

the OSTEOPATH

The magazine for Osteopaths

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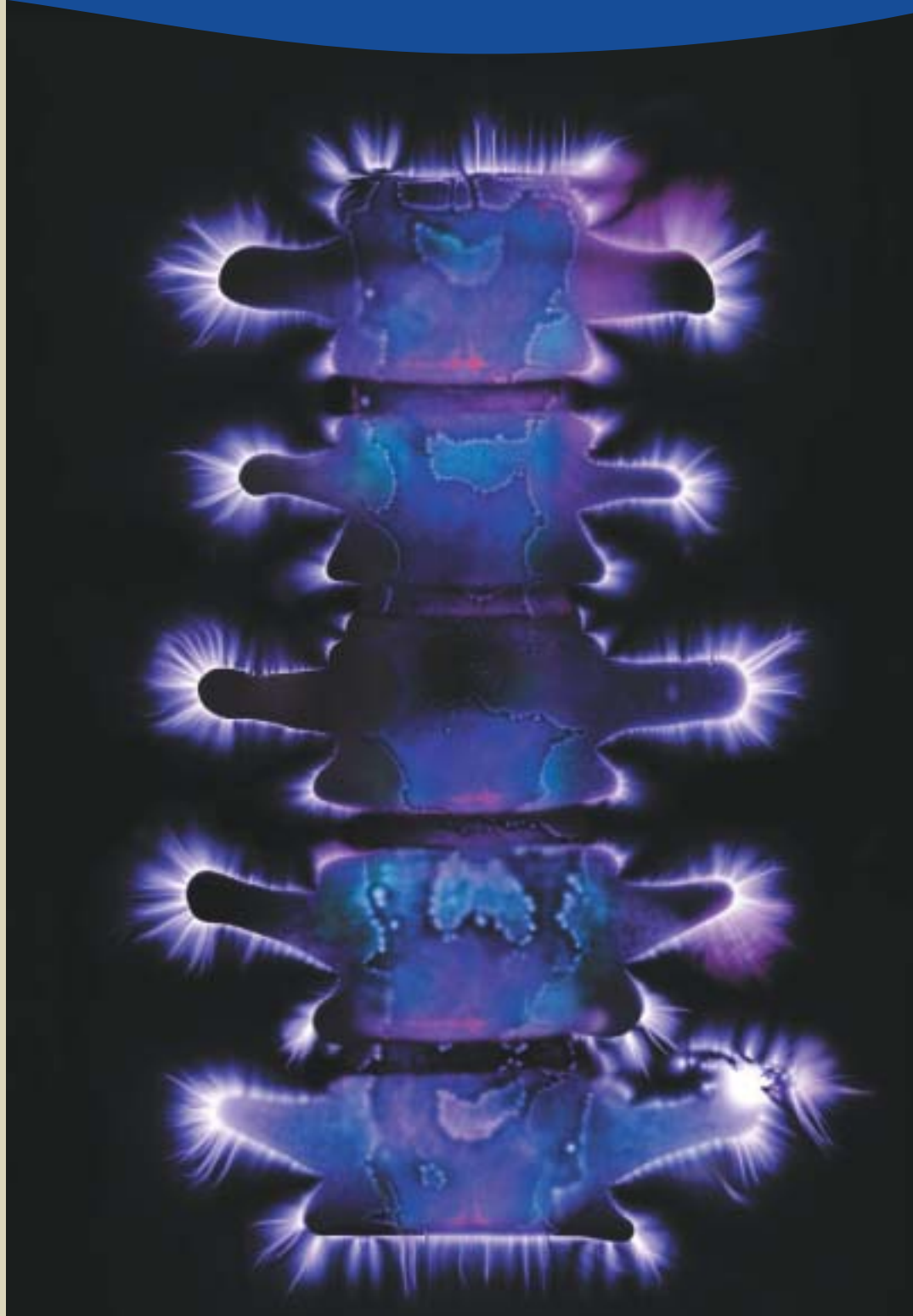
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The General Osteopathic Council

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for osteopaths
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Registrar's report

Sometimes, wishes do come true – well almost! Last month, I hoped that the proposals in the anticipated Government White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals* would be sensible and manageable.

The White Paper was finally released on 21 February 2007 and, having now had the opportunity to read the documents and discuss the contents with fellow regulators, I am optimistic that meaningful and deliverable outcomes can be achieved. I feel we can say this because there is a healthy recognition, throughout the White Paper, that in determining policy for the future of healthcare regulation, it is highly unlikely that one size will necessarily fit all.

Government seems to have also accepted that the 'buy in' of the professionals concerned is key to the successful implementation of new or enhanced regulatory processes and systems – that these are best developed by all those responsible for their delivery, working in conjunction with those on the receiving end. It is therefore intended to establish working groups and stakeholder events to develop the proposals outlined in the White Paper.

I would encourage osteopaths to look at the White Paper, the full text of which can be found on the Department of Health website – see www.dh.gov.uk, under Publications and Statistics, or you can access it via our Foster Action website – see www.foster-action.com. Here, and on the GOsC Public Website (www.osteopathy.org.uk – Media and Latest News) you can also read our press statement issued on the day of the White Paper's release. On page 6 of this issue of the magazine, we provide a broad overview of the contents of the Government strategy. Council meets next on 13 March 2007, when it will consider the impact of these proposals on the GOsC and the implications for the profession. There is no doubt that a lot of work will be involved, particularly as Government is now keen to move forward as quickly as possible. We will report further on this in next month's issue of *The Osteopath*.

Alongside all of this, we shall want to ensure that our core business remains on track, and effective, and also that the additional aspirations of the Council are met. One such is the **10th Anniversary Event**. Proposals to mark the progress of the profession have been widely and warmly received with plans beginning to emerge and take shape. I am pleased to be able to tell you that we now have the dates for this event – or, more accurately, for a series of



linked social and educational events. These are to be hosted in London from **Thursday, 31 January through to Sunday, 3 February 2008**. The GOsC is working with the BOA, the Osteopathic Educational Institutions, NCOR, and the international osteopathic community to ensure a fittingly memorable occasion. It's to be hoped many of you will find it possible to share in the 10th Anniversary Event, making it an opportunity for reunions and looking to the future. An outline programme of the events planned for the Anniversary will be included in the May issue of *The Osteopath*.

But these are far from the only encouraging developments. This issue highlights a wide range of developments on the research front – from an NCOR 'research taster day' for novices to a call by NCOR inviting interested research institutions to submit proposals to conduct commissioned studies into the safety and quality of osteopathic care [see page 20].

Sarah Eldred's Political update on pages 12-13 highlights that the real challenge is keeping up with the ever-changing European legislative scene. Not least, in this arena, the increasing freedom of movement across European borders of both patients and practitioners, the challenges this poses for quality of patient care and, even, to the future direction of osteopathy. We shall report next month on our meeting in Milan with the World Health Organisation, which is currently working in conjunction with the international osteopathic community to progress the development of international training guidelines for osteopathy.

And to conclude, this has been a month of noteworthy announcements within our own profession. On a congratulatory note we welcome, and look forward to working with, the new Principal of the European School of Osteopathy Mr Adrian Barnes, and the British School of Osteopathy and Dr Stephen Tyreman are to be congratulated on his award of the title Professor of Osteopathy and Philosophy. Finally, the passing this month of John Wernham in his 100th year most certainly marks the end of an era. Many will share the sentiments in the moving tribute by Robin Kirk on page 17.

Madeleine Craggs,
Chief Executive & Registrar

Osteopathic Neuromuscular Re-abilitation

Beyond passivity: an active approach

Prof. Eyal Lederman

Find out how to:

- Treat the neuromuscular system after common joint and muscle injuries
- Treat patients after surgery (hip, shoulder, lower back and more)
- Treat conditions caused by emotional stress (painful jaw, chronic neck and shoulder pain, suboccipital pain, tension headaches and lower back pain)
- Treat patients with central nervous system damage (stroke, MS, head injuries)
- Develop specific exercise and functional activities to support movement rehabilitation

Osteopathic Neuromuscular Re-abilitation was originally developed at the British School of Osteopathy by Prof. Eyal Lederman as part of a collaborative research with King' College, Physiotherapy Department. It was observed that the neuromuscular system is well buffered against external influences and will only change and adapt in response to specific signals. This research has led to the development of a new and highly effective osteopathic approach that can be used to influence the neuromuscular system.

This two-weekend course is both theoretical and practical. Based on his own and current neuromuscular research, Eyal will discuss the functional organisation of the motor system, how it is affected in different conditions and how Osteopathic Neuromuscular Re-abilitation can be used to re-abilitate movement dysfunction. The practical part of the workshop will develop these ideas into working clinical approaches, tests, techniques and exercise.

For a demonstration of Neuromuscular Re-abilitation see www.cpdo.net

Prof. Eyal Lederman graduated from the British School of Osteopathy and is working as an osteopath in London. He completed his PhD. at King's College, where he researched the neurophysiology of manual therapy. He also researched and developed osteopathic Harmonic Technique. He is involved in research examining the physiological effects of manual therapy and the development of Osteopathic Neuromuscular Re-abilitation.

Prof. Lederman has been teaching osteopathic technique and the physiological basis of manual therapy at the British School of Osteopathy and is a guest lecturer in different schools in the UK and abroad. He has published articles in the area of osteopathy and is the author of the books "Harmonic Technique", "Fundamentals of Manual Therapy" and "The Science and Practice of Manual Therapy". He is currently writing a book on movement rehabilitation titled "Neuromuscular Rehabilitation in Manual and Physical Therapies".

Dates: 28-29 April & 16-17 June 07

Cost: £395.00

(Student discount available)

Total CPD hours - 28

Venue: Middlesex University, Archway Campus, (North)
London N19

To book a place please send a non-refundable deposit of
£250.00, made to:
CPDO Ltd., 15 Harberton Road, London N19 3JS, UK



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The future of healthcare regulation: Government White Paper published



Trust, Assurance and Safety –
The Regulation of Health Professionals
in the 21st Century

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
February 2007

Cm 7013

£13.50

Long-awaited Government reforms to UK healthcare regulation have been proposed in a White Paper entitled *Trust, Assurance and Safety – The Regulation of Health Professionals*, published on 21 February.

The first comprehensive overhaul of health regulation in over three decades, the White Paper takes account of last year's Donaldson report on the regulation of doctors and Andrew Foster's recommendations on the regulation of other health

professions, along with many months of consultation with healthcare regulators and professional representative bodies.

For osteopaths, the GOsC is broadly content with the scope of the White Paper recommendations, particularly as it is the Government's intention to work closely with regulatory bodies to ensure reforms are relevant, feasible and workable. The profession's "Foster Campaign" proved invaluable in ensuring recognition of the distinct context in which osteopaths practise. As these reforms take shape the profession, through the GOsC and other representative bodies, will want to monitor them closely and input to the development of new policy and processes.

Some key areas of change include:

- Measures to make regulators more independent in their governance and accountability, including the appointment rather than election of council members and having lay members outnumber professional members on councils. Consideration will also be given to the optimum size of these councils. There will be no change to the current number of regulators (9) and this will be reviewed in 2011.

- Measures to ensure healthcare professionals are objectively revalidated throughout their career and remain up to date with clinical best practice.
- Changes to the standard of proof used in fitness to practise cases from the criminal standard to the civil standard with a sliding scale. (The GOsC already applies this approach.)
- For doctors, the investigation and prosecution of fitness to practise cases will be separated from the adjudication process. Adjudication, in future, to be undertaken by panels independent of the regulator, made up of members who have no association with the regulatory body and who have been vetted and approved by the Appointments Commission. This, in due course, may be the model adopted throughout healthcare regulation.
- Consideration will be given by regulators to the registration of students with opinion submitted to the Department of Health by January 2008.

Council is due to consider the proposed Government reforms at its meeting on 13 March and we will be reporting more fully in the April issue on the contents and implications of the White Paper, and over the coming months as this develops.

Osteopaths may wish to read the White Paper for themselves and the Registrar's Report on page 3 contains details of how to access this, along with the GOsC's position statement issued on the day of publication and emailed to all osteopaths who have supplied us with email addresses.

Further information is also available on our Foster Action website – see www.foster-action.com, which we will keep updated over the forthcoming months.



Extra Critical Cs London workshop

In response to the high level of demand for the previous London event, an additional Critical Cs workshop has been arranged in **London on 2 June 2007**. The new workshop will be led by Fiona Walsh and Laurence Kirk and will take place at the Copthorne Tara London hotel in Kensington. Places are limited, so if you are interested do book as soon as possible.

