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the osteopath

Advancing Osteopathy 2008 Event brochure enclosed



Strengthening standards

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QAA Osteopathic Benchmark
Council Strategy Day 2007

New EU law: professional qualifications

Fit for work: MSD crisis

GENERAL OSTEOPATHIC COUNCIL



Who regulates health and social care professionals?

Free to osteopaths – a leaflet that helps to explain regulation to patients.

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

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

Contact details are also provided for each regulator.

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



Free copies of the leaflet are available from the GOsC Communications Department and can also be downloaded from the GOsC website – www.osteopathy.org.uk.

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



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

Development **ext 238 / 235 / 240**

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

Finance & Administration **ext 227**

Enquiries about registration fees, VAT, payment enquiries.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 256**

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

Regulation **ext 224 / 249**

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

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Enquiries about Council Members and meetings, GOsC Committee business.

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Registrar's report

As we approach almost 100 editions of *The Osteopath* magazine (well spotted, Peter Buxton, thank you!), and with the nights drawing in and retirement beckoning, is it any wonder I have writer's block! This one report feels as though it has taken almost as long to write as all the others put together. Perhaps it's because this is my penultimate report: as such, sorting in my mind amongst the many complicated issues crowding the osteopathic and regulatory horizon, and attempting to provide some perspective, is altogether proving a daunting test.

The – very significant – milestone achieved this month (September, as I write) is the publication, by the Quality Assurance Agency for Higher Education (QAA), of the Osteopathy Benchmark Statement (see page 6). Not only does the statement do much to enhance the profile of osteopathy, but – equally importantly – it demonstrates the power of collaborative working. Vince Cullen, GOsC Head of Development, deserves a special mention for identifying this opportunity, keeping up the momentum and pulling it all together. There would be no outcome, however, without the invaluable input from the Osteopathic Educational Institutions, the British Osteopathic Association and the QAA chairmanship in the form of Dr David Gale – and we thank them all.

The complex issues centre around Europe and the impact that the implementation of the European Qualifications Directive may have on your practice. Its intention is to make life easier for patients and practitioners but, for osteopaths, it is just not that simple. Sarah Eldred describes why this new law is important to you on pages 11–12. So, whether you are thinking of working abroad in Europe, or employing osteopaths trained elsewhere in Europe, you should read this feature. Even if you are not contemplating either of these courses of action, it is important for you and for the profession generally to keep well-informed of the issues around the freedom of movement within the EU.

And, even within our UK political update (see pages 12–13), European issues come again to the fore, with commentary on two consultations on the implementation of the EU Directive mentioned above. Our formal responses to these consultations can be viewed on your website, the **o** zone.

Closer to home, Government reforms to healthcare regulation colour all areas of our operations now and will continue to do so for a long time yet. Progress towards legislation emanating from the White Paper: *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*, promises to grind on slowly, as policies and procedures are debated and written into law. Nevertheless, the dye is cast, and all health regulators are now scrupulously re-evaluating – post the Foster Review and consequent White Paper – the role they are expected to play in public and professional life. Elementary matters such as the size and constitution of Councils is suddenly a factor of fundamental importance as it is the bedrock on which good governance is founded. Our own Council's Strategy Day on 17 September (see page 7) had barely opportunity to scratch the surface of what is essential to ensure the quality of osteopathic care in the future. The growing recognition of osteopathy's current role in public health – and its potential, is daily generating new challenges for this profession, which are at once daunting and enormously exciting. It may just be the comfort of coming closer towards retirement, but these days I find myself stirred more by the latter sentiment than the former!

And looking with anticipation to the promise

of the future, I could not end this report without mentioning again *Advancing Osteopathy 2008* and the 10-year celebratory events planned for next February. It is wonderful so many of you have seen this as an opportunity to fly the flag as a profession, in a rare national – indeed, international – display. To ensure as many of you as possible are able to attend, do take advantage of the 'early bird' concessionary rate before it ends on 31 October – I am hoping to bid many of you a personal farewell then, as the profession enters an invigorating new era.

And finally – after three years of service to the GOsC, I am sorry to report that our Head of Legal Affairs **David Simpson** has been enticed away to pastures new. Whilst we are pleased for him – and we thank him for his many contributions, it will be a great loss to the GOsC at this time of transition to new management.

Madeleine Craggs
Chief Executive & Registrar



Osteopathic Benchmark Statement

In an important development, the profession has succeeded in producing a subject benchmark statement for Osteopathy, published last month by the Quality Assurance Agency for Higher Education (QAA).

The publication of an osteopathy benchmark statement represents a significant step for the osteopathic profession in communicating its education and training standards to a wider audience, thereby further enhancing the profile of osteopathy in higher education.

Who contributed to the osteopathy benchmark statement?

This work is the product of a collaborative benchmarking group, consisting of representatives from the General Osteopathic Council (GOsC), all the Osteopathic Educational Institutions (OEl)s currently delivering accredited osteopathic courses, and the British Osteopathic Association (BOA).

The successful outcome of this project is testament to the constructive manner in which all worked together, and to the commitment of the benchmarking group's Chair, Dr David Gale of the QAA, whose insight and sound advice enabled the group to navigate this unfamiliar territory.

Why a benchmark statement for osteopathy?

Osteopathic education and training courses must ensure that their graduates meet the requirements of the *Standard of Proficiency* in order for the GOsC to approve them as Recognised Qualifications. However, it was felt that guidance tailored more to the educational context was also needed. As such, the benchmark statement and the *Standard of Proficiency* are distinct but closely interrelated documents that together inform educational standards. As evidence of this, the GOsC Education Committee has recently adopted this benchmark statement as a reference point for osteopathic pre-registration education guidance.

Applications and benefits

The osteopathy benchmark statement conveys the distinctive nature of osteopathy as an academic subject and healthcare profession. It emphasises the importance of placing osteopathic clinical practice and the needs of the patient at the centre of the learning process. Looking forward, it also recognises potential emerging changes in osteopathic education, including developments towards an increasing number of masters degrees in osteopathy and the international perspective for osteopathic educational standards.

The benchmark statement will also assist in communicating UK standards of education and training when dealing

with the complex issue of mutual recognition of qualifications between European countries. Already the Forum for Osteopathic Regulation in Europe (FORE) has applied the statement to the development of a European framework to inform national standards in osteopathic education and training.

The key audiences and purposes for the benchmark statement include:

- > **Osteopathic and other Higher Education Institution (HEI) staff:** for use as an aid when designing new courses, or as a guide when existing courses are being monitored or evaluated.
- > **GOsC Recognised Qualification (RQ) review visitors and external examiners:** to provide a point of reference when trying to achieve consistency of standards across the HEIs delivering degree courses in osteopathy.
- > **Students:** to help them understand the qualities and abilities that the HEIs will be looking to develop in osteopathic graduates.
- > **Other healthcare and related professions:** to enable a better understanding of osteopathic education for reasons such as inter-professional education and collaboration.
- > **The wider academic community:** to help them to identify the distinctive nature of osteopathy as an academic subject.
- > **Employers and student supporters (parents, guardians, teachers, career advisors):** to enable them to provide improved support, guidance and advice to prospective osteopathic students.

With its practical uses and the opportunity to enhance the profile of osteopathic education and training standards among wider audiences, the osteopathy benchmark statement represents an especially important milestone for the osteopathic profession in the UK and internationally.

The osteopathy benchmark statement can be viewed at www.qaa.ac.uk/academicinfrastructure/benchmark/statements/Osteopathy07.asp.

For further information about the General Osteopathic Council review of osteopathic courses and course providers, which is currently managed by QAA, see www.qaa.ac.uk/health/gosc/default.asp.

What is a QAA subject benchmark statement?

"Subject benchmark statements set out expectations about standards of degrees in a range of subject areas. They describe what gives a discipline its coherence and identity, and define what can be expected of a graduate in terms of the abilities and skills needed to develop understanding in the subject.

Working closely with the sector, QAA has published subject benchmark statements for a range of disciplines to clearly set out the academic characteristics and standards of UK programmes.

Subject benchmark statements do not represent a national curriculum in a subject area, rather they allow for flexibility and innovation in programme design, within an overall conceptual framework established by an academic subject community.

Subject benchmark statements are intended to assist those involved in programme design, delivery and review. They may also be of interest to prospective students and employers, seeking information about the nature and standards of awards in a subject area.¹

¹ www.qaa.ac.uk/academicinfrastructure/benchmark/default.asp. Accessed 20 September 2007.

Standard of Proficiency review – extended timescales

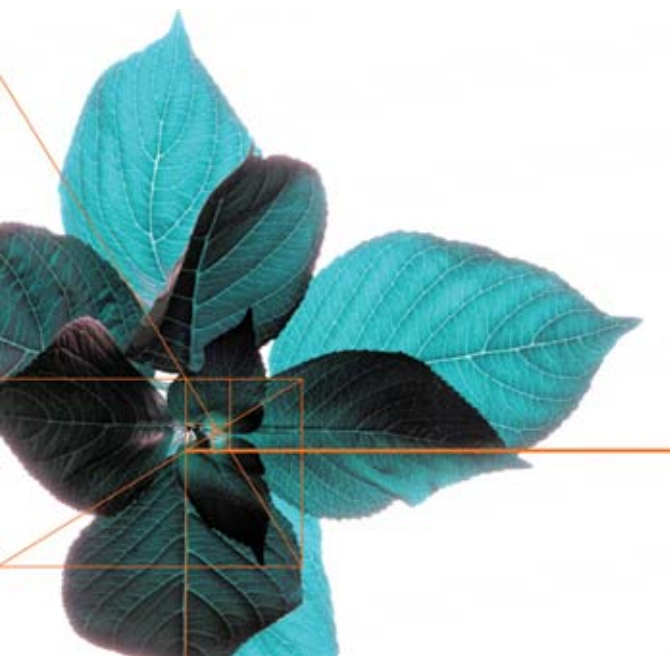
By now you will have all received your new GOsC Development folder, comprising your revised *Continuing Professional Development (CPD) Guidelines* and a reprint of the existing *Standard of Proficiency*, together with a letter launching a review of this document.

The *Standard of Proficiency* outlines the standards of practice that osteopaths must meet in order to gain and maintain registration. It is to be reviewed over the coming 12 months to ensure it remains relevant to osteopathic practice in today's healthcare and educational environment.

As a first step, osteopaths are invited to feed back comments on the content of the document to the Development Department. A formal, profession-wide consultation will then be rolled out in 2008.

Due to the delay that some of you may have experienced in receiving your new Development folder, the initial period of consultation has been extended and feedback can now be submitted up until **Friday 30 November 2007**.

Further details are available on the o zone website – accessible via www.osteopathy.org.uk. Contact Marcus Dye, Assistant Registrar (Development), on ext 240 with questions.



Council Strategy Day 2007

Madeleine Craggs, Chief Executive & Registrar

On the eve of its 55th Meeting, Council met for a full day on 17 September to consider the implications of current Government reforms to healthcare regulation and to review the GOsC strategic objectives for osteopathic regulation.

