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Changes on track

inside

New GOsC Council on horizon
Council & Committee member appointments
Revalidating osteopaths
Ensuring equality & diversity

GENERAL OSTEOPATHIC COUNCIL



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the osteopath

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Revalidating osteopaths

In a move aimed at reassuring the public that all health professionals remain fit to practise throughout their professional careers, the Government plans to make revalidation a requirement from 2011.

The GOsC, along with all other healthcare regulators, is required to develop a revalidation scheme by means of which health professionals will be expected, periodically, to demonstrate that their skills remain up-to-date, that they meet the current required standards of practice within their profession, and that they remain safe and competent practitioners.

PROFESSION-SPECIFIC REVALIDATION

The Department of Health has established the principles that must underpin revalidation, but is asking individual health regulators to develop a scheme appropriate to the profession they regulate. This is in recognition of the varying practice contexts of the different health professions and that a "one size fits all" scheme would not be appropriate.

DEVELOPING A SCHEME FOR OSTEOPATHS

The GOsC Council has established a working group, comprising osteopath and lay members of Council, to direct the development of a scheme of revalidation that is appropriate to osteopaths.

The Revalidation Working Group has identified the **key principles** that must shape revalidation for osteopaths: the process should be **proportionate, accountable, practical, consistent, transparent, targeted** and **cost-effective**. In short – revalidation should not create unnecessary burdens; it should instead be proportionate to the risk it addresses and the benefits it brings.

To date, the group has explored and assessed potential revalidation methods and, from this, has

developed an outline proposal for a revalidation scheme for UK osteopaths.

The draft proposal outlines a staged scheme of revalidation, which would require all osteopaths to complete a self-assessment process every five years. This self-assessment would be the first stage of the process and further stages would only be called into play if some concern emerged from the self-assessment. In such circumstances, further information would be required (stage two) in order to verify the continuing fitness to practise of an individual. Stages three or four, involving peer assessment in practice or a formal test of competence, would only apply if the further information requested under stage two failed to verify that the osteopath was fit to continue practising osteopathy.

At all stages, trained GOsC assessors will monitor practice against the existing GOsC professional standards outlined in the documents *Standard of Proficiency* and *Code of Practice*. In addition, due account will be taken of different styles of practice, with a view to avoiding any discrimination.

A first draft of the revalidation self-assessment form has been developed and this, along with the early outline proposals for the scheme, have been circulated for consultation among representatives of the Regional Osteopathic Societies, the British Osteopathic Association and the Osteopathic Educational Institutions.

OSTEOPATHIC INVOLVEMENT

Mirroring the development of CPD, it is the GOsC's intention to engage the profession fully in the development of revalidation from the very outset. Thus, the Working

Group's initial proposals – although still under-developed – are increasingly being made available for scrutiny and comment (see below).

REVALIDATION FORUM

On Monday 9 June, some 55 representatives of the 27 Regional Osteopathic Societies, the British Osteopathic Association and the Osteopathic Educational Institutions, joined members of the GOsC Revalidation Working Group to participate in a revalidation workshop. This forum marked the start of a wider consultation on the draft scheme.

The focus was on the following key aspects:

- > Communicating and consulting within the profession; addressing the concerns of osteopaths.
- > The draft scheme of revalidation recommended by the Working Group – is it appropriate and workable for osteopaths?
- > Is the draft self-assessment form, which forms the basis of the scheme, fit for purpose? Will it generate the information required to enable a reliable assessment of continuing fitness to practise?
- > Next steps for developing and piloting the scheme.

NEXT STEPS

Developing the assessment form through a pilot

The Revalidation Forum generated a wealth of ideas and suggestions, and a general commitment to work towards constructing a process that would both enhance osteopaths' practice and be well-regarded by external stakeholders.

Feedback from the forum will be used to refine the overall scheme and, in particular, the self-assessment form. The form will be piloted in July

by some 30 osteopaths who participated in the revalidation forum. This early pilot will not involve scrutinising the assessment process; it is simply aimed at improving the language, layout and scope of the assessment form.

Formal consultation

Full formal consultation with the profession, and with external stakeholders, is scheduled to begin in October 2008. As with the development of CPD, all osteopaths will receive a detailed consultation document and a questionnaire for feedback. Some regional osteopathic societies are hoping to schedule meetings in the last quarter of the year to enable osteopaths to discuss the proposals among colleagues. Where possible, GOSC representatives will be available to contribute to these meetings.

The consultation period will also involve a series of GOSC Regional Conferences, anticipated to be hosted throughout the UK from March through to the end of June 2009.

These meetings will be followed by a full pilot of the draft scheme, involving osteopaths throughout the UK. This process, which will extend into 2010, will help to ensure that the scheme is feasible in practice and not disproportionately burdensome relative to risk.

Simultaneously the GOSC will also seek the views of public and patient representative groups, among other stakeholders, and their feedback will likely influence the final shape of osteopathic revalidation.

TIMETABLE FOR DEVELOPMENT & IMPLEMENTATION

To comply with the timetable specified by the Department of Health, a great deal of planning and development work will need to be undertaken within the osteopathic profession over the coming months.

Currently, the timetable is as follows:

PHASE ONE: CONSULTATION ON DRAFT PROPOSALS (JUNE–DECEMBER 2008)

January – May 2008	Development of draft principles and self-assessment form.
June 2008	Revalidation Forum (9 June) to gather early-stage feedback on draft scheme from an extended reference group, comprising representatives of the Osteopathic Educational Institutions, the British Osteopathic Association, 27 Regional Osteopathic Societies, and the GOSC Revalidation Working Group. Revisions based on feedback.
July 2008	Volunteers from the profession test out the self-assessment form. • zone to track revalidation development progress.
July – August 2008	Based on feedback, revisions to and further development of proposed self-assessment form and revalidation process.
October – December 2008	Draft proposals to all osteopaths and external stakeholder groups. GOSC briefings to regional osteopathic society meetings, as required.

PHASE TWO: CONSULTATION ON PROPOSED SCHEME OF REVALIDATION FOR OSTEOPATHS (MARCH – JUNE 2009)

March – June 2009	GOSC Regional “Revalidation” Conferences – nine centres across the UK (Proposed dates and locations will be published in the next issue of <i>The Osteopath</i>).
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PILOT (2009–2010)

July – Sept 2009	Revisions to proposed revalidation scheme, based on consultation feedback.
November 2009 – 2010	Pilot involving volunteers from the osteopathic profession.
2010	Final revisions to revalidation scheme for osteopaths.

PROFESSION-WIDE ROLL-OUT (2011)

2010/11	Introduction of revalidation, including regionally-hosted GOSC tutorials / road shows across the UK to assist and guide implementation.
2011/12	Implementation of revalidation for osteopaths

REVALIDATION ON THE O ZONE

Keep track of revalidation development via the **o zone** – from mid-July you will be able to view all key information currently available within a dedicated area of the website, from where you can also email any comments or views.

Further information is available from the GOSC Professional Standards Department on ext. 240 or email: revalidation@osteopathy.org.uk.



A new GOSC Council

A new, independently-appointed Council is on the horizon for the GOSC, which will see the current Council of 24 replaced with one comprising 14 members: seven osteopaths and seven lay members.

Expected to be constituted in spring/summer 2009, the new Council will be in line with governance changes being stipulated by the Government, following the Foster Review of healthcare regulation. And while this will bring an end to Council elections, at least one member will have to come from each of England, Wales, Scotland and Northern Ireland.

Council member competences

All members will in future be appointed by reference to agreed competences and criteria, which have been developed in recent months by the GOSC Governance Working Group and subsequently scrutinised by representatives of the British Osteopathic Association, Osteopathic Educational Institutions, and Regional Osteopathic Societies. To ensure the new Council comprises the widest possible skills base, the competences have been based on tried and tested models of good governance in related fields and sectors.

Recruiting new members

Recruitment of the new members will be conducted on behalf of the GOSC by the Appointments Commission – an independent public appointments body.

