

the OSTEOPATH

The magazine for Osteopaths

February 2007

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GOsC & promotion

In Council – December 2006

Funding for NCOR research

New PPI leaflet

*International Journal of
Osteopathic Medicine
enclosed*



Promoting osteopathy

The General Osteopathic Council

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for osteopaths
0800 917 8031**

Registrar's report

The GOsC, along with the other healthcare regulators, is at this time awaiting an announcement from the Department of Health (DH) concerning the outcome of the final (Foster) proposals to reform healthcare regulation in the UK. We have now been told to expect these towards the end of February. It is to be hoped these proposals will be sensible and manageable.

At the very least we are hoping that they will involve no further procrastination – for all the healthcare regulators, an end to the uncertainty is much needed.

The UK healthcare regulators have written to the DH suggesting that clear direction is now essential to end the months of 'planning blight', albeit allowing time for informed input. This can only be in the interests of all concerned and will ensure that there is no hiatus in maintaining patient protection. We believe that the proposals will come in the form of a White Paper, which means that the Government will be able to introduce legislative change quickly. Be sure to keep an eye on the GOsC public website – www.osteopathy.org.uk – for breaking news.

In spite of the uncertainty, as the 12 pages of GOsC news indicate, there is still a lot going on and much more to be done. You may recall that at the year-end the GOsC is required to submit a performance review to the Council for Healthcare Regulatory Excellence (CHRE). The performance review involves taking stock of how we have matched up against the targets set and how we have delivered our overall remit. But here we also look to the future and this year we were asked by CHRE to highlight our five main priorities for 2007. You can see the full submission on the GOsC public website. In summary, the GOsC projects fell into the following distinct categories:

1. **Patient safety.** Primarily the Critical C's training workshop programme. For more information, see page 21.
2. **Collaboration with other regulators.** Here, amongst other partnership activities, we refer to our work with the Nursing and Midwifery Council on agreeing guidance on osteopaths' attendance of women in childbirth.
3. **Raising standards.** A major project for the Education Committee, in conjunction with the Osteopathic Educational Institutions and other stakeholders, to update and create standards of practice for UK osteopaths and osteopathic students. There will be a full consultation with the osteopathic profession and other interested parties when the proposals have been developed.



4. **Increasing the evidence base.** Proposals to give extra financial support to NCOR, over the next three years, to develop the standardised data collection project and the adverse events research – see page 17.

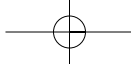
5. **Testing our efficiency and effectiveness.** The Audit Committee has appointed an external firm, South Coast Audit, to assess the GOsC's operations in order to help the organisation make appropriate plans for the future delivery of its remit. Given the imminent announcement of the Foster proposals, this is a timely initiative.

As the Chairman reported in last month's magazine, the work of the Forum for Osteopathic Regulation in Europe (FORE) continues to deliver results and is now well-established. Currently the GOsC provides secretariat support to ensure this can continue. For example, a European Framework for Codes of Osteopathic Practice has already been ratified and is intended as a template to inform national systems on a voluntary basis. In order to highlight the challenge of maintaining patient safety without consistent regulation, FORE has also submitted a position statement in response to the European Commission's consultation on health services.

Two more GOsC Regional Conferences lie ahead in this current cycle of meetings – see pages 8–11 for more information. In the next financial year the GOsC will not be facilitating regional conferences but will instead host a major national event to mark the 10th anniversary of the achievement of statutory self-regulation. We can now tell you that, because of the great amount of support and input from you and the Osteopathic Educational Institutions, the event is likely to take place in early 2008. The scale and complexity of the event means that it will most likely take place in London and we hope soon to have identified a suitable venue. See page 7 for further information. There will be regular updates on progress in forthcoming issues of *The Osteopath*.

Looking over this month's report, perhaps I was a little premature in thinking that the GOsC would be enjoying a period of consolidation and calm. On reflection, though, it is the challenges that give life a real sense of purpose – don't you think?

Madeleine Craggs,
Chief Executive & Registrar



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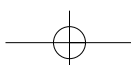


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Promotion – the role of the Regulator

Brigid Tucker, Head of Communications

In recent months there has been some discussion within the UK osteopathic community, and in the professional press, about the GOsC "giving up promotion".

What is this all about?

Central to this is the decision, ratified by the Council at its December 2006 meeting, to take steps to remove from the Osteopaths Act reference to the GOsC "promoting the profession".

Why this decision?

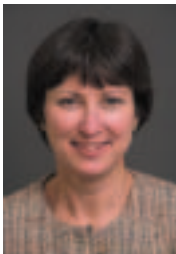
In short, to firmly counter any potential misconceptions in the public mind – and in the profession's understanding – of the nature of osteopathic statutory regulation.

This Council decision is no bolt from the blue. The 2005 Legislative Review consultation considered wide-ranging proposals to revise and modernise the Osteopaths Act 1993. Osteopaths who closely followed this will recall the concern of some colleagues that mixing up regulation and promotion in the Act was unhelpfully confusing both osteopaths and the general public as to the role of the GOsC.

Soon after, the current Foster review of non-medical healthcare regulation brought this very issue into sharp focus. In his Report published last year, Foster singled out the osteopathic profession – along with the chiropractors and the pharmacists in Great Britain and Northern Ireland – for special concern with regard to our "promotional" remit:

Four regulators currently have a role outside the scope of regulation. The RPSGB, the PSNI, the General Chiropractic Council and the General Osteopathic Council are each charged in law or in a Charter with promoting their profession, in subtly different ways. While there is no suggestion that they are expected to put the good of the profession before that of the public, these words have caused uncertainty and dispute at times. Although the roles of professional leadership and promoting the profession, which have to be exercised for the public benefit, do indeed benefit the public, there is a tension between their focus inwards on the professions' interests and the need for the regulator to be seen to be free from such influences. The implementation of changes following this review will provide opportunities to bring the regulation of these professions into line with the majority.

**The Foster Review of non-medical healthcare regulation.
Department of Health, July 2006**



Bar this one aspect, the osteopathic profession has conspicuously succeeded in propelling itself – in a few short years – to a level of self-regulation recognised as consistent and comparable with any other major mainstream health profession.

But osteopaths themselves will concede that the matter of whose responsibility it is to promote osteopathy – and, indeed, what is meant by "promotion" in this context – has certainly generated "uncertainty and dispute at times"! This not least because it has been obvious to all osteopaths that since its inception, the GOsC has consistently shied away from activities that promote the business development of individual osteopathic practices in an increasingly competitive UK healthcare market.

Some osteopaths have been perplexed and dismayed by this apparent lack of marketing support and have remarked on it vociferously, citing the Act.

This misconception of a Regulator's role and responsibilities has been of deep concern to the Council – not least, the potential it has to undermine the integrity and credibility of mature self-regulation that osteopaths have striven so hard to achieve. So the current review of UK healthcare regulation offers the profession an ideal opportunity to reassure the public, in whose interest Foster is acting – and the wider healthcare community – that osteopaths' first concern is for the excellent care of their patients.

More importantly, Foster presents an opportunity to clarify, as a profession, what the roles and responsibilities of the Regulator are – what you can and should expect of the GOsC – as distinct from the role a professional association (eg. the BOA) plays in supporting and leading the profession.

So what does this mean?

In common with the other health regulators, the GOsC's promotional remit is – as Foster says – more accurately a communications remit, with 3 basic objectives:

1. The strategic development of osteopathic care.
2. Promoting, within the public mind, increasing awareness of osteopathy as a regulated profession, and recognition of the contribution osteopathy can and does make to UK healthcare.
3. Promoting, within the profession, the highest standards of conduct and practice.

The current round of GOsC Regional Conferences (see p.10 for remaining dates) has "Promoting Osteopathy" as its focus, not only to offer osteopaths an opportunity to better understand the GOsC's promotional remit, but also to show that some aspects of promotion are simply "beyond the pale" for a regulator. We attempt to highlight those matters which are and should be the primary concern of those bodies whose role it is to promote the interests of a profession's members – its 'trade' associations.

Some osteopaths have – mistakenly – supposed the GOsC is giving notice that it is relinquishing the "promotional" role it has hitherto played. This is a misapprehension: the GOsC will continue as before to meet the needs of the public and the profession as appropriate to a regulator. The one notable development, it is hoped, will be a clearer understanding within the profession that some aspects of "osteopathic promotion" are under-developed because they fall outside the remit of a healthcare regulator and are not now, nor ever have been, the business of the GOsC.

The GOsC will continue, as before, to proactively contribute to the development of national – and international – healthcare policy, by seeking recognition of the role of osteopathic care. The GOsC will continue, as always, to offer the media and public a reliable, impartial source of information, directly or in print, through the Osteopathic Information Service or via the web. Protecting the title "osteopath" and promoting public awareness of your professional standards remains a priority of the GOsC, as are efforts to improve cooperation, collaboration and mutual respect between health professionals.

Ensuring the public know what they can and should expect of an osteopath is directly linked to the GOsC communicating and working closely with you in a shared commitment to ever-improving standards of osteopathic care. Here, mechanisms such as regional roadshows for consultation and debate, Regional Networks, web-communications and workshops, even *The Osteopath*, are intended to underpin the profession's development.

Promoting the development of the osteopathic profession means working with key stakeholders – the Osteopathic Educational Institutions, the National Council

for Osteopathic Research and the BOA. Osteopaths will know from the BOA's own reports that the GOsC meets routinely with the Association to brief representatives on key issues and developments relevant to the profession. Recent discussion between the GOsC and the BOA has identified areas of development, and specific projects already initiated and funded by the GOsC, which the BOA are best placed to implement and expand.

One such project now under way is an NHS Commissioning Toolkit to help osteopaths widen access for NHS-funded patients, as envisaged in the Department of Health's recently-published Musculoskeletal Services Framework and similar developments in the devolved regions.

Another such project involves the supply of public information leaflets, of which the GOsC currently distributes over 70,000 per year, largely through osteopathic practices.

Some of these leaflets – such as those relating to sports injury, caring for babies, or the treatment of back pain, for example – would more commonly be supplied to the public by a professional association. In an effort to satisfy public demand, the GOsC Communications Committee is looking to

facilitate an overhaul of the now dated leaflets and establish new, more appropriate development and distribution mechanisms for the future.

Many osteopaths have voiced their support for a "10th anniversary" event to recognise and celebrate the achievements of UK osteopaths in the 10 years since the inception of statutory recognition. Here the GOsC will be working closely with the Educational Institutions and NCOR not only to highlight developments in training and research, but also to look to the future and the challenges ahead. To mark this occasion, the GOsC will host, in conjunction with the BOA, a major national conference and reception for osteopaths in early 2008

More on this and other projects touched on above will be reported in *The Osteopath* as they develop. Osteopaths who have been alarmed by the Council decision regarding the removal of references to "promoting the profession" from the Osteopaths Act, should be reassured that this is but a logical, evolutionary step that will only serve to strengthen and stabilize a maturing profession.



GOsC Regional Conferences -

How can we ensure that the osteopathic profession is making a name for itself that is highly respected? What will help the profession continue to grow and prosper? How is osteopathy making a real difference to patients' lives and UK healthcare? These key issues will again underpin discussions in the second series of GOsC Regional Conferences 2006/7: 'Promoting Osteopathy – making the most of our potential'.

Following on from the success of last year's Regional Conferences, the GOsC is preparing to launch the second series at **Kidderminster** on **Saturday 3 February**. Chaired by osteopath and



Council Member **Robin Shepherd**, this programme again focuses on the much-debated topic of promoting the osteopathic profession, aiming to clarify the separate roles of the Regulator and the professional association

in the light of the Foster Review.

The programme: 'Promoting Osteopathy – making the most of our potential'

Session I

Making a name – promoting the “osteopathic identity”

Brigid Tucker, GOsC Head of Communications



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



Session II

Osteopathy – a prospering profession? Part I

Steven Vogel DO, Head of BSO Research & NCOR Representative

Know your product – the key to effective marketing and promotion. Do we have a true picture of osteopathy in the UK today?

- How is the osteopathic profession shaping up?

- Is the picture complete? Would a profession-wide survey help you promote your practice?
- Researching your practice – where does osteopathy fit in today's healthcare?

Osteopathy – a prospering profession? Part II

Brian McKenna BSc (Hons) Ost, NCOR Hub member

- Who are your patients and what attracts them to your practice?
- Is the money you spend on advertising effective?
- How much does it really cost to get a new patient through the door?
- When is your busiest period?



This presentation explores how collecting simple data at practice and national levels can help you understand your business better, help you target your audience more successfully and make your marketing more effective.

Undertaking clinical audits is in fact simpler than most people think and has the potential to enhance your practice and ultimately your patients' recovery. The information you gather can help you better inform patients about outcomes and costs, enhance your communications, and inform the



general public and press.

Session III

Osteopathy – making a difference: the Patient Perspective

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

Part of our research in the manual therapy field now focuses on clinicians, rather than patients. We have argued that more attention needs to be given to

s - Series II under way

clinician-centred factors, because these may explain a proportion of the unexplained variance in outcome in back pain, with particular reference to the transition from early stages to ongoing disability (Pincus, Vlaeyen *et al.* 2002; Foster, Pincus *et al.* 2003).

