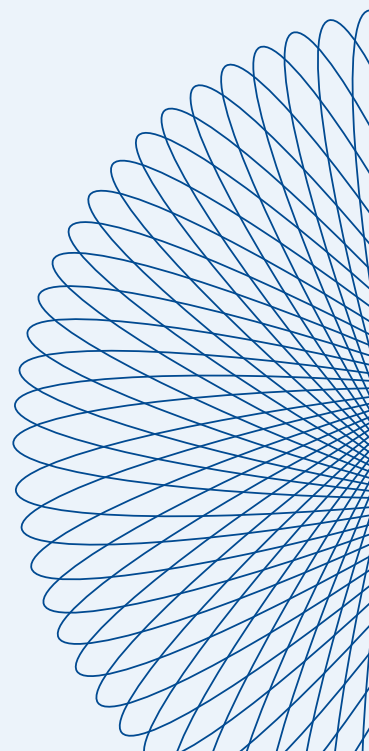
## Research PhD Studentship 2007: Bournemouth University

Bournemouth University's Institute of Health and Community Studies is currently offering a three-year full-time PhD studentship worth £12,900 per annum plus fees.

'Evaluating a Quality Improvement Project for Low Back Pain in Primary Care' is one of the proposals on offer for a studentship in the postgraduate medicine field and candidates – ideally with a first class honours degree or a Master's degree in a health-related subject – are now being invited to apply.

Applications must be submitted by **Friday 11 May 2007** and those with an interest and/or background in primary care, back pain, or health improvement methodology are particularly welcome.

**For further information about the studentship and details of how to apply, visit [www.bournemouth.ac.uk/ihcs/studentships.html](http://www.bournemouth.ac.uk/ihcs/studentships.html).**



# Developing a standardised data collection tool for osteopaths

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

**To ensure the osteopathic profession continues to mature and develop, it is vital that we develop a systemic method for capturing data about our patients and our practices. The National Council for Osteopathic Research (NCOR) is therefore currently working with the profession to develop a standardised data collection (SDC) tool for osteopaths.**

## What can standardised data collection do for you, the osteopath?

The tool can be used to help you collect data on:

- > profiles of your patients and practice;
- > which to base your own agenda for audits;
- > which to base standard setting for audits;
- > outcomes of care (e.g. broad-based outcome categories including onward referral to GPs and normal discharge times when patients are pain free);
- > service delivery (readily available for insurers or primary care trusts);
- > which to base research questions;
- > safety and adverse reactions, informed consent, insurance and clinical governance.

## What can standardised data collection do to enhance your practice?

The information gathered using a standardised data collection tool across the profession can provide information to assist with:

- > marketing your practice;
- > giving advice to your patients – both current and potential;
- > giving presentations to interested parties (e.g. patient groups, GPs or primary care trusts);
- > providing information to insurers;
- > providing information on training needs for your practice and your personal development.

## What has been achieved so far?

Many practitioners have attended research hub meetings and contributed their ideas concerning the type of information useful to a standardised data collection tool.

Some examples are described below:

### 1. Patient profiles including

- > Age
- > Sex
- > Ethnicity
- > Registered disability status
- > Occupation

### 2. Symptom profiles including

- > Site of symptoms
- > Duration of symptoms
- > Intensity of pain
- > Recording of pain/disability score (e.g. on a visual analogue scale)
- > Mode of onset of symptoms
- > General health status (including medication)
- > Presence of any co-morbidities

### 3. Therapeutic history including

- > Previous consultations
- > Previous investigation(s)
- > Outcome(s) of previous investigation(s)
- > Outcome(s) of previous treatment(s)

### 4. Osteopathic management including

- > Diagnosis made
- > Treatment delivered
- > Use of any adjunctive treatment or other additional management strategies

### 5. Outcomes of treatment

- > Response to treatment (both beneficial and adverse)
- > Change in visual analogue scores

### 6. Financial information concerning

- > Cost of treatment
- > Further investigations requested

The data collection tool will be further developed, refined and piloted throughout 2007 and will follow the process outlined in the diagram below.

## Long-term goal

Many osteopaths have expressed an interest in collecting data within their own practices; others have collected large quantities of data but been unclear about how

best to use it to benefit their practice. The standardised data collection process will allow more osteopaths to collect the same data, submit it anonymously and pool the information. Individual practice and practitioner information will then be compared with the profession's pooled data. The analysed data will then be made readily available for the entire osteopathic profession.