Advertisements for the positions are expected to appear in the national papers this autumn and will also be published on the GOSC websites – public and the o zone – www.osteopathy.org.uk.

The competences framework for all new Council members has been set out in this article, along with the role of Council and the principles underpinning its work.

All Council members will be expected to demonstrate:
> Selflessness > Integrity

The suitability of applicants for positions on the new General Osteopathic Council will be tested by reference to the following set of competences.

GENERAL COMPETENCES

All Council members WILL be expected to demonstrate the following general competences:

Effective strategic thinker

- > Ability to evaluate plans based on a realistic assessment of the future.
- > Demonstrates the capacity to innovate.
- > Ability to assess adequacy of resources to implement plans.
- > Is capable of assessing risks.
- > Demonstrates a flexible approach in response to factors that may alter plans.

Effective team worker

- > Shows respect for the opinions of others.
- > Actively seeks out views of others in decision-making.
- > Contributes effectively without dominating.
- > Is willing to support collective decisions.

Holds self to account

- > Clearly understands the role and commits to fulfilling its requirements.
- > Is prepared to make the required time commitment and to adopt modern working methods.
- > Understands and respects the boundaries between non-executive and executive.
- > Is honest about any shortcomings in performance.
- > Participates in induction and training as required for the role.
- > Engages constructively in the annual appraisal process.

Understanding of the statutory role of the GOSC

- > Demonstrates a clear understanding of the role and purpose of the GOSC.
- > Acknowledges the need to put public and patient protection to the fore in all decision-making.
- > Shows an understanding of the importance of independent regulation of osteopaths.
- > Fully endorses the GOSC's role in promoting equality and diversity.

Council member competences

ected to observe the Seven 'Nolan' Principles of Public Life:

> Objectivity > Accountability > Openness > Honesty > Leadership

SPECIFIC COMPETENCES

The competences on the list below are desirable, but it is acknowledged that all members will NOT have experience in each of the areas.

The aim is to ensure that, overall, the Council has access to a wide spectrum of knowledge, skills and experience.

Consumer engagement

- > Has direct experience of involving consumers in shaping and/or implementing policy.

Policy making

- > Has experience of involvement in developing policy, ideally related to professional regulation where public protection is paramount. Has an understanding of the parliamentary process and ideally, actual experience of lobbying.

Corporate governance

- > Understands the tenets of good corporate governance and ideally has experience of operating within organisations whose governance structures reflect good practice.

Professional regulation

- > Has worked in the field of professional regulation, ideally, but not necessarily, in healthcare, whether as executive or non-executive.

Equality and diversity

- > Has experience of developing equality and diversity policy and, ideally, would have experience of operating within public bodies subject to general and specific duties under discrimination legislation.

Change management

- > Has experience of operating within organisations subject to significant change driven by a range of factors internal and external.

Education and training

- > Has experience in the field of education and training of professionals, preferably in healthcare. This could have been gained through teaching, course development and assessment or through involvement in the governance of educational institutions.

OSTEOPATH COMPETENCES

Note: the first two competences in the list below are required of all osteopath members of the Council.

The remaining competences on the list are desirable, and it is acknowledged that all members will NOT have experience in each of the areas. The aim is to ensure that, overall, the Council has access to a wide spectrum of osteopathic experience.

Up-to-date knowledge/experience of osteopathic clinical practice.

- > Has personal experience of clinical practice and, also, an awareness and appreciation of the full range of osteopathic treatment modalities.

Awareness of the need to relate professional osteopathic standards to required levels of public protection.

- > Demonstrates an understanding of the need to enhance professional standards and rules as required to meet the changing needs of public protection. Has the skill to provide the necessary leadership to the profession in these circumstances.

Experience of education and training of osteopaths, which could include teaching, assessment, research or management.

- > Has experience of the osteopathic training environment, which may be evident in a variety of ways, e.g. as a recent graduate or post graduate, as a teacher/assessor or through involvement in relevant research.

Experience of patient/public engagement on effects of osteopathic treatment.

- > Has some experience of active engagement with the public or patients with a view to assessing public perception of osteopathic care. This could take a number of forms, e.g. research amongst an osteopath's patient list to assess experience of osteopathy; research in other settings aimed at learning more about the public perception of osteopathy; speaking in public on the subject of osteopathy where the public are invited to comment. Experience of consumer/public engagement in other related contexts could be relevant.

Experience of delivery of service within the healthcare economy in different settings, to include a variety of employer structures.

- > Has experience of practice in one or more different settings, e.g. sole practice/multiple practice; rural/urban; working alongside other professionals. Ideally has experience of delivering osteopathic care outside the confines of self-employment, whether through delivery of services commissioned by the NHS or within some other structure where the osteopath is employed.

Chair & Treasurer competences

CHAIR OF COUNCIL COMPETENCES

A clear talent for leadership and a willingness to use this ability to promote and achieve the aims of the organisation.

- > The Chair will have ability and stature suited to assuming lead responsibility for the organisation and will use well-developed leadership skills to ensure the organisation's key aims are achieved.

A portfolio of experience of high-level governance and organisational skills including the following: strategic planning, financial management, risk management, and organisational performance management.

- > The Chair will ideally have acquired experience of a wide range of functions within an organisation of comparable complexity. Experience of strategic planning, risk management and organisational performance management are key.

Actual experience of chairing boards/committees.

- > The Chair will have chaired bodies of comparable significance and will have a record of achievement in that regard.

Ability to interpret complex issues and situations and the skill to clarify them for others.

- > The Chair must always be ready to assist colleagues on the Council by interpreting necessarily complex information or circumstances. This may occur in the course of negotiations with Government or other key stakeholders when clear interpretation will be needed in order for Council members to assess the progress of talks.

Well-developed political acumen and the ability to influence effectively using established networks.

- > The Chair will bring experience of policy making at the highest level and will have a track record of effectively influencing decision makers.

Ability to serve as the organisation's ambassador in dealings with a wide range of stakeholders and key interest groups.

- > The Chair will have the skills appropriate to being the ultimate representative of the organisation in the UK and abroad. He/she must be able to command the respect of a wide range of stakeholders; in particular, the public, patients and osteopaths.

Ability to shape and develop the Council through involvement in recruitment and the conduct of effective appraisals.

- > The Chair must have the ability to develop a collegiate environment which encourages high performance and a culture of continuing improvement in the most constructive way possible.

Ability to work in partnership with the Chief Executive and other executives, holding them properly to account.

- > The Chair will provide appropriate support to the Chief Executive and, where necessary, other executives. In addition he/she will be responsible for the CE's performance management and development.

TREASURER OF COUNCIL COMPETENCES

Knowledge and experience of financial and risk management in an organisation of significant size and complexity.

- > The Treasurer, who will ideally hold an accountancy qualification, will be able to demonstrate not only experience of financial and risk management in an organisation of comparable complexity, but also how both link to the overall strategic management of the organisation.

A track record of effective budget, resource and asset management in an environment of public accountability.

- > The Treasurer's experience of budget and asset management should relate to an organisation(s) of significant complexity in addition to there being public accountability and value for money.

Knowledge and experience of audit of processes and performance in an organisation of significant size and complexity.

- > The Treasurer's experience of audit processes should relate to an organisation(s) of comparable complexity in addition to there being public accountability.

Experience of chairing committees with financial/audit remits.

- > The Treasurer will be able to show experience of chairing bodies with an effective record of financial control.

Ability to interpret complex financial data and the skill to clarify it for others.

- > The Treasurer must be able to explain complex financial information in such a way as to enable colleagues to make informed choices in relation to expenditure and investment of assets.

Ability to work effectively with the Chief Executive and other executives on issues of financial and risk management.

- > The Treasurer must be able to work constructively with the Chief Executive and the Head of Finance on all issues relating to the financial management of the organisation.