The facilitator, John Dennison of BDO Stoy Hayward, had in fact facilitated the Council's first Strategy Day ten years previously. Council members were delighted that Evlynn Gilvarry, the Chief Executive & Registrar designate, was able to attend the day. She will be taking up her office fully on 10 December 2007.

Following the Foster Review and the publication of the White Paper: *Trust,*

Assurance and Safety – the Regulation of Health Professionals in the 21st Century, last February, Government set in motion legislation designed to ensure that the Councils, overseeing the regulation of health professions, are constituted in such a way as to command public confidence. In the

White Paper, which sets out Government's intentions for healthcare regulation in the UK, it says:

"The Government is convinced that in order to establish and sustain confidence in the independence of the regulators, all Councils should be constituted to ensure that professionals do not form a majority" (para 1.10, p25).

In this, the GOsC – a relatively new regulator with a 'modern' constitution – already provides for an even balance between lay and professional perspectives. Furthermore, as reported in the April issue of *The Osteopath* (p3), Council's initial response proposes reducing the size of General Osteopathic Council from the current 24 members to 15 – eight lay members and seven osteopaths.

Government's vision for robust regulation in healthcare, however, presents other challenges for osteopaths and the GOsC in the months and years ahead. The White Paper also specifies:

"In order to ensure the independence of all the national professional regulators, all members of

all councils will be appointed independently by the Appointments Commission against clearly specified criteria and competencies."

Osteopaths have traditionally elected professional members onto the General Osteopathic Council (Lay members have always been appointed by the Privy Council). In future, elected professional members will not be permitted, so a new mechanism will be needed to ensure appropriate osteopathic input to the business of the GOsC.

With the Government deeming that the General Councils of the future must be smaller and 'more board like', the GOsC will need to determine, carefully and clearly, the skills that will be required within its lay and professional membership to direct the development of the osteopathic practice in the UK.

When addressing the move to a smaller Council, members critically appraised the work currently done in committees, differentiating between that which is strategic and work that is more operational in nature and should, more appropriately, fall to the Executive. This is an important exercise because clearly a smaller Council could not continue to service the same amount of committee business.

Council considered also other more flexible mechanisms for getting things done in the future – possibly engaging more co-opted members who have the exact skills match for the committee role. Or, perhaps, some matters are better dealt with by 'short-life action groups' – a sensible proposal, but it was observed some may be reluctant to offer themselves up to be a 'sl-g'! Even changing 'action' to 'operation' would make the groups a bit of a 'slog'!!

In determining how best to constitute Council for the future, this year's Strategy Day set out also to determine the functions that will be a priority for the GOsC in the medium-term. Here, the setting, enhancing and promotion of osteopathic standards was deemed central. Training standards, registration requirements, best practice, continuing education, and research are the fundamental bases on which the next stages of the profession's development will be constructed.

Council agreed to receive position papers on matters raised in the course of the Strategy Day, and to dedicate a time-limited session before the December 2007 Council meeting to progress some of the more immediate issues.



Raising the osteopathic profile

Efforts to raise awareness of the contribution of osteopathy to modern healthcare continues with the GOSc taking part in a further two national healthcare conference and exhibitions this year.

NHS Alliance 2007

On 22-23 November, the 10th annual NHS Alliance conference and exhibition – 'Into the new era, primary care under the spotlight' – will be held at the Manchester Central Convention Complex. Organisers are hoping to attract up to 1,000 delegates from the healthcare sector, including PCT managers, commissioners and primary care practitioners.

As the new political leadership stamps its mark on the ever-changing shape of the NHS, this year's programme will focus on the impact of these reforms on public health and will evaluate the implementation of practice based commissioning 12 months on.

The GOSc will take part in this year's exhibition, in order to raise the osteopathic profile amongst these key target audiences, reaffirming the profession's role in the primary care team.

NICE 2007

The National Institute for Health and Clinical Excellence (NICE) is holding its annual conference and exhibition, NICE 2007, on 5-6 December, also at the Manchester Central Convention Complex. This year's national event, 'Evidence into Practice', will highlight current clinical guidelines and offer examples for implementing guidelines into clinical practice.

This leading event for senior healthcare directors and managers, clinicians and policy makers, offers an ideal forum within which to enhance understanding of osteopathy, and highlight the work of the National Council for Osteopathic Research and the profession's contribution to the development of the NICE guideline for low back pain.

Lend a helping hand

As both events are this year taking place in Manchester, osteopaths from Northern England and Scotland are invited to join the GOSc executive on the exhibition stand. Contact the Communications Department on ext 222 or email: events@osteopathy.org.uk for further information or to volunteer.



Regional networking

Regional representatives will join members of the GOSc executive and Council for the second Regional Communications Network meeting this year, at Osteopathy House on Friday 2 November.



Each year the GOSc meets formally with representatives of regional osteopathic groups from across the UK in order to provide an update on key GOSc activities and policies affecting the profession, as well as wider healthcare initiatives. To help disseminate this information throughout the profession and to enhance two-way communication, representatives are asked to share these briefings with regional colleagues.

On this occasion, the main agenda items will focus on next year's national osteopathic event – *Advancing Osteopathy 2008* – which celebrates advances in UK osteopathy and coincides with the 10th anniversary of the UK Statutory Register; proposed reforms to the regulation of healthcare professionals, arising from the recent Government White Paper; and developments in the EU and their implications for UK osteopaths.

Regional Representatives will, at this meeting, also have the opportunity to say farewell to the outgoing Chief Executive and Registrar, Madeleine Craggs, who has done much over the past decade to help progress the osteopathic profession. Recently appointed Elynn Gilvarry, who succeeds Madeleine as CE&R on 10 December 2007, will be introduced to representatives, along with Professor Adrian Eddleston, the Council's Chairman-elect who replaces Nigel Clarke in January 2008.

These forums also provide an ideal platform for representatives to share, and compare, with their regional counterparts details of local initiatives and practice development.

Have your say

Your views would again be a valuable contribution to these discussions; contact your local representative to discuss regional issues that you would like to have raised with the GOSc and your UK-wide professional colleagues.

For further information about the Regional Communications Network, or to contact your local representative, contact the Communications Department on ext 222 or email: nicole@osteopathy.org.uk. Alternatively, visit the Regional Network pages on the [o zone website](#).

Join the advance!

Advancing Osteopathy 2008

Celebrating UK recognition & progress

Friday 1 February – Sunday 3 February 2008

The Queen Elizabeth II Conference Centre, Westminster, London

Many of you are already taking advantage of the savings offered by the Early Bird Rate (book by 31 Oct) for Advancing Osteopathy 2008.

Coinciding with the 10th anniversary of the first UK Statutory Register, and over 110 years of osteopathic practice in Britain, this commemorative occasion, in early February 2008, will bring osteopaths from across the country together with international colleagues to celebrate advancements in all spheres of UK osteopathy – research, education, regulation and practice.

Three one-day international conferences

These three full-day conferences represent not only quality CPD, but a valuable opportunity to explore with colleagues and subject specialists the latest developments in osteopathic care.

All three conference programmes will embrace the diversity of osteopathic practice with a range of national and international speakers from osteopathy and allopathic medicine. Keynote lectures, panel debates, symposia, platform presentations and open forums will allow for a lively exchange of views on the current key issues, helping to shape future practice.

All osteopaths have been mailed the Event brochure, which outlines in greater detail the varied programme

available over the three conference days. Contact Vista Conference on tel: 020 8542 7622 if you have not yet received your brochure. See too the dedicated Event website – www.osteopathy08.co.uk – also accessible via the **o** zone and the GOSc public website, for further information and regular event updates.

Poster presentations

Osteopaths' dedication to enhancing practice and quality patient care will be on display through scientific and educational poster presentations. Delegates will, over the three days, have the opportunity to view posters and discuss with authors their work and contribution to osteopathic development.

Trade exhibition

A number of industry partners have signed up to take part in the trade exhibition, offering you the chance to meet with suppliers and assess some of the latest products available to your practice.

A range of exhibitor and sponsorship opportunities are available – if you know of any organisations that may wish to be involved, contact Vista Conferences on tel: 020 8542 7622 as soon as possible.

Gala Dinner-Dance – *Osteopaths Reunited!*

Saturday 2 February 2008
Royal Lancaster Hotel, Hyde Park

Central to *Advancing Osteopathy 2008* will be a glittering Gala Dinner-Dance, providing a rare opportunity for osteopaths to meet up with colleagues 'past, present and future'.

Osteopaths Reunited!, on the evening of Saturday 2 February at the Royal Lancaster Hotel, promises to

bring together not only osteopaths currently in practice in the UK and abroad, but also those who have retired, their partners and the many whose teaching, research and support has underpinned the profession's development over the decades.

Group bookings are already being arranged by Schools for their faculty members, by regional societies and special interest groups, while others are making the most of the opportunity to reunite the "class of 19??!" – see Backchat, page 23. Vista Conferences will do their best to link you up with former classmates and colleagues – just note any relevant information, such as when and where you graduated, on your Gala Dinner-Dance confirmation slip.

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

Recognising contributions: now inviting award categories!

The profession also has the chance to recognise colleagues who are widely regarded as having made a significant contribution to the quality and profile of osteopathic practice in the UK at this gala event. Over the coming months, you will be invited to nominate and vote for deserving colleagues to whom you feel tribute is most due.

Email your suggestions for award categories to the GOSc Communications Department (events@osteopathy.org.uk). We will shortly announce these categories in *The Osteopath*, and on the Event website – www.osteopathy08.co.uk – and invite your nominations.

Book now – Early Bird Rate – 31 October 2007

Remember to take advantage of the Early Bird Rate, which offers a substantial discount on conference fees for those booking before Friday 31 October. Bookings can also be made online via the dedicated Event website – www.osteopathy08.co.uk. Also visit the website for programme updates.



