

the osteopath

International Journal of Osteopathic Medicine enclosed

Shaping best practice

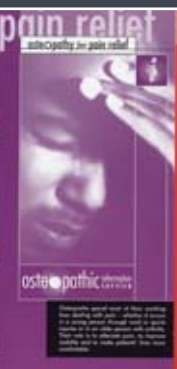
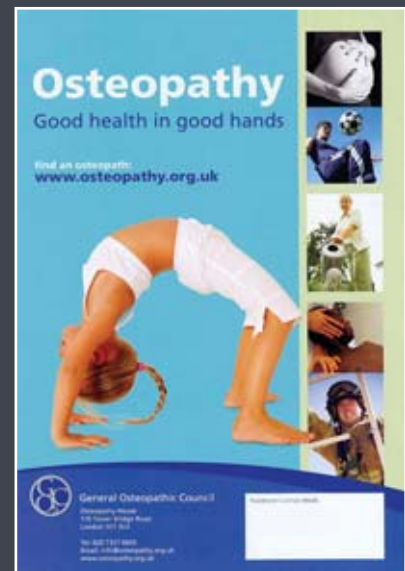


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the osteopath

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

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

Finance & Administration ext 227

Enquiries about registration fees, VAT, payment enquiries.

Public affairs ext 245 / 247

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration ext 256

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

Regulation ext 224 / 249

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

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Registrar's report

It is 9 May as I begin composing my report – nine years since the opening of the Register and the start of the two-year transition period. At this time of year it is hard not to reflect on those 'challenging' times. Some of you will share these reflections, especially as for many of you it is time for the annual renewal of registration and the payment of fees. Perhaps, therefore, the issue of fees is worth a comment.

Council agrees expenditure on an annual basis and members review, at each of its meetings, how spending compares to the GOsC Business Plan. Fees are considered at least once a year, because we are mindful that income is increasing as we acquire more registrants, and the reserves are healthy. What about a fee reduction then? A pleasure we would all welcome. But here caution causes us to heed the increasing demands on statutory regulatory bodies and the uncertainty that is constantly present, particularly around the further Department of Health (DH) review of healthcare regulation scheduled for 2011. With this in mind, we believe it unwise to destabilise the financial security of the GOsC at this time.

Also, and I know we say this often, in real terms the £750 fee of 1998 is now the equivalent of £930. By not putting up the fee, it represents less of a percentage of income than it did in those early days. And do not forget, it is tax deductible. All this being said, the Council will continue to keep the possibility of a fee reduction under review.

So what is most of the income spent on? The central focus of all our spending is standards: setting, developing, maintaining, promoting and, just occasionally, imposing – through fitness to practise procedures. We recognise that this is best done in conjunction with you and with the Osteopathic Educational Institutions, as there must be ownership of all aspects of standards delivery for it to be achievable and credible. I believe most would agree that the present continuing professional development (CPD) arrangements are a good example.

This month we introduce the Development folder, a partner for your Fitness to Practise folder, launched in May 2005. We trust you will find these useful and will also proudly display them – your standards – for patients to see. The Development folder also gets under way a review of the present Standard of Proficiency (*Standard 2000*). Much has happened in osteopathic learning since this was first published and we will seek the views of the profession on this in the near future – see pages 6–7.

We also sought your feedback recently through the Regional Communications Network meeting – altogether an enjoyable and edifying day. Thanks is due to all members of the GOsC network, who gave up time in practice to exchange information and to bring news from the 'coal face'. These interactive days are very constructive, as well as being a lot of fun – see the report on page 9.

Members of the network will now have taken back to their regions more details of the 10th Anniversary event. There is, however, an update on page 10, if you have not managed to catch up with the latest news.

Another major undertaking for the GOsC at this time is, of course, the Government White Paper on healthcare regulation reform. As planned, the Department of Health has prepared a draft of the legislative priorities (first Section 60 Order) and is currently discussing it with the regulatory bodies – see the update on page 8.

How best to handle the revalidation requirement is also featuring in our work. Mention of this takes me back to the start of this report, and to 9 May 1998–2000, when osteopaths put themselves through such a process to give real substance to their registration. In our view, another PPP process is neither necessary nor appropriate. Key to holding this position is the profession showing commitment to a robust CPD process.

As you may remember from earlier years, it is not only professionals themselves who have

to meet exacting standards. The healthcare regulatory bodies (RBs) too must operate effectively and efficiently within a plethora of legislation, which seems to grow by the month. Each year, the Council for Healthcare Regulatory Excellence (CHRE) reviews the performance of the RBs. You can read the GOsC submission and CHRE's consequent report on www.chre.org.uk/Website/our_work/review/perf_rev_06_07. The overview of all the RB's performance may also be of interest.

As you read this report, it is June: the month when years of hard training come to completion for those undergraduates aspiring to meet the standard of proficiency and become osteopaths. We send them very best wishes for the forthcoming assessments and look forward to welcoming the new osteopaths to the Register.

Madeleine Craggs
Chief Executive & Registrar



Developing osteopathic practice

Vince Cullen, Head of Development

Much to its credit, the osteopathic profession has actively embraced continuing professional development (CPD) as part of everyday practice – the high rate of compliance with the GOsC's annual CPD requirements is clear evidence of this. And the introduction of mandatory CPD has shown positive effects throughout the osteopathic community, not least in bringing together colleagues to share their knowledge and expertise.

A system of formal CPD, following soon after the introduction of osteopathic statutory regulation, has also done much to enhance the general perception of this profession in the public eye and in the regard of other health professionals.

To consolidate this area of practice, the GOsC is introducing a new Development folder which all osteopaths will receive toward the end of this month. Designed to complement the Fitness to Practise folder introduced in May 2005, this new 'package' encapsulates standards of osteopathic practice and development.

The Development folder will contain documents that should already be familiar to you – the CPD Guidelines and the Standard of Proficiency (*Standard 2000*). The CPD Guidelines, you will notice, have undergone some significant revisions since they were first presented to you in May 2004. These adjustments have been made on the basis of feedback from the profession over these first three years and on a critical analysis of the CPD process in action. Note, however – the general requirements of the osteopathic CPD process remain unchanged. These revisions to the Guidelines seek only to make the document more accessible and user-friendly.

Also in the Development folder, the Standard of Proficiency has been reprinted and its inclusion here launches a consultation on possible revisions to the

document. Where required, the standards may be updated in order to equip osteopaths for the future.

Like the Fitness to Practise folder, the Development folder will help you keep together all of the key documentation underpinning osteopathic practice. In due course, further education and development documents will follow, for inclusion in the folder. You may also wish to use the folder to store your completed CPD records.

Standard of Proficiency

The Standard of Proficiency outlines the standards of practice that osteopaths must meet in order to gain and maintain GOsC registration. The existing Standard – *Standard 2000* – is divided into sixteen areas of practice, ranging from concepts and principles of osteopathy to information and data handling skills. Along with the *Code of Practice*, you can use the Standard of Proficiency as the starting point for planning your CPD activities or checking that an activity qualifies as osteopathic CPD. The Development folder includes a reprint of *Standard 2000*, underlining its fundamental role in osteopathic practice and its natural link to CPD.

Standard 2000 is already eight years old. In order to ensure standards remain relevant and appropriate to osteopathic practice in today's healthcare and educational environment, the time is right for a review of its contents. Any changes to *Standard 2000* are to be developed in conjunction with the profession and all osteopaths are invited and encouraged to contribute to this process. Your initial feedback will be used to compile a formal consultation document, which every member of the UK profession will receive later in the year. (For further information, refer to the 'Standards' section of the Development folder.)

Continuing Professional Development Guidelines

The original Continuing Professional Development (CPD) Guidelines were published as a draft document in May 2004 and issued to all osteopaths. This interim step gave the profession an opportunity to test and review the process and the guidelines, and to provide the GOsC with feedback. The new Guidelines published this month have been informed by your comments.

The key revisions to the CPD Guidelines are:

Structure

We have tried to make the Guidelines less repetitive – although the need to stress important elements is sometimes unavoidable. The document has therefore been restructured to provide a brief overview of the process, with references to further sections containing more detail. An index is now included for quick reference.

Content

The section on reviewing, planning and evaluating your CPD activities has been updated for clarity.

Where information was deemed by you to be confusing or unclear, sections have been added or expanded. These include:

- > the range and proportion of appropriate CPD activities
- > undertaking teaching & research
- > reading and researching (by oneself)
- > professional versus personal development
- > use of the CPD Portfolio/Folder



Format

Colours and fonts used in the original CPD Guidelines presented legibility difficulties for some, as did colour contrasts between text and background. We have tried to address as many of these issues as possible in the redesign of this publication; the CPD forms are now presented largely in black and white to facilitate photocopying.

Access

For those who experience difficulties accessing the documents, large print versions, in black and white, are also available.



Future revalidation?

The Government's recent White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, advocates the introduction of revalidation for all regulated health professions at some point in the future. When this will take effect and how it is to be undertaken is not specified. Revalidation, the White Paper recognises, is potentially a resource-intensive process for the professional and the regulator alike. It is hoped that due consideration will be given to both the principles and the practice surrounding revalidation. To this end, cross-regulatory working groups are being established to ensure that any plans for revalidation are realistic, affordable, achievable and manageable.

It is extremely important that a 'knee-jerk' reaction is avoided and that any revalidation scheme adheres to the principles of better regulation, in particular, ensuring that it is relevant, proportionate and properly targeted.

The premature introduction of a poorly constructed and unworkable revalidation system risks destroying the credibility of efforts to ensure that patient care is safeguarded in an effective and realistic manner.

It may be possible to develop an enhanced CPD scheme sufficient to provide a basis for the revalidation of professionals. The fact that for osteopaths mandatory CPD is already well-established helpfully demonstrates the profession's dedication and commitment to professional practice and patient care. We will keep the profession briefed about any developments regarding revalidation, in *The Osteopath* and on the GOsC registrants' website and through direct contact, where necessary.