The workshop is organised by events management company Sweet and Maxwell. **To book, please download an**

application form from the Sweet and Maxwell website at www.sweetandmaxwell.co.uk/conferences. For enquiries about booking please contact Sweet and Maxwell on 020 7393 7859. For further information about the programme contact David Simpson on ext. 248 or email: davids@osteopathy.org.uk.

Round-up of GOsC events

Osteopathy & the GP workshop



Whether you are interested in working within the NHS or not, fostering professional partnerships with your local GPs is key to increasing referrals and widening patient access to osteopathic treatment.

Current guidance by the British Medical Association and the General Medical Council states that GPs can refer to osteopaths and, in doing so, hand over responsibility for the patient's care (see *The Osteopath*, February 2007,

p27). However, feedback from GPs suggests that they want to know the practitioner they are referring to. The GOsC 'Promoting partnerships: Osteopathy & the GP' workshop has been developed to provide osteopaths with the tools and confidence to meet these goals.

Facilitated by osteopath Robin Lansman, this interactive workshop provides osteopaths with the opportunity to work together to develop clear and consistent messages about osteopathic practice. In addition to exploring practical tips for presenting, such as understanding your audience and demonstrating a standing examination, delegates are given the opportunity to answer some common challenging questions.

So far this year, the GOsC has held two workshops; the first at Osteopathy House, London in January and the second at Heathrow in February. Feedback from both workshops has been very positive, with a number of osteopaths, who have since successfully secured a meeting with their local GP, requesting promotional packs.

"Thanks again for the recent GP workshop at Heathrow – it is certainly one of the most useful things I've done for a while. It has left me with much to think about and when I come to make a presentation in the future I will be better prepared. I have a longstanding objective to improve communications with GPs, so may be this year I will crack it!"

Helen Mayors DO, Worthing

Forthcoming workshop dates

As there has been an overwhelming demand for these workshops in London and the south east, the GOsC will be

hosting another workshop at **Osteopathy House, London on Friday 20 April 2007.**

Workshops will continue to be scheduled based on regional demand and osteopaths are invited to contact the GOsC to express your interest.

To secure a place on this workshop, or to express your interest in attending a regional event, contact the Communications Department on ext.242/222 as soon as possible.

Regional Conferences 2006/7

A reminder that the 2006/7 GOsC Regional Conferences, 'Promoting Osteopathy – making the most of our potential,' are drawing to a close, with the final event of the season scheduled for **Saturday 24 March 2007 at London Gatwick Hilton.**

Another two regional conferences have so far taken place this year at Kidderminster on Saturday 3 February and, most recently, in Haddington, near Edinburgh on Sunday 4 March.

The events have again been well-attended and the programme was the most well-received to date. Feedback highlights the value of having an opportunity to discuss with GOsC staff and Council Members the key issues currently facing the profession. Clarifying the separate roles of the GOsC (regulator) and the BOA (professional association), specifically in relation to promotion, has underpinned this season's programme and most osteopaths have come away with a clearer sense of the future direction.

Limited places are still available for the conference on Saturday 24 March at Gatwick, so contact the Communications Department on ext 222/242 to book your place. As the GOsC is organising a major national event for February 2008 to mark the 10th anniversary of the introduction of statutory regulation for osteopathy in the UK, there will be no further regional conferences in the immediate future.



National healthcare exhibitions

The inaugural **Health and Wellbeing at Work** conference and exhibition at Birmingham NEC on

Wednesday 28 February – Thursday 1 March attracted over 2,500 delegates from the occupational health sector and offered a wide-ranging programme focusing on strategies for improving workplace health.

A prominent GOsC exhibition presence and osteopaths on the programme, helped to raise the profile of the



osteopathic profession amongst this key target audience – employers and HR managers, disability employment advisors, occupational health professional etc. – and highlighted the profession's integral role within this area of health care. A full report on the event will be published in a forthcoming issue.

Primary Care 2007

The GOsC is also preparing to exhibit at the **Primary Care** conference and exhibition again this year – **Thursday 10 and Friday 11 May** – at the **NEC Birmingham**. Attracting more than 5,000 primary and community care professionals each year, Primary Care has become the largest healthcare conference of its kind in Europe. This year's conference programmes, of which there are 14 streams, will explore the latest clinical, Government and PCT initiatives. Osteopath **Charles Peers** features on the Allied Health Professionals programme discussing "An integrated approach to acute and sub-acute low back pain."

Volunteers – we need your help!

Having osteopaths present alongside GOsC staff on the exhibition stand at these national exhibitions is key to their success, with delegates keen to take advantage of your clinical knowledge and expertise. **If you would like to assist GOsC staff on the exhibition stand at Primary Care, please contact the Communications Department on ext. 222/242 or email: nicolet@osteopathy.org.uk**

Alternatively, you can attend as a delegate, taking advantage of a valuable opportunity to update your skills and network with other healthcare professionals and managers. **This event is free of charge for all practising health professionals. To register, contact the event team on tel: 0151 709 8979 or register online at www.primarycare2007.co.uk**

GOsC presents to final-year students

Last month, GOsC executive staff made presentations to final year students at the London School of Osteopathy and the European School of Osteopathy. Each year the GOsC aims to address the final-year cohort at each of the Osteopathic Educational Institutions (OEIs) in order to introduce the regulatory body to students who are preparing to commence their professional lives as osteopaths.

More than 80 students were briefed about statutory self-regulation and the role of the GOsC. Particular interest was shown in Clause 20 of the *Code of Practice for Osteopaths*, and the fitness to practise process.

Further presentations to the remaining OEIs are scheduled to take place over the coming months, before the start of exam season in summer.

GOsC wins protection of title case

Daniel Moore, a bogus practitioner, was found guilty on 11 January 2007 on two charges of unlawfully describing himself as an osteopath when not registered with the General Osteopathic Council (GOsC). Mr Daniel Moore of the Complementary Consultancy Clinic in Swinton, Manchester, was fined £3,500 and ordered to pay costs of over £1,800 by Salford Magistrates' Court.

Under Section 32(1) of the Osteopaths Act 1993 it is a criminal offence for anyone to claim, expressly or by implication, to be any kind of osteopath unless registered with the GOsC.

The primary purpose of restricting use of the osteopathic title to those registered with the GOsC is patient safety. Members of the public can be confident that practitioners on the register are safe and competent osteopaths who follow strict codes of conduct. The GOsC has no record of Mr Moore ever applying for registration at any time.

The charges related to Mr Moore's, now closed, website – www.osteotherapist.co.uk – which suggested he was an osteopath. Despite previous warnings from the GOsC to stop describing himself as an osteopath, Mr Moore continued to practise under the title and deliberately mislead the public. Prosecution by the GOsC was then brought.

GOsC Chief Executive & Registrar, Madeleine Craggs, commented: "These convictions are a victory for patient safety, indicating the Court's stand on the seriousness of protecting the public from bogus practitioners. We [the GOsC] will continue to prosecute anyone who unlawfully describes themselves as an osteopath, in order to maintain the high reputation of the osteopathic profession and, above all, protect the public."

BUPA's allocation of funding for osteopathy

BUPA's allocation of funding for osteopathic treatment has generated some concern within the profession of late – in his letter published below, osteopath John Williams speaks for many.

The GOsC contacted BUPA, one of the UK's largest private health care insurers, seeking clarification of the issues raised in this letter.

BOA members who recall reading a BUPA response to this same letter published last month in *Osteopathy Today* (February 2007) may wish to note that this response from BUPA raises a number of new and important points, which are highlighted in their statement.

Dear Editor

Would you be interested in publishing this letter, as it may eventually assist osteopaths in obtaining equality with physiotherapists when undertaking BUPA health insurance work?

I have been registered to provide insurance work for BUPA private health customers since summer 2005. During this time I have not had one patient with a policy that allows more than £250 worth of treatment.

If a patient presents with disc damage or a chronic condition, the allocated funding offered to me of £250 as an osteopath is in many cases not sufficient to restore the patient back to full function. Any additional treatment required has to be funded by the patient.

My point is not to complain about the allocated funding from BUPA, but to highlight again the discrimination offered against osteopaths.

All of my BUPA patients to date have an allocation of £1,000 of treatment for physiotherapy, which demonstrates that if I am a physiotherapist I can treat for a total of up to £1,000. As an osteopath I get 25% of that figure to treat the same condition.

I have been informed by some new patients that although they preferred to be treated by an osteopath, they have decided to use instead a physiotherapist, because they can access more treatment on their policy.

I would be interested to hear from other osteopaths who have come across a similar situation. Perhaps if enough of us highlight this discrimination we may be allowed to sit at the BUPA table with the physiotherapists instead of being tossed the scraps.

I have no axe to grind with physiotherapists as I am a registered physiotherapist with the HPC as well as a registered osteopath. However, on behalf of my osteopathic colleagues, I feel there should be equality.

In the past BUPA have favoured physiotherapists with early BUPA registration, allowing them a place on the register immediately after qualification, whilst osteopaths had to wait 10 years before a place on the register was given. This has at last been altered to an equal 5-year post-graduate wait for both professions, but yet we still have the discrimination of unfair allocated treatment funding.

Would it be possible for the GOsC to investigate and put pressure on BUPA to provide equal status with regards to private health insurance treatment funding allocation and allow our patients to access the osteopathic treatment option should they choose it?

We live in a world where we are constantly bombarded with equal opportunity laws and therefore we should speak out when we feel we are not being treated equally.

John Williams DO, Solihull

BUPA's response:

First, it might be useful if I explain how BUPA members' out-patient benefit works. Any financial benefit limit that may apply depends upon the terms of the scheme the member has with BUPA. I do appreciate that there are a number of different policies available to members and that this can create some confusion with clinicians, but I am very concerned that osteopaths appear to be under the impression that BUPA members have £1,000 of benefit allocated purely for physiotherapy treatment. This is not the case – a member's out-patient benefit generally includes any allowance they have for eligible complementary therapies and will, in addition, need to cover any costs they might incur for consultation fees, diagnostic tests and X-rays.

Benefit for complementary therapies was introduced as a result of feedback from our members. The four disciplines

chosen – osteopathy, chiropractic, homoeopathy and acupuncture – were their highest preferences. Our members clearly stated that they required this benefit to be introduced with no increase in their subscriptions and therefore, to assist in managing members' expectations, a limit was set on the amount of benefit available.

Osteopaths may be aware that BUPA are currently undertaking a quality review involving BUPA recognised physiotherapists. We have requested information about clinicians' area of special interest, the facilities they have available and have agreed fees with them to ensure our members have access to high quality, best value healthcare. We may in the future extend this process to osteopaths and at that point take the opportunity to reassess the benefit structure available.

Your registrant also indicates that there is insufficient funding available to patients for chronic conditions. I would like to point out that there is no benefit generally available to members for the treatment of a chronic condition. Private health care is designed to cover the cost of treatment for curable, short-term illness or injury and is clearly explained in each member's policy.

I would like to reassure registrants of the General Osteopathic Council that BUPA appreciate the valuable contribution osteopaths make to our members' recovery from acute injuries. BUPA are, however, entitled to set the

benefit limits and recognition criteria that apply to our schemes and providers and we do so in consultation with our members. **As a health and care company, our members look to us for guidance regarding their treatment and to date we have had few concerns expressed by members at the benefit available for osteopathy.**

Jane Gallagher

Specialist recognition and commissioning manager, BUPA

The GOsC will further discuss private health insurance issues with the BOA at our next meeting.

In the media

GOsC secures correction

The GOsC tackled the media and the Crown Prosecution Court last month, leading to a correction being issued in court when a therapist was incorrectly reported as being an osteopath. Julian Midda appeared at Cardiff Crown Court on 12 February 2007 on two charges of sexual assault but was subsequently found not guilty following a three-day trial.

Before the implementation of the Osteopaths Act 1993, Midda practised as an osteopath, but resigned from the General Council and Register of Osteopaths' (GCRO) voluntary register in 1993 and never applied to the GOsC for registration.

During the trial, the GOsC received a number of media reports and enquiries about Midda and learnt that the story had come from the Press Association (PA), whose reporter was in court and heard both the defence and prosecuting counsel referring to Midda as an osteopath. It is believed the confusion arose from his former status as an osteopath; Midda currently describes himself as an equine therapist.

The GOsC Press Office liaised with the PA to ensure the word 'osteopath' was removed from future reporting. As a result, subsequent coverage from the PA referred to Midda as a 'therapist', which was in turn picked up by the press.

Contact was also made with all the media that had referred to Midda as an osteopath to ensure they were aware that this was incorrect and to request that, where possible, necessary changes be made to their stories.

The GOsC Regulation Department issued a statement to Cardiff Crown Court outlining the situation and the inaccurate reporting of Midda. Consequently, a copy of the statement was provided to the judge and counsel and a statement made to the press by the prosecution.