To develop this we first examined the main



themes in these clinicians' attitudes to patients, back pain and their own role in a qualitative interview study (Pincus *et al.* 2006a). We then developed and tested a new questionnaire to measure these attitudes (Pincus *et al.* 2006b). Finally, we examined the differences between three professional groups (chiropractors, osteopaths and physiotherapists) and how these relate to their status as private or NHS clinicians (Pincus *et al.* 2006c).

Our approach to the construction of the questionnaire identified important themes absent from other questionnaires that measure clinicians' attitudes, which have typically adapted items from questionnaires constructed for patients. Notable amongst the themes in our questionnaire is the attitude to limiting the number of treatment sessions, and concerns about feeling well-connected to a care network, which facilitates appropriate referral.



Of the osteopaths who attended the first series of GOsC Regional Conferences in 2006, close to 100% acknowledged that they regularly see patients who present with psychological factors that contribute to their main complaint. Almost all agreed that they could benefit from further knowledge and training in this complex clinical area.

Session III

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

Steve Barton, CEO, Keevill Barton Kershaw, direct marketing agency

Patients who are satisfied with your treatment are good for business, but patients who tell others about you are even better.



There has been an evolutionary step in relationship marketing, born out of the connection between word-of-mouth (WOM) and business growth. According to loyalty expert Fredrick Reichheld, the single best measure of loyalty and, subsequently, the single best predictor of growth, stems from customers who are willing to promote your business.



So what's all the fuss about? Referrals have been around for centuries.

You may have heard the relationship marketing adage that recommends investing in the 20% of the customers who deliver 80% of your profit. Secure this group and you secure the welfare of your business. The latest thinking,

however, suggests you should focus on the customers who generate positive WOM – i.e. 'broadcasters'.

It's now understood that the majority of people who are willing to try something new, often do so on the advice of friends or family. Furthermore, this group are generally most likely to refer on to others in the period immediately after their experience. Those who stay with a product or service for a long time are much less likely to tell others about their experiences.

How can you apply this to your practice? What should you do differently tomorrow? Steve Barton will explore these questions and more during his practical presentation on the 'Power of word-of-mouth marketing'.

Feedback from 2006 conferences

- "Clarifying the different roles and functions of the GOsC and the BOA – particularly concerning the promotion of osteopathy – is most helpful."
- "It's good to see we're working together to turn challenges into opportunities."
- "Audit and research made to seem less daunting (a good idea even!)"
- "I feel inspired to start collecting data – well done!"
- "Very relevant to everyday practice!"



- "Excellent food for thought! It was useful to listen to Dr Pincus' logical approach to the emotional aspects of patients' problems – very inspiring."
- "I feel better informed about ways of improving my patients' experience and treatment."
- "Steve's slant on word-of-mouth marketing was both light-hearted and succinct with great practical tips."
- "Top marks! Presentations were engaging and informative, as well as challenging"
- "An informative day and, as always, great to spend time with my colleagues"

GOsC Regional Conferences

Series II: Spring 2007

Sunday 4 March 2007

Region 5: Scotland Venue: Maitlandfield House, Haddington, nr Edinburgh

Saturday 24 March 2007

Region 6: London & South-East England Venue: Gatwick Hilton, London Gatwick Airport, South Terminal

2007 Register published



By now you should have received your copy of the 2007 *Statutory Register of Osteopaths*. There are 3845 osteopaths in the Register, representing a net gain of 114 since the 2006 edition.

Stocks are limited, but if you wish to receive an extra copy to pass on to your local health centre, **please contact the Communications Department on ext. 242**. If your copy is surplus to requirements, please donate it to your local library or healthcare centre.

Erratum

Restoration:

In the August/September 2006 issue of *The Osteopath* (page 9), Mrs Amelia Mann (nee Lee) was listed as removed from the Register for non-payment of fee. This was due to a misunderstanding between Mrs Mann and the GOsC and her name has been restored to the Register.

In Council

Jane Quinnell, Clerk to Council

The 52nd meeting of the General Osteopathic Council (GOsC) took place on Tuesday 5 December 2006 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted included:

Chairman's Report

Post Foster Review activity

The GOsC has responded to the Foster Review consultation, details of which are available on the GOsC public website – www.osteopathy.org.uk. Professor Michael Pittilo has been appointed chair of a working party on the proposed regulation of traditional Chinese medicine, homeopathy and acupuncture and a meeting has been scheduled to share the GOsC's experience of statutory regulation.



10th anniversary celebrations

Following feedback from osteopaths during the summer, Council considered draft plans to mark the achievements of the osteopathic profession since the introduction of statutory regulation with the following:

- an international osteopathic research conference
- an international education conference
- an osteopathic practice conference
- a social event

National Council for Osteopathic Research (NCOR)

Osteopath Steven Vogel, Chairman of NCOR's Working Group on Adverse Events, presented the full proposal for research on the Experience of Treatment, Risks, Benefits and Consent. Council has agreed to fund the proposal. For further details see the report on page 17.



It is proposed that these events will involve the launches of a UK National Osteopathic Archive, a 10th Anniversary Review and the *WHO Basic Training Guidelines in Osteopathy*.

Planning and participation will involve all stakeholders: osteopaths; the British Osteopathic Association

(BOA); the Osteopathic educational institutions (OElS); NCOR; and the GOsC, among others.

Appointment of Acting Chairman of Council

Robin Shepherd, an elected osteopathic member, has been appointed Acting Chairman of Council. This is the first time an osteopath has been appointed to this position.

Financial matters

Management Accounts

Management Accounts Highlight Report for the seven months to 31 October 2006.

Business Plan Budget 2004–2007 – Exception Report

The Exception Report was noted, along with the additional work beyond the Business Plan.

2007–08 Budget

The Budget was reviewed and considered to represent a proper justification of the costs of activities required to meet the strategic aims and objectives of Council. The Budget was commended to Council by the Finance & General Purposes Committee and subsequently ratified by Council for inclusion in the Business Plan.

Continuing Professional Development (CPD) Rules

The draft CPD Rules were approved by Council. They will now be signed by the Privy Council and laid before Parliament in order to come into force on 1 March 2007.

GOsC leaflet on Addressing Patients' Concerns

Council approved the draft leaflet, *Addressing Patients' Concerns*.

Council meetings

Due to cost implications, Council has agreed not to hold meetings in other parts of the UK. However, the proposal will be revisited in 12–18 months' time. It was agreed that more meetings will be scheduled with the devolved authorities to consider whether a Council meeting could be held elsewhere, in conjunction with other osteopathic business, in order to add value to moving a future meeting.

Council has agreed to have a short, timed session allowing observers to ask questions at future public meetings. The Chairman will decide whether the

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Ramsay McMaster MCSP.SRP.GRAD.DIP PHYS.MAPA. – Consultant Physiotherapist to the Australian Institute of Sport, PGA's of Australia, Great Britain and New Zealand. Member of Titlelist Performance Institute.
Sandy Jamieson, – Fully Accredited PGA Golf Coach.

Price: £160 per day or £300 for 2 days – (includes snack lunch, beverages, golf newsletter and manual.)

For application forms and information contact **Mike Queen** at:

E-mail: michaelqueen@aol.com
20 Alexander Drive, Bridge of Allan, FK9 4QB.
Tel: 01786 833405.

questions will be answered at the meeting or at a later date by letter.

Council for Healthcare Regulatory Excellence (CHRE)

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

Committees and Senior Management Team

Update reports were received on the work of the Committees that have met since the previous Council meeting in September 2006 and from the Senior Management Team. Further details will be available in the minutes on the GOsC Public Website (www.osteopathy.org.uk/about_gosc) following approval at the next Council meeting.

Future Council meetings

- 13 March 2007
- 14 June 2007
- 18 September 2007
- 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 7 to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, which, of course, includes osteopaths.

Contact Jane Quinnell on tel: 01580 720213, email: janeq@osteopathy.org.uk for further information, or if you would like to attend the next Council meeting.

Acting Chairman of Council appointed

At the Council meeting on 5 December, **Robin Shepherd**, an elected osteopathic member, was appointed Acting Chairman of Council for the one-year term. The Osteopaths Act (1993) in the Schedule at paragraph 14 (5) (b) allows the Council to “make provision for the appointment of an acting Chairman in the event of a vacancy in



the office of Chairman or in such other circumstances as may be prescribed”.

This is the first time an osteopath has been appointed to this position and, along with the Foster Review, has prompted Council to debate the appointment of lay and professional members to the position of Chairman.

Patient information leaflet on healthcare regulation

The GOsC has been working in conjunction with all UK health and social care regulators – Joint UK Health and Social Care Regulators Patient and Public Involvement Group (PPI Group) – to produce a patient information leaflet.

Who regulates health and social care professionals? is designed to raise public awareness of healthcare regulation by explaining who the regulators are and what they do, as well as directing those seeking more information to the relevant organisation.

A copy of the leaflet is enclosed with this issue of *The Osteopath*.

Members of the PPI Group share the view that a primary aim of professional statutory regulation is to protect the public and, without having the public



involved and at the heart of regulation, it would be impossible to understand its concerns and interests or act effectively on its behalf.

Over the past 12 months, the PPI Group has been working on a number of projects all aiming to improve the level of public and patient involvement in the “design, planning, delivery and evaluation” of healthcare regulation. Further details about these initiatives will be reported in forthcoming issues.

Further copies of the leaflet are available free of charge from the GOsC Communications department on ext. 242 or email: info@osteopathy.org.uk. Alternatively, copies can also be downloaded from the GOsC public website – www.osteopathy.org.uk/links.

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Osteopathy on national healthcare conference programmes



Damon Peterson

The General Osteopathic Council (GOsC) has this year secured programme sessions for osteopathic speakers on two prominent national healthcare conference programmes. Osteopath **Damon Peterson** features on the inaugural 'Health and wellbeing at work' programme, which will explore the latest professional, clinical and government initiatives addressing the cost of occupational health and injuries. Damon's presentation will offer guidance for reducing the crippling cost and incidence of musculoskeletal injuries in the workplace through osteopathic prevention and rehabilitation schemes. **For further information about the event at Birmingham NEC, 28 February – 1 March 2007, see: www.healthatwork2007.co.uk.**

The 2007 Primary Care programme features osteopath



Charles Peers

Charles Peers, who will explore an integrated multi-disciplinary model for successful back pain management in primary care. This presentation will offer an update on prevention and management for back pain, latest techniques, and implications for the future. Primary Care is currently the largest healthcare event of its kind in the UK, attracting over 5,000 primary care practitioners. **For further information about Primary Care 2007, 10–11 May, at Birmingham NEC, see: www.sterlingevents.co.uk.**

NHS Alliance and NICE 2006

The GOsC regularly exhibits at national healthcare conferences to raise awareness of the osteopathic profession and its contribution to improving public healthcare. Towards the end of 2006 the GOsC attended both the NHS Alliance and the National Institute for Health and Clinical Excellence (NICE) conferences.

The NHS Alliance conference and exhibition, "Big picture, local detail" explored the challenges that lie ahead for those working in UK healthcare, particularly in the light of the latest reorganisation of primary care trusts (PCTs) and the implementation of practice based commissioning (PBC).

Over 800 healthcare managers, commissioners and primary contact professionals attended the conference at Bournemouth on 23–24 November and, while the numbers were slightly smaller than in past years, the interest in osteopathy remained positive. GOsC staff and local

osteopaths were approached by a number of delegates wishing to explore opportunities for commissioning osteopathy. As usual, questions about personal conditions and finding a local osteopath were also answered.

The NICE conference, 'Tackling health priorities', offered a similar forum for decision-makers, academics, patient advocates, commentators and healthcare professionals to come together and discuss the new priorities for providing quality healthcare following the latest NHS overhaul. This event attracted more than 2,000 delegates and notable interest was again shown in commissioning osteopathy.

Over the past few years there has been a significant increase in the general awareness of osteopathy amongst other health professionals. The GOsC's continued presence at national healthcare conferences has helped to affirm osteopathy's role in the primary care arena and the next step is to show how models are working in the NHS. A commissioning toolkit is currently being developed through the GOsC, which will provide guidance both for commissioning managers and osteopaths.

Sincere thanks go to osteopaths **Rona Jones, Chris Galloway, Graeme Saxby** and **Ross Valentine** for their time and expertise at NHS Alliance and to osteopaths **Rosie McCauley** and **Jay Patel** who joined GOsC staff at NICE.

Forthcoming 2007 conferences and exhibitions

- Health and wellbeing at work, 28 February–1 March 2007, NEC Birmingham
- Primary Care, 10–11 May 2007, NEC Birmingham
- NHS Confederation, 20–22 June 2007, London Excel
- NHS Alliance, 22–23 November 2007, Manchester ICC
- National Institute for Health and Clinical Excellence, 5–6 December, Manchester ICC

Contact the Communications Department on ext. 222 if you are interested in submitting a speaker proposal for a national conference.

