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the osteopath

International Journal of Osteopathic Medicine enclosed

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Annual Report & Accounts 06–07

In Council, September 07

CAM research funding

Roadside osteopathy

Quality counts

GENERAL OSTEOPATHIC COUNCIL



The Osteopath – readership survey

Thank you to those who have contributed to the readership survey of *The Osteopath*, which was designed to evaluate the new presentation of the magazine.

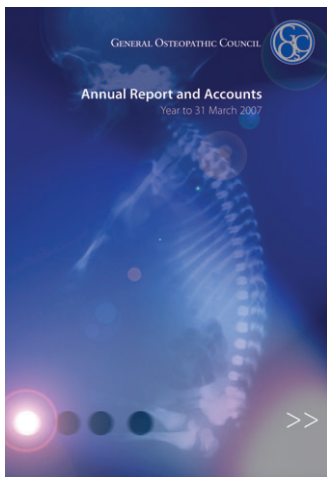


Your feedback will continue to shape the journal's development, ensuring it remains an effective method of communication between the GOSC and the osteopathic profession.

The data is currently being analysed and a full report will feature in the next issue of the magazine.

Thanks again for your considered evaluation.





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the osteopath

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for osteopaths** **0800 917 8031**

**Communications & Osteopathic
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Enquiries about conferences, workshops & events, *The Osteopath*, GOsC websites, Certification Mark, locum list, the media, NHS, leaflet & publication orders (including GP consent forms & off-work certificates), presentation material, Regional Communications Network.

Development **ext 238 / 235 / 240**

Enquiries about Continuing Professional Development, osteopathic education, standards of practice, Assessments of Clinical Competence, Recognised Qualification process, NCOR.

Finance & Administration **ext 227**

Enquiries about registration fees, VAT, payment enquiries.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 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**

Enquiries about the *Code of Practice for Osteopaths*, dealing with patient concerns, ethical guidance & consent forms, fitness to practise, Protection of Title.

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Enquiries about Council Members and meetings, GOsC Committee business.

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Registrar's report

"Please may we have your final report ..." the email said. No prompts this time about the content of the magazine or what to highlight. The written message was clear – over to you this time to say your farewells, oh, and in no more than 900 words! Last month's report was hard enough but this is an impossible task. My decade with you has covered less than 10% of the history of UK osteopathy but who can doubt that it has been one of the most challenging, yet rewarding. How do I encapsulate all of how I feel in a few hundred words?

It's not that I want to hang on forever. I believe that managed change is not only good for an organisation but important; it revitalizes. And the time is now right for that change. I have enjoyed the privilege of sharing the ups and downs of this profession from creation – through to consolidation, and on to the realisation of a quite ambitious vision. I thought I should not rely on my memory (now considerably older!) for this report and looked back for the first issue of *The Osteopath*. I had used a quote:

"If enough people knock their heads against a brick wall, the wall will fall down."

Ashleigh Brilliant

At that time it related to the decades of struggle, by the profession and its supporters, to have achieved Statutory Regulation. Yet reflecting on the past decade, how true this came to be! There has been much head-banging (thousands of rules, the PPP process, the Adjournment Debate, the Foster Review, to name but a few) but the hole in the wall became a large opening that has enabled the profession to progress into the front ranks of UK healthcare.

It is fitting that my final registrar's report in *The Osteopath* coincides with the inclusion of this year's Annual Report & Accounts. These reports bear testament to the struggles and the costs, co-existing with the achievements and pleasures; for it has been a rollercoaster decade for us all. But surely this is preferable to bland indifference and/or benign acceptance? The revolution, along with the

evolution, has helped forge a profession of character, with osteopaths proud and able to be challenged as safe and competent practitioners.

How interesting it is, though, to reflect on the changes to the profession's standing over the past decade. When the GOsC was established, osteopathy was most definitely in the Complementary and Alternative Medicine 'camp'. We saw ourselves then as being the first of the complementary professions to achieve statutory profession-led regulation. Now the GOsC (reflected in the profession) is acknowledged as one of the nine UK healthcare regulators, taking its rightful place alongside the other Statutory Regulated healthcare professions, which includes doctors, dentists, nurses, opticians, pharmacists, and chiropractors and those regulated by the Health Profession Council.

Not least for this reason, we have been giving a lot of publicity to 'Advancing Osteopathy 2008', as this will be a significant landmark occasion for the profession and an opportunity to showcase the many achievements. We hear that the conferences are being targeted as value CPD, and coming in February, as they do, this is providing an ideal excuse to ease up on the CPD until after Christmas! We also understand that groups of osteopaths all over the country are using the social event as an opportunity for a reunion. I am certainly intending to be there to say my farewells.

I still have my copy of the first Register, which is about one quarter inch thick! The sizes of the Registers, 10 years apart, are a very visible indicator of growth. But their weight now has wider connotations than pound and ounces. And whist I am genuinely looking forward to retirement, I am a little disappointed that it has coincided with a time when others opinion of this

profession, and of the Council, has never carried more weight. This is very exciting and full of promise ... but then maybe this is exactly the time to retire. The proposed reforms to healthcare and the translation of that legislation into practice, offers now a natural breakpoint. Of course, with the benefit of hindsight, I would recommend that some things be done differently, but it's easy to be wise after the event.

Together we have learned a lot and achieved much, taken the lows in our stride and made capital out of the highs. If I had known what I was letting myself in for when I accepted the position on 1st April 1997, I ask myself now, would I do it again? Without a doubt, YES! And so I have no qualms in handing over to my successor, Evlynne Gilvarry, a role that, though not without its challenges, is satisfying and fun. I am confident that she will bring new energy and skills to the Council and the profession and find it every bit as stimulating. I wish her, and all of you, happiness and success in all that lies ahead and I will remember my osteopathic 'encounter' with great affection.

Madeleine Craggs
Chief Executive & Registrar



Examining the figures: Annual Report overview

Matthew Redford, Head of Finance & Administration

Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness.
Annual income twenty pounds, annual expenditure twenty pounds nought and six, result misery.
Charles Dickens, *David Copperfield*, 1849

Accompanying the magazine this month is the GOSc Annual Report & Accounts for the period ended 31 March 2007. Council is again pleased to report that it has maintained its secure financial position this year, to ensure that we never suffer the misery described in *David Copperfield*. The following overview highlights some of the report's key areas, which are commonly of particular interest, and attempts to clarify some of the detail in the report.

Income

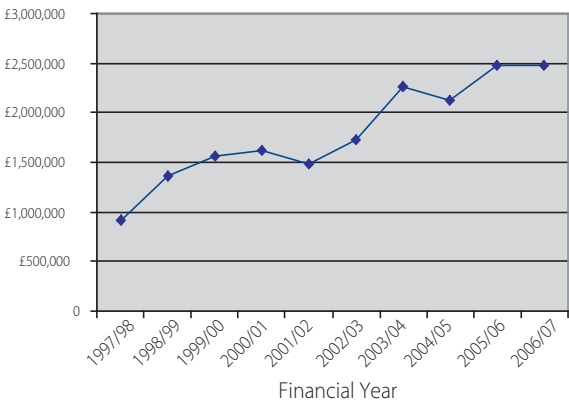
Income totalled £2,722,852, of which £2.5m was from retention fees.
While some of the other healthcare regulators have needed to increase fees, those paid by osteopaths have remained unchanged, since the Council's inception in 1998. This, in fact, represents an annual reduction, as in real terms (accounting for inflation), the annual fee would now be over £850.

Expenditure

Last year, the GOSc spent £2,475,332 on meeting its remit and the Business Plan objectives were, in the majority, successfully achieved. Further detail on expenditure, by department, can be found on pages 16, 21 and 22 of the accounts.
The pie chart below highlights net expenditure by department as some activities generate income.
Over time expenditure patterns have

changed, to reflect the challenges facing Council – such as the recent Government review of healthcare regulation, the introduction of Continuing Professional Development, and the notable growth of the profession – the number of osteopaths has increased by some 40% since the transitional period. These factors, of course, have led to expenditure now being spread across a broader range of areas. Meeting such challenges requires increasing expenditure; the line graph above shows the changing levels of spend per financial year, reflecting years of high activity and consolidation.

Total Expenditure per Financial Year



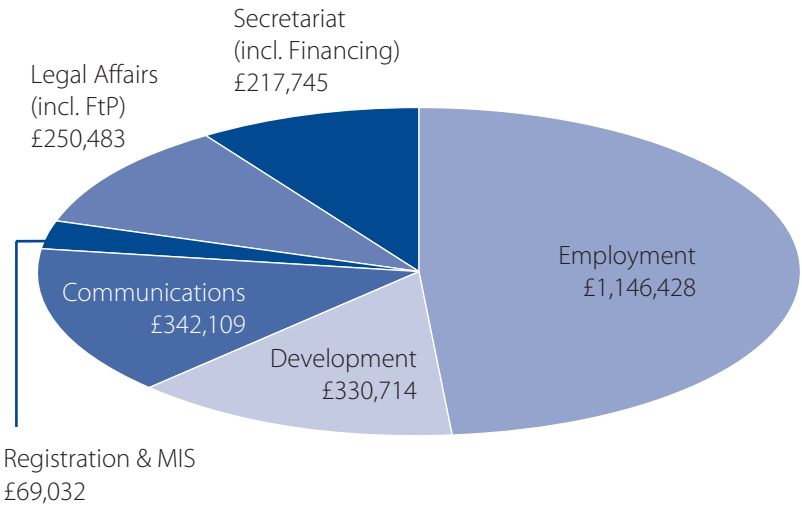
Balance sheet

Total fixed assets stand at £928,102 – the vast majority relating to the GOSc offices at Osteopathy House. Under accountancy regulations, Council is required to depreciate the value of this asset; however, the building's current market value is actually increasing as local regeneration schemes make South East London a vibrant and up-and-coming area. In order to ensure we satisfy accountancy rules, a revaluation of Osteopathy House will be undertaken next year.

Cumulative reserves

One constant within the management of accounts is Council's responsibility to ensure the business has sufficient reserves to meet any unforeseen challenges. Council agreed the level of reserves should continue to be based on six months' average annual expenditure on operational costs, calculated over a three-year period.
Additionally, good financial management has allowed Council to allocate over £500,000 to specific projects, for the benefit of the profession,

Expenditure



GOSc registration fees: frequently asked questions

Matthew Redford, Head of Finance & Administration

How much are my registration fees?

	UK practising	Overseas/ Non-practising
1st year	£375.00	£187.50
2nd year	£500.00	£250.00
Thereafter	£750.00	£375.00

Should I be paying the non-practising fee?