Research by osteopath Stephen Sandler

Also in February, there was good media coverage of the research by Dr Stephen Sandler PhD on the likelihood of injuries to women during their menstrual cycle. (See p. 19 for a report of the research.)

Following a press release issued by the Portland Hospital, London, where Stephen Sandler practises, reports of the study appeared in the *Daily Mail*, *Daily Mail* online, *Mail on Sunday*, BBC online, and *Evening Standard* online.

By 16 February, there was international coverage of the research on vitabeat.com (USA), the South Asian Women's Forum (<http://news.sawf.org/Health/33394.aspx>), Njoyonline.com (Ghana) and <http://it.moldova.org>.

Have you worked in the NHS?

The GOsC has commissioned the production of a manual for osteopaths who wish to see more access for patients to NHS-funded osteopathy, as envisaged in the Department of Health's Musculoskeletal Services Framework launched in October last year.

This NHS Commissioning Manual will provide guidance to osteopaths considering contracting their services to local primary care trusts or GP commissioning practices.

Osteopath Greg Sharp is compiling the manual and coordinating contributions from others with relevant expertise. The experience of osteopaths who currently provide osteopathic services to the NHS, or have done so in the recent








past, would greatly help to inform the proposed Manual – and Greg would like to hear from you. It would be helpful to hear about positive experiences and key challenges addressed and overcome, as well as negative experiences you may have had. Please contact Greg Sharp direct on tel: 01206 572761, email: greg@colchesterosteopathiccentre.org.uk

The GOsC plans to make the toolkit available in the summer, probably in electronic format as a CD-ROM and to download from the Internet. The BOA anticipate providing interested osteopaths with the support and infrastructure to implement the recommendations of the Manual.

GOSc diary February 2007

This diary presents a snapshot of some of the meetings and events the GOSc has been involved with over the past month. Should you wish to request further information about any of these meetings please contact the relevant department.

1	Thursday	Professional Conduct Committee hearing UKIPG Governance Group meeting
2	Friday	Professional Conduct Committee hearing Education Inter-regulatory Group meeting
3	Saturday	Central England and North Wales GOSc regional conference, Kidderminster
5	Monday	Professional Conduct Committee hearing
6	Tuesday	Professional Conduct Committee hearing
7	Wednesday	Investigating Committee meeting
12	Monday	NCOR strategy day, University of Brighton, Eastbourne
13	Tuesday	NICE low back pain Guideline Development stakeholder meeting
16	Friday	Osteopathy & the GP workshop, London Heathrow CHRE Fitness to Practise forum
19	Monday	GOSc - ESO: presentation to final year students
21	Wednesday	Confidential stakeholder meeting on regulation white paper Communications Committee meeting
22	Thursday	GOSc Chair & Chief Executive meeting with BDA President & Chief Executive Education Committee meeting National Osteopathic Archive meeting
24	Saturday	Critical Cs workshop, Northern England, Harrogate
26	Monday	WHO consultation: guidelines on basic training and safety in osteopathy, Milan
27	Tuesday	WHO consultation: guidelines on basic training and safety in osteopathy, Milan
28	Wednesday	WHO consultation: guidelines on basic training and safety in osteopathy, Milan Health & Wellbeing at Work conference & exhibition, Birmingham

Key	 GOSc	Ext. 242	 Registrar	Ext. 246
	 Communications Department	Ext. 242	 Registration Department	Ext. 256
	 Development Department	Ext. 235	 Regulation Department	Ext. 249
	 Finance Department	Ext. 231		

BDA - British Osteopathic Association
BSO - British School of Osteopathy
CHRE - Council for Healthcare Regulatory Excellence
ESO - European School of Osteopathy

NCOR - National Council for Osteopathic Research
NICE - National Institute for Health and Clinical Excellence
UKIPG - United Kingdom Inter-professional Group
WHO - World Health Organisation

Political update

Sarah Eldred, Assistant Registrar (Public Affairs)

UK-wide

Lord Hunt takes over healthcare regulation at the Department of Health

In a New Year reshuffle at the Department of Health, **Lord Philip Hunt** of Kings Heath OBE replaced **Mr Andy Burnham MP** as Minister of State for Quality. This means that Lord Hunt's responsibilities cover healthcare regulation. Although healthcare provision is a devolved issue, the regulation of health professionals is not.



UK Regions

England



The GOsC Executive attended the inaugural 'Health and Wellbeing @ Work' conference. This event relates to the Government's similarly titled 'Health, Work and Wellbeing' strategy, launched in October 2005, which sees the Department of Health, Department for Work and Pensions and the Health and Safety Executive collaborating on policy development to improve the health of the working population.

As previously reported in *The Osteopath*, the GOsC held meetings with officials in 2006, highlighting the role of the osteopathic profession in occupational health. This initiative ties in with the Government's strategy to facilitate people's return to work more quickly after illness or injury, and to provide greater opportunities for people with disabilities to take up employment.

The 'Health and Wellbeing @ Work' conference and exhibition (28 February – 1 March 2007, National Exhibition Centre, Birmingham) was open to all health professionals and those involved with health promotion in the workplace. Among the speakers were **Professor Kim Burton**, talking about biopsychosocial concepts of rehabilitation for the management of back pain. Osteopath and Director of Osteopaths for Industry (OFI), **Damon Peterson**, was also on the programme, talking about ways to reduce the crippling cost and incidence of musculoskeletal injuries in the workplace through successful osteopathic prevention and rehabilitation schemes. A former occupational health manager from one of OFI's high profile clients, Marks & Spencer, joined Damon on the platform. **A full report will follow in due course. Further information is available at: www.healthatwork2007.co.uk.**

Northern Ireland



The GOsC contributed to a key Government seminar on provision of complementary medicine in Northern Ireland in October last year, at which Health Minister, **Paul Goggins MP**, announced funding for a pilot study. Encouraged by this event, Northern Ireland osteopaths came together to explore the development of a proposal for funding in collaboration with GetWell UK, which already manages NHS-funded pain services in England.

Following a meeting between Department officials and GetWell UK's Managing Director, **Boo Armstrong**, a pilot proposal was accepted. Work now begins on the strategic development involving GetWell UK, the GOsC, local osteopaths and other healthcare practitioners. For further information about this please see the News section, p.14.

Scotland



Last month, GOsC Chief Executive & Registrar, **Madeleine Craggs**, attended a series of high level meetings with the Scottish Executive and NHS Education for Scotland to brief officials on relevant developments concerning osteopathy. Currently the GOsC is seeking a meeting with the Royal College of General Practitioners Scotland to help raise awareness of the osteopathic profession amongst Scottish GPs and discuss mutual concerns about the delivery of safe and effective healthcare.

Wales



In response to a recent question in the Welsh Assembly, the Health Minister, **Dr Brian Gibbons AM** (pictured), confirmed that reference would be made to osteopathic interventions in the service development and commissioning directives for arthritis and chronic musculoskeletal conditions.

Designed for planners and commissioners for health and social care services, these directives were subject to a Welsh Assembly Government consultation last summer. The GOsC contributed to this exercise, pressing for inclusion of osteopathic care. Although no date has been confirmed, the directives are due for publication soon. **For further details visit: www.wales.nhs.uk.**



Europe / International



Alliance of UK Health Regulators on Europe

As a member of the Alliance of UK Health Regulators on Europe (AURE), the GOsC met with European Union (EU) parliamentarians and officials in Brussels on 23 January to raise awareness of UK health and social care regulators' concerns about aspects of future European Commission proposals on health services. These proposals include facilitating the movement of professionals and patients within the EU on a temporary basis. This could mean an osteopath from elsewhere in Europe providing osteopathic care in the UK for six months, or a patient from the UK seeking care in another Member State.

As a regulator, the GOsC's concern is with the standard of practice provided by individual professionals and with patient confidence in those standards, regardless of whether care is provided in the patient's home country or elsewhere. This is particularly important as currently osteopathy is not statutorily regulated throughout the EU.

The Forum for Osteopathic Regulation in Europe (FORE) has also developed a position statement on these proposals, to help raise the profile of the organisation within the European political arena.

FORE delegation to Brussels



A small Forum for Osteopathic Regulation in Europe (FORE) delegation also met with European Commission officials on 23 January to introduce FORE and its work programme. Discussion included the Commission's evolving International Market Information (IMI) system, which seeks to provide individuals with details about the status of different professions throughout the EU, together with registration requirements.

The FORE delegation consisted of **Mr Augusto Henriques** from the Portuguese Associação de Profissionais de Osteopatia, **Ms Marianne Montmartin** from the French Registre des Ostéopathes de France and GOsC Chairman, **Nigel Clarke**. The FORE Secretariat, **Mr Vince Cullen** and **Miss Sarah Eldred** were also in attendance. For further information visit: www.forewards.eu.

World Health Organization training guidelines

Since 2002, the GOsC has been contributing to the World Health Organization (WHO) traditional medicine strategy.

Following the publication of information for consumers in 2003, WHO basic training guidelines in osteopathy are nearing completion after more than

two years in development. GOsC representatives were invited to join a WHO working group meeting, on 26–28 February in Milan, to finalise this document.

It is important that UK standards are represented in the final document, which it is understood will serve to advise educational institutions developing training programmes, as well as governments seeking to regulate osteopathy in the future. Key arguments to be put forward by the GOsC include:

- osteopathy as a patient-centred approach;
- osteopaths practise as autonomous, primary contact practitioners equipped with a range of clinical diagnostic and treatment skills for this purpose;
- the importance of having osteopathic clinical practice during training closely supervised by appropriately qualified and experienced tutors.

A full report of the meeting will follow in due course.

If you have any comments or questions about the contents of this update, please contact Sarah Eldred in the GOsC Communications Department on ext. 245 or email: sarahe@osteopathy.org.uk.

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For further detail, please contact:
Dr Paula Fletcher, The ESO, Boxley House,
Maldstone, Kent, ME14 3DZ.
Tel: +44 (0)1622 671558
E-mail: paula.fletcher@eso.ac.uk



Osteopath's passage to India for charity

Osteopath **Suzanne Moss DO** (pictured) has responded to an appeal by leading infertility expert **Professor Robert Winston** to join a tough, women-only cycling challenge in India, helping to raise funds to improve the health of women and babies worldwide.



Suzanne, of Broadstairs, Kent is taking part in the 390km Women for Women Cycle India ride through Rajasthan this November. To help fund ground-breaking medical research in London, Suzanne needs to raise a minimum of £2,800 and is calling on the assistance of fellow osteopaths to help reach this target.

Funds raised will be used to help female scientists and clinicians to undertake research focusing on women and their babies. Their work in the London research centres aims to improve prevention, diagnosis and treatment of a range of devastating conditions, which cause miscarriage, genetic diseases, infertility and cancer. Nearly 200 babies die every day in the UK alone from complications during pregnancy.

Hundreds of women from across the UK have already raised more than \$1 million for the Institute of Obstetrics and Gynaecology Trust's Women for Women fund by taking part in cycling challenges around the world.

Over 200 women have so far signed up for this, the seventh Women for Women cycling challenge and extra dates have now been scheduled in December 2007 and January 2008 to accommodate the overwhelming response. Beginning with a visit to the Taj Mahal, the groups will then cycle for five days through the exotic and colourful Rajasthan region, before finishing in Jaipur, the pink city.

Suzanne has already embarked on her challenging training regime, which consists of a one-hour cardiovascular workout,



Professor Lord Winston and Cycle India 2006 participants

followed by a 20-minute weights programme three times a week. She also tries to swim once a week and plans to get on her bike in April. Suzanne has the help of a trainer, who has designed a programme that will become increasingly harder as the months pass. While the ride in India will be reasonably flat, it is

mainly on sand, so Suzanne plans to do some training on the local beach.

To support Suzanne, either post your sponsorship donation, payable to The Institute Trust Fund, to: Suzanne Moss, Broadstairs Osteopathic Clinic, Willow Court, St Peter's Park Road, Broadstairs, Kent, CT10 2B or log on to: www.justgiving.com/suzannemoss.

Northern Ireland patients try NHS complementary therapies

A pilot scheme, in which patients can receive complementary therapies as part of their NHS treatment (highlighted in Political update on p. 12), was launched last month by Peter Hain, Secretary of State for Northern Ireland (pictured).



The £200,000 scheme allows patients in Belfast and Derry with musculoskeletal problems, depression, stress or anxiety to receive free osteopathy, chiropractic, acupuncture, aromatherapy, massage and homeopathy. Peter Hain said at the launch:

"This initiative puts Northern Ireland at the forefront within the UK in exploring and delivering a model that genuinely embraces complementary and alternative therapies within mainstream healthcare. By funding such treatment through the NHS it will allow those in need to have it when they could not easily afford it privately.