Volunteers – we need your help!

If you would like to help on the GOsC exhibition stand, please contact the Communications Department on ext. 222 or email: nicolet@osteopathy.org.uk. Alternatively you can, of course, attend as a delegate, which provides a valuable opportunity to network with other healthcare professionals and managers.





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"education is our motivation"

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GOsC provides £300,000 to fund osteopathic research projects

The GOsC is committed to supporting the osteopathic profession and informing the public through the funding of research to enhance the existing osteopathic knowledge and evidence base. It provides substantial support for the operating costs of the National Council for Osteopathic Research (NCOR) and is providing funding for a number of research projects outlined below. In funding these initial projects, the GOsC is aiming to stimulate further research activity by increasing the osteopathic profession's capacity and experience in research.

Standardised data collection project

This £100,000 three-year project, funded by the GOsC, has been designed by NCOR to gather information on current osteopathic practice for use in prioritising future osteopathic research and to encourage osteopaths to audit their practice. Osteopaths will be asked to take part at various points during this project.

Risks and benefits associated with osteopathic practice

The GOsC has now agreed a further £203,000 to fund research into the risks and benefits associated with osteopathic practice and how these are communicated to the public. This is in response to concern expressed in the profession about the implications of Clause 20 of the *Code of Practice*¹. The GOsC asked NCOR to suggest how research could assist osteopaths in this area and NCOR formed an adverse events sub-group to formulate calls for research proposals. The main areas for research identified by this sub-group are:

1. Adverse events associated with physical interventions in osteopathy and relevant manual therapies

- What are the estimates of risks of adverse effects associated with osteopathic treatment?
- What are the associated patho-physiological processes linked with adverse events?
- What are the advantages and disadvantages of clinical screening procedures?
- What are the future research priorities for, and the methodological difficulties associated with, work in this field?

2. Communicating risk and obtaining consent in osteopathic practice

- What are the most effective ways of communicating risk of adverse effects to patients?
- What constitutes good practice when seeking informed consent from patients for osteopathic care?
- What should osteopaths be aware of to enable them to understand clinical risk effectively?

3. Insurance claim trends and patient complaints associated with osteopathic care

- What are the circumstances that lead a patient to make

a complaint to the regulator or claim from an insurance provider?

- What are the frequency and characteristics of complaints to the regulator?
- What is the frequency and extent of claims made to insurance providers?
- What are the future priorities for and barriers to research in this field?

4. Osteopaths' attitudes to managing and assessing risk in clinical settings and patients' experiences and responses to osteopathic treatment

- What procedures do osteopaths perform as part of their clinical risk assessment and risk management?
- In what ways do osteopaths categorise responses to treatment in terms of common and adverse effects?
- What are patients' experiences of post-treatment positive and negative effects?
- What are osteopaths' attitudes towards an adverse events register?
- In what ways do patients categorise and interpret effects and reactions to treatment?
- What are patients' experiences of osteopathy in terms of risk assessment and risk management?
- What are patients' short term levels of perceived global outcome and satisfaction with osteopathic care?

Systematic work in this area has the potential to develop the profession in terms of engaging with the NHS and the public at large. The involvement of the osteopathic education institutions (OEl's) will help to develop research capacity, the OEl's abilities to collaborate with other higher education institutions and, ultimately, their track record of delivering funded research. The call for proposals will commence shortly. **For further information please contact Carol Fawkes on email: c.a.fawkes@brighton.ac.uk on tel: 01273 643647 or visit the NCOR website: www.ncor.org.uk.**

Researching the profile of osteopathy in the UK

A further research project will be commissioned directly by the GOsC and will involve the collection and collation of information on current osteopathic practice in order to produce a profile of the UK osteopathic profession. This will be used to raise public awareness and consolidate the identity of osteopathy. The details are still being finalised but **for further information please contact Brigid Tucker, Head of Communications, email: bridget@osteopathy.org.uk or tel: 020 7357 6655 ext. 247.**

¹ "You should not only explain the usual inherent risks associated with the particular treatment but also any low risks of serious debilitating outcomes". General Osteopathic Council. *Code of Practice*. GOsC, 2005.



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MENOPAUSE Hormonal changes make looking after your bones vital around this time

LATER LIFE Men and women need to consider their bone health as they get older



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Vitamin supplements may benefit those with nutritionally inadequate diets.

Renewal of professional indemnity insurance

David Simpson, Head of Legal Affairs

Under the General Osteopathic Council (GOsC) Professional Indemnity Rules (the Rules), osteopaths must:

- have professional indemnity insurance; and
- prove to the GOsC that they have professional indemnity insurance.

These are related but distinct requirements. The first is, clearly, the most important, being a matter of public protection. The second is to enable the GOsC to monitor osteopaths' compliance with the first. Having insurance also benefits osteopaths, because if a complaint is made against them it is their insurer who provides legal advice and support.

In fulfilment of its regulatory role, the GOsC seeks proof of professional indemnity insurance as part of the annual renewal of registration process. Of course, the vast majority of osteopaths provide such proof without hesitation. Unfortunately, a minority do not, and the GOsC spends considerable time and money (which could be used more productively) chasing up this necessary documentation. During this time, the GOsC cannot confirm that the particular osteopaths are in possession of the necessary insurance, and this poses a risk to patients.

We are aware that in some cases this is because the insurance renewal is due shortly after the date for renewal of registration and the osteopaths in question wait until they have their new insurance documents to send us proof of insurance. It is not necessary to do this: what we need to see is proof of your current insurance. Without that we are unable to distinguish between the majority of osteopaths who have insurance and the minority who are in breach of the Rules by not having up-to-date insurance.

Therefore, to prevent the GOsC wasting resources, and to better manage the risk to patients, the GOsC will in future assume, in the absence of the required proof of indemnity insurance, that no insurance is in place. In such cases the GOsC will initiate fitness to practise proceedings, which may involve seeking an interim suspension from practice. The GOsC will also take steps, if appropriate, to notify an osteopath's employer if we are unable to ascertain whether the osteopath concerned has appropriate indemnity insurance.

Osteopaths therefore need to ensure that they send proof of whatever insurance is in place at the time they

renew their registration. If you have insurance in place but do not let us have proof, this could amount to a breach of the Rules, constituting unacceptable professional conduct.

Having appropriate insurance not only safeguards patients but is an indication of the professionalism of osteopaths. I repeat that the vast majority of osteopaths comply with this reasonable requirement, and I apologise to them for the tone of this article, which is directed exclusively to the minority, who pose a risk to patients and to the reputation of the profession.

A reminder about insurance requirements for osteopaths under the Rules

The minimum amount of cover is £2,500,000 in the aggregate for (a), (b) and (c) below. It is advisable to discuss your practice requirements with your insurance adviser, as treating high profile patients will require higher cover. Your insurance shall cover:

- a) negligent acts, error or omissions in professional services rendered, or which should have been rendered by an osteopath, whilst practising as an osteopath;
- b) claims for public liability or product liability;
- c) liability in respect of the above attributable to employees, partners, associates, co-directors or agents;
- d) liability to pay legal costs arising out of any of the above.

Run-off cover must also be obtained, in the unlikely event of a liability claim after cessation of practice.

Insurance providers who meet the Rules

British Osteopathic Association (BOA)

Tel: 01582 488455

Will cover UK and Republic of Ireland osteopaths (BOA members only)

Howdens Insurance Brokers

Tel: 020 7623 3806

Medical Insurance Agency (MIA)

Tel: 01438 739777

Will cover UK and overseas osteopaths

Three Counties Insurance Brokers Ltd

Tel: 01789 204803

Will cover UK and Republic of Ireland osteopaths registered with the GOsC



CPDO

2007

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses				
<input type="checkbox"/> 20-21 October	Positional release techniques	<i>Leon Chaitow</i>	£225.00	£125.00
<input type="checkbox"/> 6-7 Oct	IOT I: Cervical spine, CD and UEX	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
<input type="checkbox"/> 24-25 March	IOT II: Lumbar & thoracic spine and ribs	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
<input type="checkbox"/> 3-4 Nov	IOT II: Lumbar & thoracic spine and ribs	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
<input type="checkbox"/> 28-29 April	IOT III: SI joints, pelvis and LEX	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
<input type="checkbox"/> 25-27 Oct	Visceral osteopathy: the abdomen	<i>Jean-Pierre Barral</i>	£415.00	£250.00 Remaining £165.00 by 1 Oct 07
<input type="checkbox"/> 30 June	Healthy Pregnancy	<i>Averille Morgan</i>	£115.00	Pay in full
<input type="checkbox"/> 17-18 Nov	Lymphatic motion	<i>Averille Morgan</i>	£195.00	£125.00
<input type="checkbox"/> 17 March	Pre & post operative care for common joint surgery	<i>Prof. Eyal Lederman</i>	£115.00	Pay in full
<input type="checkbox"/> 28-29 April & 16-17 June	Neuromuscular "re-abilitation" (part I & II)	<i>Prof. Eyal Lederman</i>	£395.00	£250.00
<input type="checkbox"/> 22-23 Sept & 20-21 Oct	Harmonic technique (part I & II)	<i>Prof. Eyal Lederman</i>	£395.00	£250.00
<input type="checkbox"/> 6-7 Oct	How to treat sports injuries: the lower body	<i>Chris Boynes</i>	£195.00	£125.00
<input type="checkbox"/> 17 Feb	Working with chronic pain: cognitive-behavioural approaches for clinicians	<i>Heather Muncey</i>	£115.00	Pay in full
<input type="checkbox"/> 19-20 May	Treating the back and neuropathic leg pain	<i>Philip Mouleart</i>	£195.00	£125.00
<input type="checkbox"/> 23-24 June	Osteopathic care of small animals	<i>Anthony Pusey</i>	£225.00	£150.00
<input type="checkbox"/> 23 June	Practical ergonomics and musculoskeletal health	<i>Damon Peterson</i>	£115.00	Pay in full
<input type="checkbox"/> 16 June	Introduction to sports taping: principles and practice	<i>Tom Hewetson</i>	£115.00	Pay in full
<input type="checkbox"/> 30 June	Current concepts in the management of tendonopathies	<i>Glenn Hunter</i>	£115.00	Pay in full
<input type="checkbox"/> 22 Sept	The experience of pain - a multidimensional exploration	<i>Ian Stevens</i>	£115.00	Pay in full
<input type="checkbox"/> 17 Nov	Practical clinical nutrition	<i>Dr. Adam Cunliffe</i>	£115.00	Pay in full
Evening courses				
<input type="checkbox"/> 8 Feb	How to treat: Chronic trapezius myalgia	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 29 march	How to treat: Acute disc	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 26 April	How to treat: Chronic lower back pain	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 17 May	How to treat: Frozen shoulder	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 24 May	How to treat: Tennis elbow	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 11 Oct	How to treat: Whiplash injuries	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 1 Nov	How to treat: Impingement syndrome	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
<input type="checkbox"/> 31 May	How to manage hamstrings injuries	<i>Glenn Hunter</i>	£40.00	Pay in full
<input type="checkbox"/> 7 June	Yoga as therapeutic exercise	<i>Luise Woerle</i>	£40.00	Pay in full
<input type="checkbox"/> 8 Nov	How to treat: Achilles Tendonosis	<i>Chris Boynes</i>	£40.00	Pay in full
Evening lectures				
<input type="checkbox"/> 27 Sept	Update on muscle repair and adaptation	<i>Prof. G. Goldspink</i>	£20.00	Pay in full
<input type="checkbox"/> 18 Oct	Update on connective tissue repair and adaptation	<i>Dr. Helen Birch</i>	£20.00	Pay in full
<input type="checkbox"/> 8 Feb	Medical legal: neck manipulation and the law	<i>Paul Grant</i>	£20.00	Pay in full
<input type="checkbox"/> 26 April	Medical legal: clinical examinations and the law	<i>Paul Grant</i>	£20.00	Pay in full
<input type="checkbox"/> 20 Sept	Is structural osteopathy still valid?	<i>Prof. Eyal Lederman</i>	£20.00	Pay in full
<input type="checkbox"/> 15 Nov	Process centred osteopathy: a new clinical model	<i>Prof. Eyal Lederman</i>	£20.00	Pay in full

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

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London Critical Cs workshop oversubscribed

The Critical Cs workshops have attracted a lot of interest from the profession, which highlights the professionalism of osteopaths who are prepared to seek solutions to difficult areas of practice.

There was particularly high demand for the inaugural London workshop, held on 27 January 2007, which has meant that some of those wishing to attend have been disappointed. We are aiming to recruit additional osteopathic trainers and hope to announce a further London date for later in the year.

The Critical Cs, as they relate to osteopathic practice, include:

- **Communication** – the building of rapport and managing patients' expectations
- **Consent** – the exploration of the difficulties of obtaining informed consent
- **Case histories** – the purpose, essential elements, and ownership of records
- **Confidentiality** – a topic everyone thinks they know but that few understand in detail

Limited places are still available for the remaining workshops in other parts of the country, but as they are limited to 40 places per workshop, we urge you to return the **enclosed booking form** as soon as possible.