Principles to underpin the work of the new Council

- > The Council should uphold the purpose of the organisation as established by Parliament and set out in the Osteopaths Act 1993 as amended. That purpose is “to develop and regulate the profession of osteopathy”. Implicit in that purpose is the aim of “public protection and the promotion of the health, safety and wellbeing of members of the public”. The Council should determine its values and keep both its purpose and its values in mind at all times, with mechanisms in place for annual review.
- > The Council should be forward and outward looking, focusing on the future, assessing the environment, engaging with the outside world, and setting strategy.
- > The Council should determine the desired outcomes and outputs of the organisation and specify the objective of achieving value for money, in support of its purpose and values.
- > The Chief Executive should be accountable to the Council for the achievement of the organisation’s outcomes and outputs.
- > For each of its desired outcomes the Council should decide the level of detail to which it wishes to set the organisation’s policy – any greater level of detail of policy formulation should then be a matter for the determination of the Chief Executive and staff.
- > The means by which the outcomes and outputs of the organisation are achieved should be a matter for the Chief Executive and staff, and the Council should provide appropriate support to the executive for this purpose.
- > In assessing the extent to which the outcomes have been achieved, the Council must have a framework of pre-determined criteria against which performance is reported both internally and externally.
- > The Council should engage with its key interest groups including patients, the public, registrants, employers, educators, central government and the devolved administrations, and be confident that it understands their views and priorities.
- > The membership of the Council should have the capacity and skill to understand the priorities of each of these key constituents.



- > Information received and considered by the Council should support one of three goals – to allow informed decision-making, to fulfil control and monitoring processes or to enable the Council to cooperate with the Council for Healthcare Regulatory Excellence and to be accountable to Parliament.
- > The Council must govern itself effectively, with clear role descriptions for itself, its Chair, and its members, with agreed methods of working and self-discipline to ensure that time and resources are used efficiently.
- > The Council must ensure that issues of equality and diversity are considered as part of all its work.

Role of Council

- > To ensure the protection of the public through regulation of the osteopathic profession.
- > To work with key stakeholders to enhance professional standards and the quality of osteopathic care.
- > To ensure effective engagement with a wide range of interest groups so that policy making is adequately informed and is seen to be so.
- > To set the strategic plan for the regulation of the profession and, in addition, identify the key risks facing the organisation.
- > To approve the budget in support of the strategic plan and review the registration fee annually.
- > To ensure that appropriate audit and monitoring systems are in place in relation to the key risks facing the organisation.
- > To agree a scheme of delegation to committees.
- > To hold the executive to account for the delivery of the business plan and the mitigation of risks, and to provide appropriate support to the Chief Executive in managing the organisation.
- > To ensure implementation of the GOSC’s Equality Schemes.
- > To make an Annual Report to Parliament on the GOSC’s performance in relation to fitness to practise, value for money and equality and diversity.
- > To appoint the Chief Executive.

GOSc to recruit new committee members

The GOSc will shortly be recruiting a pool of approximately 25–30 osteopath and lay members to populate its statutory committees due to an important change being made to the Osteopaths Act 1993.

This change in legislation – expected to come into force in July 2008 – will mean that the GOSc will no longer be required to have Council members sitting on statutory committees. New rules are currently being drafted to provide for this change, which will also likely see the formation of a new statutory committee structure.

Current statutory committees:

- > Investigating
- > Professional Conduct
- > Health
- > Education

Future statutory committees are likely to be:

- > Investigating
- > Adjudication (the Professional Conduct Committee, now incorporating Health)
- > Professional Development (incorporating Education)

With the exception of the new Adjudication Committee, there will be no absolute bar on Council members being members of statutory committees: however, it is thought to be best practice to ensure that Council members do not sit on any Fitness to Practise panels (including the Investigating Committee) – i.e. dealing with complaints.

Appointing new committee members

It is anticipated that these appointments will also be conducted by the Appointments Commission* and will, too, be made with reference to specific competences, skills and experience. A list of these competences will be available on the GOSc websites shortly.

Recruitment advertisements for committee member appointments are expected to be published in the national newspapers and on the GOSc websites – public and the o zone – in September 2008.

For further information about these governance changes and appointments, contact the GOSc Communications Department on ext 247 or 222.

* The Appointments Commission – an independent public appointments body – has been instructed by the Department of Health to conduct, on behalf of all nine health regulators, the recruitment of Council members in time for the governance reforms outlined in the White Paper on healthcare regulation.

Attend a GOSc Council meeting

Osteopaths, and other members of the public, are welcome, at all times, to attend public sessions of the GOSc Council meetings.

Future meeting dates

- > 16 September 2008
- > 4 December 2008
- > 10 March 2009

Meetings commence at 10am at Osteopathy House and agendas for the public session are available on the GOSc public website (www.osteopathy.org.uk), or from Jane Quinnell, Clerk to Council, approximately seven to 10 days before the meeting.

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



PREPARING FOR NEW GOSC REGISTRATION POWERS

The GOsC is soon to acquire new powers that will allow us, for a strictly limited period, to consider applications for registration from individuals who obtained a UK osteopathic qualification before May 2000 but, for good reason, were unable to register with the GOsC during the original two-year transition period (1998-2000).

An application to Government for these new powers arose out of consultation with the profession during the 2005 Legislative Review of proposed amendments to the Osteopaths Act 1993. Members of the profession voiced concern for UK-qualified colleagues who had been disadvantaged by unforeseen circumstances, such as ill-health, and are now unable to practise as osteopaths.

The GOsC will be consulting the British Osteopathic Association and the Osteopathic Educational Institutions to ensure that standards for entry onto the Register will be equivalent to the existing rigorous standards. The GOsC is currently developing the rules to underpin this new temporary power, which will first need to be approved by the Department of Health.

A full report will be published in the next issue of *The Osteopath* and on the **o** zone.

HEALTHCARE REGULATION

GOsC governance changes

Council received the Governance Working Group's final report, outlining:

- > Principles to underpin the role of the new Council
- > Defining the role of Council
- > Competences for lay and professional members of Council
- > Job descriptions for the Chair, Treasurer and Council members
- > Principles and features of a revised appraisal system
- > Committee sub-structure to support the new Council.

Council also agreed that the position of Chair of Council should be left open to both lay and professional candidates.

Janice Scanlon, Deputy Chief Executive and Director of Appointments at the Appointments Commission, gave a presentation to Council detailing the recruitment campaign they will manage on behalf of the GOsC this autumn to appoint members for the new Council.

See the full report about the GOsC's governance changes and the agreed competences for lay and professional Council members on pages 6–10.

Revalidation for osteopaths

The Revalidation Working Group presented a progress report on their work to date, which included a copy of the draft self-assessment form designed to assess a range of key aspects of an osteopath's practice, and feedback from the previous day's Revalidation Forum.

Council is also currently considering the financial and resource implications of developing a revalidation scheme. A preliminary estimate of costs will be presented to the Council in September 2008. Council recognises that one of the key challenges will be to deliver an effective, credible scheme at reasonable cost. See the full report on revalidation on pages 4–5.

COUNCIL MATTERS

Northern Ireland by-election results

In May, osteopath Dr Richard Rebain PhD was elected, unopposed, to fill the vacancy for the osteopath member for Northern Ireland. Richard spent some 20 years teaching economics and computing science before qualifying as an osteopath in 1997. More recently, he has also gained a PhD from the Department of Physiotherapy, Ulster University.

Lay vacancy interviews

Candidates for the two lay vacancies on Council were interviewed, on June 12, by a panel comprising the GOsC Chairman, the Appointments Commission Regional Commissioner and an independent assessor. The appointments will be made by the Appointments Commission, on behalf of the Privy Council, in early July,

and will be announced in the next issue of *The Osteopath*.

All three new members of Council will serve a limited term, up until the creation of the new, independently-appointed Council in April 2009.

DRAFT EQUALITY SCHEME

The GOsC has a statutory duty to eliminate unlawful discrimination and harassment, and to promote equality of opportunity, specifically, in relation to race, disability and gender. The Council has, in meeting these requirements, drafted Equality Schemes for all three categories, together with a set of action plans.