CPD Year reminder

CPD Rules and CPD Annual Summary Forms

The Rules that underpin osteopathic continuing professional development have now been formally approved, thus strictly linking the GOsC CPD requirements with your annual

renewal of registration. In other words, your CPD Annual Summary Forms must be submitted in order for the GOsC to renew your annual licence to practise. Your CPD Year ends two months prior to your renewal of registration date. This allows one month in which to prepare and submit your CPD Annual Summary Form and one month for the GOsC to review and resolve any problems prior to your

registration renewal. Over the past three years, during the CPD introductory period, the GOsC has allowed osteopaths some flexibility around the dates by which Summary Forms have to be submitted. Now, with the Rules firmly in place, you will be unable to renew your registration without having first submitted your CPD Annual Summary Form. The relevant dates are as follows:

| Renewal of registration | CPD Year start date | CPD Year end date | Submit CPD Annual Summary Form by: |
|-------------------------|---------------------|-------------------|------------------------------------|
| January | 1 November | 31 October | 30 November |
| February | 1 December | 30 November | 31 December |
| March | 1 January | 31 December | 31 January |
| April | 1 February | 31 January | 28 February |
| May | 1 March | 28 February | 31 March |
| June | 1 April | 31 March | 30 April |
| July | 1 May | 30 April | 31 May |
| August | 1 June | 31 May | 30 June |
| September | 1 July | 30 June | 31 July |
| October | 1 August | 31 July | 31 August |
| November | 1 September | 31 August | 30 September |
| December | 1 October | 30 September | 31 October |

Protecting the title



A bogus practitioner convicted in late April brings to ten the number of successful GOSC protection of title prosecutions in the last two years. Increasingly the courts are taking very seriously their public protection role and convicting bogus

practitioners who take advantage of vulnerable patients by unlawfully practising as osteopaths when not registered with the GOSC.

For the GOSC and osteopaths these prosecutions offer a dual benefit. Not only do they improve patient safety, but they also help to preserve the integrity of osteopathic practice and uphold public confidence in the profession.

In the past, these protection of title cases were prosecuted by the Office of Fair Trading. However, the complexity of these prosecutions and the time required to mount a case encouraged the GOSC, in February 2005, to assume responsibility for them, resulting in a significant increase in the rate of successful prosecutions.

Fines as high as £15,000 have so far been imposed on those found guilty of referring to themselves as osteopaths when not registered with the GOSC. And, a high 'media profile' is no protection from prosecution. Well-known complementary health practitioner Jan de Vries pleaded guilty in May 2005 to breaching Section 32 of the Osteopaths Act.

The latest prosecution, on 30 April, saw Mr Malcolm Down of Portsmouth plead guilty to unlawfully describing himself as an osteopath when not registered with the GOSC. Mr Down gave his business card, illegally describing him as an osteopath, to a member of the public who

subsequently made a formal complaint to the GOSC. He was fined by Portsmouth Magistrate's Court and ordered to pay costs.

The GOSC is also concerned about the damaging impact these illegal practices have on the local osteopathic community, as the public can be mistakenly led to believe that they represent the standard of care provided by the legitimate profession.

Further concerns have also surfaced following criminal cases where the media erroneously refers to the practitioner as an osteopath. In a recent criminal case in the Cardiff Crown Court, the defendant – later acquitted – was mistakenly and repeatedly referred to as an osteopath by the judge and prosecuting lawyer. The case spawned much inaccurate media coverage. To rapidly counter this, the GOSC contacted the Press Association and the prosecuting lawyer in court, who were sympathetic to the situation and took immediate steps to correct the error.

There has been a recent upturn in press interest in protection of title cases. The GOSC capitalises on this coverage by raising public awareness of the need to check that osteopaths are registered with the GOSC and of the high standards of the osteopathic profession.

Healthcare regulation: reform timetable

The Department of Health (DH) last month issued an implementation timetable for the proposed reforms to healthcare regulation as set out in the recent Government White Paper: *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. The timetable and proposals are subject to parliamentary scrutiny and can therefore change.

Prominence has been given to issues surrounding governance / constitution, diversity, discrimination provisions and compliance with the Safeguarding Vulnerable Groups Act, which are to be included within the first piece of legislation. The DH has already drafted this first Section 60 Order and, true to its

word, the regulatory bodies (RBs) are being kept informed and involved. The envisaged timetable for this first Order is:

- > Preparation of draft order – May/June 2007
- > Consultation on draft order – July to September 2007
- > Laid in Parliament – November 2007
- > Implementation – before April 2008

In the second Order, the DH will tackle issues around harmonisation of Fitness to Practise procedures, which involves creating a fair system with greater transparency across the regulators. This we have referred to in earlier features when discussing separating investigation from adjudication and not involving Council members in hearing cases. Standards for practice, education, training and proficiency will also be considered. The probable timetable for this Order is:

- > Consultation on draft order – September to November 2008
- > Laid in Parliament – January 2009
- > Implementation – before April 2009

The third White Paper Order will cover matters mainly related to the provision of

initial education and training; maintaining standards in practice; proving that standards have been maintained (revalidation); indemnity insurance, and any other issues not in earlier Orders.

The target timetable for this Order is:

- > Consultation on draft order – July to September 2009
- > Laid in Parliament – November 2009
- > Implementation – before April 2010

The GOSC will monitor the process closely and will be contributing to the consultation via involvement with the DH implementation working groups and the cross-regulatory initiatives. Any further updates will be reported in future issues of *The Osteopath*.

What is a Section 60 Order?

The term S60 Order comes from the Health Act 1999, Section 60, which gives a power for changes to the regulation of healthcare and associated professions to be made through Orders in Council. These are issued "by and with the advice of Her Majesty's Privy Council" and are then debated in Parliament.

Regional Communications Network meeting



Representatives of 25 regional osteopathic groups gathered at Osteopathy House on Friday 27 April to discuss current GOsC and wider healthcare initiatives. This, the largest Regional Communications Network meeting to date, brought together the GOsC executive and representatives from local groups and regions in England, Wales, Scotland and Northern Ireland. A day of information exchange, the meeting provided an opportunity to raise with the GOsC regional and local issues of concern and, importantly, to share and compare views with osteopathic colleagues from around the UK.

Council member and Chairman of the GOsC Communications Committee Robin Shepherd chaired a full programme – see left. Plans for the GOsC 10th Anniversary event (31 January – 3 February 2008) were the subject of enthusiastic discussion – not least, osteopaths are invited to nominate speakers they would like to see on next year's National Conference programme.

Briefing papers were provided on most of the issues discussed and are available to all osteopaths – contact the Communications Department on ext 242 to request copies.

Representatives are encouraged to disseminate information from the meeting amongst local osteopathic groups and to gather feedback from colleagues. Contact your local osteopathic group or representative for more information, or to find out how you can contribute to the Regional Communication Network.

The introduction of CPD has led to a significant increase in the number of regional societies. These groups, both large and small, are not only providing valuable sources of CPD, but are also playing a vital role in engendering cohesion within the osteopathic profession, bringing together colleagues who are too often isolated by work. To contact your local group, request a directory from the GOsC Communications Department on ext 222 or email: nicolet@osteopathy.org.uk.

In the absence of further regional conferences this year, the GOsC will be holding a second Regional Communications Network meeting at Osteopathy House in November. Contact your local representative to discuss issues you would like to have raised.

Education members of Council appointed

The Education Committee has announced the appointment to Council of **Dr Andrew (Andy) Thompson**, and the reappointment of **Dr Stephen Barasi** and **Ms Margaret Wolff**. The current Council structure requires the inclusion of three members appointed by the Education Committee. Their five-year term of office began on 9 May 2007.

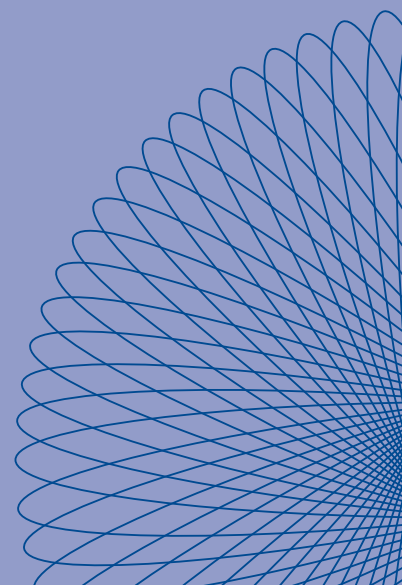
Dr Thompson began his working life carrying out research into plant physiology and moved on to a successful career in further education. He eventually took early retirement from the position of Vice Principal at North East Surrey College of Technology, the home of the Surrey Institute of Osteopathic Medicine, and now runs an educational consultancy company.

Having developed an expertise in higher education, he sat on a number of committees at the Higher Education Funding Council for England and Wales, the Association of Colleges and the Open University. His other major interest has been access to higher education and he still sits on the Access Recognition and Licensing Committee at the Quality Assurance Agency, as well as chairing its Data Development Group.

Mr Manoj Mehta, the outgoing Education Committee member, was appointed by the Privy Council in March 2002 and then by the Education Committee in May 2002. The GOsC thanks Manoj for his valuable contribution to Council and the various committees on which he has sat over the past five years.

Meeting agenda

- > **Government reforms to osteopathic regulation – White Paper: *Trust Assurance and Safety* (Feb 2007)**
- > **Osteopathy in Europe**
- > **WHO training guidelines in osteopathy**
- > **Development**
 - Introduction of GOsC Development Folder including revised CPD Guidelines (June 2007)
 - Consultation on the Standard of Proficiency for Osteopaths
 - Guidance for Clinical Imaging Referrals
- > **Regulation**
 - Update on Critical Cs Workshop
 - Osteopathy and childbirth
- > **GOsC 10th Anniversary Event – February 2008**
 - Event overview
 - Practice Conference (2 Feb 2008) – your requests
 - Social events
- > **Re-launch of *The Osteopath***
- > **Launch of GOsC Osteopaths' Website (July 2007)**
- > **Joint GOsC–BOA project update**
 - Public information leaflets
 - NHS Commissioning Manual
- > **NICE Guideline for Low Back Pain**
- > **Open forum**



UK osteopathy: 10th Anniversary event

Thursday 31 January – Sunday 3 February 2008



UK osteopathy has accomplished much in just ten years since achieving statutory recognition and, indeed, in the 100 years since osteopathy was introduced into the UK.

A major national event worthy of marking this milestone has received resounding support from the profession at large – this was echoed by Regional representatives of the profession at last month's meeting of the Regional Communications Network.

Together with the National Council of Osteopathic Research (NCOR), the Osteopathic Educational Institutions (OEIs) and the British Osteopathic Association (BOA), the GOsC is planning a series of national and international events – educational and social – for early next year to celebrate the professions' development.

A four-day event – to be held in central London – will offer a rare opportunity for osteopaths from across the UK to come together, and to meet with colleagues from the international osteopathic community, against a broad CPD programme.

Event programme

Thursday 31 January 2008

Formal launch of the GOsC 10th Anniversary event
Highlighting to external audiences, the achievements of the UK osteopathic profession.

Friday 1 February 2008

Conference I: Osteopathy – Art and Science
Opinion leaders from the international osteopathic research community take up the 'evidence in practice' challenge.

Saturday 2 February 2008

Conference II: Osteopathy in Practice
Exploring the range of clinical practice – a rich programme of osteopathic and allied approaches. The GOsC and the BOA are jointly developing this programme – see right if you wish to nominate a speaker.