If you registered prior to 9 May 2000, your fee (and registration) year runs from 9 May. If you registered after this date, your fee year runs from the anniversary of your registration.

If you do not practise as an osteopath for more than three continuous months in the registration year – as a result of maternity leave, ill health, sabbatical, etc. – you are entitled to pay the non-practising fee for that registration year.

What if I pay the full fee and then my circumstances change so I don't work for three or more months?

In these circumstances, you qualify for the non-practising rate and are entitled to a refund of the excess amount.

What happens if I work abroad?

If you are abroad for three months or more continuously during your fee period, the overseas fee rate applies. If you have already paid the UK practising fee then you are entitled to a refund.

Why should I pay a fee at all if I am working abroad?

The Osteopaths Act 1993 only applies to osteopaths working in the UK. If you choose to live and work abroad, you do not need to be registered with the GOSc. You can resign from the Register, but this is not advisable if you intend to return to the UK within one year.

What happens if I don't pay my fee on time?

Your registration – licence to practise – lasts for 12 months only. If you do not reapply and pay your fees before your renewal date, your name will be removed from the Register and you will not be able to practise as an osteopath. All relevant parties, including the osteopathic profession,

private medical insurers such as BUPA and AXA PPP, and professional indemnity insurers, will be notified.

Information on Value Added Tax (VAT)

Do I have to pay VAT?

The Value Added Tax (Osteopaths) Order 1998 amended Group 7 of Schedule 9 to the Value Added Tax Act 1994 adding UK osteopaths to the list of medical and health professionals whose services are exempt from VAT.

What this means to you

A business is required by law to register for VAT when its annual turnover of taxable supplies reaches the VAT threshold (currently £64,000). As fees for osteopathic services are exempt from VAT, those services do not count as taxable supplies. Therefore, if your income is wholly, or mostly, derived from your osteopathic services, you should never reach the threshold. If you have income from other sources such as the provision of goods or services that qualify as taxable supplies, you may need to register for VAT. This is compulsory if the threshold is exceeded.

HM Revenue & Customs

The Government's HM Revenue & Customs website features news and information on tax, national insurance and VAT matters in the UK.

The core purpose of HM Revenue & Customs is to "ensure that everyone understands and receives what they are entitled to and understands and pays what they owe, so that everyone contributes to the UK's needs".

For further information about VAT, visit the HM Revenue & Customs website: www.hmrc.gov.uk.

without exposing the business to unnecessary financial risk. Information on these projects can be found on page 24, and they include:

- Adverse Events
- Standardised Data Collection
- 10th anniversary event – 'Advancing Osteopathy 2008'
- White Paper challenges

As at 31 March 2007, the general reserves stood at £1,151,301. This is broadly equal to five months' average annual expenditure, and is slightly below the Council's desired level. However, it is not a matter for concern, as the overall financial position remains healthy.

More details about the balance sheet can be found on pages 17, 23 and 24 of the accounts.

Audit process

Following the convergence of UK and International Accounting Standards, this was the second year that our auditors were required to spend time prior to the audit, testing Council's internal controls. This preliminary work helps to inform the main audit, and provides for a more focused inspection.

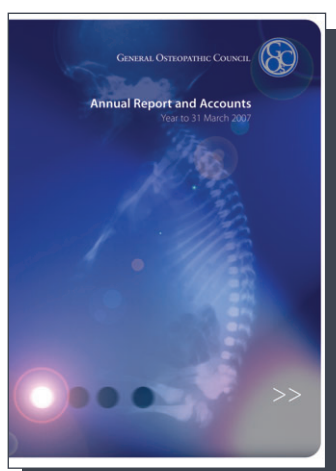
In line with good governance, the Finance & General Purposes Committee considered the financial statements, with the Audit Committee scrutinising the Management Letter from the Auditors. A private meeting between the Auditors and the Audit Committee allowed for discussion of any matters arising; I am pleased to report all went well.

The accounts, as anticipated, passed inspection and represent a "true and fair" view of the Council's state of affairs as at 31 March 2007.

The full Auditors report can be found on page 15 of the Annual Report and Accounts.

Looking ahead

Future challenges from the Government's White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, are unquantifiable; however, with the further establishment of our financial management processes, Council can face these from a position of financial security.



Fitness to Practise update

Investigating Committee

The Investigating Committee (IC) sat on 18 July 2007 and 12 September 2007 to consider six cases and reached the following decisions:

	Case to answer	No case to answer
Unacceptable professional conduct	2	1
Professional incompetence	0	0
Unacceptable professional conduct and/or professional incompetence	0	3
Relevant convictions	0	0
Health	0	0
Total	2	4

Professional Conduct Committee

The Professional Conduct Committee (PCC) sat on 3 July 2007 and decided that it was necessary, in order to protect members of the public, to suspend the registration of Mr John Perrott (Registration no: 6\5377\F) and Dr Mitchell Flores (Registration no: 7\5405\F) on an interim basis.

The PCC sat on 30 July 2007 and decided it necessary, in order to protect members of the public, to suspend the registration of Mr Moishe Lewis (Registration no: 3\765\F) on an interim basis.

On 6 September 2007, the PCC considered the case of Mr Steven Jones (Registration no: 4\1678\F), who had

been convicted of a criminal offence in February 2007. The PCC found that the offence was pertinent to his fitness to practise as an osteopath and, therefore, decided to remove Mr Jones from the Register.

The PCC sat also on 7 September 2007 and found Mr Moishe Lewis guilty of unacceptable professional conduct on the basis that he had failed to maintain adequate professional indemnity insurance, yet continued to treat patients. As a result, the PCC has suspended Mr Lewis's registration as an osteopath for three months.

Further details of these cases can be found on the GOsC registrants' website – the o zone – www.osteopathy.org.uk.

Statutory Register of Osteopaths 2008 – anniversary edition

2008 marks 10 years since the osteopathic profession was united under an Act of Parliament (*The Osteopaths Act 1993*) which, of course, also means the publication of the 10th edition of the UK *Statutory Register of Osteopaths*.



To commemorate this milestone, a 10th anniversary edition of the Register will be published by the GOsC. As the profession continues to grow, almost 4,000 osteopaths will be included in the 2008 Register, also making it the largest edition to date.

You should by now have received a proof of your entry for the 2008 Register.

Confirmation of details,

or any necessary corrections, must be returned to the GOsC Registration Department by **Friday 23 November**; your details can also now – conveniently – be updated online through the **o zone** website. All changes must be made before the **November** deadline in order to be included in the anniversary edition of the Register.

For further information, contact the Registration Department on ext 256 or email: registration@osteopathy.org.uk.



In Council – September 2007

Jane Quinnell, Clerk to Council

The 55th meeting of the General Osteopathic Council took place on Tuesday 18 September 2007 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted include:

Chairman's Report

Presidents/Chairmen of Healthcare Regulatory Bodies' dinner, 19 June 2007
The Presidents and Chairmen invited Anne Watts, Chairman of the Appointments Commission, to their June dinner. There was a discussion of matters relating to the first Section 60 Order of the Government's White Paper on healthcare regulation, specifically the appointment of Council Members, job specifications and rotation of appointments.

Registration certificates

For enhanced public protection, the Finance & General Purposes Committee agreed that all new graduates of osteopathy will now receive only the annual registration certificate, which includes an expiry date, as opposed to the original A3 certificates with no expiry date. Certificates without an expiry date could potentially lead to public protection problems should the certificates not be returned to the GOSC after registration has ceased.

Council Strategy Day – 17 September 2007

Council agreed to receive position papers on the matters discussed and to dedicate a time-limited session at the December Council meeting to explore the more immediate issues related to the reforms to healthcare regulation. A full report on this year's Strategy Day featured in the last issue of *The Osteopath* (October 2007, p7).

Financial Matters

Annual Report and Accounts 06–07

The audited Report and Accounts for the period from 1 April 2006 to 31 March 2007, including the accompanying notes and Management letter from Buzzacott (Auditors), was approved by Council. (See the full *Annual Report and Accounts, Year to 31 March 2007* enclosed with this issue.)

Management Accounts

The Management Accounts for the four months to 31 July 2007 were received by Council.

Business Plan 2007–08: Exception Report

The Exception Report and additional work beyond that detailed in the Business Plan was noted.

GOSC Risk Register

Council noted the top level Risk Register, which is constantly reviewed by the Senior Management Team, and which has been considered by both the Education and Communications Committees at their last meetings. The Audit Committee also reviewed the revised Register.

Capital Works to Osteopathy House

Following proposals to consider housing an osteopathic archive at Osteopathy House, an initial feasibility study has been carried out. This included considerations for compliance with disability access requirements, which would include installation of a lift. Nazar Sayigh of Glas Architects presented plans which incorporated the addition of a lift, maximising space, and refurbishment to the ground floor, plus the addition of a floor over the stairwell for the archive. A market appraisal showing the value of Osteopathy House is awaited. Members' observations on the plans were noted and it was agreed the feasibility study will be taken to the next stage, closely monitored by the Finance & General Purposes Committee.

National Council for Osteopathic Research (NCOR) – Standardised Data Collection project

Council received NCOR's report on the first phase (0–6 months) of the project and agreed the release of funds for the second phase (7–9 months).

Workforce planning (job opportunities for new osteopathic graduates)

Members agreed that this was not a matter directly under the remit of Council, but that they should remain aware of the situation so as to monitor its potential impact on practice. The concerns expressed would also be brought to the attention of the Osteopathic Educational Institutions and the British Osteopathic Association.

Council/Co-opted Members' remuneration

Finance & General Purposes Committee's recommendation of one fee per meeting was adopted. However, it will remain up to individual Members to claim less for shorter meetings where appropriate. Consultancy fees were increased from £30 to £35 per hour.

Council for Healthcare Regulatory Excellence

Minutes and papers for CHRE Council meetings can be found on www.chre.org.uk or via the GOSC public website (www.osteopathy.org.uk/links) link to CHRE.

Council and Committee meeting dates for 2008–09

Council was reminded that the implementation of the First Section 60 Order (which could affect the constitution of Council) could result in changes to the agreed meeting dates.

Public meetings for Council and Education Committee for the period are:

Council	Education Committee
10 June 2008	8 May 2008
16 September 2008	15 July 2008
4 December 2008	23 September 2008
10 March 2009	20 November 2008
	10 February 2009

Committees and Senior Management Team

Update reports were received on the work of the Committees that have met since the previous Council meeting in June 2007 and from the Senior Management Team.