Following approval, the draft schemes will now be subject to a three-month consultation involving the profession, public and other key stakeholders – see full report on page 17.

OSTEOPATHY HOUSE

Surveys of Osteopathy House have been conducted to test the feasibility of redevelopment plans previously considered by Council and to provide a firm estimate of costs. Council considered reports by project managers, surveyors and space planners, as well as an estimate of costs based on redevelopment plans of varying scope.

Council looked at five options and agreed to further consider two of the proposals:

- > Refurbishment of the existing space, including the addition of a lift within the present structure, allowing the GOsC to meet its legal requirements under the Disability Discrimination Act.
- > Refurbishment of the existing space and redevelopment of the structure to allow for the inclusion of a lift and additional space above the toilet block.

Work will now be carried out to:

- > Prepare a detailed brief for architects and conduct a tendering exercise.
- > Prepare a detailed proposal on how the redevelopment plans might be most economically financed, for consideration by the Finance & General Purposes Committee in July.
- > Appoint a project management firm.

Stakeholder engagement

Active engagement with all relevant stakeholders – osteopaths, patients, policy makers, other health professionals, etc. – is a key stream of GOSc work. This rolling programme of both direct and indirect communication with key audiences helps the GOSc to fulfil its remit as a statutory regulator. And, importantly, it helps to ensure the GOSc has proper regard for the interests of UK osteopaths, and for the interests of the wider patient and public audience.

Following is a snapshot of the key engagement activities undertaken by the GOSc in recent months.

UK osteopaths

All osteopaths were informed by letter in late April of the discontinuance of the printed Register of Osteopaths and that, from 1 July 2008, the online Register will clearly indicate if any conditions are attached to an osteopath's practice. The GOSc executive is responding on an individual basis to feedback from registrants regarding these policy changes – see also page 18.

The new facility allowing osteopaths to submit their mandatory CPD annual summary forms online via the **o zone** has seen more than 1,300 submissions since its launch in January. The GOSc has dedicated significant staff support to assist registrants new to online reporting. Feedback is also being gathered to enhance usability – see page 16.

A new GOSc Registration Pack has been developed to equip all new osteopaths with a full set of professional standards documentation and practice guidance.



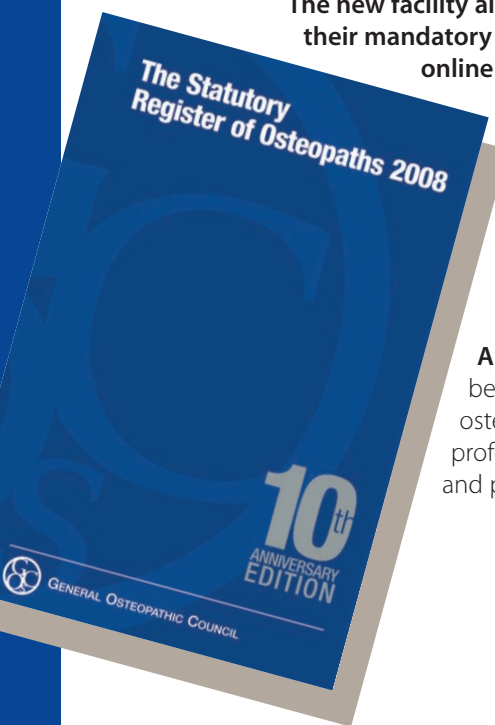
Pre-registrants

This year's cohort of graduating students of osteopathy have now all had an opportunity to attend an on-campus presentation by the GOSc, which outlines the purpose of statutory regulation, the role of the GOSc, and the requirements for entry on the UK Register of Osteopaths.

In March, all prospective applicants to the Register were sent an enhanced guide to the registration process. Applicants are encouraged to take advantage of the dedicated support offered by the GOSc Registration Department when compiling their application.

The British Osteopathic Association (BOA)

A number of productive discussions have taken place with the BOA concerning leadership on issues of mutual interest including revalidation, CPD and healthcare regulation reform.



The GOsC and BOA executives met to discuss obstacles to patient referrals between GPs and osteopaths, in advance of a joint meeting with the British Medical Association at the end of May – see page 15.

Representatives of the BOA attended the GOsC Revalidation Forum on 9 June – see pages 4–5.

GOsC Regional Communications Network

Representatives from 27 regional osteopathic societies across the UK and Ireland attended the first of two annual meetings with the GOsC at Osteopathy House on Monday 9 June. On this occasion, representatives contributed to the Revalidation Forum, offering early-stage feedback on the draft proposals, before discussing key developments around GOsC governance reforms and new registration powers – see pages 4, 5 and 16 for full reports.

Feedback was invited from the regional representatives on the competences designed for appointing members to the new GOsC Council.

Osteopathic Educational Institutions (OEs)

The GOsC Chief Executive has over recent months visited all the OEs as part of an induction process. OEs have expressed keen interest in working jointly with the GOsC on issues such as revalidation, CPD, and the provision of courses aimed at equipping returners to the profession to reach the required standards.

The first of two meetings per year between the GOsC and senior representatives of the OEs took place on 16 May 2008. Here plans were initiated for a GOsC-OEI meeting in autumn 2008 to consider longer-term strategic issues and projects.

OEI representatives participated in the GOsC Revalidation Forum on Monday 9 June – see pages 4–5.

All OEs were invited to comment on the competences designed for appointing members to the new Council.

National Council for Osteopathic Research (NCOR)

A GOsC meeting with NCOR was held on 9 May to discuss its future plans and how the GOsC might support it going forward. NCOR is now producing a strategic plan and business case for financial support in time for consideration by the Council in September.



NCOR stakeholders met on 14 February and 17 April 2008, and at the latter meeting agreed that Professor Ann Moore, the current Chair, should be re-appointed for a further term of four years.

National Osteopathic Archive (NOA)

The GOsC met on 7 March with project leads for the archive development to discuss short- to medium-term housing options for the National Archive.

NOA representatives also attended an Osteopathy House redevelopment workshop on 27 March, attended by GOsC staff and Council members. A wider Osteopathy House stakeholder forum is intended for later in the year.

Council for Healthcare Regulatory Excellence (CHRE)

The GOsC has recently engaged with the CHRE on two key issues: harmonisation of sanctions to be applied in Fitness to Practise cases, and a definition of good character for the purposes of deciding admission to, and maintenance on, the Register. The outcomes of both consultations are expected in the late summer.

The GOsC has also attended meetings convened by the CHRE with the Appointments Commission (AC). The purpose of these is to ensure that the AC understands the varying needs of regulators, as the timetable for implementing new governance reforms grows closer.

UK Health & Social Care Regulators

Chief Executive (CE) forum

A meeting of all the regulators, including those in the devolved authorities, took place on 19 May.

Discussions centred on plans for a major two-day event in Edinburgh in October, aimed at examining how all regulators are taking on board the needs of devolved authorities in implementing the healthcare regulatory reforms.

Joint Regulators Public and Patient Involvement (PPI) Group

At its meeting in April, the Joint UK Health and Social Care Regulators PPI Group agreed that, among other key projects, the patient information leaflet, *Who regulates health and social care professionals?*, is to be revised and reissued. This leaflet, which helps explain healthcare regulation to patients and highlights the importance of consulting a regulated practitioner, is free to osteopaths. Contact the GOsC Communications Departments (ext 242) to request copies.

Equality & diversity planning

In line with the GMC's new policy document, *Gateways to the Profession – Advising medical schools: encouraging disabled students* (www.gmc-uk.org), the GOsC too is currently considering, as part of its Equality Schemes, similar responsibilities in relation to widening access to osteopathic education for disabled students.



Policy makers

Department of Health (DH)

Current talks with the DH centre on ensuring that amendments to the Osteopaths Act 1993, necessary to implement the current healthcare regulation reforms, are drafted in the most effective way.