The Saturday Social – evening, 2 February 2008
Fulcrum for a weekend of CPD; a major social event to unwind, meet or reconnect with colleagues past and present, and from far and wide.

Sunday 3 February 2008

Conference III: Osteopathic Education
UK Osteopathy and the Osteopathic International Alliance in a meeting of minds on osteopathic education and training.

Programmes are currently being finalised and full details will be published and posted to you over the coming months. The GOsC osteopaths' website, to be launched this July, will include a "10th Anniversary" news update page. Keep an eye out for your booking form for this milestone event.

Who do you want to hear from?

The GOsC and the BOA are setting out to construct an 'Osteopathy in Practice' conference programme for Saturday 2 February that presents a rich range of interest to osteopaths.

We are inviting your nominations / requests for speakers of particular quality you wish to hear or share with colleagues on this high profile occasion. Email your proposals without delay to the GOsC Communications Department on events@osteopathy.org.uk or tel: ext. 247 / 222.

National UK Osteopathy Week

Osteopaths are encouraged to consider devising local and regional promotional initiatives and coordinate these into a 'National UK Osteopathy Week' to coincide with the 10th Anniversary event – 28 January–3 February 2008. Share your ideas for raising public awareness with the BOA or the GOsC Communications Department (tel: ext 222 or email: events@osteopathy.org.uk).

Osteopathy making history

A rare opportunity to network with colleagues from across the UK – and the globe – to celebrate the profession's progress. And it also adds up to quite a lot of CPD!

National Osteopathic Archive

Do you have osteopathic memorabilia worthy of forming part of a National Osteopathic Archive? Contact project leader, **Dr Martin Collins** (pictured), on tel: 0207 209 2788, to find out more about how you can contribute to this important UK osteopathic resource.



Raising the profile of osteopathy

Primary Care conference and exhibition



An integrated approach to low back pain – including osteopathy – was among the models of best practice presented at the Primary Care 2007 conference and exhibition in Birmingham last month.

Osteopath Charles Peers (pictured) briefed a packed auditorium on the establishment of a successful NHS multidisciplinary acute and sub-acute low back pain service in Plymouth. Rapid access, high patient and GP satisfaction, and cost-effectiveness – lower cost per case than secondary care – are the key factors that have helped to secure service contracts from Plymouth primary care trust for the past eight years. Read more about this model of healthcare delivery in last month's *The Osteopath* (May 2007, p 21).

Some 5,000 primary contact professionals attended this year's two-day Primary Care event – the largest of its kind in Europe – to 'refresh' their knowledge and skills. The osteopathic profession reinforced its place in the modern primary care team with a prominent exhibition stand.

The GOsC stand was visited by large numbers of nurses, midwives, health visitors and allied health professionals, in addition to GPs and NHS service commissioners. General awareness of osteopathy was high and many delegates took with them public information leaflets for the patients they are already referring to osteopaths. Live access to the GOsC public website – online register – on the stand enabled us to provide contact details for osteopaths throughout the UK.

Special thanks to osteopaths Pauline Mather, Nav Matharu, Rosie McCauley and Alex Probert for dedicating their time and for lending their expertise to help GOsC staff on the exhibition stand.

Final year undergraduates meet the GOsC

With final exams looming, the GOsC has concluded its series of presentations to most of this year's 250 final year osteopathy students, providing an introductory briefing on the privileges – and responsibilities – that are part and parcel of being a member of a statutorily regulated health profession. Registration requirements provide a safety net for patients but, equally importantly, reflect the maturity and integrity of the profession.

Many students showed a keen awareness of some of the key developments within the wider healthcare arena – particularly concerning current reforms to healthcare regulation, public versus private healthcare provision, the mobility of patients and practitioners across Europe, and evidence-based practice.

The GOsC would like to wish this year's cohort the best of luck for their final exams.



Forthcoming events

NHS Confederation annual conference and exhibition

Osteopathy will come face-to-face with senior level decision-makers in the health sector next month at the annual NHS Confederation conference and exhibition. Typically held in the Midlands, this year's national event – 'Serving patients and the community' – is moving to London and will be held at the ExCel conference centre on Wednesday 20 – Friday 22 June. An estimated 2,000 delegates, including NHS and private sector managers, providers and commissioners, are expected to attend.

For much of the general public, access to private healthcare is simply not an option. The GOsC is working with the profession to address this equality gap and widen access to osteopathic care. A presence at these national healthcare events presents an ideal opportunity to reinforce osteopathy's role within the primary care team and, importantly, in public health delivery.

With practice-based commissioning and the 18-week waiting time target high on the political agenda, changes afoot in healthcare delivery present new opportunities for wider public access to osteopathy.

To assist osteopaths interested in increasing NHS-funded osteopathy, the GOsC is commissioning a manual designed to help guide practitioners through the intricacies of the NHS commissioning process. The manual will be available to all osteopaths this summer. Further details will be published in future issues of *The Osteopath*.

Volunteers – lend a helping hand

We are calling on local osteopaths to join GOsC staff on the stand for this 3-day event – an interest in or knowledge of the NHS will be beneficial. If you are willing to volunteer a few hours of your time and expertise, contact Nicole Tripney in the Communications Department on ext 222 or email: nicolet@osteopathy.org.uk.

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

Key

- GOsC ext 242
- Communications Department ext 242
- Development Department ext 235
- Registrar ext 246
- Registration Department ext 256
- Regulation Department ext 249

Abbreviations

- BOA – British Osteopathic Association
- BPS – British Psychological Society
- BSO – British School of Osteopathy
- CE&R – Chief Executive & Registrar
- EHTPA – European Herbal and Traditional Practitioners Association
- FORE – Forum for Osteopathic Regulation in Europe
- GSCC – General Social Care Council
- GMC – General Medical Council
- NCOR – National Council for Osteopathic Research
- NEC – National Exhibition Centre, Birmingham
- NICE – National Institute for Health & Clinical Excellence
- NMC – Nursing and Midwifery Council
- PCC – Professional Conduct Committee
- PGICH – Parliamentary Group on Integrated and Complementary Healthcare
- RCVS – Royal College of Veterinary Surgeons
- VBS – Vetting and barring scheme for the protection of vulnerable groups
- UKIPG – United Kingdom Inter-professional Group

May

2 Wednesday

- GOsC – BSO: presentation to final year students

3 Thursday

- CE&R – Healthcare Regulatory Bodies meeting, NMC

4 Friday

- GOsC – Making registers more useful meeting, GMC

8 Tuesday

- PGICH meeting on healthcare research

9 Wednesday

- GOsC – BSO: presentation to final year students

10 Thursday

- King's Fund seminar: the future for NICE
- GOsC – Primary Care conference and exhibition, NEC

11 Friday

- GOsC – Primary Care Conference and Exhibition, Birmingham NEC
- GOsC – VBS communicators forum, Home Office
- GOsC – Registration managers' forum, GSCC
- GOsC Chair and CE&R: monthly meeting

12 Saturday & 13 Sunday

- GOsC – FORE meeting on European standards of osteopathic practice, Wiesbaden, Germany

14 Monday

- CE&R addressed EHTPA meeting on regulation, King's Fund

15 Tuesday

- GOsC – VBS regulators' group meeting

17 Thursday

- GOsC – BOA: 10th anniversary event programme development
- GOsC Investigating Committee – interim suspension hearing

19 Saturday

- GOsC – College of Osteopaths: presentation to final year students

22 Tuesday

- GOsC – UKIPG Governance Group meeting

24 Thursday

- GOsC – meeting with HSA (health insurance provider)

25 Friday

- New GOsC Council member induction
- NCOR Research Grants Governance Committee meeting, Osteopathy House

27 Sunday

- Critical Cs workshop, Edinburgh

29 Tuesday

- GOsC PCC hearing

30 Wednesday

- GOsC PCC hearing

June highlights

2 Saturday

- Critical Cs workshop, London

5 Tuesday

- GOsC – Professional Regulation Reforms Implementation Conference, London
- CE&R to memorial service for Anthony Pusey DO, Guards Chapel, London

14 Thursday

- GOsC Council meeting
- GOsC Chair and CE&R meeting with BOA

20 Wednesday – 22 Friday

- NHS Confederation conference and exhibition, ExCel, London

23 Saturday

- Critical Cs workshop, Surrey

Coming to the FORE ...

Sarah Eldred, Assistant Registrar (Public Affairs)

FORE meets in Germany

Over 20 representatives of 17 osteopathic organisations – from 14 European countries – came together in Germany on 12-13 May to push forward the Forum for Osteopathic Regulation in Europe's (FORE) ambitious work programme to protect European patients.

Initiated in November 2005, FORE brings together national registering bodies for osteopathy across Europe to develop a consensus on standards of osteopathic practice, education and training to promote confidence in osteopaths.

This, FORE's fourth meeting – coinciding with the German Presidency of the European Union – was hosted by the German Osteopathic Association (Verband der Osteopathen Deutschland) and was officially opened by **Hesse Government Minister for Education, Karin Wolff**.

FORE's first official document, **European Framework for Codes of Osteopathic Practice** (see below) was launched at the meeting, and work was undertaken to finalise a **European Framework for Standards of Osteopathic Practice** and to develop a **European Framework for Standards of Education and Training**. Each of these initiatives will form the basis of an overarching European framework which, it is hoped, will be instrumental in helping to develop consistency amongst national osteopathic codes and standards. The UK osteopathic profession's well-established guidance in this area has been key to shaping

the development of this work.

While a consensus on standards to encourage regulation and enhance patient protection is important, so are a number of other key projects FORE is involved with that relate to professional mobility. **Healthcare Professionals Crossing Borders** is one such initiative. This informal network of competent authorities is working to develop an agreement to proactively share information on healthcare professionals moving within Europe.

As increasing numbers of healthcare professionals elect to work in other EU Member States, it is important for patient safety that there is consistent documentation shared between relevant authorities. A Certificate of Current Professional status has been developed to address this issue. This currently provides details on an osteopath's registration status in their home State, qualification and possible disciplinary history. Use of the certificate is currently being piloted by the Finnish National Authority for Medicolegal Affairs and the GOsC. Exchange has also recently begun with relevant authorities in France, following regulation in March.

Other important topics debated in Germany included work to enhance FORE's profile with the EU institutions, as well as the development of a 'roadmap' to assist national organisations seeking recognition and regulation.

FORE's next meeting will take place during the Portuguese Presidency of the EU where we hope to launch the European Framework for Standards of Practice and finalise standards of education and training.