Additional workshops will be scheduled based on regional demand.

Month	Region	Location
10 March 2007	South West England	Taunton area
21 April 2007	Central England & Wales	Warwick area
27 May 2007	Scotland	Edinburgh area
23 June 2007	South East England	Haslemere
14 July 2007	London & Eastern Counties	Kent

The GOsC has commissioned events management company Sweet & Maxwell to stage these training workshops and your completed booking should be sent direct to: **Sweet & Maxwell, Conferences & Courses, PO Box 2000, Andover, SP10 9AH.**

For further information about the programme, contact David Simpson on ext. 248 or email: dauids@osteopathy.org.uk.



GENERAL OSTEOPATHIC COUNCIL Education Members of Council

The Osteopaths Act 1993 established the General Osteopathic Council to regulate and develop the osteopathic profession within the United Kingdom. The General Council now seeks to appoint three Education Members of Council.

The Appointees will have relevant qualifications and experience in Higher Education, preferably healthcare-related, in order to advise the General Council on matters relating to the education and training of osteopaths. They should have a good knowledge of osteopathic education and direct experience in this area would be an advantage but not a requirement.

All candidates must have good communication and team working skills. They will be prepared to act corporately, think strategically, and abide by the accepted principles of public life. In order to comply with the Osteopaths Act 1993, these appointments will be made in consultation with the Osteopathic Educational Institutions and they will be represented on the short-listing panel.

How to Apply: For further information, or to request an information pack, contact Joy Winyard on email: joyw@osteopathy.org.uk, tel: 020 7357 6655 ext. 238 or visit the GOsC public website - www.osteopathy.org.uk.

The closing date for receipt of completed applications is 2nd March 2007 and it is intended that appointments will be made later in March 2007.

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



British School of Osteopathy

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

OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY

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

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

Course Leader: Nick Woodhead

Date: 24th February 2007

Deadline for applications: 12th February 2007

Course Fee: £99.00

STRAIN AND COUNTERSTRAIN COURSE

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

Course Leaders: Bob Burge and Jo Holmden

Date: 25th February 2007

Deadline for applications: 12th February 2007

Course Fee: £90.00

OSTEOPATHIC CARE OF CHILDREN (PART II)

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

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

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

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

Course Fee: £380.00

VISCEROCRANIUM AND DENTAL CONSIDERATIONS

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

Material covered will include:

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

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

Course Leader: Nick Woodhead

Dates: 7th & 8th July 2007

Deadline for applications: 18th June 2007

Course Fee: £380.00

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

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

GOsC diary December 2006/January 2007








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

December 2006

1	Friday	GOsC visit to ESO students: Code of Practice
4	Monday	NCOR meeting UKIPG Main Group Meeting
5	Tuesday	GOsC Council Meeting GOsC - Registration Managers' Forum
6	Wednesday	NICE 2006 conference & exhibition - Birmingham (6-7 December) AURE meeting
11	Monday	GOsC - DH: EU directives
12	Tuesday	GOsC visit to BSD students: Code of Practice
13	Wednesday	GOsC - Chair of AHTCM steering group Legal Assessor training day
19	Tuesday	GOsC - healthcare regulatory bodies meeting
21	Thursday	GOsC - insurance providers meeting

January 2007

4	Thursday	GOsC - CHRE: devolved nations
10	Wednesday	GOsC - AURE meeting GOsC - Scottish Health and Social Care Stakeholder Event; Briefing meetings with Scottish Executive and NHS Education for Scotland
11	Thursday	Section 32 prosecution, Salford Magistrates Court
15	Monday	GOsC - Joint Regulators PPI meeting
16	Tuesday	AURE Temporary registration meeting
18	Thursday	GOsC PCC hearing
20	Saturday	GOsC - LSO: presentation to Year 2 and Year 5 students
23	Tuesday	FORE delegation to European Commission AURE reception, Brussels
24	Wednesday	DEIs meeting - Risks
25	Thursday	CHRE - GOsC Performance Review Section 32 prosecution, Dudley Magistrates Court
26	Friday	GP workshop, London
30	Tuesday	GOsC - BDA meeting
31	Wednesday	Equal Opportunities Commission Briefing

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

AHTCM - Acupuncture, herbal medicine and traditional Chinese medicine

AURE - Alliance of UK regulators on Europe

BDA - British Osteopathic Association

BSD - British School of Osteopathy

CHRE - Council for Healthcare Regulatory Excellence

DH - Department of Health

ESO - European School of Osteopathy

FORE - Forum for Osteopathic Regulation in Europe

LSO - London School of Osteopathy

NCOR - National Council for Osteopathic Research

NICE - National Institute of Clinical Excellence

DEIs - Osteopathic Educational Institutions

PCC - Professional Conduct Committee

PPI - Patient and Public Involvement

UKIPG - United Kingdom Inter-professional Group



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Who Owns Low Back Pain?

*A Multidisciplinary Evening Debate
on Wednesday 21 March 2007
The Royal Geographical Society,
London SW7*

Speakers: Diane Lee
Lynne McTaggart
Paul Chek
Colin Natali
Ian Jordan
Robin Kirk

In the Chair: Professor Ann Moore

Doors Open: 18.00 hrs
Programme commences: 18.40 hrs
Tickets: £25

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**Time and Tide presents:
Developing Palpation
Osteopathy in the Cranial Field
Tutor: IAN WRIGHT
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Part 3 Oct 12,13,14 2007- Fulcrums and Midlines

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Contact: Helena 00353 52 38800

Places restricted to 12 per course



Calendar of UK health events 2007

Feb 24	International RSI Awareness Day – www.rsiaction.org.uk
March 1–31	Great Daffodil Appeal – www.mariecurie.org.uk/daffodil
March 11–17	Obesity Awareness Week – www.toast-uk.org
March 14	No Smoking Day – www.nosmokingday.org.uk
April 7	World Health Day – www.euro.who.int/
May 1	World Asthma Day – www.asthma.org.uk
May 7–13	ME Awareness Week – www.afme.org.uk
May 18	Spinal Cord Injury Awareness Day – www.spinal.co.uk
May 21–25	National Allergy Week – www.allergyuk.org
Jun 1–30	National Osteoporosis Month – www.nos.org.uk
Jun 11–17	Carers Week – www.carersweek.org
Jun 11–17	National Men's Health Week – www.menshealthforum.org.uk
June 26	National Falls Awareness Day – www.helptheaged.org.uk/fallsday
Sept 1–30	Pregnancy Health Month – www.tommys.org
Sep 2–8	Migraine Awareness Week – www.migraine.org.uk
Sept 30	World Heart Day – www.worldheartday.com
Oct 1	International Day of Older Persons – www.un.org
Oct 8–13	BackCare Awareness Week – www.backcare.org.uk
Oct 10	World Mental Health Day – www.mentalhealth.org.uk
Oct 12	World Arthritis Day – www.worldarthritisday.org/
Oct 20	World Osteoporosis Day – www.nos.org.uk
Oct 22–26	European Week 2007: European campaign on musculoskeletal disorders – http://ew2007.osha.europa.eu/
Dec 3	International Day of Disabled Persons – www.un.org
Dec 10	International Human Rights Day – www.un.org



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- ▶ **Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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NHS referrals: updated guidance

New editions of two documents for doctors that include guidance about making referrals to other healthcare professionals have been published.

Good Medical Practice

Good Medical Practice, from the General Medical Council (GMC), sets out the circumstances in which doctors can refer patients to other healthcare professionals, including osteopaths. Referral “involves transferring some or all of the responsibility for the patient’s care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence.¹”

In the earlier, 2001, edition it was expected that this would usually be to “another registered medical practitioner.”² If this was not the case, referrals could be made to someone accountable to a statutory regulatory body – which includes osteopaths – but a registered medical practitioner would need to retain overall responsibility for the patient.

The latest edition indicates a significant change of view and suggests that doctors can refer to a wider range of health professionals. The GMC now says that doctors “must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment.³” Only if this is not the case should the referring doctor retain overall responsibility.

Referrals to complementary therapists

Referrals to complementary therapists, published by the British Medical Association (BMA), states that there is “no problem with GPs referring patients to practitioners in osteopathy and chiropractic who are registered with the relevant statutory regulatory bodies,⁴” although the GP does have an obligation to check that anyone they make a referral to is actually registered with the appropriate body.

The purpose of this guidance is to clarify GPs’ legal and ethical obligations with respect to patients’ requests for complementary treatments. Part of the context for the guidance is that a number of health insurance plans will reimburse patients for complementary healthcare – and the BMA is including osteopathy and chiropractic here – as long as the patient is referred by his or her GP.

Referrals to complementary therapists reiterates the BMA’s policy, articulated in the previous edition (1999), that there is a need for medical students to be aware of complementary healthcare and for “all practitioners providing treatment in the discrete clinical disciplines of acupuncture, osteopathy, chiropractic, homeopathy and herbalism to attain high levels of education and competence.⁵”

While the latest guidance “welcomes the greater use of the range of specialist skills within the health service⁶” it also appears to express an element of disquiet about non-medically qualified practitioners even if they are statutorily regulated. The previous edition confirmed that GPs could “safely refer patients⁷” to complementary therapists who were also

registered as doctors and nurses and to osteopaths and chiropractors as they are all registered with statutory regulatory bodies that offer the patient similar means of redress. The 2006 edition, however, does not use the word ‘safely’ when talking about referrals to osteopaths and chiropractors, but says, as noted above, that there is ‘no problem’ making referrals to them.

GPs are only “obliged under their contracts or agreements with PCOs (primary care organisations) to refer patients for services available under the NHS, and referral to complementary therapists should not therefore be considered as contractual requirement.⁸” The exceptions given are referrals to NHS doctors at the NHS homeopathic hospitals or other NHS homeopathic clinics, but the guidance appears to ignore the fact that there are complementary therapies available elsewhere under the NHS. This is potentially misleading not only as access to publicly-funded osteopathic care is already available, but also appears to go against the Department of Health’s Musculoskeletal Services Framework. For this reason, the GOsC will be pursuing this issue with the GMC and BMA.

GOsC Resources

For those osteopaths interested in learning more about the NHS, the GOsC provides a number of resources:

- *The National Health Service: an introductory guide for osteopaths* is an 18-page overview with details of further sources of information.
- *Promoting Partnerships: osteopathy in practice* is a CD-ROM for osteopaths planning to make give presentations to GPs or other health professionals and is a guide that can be adapted to suit individual circumstances.
- *Osteopathy in General Practice: a referral guide for medical practitioners* is a factsheet and can be downloaded from the GOsC website.

All the above are available from the Communications Department on 020 7357 6655 ext 242. An NHS commissioning toolkit will also be available later this year.

The GOsC has also been running workshops to help osteopaths communicate better with GPs. The third ‘Promoting Partnerships: Osteopathy and the GP workshop’ takes place in Leeds on 16 March and there are still some places left. **For further details contact Nicole Tripney on 020 7357 6655 ext 222 or nicolet@osteopathy.org.uk.**

References

- ¹ GMC. *Good Medical Practice*. GMC, November 2006, p.26 http://www.gmc-uk.org/guidance/good_medical_practice/index.asp accessed 22 January 2007
- ² GMC. *Good Medical Practice*. GMC, 2001
- ³ GMC. *Good Medical Practice*. GMC, November 2006, p.26
- ⁴ BMA General Practitioners Committee. *Referrals to Complementary Therapists*. BMA, March 2006, p.2
- ⁵ *ibid*, p.1
- ⁶ *ibid*, p.1
- ⁷ BMA General Practitioners Committee. *Referrals to Complementary Therapists*. BMA, July 1999, p.2
- ⁸ BMA General Practitioners Committee. *Referrals to Complementary Therapists*. BMA, March 2006, p.1

Take the Three Peaks Challenge

If you have been looking for a way to keep your New Year's resolution to stay fit, then look no further. Action Medical Research is currently looking for teams to take part in the **Three Peaks Challenge**, to help fund medical research, on the weekend of **7–8 July 2007**.

Those eager for the challenge will climb the three highest mountains in Scotland, England and Wales – Ben Nevis, Scafell Pike and Snowdon – within 24 hours.



This rewarding and physically demanding challenge will not only improve your fitness levels, but will also help you make a difference. All monies raised will help Action Medical Research to continue funding vital medical research into serious disease and disability.

For further information, or to request an information pack and application form, contact Action Medical Research on tel: 0845 408 2698 or visit: www.actionforcharity.co.uk.

Dr Foster CAM Directory reminder

Dr Foster is currently compiling the *2007 CAM Directory* and osteopaths are once again invited to take part. For those wishing to appear in the latest directory, a copy of the questionnaire was enclosed with the last issue of *The Osteopath* (December '06/January '07) and the deadline for returns has now been extended to **Friday 16 February 2007**.

The *CAM Directory* aims to help the general public find complementary practitioners in the UK and entry in it is

free of charge. Details of the practitioners' areas of special interest are also published.