"It is about giving patients the widest possible choice of safe and effective healthcare. I am certain, as a user of complementary medicine myself, that this has the potential to improve health substantially."

GPs in the pilot areas will be able to refer patients directly to osteopaths, chiropractors and complementary therapists if they feel the patient would benefit and the patient wishes it. The initiative will run for one year and will then be evaluated to determine whether the provision of complementary therapies will be rolled out across Northern Ireland.

The pilot scheme will be administered on behalf of the Department of Health, Social Services and Public Safety by GetWell UK, whose managing director, Boo Armstrong, commented:

"This wonderful initiative has support at every level of the health service in Northern Ireland. It is the perfect opportunity to show the benefits of complementary therapies for patients, and for the budgets of the NHS."

The GOsC welcomes the introduction of the scheme for helping to widen access to osteopathic care.

Voluntary regulation and complementary healthcare

A number of complementary medicine professions have been working with The Prince's Foundation for Integrated Health, in a programme part-funded by the Department of Health, to develop an effective scheme for voluntary self-regulation.

The complementary therapies involved are Alexander technique, aromatherapy, Bowen technique, craniosacral therapy, homeopathy, massage therapy, naturopathy, nutrition, reflexology, reiki, shiatsu and yoga therapy.

In 2005, a report for The Prince's Foundation for Integrated Health by Professor Julie Stone, of the University of Lincoln School of Health and Social Care, proposed a federal structure for complementary healthcare regulation, which was a radical change from the previously preferred model of single profession regulatory bodies.

This change was in the light of the two government reviews (Foster and Donaldson) of health care regulation and other changes in the regulatory field. Statutory healthcare regulation is moving away from single regulatory bodies: the most recent new regulators, the Nursing and Midwifery Council and the Health Professions Council, each regulate a group of professions.

Acupuncture and herbal medicine, probably the next complementary healthcare professions to become statutorily regulated, are likely to have a single regulator.

Their progress towards statutory regulation has been delayed, in part due to the Foster Review, but in 2006 the Department of Health set up the Steering Group on Statutory Regulation of Acupuncture, Herbal Medicine and Traditional Chinese Medicine Practitioners, which is now working to progress the regulation of these professions.

In addition, a significant consideration for the complementary healthcare professions working with The Prince's Foundation for Integrated Health was that they do not at present have the financial resources to make a single body approach viable.

Following consultation on Professor Stone's proposals and a study into the feasibility of implementing a federal system of voluntary regulation, The Prince's Foundation for Integrated Health set up a Federal Working Group, chaired by Professor Dame Joan Higgins, to develop firm proposals for the federal regulation of complementary healthcare. The group had its first meeting at the end of January and is intended to meet monthly until September. It is looking at two different models of regulation, and exploring the roles and responsibilities of profession-specific boards.

For further information about this process, see the Prince's Foundation for Integrated Health website: www.fih.org.uk.

ASA's ruling on the use of the title "Dr"

The debate concerning the use of the title "Dr" in a healthcare context by persons who are not medically qualified has again emerged and this time in the national press. Television personality **Gillian McKeith**, best known as host of Channel 4's *You Are What You Eat*, has agreed to stop using the title "Dr" in her advertising following a complaint to the Advertising Standards Authority (ASA).

The industry watchdog came to the provisional conclusion that the use of the title in this case was likely to mislead the public, because Gillian McKeith had completed a distance learning PhD in holistic nutrition from a US college that was not accredited and omitted to state that she is not medically qualified. Her company, McKeith Research, is understood to have agreed to drop the title from future advertising, obviating the need for a full investigation.

The complaint was lodged with the industry watchdog by a reader of *The Guardian* newspaper who

learned of the situation from recent "Bad Science" columns written by Ben Goldacre.

In the light of this argument coming to the fore again, the GOsC contacted the ASA to clarify its current policy on the use of the title. **The ASA's response stated:**

"Our position is that the term 'Dr' should not be used unless the advertiser holds a general medical qualification and/or a relevant PhD. If the latter is held in a subject unrelated to the practice on offer, then this should be explained in the ad."

If you have concerns about advertising copy, or simply want further advice, you can contact the Committees of Advertising Practice (CAP) Copy Advice Team on tel: 020 7492 2100, email: copyadvice@cap.org.uk or see: www.cap.org.uk. This free service provides access to a team of advisers who can offer an informed view on the acceptability of marketing communications.

ESO appoints new Principal

The European School of Osteopathy (ESO) is pleased to announce the appointment of osteopath **Mr Adrian Barnes MSc, DO** (pictured) as their new Principal.

A graduate of the British School of Osteopathy (BSO) 28 years ago, Adrian has extensive experience in osteopathic teaching and management. For the past 18 years he has led the Technique/Practical Osteopathic Skills team at the BSO and, as coordinator of post-graduate education, he was closely involved in the validation of the MSc Paediatric Osteopathy course and in developing an MSc programme for Osteopathy in the Cranial Field. He has also been a visiting lecturer at a number of osteopathic institutions both in this country and abroad.

Adrian Barnes says: "Over the last few years my interest in osteopathic education and the philosophy of medicine



and healthcare has matured and I am therefore delighted to have been offered the post of Principal at the ESO.

"Although I leave behind good friends and colleagues at the BSO, I am looking forward to working closely with the ESO team and to meeting new challenges.

"I hope to contribute to the ongoing development of the ESO as a centre of excellence in osteopathic education, clinical practice and research, both internationally and in the UK. I am also eager to explore the opportunities afforded by the ESO's newly signed partnership agreement with the University of Greenwich.

"I'm sure that exciting and successful times lie ahead for the ESO and I embrace my part in it."

Adrian will take up the post in April 2007.

New Professor at BSO

Dr Stephen Tyreman PhD, Dean of Osteopathic Education Development at the British School of Osteopathy (BSO), has been awarded the title of Professor of Osteopathy and Philosophy by the University of Bedfordshire, which now validates the BSO's undergraduate degree course. This award was agreed by the Academic Board at its December meeting.

Principal of the BSO, Charles Hunt said: "As a school we are very proud of Stephen and his contribution to the academic discipline of osteopathy. Stephen was course leader for a number of years and led the school's academics to think more closely about the delivery of osteopathic education. He was the driving force behind the creation of the Bachelor of Osteopathy programme."

Stephen Tyreman (pictured) is delighted by his appointment. "It is a great honour," he commented, "one which I hope I can justify." Professor Tyreman enrolled on an MA in Philosophy of Medicine and Health Care at University College Swansea in 1989, closely followed by a PhD with the Open University and has been exploring the links between osteopathy and philosophy ever since.

"Some people might think that osteopathy and philosophy make strange bed-fellows," he acknowledges, "but I have become more convinced that a fruitful relationship can emerge for both. At Swansea,



we were introduced to ethics, moral philosophy and philosophical analysis and explored how these are applicable to many of the problems currently confronting modern healthcare.

"I realised that osteopathy faces its own challenges in relation to what we stand for, how we relate to other areas of healthcare,

and, in particular, how we conceptualise the health problems our patients consult us with. Together these are the elements of professional identity, which is a challenge that is exercising the minds of all the healthcare professions in this rapidly changing world." Current health challenges are very different from those of a hundred years ago and Professor Tyreman believes strongly that osteopathy can make a significant contribution to the current debate.

He explains:

"My experience, from being an active member of the European Society for Philosophy, Medicine and Health Care, is that there is considerable interest in what professions such as osteopathy can offer in the way of innovative thinking and we are in a good position to make a significant impact on the future of healthcare.

"My hope is that this new appointment will enable me to make some further contribution by trying to analyse what it is that osteopaths do, and clarifying the conceptual framework that underpins our practice."

John Wernham – A personal tribute

Robin Kirk DO, London

S G John Wernham, 2 May 1907 – 9 Feb 2007

Perhaps the last link with the pioneers of osteopathy passed peacefully away in his sleep on Friday 9 February 2007. John Wernham must be the last of the students taught by J Martin Littlejohn and he has been associated with osteopathy for over 60 years. He was 99 and all of us who knew him had been looking forward to helping him celebrate his century. Sadly, it is not to happen.

He founded the Institute of Applied Technique in 1953. The Maidstone Osteopathic Clinic followed shortly after. Many generations of young osteopaths served their apprenticeship at the clinic from its inception up until the present day and considered it a valuable contribution to their professional and practice lives.

In 1973, together with TE Hall, Tom Dummer, Peter Blagrove and others, John Wernham established the Society of Osteopaths, which ultimately achieved GCRO [General Council and Register of Osteopaths] recognition for its registerands/members. This became the professional body for graduates of the soon to be European School of Osteopathy (ESO), founded in 1974, and of which John Wernham and Tom Dummer could be said to be the founding fathers. JW provided the premises and TD was the founding Principal of the ESO.

As well as being devoted to osteopathy, John Wernham also housed the Billy Bunter Museum at his practice in Maidstone. I grew up reading *The Magnet* (published from 1908 to 1940) and ended up sitting in the author, Frank Richards's, chair while doing my stint at the Maidstone

Osteopathic Clinic. One always suspected that JW modelled himself on Quelch, form-master of the Remove.

A man of many talents, John Wernham's clinic housed a printing press from which he published many

osteopathic texts and some Billy Bunter books. He was also a war-time photographer and some of his photographs are on display at the Imperial War Museum.

But it is for his 'classical osteopathy' that John Wernham will be remembered. Under its many labels the approach remained constant. It was the General Articulatory Treatment (GAT) during the 1960s and 70s, an incarnation and interpretation of the General Osteopathic Treatment (GOT) of Littlejohn's perspective of osteopathy. It became, in later years, the Total Body Adjustment (TBA) or simply the BA.



From a personal perspective it was a valuable approach for a young and inexperienced practitioner. It was a way of assessing and treating patients that was part of a continuum and one got to know what a patient's tissues and joints were all about.

Others will write more on classical osteopathy, but I have to mention the 'two-man' technique. In an age where short lever, high velocity thrusts are key, John Wernham kept

the long lever approach alive and well. The 'two-man' (a little politically incorrect today, perhaps!) exemplified this. One has done one's best to pass it on to students but there have to be doubts about its long-term survival! I was privileged to demonstrate this technique (with fellow osteopath Paul Greenhalgh) for JW at a Society of Osteopaths's convention. It is due to the life-long efforts of John that Littlejohn's perspective of osteopathy has survived into the 21st century. Littlejohn was a student of Still and lectured at the American School of Osteopathy and it could be said that JW was in direct apostolic succession.

It has been suggested that he could be difficult and divisive, but he also did a lot to unify the profession especially in the late 60s and through the 70s. From my point of view, I think it could be said that he hastened the process of statutory regulation. If he hadn't been there at the time I doubt the ESO would have come into existence. It was a fertile environment; the aim of the unification was always present with Tom Dummer. For example, Simon Fielding was an early graduate who went on to become the first Chair of the GOsC. It could be claimed that JW was the catalyst in these activities for providing a home for the Society of Osteopaths and especially for the ESO in 1974.

From a personal perspective I owe a debt of gratitude for what he provided osteopathically. However, my most enduring memory of John Wernham will be in a group of osteopaths, at the end of an OAGB [Osteopathic Association of Great Britain] convention around the early-mid 70s, commenting that he was going upstairs to rest. Some had other plans but it was Torquay and sunny and I said that I was going to have a walk around the town and then find an Italian restaurant. JW thought that a good idea and asked if I would mind waiting, "dear boy", and he would join me. That evening formed one of the most memorable suppers of my life with JW in full flow, full of memories, of osteopathy, and everything.

S G John Wernham, osteopath

Born 2 May 1907; died 9 February 2007



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New research links women's injuries to menstrual cycle

Research by osteopath **Dr Stephen Sandler PhD** suggests that women are more prone to injuries at certain points in their menstrual cycle. He carried out the study, which included surveying 1,000 osteopaths and interviewing 17 women, as part of his PhD thesis.

During more than 25 years of practice Stephen Sandler had noted that, whereas men often came to him with injuries due to sport or over-exertion, women often could not explain why simple acts like reaching down to pick something up had caused injury and pain.

"Surveying 1,000 other osteopaths I found this experience repeated and that these women were hurting themselves at certain points in their cycle," he explained.

The survey found that 21% of women reported the incidence of pain at days 12–14 of their cycle and 17% at days 24–26. The majority of pain reported in the mid-cycle was lumbar or pelvic pain, compared to lumbar or neck pain at the end of the cycle. These pain peaks, as shown in the graph below, correspond very closely with the incidence of ovulation and the high levels of the hormone oestrogen just before ovulation; and with the premenstrual phase and the appearance then of the hormone relaxin.