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

The document was formally presented by the FORE Secretariat to German Education Minister, Karin Wolff, at the recent meeting in Germany and it is now left to national organisations to adapt this Framework to establish national Codes. The Finnish Federation of Osteopaths (Suomen Osteopaattiliitto) has already used EFCOP to develop a national Code.

EFCOP is one of a series of documents to be published by FORE. European Frameworks for Standards of Practice, and Education and Training will follow later this year.



FORE publishes first official framework

“Improving patient safety will bring benefits in driving up standards and quality throughout Europe. It will also help to improve the confidence of patients in healthcare wherever they are across the Union”

Markos Kyprianou
European Commissioner for Health

FORE introduces first European Framework

The *European Framework for Codes of Osteopathic Practice* (EFCOP) was launched last month by the Forum for Osteopathic Regulation in Europe (FORE).

Using the UK's *Code of Practice* as a basis, EFCOP is the culmination of a year's work between 17 osteopathic organisations across 14 European countries. It is also the first step towards a consensus on standards of osteopathic education, training and practice to protect European patients.

The *European Framework for Codes of Osteopathic Practice* has been developed to provide a template for national codes. While it has no legal basis and is not designed to override national law, the aim of EFCOP is to:

Further Information

For further details about FORE and its work programme, contact the FORE Secretariat on tel: 020 7357 6655 ext 245, email: foresecretariat@osteopathy.org.uk or visit the FORE website: www.forewards.eu.



BSO students lend Marathon runners a helping hand

Robin Lansman DO, London

It was the largest London Marathon on record and one of the hottest, so having a team of osteopathy students on hand at the finishing line, to help ease tired muscles, was a welcome relief for this year's 70 plus runners raising money for the Spinal Injury Association (SIA).

For many, the heat made for a slower race than expected, but thankfully the SIA runners finished in good time and without too many injuries. Using portable plinths in a nearby hotel – accompanied by osteopaths Robin Lansman, Dennis Picknett and Soran David – the 15 British School of Osteopathy (BSO) undergraduates applied a range of techniques to relax the runners' muscles post-exercise. The team also offered advice to help prevent post-race injury and to ensure the runners kept themselves hydrated.

Often, runners dedicate much time and effort to pre-race preparation and the 26.2-mile run, but neglect their body after crossing the finishing line. Dennis, Robin and Soran have been leading the BSO group at the London Marathon for some years now and recognise the important role that osteopaths can play there in preventing and minimising injury.

One of the SIA fundraisers explained that keeping runners looked after and participating annually is also vital to the work the charity does within the community. Money raised by the charity is significant in helping out 40,000 UK residents living a life after spinal injury and with several thousand new cases each year, and no government grants, the Marathon is key to their efforts.

The group of students and osteopaths was also invited to speak with several wheelchair spinal injury patients, which we too found useful. We looked at various issues related to life in a wheelchair, including mobility, and also discussed the ergonomic effects on carers. The SIA have mooted the idea of arranging future presentations for interested osteopathic groups; anyone interested in having such a talk should contact Robin Lansman via email – see below.

Get involved in 2008!

SIA is the major charity for next year's London Marathon, with not 70 runners but 750 – we may well be calling for more able hands to assist! This again offers a great opportunity to help a deserving charity while raising the profile of the profession. Keep your eyes out for more information in forthcoming issues of *The Osteopath*.

For further information, to register your interest in next year's event or to organise a talk with SIA representatives, contact Robin Lansman on email: rlansman@orange.net.



Team Osteopath 2007 – get running!

Improve your fitness levels. Set a good example for your patients. Raise the osteopathic profile. Join Team Osteopath!

Team Osteopath is once again taking part in the British 10K London Run on Sunday 1 July 2007 and this is your last chance to register to be part of the biggest team to date. Running for the third year, Team Osteopath brings together osteopaths from around the UK to raise much-needed funds for charity and to highlight the importance of maintaining a fit and healthy lifestyle.

Get Kids Going! – a national charity that gives disabled children and young people the opportunity to participate in sport – will this year receive all the money raised by Team Osteopath. Get Kids Going! helps and encourages British disabled children to compete by supporting

them with their sports training, physical therapy and travel. For further information about the charity visit their website: www.getkidsgoing.com.

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

If you are interested in joining this year's Team Osteopath – or perhaps recruiting a group in your local area to join us (they need not be osteopaths) – please contact the Communications Department on ext 242 / 222 or email: info@osteopathy.org.uk. Contact us now to ensure your place.



Above: students outside the BSO's former residence, Buckingham Gate
Left: treatment in progress

Breaking workplace barriers

The Breaking Barriers research team at the University of Liverpool is undertaking a research programme exploring the experiences of professional mid-career women working in the bio/health/care sectors. The primary objective is to identify barriers and drivers to career progression.

The UK- wide project is funded by the European Social Fund and aims to deliver three key outcomes:

- > An equal opportunities model of national significance
- > Recommendations for change that encourage and enable diversity and career progression
- > A significant contribution to the evidence base on equality and diversity

The team, led by Dr Jan Bogg, invites women to contribute their experiences, either by completing the online questionnaire or taking part in an interview or focus group. If you, or anyone you know, are interested in taking part contact 0151 794 4160 or visit www.liv.ac.uk/breakingbarriers.

National Falls Awareness Day

We have heard much about the UK's ageing population recently, but a lesser known fact is that for those over the age of 75, injuries caused by falls are a leading cause of death.

UK charity Help the Aged is calling for greater awareness of falls prevention and the importance of exercise for the health of older people, following new research to support the charity's third National Falls Awareness Day on Tuesday 26 June 2007. The research shows that 5.3 million (55%) of over-65s are unaware that exercise can prevent falls. A further 3.4 million (35%) haven't taken exercise for a year or cannot remember the last time they exercised. Injuries caused by falls often lead to loss of independence, confidence and mobility.

This year's awareness day – 'Getting out and about' – aims to encourage older people to get active. Over 300 events are expected to take place across the UK, many run by professionals working with older people, including falls coordinators, manual therapists, occupational therapists, nurses, GPs, opticians, care home and day centre managers, and pharmacists. They hope to promote the understanding that falls are not an inevitable part of ageing and that being physically active can reduce the risk of a fall.

Professionals working closely with this sector of the community are encouraged to take part in the day to help educate older people about the importance of maintaining an active lifestyle.

For further information about getting involved, to request a copy of the action pack or to order the free advice leaflet **Staying Steady**, contact **Help the Aged** on tel: 020 7239 1845, email: falls@helptheaged.org.uk or visit: www.helptheaged.org.uk/fallsday.



National healthcare awards

There are a number of national healthcare awards that services involving osteopaths working with, or within, the NHS could be eligible to enter. These include the NHS Alliance Acorn Awards, the Integrated Health Awards (mentioned in the May issue of *The Osteopath*) and the *Health Service Journal (HSJ)* awards. Winning or being shortlisted for an award highlights the value for patients, healthcare professionals and the health service of innovative and effective initiatives and it can help with securing funding.

The *HSJ* Awards for 2007 are now open for entries and details of the categories and criteria can be found at www.hsjawards.co.uk. The closing date for this year is 22 June.

WHO launches clinical trial search tool

The World Health Organization (WHO) has launched a website enabling researchers, health practitioners and consumers to search for and access information on clinical trials.

The portal – www.who.int/trialsearch/ – provides access to a database of clinical trial registers and also includes a global search function. It is hoped the site will help guide research and treatment decisions.

In time, WHO hopes that its work in this area will improve research transparency, strengthening the validity and value of the scientific evidence base.

NCOR research hubs



www.ncor.org.uk



Hub meetings

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

> BRISTOL

Next meeting: Thursday 21 June

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

The Bristol group is studying the reasons for referrals and the types of practitioners (medical or complementary) to whom referrals are made. A data collection tool has been designed for this purpose and is being piloted 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 group is also carrying out an audit of case records from the past 20 years, looking at how the incidence of cervical spine symptoms compared to low back symptoms has changed as work demands and computer use have changed during this period.

> EXETER

Next meeting: TBC

Creating a consent form for clinical practice by consensus

There has been considerable debate amongst the profession about the best approach for obtaining informed consent from patients. The Exeter group is looking at literature sources and examples of consent forms currently used within the group, in order to develop a consent form by consensus.

Saturday 7 July, 10am to 12 noon

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

This will attempt to inform patients about what to expect when they visit an osteopath and give information concerning responses that can occur following treatment.

> HAYWARDS HEATH

Sunday 22 July, 10am to 12 noon

Developing a case series looking at osteopathic treatment during pregnancy

Following recent publicity about osteopaths treating patients during pregnancy, this group is attempting to demonstrate safe and effective osteopathic management of patients during pregnancy. They have developed a data collection template and are working on a case series, which will be submitted for publication next year.

Literature review of contraindications to osteopathic treatment

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

> LEEDS

Next meeting: TBC

Developing a patient satisfaction questionnaire

The implementation of clinical governance has made 'patient satisfaction' a fundamental consideration for healthcare practitioners. An increasing number of private health insurers are requesting evidence of practices' clinical governance arrangements. The Leeds group are looking at patient satisfaction questionnaires developed by other healthcare practitioners and will then develop a draft patient satisfaction questionnaire for osteopathy.

> LONDON

Next meeting: Wednesday 20 June

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

> OXFORD

Wednesday 27 June, 7-9pm

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

Having developed a case history sheet to satisfy minimum requirements of practice, the Oxford group are now investigating whether there has been a change in the number of cervical HVTs carried out since the introduction of the revised GOSc Code of Practice, published in 2005.

Risks of high blood pressure

The Stroke Association (www.stroke.org.uk) is urging the public to have their blood pressure checked in order to reduce the risk of stroke, the UK's third biggest killer. The charity's statistics show that almost 25% of the UK population are unaware they are suffering from high blood pressure, the single biggest risk factor for stroke. Stroke occurs in an estimated 150,000 people each year: 25% occur in under-65s and over 40% of those could be prevented by controlling high blood pressure.

The Stroke Association's statistics also show that the risk of stroke varies across the UK. In 2005, the blood pressure readings of 19,318 people across the UK were taken and showed that almost 30% of residents of the South West were found to have undiagnosed high blood pressure compared with 23.3% in London and 17.8% in the North East (the smallest value). Information concerning all regions can be found at www.stroke.org.uk/media_centre/press_releases/millions_at_risk.html.

Effects of antithrombotics on stroke incidence

University of Oxford researchers have undertaken a study comparing the number of intracerebral haemorrhagic strokes occurring between 1981–1985 and 2002–2006. The study found that the number of strokes caused by high blood pressure had fallen by 65%, which equates to a halving of the occurrence in the under-75 age group. However, in the over-75 group the number of strokes remained the same during this 25-year period.