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

Key

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

Abbreviations

- BOA – British Osteopathic Association
- BCOM – British College of Osteopathic Medicine
- CE – Chief Executive
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- DH – Department of Health
- DIUS – Department for Innovation, University & Skills
- FFW – Field Fisher Waterhouse
- GMC – General Medical Council
- FORE – Forum for Osteopathic Regulation in Europe
- LSO – London School of Osteopathy
- NCOR – National Council for Osteopathic Research
- NMC – Nursing & Midwifery Council
- OCC – Osteopathic Centre for Children
- RPSGB – Royal Pharmaceutical Society of Great Britain
- UKIPG – United Kingdom Inter-professional Group

September

3 Monday

- GOsC – UKIPG Professional Regulation Working Party meeting

4 Tuesday

- GOsC – Pixl8 IT: Advancing Osteopathy 2008 event website
- Launch of the Foundation for Paediatric Osteopathy, OCC, London

5 Wednesday

- GOsC Council Strategy Day preparation
- GOsC – NHS Commissioning Manual, development meeting

6 Thursday

- GOsC Professional Conduct Committee hearing
- Joint regulators: Independent Safeguarding Authority Design meeting, London

7 Friday

- GOsC Professional Conduct Committee hearing

10 Monday

- Joint Regulators: CE's Steering Group Meeting

11 Tuesday

- GOsC – BCOM: presentation to students – introducing the Code
- Advancing Osteopathy 2008: event update meeting

12 Wednesday

- GOsC Investigating Committee meeting

13 Thursday

- GOsC – CHRE: Non-medical Revalidation Working Group meeting

14 Friday

- GOsC – LSO: osteopathic graduation ceremony
- GOsC – Oxford Brookes University: osteopathic graduation ceremony

17 Monday

- GOsC Council Strategy meeting, London

18 Tuesday

- GOsC Council Meeting, Osteopathy House

19 Wednesday

- Joint Regulators: Sharing Knowledge – Ethics in Healthcare reception, RPSGB, London
- GOsC – Smile-on: FORE website development meeting
- GOsC – CHRE: Student Fitness to Practise, London

21 Friday

- Joint Regulators: Harmonising Sanctions Working Group, CHRE

24 Monday

- GOsC – UKIPG Main Group meeting, London

25 Tuesday

- GOsC Education Committee meeting

26 Wednesday

- GOsC – UKIPG Corporate Governance meeting, Osteopathy House

27 Thursday

- GOsC Chair and CE&R monthly update
- GOsC Chair and CE&R – BOA: update meeting

October

1 Monday

- NCOR Stakeholder meeting, Osteopathy House

4 Thursday

- GOsC – CHRE: Education Performance Review
- Inter-regulatory Education group meeting, GMC, London

9 Tuesday

- Equality & Diversity Forum for Healthcare Regulators, NMC, London

15 Monday & 16 Tuesday

- GOsC Professional Conduct Committee hearing

24 Wednesday

- GOsC Communications Committee meeting

31 Wednesday

- GOsC Remuneration Committee meeting
- GOsC Finance & General Purpose Committee meeting

Implementation of European Qualifications Directive:

Why is this new law important to me and my patients?

Sarah Eldred, Assistant Registrar (Public Affairs)

Whilst the GOsC is responsible for regulating osteopathy in the UK, legislation emanating from Brussels is having an increasing impact on healthcare regulation and patient care.

The European Directive on the recognition of professional qualifications¹ is one such policy, which this month comes into national law across the European Union (EU).

What is the purpose of this Directive?

The aim of this Directive is to make it easier for qualified professionals, such as osteopaths, to practise in European countries other than their own, with minimum bureaucracy and due safeguards for public health and safety. It provides for the mutual recognition of diplomas, certificates and other evidence of formal qualifications in order to assist freedom of movement.

This new Directive also brings together existing legislation making it easier for European designated authorities, like the GOsC in the UK, to deal with registration matters concerning professionals moving between countries.

Is this Directive a good thing?

The impact of this Directive was discussed at the 2006/7 series of GOsC regional conferences where we highlighted our support for the principle of freedom of movement, but also noted the challenges of maintaining patient safety in the absence of consistent regulation across Europe; currently osteopathy is regulated in only six countries across Europe. For information about the GOsC's position and work surrounding the implementation of this Directive, see the political update on page 12.

Is my UK qualification recognised elsewhere in Europe?

In countries with osteopathic regulation – France, Finland, Iceland, Malta, Spain (Catalonia only) and Switzerland – your UK qualification permits you to apply for registration in that country (host State) with the relevant body – commonly referred to as a competent authority. However, your training may be

subject to assessment and a practical test if it is found not to be equivalent to that of the host State.

In the remaining countries currently without osteopathic regulation, it is likely that the current status of the profession would override your right to register and practise as an autonomous primary care professional, as in the UK. For example, in Germany the only way you could work is by taking an examination in order to practise as a 'Heilpraktiker'.

Not very "mutual" you might say? What is clear is that the practical application of the law and its impact on osteopaths will become more evident as the Directive is embedded into national law across Europe.

An information system² is being established in each country to provide applicants with access to registration requirements. The GOsC will provide the information for osteopathy in the UK in due course.

Permanent versus temporary services

This Directive also distinguishes between professionals establishing themselves permanently in another country and those providing services on a temporary basis.

If your main practice is in the UK and you are employed on a temporary basis to work in another Member State, where osteopathic regulation is in place, you may be obliged to register with the relevant authority in that country. If so, this process should not be so prohibitively complicated as to impact on the delivery of your care, nor should you have to meet certain obligations, such as continuing professional development, as you already adhere to UK registration requirements. Language testing is also absent from the registration process; however, as a professional you would be expected to be proficient enough so as not to jeopardise the safety of your patients³. As for indemnity insurance, you may be subject to requirements above that which you already possess for UK registration.

Employing practitioners in the UK

Where practitioners who trained elsewhere in Europe seek employment in the UK on a permanent or temporary basis, the GOsC is pressing the Government to ensure continued protection of osteopathic patients and of the professional title 'osteopath' in the UK. There are certain constraints, however,





within which the GOsC is obliged to work.

For osteopaths intending to employ practitioners who have trained elsewhere in Europe, it is essential that the practitioner, of course, first be registered with the GOsC. Where the practitioner is registered on a temporary basis, it is important to note that the GOsC cannot test language competence. In order to avoid potential problems that may occur due to poor communication, the osteopath, as the prospective employer, needs to assure themselves that the employee meets the required standards in this area. The GOsC is working with other healthcare regulators to develop guidance for employers with regard to this.

Information exchange

At the same time as working with the Forum for Osteopathic Regulation in Europe to develop standards of osteopathic education, training and practice, the GOsC is collaborating with European health regulators to agree collaborative approaches to exchanging information about practitioners moving within the EU. With increasing mobility of both health professionals and patients in Europe, it is vital to ensure practitioners who do or may pose a risk to patients cannot move between countries without the national (host) regulator being made aware of their disciplinary and practice record. In this way, we can continue to protect patients of osteopathy and the reputation of the UK osteopathic profession.

As part of this Crossing Borders initiative, certificates of current professional status are being piloted to enable regulators to share information about practitioners wishing to move from one country to another. For example, the GOsC is already using this certificate for osteopaths wishing to register in France, following regulation there earlier this year. This document confirms registration status, qualification/s and any relevant disciplinary history.

Further information

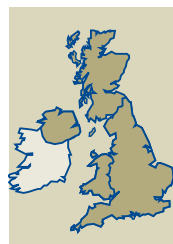
Further updates on the impact of this Directive will appear in *The Osteopath* and on the **o** zone website, together with information about the GOsC's work towards extending the mutual recognition of osteopathic qualifications beyond European borders.

For further information, contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk.

- 1 Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications.
- 2 Internal Market Information System
- 3 See 'Communicating with patients,' 'Duty of Care' and 'Relationships with colleagues'. *Code of Practice*. General Osteopathic Council, 2005.

Political update

Sarah Eldred, Assistant Registrar (Public Affairs)



UK-WIDE

GOsC responds to Government on implementation of EU legislation

Responses to two simultaneous consultations by the Department of Health and Department for Innovation, Universities & Skills, both on the implementation of the EU Directive on professional qualifications¹, were this summer prepared and submitted by the GOsC. To be implemented into national law by 20 October this year, this Directive is designed to encourage professional mobility across Europe.

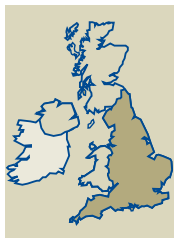
While the GOsC supports the principle of freedom of movement, the impact of some EU proposals, including the professional qualifications directive, has highlighted the challenge of maintaining patient safety in the absence of consistent regulation across Europe – currently osteopathy is regulated in only six countries across the whole of the EU/EEA and Switzerland. For this reason, the GOsC initiated the Forum for Osteopathic Regulation in Europe (FORE – www.forewards.eu), which brings together national Registers and competent authorities across Europe to develop a consensus on standards of education, training and practice to protect patients.

However, there are immediate practical issues surrounding the implementation of the recognition of professional qualifications Directive and its potential impact on patient safety. A key concern is that practitioners coming to the UK on a temporary basis will be permitted to practise without having to comply with the same standards of safety and competency demanded of UK osteopaths. This includes an absence of the requirement to comply with continuing professional development.

Individually, and collaboratively with other regulators, the GOsC is raising concerns about how we can meet our legislative requirements while also protecting patients. A letter from the Alliance for UK Healthcare Regulators on Europe (AURE), of which the GOsC is a member, has been sent to Minister for Health Services, Ben Bradshaw MP, highlighting these concerns.

Copies of the GOsC's consultation responses are published on the registrants' website – the **o** zone.

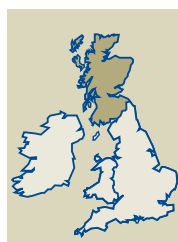
¹ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications



ENGLAND

Government review of NHS

Currently the Government is undertaking a review of the NHS across England, which will advise on how to meet the challenges of delivering healthcare over the next decade. The review is led by Health Minister, Professor Ara Darzi and will report before the 60th anniversary of the NHS in July 2008. The Government will then review the case for a new NHS constitution.



SCOTLAND

Consultation on independence

Following election to Government in May 2007, the Scottish National Party has launched a White Paper on Scottish independence.

While Scotland has had devolved responsibility for the health service and health promotion, this has been in the context of an overall budget set by the UK Government. This White Paper – *Choosing Scotland's Future: A National Conversation* – suggests greater devolution would give Scotland more resources for improved healthcare delivery. It also raises the question of whether the Scottish Parliament and Scottish Government should be given responsibility for important public health issues currently reserved (including the regulation of health professions).

This important issue of devolved powers for healthcare regulation is being discussed amongst the healthcare regulators at Chief Executive & Registrar level.

Health improvement action plan

The Scottish Government is also developing a health and wellbeing action plan. 'Better health, Better Care' launches a nationwide discussion to inform the way the Scottish



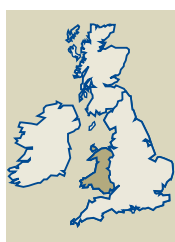
Government will step up efforts to tackle health inequalities; develop community services for people with long-term conditions; increase accountability of health services; give a greater voice for patients and

carers; and improve quality of services, including new waiting times appropriate to needs.

Speaking at the launch of the consultation, Cabinet Secretary for Health and Wellbeing Nicola Sturgeon (below left) said:

"We are determined to help the people of Scotland sustain and improve their health. This is particularly true in our disadvantaged communities. In everything we do, we want to ensure better, local and faster access to healthcare right across Scotland."

The GOsC will be responding to the consultation, which ends in November. An Action Plan for Health and Wellbeing is due to be published at the end of the year.



WALES

Consultation on non-malignant pain

Recently, the Minister for Health and Social Services, Mrs Edwina Hart AM (below right), issued the *Service Development and Commissioning Directives for Chronic Non-Malignant Pain* for public consultation.

Using a similar approach to last year's *Services Development & Commissioning Directives: Arthritis & Chronic Musculoskeletal Conditions*, this is part of the Welsh Assembly Government's support for redesign of care for chronic conditions. The document aims to ensure that the right services are provided in the right place, by the right person, through refocusing services and resources to meet local needs. Currently, within the document, osteopaths are proposed to provide early assessment, advice and treatment.