Stephen Sandler compared hormone levels in the blood with the laxity of the forefinger joint and found that joint laxity increased throughout the hormone cycle, then reverted back to normal once the period began.



Stephen commented:

"There was a clear link between hormone levels and laxity of joints, making women more vulnerable to injury. As they progress through the cycle their joints become increasingly loose. This is due to the changing levels of the hormones oestrogen and relaxin. Mid-way through the cycle, the level of oestrogen, which gives strength to muscles and ligaments, drops dramatically resulting in a sudden weakness. At the end of the cycle relaxin is present which softens the ligaments. At both these stages women are more susceptible to strains and damage."

His results also suggest that women on the combined pill, who do not experience sudden drops in their oestrogen levels, are less likely to experience injury as the result of loosened joints.

The research appears to confirm what many women have experienced and many healthcare practitioners have observed. Sandler, whose PhD was awarded by the Open University in 2006, thinks that the results of his study suggest more comprehensive research into this area may be warranted.

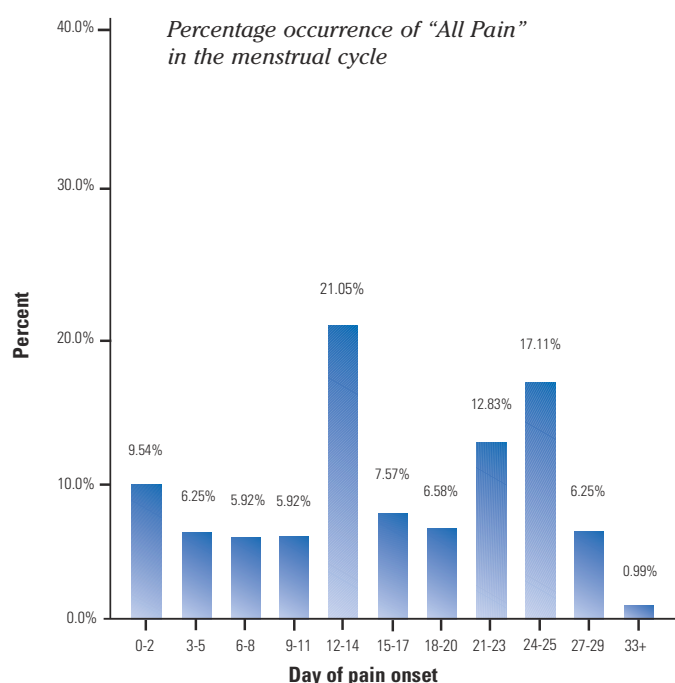
Rona Call, one of Stephen Sandler's patients at the Portland Hospital, where he is an osteopath, said:

"I was always putting my back out and began to notice that this happened at the same time every month. I take good care of my back and regularly go to yoga and pilates but would hurt my back just by bending down to tie my shoelaces up.

"This research will empower women to help protect themselves and prevent injury. I try my best these days to avoid over doing it at certain times of the month, but often life takes over and a trip to the osteopath is necessary just to give me pain relief and get me going again."

Stephen Sandler told *The Osteopath* magazine: "I think this research is important in a number of ways. Firstly, by advising our patients about when in their menstrual cycles they are likely to hurt themselves, i.e. around ovulation and when premenstrual, they will avoid undue mechanical pains. All it takes is a simple bit of advice about when to do heavy household duties or carry shopping.

"Secondly, for us in practice it might mean that certain techniques work better than others in relation to the menstrual cycle, or, in order to avoid a bad reaction to treatment, maybe certain techniques are best avoided at this time. Certainly I have found this to be true in my practice."





NCOR call for research proposals

The National Council for Osteopathic Research (NCOR) is announcing a call for research proposals looking at four areas of interest in osteopathy. The funding for the projects has been provided by the General Osteopathic Council aiming to enhance research knowledge underpinning the safety and quality of osteopathic care for patients, and in response to concern expressed within the profession about the implications of Clause 20 of the *Code of Practice*. The project areas, as identified by NCOR's adverse events sub-group, include:

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

Project duration: one year

Total budget available: £37,500

Proposal 2: Communicating risk and obtaining consent in osteopathic practice

Project duration: six months

Total budget available: £7,000

Proposal 3: Insurance claim trends and patient complaints associated with osteopathic care

Project duration: one year

Total budget available: £18,400

Proposal 4: Investigating osteopaths' attitudes to managing and assessing risk in clinical settings and patients' experiences and responses to osteopathic treatment

Project duration: two years

Total budget available: £140,000

Timeline for proposals

Tuesday 20 February 2007:

Announcement of call for proposals

Monday 30 July 2007:

Closing date for full proposals

Tuesday 1 May 2007:

Closing date for outline proposals

Thursday 2 August 2007:

Review of full proposals begins

Tuesday 8 May – Tuesday 22 May 2007:

Review of outline proposals

Tuesday 11 September 2007:

Interviews for short-listed applicants

Tuesday 29 May 2007:

Full proposals invited

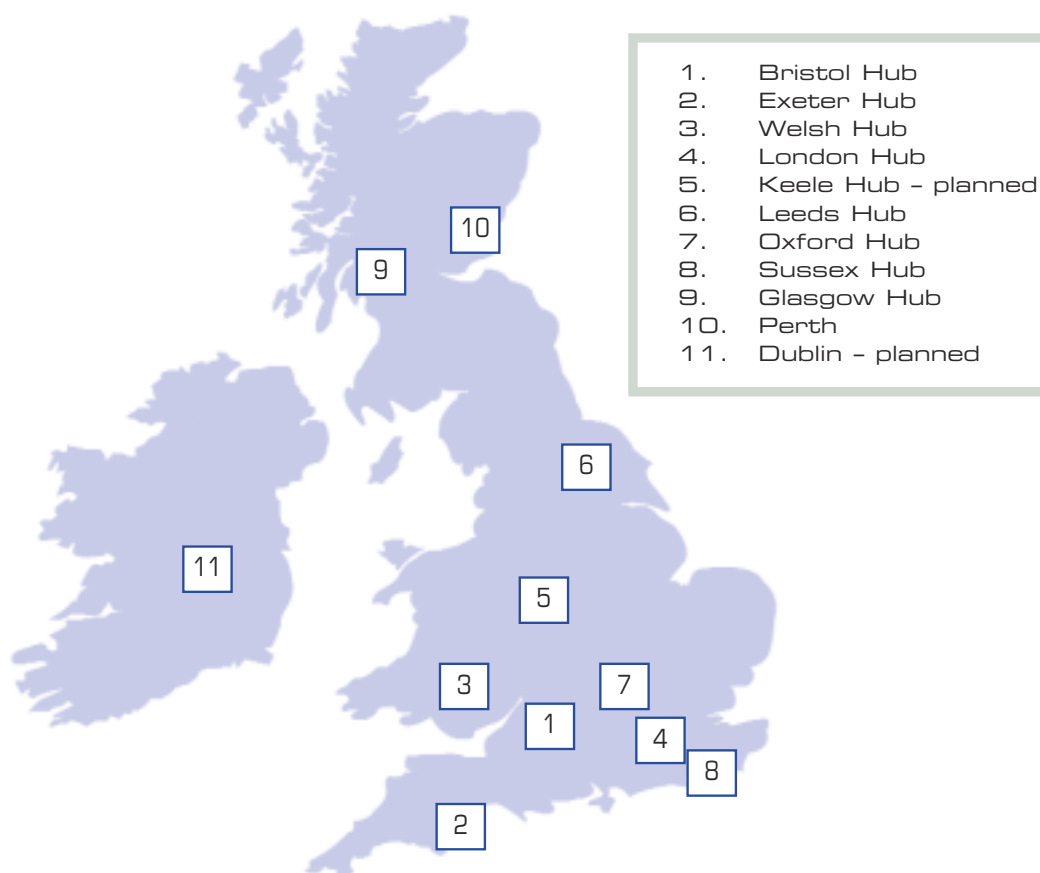
Tuesday 18 September 2007:

Decision communicated to applicants

For further information about the research projects or for details on how to submit a proposal, see the Research Opportunities page of the NCOR website – www.ncor.org.uk – or contact Carol Fawkes, NCOR Research Development Officer on email: c.a.fawkes@brighton.ac.uk or tel: 01273 643457.

National Council for NCOR Osteopathic Research

NCOR research hubs



Hub meetings

BRISTOL

Date of next meeting: Thursday 29 March.

Small project work – looking at data on referral patterns from osteopaths.

The Bristol group wanted to approach a study that would try and identify the reasons for referrals 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 have changed during this period.

EXETER

Date of next meeting: Saturday 19 May, 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 is looking at literature

sources and examples of consent forms currently used within the group and is trying to develop a consent form by consensus. A patient information sheet is also being developed through 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

Date of next meeting: 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

Date of next meeting: Tuesday, 24 April, 10am to 12 noon.

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. They have also decided they would like 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 3 April, 7–9pm.

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

OXFORD

Date of next meeting: TBC

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 *Code of Practice for Osteopaths*.

Design strategies in quantitative research—an introduction

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

Research design can be broadly divided into studies describing distribution of disease, its causes and the populations involved. Analytical studies, by comparison, focus on the determinants of disease. Each type of study design has its own unique strengths and limitations.

Descriptive studies

Descriptive studies look at particular features of the population with particular reference to:

- **The individual** including for example age, sex, occupation, marital status, ethnicity, smoking, exercise or consumption of particular foods.
- **Location** including for example variation in disease or health states within the same country, between countries and comparing rural and urban areas.
- **Time** including for example comparisons of current

activity with episodes 5, 10, 15 years ago, etc. For looking at seasonal variations of symptoms or injuries.

They may consider:

- **Populations** using correlational studies
- **Individuals** using
 - case reports
 - case series
 - cross-sectional surveys

1. Correlational studies

These look at entire populations and attempt to compare the frequencies of disease states. This can involve looking at different groups at the same time, or looking at the same population at different points in time. The results of correlational studies can attempt to inform hypotheses

concerning disease states; the hypotheses can then be tested using different research designs.

2. Case reports.

This is the most basic type of descriptive study related to individuals. It describes the medical history of a single patient by one or more clinicians; it is communicated in a narrative fashion. This is a useful way to communicate details about unusual patients. Writing a case report can be the first step in communicating patient information and it can be suggestive of a clinical situation that may require further investigation. Case report guidelines for the *International Journal of Osteopathic Medicine* can be found at www.authors.elsevier.com/GuideForAuthors.html?PubID=7052458&dc=GFA.

Further information on writing a case report can be found at

<http://careerfocus.bmjournals.com/cgi/content/full/327/7424/s153-a>.

3. Case series

This may be the natural sequel to a case report. A case series is comprised of information concerning a number of patients who experience a particular condition. Routine surveillance programmes often use accumulated case reports to suggest the emergence of beneficial treatment strategies, reactions to treatment, new diseases or epidemics.

4. Cross-sectional surveys

This type of study looks at the assessment of an individual and their health and any exposure they may have to a particular condition. Cross-sectional studies attempt to estimate the prevalence of a disease or the prevalence of an exposure to risk factors or both. It is important when considering surveys of this nature to distinguish between prevalence and incidence. "Prevalence" describes the overall proportion of a population that experience a disease; "incidence" describes the number of new cases of a disease each year.

Analytical studies

These may include:

- Observational studies
 - Case-control studies
 - Cohort studies (both retrospective and prospective)
- Intervention studies (clinical trials)

Analytical studies explicitly compare two factors that are suggestive of having a cause and effect relationship in healthcare. Two broad strategies are employed when undertaking analytical studies involving observation and intervention.

1. Observational studies

The natural course of events in a specified population is observed in this study design, as its name suggests.

Information is recorded concerning who develops a particular disease state (e.g. disc injury) and who has been exposed or not exposed to a particular causative influence (e.g. bouts of heavy lifting). The two basic types of observational investigation are case-control and cohort studies; these will be considered in turn.

Case-control studies

In this type of study, patients with a particular condition or disease are identified and matched with a control group of patients who may have no disease or a different disease. Alternatively the control group may be composed of patients' relatives. Information concerning past medical history is recorded verbally from the patient or by examination of medical records.

A relationship between a past exposure to a particular causal disease agent is then explored from this information. Case-control studies are fundamentally concerned with examining the aetiology of a disorder or what makes a particular patient group different. The proportions of affected individuals in a group are then examined. Case-control studies are not concerned with studying therapeutic interventions in the management of a disease. They are particularly helpful when studying relatively rare disease states.

Cohort studies

Cohort studies are concerned with samples of people who share a common feature, e.g. age. Subjects in at least two (or more) groups are also classified on the basis of whether or not they are experiencing a particular disease state. They are then followed to discover what happens to them during a specified time frame in the future. Cohort studies can take a considerable period of time to conduct; the follow-up time in cohort studies is generally measured in years.