Closer examination of the data revealed that there had been an increase in the number of strokes occurring in patients taking antithrombotics designed to thin their blood. The number of patients who were taking the antithrombotic drugs had also changed in this period, from 4% in 1981–1985 to 40% in 2002–2006. The study leader, Professor Peter Rothwell, cautioned that in healthy older adults the risks of taking aspirin as a lifestyle choice, as an attempt to reduce the risk of stroke, may outweigh any benefits.

The decrease in breast cancer incidence in 2003 in the United States

Ravdin PM, Cronin KA, Howlander N, Berg CD, Chlebowski RT *et al* *New England Journal of Medicine* 2007;356:1670-4

This report used information gathered from the United States National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Registries. SEER collects and publishes cancer incidence and survival data from population-based cancer registries covering 26% of the US population. SEER began in 1973 and now collects data on 23% of African Americans, 40% of Hispanics, 42% of American Indians and Alaska natives, 53% of Asians and 70% of Hawaiian/Pacific Islanders. This far-reaching population contributed data which showed that the age-adjusted incidence rate of breast cancer in women in the United States fell sharply (by 6.7%) in 2003 compared with 2002. In 2004, the rate levelled off with little additional decrease. The decrease in breast cancer appears to be related to the first report of the Women's Health Initiative and the ensuing reduction in the use of hormone replacement therapy among post-menopausal women in the United States. The decrease in breast cancer was evident in women over the age of 50 and was more evident in cancers that were oestrogen-receptor-positive than in those cancers that were oestrogen-receptor-negative. The contributions of other confounding factors have not been excluded from the analysis of this data, but appear unlikely to have played a major role.

Gender differences exist in osteoarthritic gait

McKean KA, Landry SC, Hubley-Kozey CL *et al* *Clinical Biomechanics* 2007;22:400-409

Osteoarthritic (OA) changes in the knee joint have been shown to be 2–3 times more common in females than males. Additionally, intrinsic differences in strength, quadriceps angle, joint laxity and muscle activation patterns have been shown to be present between males and females. These factors can affect the lower limb and may cause biomechanical differences between the sexes that account for the increased occurrence of OA changes in women.

This study attempted to identify whether gender-based biomechanical differences in gait patterns in osteoarthritic patients exist. Three-dimensional gait analysis was carried out on 39 patients (m=24, f=15) with moderate knee osteoarthritis and 39 healthy patients (m=24, f=15). A number of variables were quantified, including stride characteristics, strength, pain, stiffness, function and disease severity from X-ray. In addition, kinematics and kinetics at the hip, knee and ankle joint were calculated.

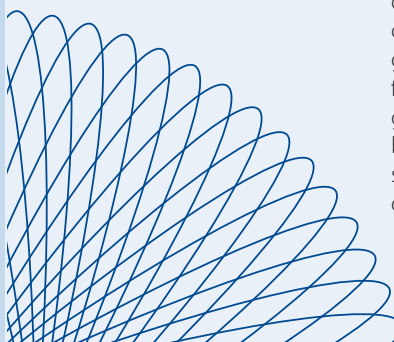
The study found that females exhibited different biomechanics with osteoarthritis when knee flexion angle, and knee movements in the sagittal, frontal and transverse planes were assessed. Osteoarthritic males, in contrast, exhibited the same biomechanics as healthy males. However, when stride characteristics, strength, pain, stiffness, function and severity of disease from X-ray evaluation were considered no relation between gender and osteoarthritis was found. These findings suggest that gender specific designs of biomechanical interventions to slow the progression of osteoarthritis would be helpful.

Use of electric blankets and association with endometrial cancer

Abel EL, Hendrix SL, McNeeley GS, O'Leary ES, Mossavar-Rahmani Y, Johnson SR and Kruger M *European Journal of Cancer Prevention* 2007;16(3):243-250

This study was designed to assess the relationship between the prevalence of endometrial cancer and electric blanket use in women, using data from the Women's Health Initiative Observational Data Set (n = 93676). This initiative was used to gather data concerning a number of different features that have been associated with the development of endometrial

cancer, including age at screening, age at last menstrual period, location of residence, level of education, income level, body mass index, number of children, use of oestrogen, use of progesterone, alcohol use, calorific intake and electric blanket use. A stepwise logistic regression analysis was performed and indicated that electric blanket use was associated with a 15% higher prevalence of endometrial cancer compared with never using an electric blanket. Use of an electric blanket for 20 years or more was associated with 36% higher prevalence (after controlling for variables) of endometrial cancer.



4th Chiropractic, Osteopathy and Physiotherapy Annual Conference: 'Moving forward through research and practice'

29 September 2007

Steven Vogel, Jo Dear, Roberta Herrick, local organising committee, British School of Osteopathy

The British School of Osteopathy (BSO) is hosting a multidisciplinary undergraduate conference on 29 September 2007. This is the fourth annual one-day conference organised for osteopathy, chiropractic and physiotherapy students, teaching faculty and clinicians, in partnership with the Anglo-European College of Chiropractic and The University of Brighton. Each year one of the partners hosts the event and this year the conference completes its cycle and returns to its first venue – the BSO.

The one-day conference is not only a 'fun-packed' day with great opportunities for newly qualified healthcare professionals to meet and discuss practice, but also an opportunity for students and recent graduates to present their research with confidence in front of a professional audience. Prizes, donated by a number of generous supporters, have been awarded in past years. To date, we are delighted to announce that Elsevier Publishing will be continuing their support this year.

The conference provides a platform for research presentations generated by undergraduate programmes across the three professions. Submitted abstracts are reviewed by a panel drawn from the three partner institutions and are selected on the basis of quality and originality. An abstract of the presentation judged to be of the highest quality will be published in the international journal *Manual Therapy*.

Giving students and new graduates the opportunity to present their work, we see the day as a contribution to the education of hundreds of future practitioners and as a means of raising awareness of research – hopefully encouraging some to pursue research as part of their career. The conference provides not only inspiration for future researchers,

but also a chance to foster collaboration between chiropractic, osteopathic and physiotherapy students and professionals. It also provides students and new graduates with an opportunity to share knowledge of new ideas and learn about developments, debates and issues they may encounter in their future professional life.

As well as the exciting original research presentations, we are delighted to announce that two excellent keynote speakers will be talking about topics of importance to all three professions:

- > Dr Tamar Pincus, Associate Professor, The British School of Osteopathy; Reader in Psychology, Royal Holloway University of London, will be presenting 'Back pain: identifying patients who do not recover regardless of treatment'.
- > Dr Nadine Foster, Senior Lecturer in Therapies, Primary Care Musculoskeletal Research Centre, Keele University; DH Primary Care Career Scientist, will be giving a talk entitled 'Effectiveness in practice: clinicians' experience vs clinical trials'.

Both these speakers have international research reputations and have published widely in the field of musculoskeletal healthcare.

The 'Moving forward through research and practice' conference is offered as a contribution to postgraduate education as well as a step towards promoting research as part of professional life for all three professions. In order to make the conference as accessible as possible, presenters will be able to register free, students will be charged £10 and practitioners £30. We anticipate that the day will be as successful as it has been in the previous three years. We have room for 100 delegates to attend and hope that members of the osteopathic

profession will support the conference.

We look forward to meeting clinicians, practitioners and new graduates with their research! As places are limited, we recommend early booking.

For further details, or to book your place, see the events section of the BSO website www.bso.ac.uk or tel: 020 7089 5330.

Websites

British School of Osteopathy: www.bso.ac.uk
 Anglo-European College of Chiropractic: www.aecc.ac.uk
 The University of Brighton: www.brighton.ac.uk



Courses and conferences

> 4–5 October

First International Fascia Research Congress, the Conference Centre, Harvard Medical School, Boston, USA.

Further details can be found at www.fascia2007.com or see page 22.

> 11–13 December

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

The programme will include a paediatric CAM research day chaired by Sunita Vohra, University of Edmonton, Canada and a CAM practitioners research workshop chaired by John Dent, Complementary Therapists Association, UK.

Call for papers

The three-day CAM research conference is currently calling for papers and poster presentations. Submissions should be emailed to: camexeter@pms.ac.uk by 1 September 2007.

What's in the latest *IJOM*?

Nicholas Lucas MHS (Osteo), University of Western Sydney & Robert W Moran MHS (Osteo), Unitec New Zealand (Australian and New Zealand editors of *IJOM*)



In a recent editorial in the *International Journal of Osteopathic Medicine*, we asked the question 'Where is the research that investigates the claims that have been made by the osteopathic profession for over 100 years?'¹ In the current issue of the journal (Volume 10, Issue 1 enclosed with this issue of *The Osteopath*) we are pleased to publish a commentary by Professor John Licciardone, who goes some way to answering this question by drawing attention to current clinical research specifically investigating the effectiveness of osteopathic manipulative treatment (OMT) in various clinical disorders. Licciardone also introduces emerging fields of research in genetics and psychology, which may assist in identifying patients more likely to respond to OMT. The ability to more accurately predict treatment response in individuals could be of real benefit for practitioners, patients and researchers and could have some interesting ramifications for the future practice of osteopathy.

Also in this issue, UK osteopath Tim McClune provides a thought-provoking guest editorial entitled 'Beyond spinal manipulation'. It's an easy-to-read piece, but one that is sure to provoke a response. Again, the need for research to identify those patients who respond to treatment is raised. McClune concludes with a strong challenge for the future development of the profession – the rejection of rhetoric and the development of a new patient-centred model of evidence-based healthcare for osteopathy.

In a research report about a commonly used cranial technique, Milnes and Moran provide an example of experimental research being conducted within our academic institutions. They report findings on the effects of a CV4 technique on autonomic nervous system function. This research is specifically osteopathic in terms of investigating the claimed effects of an 'osteopathic

technique'. The clinical relevance of this research doesn't lie in being able to generalise the findings to patients, but in the questions the findings raise in relation to commonly made claims regarding this technique. The findings may also be of interest to those who teach osteopathy to undergraduates, not because the findings are definitive, but because the results highlight some uncertainty and may therefore stimulate teaching and learning opportunities in critical thinking. The authors also suggest the possibility of individual 'responders' to the CV4 technique – a notion now becoming familiar to readers of McClune's editorial and Licciardone's commentary.

Vaughan, McLaughlin and Gosling report on the validity of an electronic pressure algometer. There are growing numbers of third party payers whose reimbursement of consultations is linked to the use of outcome measures such as algometry, to objectively monitor clinical progress. In addition, the paper is important because it communicates findings about the validity of a commonly used outcome measure for the benefit of other researchers. Clinical studies depend on valid outcome measures, so reports of their validity are necessary to progress the research endeavour. Perhaps a seemingly plain validity study has more relevance than on first appearance.