Minutes

The full minutes from this Council meeting will be posted on the GOSC public and registrants' websites (www.osteopathy.org.uk) following approval at the next Council meeting.

Future Council meetings

- > 4 December 2007
- > 12 March 2008

Meetings will commence at 10.00am at Osteopathy House. The agenda for the public session will be available on the GOSC public website, or from Jane Quinnell, approximately seven to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

Contact Jane Quinnell on
tel: 01580 720 213,
email: janeq@osteopathy.org.uk for further information, or if you would like to attend the next Council meeting.

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
- Finance Department

Abbreviations

- AURE – Alliance of UK Health Regulators on Europe
- BOA – British Osteopathic Association
- BSO – British School of Osteopathy
- CE – Chief Executive
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- FORE – Forum for Osteopathic Regulation in Europe
- GMC – General Medical Council
- HEA – Higher Education Academy
- NCOR – National Council for Osteopathic Research
- NHS – National Health Service
- NMC – Nursing & Midwifery Council
- OEI – Osteopathic Educational Institution
- PPI – Patient & Public Involvement
- QAA – Quality Assurance Agency for Higher Education

October

1 Monday

- NCOR Stakeholder meeting, Osteopathy House

3 Wednesday

- Joint regulators – UK Vetting & Barring Schemes meeting
- GOSC Chairman & Chairman-elect – Appointments Commission meeting, Osteopathy House

4 Thursday

- GOSC – CHRE: Education Performance Review

8 Monday

- Joint regulators: PPI leaflet sub-group meeting

9 Tuesday

- Equality & Diversity Forum for Healthcare Regulators, NMC, London
- Inter-regulatory Education group meeting, GMC, London
- 'Advancing Osteopathy 2008': event update meeting

11 Thursday

- NCOR Research Grants Governance Committee meeting, Osteopathy House

15 Monday & 16 Tuesday

- GOSC Professional Conduct Committee hearing

18 Thursday

- GOSC – Martin Collins & John O'Brien: National Osteopathic Archive meeting

19 Friday

- GOSC Chair and CE&R monthly update

22 Monday

- King's Fund Complementary Practice Research Conference, King's Fund London

23 Tuesday

- King's Fund Complementary Practice Research Conference, King's Fund London
- CE's Steering Group meeting

24 Wednesday

- GOSC Communications Committee meeting
- GOSC – AURE: update meeting on developments in Europe GMC

25 Thursday

- GOSC Senior Management Team: monthly meeting

29 Monday

- GOSC – BOA – Thomson Directory meeting, Osteopathy House

30 Tuesday

- GOSC – John Bowis MEP
- Joint regulators: PPI monthly meeting, NMC
- BSO Inaugural Professional Lecture & Reception, Professor Stephen Tyreman

31 Wednesday

- GOSC Remuneration Committee meeting
- GOSC Finance & General Purposes Committee meeting
- Welsh Assembly Government: Chronic Non-Malignant Pain consultation deadline
- HEA meeting: accreditation of education in practice, King's College London

November

1 Thursday

- GOSC – CHRE: Non-medical Revalidation Working Group meeting
- Assessments for Non-UK Qualified osteopaths

2 Friday

- GOSC – Regional Communications Network meeting

7 Wednesday

- BSO Graduation & Conferment ceremony, Queen Elizabeth Hall, London

8 Thursday & 9 Friday

- GOSC Professional Conduct Committee hearing

10 Saturday & 11 Sunday

- GOSC – FORE annual meeting, Estoril, Portugal

13 Tuesday

- GOSC – OEIs meeting

14 Wednesday

- GOSC Practice & Ethics Committee meeting
- GOSC Investigating Committee meeting

22 Thursday

- Education Committee meeting
- NHS Alliance annual conference & exhibition, Manchester

23 Friday

- NHS Alliance annual conference & exhibition, Manchester

Be part of the advance!

Advancing Osteopathy 2008

Celebrating UK recognition & progress

Friday 1 February – Sunday 3 February 2008
Central London



Advancing Osteopathy 2008 is a unique opportunity for UK osteopaths to unite under one roof – for one memorable occasion – to celebrate and showcase the progress of osteopathy and to shape the future of practice, training and research.

Be part of this exceptional national osteopathic forum – share and compare international perspectives, and determine what is important for the future of your practice.



Quality CPD – three full-day international conferences, embracing the diversity of osteopathic practice:



> **Osteopathy – art and science:** Celebrating evidence-informed osteopathy in practice
Friday 1 February 2008,
9am – 5.15pm
Hosted by the National Council for Osteopathic Research



> **Osteopathy – good health in good hands**
Saturday 2 February 2008,
9.30am – 5.15pm
Hosted by the General Osteopathic Council

> **Osteopathic learning & practice – building a global future**
Sunday 3 February 2008,
9am – 5.15pm

Hosted by The British School of Osteopathy and the Osteopathic International Alliance

Visit the Event website on www.osteopathy08.co.uk for current programme details and to book for one or more of these CPD programmes.



Advancing Osteopathy 2008 also offers:

- > **Posters:** View the extensive display of scientific and educational poster presentations, highlighting osteopathic development. Submissions have been received from osteopathic practitioners around the world.
- > **Trade exhibition:** Meet with a range of industry partners and assess some of the latest products available to your practice.
- > **Networking:** Share and compare news and views with colleagues from across the UK and around the globe.
- > **Meet the experts:** National and international speakers from osteopathy and allopathic medicine to lead conference panels and discussions.
- > **Lively exchanges:** Keynote lectures, panel debates, symposia, platform presentations and open forums, exploring best practice.

Gala Dinner-Dance – Osteopaths Reunited!

Saturday 2 February 2008,
Royal Lancaster Hotel,
Lancaster Gate,
Hyde Park – from 7.30pm.

'Osteopaths **Reunited**' – the social element central to Advancing Osteopathy 2008 – promises to bring together not only osteopaths currently in practice in the UK and abroad, but also those who have retired, their partners and the many whose teaching, research and support has underpinned the profession's development over the decades.

Book a table with friends and colleagues – or Vista Conferences can help you link up with those you've not seen for years.

You do not need to be a registered conference delegate or practising osteopath to book a place at the Gala Dinner-Dance.

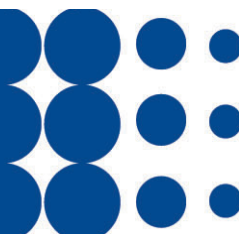
- > **Venue:** The prestigious Queen Elizabeth II Conference Centre (QEII CC) will host all three conferences. Ideally located in Westminster – in the heart of London – this leading purpose-built conference facility has convenient transport links for osteopaths and speakers, from the UK and abroad.

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King's Fund debate CAM research

The osteopathic profession contributed to a crucial debate on the future funding of complementary healthcare in the UK at a conference co-hosted by the King's Fund and The Prince's Foundation for Integrated Health (FIH) in London on 22–23 October.

'Assessing Complementary Practice: building consensus on appropriate research methods' brought together representatives and experts



from across the various disciplines – including commissioners, practitioners and consumers – in the hope of building consensus on the most effective method for establishing a robust evidence base, thereby widening access to complementary healthcare in the UK.

GOSc Chairman-elect, Professor Adrian Eddleston (left), was invited to sit on the conference advisory group, which comprised representatives of funding organisations,

researchers and academics. The group undertook to assist the independent chair, Professor Dame Carol Black, evaluate the evidence presented by the speakers and examine potential areas of consensus.



Osteopath Dr Janine Leach (below left), Senior Research Fellow for Osteopathy, National Council for Osteopathic Research, joined the panel of experts presenting the case for further funding of UK osteopathic practice. Addressing the panel alongside Dr Leach was: Dr Alan Breen, Editorial Board Professor, Anglo-European College of Chiropractic;

Professor Edzard Ernst, Chair in Complementary Medicine, Exeter University; Professor Ann Moore, Director of the Clinical Research Centre for Health Professions, University of Brighton; and Sir Michael Rawlins, Chair, NICE.

Sessions covered:

- > Setting the context: understanding the needs of key stakeholders
- > Setting the context: understanding the needs of key funders
- > What evidence counts: matching evidence needs with research methods
- > What evidence counts: the unique interaction between patient and practitioner
- > What evidence counts: treating musculoskeletal conditions

Patients are increasingly turning to complementary professionals with their health concerns and an estimated 75% of the British public would like to see complementary therapies available on the NHS (FiH survey, 2006). The reality is that NHS services are limited and disparate, and do not match the demand.

While it is agreed that greater evidence illustrating the safety and efficacy is required to support complementary healthcare, what has not yet been established is a strategy for funding that will deliver the most useful and relevant evidence.

A statement outlining those areas where a consensus appears to be emerging, and areas where some agreement about the type of research is needed, is to shortly be published by the chair and hosts.

A full report on the event will be published in a future issue of *The Osteopath*.

Exercise at the core of osteoarthritis therapy



People with osteoarthritis (OA) should be prescribed exercise as the core component of their therapy, according to draft guidelines issued by the National Institute for Health and Clinical Excellence (NICE).

Under the new guidance, GPs are to agree with patients individualised self-management strategies that encourage muscle strengthening exercises and aerobic fitness. The package is also to be complemented by weight-loss advice.

For the estimated 4.4 million people in the UK who are known to have moderate to severe OA of the hands, and for the 550,000 who have moderate to severe OA of the knees, the guidance recommends treatment with topical non-steroidal anti-inflammatories (NSAIDs).

Arthritis Care has hailed the new guidance as "ground-breaking" and says that it has always advocated exercise as a key component in managing arthritis.

Jane Spence, Arthritis Care spokesperson, commented: "For too long many GPs have given people with OA the message that nothing can be done to help their condition. Our helplines receive some 5,000 calls per year from people who have had months, often years, of chronic pain, and yet many say they have never been referred to a physical therapist, or even been told about the benefits of exercise.

"In time, we hope this guidance will lead to arthritis being included in the GPs' quality and outcomes framework, and to an increase in hydrotherapy and physical therapy provision."

The incidence of OA has been steadily increasing in line with the ageing population,

and the alarming increase in obesity – a major risk factor for OA in the knee – is expected to further exacerbate the problem.

Every year more than two million patients present to their GP with symptoms attributed to OA and more than 50% of sufferers cite pain as the most debilitating side effect of the condition.

NICE

"The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- > public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- > health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- > clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS."

A national clinical guideline for the treatment of low back pain is currently being developed by NICE, with osteopath Steven Vogel elected to represent the osteopathic profession in the Guideline Development Group. A consultation of the draft guideline is scheduled for August–October 2008. Further updates will be reported in due course.