Post your completed questionnaire to: Michael Toorie, Dr Foster Research, FREEPOST, PO BOX 46176, London EC3B 0ZZ (no stamp required).

If you have any queries, or wish to request a new questionnaire, please contact Michael Toorie on tel: 020 7332 8908 or email: cam2007@drfoster.co.uk.

Free access to life science journals

UK PubMed Central (UKPMC), which was launched in January, will provide free online access to a digital archive of published articles resulting from research paid for by any of the funding consortium. The funders are the Arthritis Research Campaign, the Biotechnology and Biological Sciences Research Council, the British Heart Foundation, Cancer Research UK, the Chief Scientist Office, Department of Health, the Medical Research Council and the Wellcome Trust. The consortium is funding the set-up, maintenance and ongoing development of UKPMC.

The archive will be fully searchable and provide links to other online resources, including the US National Institutes of Health PubMed Central, upon which the UK archive is based. PubMed Central

provides access to a wide range of life science journals including *Annals of Family Medicine*, *BMC Complementary and Alternative Medicine*, *British Journal of General Practice* and *Chiropractic and Osteopathy*.

The aim of setting up the UK digital resource is to promote the free transfer of ideas and speed up scientific discovery. UKPMC is part of a network of PubMed Central International repositories, whose long-term goal is to create a network of digital archives that can share some or all of their respective locally deposited content with others in the network.

UKPMC is being run by a partnership consisting of the British Library, the University of Manchester and the European Bioinformatics Institute (EBI) and access is available via the website <http://ukpmc.ac.uk/>.

Hands-on marketing for osteopaths

Mary Monro BSc (Hons) Ost, Bath

Having attended a recent GOsC Regional Conference – ‘Promoting Osteopathy – making the most of our potential’ – it became evident that not everyone feels that marketing is appropriate to osteopathy or understands the terminology. An overview of marketing activities may help to clarify the role of marketing and how to go about this more effectively.



How marketing can help your business

An osteopathic practice is like a horse and rabbit stew. If you start the recipe with one horse and one rabbit, the stew will taste of horse, no matter how much you flavour up the rabbit. In osteopathy, the ‘rabbit’ is the tangible features of our service, common to all osteopaths – our competence, effectiveness

and safety, which should be assured. The ‘horse’ comprises intangible features such as: attractiveness of clinic environment; reliability; speed of access; trust; likeability of practitioners; communication with patients and so on. These intangibles vary with each practice and all contribute to patient satisfaction. In fact, in my undergraduate dissertation (see further reading), I found that communicating information about diagnosis, prognosis and treatment was more important to patients than outcome measures such as quality of life or reduced pain.

Why do we need marketing?

We practitioners of the healing art of osteopathy are not above borrowing some commercial practices to help us retain our place within a competitive marketplace. In summary:

- We are all in business and want to stay in business – patients have choices
- We want to serve our patients well, meet their expectations and continually improve our service to them
- The business environment is constantly changing, which means that we need to protect our position against current and potential competitor
- In order to continue to be proud of osteopathy and to secure its future, we need to work together proactively to raise the profile of the profession, rather than responding primarily to negative press
- The communications landscape has changed in our favour – gone are the days of multimillion pound TV ads being effective – word of mouth or viral marketing is now most effective and, thankfully, inexpensive!

Definitions of marketing

- *Philosophy* – a marketing orientated business is one where customer/patient-centredness is the main driver of how the business acts.
- *Purpose* – to anticipate and meet the needs of customers/patients at an acceptable return to the business.
- *Function* – marketing covers those activities that relate the business to those parts of the outside world that use, buy or influence the benefits and services that it offers.

Marketing seeks to identify these intangibles to determine the uniqueness of your practice and source of competitive advantage – what is different and better about your practice. Armed with this information, the intangibles can be optimised so that more patients come back and advocate your practice to others.

As well as with patients, we need to promote ourselves effectively with opinion formers and influencers such as GPs, health visitors and midwives, etc. To achieve this we need to provide them with reasons to refer to us. The distinct role of osteopathy in the healthcare market must be made clear or we risk losing it and becoming a minor branch of physiotherapy. Our sovereignty depends on us actively marketing our profession at a national *and* local level.

Proposed roles and responsibilities for the promotion of osteopathy:

- The Regulator (General Osteopathic Council [GOsC])
 - Strategic development of osteopathic care.
 - Enhancing understanding of osteopathic practice and standards amongst key external audiences – the general public and patients, government, other health professionals etc. – thereby affirming the profession’s place in primary care.
 - Working and communicating with osteopaths to promote high standards of practice.

In practice

- Professional association (British Osteopathic Association [BOA])
 - Promote the benefits of osteopathy at a national level among opinion formers and consumers, while supporting the individual osteopath's marketing activities within their local community.
- Individual osteopathic practices
 - Marketing at a local level for your practice, within the context of a nationally promoted and recognised profession.

Fundamental activities of marketing

- Define patient groups that fall within the practice's expertise
- Find out what those patients require, or might require (tangibles and intangibles)
- Where those in the market want different things, group them in categories according to what they seek e.g. athletes vs pregnant women vs elderly, etc.
- Select those patient groups whose wants and needs can be better met by your practice than by rivals
- Determine the service offering (marketing mix – convenience, cost, communication and patient satisfaction) that meets the requirements of those in the targeted patient groups
- Make the offering available
- Inform prospective or current patients about the offering and how to obtain it (i.e. promotion)
- Continually decide what offerings to add, subtract, modify or upgrade to meet changing wants and circumstances

The Marketing Process



External market intelligence gathering

1. Political, economic, social and technological (PEST) forces for change, e.g. changing demographics.
2. Changes in the healthcare market, e.g. see *Keynote Report on Alternative Healthcare 2003*, available from the National Council for Osteopathic Research (NCOR) – www.ncor.org.uk; GOsC public awareness survey; research national and local statistics and health reports, e.g. on private medical insurance.
3. Changes in the competitive structure: who's doing what in your area? What are other osteopaths, chiropractors, physios, etc. doing? View their websites or call and ask for a practice leaflet. Do you know of any new developments? How will they impact on you?

Internal market intelligence gathering

1. Audit – collect data on who your patients are, why they come to you, how they heard of you, where they live, other healthcare practitioners they see, etc.
2. Satisfaction – run regular satisfaction surveys on all aspects of your service (tangible and intangible), from first contact to follow-up visits. Ask about the importance of each aspect of your service, as well as their level of satisfaction. They may love the colour of the carpet in reception, but it may not be the most important aspect of their experience of your clinic.

Analysis and planning

Once you have the data, you need to convert it into ideas for how to develop and improve your practice. The information you now have should first crystallise your strategic options.

Strategic development

- Patient strategy – which patient groups can our practice best serve?
- Competitor strategy – what differentiates us from our competitors? Source of competitive advantage?
- Corporate strategy – how can we maximise our strengths relative to competitors? Objectives?

Action plan

- Convenience – how can we improve access to our clinic (physically or in terms of communication – website, telephone, etc.)?
- Cost – do we need to consider affordability to different groups? Are our prices in line with our competitors? If not, are charges supportable in the market

- Communication – what promotional activities will reach our target audiences most effectively? (Face-to-face communication is key, but websites are also increasingly important.) Do we communicate directly or via influencers? How will success be measured?
- Patient satisfaction – does the service we offer meet the needs and wants of our patients? How is this measured?

Further reading

Kotler P, Bloom P, Hayes T (2002) *Marketing Professional Services*, Prentice Hall.

Monro M (2001) Patient Priorities in Osteopathic Care *British Osteopathic Journal*, XXIII: 7-14.

www.statistics.gov.uk – national and regional statistics on health and social care.

Mary Monro is an osteopath with a BSc Honours degree in marketing and 12 years' experience in marketing management and consultancy. For further information, contact Mary Monro via email: mary@mmost.co.uk or visit: www.mmost.co.uk.

'Safe in our hands' Certification Mark

The Certification Mark, 'Safe in our hands' not only enables osteopaths to show they are registered with the GOsC, but also helps to unify the profession. It can be used for promotional material including practice stationery, leaflets, practice nameplates and advertisements. The Mark is designed to convey, to existing and potential patients, that osteopathy is a profession of high standards and commitment.

Many osteopaths want to display something that visibly affirms their registration and, as it is not possible



for osteopaths themselves to use the GOsC logo, the certification mark is available to all registrants at no extra cost.

There are guidelines to help osteopaths use the mark appropriately and it can be employed alongside individual practice logos if required.

For an application form, which also explains the usage guidelines, contact Sonia van Heerden on ext. 242 or email: soniavh@osteopathy.org.uk. A pack with the mark and relevant information will be sent to

you either by post or electronically following receipt of your signed application form.

GOsC Promotional Material

Ordering Service for Osteopaths

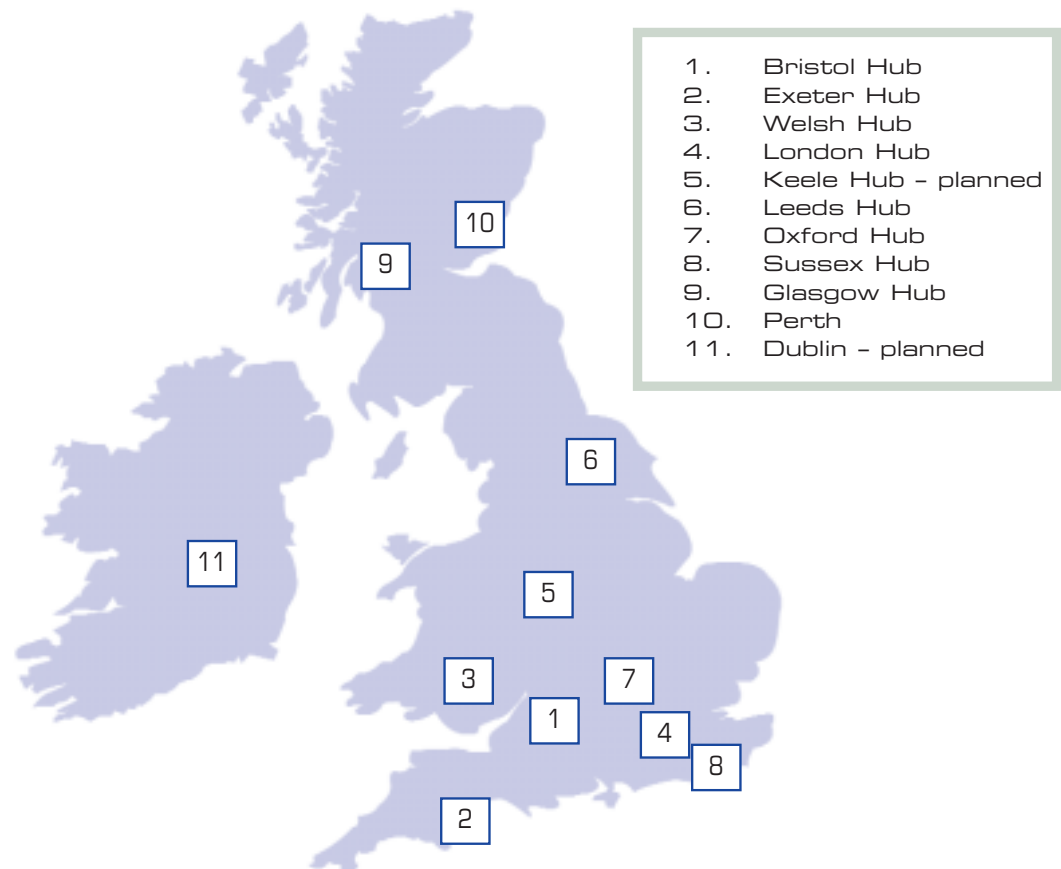


For further information on the leaflets and posters, telephone 020 7357 6655 ext 242 or visit www.osteopathy.org.uk

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

National Council for NCOR Osteopathic Research

NCOR research hubs



BRISTOL

Thursday 8 February, 7–9pm.

Small project work – looking at data on referral patterns from osteopaths. The Bristol group wanted to approach a study that would represent osteopaths' patterns of referral, identifying the reasons for referral and the types of practitioners (medical or complementary) to whom referrals were made. A data collection tool was designed for this purpose and is being piloted by the group at present. When the pilot stage has been completed, any necessary refinements to the tool will be made and a longer period of data collection may be undertaken.

The Bristol group is also undertaking an audit of case records from the past 20 years to look at how the demographics of cervical spine symptoms are changing, e.g. have there been changes in the professional groups, age groups and percentage of each gender affected by symptoms as work demands and computer use has changed during this period?

EXETER

Saturday 24 February, 10am to 12 noon.

Creating a patient information sheet and consent form by consensus. Obtaining informed consent from patients is an issue that has caused considerable concern to many osteopaths. The Exeter group looked at literature sources and examples of consent forms currently used within the group and are trying to develop a consent form by consensus. A patient information sheet is also being developed by a consensus process. This will attempt to inform patients what will happen when they visit an osteopath and give information concerning responses that can occur after treatment.