## Development of a standardised data collection (SDC) tool for osteopathy

Search for existing tools – completed

Development of draft SDC tool via nine research hubs – completed

Merger of all draft tools – ongoing

Review of hubs' merged tools

Creation of single draft tool based on feedback from hubs

First pilot of draft tool by four members of each hub over two-week period (new and existing patients)

Revisions to tool based on feedback

Second pilot of revised tool by all hub members over one-month period (new and existing patients)

Revisions to tool based on feedback

Third pilot by four non-members in each hub region over one-month period (new and existing patients)

Revisions to tool based on feedback

National pilot of tool by random sample of the osteopathic profession (one in five) on all new patients over three-month period

Analysis of data

Preparation of report based on findings and analysis of data



# Cost-effective osteopathy

Charles Peers BSc (Hons) BSc (Ost), Plymouth

**During the fifteen years since I qualified as an osteopath, the profession has successfully – sometimes not without difficulty – tackled several hurdles which impeded its progress to acceptance as a discrete primary contact discipline. The reputation of manipulation as being efficacious in the treatment of low back pain is one such hurdle. While guidelines recommending manipulation have been published<sup>(1-2)</sup> and a national clinical guideline for low back pain is now being developed by the National Institute for Health and Clinical Excellence (see page 16), it is yet to be fully established as an effective treatment modality.**

But efficacy is only half the story. Cost-effectiveness and safety are significant factors in the decision-making process when commissioning services, whether in the public or private sector. The UK BEAM trial<sup>(3)</sup> suggests that manipulation, followed by a programme of exercise, is a cost-effective way to manage low back pain. Evidence of cost-effectiveness of osteopathy per se, is however, thin on the ground. Dr Nefyn Williams, osteopath, published a paper<sup>(4)</sup> investigating the cost benefit of osteopathy within primary care, which may help support our case.

As highlighted at the recent GOsC Regional Conferences, in order for the profession to continue to successfully tackle these hurdles, it is crucial that we recognise the importance of research and audit. My own multi-disciplinary team in Plymouth – consisting of two osteopaths, one extended scope physiotherapist, a cognitive behavioural therapist and an aerobic exercise programme – has, hopefully, secured a long-term contract with the local PCT by auditing costs. Other variables such as patient satisfaction with our service and the impact on subsequent appointments with consultants in the local hospital were also considered and evaluated as part of the audit.

To collect our data, a simple telephone survey was conducted following-up the first three years' referrals to our clinic via a snapshot audit; out of 330 patients referred we contacted 68%. We tried to ascertain whether our patients had

continued to utilise NHS resources (hence using scarce PCT funds) to manage their back pain, or whether they had been successful in self-managing their complaint. If they had been referred to other services, we wanted to know which ones, whether they felt satisfied with the service, and roughly how much they had improved in terms of simple ordinate pain, functional scales and use of medication.

In approaching the PCT commissioners, our audit supported our case by showing that osteopathic manipulation, as part of a package of care for low back pain delivered at sub-acute level (pain durations between three to nine months), can help avoid expensive secondary care hospital tariffs. They were impressed by the low numbers of patients who subsequently required consultant appointments as this offered considerable savings for the PCT. Secondary care is relatively expensive compared to our cost per case in primary care. If we were to repeat this study now it is likely that the number of secondary referrals would be even lower – our services can now refer directly for MRI scans, cutting out the need for many neurosurgical referrals.

Current policy within the health service tends towards investing resources within primary care. Clearly, therefore, this is the environment of choice for osteopaths to operate within. In order to achieve this we have to not only demonstrate our effectiveness, but also prove that we are safe and can save our employers' money, funds that may

otherwise be spent on expensive secondary care in local hospitals.

Hopefully, this article will help convince sceptical osteopaths that the careful cataloguing of the results of our care is necessary. An informed consideration of our results is required if the doubts of our detractors (see Canter et al)<sup>(5)</sup> are to be successfully combated and our progress is to be maintained. Interestingly, the Clinical Standards Advisory Group Report on the management of low back pain,<sup>(6)</sup> which advocates the use of multidisciplinary clinics, such as that described above, was published 13 years ago. I guess these things take time.