Strenuous exercise may increase risk of miscarriage

Intensive exercise during the first phase of pregnancy increases the risk of miscarriage, according to a recent study published in *The International Journal of Obstetrics and Gynaecology*.

The research, which analysed interviews with 92,671 pregnant women in Denmark, suggests women who take part in strenuous exercise during the first trimester are three-and-a-half times more likely to miscarry than women who do not exercise at all.

Exercising for more than seven hours per week and high impact sports, such as jogging, ball games and racket sports, were found to pose the highest risk.

After the 18th week of pregnancy, the risk was found to drop off almost entirely. Swimming – during any phase of pregnancy – showed no increased danger of miscarriage.

While the findings should not discourage women from taking mild to moderate exercise, the authors have suggested a review of current exercise guidelines for pregnant women.



1 www.nice.org/aboutNICE. Accessed 15 October 2007

Obesity: the emerging British epidemic

A volley of media reports have, in recent months, highlighted the rising incidence of obesity in Britain – but statistics released last month by the Government paint a much more alarming picture.

More than 50% of the British population will be obese by 2050 if weight gain continues at the current rate, according to a report by Government think-tank Foresight.

It warns that the country is facing a major public health epidemic, predicting that within just forty years, 60% of men, 50% of women and a quarter of children in the UK will be clinically obese. Only 10-15% of the population are expected to have a healthy weight in relation to height.

Obesity, and the associated chronic health conditions such as heart disease and diabetes, at this level of impact would cost British society some £45 million per year – crippling the NHS.

The scientists, who have based their findings on research from 250 experts over a period of two years, concluded that human biology has not adapted to match life in the 21st century – sedentary lifestyles, motorised transport, labour-saving technologies and cheap, high-energy food. They state that excess weight gain has become the norm and have described Britain as an “obesogenic” society.

Current anti-obesity strategies are failing and it is feared that it will take more than 30 years to reverse the crisis, even with effective measures in place. A raft of long-term strategies, spanning every level of society, need to be developed and put in place immediately if the predictions are to be contained, according to the report.

Proposals outlined in the study:

- > earlier action when young children start gaining too much weight;
- > targeting people who are at increased risk;
- > controlling high-calorie foods;
- > changing the design of towns to make them more physically demanding; and
- > increasing employer responsibility.

Government has responded rapidly to the findings of the study by calling for an inquiry into the food industry's role in the crisis.

Ministers are considering a ban on trans fats, which have been shown to raise the risk of heart disease and are thought to be directly linked to diabetes and obesity.

Researchers have long been warning of the negative impact on the body of trans fats, which act as long-term toxins and have no known nutritional benefit. However, as they cost up to 85% less than their natural counterparts, trans fats continue to be used

widely by the food industry. The inquiry, which will be led by the industry regulator the Food Standards Authority, will also consider further action on food advertising.

Government has acknowledged that it is not on track to reduce by half the number of children with obesity by 2010 and have, in fact, pushed the date back by a decade. The target for children's participation in physical education has, however, been met a year early, with 86% of school children participating in at least two hours of exercise each week, according to a recent survey.

The drive now is to achieve a minimum of five hours of sport each week for every child and to encourage greater participation in sport and exercise after leaving school.

GPs are also now prescribing exercise for those at risk of chronic health conditions as part of a new pilot scheme led by the Department of Health, Natural England – the new government conservation watchdog – and NHS London.

Currently eight GP surgeries across London are taking part in the year-long trial, which measures a patient's physical activity levels and then offers them a tailored exercise package including a personal exercise plan, information on local activities, maps of nearest parks/open spaces, and dietary advice.

The Department of Health believes that many people suffering from obesity or early stages of conditions such as heart disease and diabetes, could benefit more from exercise than drugs. Data is being collected from the pilot to determine how the measures improve fitness. In order for these types of prescriptions to be adopted nationwide, findings from the trial will have to be submitted to the National Institute for Health and Clinical Excellence for formal approval.

Foresight is a Government think-tank which examines future trends to inform national policy and strategy. Their report – *Tackling Obesity: Future Choices* – is available to download from www.foresight.gov.uk/Obesity/Obesity_final/Index.html.





www.ncor.org.uk



Hub meetings

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer on tel: 01273 643 457 or email: c.a.fawkes@brighton.ac.uk.

> BRISTOL

Thursday 29 November, 7-9pm

Small project work

The Bristol group is undertaking an audit of case records from the past 20 years to look at how the incidence of cervical spine symptoms compared to low back symptoms has changed as work demands and computer use have changed during this period. An additional meeting has been arranged for Thursday 28 February 2008.

> EXETER

Saturday 3 November, 10am to 12 noon

Developing a patient information sheet for clinical practice through a consensus process

This group is planning to develop a patient information sheet that tells patients what to expect

when they visit an osteopath and gives information concerning responses that can occur after treatment.

An additional meeting has been arranged for Saturday 16 February 2008.

> HAYWARDS HEATH

Sunday 25 November, 10am to 12 noon

Developing a case series looking at osteopathic treatment during pregnancy

Following publicity about osteopaths treating patients during pregnancy, this group is investigating safe and effective osteopathic management of patients during pregnancy. It has developed a data collection template and is working on a case series to be submitted for publication next year.

Literature review of contraindications to osteopathic treatment

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

> LEEDS

Tuesday 15 January, 7-9pm

Developing a patient satisfaction questionnaire for osteopathic practice

The implementation of clinical governance has made patient satisfaction a fundamental consideration for healthcare practitioners. Many private health insurers now request evidence of practices' clinical governance arrangements. The Leeds group is looking at patient satisfaction questionnaires developed by other healthcare practitioners and will then draft a patient satisfaction questionnaire for osteopathy.

> LONDON

Wednesday 7 November, 7-9pm

Discussion of small project work: descriptive study looking at the role of osteopaths

An additional meeting has been arranged for Wednesday 12 December, 2007.

> OXFORD

Wednesday 21 November, 7-9pm

Demonstration of research laboratory equipment at Oxford Brookes University

Small group work: developing an audit tool to assess changes in treatment approaches to the cervical spine

The group is investigating whether changes have occurred in the number of cervical HVTs carried out by osteopaths since the introduction of Clause 20 of the GOSc Code of Practice for osteopaths.

Conference calendar

> 11-13 December 2007

14th Annual Symposium on Complementary Health Care, University of Exeter

The programme includes a paediatric CAM research day on 11 December, chaired by Sunita Vohra, University of Edmonton, Canada and a CAM practitioners' research workshop chaired by John Dent, Complementary Therapists Association, UK. Further details available at: www.pms.ac.uk/compmed/symposium.

> 1 February 2008

NCOR Research Conference, 'Osteopathy: Art and Science'

This will be held at the Queen Elizabeth II Conference Centre, London as part of the three-day national osteopathic event – 'Advancing Osteopathy 2008'. Further details about the research conference and poster presentations can be found on the NCOR website: www.ncor.org.uk or on the dedicated event website: www.osteopathy08.co.uk.

> 10 May 2008

4th International Conference on Evidence-Based Medicine

This will be held at Imperial College London. Further information will shortly be available via www.heseminars.com.

> 5-7 September 2008

7th International Conference on Advances in Osteopathic Research (ICAOR)

This event will be held in Florida. Further information will be available on the British College of Osteopathic Medicine's website (www.bcom.ac.uk) in due course.

Research news in brief

Medical research

An increase in clinical research funding has been announced by the Medical Research Council (MRC). The government-funded MRC budget will increase by 28.5%, from £543.4 million in 2007/08 to £707 million in 2010/11, in order to facilitate turning basic scientific discoveries into new treatments.

Effect of antioxidants on age-related macular degeneration

The researchers in this study searched seven different databases; nine prospective cohort trials were identified including a total of 149,203 participants. Different antioxidants were investigated across the nine identified studies. Pooling of the results from these studies indicated that vitamins A, C, E, zinc, lutein, zeaxanthin, α carotene, β carotene, β cryptoxanthin, and lycopene have little or no effect when targeted at the prevention of early age-related macular degeneration.

Chong E W-T, Wong TY, Kreis AJ et al. Dietary oxidants and primary prevention of age-related macular degeneration: a systematic review and meta-analysis. *British Medical Journal*, 2007 (8 October; Epub ahead of publication.) doi:10.1136/bmj.39350.500428.47.

Appendix linked to immune system

The human appendix has been considered by anatomists as a remnant of evolutionary development. It has been suggested that it serves no useful purpose for humans, but causes great distress when it becomes inflamed. The researchers in this study suggest that, as with primate anatomy, the appendix may have some immune function based on its association with lymphatic tissue.

The appendix has been proposed as a 'safe house' for commensal bacteria, providing support for bacterial growth, particularly when the colon has faced an assault by a pathogenic entity resulting in severe purging. The suggestions are based on new information concerning the formation of immune-mediated biofilms and the distribution of the biofilms.

Bollinger RR, Barbas AS, Bush EL et al. Biofilms of the large bowel suggest an apparent function of the vermiform appendix. *Journal of Theoretical Biology*. 2007. (Epub ahead of publication.) doi: 10.1016/j.jtbi.2007.08.032.

Preventing back pain amongst nurses: a systematic review

A variety of interventions and strategies exist to prevent back injuries in nurses. In an attempt to evaluate current interventions, the researchers searched 10 databases and identified eight randomised controlled trials and eight non-randomised controlled trials that met pre-defined eligibility criteria. No strong evidence was identified concerning the efficacy of any standard interventions to prevent back pain and injury among nurses, but moderate evidence was found to support multi-dimensional interventions.

Manual handling training in isolation was found not to be effective. Moderate evidence was identified that showed stress management programmes do not prevent back injury among nurses; limited evidence showed that lumbar supports are effective in preventing back injuries in nurses. Conflicting evidence exists in relation to the efficacy of the use of exercise intervention and the provision of manual handling equipment.

Dawson AP, McLennan SN, Schiller SD et al. Interventions to prevent back pain in nurses: a systematic review. *Occupational and Environmental Medicine*. 2007;64:642-650.

Investigation of gastrointestinal bleed associated with Prozac use

Researchers at the University of East Anglia carried out a meta-analysis looking at the interaction between selective serotonin reuptake inhibitors (SSRIs) and non-steroidal anti-inflammatories (NSAIDs) when used concurrently. Upper gastrointestinal haemorrhage (UGIH) has been associated with the use of SSRIs, but the characteristics and strength of this association are unknown.