Care Quality Commission – Department of Health

The GOsC participated in a consultation event concerning the development of a new regulator – the Care Quality Commission (CQC). Discussion focused on identifying areas of risk where healthcare delivery is not already underpinned by existing regulatory structures: these services would be subject to CQC registration and inspection – see report on page 21.

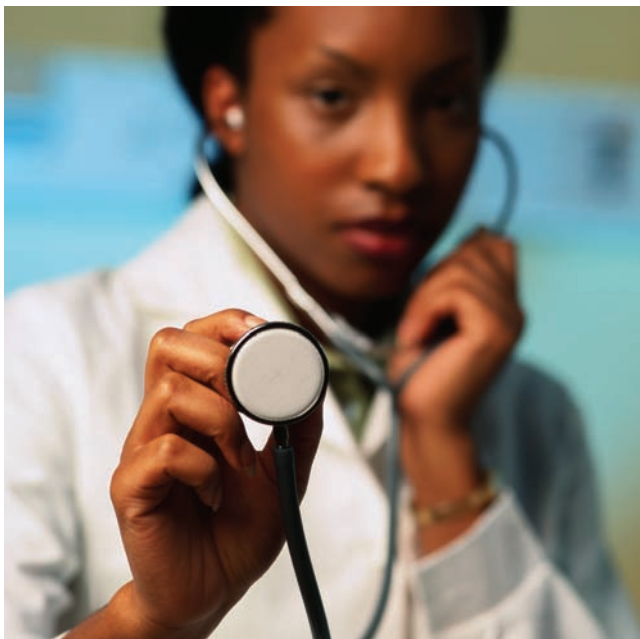
Department of Innovation, Universities & Skills (DIUS)

The GOsC has again written to key Ministers, members of the Commons' Innovation, Universities & Skills Select Committee and the local MP, outlining concerns about the Government's policy to withdraw funding for equivalent or lower-level qualifications (ELQs). Despite previous applications, osteopathic training is yet to be exempted from this provision, in contrast to much other healthcare training – see page 20 for full report.

Health Regulators Information Policy Group (HRIPG)

The HRIPG met with representatives of the Information Commissioner's Office at Osteopathy House in April to devise a model publication scheme that will enable the health regulators to adequately fulfil their obligations under the Freedom of Information Act.

The Information Commissioner's Office is proposing changes to the way in which bodies, such as the GOsC, currently present this information and has agreed to work with the HRIPG to identify classes of information to be included under the scheme. Regulators will be required to prepare and publish revised schemes by 2 January 2009.



Healthcare professionals

British Medical Association (BMA)

Representatives from the BOA and GOSC met with the BMA's General Practice Committee on 28 May, with a view to improving patient pathways between medical practitioners and osteopaths.

This meeting hopefully represents an important step towards enhancing and promoting information exchange between the two professions.

The BMA has agreed to work with the GOSC/BOA to revise its current guidance to members concerning referrals to osteopaths.

Forum for Osteopathic Regulation in Europe (FORE)

FORE's sixth meeting took place on 14–15 June in Portugal to discuss the finalisation of a European Framework for Standards of Osteopathic Education & Training (EFSOET) and a proposed launch reception during the French EU presidency – see also page 19.

UK parliamentary question

The Department of Health has consulted the GOSC as a result of a recent parliamentary question put down by Liberal Democrat Peer Lord Dykes, who asked the Government: "whether the establishment of the Forum for Osteopathic Regulation in Europe will improve treatment standards for patients outside their own member state."

On behalf of the Government, Parliamentary Under-Secretary of State for Health, Lord Darzi, responded: "The department welcomes the establishment of the forum. We hope that better collaboration between national registers in osteopathy across Europe will help to raise standards across all participating member states."

The GOSC Executive has contacted Lord Dykes' office to offer a briefing meeting.

All stakeholders

Good Health in Good Hands – UK Osteopathy Today

Since its publication earlier this year, over 8,000 copies of the GOSC report, *Good Health in Good Hands*, have been distributed to a range of stakeholders, including all UK registrants, international osteopathic representative organisations, all members of the UK Parliament, key civil servants, all UK MEPs, the health and general media, patient bodies, and other regulatory and healthcare organisations.

The report, and the role of osteopathy in public healthcare, has also attracted wide interest from delegates at recent national healthcare conference exhibitions, including Health and Wellbeing at Work and Primary Care 2008 – see page 21.



International affairs

European Commission

The GOSC has contributed to a European Commission consultation on patient safety, the results of which will assist the development of a formal proposal due later this year – see page 19 for further details.

European Federation of Osteopaths (EFO) & Forum for Osteopathic Regulation in Europe (FORE)

Members of FORE met with the EFO Board at Osteopathy House on 20 May to clarify the distinct roles of each body and identify possible areas of collaboration – see also page 19.



Strengthening regional networks

Revalidation, the GOsC's new Council, vacancies for Council and Committee members, admission to the Register, consultation timetables and guidance for osteopaths on equality compliance, were some of the issues that sparked lively discussions at the first of this year's two GOsC-Regional Communications Network meetings on Monday 9 June.

Representatives from 27 Regional Osteopathic Societies from across the UK and Ireland met with the GOsC executive and Council members at Osteopathy House to examine key GOsC activities and policies.

On this occasion, representatives were joined in the first half of the day by colleagues representing the Osteopathic Educational Institutions and the British Osteopathic Association, as well as members of the GOsC working

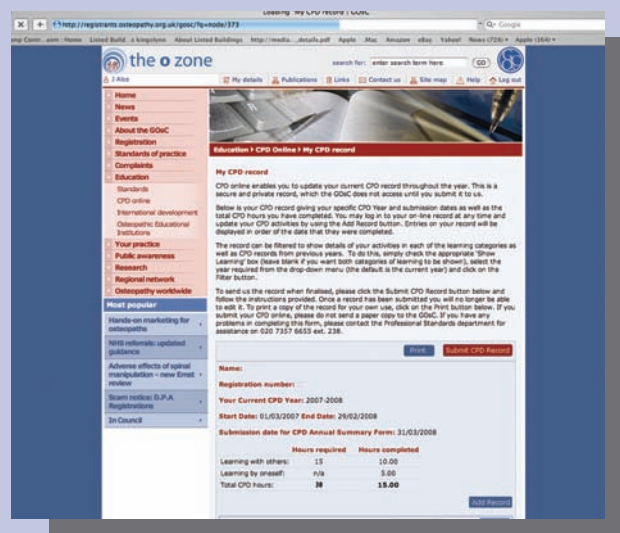
group, for the Revalidation Forum – see pages 4–5 for the full report.

The afternoon saw the group examining other current reforms to healthcare regulation being imposed by the government, which are set to impact on osteopathic practice – see full agenda below. The meeting again proved to be a valuable platform for exchanging information and ideas, and for seeking feedback on current work programmes.

Briefing papers were provided on each of the issues and are designed to guide further discussions at grassroots level. Representatives have, as always, been asked to share information with local colleagues and to help gather feedback over the coming months. For those not part of a local osteopathic group, papers are available on the **o** zone (under the Regional network section) – www.osteopathy.org.uk. Copies are also available from the Communications Department on ext 242.

In the CPD zone

A new facility on the **o zone, allowing osteopaths to record and submit their mandatory annual CPD summary form online, is proving popular – already more than 1,300 submissions have been received since its launch in January.**



Feedback from the profession has been largely positive, with the majority finding the new system “user-friendly”, “convenient” and “surprisingly easier than imagined”. The edit function, which allows for alterations to the CPD record throughout the year, is also proving valuable. And we know some of you already plan to record your activities as they take place to further expedite next year’s annual CPD submission.

As with all new systems the initial phase has alerted the GOsC to aspects that need improvement – feedback has been welcome on this also. One common problem encountered concerns the default arrangement for the CPD record years, which displays the most recent record first – i.e. the 2008/09 record is automatically shown when most of you currently need to submit the 2007/08 record.