Subjects in cohort studies may or may not have a disease when the group is selected for monitoring; the cause of a disorder or disease is usually the main concern of this type of study. The extended follow-up time is employed in the expectation that some of the subjects within the selected group will have developed the disease state under scrutiny. Cohort studies are most effectively used to study disease states that are relatively common in occurrence.

Cohort studies can be defined as retrospective or prospective but clarity must be used when employing these terms. Retrospective cohort studies refer to studies where a particular outcome being investigated has already occurred. In contrast, prospective studies refer to studies where particular outcomes will occur in the future.

2. Intervention studies

Randomised controlled trials (RCTs)

Randomised controlled trials are commonly described as

the 'gold standard' in medical research. Interventions concerned with treatment or prevention can be efficiently and objectively tested, but no information is provided about the context of a trial or the patients' experience of treatment.

Participants in RCTs are assigned to one treatment intervention (e.g. osteopathic treatment) or another (e.g. taking non-steroidal anti-inflammatory medication) at random; this can be achieved using a number of different strategies. Interventions can be assigned to patients according to a variety of blinding or masking regimes which include:

- **Single blinding:** The patients do not know the type of treatment they are receiving.
- **Double blinding:** The patients and investigators do not know the type of treatment being received.

- **Triple blinding:** In this situation the patient, the investigator and the person responsible for analysing the data do not know the type of treatment being received. This ensures that the data analysis is as objective as possible and further reduces the influence of the placebo effect.

Randomised controlled trials can utilise a placebo intervention. A placebo is an inactive compound which looks, tastes and smells the same as the active compound in a pharmacological study. Placebo or sham interventions can also be used when researching complex interventions, e.g. acupuncture.

The patients in RCTs are followed for a designated period of time and specified outcomes are measured, e.g. changes in levels of pain or mobility, to assess the level of effectiveness of the intervention.

Courses and conferences 2007

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. 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 summaries

Österman H, Seitslo S, Karppinen J and Malmivaara A. **Effectiveness of microdiscectomy for lumbar disc herniation: a randomised controlled trial with 2 years of follow up.** *Spine*. 2006;31(2):2409-2414

This prospective randomised controlled trial was carried out to assess the effectiveness of microdiscectomy in a group of 56 patients between the ages of 20 and 50 years. Patients were randomised in the study if they experienced a lumbar disc herniation accompanied by clinical findings of nerve root compression and radicular pain lasting 6–12 weeks; patients had no prior absolute indication for surgery. Leg pain intensity was used as the primary outcome measure for the study. A follow-up

assessment was carried out two years after the original procedure and 50 patients (89%) were available for this. The study found that although discectomy appeared to be associated with a swifter initial recovery, no clinically significant differences were found between the groups in either leg or back pain intensity, subjective disability or health related quality of life measures at the end of the two-year follow-up period. A subgroup analysis was carried out and indicated that discectomy was superior to conservative treatment when the disc herniation occurred at L4/5.

Bibbins-Domingo K, Gupta R, Na B, Wu AHB, Schiller NB, Whooley MA. **N-Terminal fragment of the prohormone Brain-Type Natriuretic Peptide (NT-proBNP) cardiovascular events, and mortality in patients with stable coronary heart disease.** *Journal of the American Medical Association*. 2007;297:169-176

Researchers studied 989 patients in this prospective cohort study, from 2000 to 2002, who were viewed to have stable coronary heart disease. A total of 256 patients (26.2%) experienced a cardiovascular event or died during the study period. The researchers found that the cardiovascular events could be linked with high levels of NT-proBNP in the preceding months. Standard tests, including blood pressure measurement and echocardiographs, were found to indicate no abnormality for this period.

The study received a cautious response in both the USA and the UK; further evidence is required to indicate what therapeutic measures could be recommended for patients testing positive for high levels of NT-proBNP thereby avoiding the occurrence of further cardiovascular events.

Research Taster Day

Saturday 12 May 2007
Leeds Metropolitan University

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.

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 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



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.

CPD Courses at the ESO

How to treat: Chronic Trapezius Myalgia / Chronic Neck Pain How to treat: Frozen Shoulder

Lecturer: **Prof Eyal Lederman**

Date: Saturday 21st April 2007

Cost: £95 including lunch and refreshments

CPD: 6 hours

A one day workshop by renowned osteopath, lecturer and author examining the theory and practical management of two common conditions seen in clinic. There will be discussion of the aetiology and processes underlying these conditions, developing treatment strategies and how to match the most effective techniques and exercise to the patient's condition. During the course there will be demonstration and practice of specific techniques. The lecture will also cover the management of the conditions with the use of movement re-education, ergonomics and exercise.

Verbal First Aid: Using Your Patient's Minds to Help Set the Course for Their Bodies' Recovery

Lecturer: **Judith Simon Prager**

Date: Saturday 12th May 2007

Cost: £95 including lunch and refreshments

CPD: 6 hours

This full day seminar will be presented by international known speaker, Judith Simon Prager, PhD, who has taught Verbal First Aid™ at medical centers across the US.

In the morning she will provide training in Verbal First Aid, so that you will learn how the images in your patients' minds affect their bodies and their ability to heal. You will learn words and ways to say them that can mean the difference between pain and comfort, panic and calm, even life and death in medical emergencies.

In the afternoon, she will introduce her pre-natal psychology program, Bonding With the Baby Within, for the first time on this continent. According to Dr. Frederick Wirth, author of Prenatal Parenting, the prenatal experience "builds the brain architecture that will determine [the baby's] behavior after birth and probably for the rest of his life." The guided imagery sections also talk to the baby and mother's body, preparing them for the birth.

In addition she will provide training in Verbal First Aid for patients of different ages, for those with emotional components of chronic illness, and for pain relief.

For further information please contact:

Corinne Jones, The European School of Osteopathy, Boxley House,
Maidstone, Kent, ME14 3DZ

Tel: **+44 (0)1622 671558**

Web: **www.eso.ac.uk**



European School
of Osteopathy

Osteopaths @ Worcester

Spring into CPD

Osteopaths @ Worcester have an exciting programme of CPD events planned for the coming months and wish to invite local osteopaths to join them.

Date: Thursday 22 March 2007

Time: 7pm – 10pm

Guest speaker: James Butler

'Painless practice' – this presentation offers the chance to analyse your own experience in practice to determine what makes a good patient, and to explore ways of focusing your marketing efforts to get the best results. Once you have identified your ideal patient, the next step is to look at ways of attracting them to your practice.

Cost: £30.00 (includes light refreshments).

Venue: Holiday Inn Express, Droitwich (Junct 5 M5).

Date: Saturday 12 May 2007

Time: 9am – 5pm

'Boundaries' – this full-day course is an exploration of the



Sue Brazier DO, Worcester

differences between personal and professional relationships: professional boundaries, boundary crossings, boundary dilemmas and boundary violations. An overview of early indicators of potential boundary crossings will be given, together with suggested ways of dealing with these situations. 'Boundaries' will be led by Witness course providers, on behalf of the British Osteopathic Association (BOA).

Cost: This course has been subsidised by the BOA enabling us to have the whole day at the reduced rate of **£70 per person**, including lunch and refreshments.

Venue: The Bank House Hotel, Bransford, Worcester.

For further information about the above courses, or to book your place, contact osteopath Sue Brazier on tel: 01905 831495.

Northern Counties Society of Osteopaths

Dates for your diary

Neil Chestock, Hale

Some 30 members of the newly resurrected society met on Tuesday 13 February at the Tickled Trout in Preston. In traditional NCSO style, we enjoyed a convivial lunch followed by an excellent talk by osteopath **David Gutteridge**.

David provided much food for thought as he took us through some of his approaches to the treatment of both humans and horses, with occasional forays into the world of motorbikes and the musings of Persian poets. We were given practical pointers for incorporating elements of muscle testing into our treatment plan and also explored various strategies for helping patients with chronic problems.

The society has now organised two further meetings and has also decided to hold an annual convention, which always used to be the highlight of the social and educational calendar!

Meeting dates for your diary:

- **Sunday 13 May – Pharmacology update**
– Preston
- **Friday 22 and Saturday 23 June – Annual Convention**
– Marriot Renaissance Hotel, Deansgate, Manchester

NCSO Annual Convention 2007

Come and join us for the revitalised NCSO's first Annual Convention and Gala Dinner, combining the best in CPD with a great social occasion! NCSO is returning to its roots and will hold this year's convention at the Marriot Renaissance Hotel, Deansgate, Manchester on Friday 22 and Saturday 23 June 2007.

The programme is currently being finalised but will include:

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

For further details about the above events, or to find out what's happening in Northern England, visit www.ncso.org.uk or contact Neil Chestock on tel: 0161 980 6228; email: neilchestock@yahoo.co.uk.

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Entry: Degree (or equivalent), with biomedical knowledge and practitioner skills

Length of study: 1 year to Postgraduate Diploma level
 plus 1 year for Masters Degree

Mode of study: Tuesdays in year 1, Fridays in year 2

Point of entry: September

Attendance: 1 day a week for 37 weeks (PGDip)
 plus 7 days over 1 year (MSc)

Course description: a clinically focussed, professional, postgraduate diploma
 or masters research programme in Nutrition for Healthcare
 Practitioners with a focus on western and Chinese nutrition

Qualifications: Year 1 - Postgraduate Diploma in Nutrition (PGDip)* and
 membership of the British Association for Nutritional Therapy (BANT)
 Year 2 - Masters degree in Nutrition (MSc)*

To find out more call Bonny on 020 8369 5733
 email bonnyw@lcta.com or
 return the coupon below

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Central Sussex Osteopaths

Meeting update

Jeremy Buck DO, Brighton & Hove

At our last meeting, osteopath **Stephen Sandler** gave an inspiring talk on the subject of osteopathic care in pregnancy. He reviewed many techniques for use with patients in all stages of pregnancy and, as always, revision of the subject brought a deeper insight for all of us.

Our next meeting will be on **Saturday 21 April 2007**, when we will have two speakers. The first is **David Potts**, a solicitor who has specialised in personal injury cases for the last 25 years. He will be covering topics such as: rules applicable when solicitors request copies of medical notes; what you certify at the end of a medical report used in a personal injury case; and what ground should be covered when doing

a medical report. All very important stuff that we should have clear in our minds.

The second half of the morning will be presented by local osteopath **Jeff Richards**, who will be talking about 'The role of nitric oxide in blood pressure – and how we can help our hypertensive patients'.

The meeting will be held at our usual venue, Wickwoods Country Club, Albourne BN6 9DY, starting at 9.30am and finishing at 1.00pm. Everyone is welcome. **If you are not on our mailing list and would like to be, either email: jeremy_buck@freenet.co.uk or call Jeremy Buck on tel: 01273 203820.**

North & Mid Wales Osteopathic Society

Practical CPD

Genevieve Brown DO, Aberystwyth

NMWOS is excited to welcome back osteopath **Gary Riley** as guest speaker at our next two-day CPD meeting in March. Some of you may remember Gary from his teaching days at the European School of Osteopathy and will be pleased to know that he is currently back visiting in the UK after relocating to South Africa.

Date: Saturday 24 – Sunday 25 March 2007

Venue: The Westminster Hotel, Chester

(www.bwwestminsterhotel.co.uk)

Guest speaker: Osteopath Gary Riley – while he is back from South Africa!

- Saturday – Neurological assessment & diagnosis for clinical practice
- Sunday – Practical workshop on the shoulder

If we can attract sufficient delegates, we hope to run the two-day course, including refreshments, at the 24-hour hotel delegate rate of £180. This package includes the standard conference facilities plus dinner, bed and breakfast. Single day attendance without accommodation will cost around £70. Secure your place with a £20 deposit made payable to NMWOS: Builth Wells Osteopathic Practice, Temple Chambers, West Street, Builth Well, Powys, LD2 3AH. Make sure you book early to ensure a place.

For further information about the event, contact Genevieve Brown on tel: 01982 551240 or email: genbrynci7@aol.com.

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.



FOUNDATION COURSE IN PRESCRIPTION ORTHOSES

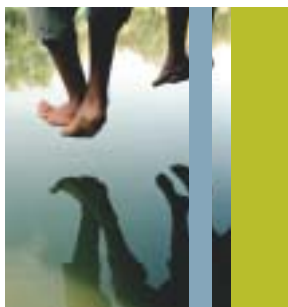
This course includes: - practical podiatric biomechanics, foot techniques, gait analysis and instructions on how to prescribe and cast custom made orthoses.