Database searches were carried out using PubMed, Science Citation Index and trial registries for data on SSRIs, NSAIDs and UGIH. Spontaneous case reports from pharmacovigilance databases were also examined.

Analysis of the data showed that patients had commonly been taking SSRIs for 25 weeks when UGIH occurred, and approximately 67% of the patients involved were



also concurrently taking NSAIDs. These findings provide valuable clinical information for practitioners.

Loke YK, Trivedi A, Singh S. Meta-analysis: Gastrointestinal bleeding due to interaction between selective serotonin reuptake inhibitors and non-steroidal anti-inflammatory drugs. *Alimentary Pharmacology and Therapeutics*, DOI:10.1111/j.1365-2036.2007.03541.x. Source: www.blackwell-synergy.com.

Link between mobile phone use and tumours

Concern has been expressed for a number of years about the risk of brain tumours associated with the use of mobile phones. To undertake this study, the researchers examined two cohort studies and 16 case control studies, where mobile phone use had occurred for a total of 10 or

more years. One of the cohort studies was found to have methodological shortcomings and was of limited value. A total of 11 of the original 16 case control studies gave results for mobile phone use of 10 years or more.

The onset of acoustic neuroma was identified in four studies, which looked at mobile phone use up to 10 years; six studies gave results for malignant brain tumours where mobile phones were used in excess of 10 years. No information was documented concerning length of use of mobile phone per telephone call. The studies presented consistent patterns of increased risk of acoustic neuroma and glioma when phone use had been in excess of 10 years; tumours were found on the side of consistent use of the phone.

Hardell L, Carlberg M, Söderqvist F et al. Long term use of cellular phones and brain tumours: increased risk associated with use \geq for 10 years. *Occupational and Environmental Medicine*. 2007;64:626-632.



What's in the latest *IJOM*

As editors, it is always pleasing to publish osteopathic research submissions, but it is especially pleasing when we have the opportunity to publish something new; an original investigation into a topic that has not previously been published. In recent years, 'harmonic techniques' have been developed and popularised through the publishing and lecturing work of Eyal Lederman, who first published an instructional text in 2000. Like most manual therapy techniques, 'harmonic techniques' have been developed largely through careful observation informed through well-honed knowledge of structure and function. For the first time, 'harmonic techniques' are being investigated and documented in the peer-reviewed literature.

In a report by Waugh and colleagues, we get a taste of an initial investigation into this approach in the form of an observational study of motion induced in the lumbar-pelvic complex. The results are hardly practice changing, but that wasn't the aim. The 'big picture' view is that here is an example of simple, low-cost research that may be used to provide a foundation for further work in the area. There is much more interesting work to be undertaken in this area in future. The publication of this paper is also exciting because it completes – in part – the loop between conception of an idea, development and integration in clinical practice, developing and articulating more formalised theories, communication of the ideas, and now formal research into the concept which, in turn, will uncover other ideas for development in clinical practice.

Also in this issue, Hamilton and colleagues report on an investigation into the immediate effects of high-velocity, low amplitude (HVLA) manipulation and muscle energy technique (MET) on suboccipital tenderness in asymptomatic subjects. Not surprisingly, there is an effect. Both HVLA and MET induce short-term increases in pressure

pain thresholds compared to a control group. Clearly this indicates that these techniques have a temporary effect on pain processing – even in those without pain. The obvious next step is to replicate the study in a sample of symptomatic patients.

Staying with the theme of the effects of osteopathic treatment, we have a fascinating article by Nefyn Williams in relation to the potential to optimise the psychological benefits of osteopathy. We are particularly pleased to publish this work, as it broadens our thinking about osteopathic healthcare from the focus on the soma to one of the whole person. So often the effects of osteopathic manipulative treatment are described in terms of palpable changes in body tissues, or in terms of pain reduction or increased physical function; yet when we treat a person, we are treating the whole person, and not just a restricted joint, weak muscle, suboptimal rhythm, strained ligament, movement impairment or postural alignment. Williams is not pontificating in his article, but is drawing from experimental data obtained from the systematic review of psychological outcomes in randomised controlled trials of spinal manipulation.

While the preceding three papers provide evidence of the continual maturation of the profession, we are still behind in some respects. More specifically, in the development of clinical guidelines for osteopathic practice; we don't have any yet. We can therefore learn a lot about the preparation of clinical guidelines from those who have experience in the area. Mercer and colleagues are thanked for providing an article on the development of UK clinical guidelines for the physiotherapy management of whiplash-associated disorders. In order to provide the context in which we have published this paper, our UK-based editor Janine Leach has contributed a thoughtful editorial comment to accompany the article – well worth a read.

One of the less enjoyable aspects of an editor's role is rejecting submissions before peer review because the manuscript is poorly written or poorly organised. Developing writing skills for publication is definitely something that takes practice, and experienced author Brenda Mullinger has provided an excellent primer for would-be writers to better inform their writing and organisation of manuscripts. As editors, we're very pleased to be able to publish this piece and recommend anyone considering submitting to *IJOM* (or any other journal) to take time to read and digest it. The paper also includes some very helpful further reading suggestions.

Lastly, we include two Letters to the Editor on the topic of 'the flawed cranial model'. Each letter presents a different point of view, and it is important that we continue to have an open and informed debate about these issues. As editors, we don't choose the topics about which people write to us, and the two letters in this edition could equally be about other aspects of osteopathy, and not the cranial model. Nevertheless, osteopathy in the cranial field continues to provoke a wide spectrum of views and opinions within the profession and its deconstruction and reconstruction is appropriate in the forum the journal provides.

We are very pleased to introduce this double issue of the journal to you, which you will find enclosed within this issue of *The Osteopath*, and encourage you to take the time to read a few papers.

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Roadside osteopathy

Marjolaine Dey BSc (Hons) Ost, Paris

After a year spent practising osteopathy in several clinics in and around Paris, I was beset by itchy feet. Fortuitously, I met a French professional cyclist who was looking for a coach and manual therapist to help him prepare for, and participate in, a

rather extraordinary event: the 2007 Race Across America. This annual cycling race stretches from the west to the east coast of the United States – some 3,043 miles – with riders sprinting across 15 state lines as quickly as possible without any stages or compulsory stops. In the race, dubbed the 'The World's Toughest Bicycle Race,' riders push their bodies to the limit and must adeptly manage pain while balancing sleep and nutritional needs.

To prepare, my rider and I embarked on a series of 24 to 48-hour training sessions, where he would cycle continuously, stopping only for 'calls of nature' and osteopathic

treatment. His main aim was to complete the race in less than 12 days, which would allow him only a few hours off the bike for sleep and treatment in each 24-hour period.

My long-term aim was to increase the efficiency of his pedalling, so as to positively influence his average speed and endurance, as well as aid his recuperation. During the race, the main objective was to make him as comfortable as possible on the bike. The repetitive movements caused strains, muscle soreness, and all-over somatic dysfunctions. Treatments were carried out wherever possible; mostly in car parks while refuelling the car or in the motorhome when the weather did not permit.

He completed the course in 11 days and 16 hours, arriving in tenth place and as the first Frenchman to cross the finish line. His body recovered in under a week, as he regained normal muscle tone and full range of motion in all his joints rapidly, but he did suffer from insomnia and anorexia for several weeks. In fact, it took a few months for his sleeping and eating patterns to return to normal.

A couple of months after this race, I was invited to work with a two-person team competing in Le Tour Ultime – an extreme version of Le Tour de France. Following a similar itinerary to Race Across America, the riders must complete the

4,183 kilometre course, minus the stages, in the fastest time possible. After a week of relentless treatment and much training, the duo arrived in first place in the men's relay category, becoming long-distance cycling world champions!

This practice of around-the-clock osteopathic treatment is exciting and its effects are immediate. My most memorable souvenir was when Guus Moonen, a Dutch cyclist, cycled half-way up a Rockies' summit (Wolf Creek Pass, Colorado, 10,500ft) and experienced breathing difficulties, having spent three days in a scorching desert below sea level.

A 30-second stop was enough for a C3-4-5 HVT, which immediately boosted his diaphragm and breathing. He was quickly back on his bike, and gained efficiency and speed as a result.

A great experience! I have already been recruited for next year's Race Across America, and am looking forward to it immensely.

For further information about this article, contact Marjolaine Dey via email: marjolainedey@yahoo.fr.



Scottish Osteopathic Society

Fiona Davison DO, SOS Secretary, Aberdeen

2007 Conference & AGM – the best yet!

This year's Scottish Osteopathic Association conference and annual general meeting (AGM) took place on Saturday 1–Sunday 2 September in the city of Dundee. The weather gods were happy and we were able to leave a small carbon footprint by walking easily between the hotel, lecture venue and dinner setting in warm and sunny conditions.

The Saturday programme was opened by the Scottish Government's current Minister for Public Health, Shona Robinson. Ms Robinson's address reflected how well-informed she is about osteopathy and she brought to our attention the Government's current nationwide consultation – 'Better Health, Better Care' – which aims to address health inequalities and improve quality of care. Delegates were encouraged to contribute to the consultation, which ends in November.

Clive and Elizabeth Hayden – osteopaths from Gloucester who recently spent a sabbatical at Frank Willard's dissecting labs in Maine, USA – featured next on the programme. Clive's lecture looked at the various aspects of tissue quality, the fascinating differences in fascial tones, and the interconnectedness of all the structures in the neck, thorax and diaphragm. Liz's lecture explored the physiology behind some of the changes we feel during treatment: the physiology of connective tissues, including the extracellular matrix and how it changes state during treatment. The principle of tensegrity was also discussed.

Our AGM saw a number of personnel changes in the structure of the society's committee. We are pleased to announce that our esteemed leader is now Kevin McGhee, who replaces the ebullient Alex Cram. Alex has been our chairman for the last four years and so definitely deserves a well-earned rest!

Our Saturday evening was the most enjoyable social event in the history of the society. We enjoyed a wonderful meal in the Dundee Repertory Theatre



*SOS golfers – Back row: Boyd Mackenzie, Heidi Cram, Greg Cox
Front row: Colin Ross, Dennis Cram, James Sneddon (winner), Wendy Ross, Asif Allauddin, Christopher Ross and James MacIvor*

restaurant and between courses each table was thoroughly entertained and mystified by the trickery of Kevin McMahon, a 'closet' magician. Kevin continued to amaze us after dinner with a further stage show during which he managed to 'operate' on our beloved Roddy Urquhart. Despite seeming to lose copious volumes of blood, Roddy ultimately recovered to tell the tale. The conviviality continued well into the wee small hours – some delegates, while receiving cranial treatment, appeared to be sleeping, while others revived the old osteopathic tradition of 'L'Hotel Streak!'