The GOsC is due to meet Mrs Hart before the close of the consultation. A full report on this meeting will follow in due course.



Further information

For further information about the content of this article, contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk

NHS introductory guide for osteopaths

***The National Health Service: An introductory guide for osteopaths* – has again been revised and is now available to download from the registrants' website – the o zone.**

Providing an overview of the often complex NHS structure across the UK and outlining key health policy developments, this GOsC publication is updated to highlight changes relevant to osteopathic practice.

The introductory guide is a useful resource for those interested in learning more about the public health service, however, it is not designed to assist with the development of commissioning proposals. Instead, for those interested in negotiating and securing NHS contracts, an NHS Commissioning Manual is nearing completion and will soon be available. Further information on this manual will be published in a forthcoming issue.

If you have any questions about the content of the introductory guide, or the NHS Commissioning Manual, contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk.

It's official – work is good for you!

“There is overwhelming evidence that worklessness is, itself, bad for health and that rehabilitation back into work can positively affect physical health, psychological well-being and raise people out of poverty,” according to a report this month by The Work Foundation.

Fit for Work? Musculoskeletal Disorders and Labour Market Participation argues that early intervention, an emphasis on keeping sufferers in work wherever possible, imaginative job design to aid rehabilitation and use of the biopsychosocial model could all help to improve the lives of people at work.

While concerns about stress dominate today's work-related health headlines, more than twice as many workers are affected by musculoskeletal disorders (MSDs), such as back pain, arm and neck strain, which osteopaths are well placed to treat. The authors of the report estimate that, with an ageing workforce, growth in obesity, and a reduction in exercise and general fitness, the incidence of MSDs is likely to increase.

This report, much like the Musculoskeletal Services Framework published last year, strengthens the osteopathic professions potential role in occupational health and in helping to tackle this crisis.

MSDs: the current picture

Taken from The Work Foundation's report, *Fit for Work? Musculoskeletal Disorders and Labour Market Participation*, the following statistics highlight the musculoskeletal disorder (MSD) crisis in Britain today.

Impact of MSDs:

- > An estimated 9.5 million lost working days in 2005/06 and an average 17.3 days absence for each person suffering from a MSD.
- > Over 2.5 million people in the UK visit their GP with back pain each year.
- > 33% of the UK population are suffering with back pain at any one time.
- > 80% of the adult population will suffer significant back pain at some time.
- > Over 375,000 people suffer from symptoms of work-related upper limb disorders.
- > Almost 400,000 people in the UK have rheumatoid arthritis; 12,000 new cases are reported each year.
- > Over 200,000 people visit their GP with Ankylosing Spondylitis (AS) every year. Reported unemployment rates are three times higher among people with AS than in the general population.
- > MSD sufferers are likely to have depression or anxiety problems related to their conditions.

Cost of MSDs:

- > Estimated total cost to society is over £7 billion a year (Health and Safety Executive's estimate on 2007 prices of 2001-2 costs).



Foundation for Paediatric Osteopathy launched

The charity formerly known as the Osteopathic Centre for Children (OCC) was re-launched as the Foundation for Paediatric Osteopathy at a celebratory event at its London headquarters on Tuesday 4 September.

The event, which was well attended by representatives of many of the profession's key stakeholders, took on particular significance as it coincided with the 10th anniversary of the Sweet Pea Appeal; a fund and awareness-raising campaign, which was due to be launched by Diana, Princess of Wales, just days after her death.

Since its inception 16 years ago, the OCC has been largely identified by its clinics which, while an essential part of its work, have tended to overshadow the charity's other aims and objectives: osteopathic education, research, and raising public awareness about the importance of osteopathy for children.

The Foundation for Paediatric Osteopathy aims to establish itself as a dynamic and forward-looking force in osteopathy and in paediatric healthcare worldwide. It will have a Senior Clinical Faculty with more than 150 years' experience in treating children osteopathically, and an Associate Membership comprising many of the leading paediatric osteopaths from the UK, Europe and the USA, plus renowned allopathic paediatric clinicians.

Other planned developments for 2007 and beyond include developing outreach

osteopathic treatment programmes, akin to the current model of care at Barnet General Hospital's Neonatal Intensive Care Unit; the creation of a programme of paediatric osteopathy for young athletes; greater investment in research, such as the current three-year trial being run in conjunction with Cerebra, the Institute of Child Health and the Peninsula Medical School, which is monitoring the benefits of osteopathy for children with cerebral palsy; and expanding the Foundation's awareness campaign throughout the UK.

The OCC will continue as the clinical arm of the Foundation, with clinics currently successfully operating in London (Clerkenwell and Battersea) and in Manchester's regeneration area of Ancoats. Treatments will continue to be provided to babies, children, pregnant women and new mothers free of charge; however, families will continue to be encouraged to make donations where possible.

As the Foundation for Paediatric Osteopathy is

**Foundation for
Paediatric Osteopathy**
"every child has a success story to live"

a charity (no. 1003934) and does not receive government funding, their work is reliant on the continued support of the osteopathic community. To find out more about how to get involved, visit the Foundation's website – www.fpo.org.uk – or call: 020 7490 5510.



OFI: only the name has changed ...

Osteopaths for Industry (OFI), the organisation set up over 20 years ago, has recently joined forces with Health Response UK in order to expand their role as providers of musculoskeletal injury prevention training to industry.

As the incidence of workplace injury continues to impact on society, productivity and the economy, employers are increasingly looking for measures to proactively tackle the problem. This initiative allows for OFI to expand its training services to meet the growing needs of employers and employees across all sectors of commerce and public service within the UK and the Republic of Ireland.

Current services offered by the team at Health Response span from one-hour 'Back care awareness' seminars to four and five-day 'Train the Instructor' courses in manual and client handling, through to the development

of customised manual handling training videos. Both in-house and external solutions are offered to meet varying industry needs and consultants commonly assist with the development of musculoskeletal health and safety training strategy, including advice on risk reduction.

The multidisciplinary team of technical advisers, comprising osteopaths and physiotherapists, has recently been expanded with the recruitment of two additional osteopaths and a specialist in human kinetics and ergonomics.

CPD plans for the future

Health Response UK is currently undertaking market research to establish the scope and provision of CPD available for healthcare


healthresponseUK
OSTEOPATHS FOR INDUSTRY

professionals. If you have an opinion or suggestion about the development of CPD for osteopaths, contact Health Response UK via email: letterbox@healthresponse.co.uk. You are also invited to indicate whether you would like to be considered for further involvement in the development of CPD programmes for the osteopathic profession.

Osteopaths interested in establishing themselves in this sector of healthcare and being part of Health Response's technical advisory and training team, should send their CVs in the first instance to: Melanie Sheen, Health Response UK Ltd, Hurst House, 157-159 Walton Road, East Molesey, Surrey KT8 0DX.

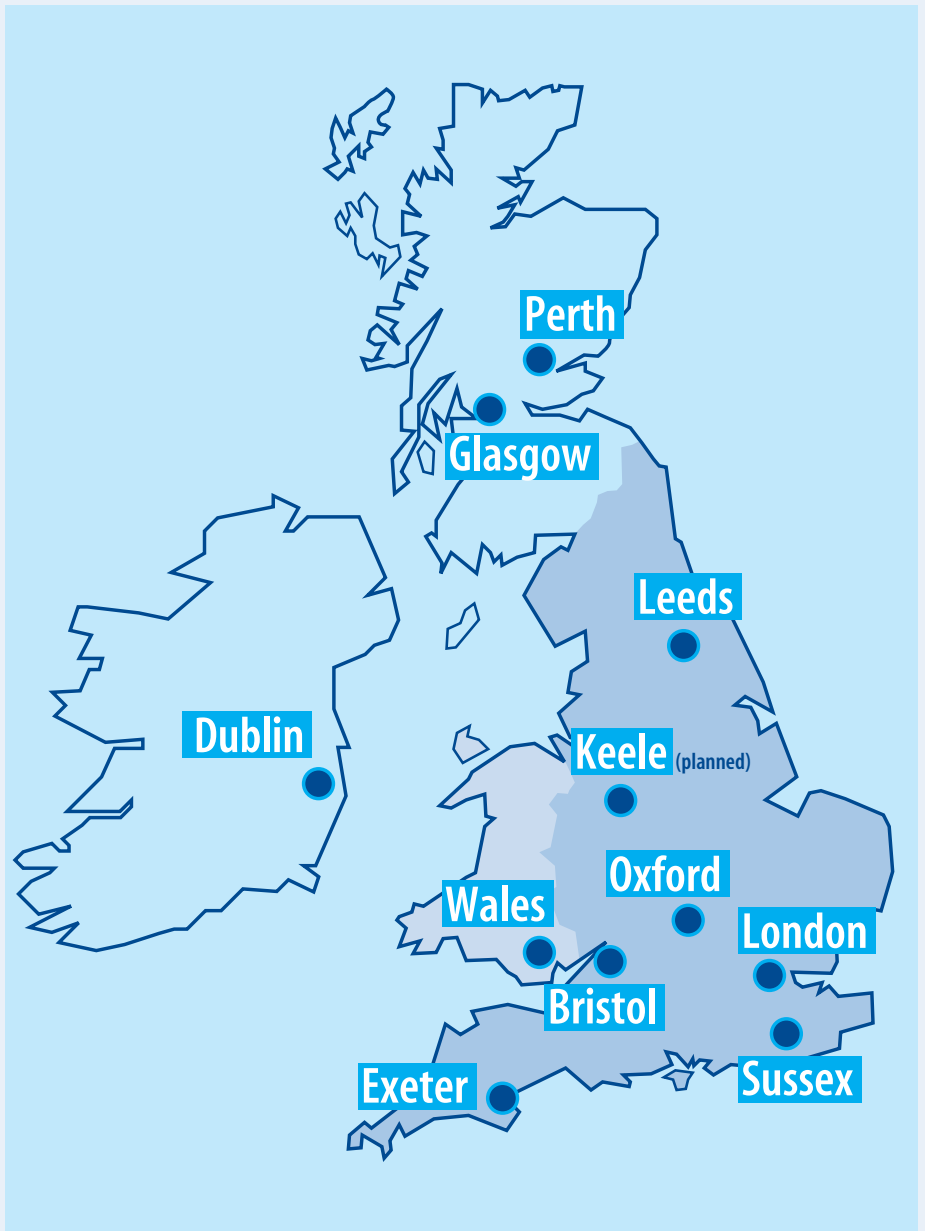
NCOR research hub news



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

See www.ncor.org.uk for details of meeting dates.

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

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

Saturday 3 November, 10am to 12 noon

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

> HAYWARDS HEATH

Sunday 25 November, 10am to 12 noon

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

> LEEDS

See www.ncor.org.uk for details of meeting dates.

Developing a patient satisfaction questionnaire

> LONDON

Wednesday 7 November, 7–9pm

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

Additional meeting date: Wednesday 12 December

> OXFORD

See www.ncor.org.uk for details of meeting dates.