To access and complete the correct record, select the appropriate year in the drop-down CPD year menu on the ‘My CPD record’ page and then click on the ‘filter’ button (right of the drop-down menu). To help you avoid completing the wrong year’s record, we will be making the guidance on these pages clearer.

Email submissions are no longer accepted now this new online system is available. However, paper versions are still optional – copies of the relevant forms can be found in the back of the GOsC Development folder, which was sent out to all osteopaths last August.

Feedback on this online function and the **o** zone in general is always welcome, helping to make the website a more convenient and accessible resource.

Agenda

MORNING SESSION

Revalidation Forum (see pages 4–5)

AFTERNOON SESSION

GOsC governance changes

- > A new, independently-appointed Council
- > Who should stand for Council?
- > Being a Fitness to Practise panellist

New GOsC registration powers

- > Who will now be eligible to apply to the Register?
- > How will applicants be assessed?
- > Communicating this opportunity

GOsC Equality and Diversity Scheme

- > Developing the Scheme – consulting the profession
- > Identifying minority groups among osteopaths & patients
- > Developing E&D guidance for osteopaths

Enhancing GOsC engagement with osteopaths

- > Why this is especially important now
- > Role of the Regional Communications Network
- > GOsC consultations 2008–09

GOsC websites

- > Developing a new public website
- > The online Register of Osteopaths
- > the **o** zone: CPD online, feedback & future enhancements

Ensuring equality and diversity

Do you treat patients from minority groups and, if so, are you having to adapt your practice to accommodate specific needs concerning disability, culture or gender, etc? Would you classify yourself as a member of a minority group? If so, do you feel the GOsC, as regulator, meets any specific needs you may have?

These are some of the questions the GOsC will shortly be seeking answers to as part of the development and implementation of its equality schemes and related guidance for osteopaths.

As a public body, the GOsC is required by law to demonstrate its commitment to the elimination of unlawful discrimination and harassment, and to the promotion of equality of opportunity, with specific regard to race, disability and gender. This is commonly achieved through the publication of equality schemes, which set out the policies and outline how they will be put into practice.

Draft schemes and action plans have recently been drawn up by the GOsC and will now be subject to a three-month consultation, enabling the osteopathic profession, the public and patients, and other key stakeholders to contribute their views.

Guidance for osteopaths

The GOsC, as a regulator, not only has a duty to be aware of and to adequately serve all minority groups – among patients, the profession and staff – but is also obliged to ensure the osteopathic profession is informed of its requirements concerning equality legislation.

Consequently, the GOsC will shortly begin developing new guidance designed to assist osteopaths to

comply with their professional obligations as health practitioners – for example, requirements under the Disability Discrimination Act, namely providing access to patients with disabilities.

A programme of research will be launched parallel to the consultation in the coming months to help inform both the guidance and policy development. Further information about how you can contribute will be published here and on the **o** zone shortly.



Protecting the title

Another phoney practitioner has been prosecuted for illegally claiming to be an osteopath, bringing to 11 the number of successful Protection of Title cases in the past two years.

Like the GOsC, the courts take seriously their role in protecting the public and convicting practitioners who take advantage of vulnerable patients.

The latest prosecution, on 30 May, saw Mr Julian Midda of Calne, Wiltshire plead guilty to two charges of unlawfully describing himself as an osteopath when not registered with the GOsC. The charges related to information contained on two websites advertising Mr Midda's services. Mr Midda had been aware since May 2000 that he is not entitled to describe himself as an osteopath.

And despite previous warnings from the GOsC, Mr Midda continued to deliberately mislead the public and to flout the law.

In his sentencing remarks, the District Judge at Swindon Magistrates' Court said that in respect of referring to Mr Midda's osteopathic qualification in advertising material, "it was wholly wrong to mention osteopathy". Mr Midda was fined £750 and ordered to pay costs of £878.

This kind of illegal practice not only endangers patients, but can also damage the local osteopathic

community; the public can be mistakenly led to believe that these illegal practitioners represent the standard of care provided by the legitimate profession. The GOsC will therefore continue to prosecute anyone who unlawfully describes themselves as an osteopath.

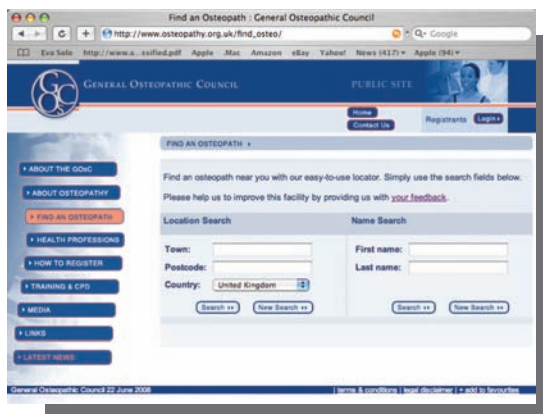


The online Register of Osteopaths

A move to cease print production of the Statutory Register of Osteopaths and to instead publish osteopaths' practice details solely online has provoked a mixed reaction from the profession. While some have shown support for the shift toward e-communications, others are dismayed. Some common themes in the feedback are addressed below.

Consultation

Were osteopaths consulted? Yes – the views of a range of stakeholders determined this policy decision. Osteopaths may recall being asked their opinion on the future of the printed Register during the GOSC's Legislative Review consultation in 2005. These responses, along with discussion at the Regional Conferences, provided a strong



indication not only that osteopaths favour the printed Register but also of how and where osteopaths use it.

But against this, Council is required to balance also the opinion of other stakeholders – including other regulators, health policy-makers and, of course, the public and patients. In this quarter, there is powerful and well-argued judgment that regulators of professions with protected titles can no longer justify

putting a printed register into public circulation. Once, this was the only option, but the advent of the Internet with its facility to supply information that is always current, means regulators who persist with a system that is inherently risky and unreliable are falling well short of best practice.

In promoting public access to the Register, osteopathy is a leader in best practice among UK health professions, many of whom have only relatively recently provided online access. Lagging behind in the move away from printed Registers would erode the profession's achievement.

Internet access

The printed Register is used by osteopaths primarily to refer patients to colleagues, underlining the need for data that is current and accurate. Whilst some osteopaths have no ready access to the Internet in their practices, many consider a laptop as integral to their practice management and promotion.

The speed and flexibility of the online Register underpins also the GOSC's busy Osteopathic Information Service, which fields in excess of 50 calls each day from members of the public seeking details of local practices.

Osteopaths are encouraged to refer patients to this service.

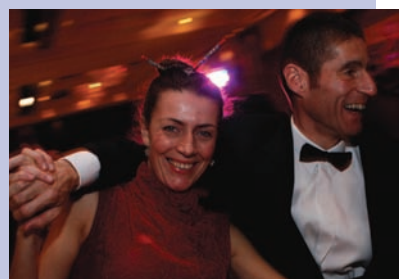
Computerisation is already well embedded in the wider health sector and, in due course, activities such as the online exchange of medical records between health professionals are likely to become standard practice. As modern healthcare practitioners, osteopaths should be planning for the future.

Enhancing the online Register

With steadily increasing traffic to the GOSC public website – especially public use of the online Register to locate an osteopath – this year we are working towards a complete overhaul of the GOSC website. Key to this project is significant enhancement to the online Register to make this as user-friendly as possible for the public and for busy osteopaths. Here feedback from patients and the profession has been invaluable. We aim to launch a new public website early in 2009.

For further information, or to provide feedback on the online Register, contact the GOSC Communications Department on ext 228 or email: webmanager@osteopathy.org.uk.

Advancing Osteopathy 2008 captured > Visit the o zone – www.osteopathy.org.uk – now to view and download photos from Advancing Osteopathy 2008.



FORE agrees European standards of education & training

Sarah Eldred, Public and International Affairs Manager & FORE Secretariat

The Forum for Osteopathic Regulation in Europe (FORE) held its sixth meeting in June, bringing together 22 representatives from osteopathic organisations across Europe. A key focus of the meeting, held in Portugal on 14–15 June, was to develop a European Framework for Standards of Osteopathic Education and Training (EFSOET).