Lastly, fellow UK osteopath Kevin Brownhill presents a commentary on disturbed mechanical function, using low back pain as an example to introduce the concept of coordination dynamics. We believe that articles of this type, while not reports of primary research, are relevant to osteopaths and of interest to readers. One of the stated aims of *IJOM* is to publish articles that are as broad as the many disciplines that underpin and influence the practice of osteopathic medicine. The article by Brownhill definitely fits this

criterion, being a scholarly work on theoretical models that inform the knowledge base of our profession.

We are pleased to introduce this issue of the journal to you, and encourage you to take some time to read the journal – or at least one or two papers – and engage in some self-directed learning and continuing professional development.

Reference

1. Lucas NP, Moran RW. Is osteopathy research relevant? A challenge has been made. *Int J Osteopath Med*, 2006; 9:75-6.

Revised CPR guidelines

In recent times, the UK Resuscitation Council has introduced changes to its guidelines for cardio pulmonary resuscitation (CPR), increasing the number of chest compressions to be given to a victim of cardiac arrest. Current guidelines advocate 30 chest compressions to every two rescue breaths – previously this was 15 compressions to 2 breaths. In order to aid learning and the retention of life saving skills, the guidelines have also been simplified.

Increasing the number of chest compressions

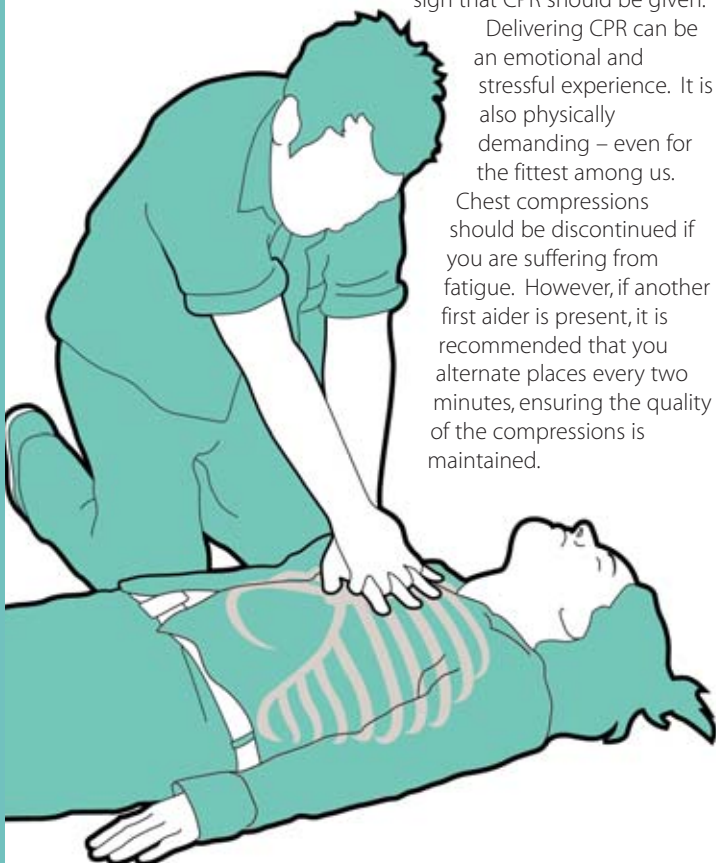
Research has shown that interruptions in chest compression reduce the chance of survival for the victim. If the number of chest compressions given during CPR is therefore increased and the number of breaths reduced, there will be fewer pauses.

Some rescuers are unwilling or unable to use mouth-to-mouth rescue breathing. In this case, the guidelines encourage chest compression alone.

The guidelines state that an absence of breathing is considered to be the main sign of cardiac arrest, signaling a need for CPR. Agonal gasps are another sign that CPR should be given.

Delivering CPR can be an emotional and stressful experience. It is also physically demanding – even for the fittest among us.

Chest compressions should be discontinued if you are suffering from fatigue. However, if another first aider is present, it is recommended that you alternate places every two minutes, ensuring the quality of the compressions is maintained.



CPR should be continued until ambulance personnel are in a position to take over or someone arrives with a defibrillator.

Adult basic life support (BLS) sequence

- > Make sure you and the casualty are not in danger
- > Check the victim for a response
- > Are they breathing normally?
 - Open the airway; place your hand on the person's forehead and gently tilt their head back. With your fingertips under the point of the victim's chin, lift the chin to open the airway.
 - Check for normal breathing; look, listen, and feel for no more than 10 seconds to determine if the victim is breathing normally. If you have any doubt, act as if their breathing is not normal.

If the person is breathing normally, put them into the recovery position and keep the airway open by tilting the head back and lifting the chin. Send or go for help or call an ambulance.

- > If the person does not respond or is not breathing:
 - Give 30 chest compressions, pressing down 4-5 cms. Place the heel of one hand in the centre of the victim's chest. Place the heel of your other hand on top of the first hand. Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs.

- Open the airway. Pinch the person's nose. Place your mouth over their mouth and blow for one second to make the person's chest rise as in normal breathing; this is an effective rescue breath. Give 2 rescue breaths.
- Continue this cycle of 30 chest compressions and 2 rescue breaths until help arrives.
- If you are unable or unwilling to give rescue breaths, give chest compressions only. These should be continuous at a rate of 100 a minute.
- Stop to check the victim only if they start to breath normally. Otherwise, do not interrupt resuscitation.

The British Red Cross has been implementing these new guidelines since late 2006. A wide range of first aid courses are currently offered by the British Red Cross to help you keep your basic life support skills refreshed. The one-day and four-day courses are available as an in-practice option for groups of six or more and are also held in some 175 centres across the country. CPR is a key component of the course.

Defibrillation greatly increases the chance of survival after cardiac arrest. For those interested, courses are also offered on how to use an automated external defibrillator.

For more information, or to book a course, visit www.redcross.org.uk or tel: 0870 170 9222.

Guidance for clinical imaging tests



© Sharon Lowe / Alamy

For many osteopaths, requesting clinical imaging tests and obtaining results from radiology departments – whether NHS or private – can be an unduly difficult and lengthy procedure. And this experience is by no means restricted to the osteopathic profession.

Recent years have seen changes to the way healthcare is delivered in the UK, with a broader spectrum of health professionals now involved in diagnostic triage. To address some of these advances – and resulting inconsistencies – the GOsC has been involved in a collaborative project to develop guidelines aimed at providing information for radiologists on the ability of non-medically qualified healthcare practitioners to refer patients for clinical diagnostics.

It is hoped that these new guidelines – *Clinical imaging requests from non-medically qualified professionals* – will enhance the delivery and safety of patient care, and also help to reduce waiting times. This joint project, led by the Royal College of Nursing, also involved the Chartered Society of Physiotherapists, the General Chiropractic Council, NHS Alliance and the Society and College of Radiographers.

Current inconsistencies in clinical imaging referrals appear to arise from a lack of understanding of other health professionals' training and aptitude in this area. This issue recently received further attention following the introduction of the Ionising Radiation (Medical Exposure) Regulations, which put a requirement on all healthcare authorities/radiology departments to ensure that staff and referrers are adequately trained to administer and/or refer patients for tests involving ionising radiation, i.e. X-rays.

These new guidelines help to illustrate that, as primary contact practitioners, osteopaths are equipped with the knowledge and skills to make an informed clinical evaluation of a patient and to justify further diagnostic investigation. Requesting clinical imaging tests is within the

osteopathic scope of practice – osteopaths receive sufficient training in this area at an undergraduate level, enabling them to take informed decisions about the need to refer patients for clinical imaging tests and giving them the skills to interpret results. Some osteopaths also go on to undertake postgraduate training in this field. It is, however, the professional responsibility of all osteopaths to ensure that their knowledge and skills remain up to date.

The guidance was initially printed and distributed to radiology departments nationwide at the end of last year. Following feedback, the guidelines are under review by the project group this month in order to provide further clarity. We hope that radiology departments will by now be familiar with these guidelines. However, this document may be helpful when negotiating access to local clinical imaging services.

Visit the GOsC public website – www.osteopathy.org.uk/integrated_health/referral_info.php – to download a copy of the guidance or contact the Communications Department on ext 242 to request a printed copy.

First International Fascia Research Congress

The first international conference dedicated to fascia will be held in Boston, USA on 4–5 October 2007.

The First International Fascia Research Congress is intended to be a catalyst, presenting the latest high quality fascia research. This initiative has been developed and organised by a multidisciplinary committee, including researchers and practising health professionals, who have a common interest in the human body's soft connective tissue matrix.

Osteopaths are one of the target audiences for this conference, along with other relevant clinicians, scientists and researchers involved with the study of human fasciae. The event, which is being held at Harvard Medical School, will provide an opportunity for interested professionals to network with colleagues and exchange experiences and information relevant to work.

Osteopaths are well represented on the organising and scientific committees and amongst the presenters, and include Frank Willard, Brian Degenhardt, Michael Patterson and UK osteopath Leon Chaitow.

The programme will consist of plenary and parallel sessions, and panel discussions. Key topics include:

- > The presence of contractile cells (myofibroblasts) within the fascial fabric.
- > Biomechanical properties of fascial tissues.
- > Mechanotransduction between the cytoskeletal structure within the cell and the extracellular matrix, and its implications for health and disease.
- > Forms of mechanical signaling within the fascial matrix.
- > How fascia is innervated, and how proprioception and pain are created, detected and modulated by the spinal cord and the rest of the nervous system.

- > Other recent findings and significant hypotheses in the realms of biochemistry and biomechanics of fascial deformation and reformation.

For further information about the conference and details of how to register see <http://www.fascia2007.com/>.

Please note that at the time of going to print, the main proceedings room at the medical school conference centre is full, but the organisers are planning to add auxiliary rooms and have extended the 'early bird' discount until 15 July. A follow-up congress in three years is planned.

Those who are interested in the conference but unable to attend may be interested to know that a recording of the proceedings will be screened over two days at the University of Westminster, London, on 13–14 October. In addition, papers from the conference will be published in the *Journal of Bodywork and Movement Therapies*.

4th International Symposium on Advances in Osteopathic Research: Call for papers

This half-day symposium on Saturday 6 October 2007 is being held in Germany in conjunction with the 10th Annual International Congress of the German Osteopathic Association (VOD).

It is designed to provide a forum for investigators in the field to present their work, engage in stimulating discussions, exchange ideas, face challenges, ask for assistance, and to take home new and encouraging insights – or simply just to network with colleagues.

The symposium will feature peer-reviewed scientific presentations and posters of completed or ongoing research as well as high quality research protocols. There will also be keynote lectures on topics of general interest.

German and English will be the symposium languages and simultaneous translations will be provided.