Next morning Mr Sam Eljamel, consultant neurosurgeon and honorary reader in neurosurgery at Ninewells Hospital, Dundee, gave an insightful lecture on 'Neurosurgical Management of Cervical and Thoracic Spinal Conditions'. This lecture reviewed the clinical presentation of cervical and thoracic conditions, including differential diagnosis, red flags, investigations, surgical and non-surgical management and outcomes.

After lunch, 10 delegates disappeared to participate in the Annual SOS Golf Tournament – see the [bulletin](#) website for the separate report on this. Those remaining heard a very interesting lecture by osteopath Andrew Pallas about 'Neuro-Linguistic Programming in Osteopathic Practice'. This session included interactive group work and whet our appetite for further knowledge of this approach.

The 2007 AGM and conference was the best attended thus far and feedback has been very positive. We did have one delegate not from Scotland who was made very welcome – so please come and join us for the 2008 event or, indeed, any future meetings.

Our next meeting will be on Sunday 18 November at Murrayshall House Hotel, Scone, Perth, with osteopath Walter McKone.

For further information, contact Fiona Davison, SOS Secretary, on tel: 01224 635 999 or email: secretarysos@tiscali.co.uk.



Pete Diver & Kevin McMahon



Roddy Urquhart & Fiona Davison

Northern Counties Society of Osteopaths

Sue Pawsey BSc MSc DO, Sheffield

Flexing osteopathy

The Northern Counties held another successful meeting in September. London osteopath and GOsC Council Member, Fiona Walsh, braved the journey north to give an informative and entertaining presentation on 'Hypermobility', which drew on her experience of working with dancers and gymnasts. We were lucky to have a daring, hypermobile volunteer among the attendees – even if she did maintain that she was a bit stiff, having run a half marathon that morning (true dedication to the society). So, we learned

approaches and techniques to use with our flexible patients, as well as having a good social lunch.

Next meeting

Saturday 17 November
Lunch: 1pm; Lecture: 2pm
Speaker: Dr Janet Holder MRCP MD, consultant dermatologist; 'Skin Lesions: the serious and not so serious'
Venue: Cedar Court Hotel, Huddersfield

For further details, contact Neil Chestock, Hon Secretary, 10 Woburn Drive, Hale, Cheshire WA15 8LZ, or see the website: www.ncso.org.uk.

4th Chiropractic, Osteopathy and Physiotherapy annual conference – ‘Moving forward through research and practice’

A student's perspective

Enda Butler, 3rd-year student, The British School of Osteopathy

Saturday 29 September saw the successful 4th Chiropractic, Osteopathy and Physiotherapy (COP) annual conference. Delegates and speakers, representing the various colleges of these three healthcare disciplines, gathered to share presentations of the final-year students' dissertations, in a spirit of unity within diversity.

The theme of the conference was 'Moving forward through research and practice'. Throughout the programme there were examples of different research approaches being used to address a wide range of questions. It was shown that evidence-based research can yield valuable information to aid the clinician in the decision-making process, thus achieving what is best for the patient.

Excellent presentations were delivered by the keynote speakers, Dr Nadine Foster and Professor Tamar Pincus – both of whom are long-standing stalwarts from the world of physical therapy research. Dr Foster addressed concerns such as the often less-than-harmonious relationship between clinical experience and research evidence. She also discussed key challenges faced by clinicians attempting to glean useful evidence from clinical trials, for example:

- > the use of simplified versions of what in reality would be complex interventions; and
- > the focus on narrowly selected patient populations, which may not represent the wide spectrum of patients seen in clinic.

Professor Pincus' presentation focused mainly on the question of why some patients do not recover regardless of the treatment they receive, and the

importance of early detection and management. She also addressed how important it is for the clinician to be able to effectively manage depressed or distressed patients – a major risk factor in lower back pain.

The open platform presentations were all based on recently completed dissertations. The presenters were commended on the high quality of their individual enquiries and presentation skills. They showed not only proficiency in the use of software, such as PowerPoint and SPSS for statistics, but also impeccable personal appearance, confident deliveries and thorough in-depth knowledge of the subject matter. They were also professional enough to admit when they didn't know the answer to a question.

Three halls were used simultaneously throughout the morning and afternoon sessions to accommodate 31 presentations in all. Topics covered included pain management, urinary incontinence, chiropractic prescribing rights, the role of suggestion in osteopathic treatment, patient satisfaction, postural correction, and cervical rotation in tractor drivers and its relationship to neck pain and headaches.

Prizes awarded:

- > 1st prize was awarded to Jamie Dearing of the London School of Osteopathy for his abstract 'An Examination of Pressure-Pain Thresholds at Myofascial Trigger Points Following Muscle Energy Technique or Ischaemic Compression Treatment'. Jamie was awarded an annual subscription to an Elsevier Journal and the publication of his abstract in *Manual Therapy*.
- > 2nd prize was awarded to Thomas Wynn Jones of The British School of Osteopathy for his work on 'The Decision-Making Process by which General Practitioners Refer LBP Patients to Osteopaths and Physiotherapists'. Thomas received a copy of Grieve's *Modern Manual Therapy*:

The Vertebral Column.

- > 3rd prize was awarded to three presenters: Hayley Edwards, Anglo-European College of Chiropractic; Jenny Allan, The British School of Osteopathy; and Chris Drakes, College of Osteopaths.

The conference is highly recommended to those looking to obtain a better understanding of what is expected and realistic in terms of the final-year dissertation and research in the future. It also presents a wonderful opportunity to forge new relationships and better understanding between colleagues in order to fulfil our common goal: to do what is best for our patients.

A presenter's perspective

Jenny Allan BSc(Hons) Ost, Woking

It was with a curious feeling of nervousness that I made the familiar walk from Waterloo station to the BSO – a walk I had made many times over my four years as a BSO undergraduate. I was now a recent graduate and practising osteopath returning to make a presentation at the annual COP conference. How had I got myself into this? Two years ago, osteopath Steve Vogel (BSO Head of Research) had agreed to supervise my research project with the provision that I would submit an abstract for the conference and, if invited, give a presentation. I'd casually agreed and given it no further thought at the time. Now the day had arrived.

The organisation of presentations into parallel break-out sessions allowed delegates the flexibility to attend sessions on their favoured research topics and support former colleagues. The variety of subjects was wide and presentations were professionally delivered. Presenters had clearly gained a



notable depth of knowledge in their research subjects, evident by the way in which questions were fielded.

With my presentation scheduled for the last slot of the day, I had wondered whether there would still be an audience. Routine data collection as a research subject is not to everyone's taste. However, due to the inspiring programme and preceding high-quality presentations, the conference remained attended by all, and so I found myself presenting to a significantly larger audience than just my three former colleagues who'd staunchly agreed to support me.

So, what did I take away from the day? It was a fabulous opportunity to gain a flavour of the breadth of undergraduate research work. What was most striking was the number of commonalities that exist between the osteopathic, chiropractic and physiotherapy professions, and the lessons we can learn from one another. The chance to talk informally with members of our own and other allied professions is always valuable. Overall, it was a thoroughly enjoyable and informative day, and I would recommend to future undergraduates/new graduates that they present their research work. It was with delight and a great deal of surprise that I was awarded joint 3rd prize for my presentation. The dilemma now is: do I spend my book token on an easy-to-read novel or a learned osteopathic text? I haven't yet made up my mind.

A practitioner's perspective

Robert Froud, BSc (Hons) Ost, PhD student (Back pain trials), Barts and the London, Queen Mary, University of London

This year's conference at The British School of Osteopathy was outstanding. It provided an excellent environment in which undergraduates of chiropractic, osteopathy and physiotherapy could share knowledge, gain valuable experience of an interdisciplinary conference and

engage in academic debate – an ideal training ground for those who could soon be making their debut appearances at postgraduate conferences.

The student presenters, with limited funding and resources, conducted and presented research of a commendably high quality, and demonstrated a good foundation and understanding of research methods and analysis. It was clear that the students recognise, and understand, the advantages of evidence-informed practice. Although a few struggled in places with methodology and some professional concepts, questions and comments from more senior researchers encouraged the students to consider these issues in greater depth, and to contemplate how their future research constructs might be improved.

Presented material ranged from mini-randomised control trials and systematic reviews to efficacy studies of techniques and qualitative interviews. Prizes were well deserved and awarded to students presenting the most striking, well-designed and well-conducted research. All delegates – including some international colleagues – heard outstanding keynote speeches delivered by Dr Nadine Foster and Professor Tamar Pincus, both of whom are well-published in the field of back pain, and are familiar voices within its contemporary academic debate. Students listened with interest as the speakers outlined the importance and challenges of back pain research in general, and in identifying patient sub-groups.

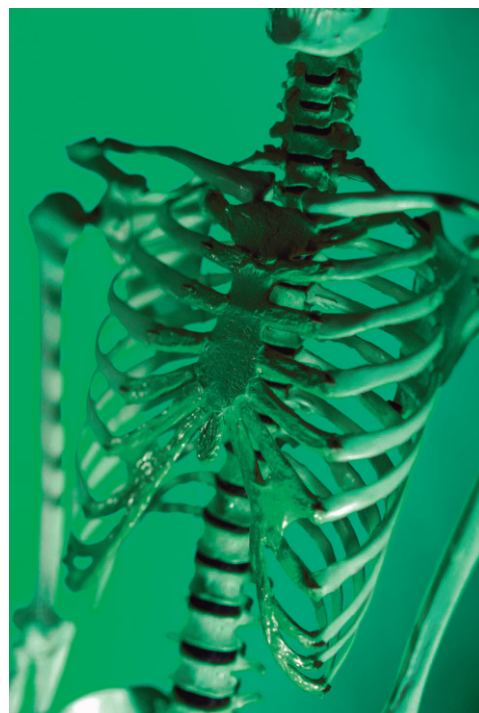
It is encouraging to see that the osteopathic educational institutions are producing bright students – with inquisitive minds – who are embracing both qualitative and quantitative research; furthering osteopathic knowledge and practice; and testing paradigms once felt to be axiomatic. Those students from the presenting cohorts, who go on to take up purely clinical posts, will have the necessary skills to read and properly appraise research articles. Others are the researchers of the future, and as funding of osteopathic research is born, we see the emergence of a new species: the research osteopath. Working in

unison with physiotherapists, chiropractors, GPs and orthopaedic specialists, osteopathic researchers will have much to offer in advancing our understanding of back pain and other musculoskeletal conditions. The outcomes of their research will advise our clinical models and practice, and ultimately benefit our patients.