Developing an audit tool to assess changes in treatment approaches to the cervical spine

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

Glucosamine – a brief overview of the evidence

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

Glucosamine is a popular supplement which is widely taken, particularly for osteoarthritis (OA). This raises the question: what is the evidence to support its use?

Glucosamine is a naturally occurring amino-monosaccharide found in high concentrations as a normal constituent in the cartilage matrix and synovial fluid. Most glucosamine supplements are manufactured synthetically or are derived from shellfish shells. It is available in two forms: glucosamine sulphate and glucosamine hydrochloride.

Treatments for osteoarthritis

Osteoarthritis is the most common joint disease worldwide. Furthermore, osteoarthritis of the knee joint is more common than in the hip, but when considered together they are found to occur in 10–20% of the population aged 65 and over. Approximately eight million people in the UK are affected by the condition and about one million seek treatment¹.

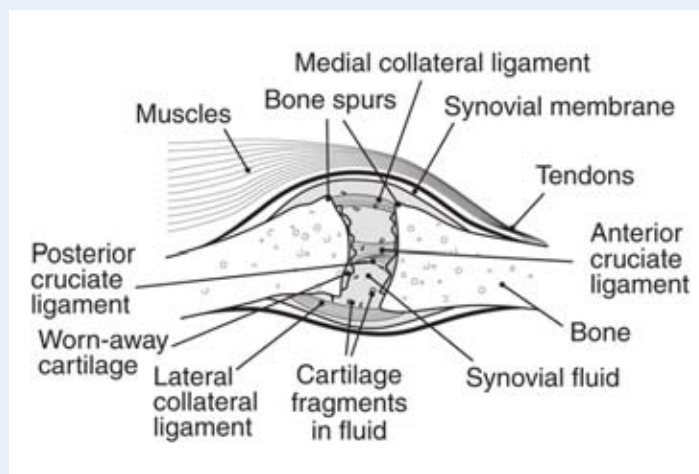
Current treatment strategies include prescribed medication (non-steroidal anti-inflammatories [NSAIDs]), exercise, osteopathic, chiropractic or physiotherapy treatment, acupuncture, walking aids, injections and, in severe cases joint replacement surgery. Analgesia and NSAIDs have suboptimal effectiveness^{2,3}, and recent reports of increased cardiovascular risk^{4,5,6} make NSAIDs a less attractive option for many patients.

Glucosamine is increasingly being used, either singly or in combination with chondroitin⁷. A variant, D-glucosamine is being used as the basis for supramolecular hydrogels to promote a variety of actions including wound healing⁸. While glucosamine sulphate is more commonly used for humans; glucosamine hydrochloride is used to treat animals, particularly to provide symptomatic relief in veteran, athletic or arthritic horses⁹.

Mechanism of action of Glucosamine in OA

The mechanism of action of glucosamine in OA is unknown but it is hypothesised that the supply of glucosamine is a rate-limiting step in the formation of lubricating hyaluronic acid in connective tissue¹⁰. Glucosamine sulphate has been shown to interfere with the intracellular cytokine (interleukin 1)-signalling cascade that modulates several of the joint deteriorating events in OA^{11,12}. A further study showed that glucosamine sulphate can increase ALP activity, collagen synthesis, osteocalcin secretion, and mineralisation in osteoblastic cells in vitro¹³; it also exhibited an anti-inflammatory effect on the production of TNF-alpha (tumour necrosis factor), IL-1beta (Interleukin) and PGE(2) (prostaglandin) in macrophage RAW264.7 cells.

The rationale for using glucosamine sulphate to aid OA is based largely on in-vitro and animal models of osteoarthritis. Glucosamine sulphate has been shown to normalise cartilage metabolism, rebuild experimentally damaged cartilage, and demonstrate mild anti-inflammatory properties^{14,15,16,17,18}. The Arthritis Research Campaign (www.arc.org.uk) discusses glucosamine, and states that where patients wish to try it, it would be perfectly reasonable to try 1500mg of glucosamine and 1200mg of chondroitin per day for three months



Physiological changes in an arthritic joint

Image provided by the National Institute of Arthritis and Musculoskeletal and Skin Diseases

(administered orally in the form of coated tablets, capsules or powder) to try and assess an improvement¹⁹.

What is the evidence for glucosamine?

Glucosamine and chondroitin are classified as supplements and are not currently licensed under the Medicines Act²⁰. In some countries they are classified as food supplements, while in certain European countries glucosamine is available on prescription¹ as a sulphate salt from Rotta Research Laboratorium.

A large number of research studies have been carried out which are of varying quality; the findings are conflicting in their final conclusions, largely because patients with extreme variations in their symptoms have been considered en masse.

An increasing number of clinical studies have been undertaken of varying quality and results. A small number of systematic reviews²¹ and a meta-analysis²² have examined different clinical areas. The reviews came to different conclusions: Poolsup et al²¹ concluded that glucosamine sulphate may be effective (and safe) in delaying the progression and improving the symptoms of OA of the knee joint; Richy's meta-analysis²² (looking again at OA of the knee) concluded that highly significant efficacy of glucosamine was demonstrated on all outcomes, including joint space narrowing and Western Ontario and McMaster Universities Osteoarthritis Index WOMAC scores. Chondroitin was found to be effective on a VAS for pain, mobility and responding status.

The Cochrane Collaboration²³ looked at glucosamine therapy for non-specific OA; analysis was restricted to eight studies but failed to show a benefit for pain and WOMAC function. Ten randomised controlled trials were reviewed which had used glucosamine from the Rotta Research Laboratorium; glucosamine was found to be superior to placebo for relief of pain and function. In four randomised controlled trials (RCTs) comparing Rotta glucosamine and NSAIDs, glucosamine was found to be superior in two and equivalent in two. Two RCTs looking at Rotta's glucosamine demonstrated a slowing of radiological progression of OA of the knee joint over a three-year period.

The most recent study (and one of the largest) was carried out in the United States²⁴. This GAIT study enrolled 1583 patients; patients were assessed on entering the study using WOMAC and classified as either experiencing mild, or moderate to severe pain. The mild pain subgroup accounted for 78% of the study sample; 22% were classified as moderate to severe pain. Patients were randomly assigned to receive one of five treatments daily for 24 weeks:

- > glucosamine alone (1500mg)
- > chondroitin sulphate alone (1200mg)
- > glucosamine and chondroitin sulphate combined (1500mg and 1200mg respectively)
- > a placebo
- > celecoxib (200mg)

The study showed that glucosamine resulted in improvement in symptoms for patients with moderate to severe OA, but did not produce symptomatic improvement in the mild pain group. The relatively small sample size in the moderate to severe pain group means that the study findings should be considered as preliminary; further work should be undertaken to confirm these findings.

Predicting a response to glucosamine

An exploratory study was carried out to examine whether patient characteristics and/or radiographic evidence of disease could predict a symptomatic response to glucosamine in patients with OA in the knee joints²⁵. Patients who had evidence of pain, osteophytes at the medial and lateral tibiofemoral joint (TFJ), and patellofemoral joint, were evaluated. Pain and physical function were assessed using visual analogue scales (VAS) and participant-perceived global change scores (GCS); age and body mass index (BMI) were also recorded. The researchers involved reported that patients reported decreased function self-efficacy, presence of PFJ osteophytes, and absence of medial TFJ osteophytes predicted functional improvement on VAS. BMI, pain self-efficacy and function self-efficacy predicted pain improvement by GCS²⁵.

Cost-effectiveness

One study compared the cost of glucosamine sulphate with piroxicam. Although glucosamine was shown to be more expensive (81 euros vs 33 euros), it resulted in a potential net saving of approximately 11 euros per patient in 90 days, and 110 euros per patient in 150 days, which was attributed to its higher efficacy²⁶. It is not known whether this was a direct or indirect valuation.

Adverse reactions

Glucosamine is generally well tolerated but, as with all interventions, it is associated with side effects. A small variety of cautions and adverse reactions have been reported which include:

Mild and reversible effects	Avoidance recommended due to unknown effect or drug interaction
Upset stomach	Patients taking warfarin ²⁷
Headache	Pregnant patients, although no known side effects have been documented ²⁸
Itch	
Rash	Seafood allergies* ²⁹
Flushing	
Drowsiness	
Insomnia	

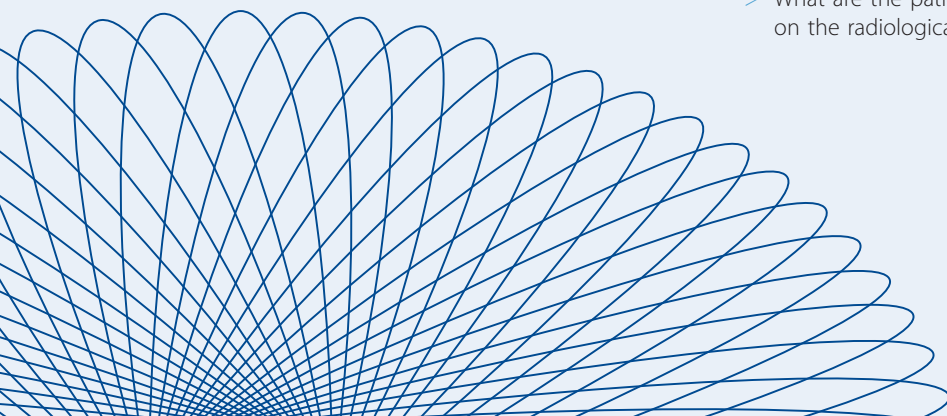
* Studies have been undertaken to examine products from specific manufacturers. One study examined patients with positive responses to tests for shrimp reactivity and an ImmunoCAP class level of two or greater; immediate reactions, including peak flow changes and blood pressure, and reactions 24 hours later were examined. None of the subjects in the study were affected by the glucosamine. However, it must be stressed that since glucosamine is not a medically licensed product, content and quality control of the product remain a source of concern²⁹.

Diabetic patients – **intravenous administration** causes insulin resistance and endothelial dysfunction³⁰. Studies have been carried out to investigate changes in insulin resistance, endothelial dysfunction, triglycerides, total cholesterol, low density lipoprotein (LDL) and high density lipoprotein (HDL) levels. Glucosamine was not found to significantly affect blood levels of cholesterol or triglycerides³¹. Insulin resistance and epithelial dysfunction were not found to be induced or worsened when both obese and lean patients took oral glucosamine for 6 weeks^{30,32}. Questions still remain concerning the effect of glucosamine in undiagnosed or untreated glucose intolerant or diabetic patients³³; and further work is required in this area.

Future research

The updated Cochrane review²⁴ identified a number of areas that require clarification:

- > Are the varying glucosamine preparations produced by different manufacturers equally safe and effective in the treatment of OA?
- > Is glucosamine sulphate as effective as glucosamine hydrochloride?
- > Can further benefit be obtained by adding other products e.g. chondroitin sulphate?
- > Is glucosamine helpful for all joints and at different stages of severity of OA?
- > Is the dose and route of administration important in maximising efficacy and minimising toxicity?
- > What are the patient-specific factors that predict favourable effects on the radiological progression of OA?