HAYWARDS HEATH

Sunday 1 April, 10am to 12 noon.

Developing a case series looking at osteopathic treatment during pregnancy and a literature review of contraindications to osteopathic treatment. The recent

publicity concerning osteopaths treating patients during pregnancy spurred this group on to develop a data collection template to attempt to demonstrate the safe and effective osteopathic management of patients during pregnancy. A case series is being created which will be submitted for publication next year.

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

LEEDS

Tuesday 20 February, 7–9pm.

Online literature searching workshop and looking at patient satisfaction questionnaires. The Leeds group have access to the computer facilities at Leeds Metropolitan University and have been participating in a series of online literature searching workshops. The group has also decided to look at patient satisfaction questionnaires that have been developed by other healthcare practitioners. The implementation of clinical governance has made patient satisfaction a fundamental consideration for healthcare practitioners; an increasing number of private health insurers are requesting evidence of practices' clinical governance arrangements.

LONDON

Tuesday 23 January, 2007, 7–9pm.

Discussion of small project looking at audit of symptom patterns in chronic patients. Chronic symptoms in patients are of considerable concern to healthcare providers and this is an area where many osteopaths work very successfully. The London group wanted to look at symptom patterns in chronic patients and an audit tool is going to be developed for this purpose and will be piloted by the group.

OXFORD

Wednesday 28 February, 7–9pm.

Developing an audit tool to assess changes in treatment approaches to the cervical spine since the introduction of the GOsC "Fitness to Practise" guidelines. A case presentation will also be given by Hector Wells, a local osteopath who has developed a technique for detecting space occupying lesions.

The Oxford group has looked at the development of a case history sheet through a consensus process to satisfy what were regarded as minimum requirements of practice. The group is now moving on to investigate whether changes have occurred in the number of cervical HVTs being carried out by osteopaths since the introduction of Clause 20 of the GOsC "Fitness to Practise" guidelines.

Research news in brief

Back pain and stem cell treatment

Back pain is currently one of the most common reasons for time lost from work. The NHS spends \$1.19 billion treating back pain each year, while lost productivity and payment of sickness benefits cost the taxpayer another \$24.9 billion. Researchers at Manchester University have reported their findings concerning the use of stem cells in the use of back pain treatment. Their belief is that a single injection of a patient's own stem cells may have the potential to banish backache for life. The researchers believe stem cells possessing the ability to be transformed into different types of tissue could hold the key. They hold a restorative function to tackle damage occurring in spinal structures. The cells are developed from bone marrow, mixed with collagen and injected into the spine through a fine needle to attempt to repair any damage to the intervertebral discs. The addition of collagen aids the healing process. The process has been tested in the laboratory and it is hoped the first clinical trials will start within two years.

Source: www.royalsoc.ac.uk

Public health

Some in the medical establishment regard chronic fatigue syndrome as being "all in the mind", but a report by a committee of MPs has criticised this attitude. The report states that this attitude has biased research against investigating a physical cause for the debilitating disease. Chronic fatigue syndrome, also known as myalgic encephalomyelitis or ME, is thought to affect 250,000 people in Britain.

Source: www.royalsoc.ac.uk

New figures on incidence of diabetes

The International Diabetes Federation released figures this week that show nearly 6% of the world's adults, between the ages of 20 and 79, now suffer from this condition. The Federation is a coalition of diabetes associations from more than 150 countries and estimates that the prevalence of type 2 diabetes, in particular, is rising relentlessly. Almost 80% of affected people live in developing countries. The highest prevalence of diabetes was found in the Eastern Mediterranean and Middle East region (9.2%) closely followed by North America (8.4%). The age group which showed the highest prevalence of diabetes was 40–59 years (46%). The data has been published in *Diabetes Atlas*.

Source: Mayor S. News. *British Medical Journal*. 2006;333:1191

Steroid injections and trigger finger

Akhtar S, Burke FD. Study to outline the efficacy and illustrate techniques for steroid injection for trigger finger and thumb. *Postgraduate Medical Journal*. 2006;82:763-766

The researchers in this study carried out a systematic review to examine the most effective approaches to the management of trigger finger. Steroid injection and surgical approaches were considered. The review process suggests that a steroid injection into the flexor sheath of the affected digit is the preferred option in treating most patients. The approach was successful in 49–84% of patients after one treatment and 72–93% of patients after more than one injection. Specific information concerning how to correctly identify and safely access the superficial landmarks of the A1 pulley (flexor tendon sheath) has also been provided in the review.

Recommendations of the Cooksey report

The Cooksey report, which was commissioned by the Chancellor, Gordon Brown, has finally delivered its findings. The report recommends a new model of structured coordination between the NHS, the Medical Research Council (MRC) and the healthcare industry. This central coordinating body will be known as the Office for Strategic Coordination of Health Research and its ultimate aim will be to ensure that more research is translated into tangible benefits for patients.

Source: Cole A. News. *British Medical Journal*. 2006;333:1239

Growing your own knee cartilage

Cartilage injuries can cause long-standing and debilitating knee pain. However, a revolutionary new approach has been developed to utilise a 3D implant grown with a patient's own healthy cells which is adhered into the damaged knee cartilage. Unlike existing cartilage repair systems which take months to grow, it takes just two weeks to get enough cells for the operation. The cells are dispatched to a laboratory to be seeded into a platform which becomes ready for use within 11 to 15 days. Patients can be walking normally within 6 to 12 weeks after surgery. The new approach, known as the CaRes cartilage regeneration system, is suitable for patients between 20 and 50 years of age. It has been used to treat an estimated 1,000 patients worldwide.

Source: www.royalsoc.ac.uk.

Research Summaries

Tang H and Ng JHK. **Googling for a diagnosis – use of Google as a diagnostic aid: internet based study.** *British Medical Journal*. 2006;333:1143-1145

Patients frequently use search engines such as Google to identify health information, but a study has been carried out to discover how helpful Google is in arriving at a diagnosis. Researchers Tang and Ng selected a sample of diagnostic cases from 2005 published in the *New England Journal of Medicine*; they identified three to five “statistically improbable search terms” for each case record and entered them onto a data sheet. They carried out a Google search while remaining blinded to the correct diagnosis. The three most prominent diagnoses that seemed to match the symptoms were recorded and the results were then compared with the correct diagnoses as published in the journal. A total of 26 cases were identified and Google identified the correct diagnosis in 58% of cases. The researchers concluded that Google could make a useful contribution to other clinical decision support programmes currently available to diagnose difficult cases; similar programmes have limited application in complex diseases with non-specific symptoms but are more helpful when specific and unusual symptoms are present.

Stuge B, Holm I, Vøllestad N. **To treat or not to treat postpartum pelvic girdle pain with stabilizing exercises?** *Manual Therapy*. 2006;11:337-343

Pelvic girdle pain (PGP) is commonly experienced post partum and is a reason why many women consult physical therapists. Literature concerning the value of stabilising exercises is contradictory and the authors have attempted to explore these studies in greater depth. The two studies examined were Stuge *et al*¹ and Mens *et al*². Mens based exercises in the study on the premise that pelvic girdle pain is related to insufficient stability of the sacro-iliac joint. A programme of exercises was recommended to train the diagonal trunk muscle systems (gluteus maximus, the contralateral latissimus dorsi and the oblique abdominals). This programme was intended to increase stability, increase muscle force and endurance and thereby benefit patients with PGP. The Stuge study based its approach on theories of an integrated model for lumbopelvic function and stability. The Stuge programme focused on stabilising exercises for specific activation of the local and global muscle system with attention on motor control to coordinate muscle recruitment.

Analysis of both studies allowed positive features from both to be recommended. The authors found that exercises that were tailored to the individual under supervision and corrected for order and dosage were most beneficial. Focussing on local muscles, then gradually adding global muscles so that the entire musculature was considered, appeared to be most beneficial.

References

- ¹ Stuge *et al.* The efficacy of a treatment programme focusing on specific stabilizing exercises for pelvic girdle pain after pregnancy: a randomized controlled trial. *Spine*. 2004a;29(10):351–9
- ² Mens *et al.* Diagonal trunk muscle exercises in peripartum pelvic pain: a randomized controlled trial. *Physical Therapy*. 2000;80(12):1164–73

Murphy DR and Morris NJ. **Cervical epidural abscess in an afebrile patient. A case report.** *Journal of Manipulative and Physiological Therapeutics*. 2006;29:672–675

The information in this case report will be of interest to all clinicians. Spinal epidural abscess (SEA) is an unusual presentation in private practice but can account for up to 2 per 10,000 hospital admissions per year with 12% of such presentations being present in the cervical spine. The predisposing factors for this condition can include recent spinal surgery, recent trauma, distal site of infection, intravenous drug use or some form of immunosuppression (diabetes, cirrhosis, AIDs or long-term steroid use). Spinal pain in combination with an elevated temperature are the most common early clinical symptoms; the most common infectious agent is *Staphylococcus aureus* (45–62% of cases). Objective identification of the abscess can be made by MRI and early diagnosis and treatment are crucial to successful recovery.

The case report concerns a 52-year-old man who consulted a chiropractor following referral by his doctor. The patient reported severe sharp pain to the base of the cervical spine radiating to the left shoulder. The upper extremity was unaffected and the patient reported no paraesthesia, numbness, motor loss, bladder or bowel difficulties but reported occasional numbness in his tongue and lips. The pain had started one week earlier and developed insidiously. The patient had a long history of neck pain and had previously undergone anterior surgical fusion at C5/6 and C6/7 eight years earlier which was followed by a second operation “for the insertion of instrumentation” (sic) two years later. General health included asthma, hypertension, type 2 diabetes, sleep apnoea, throat polyps and post traumatic stress disorder. The case

history further revealed bilateral tinnitus, occasional “chills and fevers” and the recent onset of “balance problems”. Aggravating factors included coughing and cervical spine movement. Relieving factors included Acetaminophen (Paracetamol) and the opioid analgesic Oxycodone (Percodan). Examination revealed restricted range of cervical movement and exquisite tenderness throughout the spine on palpation. Muscle stretch reflexes were absent throughout apart from the ankle jerks. Motor strength was unimpaired and sensory examination was normal. Blood pressure was 155/90, pulse rate was 25 beats/min and temperature was 97.5°F.

The patient was recommended to apply ice packs and try to gently move the cervical spine. When the patient returned the following day he reported feeling a bit better but still reported significant pain. Examination revealed symptomatic dysfunction at C2/3; this segment was manipulated using a lateral flexion muscle energy technique. At follow-up the next day the patient reported he had continued pain, had been unable to lift his arm and felt a “buzzing” feeling down his thoracic and lumbar spine. He was immediately referred for an MRI scan which showed an abscess extending from C2 to C4 within the right posterior epidural space.

Forthcoming courses and conferences

Thursday 8 March: 3rd National Conference for Extended Scope Practitioners, physiotherapists and other professionals working with musculoskeletal conditions, Regent’s College, London. The focus of the conference will be the Musculoskeletal Services Framework (MSF).

30 March: Developing Research Strategies Conference, at the University of Northampton. This conference has been held previously in Southampton and hosted by Dr George Lewith. The closing date for abstracts is 12 February, 2007. Please contact Andreas Somner (andreas.somner@northampton.ac.uk) for further information.

11–13 May: International Congress on Complementary Medicine Research, Munich, Germany. For more information see www.CMR-Muc2007.de.

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

1–4 June: Osteopathy and White Nights International Conference, St Petersburg, Russia. Further details can be found at www.osteopathic-conference.org.

Research Taster Day

If you qualified before 1990, research may not have been taught as part of your osteopathy training. This taster day is designed to:

- introduce you to the concept of research
- explain why research is important for the practising osteopath
- provide sources of information on how and where to find evidence
- explain how to appraise evidence and decide if it is good evidence or not
- explain how osteopaths in private practice can become involved in and contribute to osteopathic research



The venue will be Northern Terrace, Queens Square Court, Leeds Metropolitan University, Leeds, West Yorkshire. There will be a token cost for this day and CPD time will be awarded.

Expressions of interest:

If you are interested in attending this taster day/refresher course, please contact Carol Fawkes on 01273 643457 or email: c.a.fawkes@brighton.ac.uk.

Saturday 12 May

at Leeds Metropolitan University



Programme

- | | |
|-------------------|---|
| 10.00am | Welcome |
| 10.15am | Why are evidence and research important to me as a practitioner? |
| 10.45am | Where and how do I find research evidence? |
| 11.15am | Coffee |
| 11.30am | How do I know if evidence is good or bad? |
| 12.00 noon | How can evidence change my practice? |
| 12.30pm | How can I contribute to the production of evidence? |
| 1.00pm | Lunch |
| 2.00pm | Audit in my practice |
| 3.00pm | Tea |
| 3.15pm | The research process |
| 4.00pm | Close |

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5. Applicants must complete an application form and provide appropriate references

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For further information and application pack apply direct to BCOM via email: admissions@bcom.ac.uk or visit our website www.bcom.ac.uk

Regional Communications Network meeting

The General Osteopathic Council (GOsC) will this year hold two meetings of the Regional Communications Network at **Osteopathy House, London**. The first meeting has been scheduled for **Friday 27 April 2007**. A second meeting will be convened in late October or early November.