Did you know orthoses can help with chronic and acute pain such as:

- (**Fore-Foot:** Pes cavus, pes planus, calluses, bunions, cramping, metatarsal pain and neuromas.
- (**Rear-Foot:** Heel pain/spurs, growing pains, Achilles tendonitis and plantar fasciitis.
- (**Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

Pegasus orthoses have evolved over a 15 year period under the management of one of the UK's leading podiatrists. Our orthoses sell themselves because they have a 100% success rate. We make a thinner, lightweight and more versatile product than anyone else. Our product is made of one piece, rather than several components and therefore can easily fit into any shoe and satisfy the needs of even the most demanding of cases.

By prescribing Pegasus orthoses you will compliment your patient's healthcare with the best orthoses available in the world today.



"Having worn orthoses for the best part of my career, I am now enjoying fantastic results with the Pegasus insoles.
Many Thanks"

**Professor Laurie Hartman
Osteopath**

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SPACES ARE LIMITED**

Sunday 17th June, Sunday 7th October and Sunday 2nd December 2007

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- (Course location: The Stanborough Centre, Watford, Hertfordshire, WD25 9JL.
- (1 day course costs £175 per delegate.
- (Cost includes refreshments, starter pack & certificate of attendance for **7 HOURS CPD**.

Pegasus Orthoses (UK) Ltd 10 Abbots Road Abbots Langley Herts WD5 0AZ
Tel: 01923 260452 email: info@pegasusorthoses.co.uk

'Rheumatoid arthritis – a pain in the neck!'

Jo Sunner BSc (Ost) Do, Peterborough

Consultant **Richard Hartley** gave a lecture on rheumatoid arthritis at an Anglian osteopaths' meeting last autumn. As the lecture was so popular we present a summary of it below.

Rheumatoid arthritis (RA) is a common, chronic, systemic disease producing symmetrical inflammatory polyarthritis; extra-articular involvement; severe disability in young adults; progressive joint damage and high morbidity requiring considerable resources.

RA is a disease of the synovium. There is a female to male preponderance of 3:1; aetiology is unclear, associated with HLA-DR4 (Human leukocyte antigen system); there is a relationship to a T-cell mediated immune response and this incites an inflammatory response against soft tissues, cartilage and bone.

General characteristics of the disease include:

- Insidious onset of pain and stiffness
- Most commonly in small joints of the hands and feet
- Knees, elbows, shoulders, ankles, hips and spine involvement are also common
- Subcutaneous nodules over extensor aspects of joints
- Elevated inflammatory markers (ESR, CRP) and positive rheumatoid factor

Systemic manifestations of RA include:

- Vasculitis
- Pericarditis
- Pulmonary fibrosis
- Splenomegaly
- Sjogren's syndrome (decreased salivary and lacrimal secretion)

Diagnostic criteria include:

- Morning stiffness
- Swelling
- Nodules
- Positive laboratory tests
- Radiographic findings (decreased joint space, peri-articular osteoporosis and erosions)

Cervical spine involvement in RA is seen in up to 90% of patients. It is more common in long-standing disease and multiple joint involvement. Patients present with neck pain, decreased ROM, crepitus and occipital headaches. Neurological impairment usually occurs gradually and symptoms include weakness, decreased sensation and hyper-reflexia.

Atlanto-axial subluxation is the commonest structural abnormality in the cervical spine in RA. It occurs in 50-80%

of RA patients. Anterior subluxation is most common (where the Atlas [C1] slips forwards on the axis [C2]), usually due to destruction of the transverse ligament, the odontoid peg or both. Clinical findings may include limitation of movements, upper motor neurone signs and a "clunk" with neck flexion.

Cervical spine instability. Normally the atlanto-dental interval is 3.5mm on flexion/extension views. A difference of 7mm between flexion and extension may imply ligament rupture; an atlanto-dental interval of > 10mm is indicative of neurological injury.

Cranial settling is also known as basilar invagination. The odontoid peg migrates upwards into the cranium. Progressive cranial migration (>5mm) or neurological compromise may require surgical stabilisation

Lower cervical spine involvement occurs in 20% of RA patients and is more common in males, with use of steroids (therapeutically), seropositive RA and patients with rheumatoid nodules. Sub-axial subluxation of >4mm or 20% of body width is indicative of cord compression

Neurological impairment

- There are various grading systems
- Ranawat system and Frankel system

Symptoms and signs of neurological impairment

- Muscle weakness upper limb > lower limb
- Decreased manual dexterity
- Ataxia
- Sensory changes
- Spasticity/hyper-reflexia
- Clonus
- Urinary problems

Indications for Surgery

- Atlanto-axial instability
- Pain
- Impending neurological deficit
- Established or progressing neurological deficit

For further information about the presentation, or details of forthcoming Anglian Osteopaths' meetings, contact

Jo Sunner on tel: 01778 391714 or email:

josunner@aol.com.





CPDO

2007

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

Name:

Address:

Telephone:

E-mail:

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

**For more information go to:
WWW.CPDO.NET**

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

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Osteopathic Centre for Children at RCM

Gavin Crisp BSc (Ost), Osteopathic Centre for Children

Osteopaths Gavin Crisp, Janice Moss and Mary-Jane Anderton represented the Osteopathic Centre for Children (OCC) at a Royal College of Midwives (RCM) conference last December 2006.

'Educating a workforce or training a profession' was attended by education advocates and practice development specialists, including consultant midwives and heads of midwifery, who explored the challenges of meeting competing educational and service demands.

Representatives of the OCC were invited by Sue Jacob of the RCM to have a stand at the conference exhibition. Sue teaches

osteopaths about birth and delivery on the MSc in paediatric osteopathy at the OCC. Many of the midwives were already familiar with our work with children and pregnant women and all were interested and excited to discover more about osteopathy and our approach to health.

The conference was an enjoyable occasion, enabling an exchange of information with delegates. It was a tremendous

opportunity to make valuable connections with this audience and to build relationships for the future. Given the positive reception and feedback received, the OCC looks forward to attending future RCM conferences.



Breath of Life Conference, London

The 4th biennial Breath of Life Conference will this year be held in London on **26–27 May 2007**. As in previous years, the purpose of the event is to facilitate debate and provide the opportunity for cranial practitioners to widen their exposure to new and established approaches to holistic healthcare.

Cost: £195 (payment by 31 March 2007) or £225 (after 31 March). This includes refreshments and admission to all lectures.

Venue: The Brunei Gallery, School of Oriental and African Studies, Russell Square, London, WC1.

For further details and booking forms, contact Rachel Glynn, Conference Administrator, on tel: 020 8460 2122; email: info@breathoflifeconference.co.uk; website: www.breathoflifeconference.co.uk.

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COGNITIVE BEHAVIOURAL APPROACHES IN PRACTICE

This is a 3-day postgraduate course about integrating cognitive behavioural theory and approaches with osteopathic practice. Each day will be linked to the other days but will have a specific theme:

- € Day one - history, theory, principles and dysfunctional beliefs
- € Day two - applying CBT principles to distress and depression in people with pain
- € Day three - fear and anxiety in people with pain

Teaching methods will be a mixture of lecture/presentations and practical workshops.

Participant numbers limited to 20.

Course Leaders:

Dr Tamar Pincus, Reader in Psychology at Royal Holloway, University of London, Associate Professor, The British School of Osteopathy. Tamar has taught and worked with osteopaths for more than 10 years. Her highly regarded work on the relationship between psychological factors and pain has been published in international journals such as *Spine* and *Pain*.

Steven Vogel, Osteopath, Head of Research at the British School of Osteopathy. Steven has worked with Tamar and others and has published numerous articles. He advocates osteopaths drawing on current research appropriately to enhance their practice.

Guest Speaker:

Dr Lance McCracken, Consultant Clinical Psychologist, Pain Management Unit, Royal National Hospital for Rheumatic Diseases, Bath. Lance has published widely. He conducts research into behavioral and cognitive processes of pain-related disability and suffering and has a strong interest in the development of interdisciplinary treatment methods.

Dates: 15th April, 29th April & 20th May 2007

Deadline for applications: 23rd March 2007

Course Fee: £450.00

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

PRELIMINARY COURSE IN OSTEOPATHY IN THE CRANIAL FIELD

The basic level 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

Course Leader: Nick Woodhead

Dates: 2nd, 3rd, 4th September and two of the following dates yet to be confirmed 14th, 15th, 16th September

Course Fee for the 5-day course: £950.00. A deposit of £100 is required upon application.

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, please contact Gayda Arnold – 0207 089 5315 or g.arnold@bso.ac.uk

Back chat

Your letters

The Critical Cs, London, 27 January 2007 – a critique

The message is clear: patients have the right to be involved in every part of the decision making process concerning their health. We cannot get away from this, nor should we try to, provided that we do not trip over the red tape generated exponentially by regulations designed to cover every eventuality.

It follows that the infamous Clause 20 [of the Osteopaths' Code of Conduct] is here to stay. How its provisions should be implemented remains another matter. At least the post-script "no matter how remote" has, sensibly, been removed, but the idea of telling patients of the risk of stroke from cervical HVT remains anathema to many osteopaths.

In the absence of reliable evidence on which to base a decision as to whether cervical manipulation in the hands of trained osteopaths does pose a threat to patients, it is hard to see why the GOsC has taken a defensive stance in the matter, referring to a case in New Zealand. Most practising osteopaths take the view that cervical manipulation is safe, in the same way that they make the assumption that osteopathic treatment is useful. GOsC Head of Legal Affairs David Simpson argues that the absence of evidence as to dangers is good enough reason to anticipate them, and that we should act accordingly. Unfortunately, this approach serves to limit what osteopaths do, and this, in turn, restricts the possibility of helping patients. The GOsC exists for the public benefit: imposing rules on procedure and frightening patients is not in the public interest.

With the exception of the stroke issue, it was a relief to hear how course presenters Fiona Walsh and Mark Piper, from time to time aided by David, interpret the various legal and regulatory requirements, and to note how the meeting became more and more a useful dialogue, rather than a confrontation. Nonetheless, this refreshingly common-sense approach served to highlight the gap between what is reasonable in practice and the impossibility of implementing fully the requirements of *Standard 2000 (S2K)* and the *Code of Practice for Osteopaths*. *S2K* could be considered a synopsis of what newly qualified osteopaths should know; the expert advances from this, taking short cuts and developing his individual approach. The *Code of Practice*, in its attempt to cover all eventualities, is confining and would be better were it to deal in matters of principle alone.

During the course of the day our facilitators emphasized that the object of the seminar was to enable the delegates to work safely and sensibly within the law and that it was not their intention to make us practise defensively in our

consulting rooms. This was reassuring and many helpful examples were given, making the day thoroughly worthwhile.

So, thank you, GOsC, for sponsoring and expertly organising such a useful event – but please hear, and respond to, what for me remains a matter of the greatest concern. The case to which I refer is known to the profession through the published proceedings of the GOsC's Professional Conduct Committee (PCC), and the senior colleague concerned spoke about his experience at the end of the Critical Cs course I attended. The complaint made by his patient was dismissed by the GOsC's PCC panel, but the osteopath was admonished for his poor case notes (which he accepted as just criticism) and for not carrying out a neurological examination, which he contended was not necessary to the proper care of this patient.

This raises two points of principle. Is it reasonable for the PCC to formally, and therefore publicly, issue an admonishment for a misdemeanour which did not compromise patient safety and was not the issue under investigation, when a private caution would have served as well? If this is considered reasonable, it could be argued that the GOsC has a right to arbitrarily check our case records – and how many of us would then be damned ten times over? More seriously, though, is the second admonition. It appears that the PCC took the view that a neurological examination should have taken place because there was extremity pain. Now this, as most experienced osteopaths would agree, is not necessarily so; and that how much investigation to carry out in an individual case depends on the individual circumstances. Our colleague appears to have been criticised for not doing something which he, as an expert, did not consider was necessary for the care of his patient, an omission which in no way compromised the health or safety of the patient. Are we to be governed by protocol in everything we do? That would be the end of osteopathy.

I challenge the GOsC on two points. One is to publish this article, unedited unless with my consent, so as to prove that criticism is acceptable and debate welcomed. The second, and very much the real issue, is to urge Council to trust its registrants. The great majority of osteopaths are decent, caring and skilled professionals. We support the GOsC in getting rid of the few rotten apples; we welcome guidelines on how to keep within the changing law and how to practise soundly in the context of today's society; we do want high standards; we recognise the need to be ever alert to the need for better communication with our patients; and we accept that consent has become a critical issue.



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We deeply resent having the right to practice limited and defined by unnecessary regulation.