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Further sources of information

New England Journal of Medicine: www.nejm.org. (free online registration and access to articles published six months or more ago)

Medicines and Healthcare Regulatory Agency: www.mhra.gov.uk

The Cochrane Library: www.cochranelibrary.com. (free access to database)

Conference calendar

> 4–5 October

First International Fascia Research Conference

Conference Centre, Harvard Medical School, Boston, USA. Further details can be found at www.fascia2007.com.

> 4–7 October

10th International Conference of the German Osteopathic Association (VOD)

This year the German Osteopathic Association, VOD, will celebrate its tenth international annual conference. From 4 to 7 October 2007 osteopaths from all over the world will meet in Schlangenbad near Frankfurt to attend one of the most important osteopathic conferences in Europe. Further information can be found at www.osteopathie.de.

> 11–13 December

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

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

> 1 February 2008

NCOR Research Conference, 'Osteopathy: Art and Science.'

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

> 10 May 2008

4th International Conference in Evidence-Based Medicine

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

> 5–7 September 2008

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

To be held in Florida. Further details will be available on the website of the British College of Osteopathic Medicine (www.bcom.ac.uk) in due course.

Gloucestershire/Wiltshire/Oxfordshire Osteopathic Group

James Wilson BSc (Hons) Ost Med, Faringdon

CPD dates for your diary

A group of local osteopaths and physiotherapists came together in the summer to listen to an informative and interesting lecture by Mr Michael Foy FRCS on 'Indications and Procedures for Spinal Surgery'. Subjects covered

ranged from an update on common procedures, such as discectomy, to an overview of newer stabilisation techniques being trialed for conditions such as osteoarthritis and spondylolisthesis. There was also a detailed discussion on neurological signs and symptoms.

Future meetings:

Wednesday 24 October, 7.30pm

'Upper limb Disorders and RSI': Dr John Outhwaite MRCP, Consultant Physician in Orthopaedic Medicine.

Friday 16 November, 7pm

'MRI Diagnosis of Thoracic Pathologies and Usefulness of Ultrasound in Diagnosis of Rotator Cuff Pathologies':

Michelle Calleja, Consultant Radiologist.

Venue: The Faringdon Clinic, 10 Salutation Mansions, 1 Market Place, Faringdon, Oxfordshire SN7 7HL.

Cost: £25 per session. To book a place, or for further information, contact James Wilson on tel: 01367 244699.

Western Counties Society of Osteopaths

Nick Hounsfield BSc (Hons) Ost, Bristol

Autumnal CPD

The Western Counties Society of Osteopaths will be gathering for our Annual Autumnal Meeting at the stunning location of Hestercombe Gardens, Taunton on Wednesday 10 November.

Lectures:

- > Nordic Walking – originating from summer training for cross-country skiers, Nordic Walking is an exciting form of exercise and rehabilitation.
- > Dr Rashed, Geriatrician, Yeovil District Hospital: 'The assessment of the elderly patient and Parkinson's disease.'
- > Professor Anthony Hollander, Head of Academic Rheumatology, University of

Bristol: 'Introducing stem cell research into cartilage growth and cartilage transplants.'

- > Dr Mo Sharif, Department of Anatomy, University of Bristol: 'Early circulating markers as an assay for osteoarthritis.'

The day will close with cream tea and our AGM.

Venue: Hestercombe Gardens, Cheddon Fitzpaine, Taunton, Somerset TA2 8LG (www.hestercombe.com).

Cost: members = £59; non-members = £69.

For further information, or to make a booking, contact Nick Hounsfield on tel: 0117 966 9724.

Note: the booking deadline is Wednesday 31 October (last meeting was oversubscribed).

Northern Counties Society of Osteopaths

Neil Chestock DO, Hale (Retired)

CPD for the North

The revival of the Northern Counties Society of Osteopaths Society has been immensely successful and the group is again fully operational with five CPD meetings each year, plus our ever-popular annual convention in June. The society now has some 145 members in the North of England, with a growing membership extending from Carlisle in the North to the Midlands, Lincolnshire, Anglia and North Wales. We regularly have meeting attendance of around 40-45 osteopaths.

Lecture subjects in 2007 have included: ultrasound techniques for the diagnosis of musculoskeletal injuries; drugs used in rheumatic and skeletal diseases and injuries and the possible side effects; and osteopathic management of

hypermobility. A Consultant Dermatologist lectured on skin lesions, which may be seen in practice. The lecture programme for 2008 is currently being finalised and will be promoted soon.

All osteopaths within the region are invited to apply for membership and, in particular, we would like to extend an invitation to new graduates. The society offers the chance to network with colleagues – with lecture programmes and social lunches. CPD certificates are provided.

To join the society, visit our website – www.ncso.org.uk – or contact Neil Chestock, Secretary, 10 Woburn Drive, Hale, Cheshire WA15 8LZ. Tel: 0161 980 6228 Email: neilchestock@yahoo.co.uk

We look forward to hearing from you.

Central Sussex Osteopaths

Jeremy Buck DO, Brighton and Hove

Pelvic girdle stability

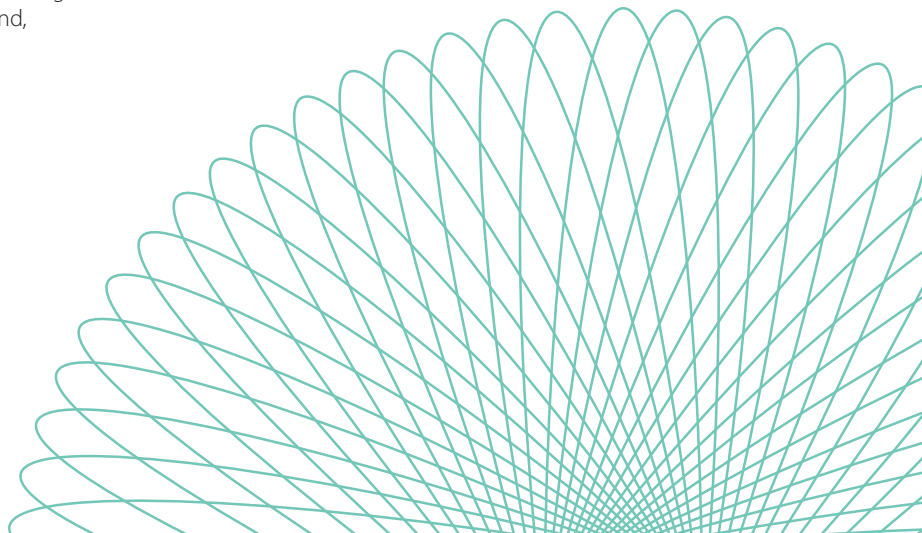
The Central Sussex Osteopaths next meeting is being held on Saturday 24 November 2007. Osteopath Diane Kheir has been invited to talk to our group about 'Pelvic Girdle Stability' and 'Pubic Symphysis Dysfunction'.

Venue: The meeting will take place, as usual, at Wickwood's Country Club, Albourne.

Time: 9.30am to 1.00pm.

Cost: £30 per head.

If you are not on our mailing list and would like to attend, call Jeremy Buck on tel: 01273 203820.



8th National Nutrition & Health Conference

23-24 November 2007

Over recent years there has been growing interest in the science of nutrition and new research is regularly reinforcing the widely acknowledged findings that nutrition has an important impact on health and disease. In the UK more than 100,000 people die prematurely every year as a result of diet-related illness, according to the Food Standards Agency.

The 8th National Nutrition and Health Conference, Friday 23 – Saturday 24 November 2007, at London's Olympia Conference Centre, will again bring together more than 500 health professionals to hear some of today's leading nutrition and health experts present the latest research developments.

Highlighting the most recent developments in nutrition, this annual event draws together science and evidence with ethical and practical implications.

The programme, featuring renowned speakers from the UK and abroad, offers the multidisciplinary audience a range of lectures, parallel symposia, interactive workshops and the ever popular 'meet the expert' sessions. Examples of local proactive approaches in improving health in primary care settings plus case studies of innovative expert patient programmes will be part of this year's focus.

Also to be covered are such issues as: current advances and challenges for nutrition and health claims relating to food, as well as advertising to children; action on portion sizes; reduction in salt, sugar and fat; and physical activity. An additional session this year is being devoted to mother and child health, which will include a key debate on the controversial issue of vitamin D – to fortify or not?

For further information about the event, or to book a place, visit www.nutritionandhealth.co.uk or email: info@nutritionandhealth.co.uk.



Power of Touch conference

How does emotion get locked into the physical body in ways that are not just imaginary, but physical and psychological? How does touch impact on the patient's overall wellbeing? How can we work most effectively with patients who are vulnerable or traumatised? These are just some of the questions that will be explored at the inaugural conference, 'The Power of Touch', on Friday 2 – Saturday 3

November at the University of Westminster, London.

Organised by the British Holistic Medical Association, the School of Integrated Health, University of Westminster and Confer, the conference will consider current research in the field, along with clinical insight into the capacity of tactile communication to open up emotional and physical pathways to healing.

The conference has been designed for all

health practitioners interested in the power of touch and offers a mix of lectures and interactive workshops.

Highlights from the programme include:

- > Professor David Peters, GP, osteopath and homeopath – Conference Chair and 'Daydreams, touch and intuition' workshop leader.
- > Leon Chaitow, osteopath, naturopath and acupuncturist – 'Touching all the bases in chronic pelvic pain conditions.'
- > Bevis Nathan, osteopath – 'What happens when you touch someone.'
- > Roz Carroll, body psychotherapist – 'Trusting what you sense and sensing what you trust.'

For further information about the conference, or to book a place, contact the event organisers on tel: 01728 689 090, email: info@confer.uk.com or visit: www.confer.uk.com.