The GOsC undertakes to meet periodically with representatives of osteopathic groups from across the UK to identify local concerns and improve two-way communication between the GOsC and practising osteopaths.

These forums provide an invaluable opportunity to brief regional representatives on key current developments within the profession, and gather "grassroots" feedback, through regional osteopathic societies, on policy issues as they affect osteopaths in different regions of the UK. Regional Network meetings also represent an opportunity for regional societies to



exchange ideas for CPD and regional initiatives.

Items on the April Network meeting agenda are likely to include the Government's proposals arising from the Foster Review of non-medical regulation (an announcement is expected in late February), preliminary plans for a 10-year celebration of UK Osteopathy,

revised CPD rules, launch of a GOsC Registrants' Website, revisions to *The Osteopath* magazine, a review of the Critical Cs workshops, and an update on joint GOsC – BOA projects.

A report will be published in *The Osteopath* following the meeting. Any osteopath with a burning issue they wish to raise with the GOsC at this meeting should contact their local Regional Society.

For further information about the meeting, or your local Regional Society, contact Nicole Tripney on ext. 222 or email: nicolet@osteopathy.org.uk.

Northern Counties Society of Osteopaths

Northern Society revived

Neil Chestock, Altrincham

At a well-attended meeting held on 12 November 2006, it was agreed to revive the Northern Counties Society of Osteopaths (NCSO) – the oldest UK osteopathic society, founded in 1924. At the meeting, **Dorothy Griffiths DO** was elected President; **Neil Chestock** (retired osteopath), Hon. Secretary; **David Gutteridge DO**, Convention Secretary; and **Chris Huyton DO**, Treasurer.

We would like to invite those who run existing CPD groups to forward your contact details to us (see below), along with a list of any courses you have arranged for the coming year.

We feel the Society is an ideal body for helping advertise CPD courses relevant to osteopaths in the

North. Our involvement could also help organisers to avoid the frequent problem of courses being arranged on clashing dates.

The NCSO is planning to hold a 1½ day convention and dinner in June 2007 – venue and date still to be announced. We look forward to meeting former and new members, and putting the Society back at the forefront of enjoyable osteopathic CPD.

For details of any of the events, either NCSO or CPD groups, or to be placed on our mailing list, please contact Neil Chestock on email: neilchestock@yahoo.co.uk or tel: 0161 980 6228.

BBENSCH

Meetings past and future

Claire Merriweather BSc (Hons) Ost, St Albans

BBENSCH, the regional society for Beds, Bucks, Essex, Norfolk, Suffolk, Cambs and Herts, would

be delighted if you could join us for a full-day conference on **Sunday 25 February 2007**, 9.30am–4.30pm, at De Havilland Campus, University of Hertfordshire, Hatfield.

Programme***Differential Diagnosis of abdominal pain in pregnancy***

GP **David Lewis** has a special interest in the assessment and management of abdominal pain and a good understanding of osteopathic concepts.

Osteopathic technique for stabilizing the pelvis

Diane Khier, osteopath and pilates teacher, has an interest in the pelvic floor and pelvic girdle pain. (This presentation will also include practical demonstrations.)

Are you giving your patients what they want? Patient satisfaction surveys

Andy Morton, Customer Care Regional Manager, Nat West Bank.

***Osteopathy and influenza***

Walter McKone is an osteopath, lecturer and practitioner in sports medicine,

osteopathic paediatrics and manipulative sports medicine. Walter has extensive knowledge of medical and osteopathic philosophy, which compliments his interest in the history and development of science, western philosophy and osteopathy.

Cost: £70 for members or £85 for non-members, including a two-course lunch and refreshments.

To book your place, please send your name, address, email, telephone number and dietary requirements together with a cheque made payable to BBENSCH to our **new** address: **BBENSCH, 58 Tennyson Road, Harpenden, Herts, AL5 4BB** or contact **Barbara Grace** on **01462 743729 (answerphone)**; email: info@BBENSCH.co.uk, or see: www.bbensch.co.uk for further details.

Please note that annual membership of BBENSCH society is now due for renewal – cost is £25 for the year. This qualifies you for discounted prices at all meetings throughout the year and early notification of meetings.

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Plymouth 02-03-07
Scunthorpe 02-03-07
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Solihull 09-03-07
Bedford 16-03-07
Lancaster 16-03-07
Medway 16-03-07
Carlisle 30-03-07
Dunfermline 30-03-07
Middlesborough 30-03-07
Stafford 30-03-07

April 2007

Blackburn 05-04-07
Bury St Edmonds 05-04-07
Croydon 05-04-07
Harrow 05-04-07
Rotherham 05-04-07
Wirral 05-04-07
Halifax 13-04-07
Bexley 13-04-07
Shrewsbury 20-04-07
Sutton 20-04-07
Aberdeen 27-04-07
Brent 27-04-07
Brentwood 27-04-07
Portsmouth 27-04-07
Stevenage 27-04-07
Welwyn 27-04-07

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

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

Cognitive behavioural approaches to pain management

Chronic pain is common and can be distressing, disabling, depressing and costly to individuals, their families and the state: it can keep people off work and on benefit. Osteopath **Claire MacDonald** comments:

"The relationship between physical pathology, the experience of pain and the resulting disability is not straightforward – being mediated and moderated by an individual's beliefs and their behaviours. Understanding those beliefs and behaviours can result in significant improvements in quality of life, functional capacity, mental health and even their experience of pain. But how should we best go about doing this?"

Claire suggests that osteopaths may be interested in cognitive behavioural therapy (CBT) as one useful approach. "It is fast becoming a key phrase in discussions on health care and patient treatment plans. It is a therapy that aims to change the patterns of thinking or behaviour that are behind people's difficulties so they can change how they feel."

Positive research¹, as well as individual patients' and clinicians' experiences, mean that CBT is accepted now as helpful in dealing with some chronic pain. **Charles Pither**, a consultant in pain medicine says. "...a combination of psychological and physical therapies appears to provide significant benefits... Modern cognitive behavioural approaches to pain have developed from a number of linked models, all with some efficacy on their own but gaining from being delivered in combination. They have clearly been shown to be the most logical treatment for individuals suffering from chronic musculoskeletal pain, where the pain is

accompanied by disability and psychological distress."²

Two forthcoming courses indicate interest from osteopaths in this area. *Chronic pain and patient management*, to be held in Manchester on the weekend of 17–18 February, looks at tools and strategies to help patients make changes in their cognition, emotions and behaviour in order to improve their health and wellbeing. The lecturer, **Dr Tim Anstiss**, has training in sports and exercise medicine, psychiatry and occupational medicine and cognitive behavioural therapy and has recently been focusing on positive psychology (happiness) and mindfulness and the application of insights from these fields into the clinical and occupational domain. **For further information and bookings contact Osteopathic Professional Education North on tel: 0113 368 2984 or see <http://www.open-ed.co.uk>.**

Also on 17 February, in London, is *Working with chronic pain: cognitive-behavioural approaches for clinicians*, a one-day workshop led by **Heather Muncey**, a physiotherapist with experience of using the biopsychosocial model in the management of pain and applying cognitive-behavioural principles to physical therapies. The course looks at psychosocial influences on pain presentations and the importance to treatment outcome of identifying and incorporating these into the treatment programme. **For further information and bookings contact CPDO Ltd on tel: 020 7263 8551 or cpd@cpdo.net or go to www.cpdo.net.**

¹ For instance see <http://www.jr2.ox.ac.uk/bandolier/booth/alternat/AT122.html> or <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=pubmed> accessed 17 January 2007

² <http://www.wellcome.ac.uk/en/pain/microsite/medicine3.html> accessed 17 January 2007

Physical Therapy Conference

The 3rd International Evidence Based Physical Therapy Conference will take place on Saturday 12 May at Imperial College, London. The aim of the conference is to present a review of current evidence on particular aspects of musculoskeletal health and osteopaths, chiropractors and physiotherapists are among the key target audiences. Lecture topics will include *Non-specific low back pain – balancing evidence with classification and*

mechanisms and Frozen shoulder – what is the pathology and what is the evidence for management?

Registration fees are £135.12 (including VAT) for early bird bookings, before 28 February, and £182.12 thereafter. **Further information and booking forms from Health Education Seminars, 01202 568898; info@heseminars.com; www.heseminars.com.**

Osteopathy and white nights

An international conference on osteopathy as a system of diagnosis and treatment will take place in St. Petersburg, Russia, from 1–4 June. The organisers, the St Petersburg Medical Academy of Postgraduate Education, the Russian Academy of Osteopathic Medicine and the United National Register of Osteopaths, are now calling

for posters (deadline 1 May) and abstracts (deadline 1 March).

Fees for attending the conference are 12,300 roubles for early bird bookings, before 1 March, and 14,000 roubles after that. **For further information see <http://osteopathic-conference.org> or email request@osteopathic-conference.org.**

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Dear Editor

Like Martin Grundy, and many others, I have never liked the idea that promotion of the profession is required by the Osteopaths Act. However, even in my short life, I have discovered that sometimes I am wrong.

Firstly, let me correct some of Martin Grundy's inaccuracies.

- a) The function of the BMA is to represent the interests of its members to the GMC, the NHS and other bodies. It is really a trade union, although presumably neither they nor the BOA would relish that description.
- b) The GOsC has no statutory duty to protect the public. In the Osteopaths Act there is only a rather incidental mention of protecting members of the public (in connection with suspension of registration). The Act states quite clearly that 'It shall be the duty of the General Council to develop, promote and regulate the profession of osteopathy' (Notice the order.) There is definitely no 'promotion clause'.
- c) 'Statutory regulation enhances our status and is ... possibly our most powerful marketing tool'. Whatever we think about status, surely our most powerful marketing tool is the effectiveness of osteopathy which is unconnected with regulation.

Secondly, let us examine the real meaning of promotion. Our ideas about the meaning of this word are probably too much influenced by its use in supermarkets; there is, however, a difference between osteopaths and baked beans.

- a) Promotion includes public information. At present it is the GOsC which gives the public details of their nearest osteopaths. Could the BOA do that? Would its members be willing to pay for a service which impartially gave out details of non-members?
- b) Promotion includes public education. Education should be factually accurate and fair. The GOsC is responsible to the entire profession, the Privy Council and, ultimately, Parliament. That is the

basis of their credibility. The BOA is responsible only to its members. (That is not a criticism of the BOA; it is just a fact).

- c) Promotion and development are linked. My personal opinion is that the GOsC has never fully explored the concept of development and until they do they will never understand the real meaning of promotion. (That is a criticism).

Thirdly, let us consider whether promotion and regulation are really incompatible as suggested by the Foster report.

- a) There is continuing suspicion of self-disciplining professions. The existence of the CHRE is evidence of that, but successive governments have been equally unwilling to fund any realistic alternative. The question is really one about human nature: can osteopaths (or those closely associated with them) really be objective about the behaviour of other osteopaths? This is not an easy question to decide, but giving or removing the promotional role has absolutely no bearing on it. The disciplinary practices of the GMC have been much criticised and they do not have a promotional function
- b) The meetings of the General Council and the Professional Conduct Committee are held in public and the Fitness to Practise report is in the public domain. Council members are well aware that any real bias (whether conscious or otherwise) would eventually come to light and have unpleasant consequences. One of the principal functions of the Council is to set standards. If the existence of the duty to promote had any influence on that it would be as a tendency to set standards too high.
- c) Removing the word promotion from the Osteopaths Act would be a largely cosmetic change. Whether or not the members of Council discharge their duties in an honourable and disinterested way does not depend on the presence in the Act of one rather vague word. (It depends, of course, on whether we elect the right people).