Osteopaths are often asked, and some struggle to answer, questions surrounding the differences between osteopaths, chiropractors and physiotherapists. We saw last year, at the 3rd COP conference, that there may be more variability *within* each profession than there is between professions. In the light of this, there is likely a lot we can learn from each other in open forums such as this, where the quality and direction of work is more important than the professional background of the presenter.

This year's conference saw a clear leap forward in the quality of osteopathic undergraduate research and an encouraging unity between this trio of healthcare professionals – who are increasingly being referred to collectively as manual therapists. Adding to this, it attracted international delegates and boasted esteemed keynote speakers. Next year's 5th COP conference at the Anglo-European College of Chiropractic in Bournemouth promises further advances in quality and should attract greater numbers of undergraduate and postgraduate delegates from across all the osteopathic educational establishments.

Finally, I'd like to say well done to all those undergraduates who presented this year at the BSO and to the organisers for arranging a smoothly-run, professional day.



Backchat

This section is intended to provide a forum for professional debate. The views and opinions expressed here do not necessarily reflect those of the publisher.

Dear Editor

My first inkling that something BIG is going to take place came from a notice in *The Osteopath* concerning a conference in London. It stated that full details would be coming soon ... Hmm, I've heard that before.

Then the full notice came. 'Advancing Osteopathy 2008 – Event of the Decade' – three days of interactive Conferences, Poster presentations, Trade show, Partner's programme for spouses, and a Gala Dinner (and bar).

Celebrating Osteopathic progress in the 21st century – plus a bloody good excuse for a legitimate tax deduction. I was totally hooked!

Wow, three days of CPD hours (equal to all our 'working with others' requirement) in one fell swoop!

Celebrating! Yes, I could get into that. I qualified almost 30 years ago when osteopathy was really considered "fringe" and suspect, and it was said Doctors could be struck off the register for referring to, or even whispering that a patient might benefit from, one. There were also no official standards or recognition back then. We have come a long way, baby (as they say in New York City, my home town).

And to top it off this is a great opportunity to see old friends and colleagues, and some young/new friends too.

I have been "talking it up" here in Portugal, where I live and practice, and I imagine most of the British osteopaths and some of the Portuguese registrants will be coming along. I have even interested my friends – a rheumatologist and an orthopaedic surgeon – in signing up for the event.

For myself, I see this as a valuable opportunity to really "plug in" to what is happening on the cutting edge of osteopathy – and there is a lot! Evidence-based research, critical thinking in diagnosis and treatment, networking with researchers from all over the world ... new educational standards, revalidation, even.

We can, quite rightly, be proud of our profession.

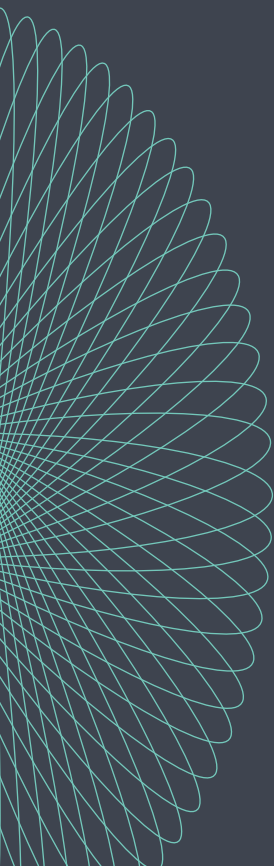
But I think the biggest "take home" for me will be the excitement and new knowledge that I will have (hopefully) acquired. All that new motivation, I am sure I will be able to transform into a renewed commitment to my patients and students so that they will benefit as much as me. I don't know about you, but for me, the biggest challenge is not to do my work, nor just to see my patients, but to be motivated and excited each and every day, and to give 100% to each and every patient ... to look for the keys to the problems, to enquire, and to be interested in our patients on every level, to go the extra mile, and to exceed expectations.

In order to maintain that "Pursuit of Excellence" we need to feed ourselves. Otherwise, we risk our work becoming routine and uninspiring. We run out of petrol!

So as Bob Dylan said: "Come gather round people where-ever you roam ... 'cos the times they are a'changin'!" And, as The Beatle's John Lennon said: "Come Together".

Hey, BSO class of '79, I hope to see you all there. All my colleagues I have met in person, via email and the website Osteopathy For All, fellow practitioners I have spoken to on the phone about common patients, see you there. It's time to have some fun!

**Jody Jakob DO,
Cascais, Portugal**



Dear Editor

For several years I have been trying to persuade fellow osteopaths to show some enthusiasm for the idea of revalidation, and have failed miserably. In a recent issue of *The Osteopath* (September 2007, pg9) we can read a brief account of the Non-Medical Revalidation Working Group, which has been formed to develop the reforms to healthcare regulation set out by the Government White Paper. This may, therefore, be my last opportunity to fail again.

I cannot see how anyone can deny that a system of revalidation, produced by the osteopathic profession, for the osteopathic profession, would be more reliable, beneficial and popular than an imposed, committee-generated monstrosity. I would like to ask and comment on three issues concerning revalidation:

1. Why do it?

Development: Revalidation is an essential component of development along with CPD (which we have already adopted) and profession-wide data collection (a tool which has been talked about). Therefore it has to be part of the statutory obligations of the GOsC, although its implementation will probably require additional legislation.

CPD: Revalidation complements CPD. We all know, as individuals, whether or not the CPD activities we engage in have been worth the time and money spent, but is the profession as a whole advanced by them?

Osteopathy: Most of us work alone, unsupervised and in very individual ways; much of what we do is concerned with quality of life, which is not easy to measure. Regular revalidation will help bring to light what we do.

2. Why do it ourselves?

Cost: Some years ago I devised, in outline, a system of revalidation for osteopaths. Now, even I am not mad enough to suppose that this system would ever be adopted, but at least I have established (beyond contradiction) that it can be done. I also made some useful discoveries about revalidation and came to the conclusion that revalidation on the cheap (e.g. CPD with frills) was not worth doing. My own calculations and assumptions suggest that a decent system for revalidation would consume 5–10% of the GOsC budget. That, I think, is affordable, but is the Council really happy to expend that amount of money on a system over which it has no control?

Relevance: The working group say that: "Revalidation must not be a punitive process, but must offer opportunities for remediation". That suggests, to me, that revalidation is about weeding out the failing members of a profession. If that is all it is then it is irrelevant to the vast majority of us and will be resented. (Remember how popular the PPP was.) Revalidation should be a positive process for all members of the profession and that means it needs to be profession-specific and tailor made.

Flexibility: One of my arguments against low budget revalidation is that it will not be reliable; it will merely be a public relations exercise, rather than a part of professional development. The working group demand a "rigorous evidence base"; and whatever that means, it certainly doesn't exist yet. Revalidation must be inherently flexible so that it can be modified in response to experience and emerging facts. Flexibility can only be achieved if each profession has complete control of its own revalidation scheme.

3. Why do it now?

Proficiency: The GOsC is just starting the process of revising our *Standard of Proficiency*. Revalidation is about proficiency. The two things can be developed together. There could not be a better time to start thinking about revalidation.

Inevitability: Revalidation is coming. Unless the osteopathic profession recognises this and acts soon, then it will be too late to avoid having it imposed on us. An imposed system will be undertaken reluctantly and without commitment.

Choice: It may be that the working group will come up with something wonderful (although I doubt it), but if we just wait to see what happens there will be no opportunity to produce an alternative. The working group is a multidisciplinary committee which, in my opinion, by its very nature, is going to be cumbersome and unlikely to produce any really imaginative proposals. The osteopathic profession will only have one voice and the larger professions will dominate. Look at what is being proposed already: patient safety is to be separated from patient care, and the whole exercise is to be based on a "robust risk assessment"; I'm afraid I cannot understand either of these notions. What is the point of self-regulation if we do not use it to regulate ourselves?

Peter Buxton DO, Sunderland

Have your say

If you would like to share your views or comments with other readers of *The Osteopath*, write to the editor at Osteopathy House, or email: editor@osteopathy.org.uk. Letters may be edited for length and clarity.

Courses 2007/08

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

December

> 2
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

> 5
Ankle joint assessment 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

> 6
Hip joint assessment 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

> 7
Shoulder joint assessment 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

> 10-13
Key instructor course in lifting and manual handling (4 days)
Organised by Health Response UK (Osteopaths for Industry). To be held in Esher, Surrey.
tel: 0845 094 3246
email: letterbox@healthresponse.co.uk
www.healthresponse.co.uk

2008 January

> 19
Simplifying diagnosis and treatment of the shoulder
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

> 19
First aid for manual and physical therapists
Speaker Steven Bruce. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 20
Trunk/spinal movement rehabilitation
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

> 24
Why are arthritic joints painful?
Speaker Prof Bruce Kidd. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 26-27
Osteopathic education
Facilitator Alison Brown. Organised by the Sutherland Cranial College. To be held at The Pierian Centre, Bristol.
tel: 01291 689908
www.scc-osteopathy.co.uk

> 31
How to treat: chronic neck pain
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

February

> 2-3
Practitionership, boundaries & the therapeutic relationship
Speaker Melanie Langer. 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

> 2-3
Introduction to craniosacral biodynamics
Speaker Michael Kern. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 7
The myth of core stability
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

> 16
Managing Chronic Fatigue Syndrome/ME
Speakers Dr. Hazel O'Dowd & Peter Gladwell. 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
Integrative osteopathic technique (IOT): cervical spine, CD and UEX
Speaker Prof Laurie Hartman. 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
Modern muscle energy techniques
Speaker Leon Chaitow. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 21

The art and science of stretching

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

> 21-24

Immotion: an introduction to the role of emotion in the clinical manifestation of somatic dysfunction (through the medium of osteopathy in the cranial field).