Following lengthy discussions about the length of courses, clinical training and content of programmes across Europe, the document was ratified. Important areas of consensus included courses of four to six years and a minimum of 1,000 hours clinical training. This document, EFSOET, will add to a portfolio of existing frameworks on codes and standards of practice, published last year, which serve to provide a template for national standards.

The idea of a high profile reception to launch the Framework documents was also approved by delegates. This event, to be held during the French presidency in November 2008, will target national and European decision-makers to raise the profile of FORE's work programme and encourage the regulation of osteopathy as

an autonomous healthcare profession, where this does not currently exist.

Other topics discussed by FORE included engagement with the European Federation of Osteopaths, the development of mechanisms to improve information exchange between member states, opportunities for future lobbying activity and the need to develop a longer-term strategy for FORE. This work, some of which will be carried out by working groups, will be reported at the next FORE meeting in spring 2009.

Sincere thanks go to the Portuguese Federation of Osteopaths for hosting this event.

For further details, contact the FORE Secretariat on +4420 7357 6655 ext 245, email: foresecretariat@osteopathy.org.uk or visit the FORE website: www.forewards.eu.



FORE delegates meet in Portugal

GOsC responds to European Commission consultation on patient safety

The challenges arising from the freedom of movement of practitioners and patients due to the disparate regulation of healthcare in Europe has been highlighted in the GOsC's response to the European Commission's latest consultation on patient safety.

Responding as a UK regulator, the GOsC highlighted a number of key messages, including the need for:

- > Member states to facilitate regulatory mechanisms where none exist at present.
- > National (as opposed to EU) organisations with a thorough understanding of the healthcare practice in question to be responsible for setting and monitoring standards in that country.
- > A Europe-wide approach to communication and information sharing between authorities to protect patients and the reputation of UK standards.

Feedback from the consultation will assist the development of a formal proposal due later this year to enhance standards of healthcare delivery across Europe.

A follow-up briefing for the new European Commissioner for Health Androulla Vasilou is also currently being prepared.

European osteopathic bodies meet

In May, the Forum for Osteopathic Regulation in Europe (FORE) met with the European Federation of Osteopaths (EFO) to clarify the organisations' respective roles and activities, and to explore ways of working together more effectively.

The EFO Board was represented by Armand Gersanois (France), Dimitri Boulenger (Greece) and Michael Watson (UK). Along with members of the GOsC Council and Executive (UK), other FORE representatives included Alex Boon (Belgium), Ton Kouwenberg (Netherlands) and Simon Duncan (Italy).

Chaired by GOsC Chairman, Professor Adrian Eddleston, attendees were asked their views on what they would like to achieve for osteopathy in Europe, whether they supported regulation (voluntary or

statutory) of osteopathy and the type of relationship between the two bodies that would bring improved benefit to the profession.

It was acknowledged that the focus of FORE's work is on regulatory matters; to enhance confidence in osteopathic care through the development of standards of education, training and practice. The EFO has a similarly important role in representing the voice of individual practising osteopaths within Europe.

It was agreed that improved communication between the two bodies would be in the interests of all. A further meeting has been proposed in the autumn to compare work programmes and explore possible joint lobbying activity.

Withdrawal of funding to affect osteopathic students

Sarah Eldred, Public & International Affairs Manager

The Government's policy to withdraw funding for students with an equivalent or lower level qualification (ELQ) looks set to impact on prospective students of osteopathy and the diversity of the profession. The GOsC has, as a result, written to key Ministers, the Commons' Innovation, Universities & Skills Select Committee and local MP, Simon Hughes, outlining its concerns.

In contrast to other healthcare training, osteopathy will be affected by this decision. And as the osteopathic profession has a history of attracting mature students, who often have a prior degree and are changing careers, a lack of financial support will inhibit access to many of these students. It will also greatly undermine the prospects of increasing diversity within the profession.

The ELQ policy also appears to contradict Government plans to improve musculoskeletal care. It seems illogical that the Government would wish to restrict the number of osteopaths training, at the same time as exploring a greater role for osteopathy in the nation's healthcare system.

In advance of a review of this policy later in the year, the GOsC is urging the Government to include osteopathy in a list of subject areas which would be exempted from the ELQ policy, thus placing it on an equal footing with other healthcare professions. A comprehensive lobbying campaign, in conjunction with other stakeholders, is currently being considered. Further updates will be published in due course.



NICE goes public

Have you ever wondered what drives decisions in the development of national clinical guidelines; for instance, why is some evidence accepted and other evidence rejected?

As of June, members of the public are able to attend, as observers, the National Institute for Health and Clinical Excellence's (NICE)* committee meetings. This, according to NICE, is a further step toward ensuring their processes for developing guidance are rigorous, open and transparent. It will also help illustrate how the committees take account of the evidence submitted by stakeholders and consultees.

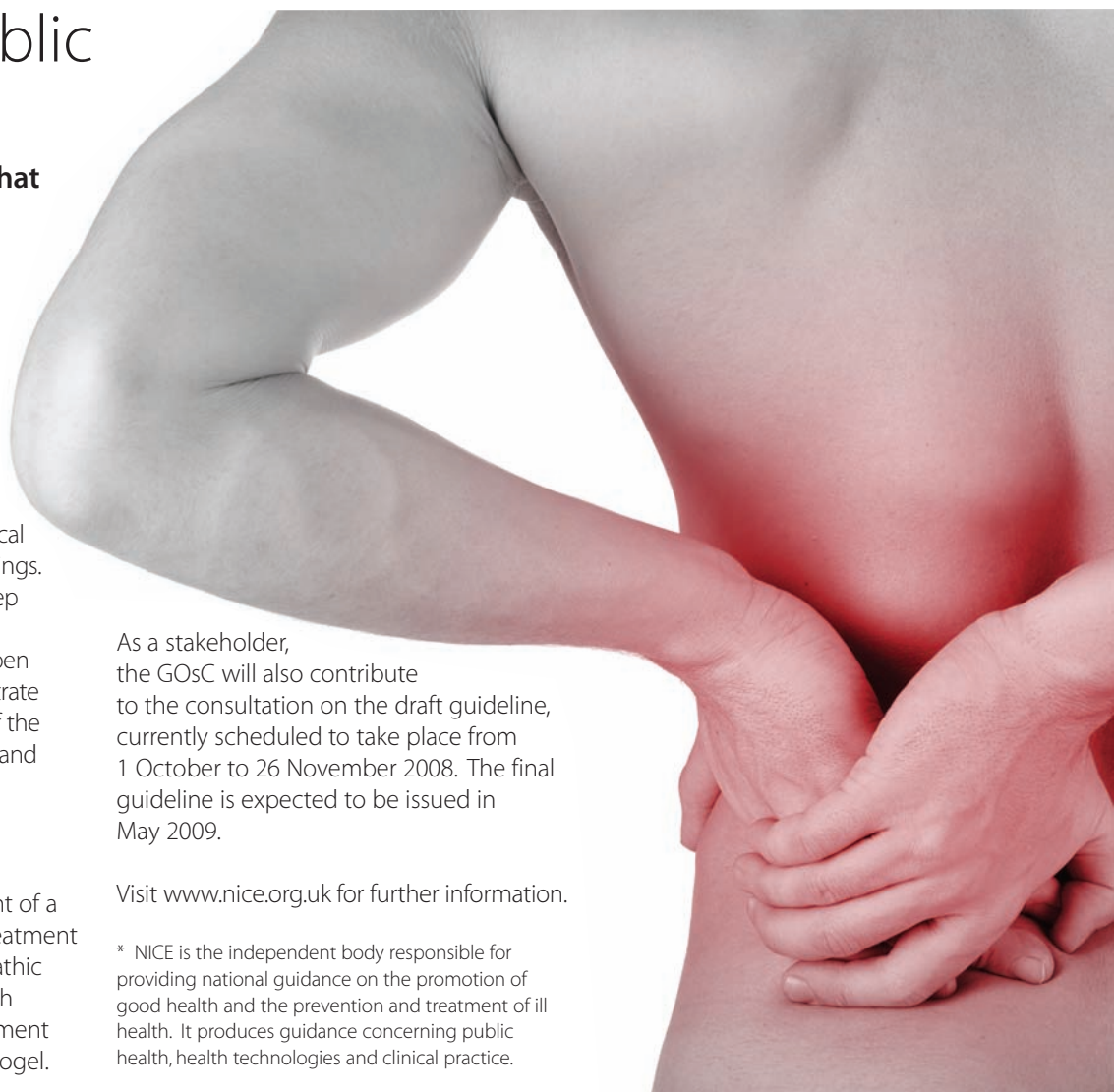
Low back pain guideline

Work continues on the development of a national clinical guideline for the treatment of low back pain, which the osteopathic profession is contributing to through NICE-appointed Guideline Development Group member, osteopath Steven Vogel.