Call for papers

Abstracts representing rigorous scientific research dealing with any aspect of osteopathic medicine are invited for submission by 1 July. For further information about submitting abstracts or registering for the symposium contact:

Florian Schwerla, DO,
German Academy of Osteopathy Research Commission
Symposium Organiser
Roemerschanzweg 5, D-81231 Gauting
Tel: +49 89 893 400 68
Fax: +49 89 893 400 16
email: f.schwerla@German-AFO.de
www.German-AFO.de

Abstracts from the 1st, 2nd and 3rd symposia are available on www.German-AFO.de.

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

Dear Editor

I would like to contribute a point to the discussion of BUPA's allocation of funding for osteopathy and their apparent discrimination against osteopaths (*The Osteopath*, March 2007, p9). In their letter, BUPA say that they are undertaking a quality review involving BUPA recognised physiotherapists and areas of special clinical interest, which they may extend to osteopaths in the future. This may be timely because there is an important issue which has not yet been identified.

BUPA state that they will fund treatment for acute clinical conditions but not for chronic disease. *Dorland's Medical Dictionary* defines chronic as 'persisting over a long period of time' and acute as 'having a short and relatively severe

course'. Few would deny that commercial institutions have to balance their financial books and that it is arguably uneconomic for BUPA to fund indefinite maintenance treatment for a long period of time.

The problem occurs, however, with patients who have been diagnosed with a chronic condition because it cannot be resolved by conventional means, but who can be made better with complementary care such as osteopathy. These may be classified as semi-chronic cases, the difference being that they can be made better and consequently there is a finite end point to treatment when the patient will be discharged. These patients may need an extended course of treatment because their condition has been allowed to develop before osteopathic consultation, but

they stand a very real chance of their condition resolving and not returning. This is a tangible benefit.

In my experience, however, BUPA maintains that it does not wish to fund even these cases because they have been given the label 'chronic', despite the fact that these are probably the most deserving of all for funding.

If they continue to insist on funding only acute conditions should BUPA, as a responsible provider, not make it abundantly clear to policyholders that the outpatient's proportion of the premiums they are paying will cover treatment only for conditions that will get better anyway?

**Nicholas Handoll DO,
Hereford**

Have your say

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

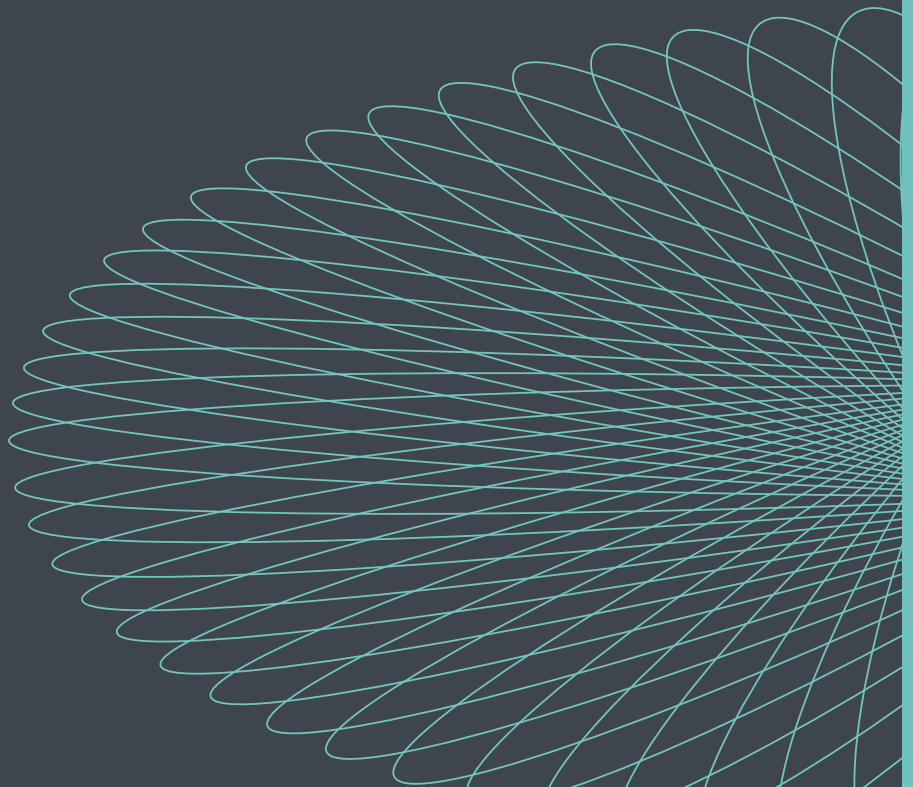
Dear Editor

I note from an advertisement for an MSc in Paediatric Osteopathy that a pre-requisite is to have completed a Sutherland Teaching Foundation approved course (*The Osteopath*, April 2007). Does this mean that so-called 'cranial' osteopathy is synonymous with treating children? I certainly hope not. Paediatric osteopathy should encompass all osteopathic techniques and not just a few!

**Paul Twiggs DO
Auckland, New Zealand**

Share your views

This month, there is a brief report on page 11 about the GOsC's efforts to widen public access to NHS-funded osteopathy. We invite your views on this initiative and on any other issue featured in *The Osteopath*.



Courses 2007

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

July

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

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

> 7-8 Viscerocranium and dental considerations

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

> 7-9 Sunflower therapy training course – module 7

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

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

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

> 21-22 Biomechanics, biodynamics and biocynetics

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

September

> 14-16 & 21-23 Osteopathy in the cranial field

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

> 14-17 SAT 'specific adjustment techniques' level 2

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

> 20 Is structural osteopathy still valid?

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

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

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

> 22-23 Harmonic technique

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

> 27 Update of muscle repair and adaptation

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

October

> 6-7 Integrative osteopathic technique (TOT 1) cervical spine CD and UEX – weekend course

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

> 6-7

How to treat sports injuries: the lower body – weekend course

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

> 7

Foundation course in prescription orthoses for osteopaths

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

> 11

How to treat whiplash injuries – evening course

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

> 12-13

The knee – all you need to know

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

> 12-14

Part 3 – developing palpation – osteopathy in the cranial field (fulcrums and midlines)

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

> 18

Update on connective tissue repair and adaptation – evening lecture

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

> 20-21

Lymphatic motion

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

> 20-21

Positional release techniques – weekend course

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

> 20-21

Harmonic technique (part II) – weekend course

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

> 20-23

The functional face

Course Director Liz Hayden. Organised by Sutherland Cranial College. To be held at Dartington Hall, Totnes, Devon.
tel: 01291 689908
email: admin@scc-osteopathy.co.uk
www.scc-osteopathy.co.uk

> 25-27

Visceral osteopathy: the abdomen – weekend course

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

> 27-28

Cranial and visceral anatomy for osteopaths

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

> 10

Acute knee course (ISAKOS approved)

Organised by the Knee Foundation. To be held at the Knee Foundation Conference Room, Droitwich, Worcs (Junc 5, M5).
tel: 01905 776676
email: kneefoundation@btconnect.com
www.kneefoundation.com

December

> 2

Foundation course in prescription orthoses for osteopaths

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

November

> 1

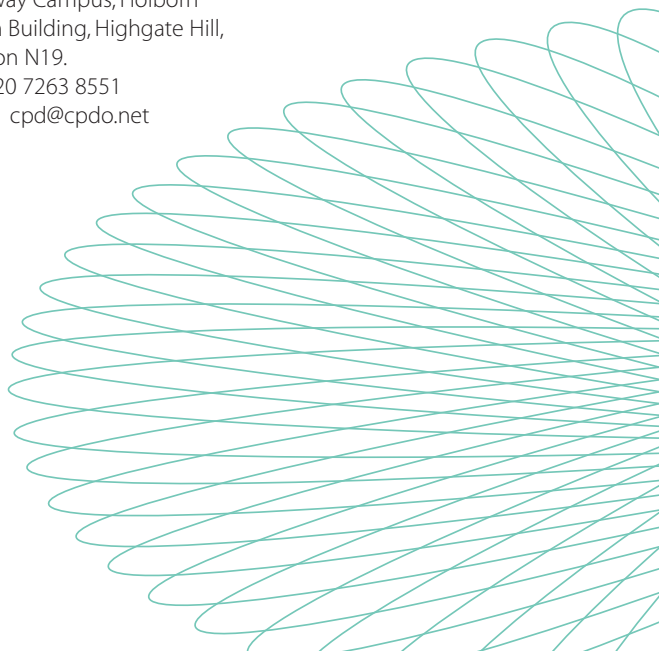
How to treat impingement syndrome – evening course

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

> 3-4

IOT II: lumbar and thoracic spine and ribs – weekend course

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



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RECRUITMENT

Associate/Locum required immediately for established Edinburgh practice. 3-5 days per week. Please send CV to Glynis Fox, Eyre Place Osteopathic Practice, 23 Eyre Place, Edinburgh, EH3 5EX. Tel: 0131 557 2211.

Associate required for a busy multidisciplinary practice in Rugby Warwickshire. 2.5 days inc Saturday morning. Please apply with CV or contact Adam Sheridan for further details on osteos@tiscali.co.uk or Rugby Osteopathic Centre, 69 Albert Street, Rugby, CV21 2SN. 01788 567961

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We are seeking associate osteopaths who are keen to operate in prestigious locations as part of a team at Bodycare Clinic in Horsham and Crawley. We are always looking for established and rising talent. Whether you are experienced or due to graduate shortly, we would welcome sight of your CV. Contact Mrs King 01293 525355 or email: stephen.palmer@virgin.net

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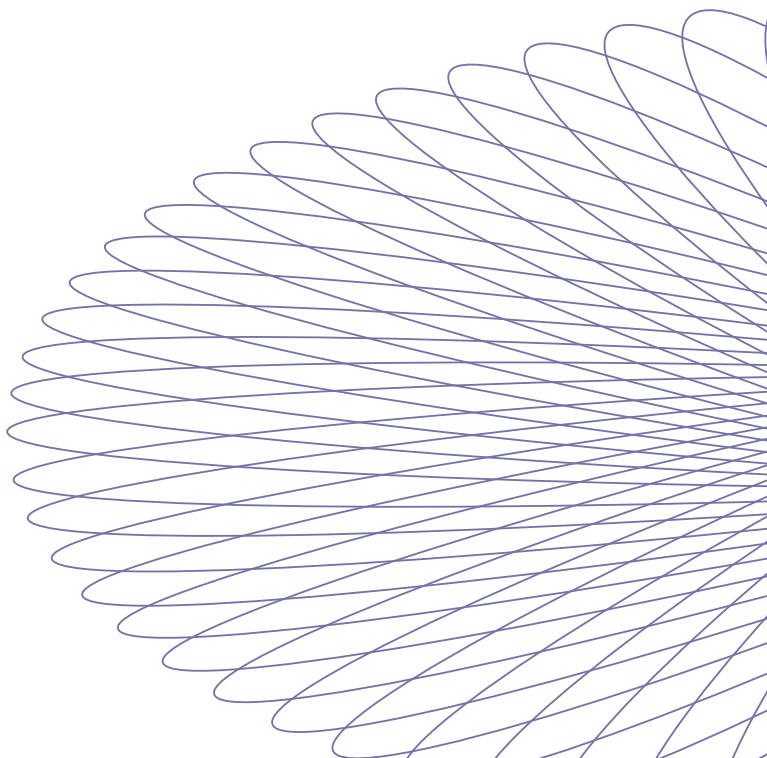
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Osteopath**