## References

- 1 Royal College of General Practitioners. *Clinical Guidelines for the management of Acute Low Back Pain*, 1996.
- 2 European Commission Research Directorate General. *Cost Action 13: Low Back Pain: Guidelines for its Management*. [www.backpainurope.org](http://www.backpainurope.org)
- 3 UK BEAM Trial Team. United Kingdom Back Pain and Exercise and Manipulation Randomised Trial: Cost Effectiveness of physical treatment for back pain in primary care. *BMJ* 2004 329; 1381.
- 4 Williams NH, Edwards RT, Linck P, Muntz R, Hibb R, Wilkson L et al. Cost utility analysis of osteopathy in primary care: results from a pragmatic randomised controlled trial. *Family Practice* 2004 21; 643-50.
- 5 Canter PH, Thompson CJ, Ernst EE. Cost-effectiveness of complementary therapies in the United Kingdom: systematic review. *BMJ* 2005 331 880-881.
- 6 Clinical Standards Advisory Group. *Back Pain. Report of a CSAG Committee on Back Pain*. London, HMSO 1994.



Osteopath Charles Peers

## Regional Communications Network

Since the introduction of the Continuing Professional Development (CPD) scheme for osteopaths, the number of, and interest in, regional societies has surged. We are currently aware of over 25 such groups throughout the UK and Republic of Ireland. And while many of you have already recognised the value of these forums in helping you meet your annual CPD requirements, as part of a wider Regional Communications Network, these groups also help to ensure effective and widespread two-way communication between the GOsC and the osteopathic profession.

**For a copy of an up to date directory of regional societies, or if you have recently formed a group and wish to be part of the network, contact the Communications Department on ext 222 or email: [nicolet@osteopathy.org.uk](mailto:nicolet@osteopathy.org.uk).**

## Northern Counties Society of Osteopaths

**Neil Chestock DO, Hale**

### Dates for your diary

**Event > CPD meeting**

Date > Saturday 12 May 2007

Topic > Pharmacological drugs used in the field of musculoskeletal injuries and diseases, and the possible side effects seen in osteopathic practice

Speaker > Roy Hughes DO, BSc Ost (retired osteopath)

Venue > Tickled Trout Hotel, Preston

**Event > NCSO Annual Convention and Gala Dinner 2007**

Date > Friday 22 – Saturday 23 June 2007

Venue > Renaissance Hotel, Deansgate, Manchester

The two-day programme for the convention is currently being finalised but will include:

- > Osteopath Jane O'Connor – brachial plexus problems
- > Osteopath Gerry Gajadharsingh – nutrition and sub-fertility, plus the hot topic of the moment, contraindications to HVT

**For further information about either of these events or to book a place, contact Neil Chestock on tel: 0161 980 6228, email: [neilchestock@yahoo.co.uk](mailto:neilchestock@yahoo.co.uk) or visit: [www.ncso.org.uk](http://www.ncso.org.uk).**

## BBENSCH

**Barbara Grace DO, Welwyn Garden City**

### An engaging meeting

A busy day of four very different lectures kept the 70 delegates, attending the last BBENSCH meeting on 25 February, engaged and stimulated.

**Dr David Lewis**, GP, challenged us to reflect on the quality of our examination of abdominal pain in pregnancy, and while I won't be buying an ultrasound unit for the practice, I will be using my dip sticks as part of standard procedure and attempting to improve communications with the attending midwife.

**Andy Morton**, Director of Customer Service for the Royal Bank of Scotland (International), has only experienced osteopathy as a patient and gave a very different perspective on how we conduct ourselves. He exhorted us to strive to be "the best osteopaths in town" by providing a measurable, quality service to our patients beyond that of clinical excellence.

**Walter McKone**, osteopath, continued this vein of reflection by presenting a salutary history

lesson on the development of osteopathy, which challenged our current practice and asked us to examine our acceptance of basic osteopathic principles. 'Osteopathy and Influenza' was both fascinating and inspiring and delivered in Walter's inimitable style.

We finished the day balancing on one leg, which osteopath **Diane Khier** used to demonstrate pelvic instability and the role of the pelvic floor. Again, we were required to review pelvic anatomy and recognise that we are in the perfect position to help someone suffering with pelvic instability syndrome.

One of the comments on the feedback form summed up the day beautifully: "Challenging; exhausting; food for thought; fantastic."

By popular demand, both Diane and Walter are scheduled to chair workshops at the next meeting on 8 July, which is not to be missed.