Speaker Christine Conroy MSc Ost Do Hons MSCC. To be held at the Tynycornel Hotel, Talylyn Mid Wales.
tel: 01654 761435
email: info@immotion.org.uk

> 23-24

Osteopathic education

Facilitator Alison Brown.
Organised by the Sutherland Cranial College. To be held at The Pierian Centre, Bristol.
tel: 01291 689908
www.scc-osteopathy.co.uk

> 28

How to treat: acute disc

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

March

> 1

Managing tendinopathies

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

> 6-9

Module 5: In reciprocal tension

Course Director Peter Cockhill.
Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud.
tel: 01291 689908
www.scc-osteopathy.co.uk

> 15-16

IOT II: Lumber & thoracic spine and ribs

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

> 27-31

Module 2/3: Osteopathy in the cranial field

Course Director Carl Surridge.
Organised by the Sutherland Cranial College. To be held at Hinsley Hall, Leeds.
tel: 01291 689908
www.scc-osteopathy.co.uk

> 29-30

Osteopathic education

Facilitator Alison Brown.
Organised by the Sutherland Cranial College. To be held at The Pierian Centre, Bristol.
tel: 01291 689908
www.scc-osteopathy.co.uk

April

> 5-6

Dentistry and cranial work

Speaker Wojciech Tarnowski and Chris Castledine. 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

> 10

How to treat: chronic lower back pain

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

> 12-13

Touch as a therapeutic tool

Speaker Tsafi Lederman and 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

> 26

Cranio-sacral therapy – introductory day

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

> 26-27

Neuromuscular 're-abilitation' (part I & 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

> 26-27

Cognitive behavioural approach to chronic pain in physical therapies

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

May

> 1-3

Visceral osteopathy: the thorax

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

> 15

How to treat: frozen shoulder

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

> 15-19 (evening)

Module 4: WG Sutherland's osteopathic approach to the body as a whole

Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud.
tel: 01291 689908
www.scc-osteopathy.co.uk

> 17

Biomechanics research – the clinical implications for manual and physical therapists

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

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fax: 01580 754 104
email: osteopath@wealdenad.co.uk

RECRUITMENT

New opportunity for osteopath. Dental practice in south-east London is extending service to include other disciplines. Excellent rate of pay, development of practice and marketing will be carried out. Please contact amspage@btinternet.com for discussion regarding possible associate position.

Central London/Regent Street clinic share: available on Mondays, Wednesdays and/or Fridays (unlimited hours) for established osteopath – modern, quiet clinic with meet-and-greet reception, air con, broadband and daylight. Contact 020 8815 0979.

Do you have the motivation ... do you have the drive to develop your own practice? Opportunity available within a well-established, multi-therapy clinic in north-west London. If you are interested, please contact Karen Sibilia on 020 8205 2929 or email: htc@hendontherapies.co.uk.

Locum required for maternity leave from around January to May 2008 in Wolverhampton. Two half days to suit initially, with opportunity for associate place thereafter. Experience treating adults and babies with IVM essential. Send CV to info@cityosteopaths.co.uk. Tel: 01902 332200.

Haywards Heath complementary health clinic requires an osteopath to cover local and corporate referrals and build own practice. This friendly clinic has been established 15 years. Please call 01444 416 587 or 07828 798 607 for more information or visit www.cuckfieldphysio.com.

Two assistant osteopaths required for busy clinic in Exmouth, Devon. Osteopath to cover maternity leave, from approx. January 2008 and to stay on as an assistant. Another osteopath to take over from existing osteopath, for three days a week. Please contact Gemma on 07811 377 783.

Too busy? Need some time off, or another set of hands in the practice? Paris-based female osteopath, former BSO-trained, with 14 years' experience. Available 1–3 days per week, or for locum cover. Call: 0033 650 197 105.

Edinburgh: Help! I've carelessly lost two osteopaths from my practice during 2007. No sign of them down the back of the sofa, so I'm on the look out for a replacement to help out the remaining two osteopaths. Would suit new graduate who would join the existing team within our multidisciplinary complementary health centre. For more information, check out www.mulberryosteopath.co.uk. Contact Patrick Harding by email on: info@mulberryosteopath.co.uk and include CV with a covering letter.

Qualified osteopath with at least 10 years' experience to share a room in Kensington, London W8 during weekends. Please do not apply if you practice dry needling (acupuncture) now or may do so in the future. Please call Massih on 07961 887 130.

Post required: Experienced osteopath (BSO graduate 1993) in family practice for 14 years, specialising in osteopathy in the cranial field for obstetric and paediatric practice, running own practice 2002–2007. Qualified registered homeopath (SDS graduate 2006), seeks locum/associate post. Rural practice ideal, including Highland and Islands, N. Wales, SW Cornwall. CV on request. Contact Carolyn McGregor, Mobile: 07766 330 489, email: carolynosteopath@hotmail.com.

COMMERCIAL

Newcastle upon Tyne, city centre – Treatment room available to rent, full/part time, in an established Podiatry practice. Available Jan 2008. Tel: 01912 618 373.

COURSES

Chiropractic Techniques: Graduate Diploma in Short Lever Adjusting Technique. Methods taught: diversified chiropractic, the main method of chiropractic, Thompson drop table technique, and activator methods mechanical adjustments. The courses are seven full days and are situated in a luxury spa hotel in Thailand. Dates: 17–23 March 2008 and 17–23 May 2008. £1,000 cost includes accommodation, breakfast, all transfers, seminar fee and course material. For more information, see www.manualtherapyinternational.com. Contact: robphysio-osteopath@hotmail.co.uk or the course director, Bob, on tel +66 83 324 8843.

An Osteopathic Approach to the Treatment of Babies and Children

Teresa Kelly, Midwife/Osteopath
S.R.N., S.C.M., D.O., BSc(Ost) Hons, M.L.O.A.

8th, 9th and 10th February 2008. Cork, Ireland
Non-residential. Cost: €500

Lectures and practicals include:

- Normal and abnormal pregnancy, labour and effects on foetus
- Ante-natal and post-natal osteopathic treatment • Induction, pain relief and effects on mother and baby • Treatment of shock and first breath-syndrome • Breast-feeding • Infant immune system • Developmental milestones and early primitive reflexes
- Prematurity • Lymphatic drainage

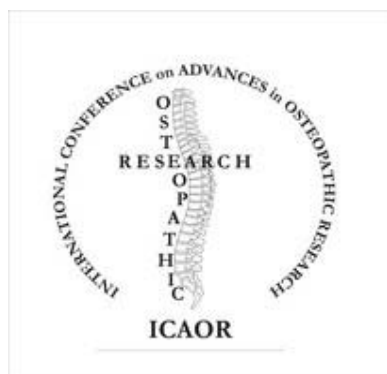
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OSTEOPATHIC EDUCATION

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(29-30 March 2008)

Venue: **The Pierian Centre, Bristol**
Facilitator: **Alison Brown DO MSCC**
Fee: **£595** CPD: **48hrs**

A SIX DAY non residential course over three separate weekends with preparatory work and home study between course dates

Module 5

IN RECIPROCAL TENSION

(Evening 6-9 March 2008)

Venue: **Hawkwood College, Stroud**
Course Director: **Peter Cockhill DO BA (HONS) MSCC**
Fee: **£795** CPD: **32hrs**

A THREE DAY residential course. Shared accommodation

Module 2/3

OSTEOPATHY IN THE CRANIAL FIELD

(27- 31 March 2008)

Venue: **Hinsley Hall, Leeds**
Course Director: **Carl Surridge DO MSCC**
Fee: **£1350** CPD: **40hrs**

A FIVE DAY residential course. Single accommodation

Module 4

WG SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

(Evening 15-19 May 2008)

Venue: **Hawkwood College, Stroud**
Course Director: **Sue Turner MA PGCE DO MSCC**
Fee: **£1075** CPD: **32hrs**

A FOUR DAY and prep evening residential course
Shared accommodation

Module 2/3

OSTEOPATHY IN THE CRANIAL FIELD

(12-14 & 19-21 September 2008)

Venue: **London**
Course Director: **Michael Harris DO MSCC**
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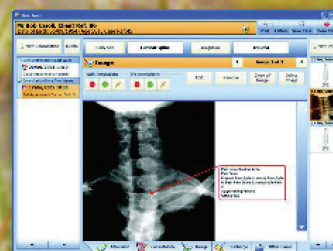
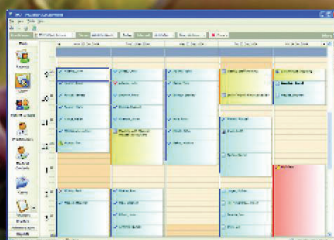
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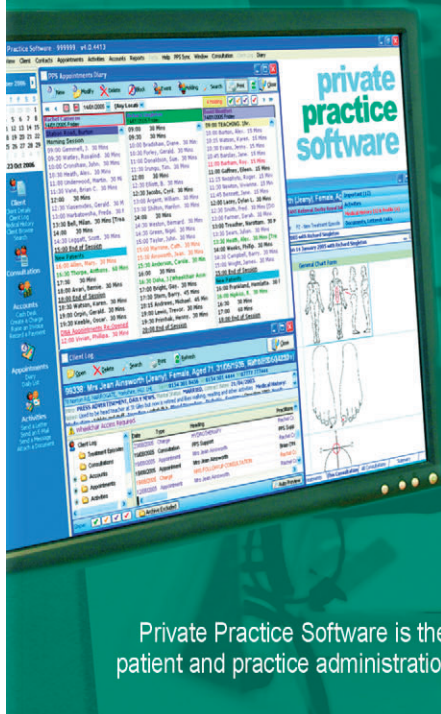
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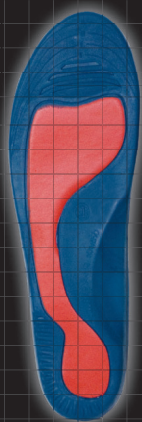
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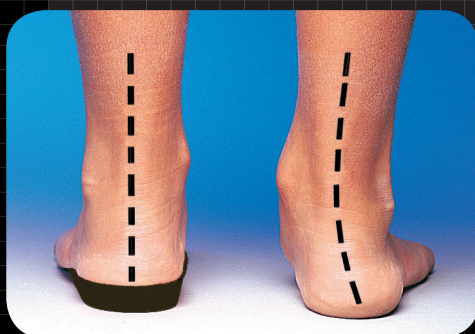
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Gala Dinner-Dance
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Royal Lancaster Hotel, Lancaster Gate, Hyde Park

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You can book a table for a group of up to ten if you advise us early. If you would like to catch up with former classmates you've not seen in years, let us know where and when you graduated and we will do our best to link up alumni. Faculty, Regional Society and Special Interest Group tables can also be arranged. Event administrators, Visa Conferences, will request details for the seating plan in confirmation of your booking.

You do not need to be a registered conference delegate to book a place at the Gala Dinner-Dance.

Tickets for the Gala Dinner-Dance are £55 per person. Black-tie (jounge suits optional).

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This occasion also represents an opportunity for the profession to recognise colleagues who are widely regarded as having made a significant contribution to the quality and profile of osteopathic practice in the UK. We are currently inviting suggestions for award categories and will shortly announce these and invite you to nominate your deserving colleagues.

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