Peter Buxton, Sunderland

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

Courses 2007

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

How to treat hamstring injuries

13 February

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

Concepts of foot and ankle surgery

15 February

Speaker Mr Mike Trevett. Organised by Osteopaths@Worcester. Contact: Sue Brazier, tel: 01905 831495, email: info@suebrazier.com (website: susanbrazier-osteopath.co.uk)

Paediatric osteopathy

16–18 February

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

Sunflower therapy training course – module 2

16–18 February

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

Working with chronic pain: cognitive behavioural approaches for clinicians

17 February

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

Chronic pain and patient management

17–18 February

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

Osteopathy in the cranial field support day

24 February

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

The practical synthesis of clinical applications of painful and difficult cases

24–26 February

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

Strain and counterstrain

25 February

Course leaders Bob Burge and Jo Holmden. Organised by the British School of Osteopathy. To be held at the British School of Osteopathy, 275 Borough High Street, London SE1 1JE. Contact: Gayda Arnold tel: 020 7089 5315, email: g.arnold@bso.ac.uk (website: www.bso.ac.uk)

What is the patient really telling me? Deepening our understanding of the osteopath–patient relationship

25 February

Course Directors Mannie Sher and Danny Sher. Contact: tel: 020 8349 9399, email: m.sher@tavinstitute.org

Balanced ligamentous tension

25 February

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

The dynamic basicranium

2–4 March

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

The speech of the embryo

2–4 March

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

Classical functional technique

3 March

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

Sunflower therapy training course – module 3

9–11 March

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

A biodynamic view of osteopathy in the cranial field: phase 5

9–12 March

Speaker Christian Sullivan. To be held at Hawkwood College, Stroud. Contact: tel: 01225 868282, email: enquiries@churchstreetpractice.co.uk

Integrating Pilates with osteopathic treatment**10–11 March**

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

(website: www.beaconosteopathy.co.uk)

What is the patient really telling me? Deepening our understanding of the osteopath–patient relationship**11 March**

Course Directors Mannie Sher and Danny Sher. Contact: tel: 020 8349 9399, email: m.sher@tavinstitute.org

Analysis, synthesis and integration**16–18 March**

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

First aid in the clinic environment**17 March**

Speaker Steve North. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 0113 638 2984

(website: www.open-ed.co.uk)

Pre and post operative care for common joint surgery**17 March**

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

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

Speaker Michael Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1.

Contact: tel: 07000 785778, email: info@cranio.co.uk

(website: www.cranio.co.uk)

Part 1 – developing palpation – osteopathy in the cranial field: finding the inherent path**23–25 March**

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

Contact: tel: 00353 52 38800

The ways of osteopathy, level 1 (3rd edition)**23–26 March**

Speaker Bruno Decoux. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain.

Contact: tel: +93 480 25 15

(website: www.eobosteopatia.com)

IOT II: lumbar and thoracic spine and ribs**24–25 March**

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

How to treat acute disc**29 March**

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

Cranio-sacral therapy – introductory day**31 March**

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

(website: www.ccst.co.uk)

Osteopathy in the cranial field**31 March – 4 April**

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

(website: www.scc-osteopathy.co.uk)

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

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

(website: www.ccst.co.uk)

Emotion, meditation and the seven transverse diaphragms**14–15 April**

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

Dentistry and cranial work**14–15 April**

Speakers Wojciech Tarnowski and Chris Castledine. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: CCST on 020 7483 0120, email: info@ccst.co.uk (website: www.ccst.co.uk)

How to treat chronic lower back pain**26 April**

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

Medical Legal: Clinical examination and the law**26 April**

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

Paediatric osteopathy**27–29 April**

Course Director Susan Turner. Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud.

Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

Classifieds

RECRUITMENT

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

ASSOCIATE OSTEOPATH required to work between two well-established practices offering a multi-disciplinary environment and situated in the beautiful West Country. We can offer four days per week for the right person, who will have some post-qualification experience, be committed to the practices, and be willing to enhance their patient base. Please send CV to: Dr Peter Spencer, Tarka Clinic, Paiges Lane, Barnstaple Devon EX31 1EF and Paul Fillery, Heavitree Osteopathic Clinic, 5 North Street, Heavitree, Exeter EX1 2RH.

MANCHESTER CITY CENTRE - experienced osteopath required for multi-disciplinary health clinic working alongside GPs, physiotherapist, homeopaths, hypnotherapists, Alexander Technique teachers, acupuncturists etc etc. Great clinical opportunity. Craniosacral skills would be an advantage. Contact john@octopushealth.com or call 07980 001 776

OSTEO/CRANIAL OSTEOPATH. Expanding multidisciplinary practice in Winchester. Initially two half-days (including Saturdays). Extending to two full days a week. Please send CV to accounts@thenaturalpractice.com or post to The Natural Practice, 106 Stockbridge Road, Winchester SO22 6RL. Telephone 01962 856310. www.thenaturalpractice.com

HEADCORN-KENT Locum / assistant needed to cover maternity leave from January to July, initially 2 half days. Possibility of further hours and more permanent position in our friendly, multidisciplinary clinic. For details contact Caroline Turck on 01622 892 266.

"HANDS ON" experienced structural-based osteopath is required to replace a popular male colleague of 5 years, working extended half-days Wednesday and Friday, in a busy multidisciplinary private clinic established in West London for over 35 years. Please email your CV to penn.clinic@virgin.net or phone Lesley Harris 0208 561 0819.

YORK - self employed osteopath(s) required for the multi-disciplinary York Clinic for Complementary Medicine www.yorkclinic.com. Beautiful Victorian building, supportive practitioner environment. Established osteopath leaving end March. Apply with covering letter and CV to Hugh MacPherson, hm18@york.ac.uk

ADDITIONAL EXPERIENCED OSTEOPATH required by long established complementary therapy clinic in Stanford-Le-Hope Essex. Please reply with CV to Nagen Kumar, Lingwood Clinic, 20 Victoria Road, Stanford-Le-Hope, Essex, SS17 0HS

VACANCY for a full-time permanent osteopath to work in our busy East Yorkshire practices. We provide a supportive environment with excellent learning opportunities, including a well developed CPD programme. We contract with a number of local companies, provide osteopathic care in local GP practices and have been a local NHS provider for several years. We are committed to team working and operate on a multi-disciplinary basis. Written applications with CV, to: Robert Wadsworth, 142 Sunny Bank, Hull, HU3 1LE or email: rgw@wadsworthevansosteopaths.co.uk

STARTING MID-MARCH 2007. Locum required for 6 months maternity cover, 2-3 days per week in picturesque Lavenham, Suffolk. Suits a more structural approach. Good remuneration. Contact Amanda Green 07795 484 302

EXPERIENCED OSTEOPATH needed to take over part of busy list and build own list, at friendly practice in Chelmsford, Essex. Days negotiable, experience in paediatric and involuntary mechanism essential. Tel: Emma Bryant 01245 280088.

WORCESTERSHIRE ASSISTANTSHIP to start ASAP for 2 days per week. Applicants must have good IVM skills and be experienced in treating children. The practice is almost exclusively cranial. Delightful countryside setting, friendly practice, good remuneration. Contact Joanna Young evenings on 01886 833 387 or email: joannayoung53@hotmail.com

PROFESSIONAL PERSON REQUIRED to share a self-contained chiropody practice in Shirley, Solihull. Available 1-3 days per week. Phone: 0121 7441100 or 07790697558.

AN ASSOCIATE REQUIRED for a practice in Ashford, Kent. Applicant must have minimum of one year's experience, be prepared to work in multidisciplinary environment, which includes sports rehabilitation and acupuncture. The candidate will be required to have working knowledge of dynamic core stability, sports rehabilitation and be able to use electrotherapy. Application to: Rose Dixon at 44 Hythe Road, Ashford, Kent CT6 8TZ.

PART-TIME WORK available for Osteo / Cranial Osteopath with a possibility to extend hours. Multidisciplinary clinic in London N14. Suit local person with confidence, excellent manual skills, willing to work alongside physio's. Call 020 8440 3629

FEMALE ASSOCIATE to cover maternity leave from March / April - Aug / Sept 2007. Permanent position available after cover. 2 Practices in N.E. Wales. Suit motivated, confident individual with good S.T. and structural technique. Advice on relocation to area if required. Call practice manager Liz: 01352 731818.

ASSOCIATE OSTEOPATH REQUIRED NEW ZEALAND. Full-time to join our friendly well established practice. Great people, great area. Rotorua has excellent fishing and mountain biking, and is close to beaches and snow fields. Applicants must have good structural skills, experience in cranial would be an advantage. CVs to Iain Kennedy Osteopathy 1375 Hinemoa Street Rotorua. Ph / Fax 07 349 1200 e-mail kennedyosteo@xtra.co.nz

COMMERCIAL

SURREY, EPSOM DOWNS Newly built self-contained suite of two treatment rooms, reception area, kitchen and bathroom (full plans available on request) with both on & off street parking during business hours. Prime residential area close to station, £900 per month plus services. Phone 07930 397222 or adrian@esmerelda.co.uk for further details.

NICE ROOM with aircon/climate control / available to rent in central Tunbridge Wells, situated in established hair health beauty salon. Electrical couch, reception services are available. Room is quiet. Please contact Veronica or Tyne 01892 616116 or email vvtate@btinternet.com thank you.

WANTED TO BUY: double list practice or single list with potential to expand. Ideally located South of Birmingham, West of Oxford, North of Salisbury but anywhere close to this area considered. Would be mostly structural with some cranial. Alternatively assistantship in these areas with aim to buy the practice in the future. Please email with any offers: lookingforapractice@hotmail.co.uk or phone 07794 675843

Osteopathy Business Opportunity ~ another practitioner wanted!

We were recently very pleased to welcome a new osteopath into our team of 15 professional therapists. However, it has quickly become clear that there is yet more untapped business here - giving an outstanding opportunity for another dedicated osteopath. Our busy and well-marketed practice is based in a lovely Georgian house in Taunton, the county town of Somerset, with its excellent road and rail links. We have a team approach to complex areas of patient care, with good cross-referral.

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

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

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

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

ROOM TO LET IN HARLEY STREET, W1. Large quiet room available Mondays and Thursdays with electric couch, wireless internet, CPD meetings in multidisciplinary medical practice. Suit established osteopath with own list. Contact Alice on 07815 763 570

CONSULTING ROOMS FOR RENT. Harborne Road, Edgbaston, Birmingham. Consulting rooms available on a flexible sessional basis in a period mixed medical house in the Harley Street of Birmingham. Reception / waiting facilities. On site parking. Details Robert Oakes 0121 455 6224.

TWO PRACTICES FOR SALE. One is in Oxford (established for 14 years) within a complementary clinic. It has great scope for expansion. The other is in Buckingham, a thriving market town close to Milton Keynes, and it has been established for 6 years, with excellent links with local GPs, midwives, health visitors and local complementary therapists. Both practises have built up an excellent reputation. They can be purchased together or separately. The owners are relocating. Call 0845 838 5517.

BEAUTIFUL LARGE ROOM available one/two days per week in pleasant multidisciplinary practice situated in Cavendish Square (Harley Street) London W.1. Room overlooks square/gardens. Includes reception/waiting room facilities. Conveniently situated for bus, tube, taxi and parking. Tel: 020 7580 2644.

COURSES

24/25 MARCH 2007 – Scottish Massage Therapists Organisation Conference with Art Riggs (USA) in Edinburgh. Two day Deep Tissue / Myofascial Release hands-on workshop. Further details contact SMTO on 01224 822960 or info@scotmass.co.uk

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SUTHERLAND Cranial College

Module 6

THE DYNAMIC BASICRANIUM

Course Director: Elizabeth Hayden DO MSCC

Fee: £830 CPD 24hrs

2-4 March 2007

Hawkwood College, Stroud

A three day residential postgraduate course
(Shared accommodation)

Eligibility two Module 2/3 courses or equivalent

Module 2/3

OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Timothy Marris DO MSCC

Fee: £1350 CPD 40hrs

31 March – 4 April 2007

Devonshire Hall, University of Leeds

A five day residential postgraduate course
(Single accommodation)

SCTF approved

Module 4

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

Course Director: Susan Turner DO MA MSCC

Fee: £1055 CPD 32hrs

Evening 16 – 20 May 2007

Hawkwood College, Stroud

A four day and preparatory evening residential
postgraduate course
(Shared accommodation)

Module 2/3

OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Peter Cockhill

DO BA(Hons) MSCC

CPD 48hrs

14-16 and 21-23 September 2007

Columbia Hotel, London

A six day non-residential postgraduate course
SCTF approved

Module 8

THE FUNCTIONAL FACE

Course Director: Cherry Harris DO MSCC

CPD 32hrs

20-23 October 2007

Dartington Hall, Totnes, Devon

A four day residential postgraduate course
(Shared accommodation)

Eligibility two Module 2/3 courses or equivalent

*Closing date for application forms
one month before course starts*

SCC Administration, PO Box 91, NP16 7ZS
Telephone 01291 689908 / Fax 01291 680056
Email: info or admin@scc-osteopathy.co.uk
Website: www.scc-osteopathy.co.uk

City & Guilds Teacher Training Centre Charity No 1031642

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Level 1: Introductory Rear Foot Mechanics

Topics include: Subtalar Joint function/dysfunction and evaluation and Gait Cycle; Common conditions associated with biomechanical dysfunction – *Plantar Fasciitis, Heel Spurs, Achilles Tendonitis, Shin Splints, Knee Pain, Lower Back Pain and Leg Length Discrepancy.*

Practical work includes: Hands-on STJ Neutral, taping, heat moulding and fitting orthosis.

Level 2: Introductory Fore Foot Mechanics

Topics include: Fore foot mechanics and 1st Ray function and evaluation; Common conditions – *Bunions, Metatarsalgia, Morton's Neuroma, Hallux Rigidus/Limitus, Hammer-Claw-Mallet toes, Fore foot Varus/Valgus, Plantarflexed/Dorsiflexed 1st Ray.*

Practical work includes: Hands-on assessment of the fore foot, fore foot neutral, measurement techniques, wedging and troubleshooting.

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