**For more information about BBENSCH and our next meeting visit [www.bbensch.co.uk](http://www.bbensch.co.uk).**

BBENSCH is the Beds, Bucks, Essex, Norfolk, Suffolk, Cambridgeshire and Hertfordshire Osteopathic group





# Complementary health charity celebrates 20th anniversary

Philippa O'Neill, Hoxton Health Group

To celebrate our achievements and mark the anniversary, we are holding a CPD seminar on Saturday 2 June 2007

L to R: Mary Webb, Claire Merriweather, Walter McKone and Barbara Grace at the BBENSCH meeting



**A charity providing complementary health services to people over the age of 60 living in Hackney and the City of London – Hoxton Health Group – is this year celebrating its 20th anniversary. No mean feat, considering the challenges voluntary groups have experienced during this period.**

So how have we survived? We have achieved this by:

- > meeting the needs of older people who want something different from, or in addition to, conventional medicine;
- > offering affordable treatment;
- > providing a range of services, including osteopathy, acupuncture, exercise groups, shiatsu, homeopathy and herbalism;
- > having a voluntary committee made up of tireless campaigners and advocates for complementary health services and older people.

We also benefit from a supportive primary care trust, which has provided us with space at St Leonard's Hospital, Hoxton, and through which we also receive referrals.

## CPD Seminar

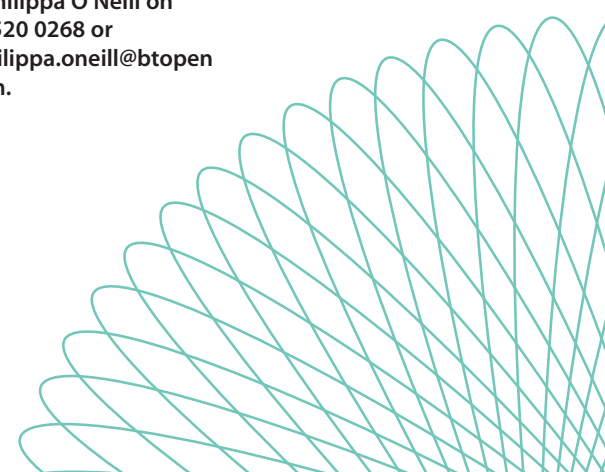
To celebrate our achievements and mark the anniversary, we are holding a CPD seminar on **Saturday 2 June 2007**, with two further seminars planned for the autumn. These seminars – 'Understanding the importance of complementary and medical health care for older people' – led by experts in their fields, aim to build the skills of practitioners responsible for the care of older people.

The June seminar will focus specifically on diabetes and nutrition, looking at the medication that is prescribed to treat the condition and possible side effects. A nutritionist will also

look at how diet can help people with diabetes and offer guidance about signs and symptoms that can help health practitioners to assess what is happening for our patients. The sessions will also involve practical exercises.

All complementary health practitioners are invited to attend the full-day seminar, which will be held at Bishopsgate Institute (near Liverpool Street Station). Cost is £60 per person and includes a vegetarian lunch.

**For further information about the seminar or to book a place, contact Philippa O'Neill on tel: 020 8520 0268 or email: philippa.oneill@btopenworld.com.**



## Editorial submissions

If you would like to submit an article, or have an idea for a future issue of *The Osteopath*, contact the editor on tel: 020 7357 6655 ext 228 or email: editor@osteopathy.org.uk.

# Courses 2007

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

## June

> 1-3

### Cranial nerves manipulation

Speaker Jean-Pierre Barral. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. tel: +93 480 25 15 www.eobosteopatia.com

> 2-3

### Integrating Pilates with osteopathic treatment

Lecturer Diane Kheir. Organised by Beacon Seminars. To be held at the Complementary Health Clinic, High Wycombe, Bucks. Contact: Diane Kheir tel: 01494 880649 email: dskheir@aol.com www.beacon-osteopathy.co.uk

> 5

### Spinal manipulation for the athlete

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

> 6

### Muscle testing and postural assessment

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

> 7

### Knee joint assessment

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

> 7

### Yoga as therapeutic exercise – evening course

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

> 8-10

### Part 2 – Developing palpation – osteopathy in the cranial field (spaciousness, details and emotion anatomy)

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

> 8-10

### Osteopathic versatility and the connective tissue

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

> 15-17

### Sunflower therapy training course – module 6

Organised by the Sunflower Academy. To be held at the Reve Pavillion Health Clinic, Guildford. tel: 01483 531498 email: academy@sunflowertrust.com