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SUTHERLAND
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THE FUNCTIONAL FACE

Module 8

AN EVENING AND THREE DAY RESIDENTIAL COURSE
OPTIONAL ONE DAY WORKSHOP

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

Date: Evening 17-21 October 2007

Venue: Dartington Hall, Devon
34hrs CPD Fee: £970 +£220

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

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

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

For further info www.osteopathicclinic.co.uk/functionalface
Eligibility: Module 2 and 3 or equivalent

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3

A SIX DAY NON RESIDENTIAL COURSE

Course Director: Peter Cockhill DO (BA hons) MSCC

Dates: 14-16 and 21-23 September 2007

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

OSTEOPATHIC EDUCATION

A SIX DAY NON RESIDENTIAL COURSE

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

Facilitator: Alison Brown DO MSCC

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

Venue: The Pierian Centre, Bristol
48hrs CPD

Sutherland Cranial College Course Office, PO Box 91, NP16 7ZS
Telephone 01291 689908 / Fax 01291 680056
Application forms email: info@scc-osteopathy.co.uk
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2007

| Date | Title | Tutor / lecturer | Cost | Deposit |
|------------------------------|---|--|------------------|---------------------|
| Weekend courses | | | | |
| 20-21 Oct | Positional release techniques | <i>Leon Chaitow</i> | £225.00 | £125.00 |
| 6-7 Oct | IOT I: Cervical spine, CD and UEX | <i>Prof. Laurie Hartman</i> | £195.00 | £125.00 |
| 3-4 Nov | IOT II: Lumbar & thoracic spine and ribs | <i>Prof. Laurie Hartman</i> | £195.00 | £125.00 |
| 30 June | Healthy Pregnancy | <i>Averille Morgan</i> | £115.00 | Pay in full |
| 17-18 Nov | Lymphatic motion | <i>Averille Morgan</i> | £195.00 | £125.00 |
| 22-23 Sept & 20-21 Oct | Harmonic technique (part I & II) | <i>Prof. Eyal Lederman</i> | £395.00 | £250.00 |
| 6-7 Oct | Cognitive behavioural approach to chronic pain in physical therapies | <i>Heather Muncey Peter Gladwell</i> | Cost: £215.00 | Deposit: £125.00 |
| 6-7 Oct | How to treat sports injuries: the lower body | <i>Chris Boynes</i> | £195.00 | £125.00 |
| 23-24 June | Osteopathic care of small animals | <i>Toni Nevin</i> | £225.00 | £150.00 |
| 23 June | Practical ergonomics and musculoskeletal health | <i>Damon Peterson</i> | £115.00 | Pay in full |
| 16 June | Introduction to sports taping: principles and practice | <i>Tom Hewetson</i> | £115.00 | Pay in full |
| 30 June | Current concepts in the management of tendonopathies | <i>Glenn Hunter</i> | £115.00 | Pay in full |
| 22 Sept | The experience of pain - a multidimensional exploration | <i>Ian Stevens</i> | £115.00 | Pay in full |
| 17 Nov | Practical clinical nutrition | <i>Dr. Adam Cunliffe</i> | £115.00 | Pay in full |
| Evening courses | | | | |
| 11 Oct | How to treat: Whiplash injuries | <i>Prof. Eyal Lederman</i> | £40.00 | Pay in full |
| 1 Nov | How to treat: Impingement syndrome | <i>Prof. Eyal Lederman</i> | £40.00 | Pay in full |
| 7 June | Yoga as therapeutic exercise | <i>Luise Woerle</i> | £40.00 | Pay in full |
| 8 Nov | How to treat: Achilles Tendonosis | <i>Chris Boynes</i> | £40.00 | Pay in full |
| Evening lectures | | | | |
| 14 June | Myth of core stability | <i>Prof. Eyal Lederman</i> | £20.00 | Pay in full |
| 27 Sept | Update on muscle repair and adaptation | <i>Prof. G. Goldspink</i> | £20.00 | Pay in full |
| 18 Oct | Update on connective tissue repair and adaptation | <i>Dr. Helen Birch</i> | £20.00 | Pay in full |
| 20 Sept | Is structural osteopathy still valid? | <i>Prof. Eyal Lederman</i> | £20.00 | Pay in full |
| 15 Nov | Process centred osteopathy: a new clinical model | <i>Prof. Eyal Lederman</i> | £20.00 | Pay in full |

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For more information go to:
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**

All cheques should be made to CPDO Ltd. and sent to the office address:

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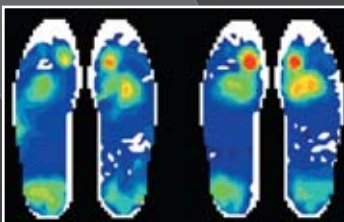


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VHD VHD Diabetic arch support

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Institute of Osteopathic Studies

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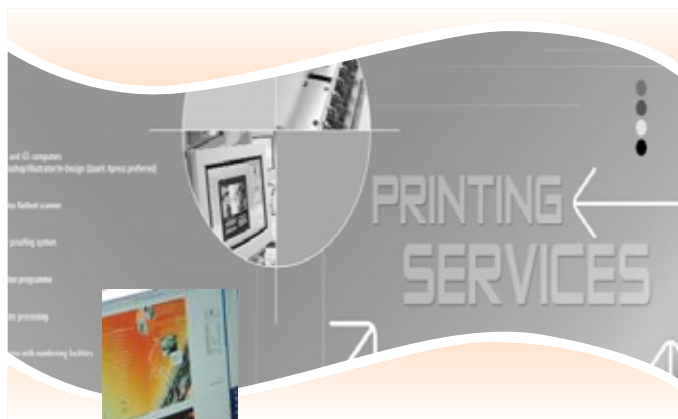
The fee is £550 per seminar (£ 1000 for two) including:

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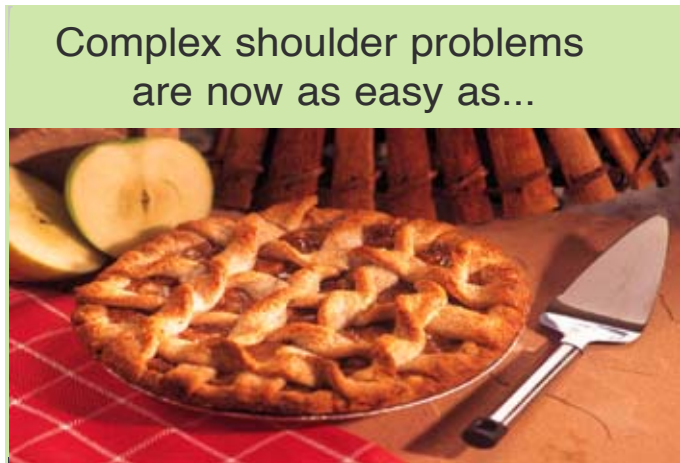


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CONVOCAATION

CHRONIC CONDITIONS 2007

Christchurch, New Zealand September 6th – 10th 2007

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The program aims specifically to improve diagnosis, management and treatment of chronic conditions and to provide practitioners with valuable tools to employ in their daily practice. This conference has something for all Osteopaths and Osteopathic students.

Delegates will be offered a variety of workshops and formal presentations which will offer stimulating thought in osteopathic philosophy as well as essential insights into key areas of practice. Hands on practical sessions and interactive workshops will feature and lecture notes will be provided.

Convocation 2007 is to be held in picturesque Christchurch, New Zealand. Located within driving distance of the snowfields and in the restaurant precinct, Rydges Hotel is adjacent to the beautiful Avon River in the heart of the CBD.



For further details please contact aoa@osteopathic.com.au Phone: 0011 61 2 9410 0099 / Fax: 0011 61 2 9410 1699
www.osteopathic.com.au

MSc Osteopathic Sports Care 2007

The MSc in Osteopathic Sports Care starts in October 2007 at the Faculty of Health, Leeds Metropolitan University in association with OSCA. The course is designed to build on undergraduate and professional experience in sport and exercise and is conducted on a part-time basis over 3-5 years to Masters level, with each taught module being delivered over two residential weekends. The University has a long established record of involvement in sport and exercise with successful pathways at Masters level.

The course consists of 9 modules, including:

- The Role of Osteopathy 1 - Osteopathic concepts as applied to sports care.
- Research Methods - Background knowledge necessary to assess the work of others and provide the basis for conducting research.
- The Science of Training and Performance - Scientific basis of physical activity, sport and exercise and the functional adaptations involved in the process.
- The Role of Osteopathy 2 - Osteopathic evaluation and management applicable to the sporting environment.
- Monitoring and Evaluation in Sport and Exercise Science - Understanding the commonly used methods to monitor and evaluate the individual in biomechanics, exercise physiology, sports nutrition and sports psychology.
- Student Negotiated Osteopathic Study Module - The opportunity to pursue a topic of interest in a specific area relevant to osteopathy, sport and exercise science.
- Dissertation - An exploration of a working hypothesis/research question into an area of osteopathy and sport.

The course will commence in October 2007. If you would like further information or to attend the course open day please contact Louise Potter l.j.potter@leedsmet.ac.uk or contact the course administrator on 0113 812 7700



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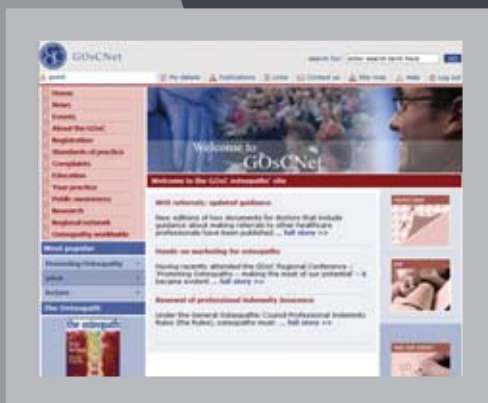
CPD Hours allotted

For details please contact Course Administrator: Carmel Neale

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Further information about the website in next month's *The Osteopath*.



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