There is a simple solution. Accept that *S2K* is for guidance, and that experienced practitioners can and do work safely and competently outside its parameters. Re-write the *Code of Practice* so as to enshrine principles rather than attempt to cover all eventualities. All that need be mandatory is that osteopaths must, at all times, act in the best interest of their patients; that they must not abuse their position of trust; that they must behave in a professional manner; that the GOsC exercise its duty of care to the public and to osteopathy by encouraging the practice of osteopathy as a reforming movement in medicine and that it strenuously resist attempts to compress osteopathy into the confines of academia and orthodox medicine.

Stuart Korth DO, London

David Simpson, GOsC Head of Legal Affairs, responds:

The GOsC is appreciative of Stuart Korth's constructive appraisal of the recently-launched Critical Cs workshop and we share his enthusiasm for healthy debate – his report is published here in full. Stuart's second "challenge", we believe has already been met.

Stuart is right in surmising that Clause 20 of the 2005 *Code of Practice* is here to stay, at least until the law changes, because it encapsulates the relatively recent change in the law of consent. Clause 20 is not about restricting practice. It is about providing patients with an informed choice as to whether or not to accept a particular treatment. If some osteopaths now feel restricted in their practice, could this be because they lack the confidence to explain risks to patients? A primary aim of the Critical Cs training workshop is to address this.

It is regrettable that some osteopaths now refrain from manipulating patients, simply for fear of being sued if something goes wrong. Instead of refraining altogether from (cervical) manipulation, the practitioner should offer the patient an informed choice as to whether to accept a manipulation – this would comply with Clause 20. Given this information, some patients may choose not to accept this treatment – for the osteopath this patient decision would put them in the same position as not offering the treatment at all. However, some patients will choose to accept manipulation and ask the osteopath to proceed, if not on the first appointment, then on subsequent appointments as the patient's trust in the osteopath grows.

By having complied with Clause 20, the osteopath is safe from liability if something goes wrong, so long as the treatment was performed competently. By complying with Clause 20, the osteopath is transferring responsibility for the treatment to the patient. That is why we maintain that this clause is enabling, not restricting.

Within the Critical Cs workshop we cited not only a New Zealand case, but also a case here in the UK that was recently settled out of court. The problem for osteopaths is that there exists in the wider context ample evidence that cervical manipulation carries with it an inherent risk. While the link between this risk and osteopathy has not been established and is largely anecdotal, there is enough hard evidence in other health professions to justify a cautionary approach. The GOsC did not invent this risk – our guidance is developed by osteopathic advisors. Most within the osteopathic profession (and other related health professionals) would seem to accept that some risk exists and, indeed, osteopaths in the course of their practice carry out a range of tests in order to minimise this risk.

To date the profession has carried out relatively little research to inform practice, and therefore can produce little hard evidence either of the benefits or the risks associated with osteopathic care. Given this, osteopaths cannot therefore choose only to extol the benefits whilst denying the existence of risk.

But research is now underway which will take account of osteopathy's unique emphasis. Not least the GOsC has commissioned a research project looking specifically at the safety and quality of osteopathic care – see page 20 for details of NCOR's call for research proposals. All this may even prove that osteopathy is safer than other practices. But until that happens, the courts will look to the existing research from other professions.

Standard 2000 (S2K) and the *Code of Practice for Osteopaths* set the standards of proficiency and conduct expected of osteopaths. They do so by requirement of the Osteopaths Act 1993 (which was drafted by osteopaths before the GOsC existed). Section 19 of the Act states that the Code shall:

- (a) lay down standards of conduct and practice expected of registered osteopaths; and
- (b) give advice in relation to the practice of osteopathy.

Because of (b) the Code cannot be merely a set of principles.

However, both *S2K* and the Code are guidance documents, precisely because they allow for individual professional judgment. Section 19 of the Act states that failure to comply with the Code shall not of itself constitute unprofessional conduct. Here (page 3) the Code states:

"The Code is not a set of rules governing all aspects of conduct in every possible circumstance but guidance based on principles that can be extended to most professional situations. The practice of osteopathy requires the exercise of professional judgment and the acceptance of personal responsibility, informed by the Code"

This means that the Code is not restricting – but an osteopath must have good professional reasons for not complying with it. What is a good professional reason is

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assessed against those of a reasonable osteopath – these are the limits that identify practice likely to bring the profession into disrepute.

A senior member of the profession attending the Critical Cs workshop in London shared with colleagues his experience before the GOsC Professional Conduct Committee (PCC). His account of this hearing was honest and magnanimous, out of concern for his colleagues – his aim, to warn and give guidance.

In this particular case, the PCC came to a decision to admonish the osteopath for failure to carry out a neurological evaluation. This outcome was arrived at by the PCC panel (which comprises two osteopaths and three lay members) having heard all of the evidence in detail. The PCC panel also drew attention to the inadequacy of the case notes, although the quality of the notes did not form the basis for formal allegations. The case notes nevertheless were a key part of the evidence, and the PCC was entitled (possibly even duty-bound) to draw attention to practice that falls below the accepted standard. Except in rare circumstances, the PCC's business is conducted in public and therefore it is not for the PCC to comment in private.

As Stuart Korth rightly observes, the great majority of osteopaths are decent, caring and skilled professionals. This view is reinforced by the professional approach of those osteopaths who attended the Critical Cs workshop.



Dear Editor

Having attended various courses run by the GOsC relating to legal and research issues, we were, to say the least, a little sceptical about booking a place on the GOsC 'Promoting partnerships – Osteopathy and the GP' workshop.

Nevertheless, we decided to attend this full-day training workshop at Osteopathy House, London and duly turned up wondering what we would gain from the day. Bearing in mind that neither of us like role play, we sat in the room awaiting our fate.

To our surprise the course was informative, entertaining and once we overcame our initial nerves, it was equally enjoyable. It allowed all osteopaths present to unite in their diversity in a very supportive atmosphere.

We would thoroughly recommend this course to all osteopaths – well done GOsC on producing such a useful tool!

Margaret Bowyer DO and Suzanne Moss DO
Broadstairs, Kent



Dear Editor

I am hoping that some of your readers may know of courses in the UK on the evaluation, diagnosis and treatment of trigger points. I would be grateful if anyone with relevant information could contact me on tel: 01489 891880 or email: ost@waitrose.com.

Peter Franckeiss DO BSc (Ost), Bishop's Waltham



Dear Editor

Peter Buxton makes a very valid point about the meaning of "promotion", in his letter in the

February issue. Mary Monro's article ['Hands-on marketing for osteopaths'] on page 29 of the same issue gives a beautifully clear exposition of the different roles and responsibilities in promotion; it should be required reading for all practising and student osteopaths. Brigid Tucker's article ['Promotion – the role of the regulator'] on page 6 of that issue makes it clear that the GOsC intends to continue to fill its communication and educational role, and so Peter is also right that removing "promoting" from the Osteopaths Act is largely cosmetic.

But my reasons for supporting the removal of "promoting" from the Act are purely pragmatic. Whether the Act states it or not, in the litigious, risk-phobic regulatory environment of 2007, the parliamentarians (to whom the GOsC is ultimately answerable) and the general public alike see the primary function of all healthcare regulators as protecting the patients' interests. They see "promoting the profession" as being on the other side of the poacher/gamekeeper divide. Whether they are right or wrong in any of this is irrelevant – we have to deal with the world as it is, not as it should be.

We osteopaths, on the other hand, look at the Act and think: "Oh great – my (exorbitant) annual registration fee is mainly for promoting my practice." That is certainly not how the GOsC interprets "promoting the profession", and removing the offending expression from the Act would remove confusion and misapprehension all round. I am not arguing rights and wrongs, just realities. I do not, for one moment, believe that having a promotional function would affect the GOsC's regulatory practices in any way. I am simply arguing that the public tends to see the roles as conflicting, so let's remove the risk of people thinking it might.

Incidentally, I certainly do see the BOA as our trade union – we need it to be precisely that. However, we need it to be more than that as well; the BOA's re-organisation is a major step in the right direction, and I look forward to it taking the leading role in helping us to promote our practices – this is, after all, the promotion that really interests us as practising osteopaths. All we need now is to see the BOA properly funded so it can do the job effectively – but that is up to us.

Martin Grundy BSc (Ost), Newcastle

Courses 2007

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

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

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)

Osteopathy, movement and physical activity (1st seminar)

27–29 April

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

Sunflower therapy training course – module 4

27–29 April

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

The role of nutrition in inflammation and musculoskeletal conditions

28 April

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

IOT III: SI joints, pelvis and LEX – weekend course

28–29 April

Lecturer 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

Neuromuscular "re-abilitation" part 1

28–29 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

Biodynamics (level 3)

4–7 May

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

Evidence based physical therapy conference & exhibition

12 May

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

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

16–20 May

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

How to treat frozen shoulder

17 May

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

Sunflower therapy training course – module 5

18–20 May

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

SAT 'Specific adjustment techniques' level 1

18–21 May

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

Treating the back and neuropathic leg pain

19–20 May

Speaker Philip Mouleart. 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 tennis elbow

24 May

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

Emotion, meditation and the seven transverse diaphragms

26–27 May

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

Breath of life conference

26–27 May

Speakers include Dr Masaru Emoto, Dr Mae Wan, Stanley Keleman, Dr James Oschman, Franklyn Sills, Katherine Ukleja and Prof Jaap van der Wal. To be held at the Brunei Gallery, School of Oriental and African Studies, 10 Thornhaugh Street, Russell Square, London WC1. Cost: £195 if paid by 31 March 2007, or £225 if paid after that date. Contact: Diane Baird, tel: 01935 389492, email: info@breathoflifeconference.co.uk

The Living Matrix and Trauma Energetics

28–29 May

Speaker Dr James Oschman. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1. Contact: Diane Baird, tel: 01935 389492, email: info@breathoflifeconference.co.uk (website: www.breathoflifeconference.co.uk)

How to treat hamstring injuries

31 May

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

Cranial nerves manipulation

1–3 June

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

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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.

DUE TO EXPANSION: there is an opportunity to join the team at the Harrison Clinic, Reading. The ideal osteopath will have excellent communication and patient care skills and should be a team player. Structural skills should be to a very high standard. Initially the vacancy is for two/three days/half days. Applications to enquiries@harrisonclinic.co.uk, telephone 0118 9762253 or to The Harrison Clinic, Bridge Farm, Farley Farms, Reading Road, Arborfield, Reading, Berkshire RG2 9HT.

EXPERIENCED PROFESSIONAL RECEPTIONIST, seeking post in London – any areas. Available immediately. Friendly and well presented. Contact Frances on 0208 989 8315. Email: frayner10@hotmail.com.

CAMBRIDGE – Osteopath full time required April for busy well established near central group practice. Apply with CV to Practice Manager, Sue Jenkins, John Lant & Partners, 206 Chesterton Road Cambridge CB4 1NE email admin@johnlant.co.uk.

ASSOCIATE REQUIRED for busy wellness practice – 17 years established in Ledbury (Cheltenham 20 miles). Flexible hours, no Saturdays. Initially three days per week, ample scope to increase up to five. Excellent long term opportunity. Broad patient base including paediatrics. Primarily structural with some IVM work. Full reception support provided. Tel: 01531 635080.

COME AND JOIN OUR FRIENDLY TEAM ON SYDNEY'S NORTHERN BEACHES. Our practice is growing quickly and requires a practitioner with over 2 years experience, who'd love the opportunity to take a leading role in the practice's development. We are happy to sponsor you. Email your resume to: tranfield@osteopathiccentre.com.au.

ASSOCIATE to cover maternity leave from March/April 07 to Aug/Sept 07. Permanent post available after these dates. Two very busy practices in Chester and north East Wales. Would suit motivated confident individual with good soft tissue and structural technique. Advice on relocation to area if required. Telephone practice manager: 01352 731818.

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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.

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EDINBURGH (BLACKHALL). Opportunity for osteopath to rent room/s within established modern podiatry clinic. Excellent location on busy arterial route, prime residential area, unrestricted parking. No osteopaths listed within 1.5 mile radius. For further details contact Mrs Johnston 0131 332 3255.

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.

TREATMENT / CONSULTING ROOMS. Available for rent in established clinic, North West London. Flexible hours. Reasonable rates. Please contact Hendon Therapies Clinic 020 8205 2929.

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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Closing date for applications 30th June, 2007.

For a prospectus and application form, please see website www.occ.uk.com or www.bso.ac.uk or telephone Sonia Nelson-Cole on 020 7490 5510.

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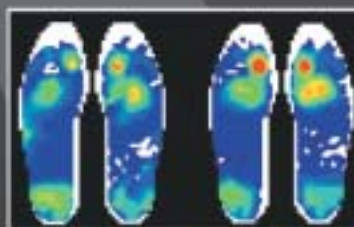
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