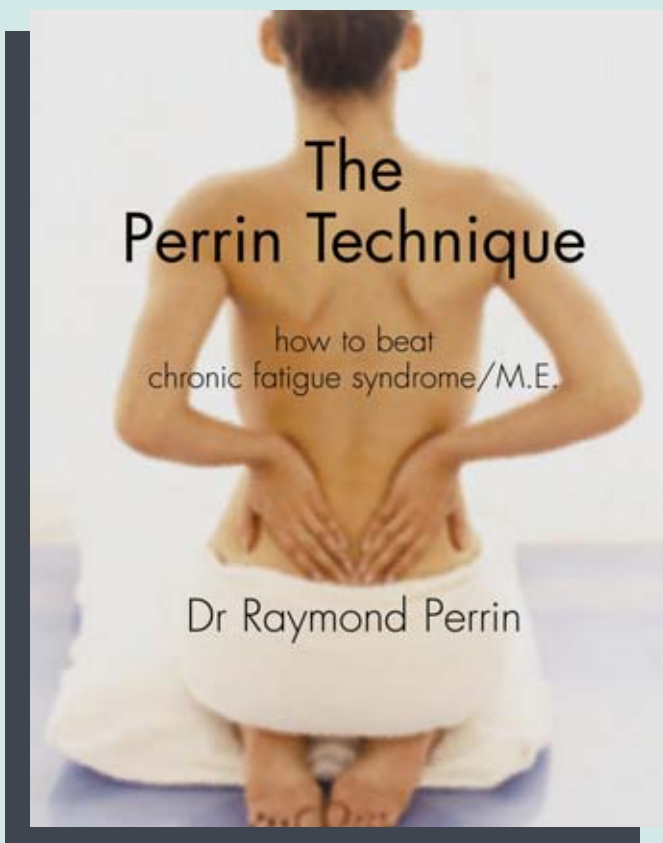
Bookshelf

Book review by Clive Lindley-Jones DO, Oxford

The Perrin Technique: how to beat chronic fatigue syndrome/ME

Dr Raymond Perrin PhD

Published by Hammersmith Press Limited, London
 ISBN 978-1-905140-12-1
 169 pages
 £14.99



With the recent publication of Ray Perrin's book about his osteopathic approach to CFS/ME for the general public, along with an article published in the June edition of *Journal of American Osteopathic Association*¹ (including billing on the front cover), Ray has cause to pause and reflect proudly on an 18-year journey of discovery, and having reached some kind of professional milestone.

There are not many of us in the British osteopathic profession who are willing to make the arduous journey from speculative idea to actually sitting down and writing an article for our own professional journals, which Perrin first did in 1993². I remember reading it with interest. But there are fewer still that take an idea, raise the required funds for research, and then test the hypothesis through the laborious undertaking of a PhD. This Ray Perrin has achieved and now we are getting the book of his thesis.

Adapting the long journey through the rigours of academia, with all its checks and balances, and scientific writing, and turning a thesis in to an interesting and readable short book for the lay public, is somewhat of a challenge. So, has Perrin managed to pull it off?

Through eleven comprehensive chapters we discover: how the Perrin technique works; what CFS/ME is; the role of the sympathetic nervous system in disease; the causes of CFS/ME, and how it is treated; defining fatigue; the significance of toxins in CFS/ME; the stages leading to CFS/ME; what osteopathy is; treating CFS/ME and; how to manage recovery and prevention.

While to the osteopathic audience the technique may seem remarkably simple, the background of anatomy and physiology on which it rests is, as always with osteopathy, notably complex. Perrin's challenge is to write for the lay reader without diminishing the degree of research, study and insight on which it all rests, and so allowing health professionals some insight into the depth of his labours. To a large extent Perrin has relied on footnotes to convey some of that depth.

The fact that, at times, the writing falls rather between the two is a churlish criticism of what is a major step both to hold out hope to sufferers of a miserable life-denying disease otherwise ill-served by 21st century medicine and, for our profession, a worthy effort to showcase what we all know: that osteopathy has greater scope and range than "just low backs".

Perhaps it is the CFS/ME sufferers who have been helped by Perrin's work who are the best judge of this book. And so I close by quoting one such person, Matthew Hadley, who reviewed the book on Amazon:

"I have absolutely no hesitation in recommending this remarkable book to anyone interested in ME/CFS, whether as a sufferer, a friend/family member of someone who has the condition, or a medical professional. In a market swamped by "me too" books on the subject, cashing in on sufferers desperate for a cure, it's not difficult to imagine this book being regarded as the definitive 'ME Bible' in the future."

So get the book and read it or, if you don't find the time, go online and read his paper in *JAOA* and question what you have been so busy with over the last 18 years and, at least for a moment, recognise Perrin's single-minded dedication to his personal and osteopathic achievement.

- 1 Perrin RN. Lymphatic drainage of the Neuraxis and the CRI: a hypothetical model. *The Journal of the American Osteopathic Association*. Vol. 107. No 6. June 2007
- 2 Perrin RN. Chronic fatigue syndrome: a review from the biomechanical perspective. *British Osteopathic Journal* 1993;11:15-23.

Backchat

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

Dear Editor

While the article on Spinal epidural in *The Osteopath* (July/August 2007, pp 21-23) may be a valiant attempt at issuing guidelines to us foot soldiers floundering in a swamp of ignorance and uncertainty, it is not really an overview and certainly not an osteopathic one.

In the 'Indications' box it appears that "an urgent surgical opinion" is an alternative treatment to epidural injection and it would also seem that the listed conditions are contraindications rather than indications. It is rather ambiguous that apparently a small disc protrusion (assumed to be the cause of the spinal pain or more specifically the nerve root inflammation) could be addressed by epidural injection whereas the effects of a large disc protrusion – the size difference between the two may not be as dramatic as people imagine – should not. A large disc protrusion (whose effects would not benefit from epidural injection) should surely exhibit other signs and symptoms that would indicate surgery may be necessary.

It is not mentioned whether repeat injections – or a series – might be necessary or thought beneficial. To this end it should be stated what short- and long-

term relief mean.

In the section on factors affecting outcome, it is not clearly stated that these are all negative effects – perhaps the author should have cited some positive ones.

It is surely not a late complication that there was lack of pain relief (and would be an early complication too!) – but merely an ineffective treatment.

Why do you, NCOR, not research osteopaths and their opinions and experiences (and set up a questionnaire online on the o zone) on for example:

- > What do you consider to be nerve root irritation?
- > What is the difference between nerve root irritation and nerve root inflammation? Does one give rise to the other?
- > How do you diagnose nerve root irritation?
- > Are there other signs and (clinical) tests you have explored other than the conventional medical ones?
- > Have you ever referred for epidural injection?
- > What was the outcome?
- > How many have progressed to surgery?
- > How many have, following epidural injection, then benefited from osteopathy – or other manual treatment?

This article, because of its incompleteness and lack of

osteopathic relevance, might serve more to reinforce prejudices than to open any debate amongst osteopaths about the central issues of diagnosis and hence treatment approaches.

Yours sincerely

Andrew Harwich DO, London

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

I am puzzled by this letter for a number of reasons:

- > The NCOR article to which the letter refers, published in the July/August issue of *The Osteopath*, does not mention "guidelines for osteopaths" anywhere in the text. It is somewhat surprising our colleague has interpreted it as such.
- > As clearly indicted by its title, the article offers a summary of published evidence, deliberately presented without the bias of personal opinion.
- > By contrast, guideline development is a lengthy process involving different professional groups and patients. An example of real guidelines can be found at www.backpaineurope.org.
- > Furthermore, as many osteopaths will know, research studies have been

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.

taking place for many months now, involving topics identified by osteopaths as being of clinical interest.

- > The Bristol research hub in particular has been undertaking a study looking at referral patterns by osteopaths and this information has been documented in *The Osteopath* since November 2006.

It is the modest aim of the NCOR articles to aid osteopaths with a review of the evidence from medical literature. We, like all health professionals, need evidence-based information to enable us to give sound advice to our patients. It is for each individual osteopath to discuss with their patients the osteopathic approach to address their condition and the relative value of any other intervention that patient has been offered. Serious debate and discussion within the profession is welcome and to be encouraged, where contributions are constructive and well-informed.

Calling the BCNO 'Class of 88'!

20 years since graduation. Unbelievable!

Can you see yourself in the photo below?

Ahhh, look at the young Vince Cullen ... little did we know. Obviously he was always meant for higher things!

I would like to organise a couple of tables at next year's Advancing Osteopathy Gala Dinner, Saturday 2 February, especially for the British College of Naturopathy and Osteopathy (now BCOM) class of 1988. Please contact me, Diane Cantrell, via email: diane@larryland.co.uk if you are interested in joining us.

It would be great to see you all again!

Diane Cantrell DO, Worthing



Courses 2007/08

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

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

> 8 How to treat: achilles tendonosis

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

> 8–10 Immotion: an introduction to the role of emotion in the clinical manifestation of somatic dysfunction (through the medium of osteopathy in the cranial field).

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

> 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

> 12–15 Key instructor course in lifting and manual handling (4 days)

Organised by Health Response UK (Osteopaths for Industry). To be held in Leeds. tel: 0845 094 3246 email: letterbox@healthresponse.co.uk www.healthresponse.co.uk

> 15 Process centred osteopathy: a new clinical model

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

> 17 Practical clinical nutrition

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

> 17–18 Lymphatic technique

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

> 27–28 Key instructor refresher course in lifting and manual handling (2 days)

Organised by Health Response UK (Osteopaths for Industry). To be held in Esher, Surrey. tel: 0845 094 3246 email: letterbox@healthresponse.co.uk www.healthresponse.co.uk

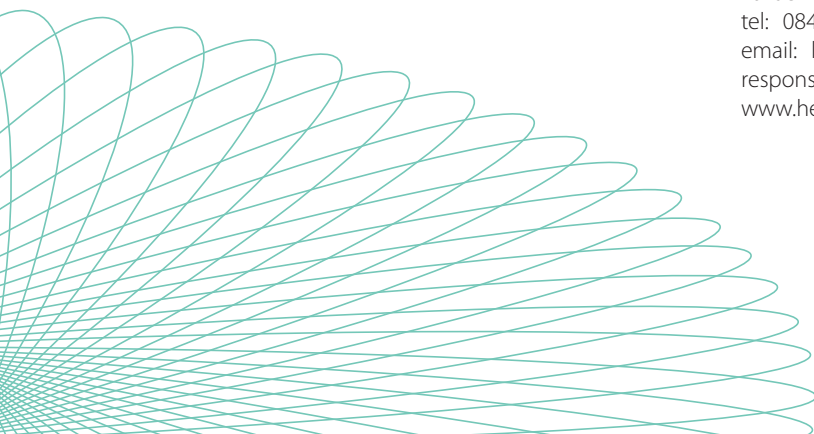
December

> 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

> 10–13 Key instructor course in lifting and manual handling (4 days)

Organised by Health Response UK (Osteopaths for Industry). To be held in Esher, Surrey. tel: 0845 094 3246 email: letterbox@healthresponse.co.uk www.healthresponse.co.uk



2008

January

> 26–27

Osteopathic education

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

February

> 2–3

Practitionership, boundaries and the therapeutic relationship

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

> 23–24

Osteopathic education

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

March

> 6–9

Module 5: In reciprocal tension

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

> 27–31

Module 2/3: Osteopathy in the cranial field

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

> 29–30

Osteopathic education

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

April

> 5–6

Dentistry and cranial work

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

> 26

Cranio-sacral therapy – introductory day

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

May

> 15–19 (evening)

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

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

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An Osteopathic Approach to the Treatment of Babies and Children

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

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

Lectures and practicals include:

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

List of accommodation will be provided

Teresa 00 35 3872 455744

Places are limited

ACUPUNCTURE / DRY NEEDLING 24-25 November 2007

Intensive practical Western Medical Acupuncture / Dry Needling course
based on modern neurophysiology by
Dr Anthony Campbell MRCP in Central London.
Introductory and postbasic courses also taught
by arrangement on-site at clinics nationwide.