> 16

### Introduction to sports taping: principles and practice – weekend course

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

> 16-17

### Neuromuscular “re-abilitation” part II

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

> 7

### Foundation course in prescription orthoses for osteopaths

Lecturers Edward Buckwald and Chris Eke. Organised by Pegasus Orthoses. To be held at the Stanborough Centre, Watford. tel: 01923 260452 email: info@pegasusorthoses.co.uk

> 22-26

### Advanced therapy course

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

> 23-24

### Craniosacral therapy introductory weekend

Speaker Steve Haines. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90-92 Pentonville Road, London N1. tel: 07000 785778 email: info@cranio.co.uk www.cranio.co.uk

> 23-24

### Practical ergonomics and musculoskeletal health – weekend course

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

> 23-24

### Osteopathic care of small animals – weekend course

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

> 27

### Shoulder joint assessment

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

> 28

### Ankle joint assessment

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk



> 29 June–2 July  
**The ways of osteopathy (level 2)**

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

> 30  
**First aid appointed person course**

Speaker Alex Brazkiewicz. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1. tel: 07000 785778 email: info@cranio.co.uk www.cranio.co.uk

> 30  
**Cranio-sacral therapy – introductory day**

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

> 30  
**Healthy pregnancy – weekend course**

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

> 30  
**Current concepts in the management of tendonopathies – weekend course**

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

> 30  
**ACL study**

Tutors Lesley Hall and Mohi El-Shazly. Organised by The Knee Foundation. To be held at The Knee Foundation Conference Room, Droitwich, Worcs (Junc 5, M5). tel: 01905 776676 email: kneefoundation@btconnect.com www.kneefoundation.com

July

> 6–9  
**Osteopathy, movement and physical activity (2nd seminar)**

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

> 7–8  
**Viscerocranium and dental considerations**

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

> 7–9  
**Sunflower therapy training course – module 7**

Organised by the Sunflower Academy. To be held at the Reve Pavillion Health Clinic, Guildford. tel: 01483 531498 email: academy@sunflowertrust.com

> 14–19  
**Cranio-sacral therapy introductory day – first stage of full professional training**

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

> 21–22  
**Biomechanics, biodynamics and biocynetics**

Speaker Berard Darailians. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. tel: +93 480 25 15 www.eobosteopatia.com

> 18–20  
**The speech of the embryo**  
 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. tel: 07000 785778 email: info@cranio.co.uk www.cranio.co.uk

August/September

> 31 August–4 September  
**Advanced therapy course**

Course Director John Gibbons. Organised by Peak Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ. tel: 07850 176600 email: j.gibbons@peaksport.co.uk www.peaksport.co.uk

September

> 14–16 & 21–23  
**Osteopathy in the cranial field**

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

> 14–17  
**SAT 'specific adjustment techniques' level 2**

Speaker Gez Lamb. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. tel: +93 480 25 15 www.eobosteopatia.com

> 20  
**Is structural osteopathy still valid?**

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

> 22  
**The experience of pain – a multidimensional exploration – weekend course**

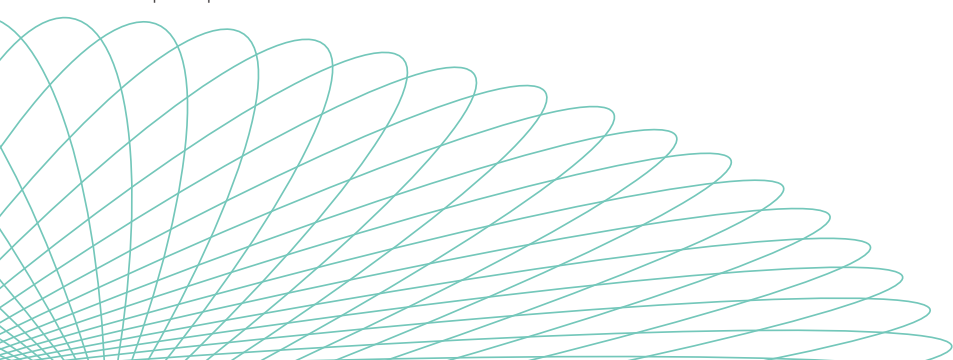
Speaker Ian Stevens. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

> 22–23  
**Harmonic technique**

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

> 27  
**Update of muscle repair and adaption**

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



**CLASSIFIEDS**

**RECRUITMENT**

**Sidcup, Kent:** Hard working, enthusiastic and conscientious associate needed in a well-established friendly multi-disciplinary clinic. Two full days to replace very busy osteopath who is emigrating. Cranial experience essential. Expansion of hours possible. Excellent long term opportunity. Contact Ajit Patel or Barbara Sampson 0208 302 2624.

**Sheffield:** Osteopath required to join multi-disciplinary team of therapists (homeopaths, acupuncturists etc). Rooms to rent on a session basis. Well-established clinic in Sheffield. Good central location. Call Sally our Practice Manager on 0114 2769500 or email info@wellforce.co.uk.

**Essex:** A vacancy has arisen in long-established clinic for a highly motivated, dynamic and caring osteopath to take over an existing patient list for 2 days a week with further scope. The current female practitioner is skilled in structural osteopathy as well as IVM, Please send CV to Silke info@backbonesltd.co.uk or 01268 774249.

**Gatwick area:** Structurally orientated osteopath required 1-4 days. Must be fully conversant and confident in musculoskeletal techniques, experienced in sports injury and soft tissue manipulation essential. Great potential for motivated practitioner to expand long term. Send C.V. to steve.deadman@connectfree.co.uk.

**Back Pain Clinic** in Finchely is considering taking on an osteopath part-time to work with chiropractor. To work Tuesdays, Fridays and one to three Saturdays per month. Applicant could also choose to work Wednesdays. Please ring 01707 662 704 or 0208 446 7575 and speak to Liz or Dr Pickard for more details.

**Associate required** for well-established friendly practice in north Kent / S.E. London on Monday, Thursday and possibly Saturday. Would suit candidate with BSO or BCOM background. 90% structural approach. Please contact the Practice Manager on 07960 165755. The Bexley Osteopathic Clinic, 16a High Street, Bexley, Kent, DA15 1AD.

**Associate required:** Motivated professional osteopath required for well-established practice in a busy GP surgery (Worksop-Notts), together with expanding city centre practice (Sheffield). Reception support provided. Flexible working times, ideally to include some evenings as well. Please send CV's to Bramley Clinic, 65 Surrey Street, Sheffield, S1 2JE or email to: bramleyclinic@btconnect.com, or tel: 01142 728886/ 07887 562825.

**COMMERCIAL**

**Goodwill for sale, Nottinghamshire:** Thriving practice established 30 years, with scope for expansion. Located in centre of busy market town, situated on main road with excellent transport links. Half an hour from beautiful Peak District. Ground floor accommodation, on-site parking, two fully-equipped consulting rooms. Excellent working relationships with GPs and local orthopaedic surgeons. For further details contact Lisa on mallfree@doctors.org.uk.

**Goodwill for sale:** Two busy days at two well-run, long-established multidisciplinary clinics in South Wales. Ripe for expansion, good supportive environment, low overheads. Easy access to excellent countryside, cheap housing. Some IVM skills necessary. Call Chris Harris 07900927692 or bigchris100@hotmail.com.

**Wanted to buy:** Single or double list structural practice. Location flexible, freehold purchase considered. Phased buyout while working within practice an option. May suit those looking to retire or move in next 2 or 3 years. Please email: searching.foraclinic@virgin.net.

**Clinic rooms to let:** Full and part-time rooms to let at busy multi-disciplinary clinic. Three minutes walk from Leamington town centre, ample parking. Rent includes rates and utilities. For further details, please contact, Gary Huggins on 01926 339817.

**Consulting room available for rent** in busy High Street Pharmacy in Brentwood, Essex. Flexible hours. Excellent rates. Contact Umesh at The New Pharmacy on 01277 216897.

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**Details from Dr A Campbell, 8 Oak Way, London, N14 5NN  
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# CHIEF EXECUTIVE & REGISTRAR

General Osteopathic Council (GOsC)

Six Figure Package

LONDON

The GOsC is the regulatory body of the osteopathic profession. The current Chief Executive & Registrar retires in December 2007 and we are therefore seeking a dynamic leader for this challenging and demanding role. The successful candidate will be pivotal in leading the future regulation of a circa 3,800 strong profession, particularly in light of the recent Department of Health White Paper emphasising patient safety and protection. The drive for continuous development and improvement of professional standards will therefore be of paramount importance. The Chief Executive & Registrar is accountable to the Chair of Council as follows:

### The Role

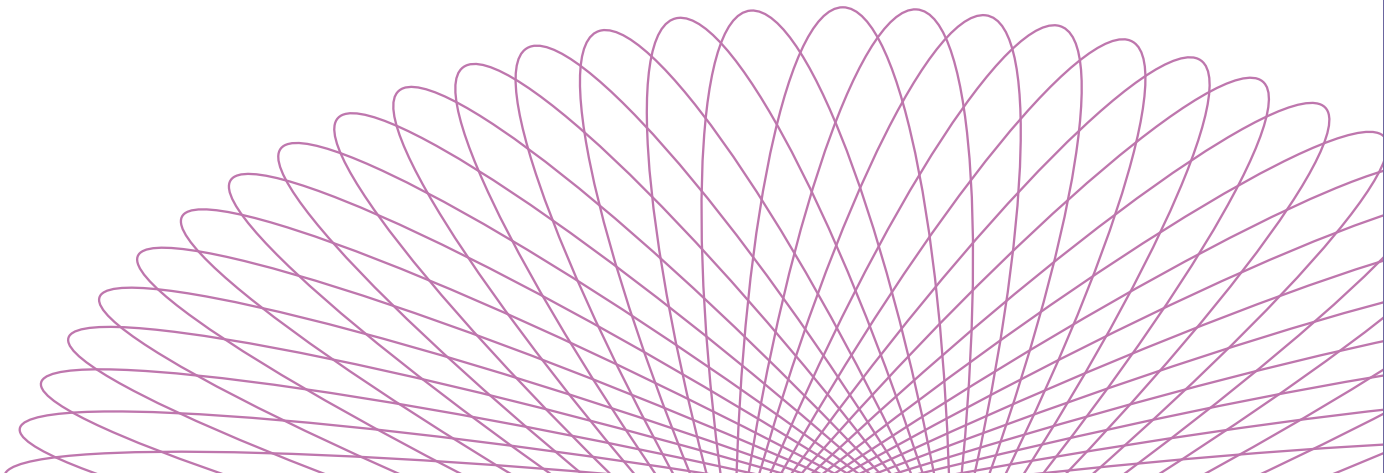
- Provide effective management and leadership of the GOsC to deliver its statutory remit in a cost effective manner.
- Establish and maintain strong working relationships with the Chairman and Board, offering direction and advice on all aspects of the organisation's activities.
- Represent the GOsC through effective relationships with government, professional bodies especially the Council for Healthcare Regulatory Excellence, academic institutions and other relevant organisations.

### The Requirement

- A strong intellect with high-level leadership and change management skills, well able to contribute to the strategic direction set by Council and to subsequently develop policy and business plans. In short a proven track-record of running a complex organisation is essential.
- Excellent interpersonal, presentational, networking and public speaking skills, coupled with personal credibility, integrity and authority, are fundamental.
- Knowledge of professional standards and the workings of government would be an advantage.

The GOsC is committed to equality of opportunity.

Please send a full CV by 18th May 2007 to: Peter Woolley, GBR Search, Audley House, 13 Palace Street, London SW1E 5HX quoting reference U0304 or email [mail@gbresearch.com](mailto:mail@gbresearch.com) Website: [www.gbrsearch.com](http://www.gbrsearch.com)



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### THE FUNCTIONAL FACE

*Module 8*

AN EVENING AND THREE DAY RESIDENTIAL COURSE  
OPTIONAL ONE DAY WORKSHOP

**Course Director:** Cherry Harris MSc (Ost Med) DO MSCC

**Date:** Evening 17-21 October 2007

**Venue:** Dartington Hall, Devon

34hrs CPD Fee: £970 +£220

**Course Aims:** To explore how developmental movements from conception, through the neonatal period, childhood and adulthood lay the foundation for the structure of the face. Together with consideration of how special senses, occlusion and environmental factors might influence this dynamic interplay between structure and function throughout life.

**Course Objectives:** By the end of this course the student should have an understanding of the following:

- 1) Development and relational mechanical and involuntary motion considerations of upper, middle and lower face.
- 2) The development of occlusion and its relationship to the cranial base and whole body mechanics.
- 3) The place of osteopathy in a multidisciplinary treatment approach to malocclusion and TMJ dysfunction syndromes.
- 4) Links between structural, nutritional and dental integrity and the mechanics of the voice.