Details from Dr A Campbell, 8 Oak Way,
London, N14 5NN
Tel 020 8368 3418, email: ac@campbell.org.uk

RECRUITMENT

Associate Osteopath required to work 1-2 days per week, starting in October. Mainly structural. Busy town centre practice in Darwen, Lancashire. 40 minutes from Manchester and Preston. Contact Angie. Telephone: 01254 772990.

Entrepreneurial, self motivated osteopath required to develop new independent practice in South East Essex within established modern podiatry surgery. No capital outlay. Managed on fee sharing basis. Premises on bus route with ample off-street parking. Phone 07905 731933.

Maternity locum required – for busy friendly multidisciplinary clinic in beautiful tourist town of Gibraltar. 4 days per week from Jan '08 – Nov '08. Osteopath must have good structural and soft tissue technique. Beach front studio flat for rent if required. Please email your CV plus covering letter to davina_calvos@hotmail.com.

Watford practice. Goodwill for sale. Established for 12 years. Has run with one principal and two associates (part time basis), providing cover over 5 days a week. We have prided ourselves on offering a broad range of osteopathy to patients of all ages. Value of goodwill according to BOA recommended guideline is £23,500. Enquiries to: lizhuzzey@btinternet.com.

John Roberts – holistic dental surgeon and doctor of integrated health requires a dynamic team of osteopath(s) to work alongside him in grand Victorian surroundings in Edgerton, Huddersfield, West Yorkshire. You will need to be structurally excellent and have experience in the cranio-paediatric field and want to be part of an exciting, expanding team. Please email enquiries and CVs to: info@holistic-dentistry.com (see article 'Skeletal Crossbite and Scoliosis' at the website www.cranio-group.com). Any osteopaths who have experience in the paediatric field and want to specialise in working within the children's clinic we are setting up, please contact Tracy Lomax: 07976 646424.

Osteopath required for well-established, busy practice in highlands of Scotland. Must have good structural and cranial experience with working knowledge of visceral techniques. Should be qualified to deal with a varied range of conditions including sports injuries. Excellent communication skills and full registration with the GOC are essential. Minimum 3 years post qualification experience. Saturday and evening work required. 30 hours per week / £30,000 pa. Please send CV to Highland Osteopathic Centre, 1 Ardross Street, Inverness IV3 5NN. Email: a9backdoc@aol.com. Closing date: 31/10/2007.

Associate required for busy, multi-disciplinary Hertfordshire practice. Initially 2 half days available, but this will increase as maternity cover is required from end of November to

April. Experience of IVM an advantage. Please contact The Rosedale Clinic on 01992 637677 for further details.

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COMMERCIAL

Wanted: goodwill and/or premises, South West. Ideally single list, mostly structural, with scope for expansion, but would consider purchasing larger business with existing associates. Please email clinicspace@hotmail.com For further details: Box No. 102, *The Osteopath*, Wealden Advertiser, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

For sale: freehold D1 clinic and training centre, Sussex/Surrey border. Six treatment/training rooms. Edwardian building plus annexe and forecourt. Close to town centre. Contact in confidence: 07900 218954.

London (NW) based osteopath seeks to purchase all or part of established practice; prepared to pay commercial rates, in particular to those considering retirement. Email: jackepel@hotmail.com.

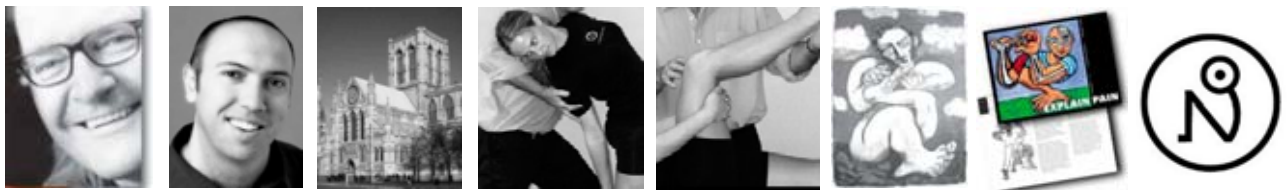
Established clinic required, preferably within 70 mile radius of Nottingham. Would consider anywhere in the UK for excellent practice. Genuine replies only please to: Box No. 103, *The Osteopath*, Wealden Advertiser, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

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COURSES

Animal Osteopathy. The next postgraduate diploma course on osteopathy for animals using traditional techniques starts in October 2007. Please contact Stuart McGregor at the Osteopathic Centre for Animals on 01235 768033, e-mail: Wantageclinic@msn.com.



David Butler & Lorimer Moseley *present* Explain Pain

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26 - 27 Jan 2008	Sussex, Lewes Hospital	Robin Blake
16 - 17 Feb 2008	Birmingham, Royal Orthopaedic Hospital	Robin Blake
23 - 24 Feb 2008	Leeds, St James Hospital	Robin Blake & Tim Beames
4 - 5 April 2008	Swansea, Morriston Hospital	Robin Blake
12 - 13 April 2008	London, St Thomas Hospital	Robin Blake & Tim Beames
19 - 20 April 2008	Dublin, St. James Hospital	Robin Blake
26 - 27 April 2008	Kilmarnoch, Crosshouse Hospital	Robin Blake
21 - 22 June 2008	Bournemouth, Royal Bournemouth Hosp.	Robin Blake & Tim Beames

Information | Registration | Book Orders

To register for courses, or order Explain Pain books, please contact Joanna Taylor: E joanna@noigroup.com T 01904 737919 W www.noigroup.com
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2007

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses				
3-4 Nov	Integrative osteopathic technique: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£195	£125
17-18 Nov	Lymphatic motion This workshop considers the structure and function of the lymphatic system, including embryonic development, the flow of lymph and the lymphatic viscera. Visceral techniques will be used to establish the position and function of the spleen, thymus and adenoids. Using the mobility / motility model practical sessions will explore lymphatic motion from the extremities, head and neck, spine, the lymphatic duct and cisterna chyli.	Averille Morgan	£195	£125
17 Nov	Practical clinical nutrition This session will examine the nature and scope of the science of human nutrition. Beginning with the concept of dietary balance we will consider the nature of diet-disease relationships and explore examples of dietary and supplemental approaches to treating a variety of disease states. The practical application of simple techniques for assessing nutritional status will also be demonstrated.	Dr. Adam Cunliffe	£115	Pay in full
Evening courses (19.00-22.00)				
11 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40	Pay in full
1 Nov	How to treat: Impingement syndrome	Prof. Eyal Lederman	£40	Pay in full
8 Nov	How to treat: Achilles Tendonosis	Chris Boynes	£40	Pay in full
Evening lectures (19.00-21.00)				
18 Oct	Update on connective tissue repair and adaptation Connective tissue injuries are common musculo-skeletal disorders. Dr Helen Birch, an internationally renowned expert in the field of tendon biology, will discuss the properties of healthy connective tissue, changes leading to rupture or partial rupture and the process of tissue healing and adaptation. The lecture will be followed by a discussion of how manual / physical therapy techniques may aid connective tissue repair and adaptation.	Dr. Helen Birch	£20	Pay in full
15 Nov	Process centred osteopathy: a new clinical model In this lecture Eyal will present an evolving clinical model for osteopathy – Process Centred Osteopathy. Process Centred Osteopathy is a science-based model, which aims to move away from vitalistic and structural models that have dominated the profession. In this model the role of the therapist is to support individuals and their processes, in particular assisting/facilitating repair and adaptive processes. Repair/healing and adaptation occur in different dimension within the individual – physical, neurological and psychological dimensions. Each dimension requires unique approaches/signals to stimulate/facilitate these processes. There will be a discussion of the nature of these approaches and how this knowledge can simplify and make the care of our patients more successful.	Prof. Eyal Lederman	£20	Pay in full

Venue for all courses: Middlesex University, Archway Campus, London N19

Name:

Address:

Telephone:

E-mail:

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

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

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IN RECIPROCAL TENSION

Module 5

**A three-day residential course
7th-9th March 2008**

Course Director:

Peter Cockhill DO BA(Hons) MSCC

Course Cost: **£795**

Venue:

Hawkwood College, Stroud

The IRT Course is an exploration of the concept of reciprocal tension and the role it plays in integrating structure and function from cells to whole organisms.

Starting with the Reciprocal Tension Membranes, as described by Dr. W.G. Sutherland, we will incorporate recent scientific developments and practical exercises to advance our understanding of dynamic reciprocal tension as it is expressed throughout the body.

We will use this experience to help develop our skills of diagnosis and treatment, and add flesh to observation that we should 'treat the spaces not the structures'.

This course is open to osteopaths who have completed module 2 and 3 or two equivalent SCTF courses.

Students to tutor ratio of 4 :1.
24 hours CPD

OSTEOPATHY IN THE CRANIAL FIELD

Modules 2 and 3

**A five-day residential course
27th-31st March 2008**

Course Director:

Carl Surridge DO MSCC

Course Cost: **£1,350**

Venue:

Hinsley Hall, Leeds

The OCF Module provides a basic training in Osteopathy in the Cranial Field. The course structure of Module 2 and 3 is similar but the challenges are different.

At Module 2 level students further develop the ability to centre, monitor and diagnose the involuntary mechanism and begin to learn specific technical approaches which can be used throughout the body. This can enable them to treat a wider range of patients.

Module 3 is usually done 1-2 years later and assumes greater experience, where students refine their diagnostic and treatment skills and awareness of the inherent healing of the body.

This course is open to osteopaths who have completed module 1 or equivalent undergraduate introductory cranial course.

Students to tutor ratio of 4:1.
40 hours CPD

W.G. SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

Module 4

**A four-day and a preparatory
evening residential course
15th-19th May 2008**

Course Director:

Susan Turner MA PGCE DO MSCC

Course Cost: **£1,075**

Venue:

Hawkwood College, Stroud

Dr William Garner Sutherland was best known as a pioneer of Osteopathy in the Cranial Field, but less well-known for his precise and effective approach to the whole body, which he learned under the hands of Dr A. T. Still.

On this course we explore Dr Sutherland's ingenious methods for engaging the innate self-corrective forces in all the joints of the body, using the principle of Balanced Ligamentous Tension.

We will also apply the principles of osteopathic medicine to support body physiology in its search to restore health.

The course is open to osteopaths who have completed module 1 or equivalent undergraduate introductory cranial course.

Students to tutor ratio of 4:1.
32 hours CPD

For details of all courses, please see our website: www.scc-osteopathy.co.uk or contact the course office for a prospectus
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SCC APPLICATION FORM

Course Name: Module:

Mr/Mrs/Miss/Ms/Dr First Name: Surname:

College/University attended: Year Qualified:

Address:

..... Post Code:

Telephone number: (am) (pm)

Email address:

Please inform Course Office regarding any special diets and disabilities asap. Thank you

.....

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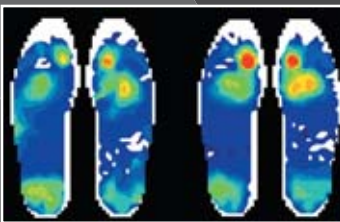


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