For further info [www.osteopathicclinic.co.uk/functionalface](http://www.osteopathicclinic.co.uk/functionalface)  
Eligibility: Module 2 and 3 or equivalent

### OSTEOPATHY IN THE CRANIAL FIELD

*Module 2/3*

A SIX DAY NON RESIDENTIAL COURSE

**Course Director:** Peter Cockhill DO (BA hons) MSCC

**Dates:** 14-16 and 21-23 September 2007

**Venue:** Columbia Hotel, London 48hrs CPD Fee: £1380  
SCTF approved

### OSTEOPATHIC EDUCATION

A SIX DAY NON RESIDENTIAL COURSE

Three separate weekends with preparatory work  
and home study between course dates

**Facilitator:** Alison Brown DO MSCC

**Dates:** 26-27 January 2008, 23-24 February 2008,  
29-30 March 2008

**Venue:** The Pierian Centre, Bristol  
48hrs CPD

Sutherland Cranial College Course Office, PO Box 91, NP16 7ZS  
Telephone 01291 689908 / Fax 01291 680056  
Application forms email: [info@scc-osteopathy.co.uk](mailto:info@scc-osteopathy.co.uk)  
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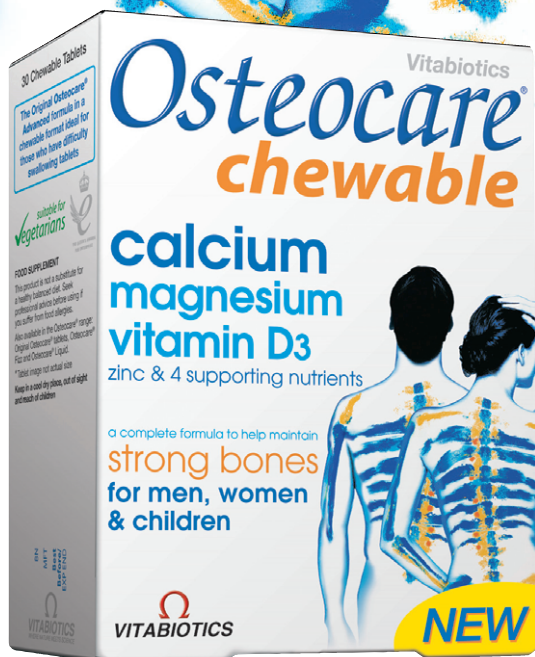
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6-7 October	<b>Cognitive behavioural approach to chronic pain in physical therapies</b>	Heather Muncey Peter Gladwell	£215.00	£125.00
<b>Weekend courses</b>				
20-21 October	<b>Positional release techniques</b>	Leon Chaitow	£225.00	£125.00
6-7 Oct	<b>IOT I: Cervical spine, CD and UEX</b>	Prof. Laurie Hartman	£195.00	£125.00
3-4 Nov	<b>IOT II: Lumbar &amp; thoracic spine and ribs</b>	Prof. Laurie Hartman	£195.00	£125.00
30 June	<b>Healthy Pregnancy</b>	Averille Morgan	£115.00	Pay in full
17-18 Nov	<b>Lymphatic motion</b>	Averille Morgan	£195.00	£125.00
22-23 Sept & 20-21 Oct	<b>Harmonic technique (part I &amp; II)</b>	Prof. Eyal Lederman	£395.00	£250.00
6-7 Oct	<b>How to treat sports injuries: the lower body</b>	Chris Boynes	£195.00	£125.00
19-20 May	<b>Treating the back and neuropathic leg pain</b>	Philip Mouleart	£195.00	£125.00
23-24 June	<b>Osteopathic care of small animals</b>	Lecturer to be announced	£225.00	£150.00
23 June	<b>Practical ergonomics and musculoskeletal health</b>	Damon Peterson	£115.00	Pay in full
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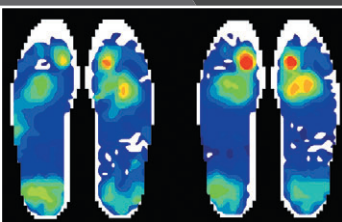


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# Continuing Professional Development



Osteopaths will receive a Professional Development Folder this summer, which brings together necessary information and guidance about osteopathic development. Initially, the folder will contain:

- > Revised Continuing Professional Development Guidelines
- > Standards of Proficiency

More about this in next month's *The Osteopath*.



**The General Osteopathic Council**

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176 Tower Bridge Road  
London  
SE1 3LU

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Fax: 020 7357 0011

Email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk)

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