As a stakeholder, the GOsC will also contribute to the consultation on the draft guideline, currently scheduled to take place from 1 October to 26 November 2008. The final guideline is expected to be issued in May 2009.

Visit www.nice.org.uk for further information.

* NICE is the independent body responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. It produces guidance concerning public health, health technologies and clinical practice.



Care Quality Commission – new regulator mooted

Osteopaths should be aware that a new regulator of providers of health and social care – which will have the powers to inspect services – is planned under the Health and Social Care Bill.

If passed, the Care Quality Commission (CQC) will replace the current Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission in 2009. Its purpose will be to help reduce the current burden of inspection and provide a consistent approach to regulation across the private and public health sectors.

The GOsC participated in a Department of Health (DH) consultation event

concerning the development of the CQC in May, where discussions focused on identifying areas of risk. It was suggested that where there is no perceived risk to patient safety or where that risk is already being adequately handled by another body / regulator, there are no current plans for that provider to register with the CQC. Under current proposals, the osteopathic profession will not be required to register; however, the GOsC will keep an eye on any developments to ensure the profession remains aware of its responsibilities.

For further information about this new regulatory scheme, contact Sarah Eldred, GOsC Public and International Affairs Manager, on ext 245 or email: sarahe@osteopathy.org.uk.

Primary contact osteopaths

Osteopathy has been showcased to an audience of 5,000-strong primary contact practitioners at this year's Primary Care conference and exhibition at the NEC Birmingham in May.

Highlighting the integral role osteopaths, as regulated health professionals, play in the modern primary care team, the GOsC exhibition stand attracted a steady stream of interest across the two days. GPs, midwives, nurses, physiotherapists and podiatrists were among those who sought advice about referrals, finding an osteopath and standards of osteopathic practice.

Live access to the online Register of Osteopaths enabled GOsC staff to provide contact details for osteopaths throughout the UK and helped promote wider use of this important resource.

Primary Care is the largest national healthcare conference of its kind in Europe and continues to grow both in size and diversity – there are now 11 programme streams, attracting a wide range of representatives from the health sector. The unrivalled reach and success of this event makes it imperative that the osteopathic profession be represented. The GOsC therefore intends to take part again next year in order to continue enhancing understanding of osteopathic practice and standards, and to launch a new patient information leaflet and the new-look public website.

Attending Primary Care 2009: Free entry for osteopaths

A growing number of osteopaths have also recognised the benefits of attending this event – from cross-professional CPD to

networking opportunities – not to mention that entry is free for all practising health professionals.

Primary Care 2009 will be held at the NEC Birmingham on 20–21 May.

NHS patients trial osteopathy: Government findings awaited

The Government's final report on an innovative pilot scheme in Northern Ireland, which allowed NHS patients access to complementary therapies, including osteopathy, is expected in the coming months.

While it is never wise to second guess Government recommendations, early indications from patient and practitioner feedback has reportedly been encouraging and, since its conclusion in March, the pilot has also received some positive media coverage, including an hour-long documentary on BBC Northern Ireland.

The £200,000 year-long trial, which focused primarily on musculoskeletal disorders and anxiety, was run out of two practices in Londonderry and Belfast. Pilot administrators, Get Well UK – a not-for-profit organisation – hope that, if deemed successful, the scheme will be rolled out across Northern Ireland,

allowing patients easier access to public-funded complementary treatment.

Data collected throughout the trial by practitioners, GPs and patients has been independently audited and is currently being considered by Northern Ireland's Health Minister, Michael McGimpsey MLA, who will decide the way forward.

As soon as the results are made public, they will be published in these pages and on the o zone – www.osteopathy.org.uk. For further information about the pilot, including case studies, visit www.getwelluk.com.



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

Thursday 18 September, 7–9pm

Small project work

An audit of case records from the past 40 years, looking at how the incidence of cervical spine symptoms compared to low back symptoms is changing as work demands and computer use have changed during this period.

The next meeting will also explore literature concerning

ethnic and cultural differences, and postural variation and the clinical implications: literature relating to heel height and bunion formation will also be examined.

> EXETER

Saturday 27 September, 10am–12 noon

Developing a study looking at factors influencing retention of osteopaths in private practice

> HAYWARDS HEATH

Sunday 14 September, 10am–12 noon

Presentation of case studies looking at the lasting musculoskeletal symptoms of patients who have undergone cardiac surgery
Review of the literature looking at pain experience and treatment responses among different patient groups.

Developing a pilot study to look at job satisfaction within the osteopathic profession

> LEEDS

Tuesday 16 September, 7–9pm

Developing a patient satisfaction questionnaire for osteopathic practice

> LONDON

See www.ncor.org.uk for next meeting date

> OXFORD

See www.ncor.org.uk for next meeting date
Discussion of topics for small group work

Conference calendar

> 5–7 September 08

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

Venue: Bradenton, Florida.

Full details are available on the British College of Osteopathic Medicine's website: www.bcom.ac.uk.

> 10 October 08

5th International Symposium on Advances in Osteopathic Research

Venue: Schlagenbad/Wiesbaden, Germany. This half-day research symposium will be held in conjunction with the 11th International Congress of the German Osteopathic Association from 9 to 12 October.

> 25 October 08

5th Chiropractic, Osteopathy and Physiotherapy Annual Conference: 'Moving forward through research and practice'

Venue: Anglo-European College of Chiropractic, Bournemouth. For further information, visit the British School of Osteopathy's website: www.bso.ac.uk.

> 6–7 November 08

Society for Back Pain Research Annual General Meeting

Venue: Keele Hall, Keele University, Staffordshire. See article on page 30 for further information or visit: www.sbpr.info/meetings.php.

> 14–16 November 08

British Osteopathic Association Annual Convention and Trade Exhibition

Venue: Marriott Forest of Arden, Meriden, near Birmingham. For further information, visit the BOA website: www.osteopathy.org.

Manual treatment of chronic pelvic pain

Osteopaths have treated patients with chronic pelvic pain (CPP) for many years; however, there is a shortage of literature documenting this aspect of clinical practice.

The authors of this review have examined the causes and management of CPP. The definition used is that of “non-menstrual or non-cyclic pain in the lower abdominal region lasting for at least six months, sufficiently intense to interfere with habitual activities and requiring clinical or surgical management”.

The review reports that CPP is prevalent in 14-24% of women of reproductive age, and that 39% of women seen in primary care locations report pelvic pain. In the USA, follow-up investigations, including laparoscopies and other gynaecological consultations,

produces direct and indirect costs exceeding \$2billion.

The studies examined were unable to identify risk factors for the disease, but have shown that 85% of patients presenting with CPP have dysfunction of the musculoskeletal system. Documented sources of dysfunction included postural changes (including increased lumbar lordosis), knee hyperextension, pelvic anteriorisation, and changes in the pelvic muscles, including spasm in the piriformis and levator ani. It was not well-established in the literature whether such musculoskeletal changes were caused by or compensations for CPP. Compensatory changes were documented to contribute to postural imbalance and symptoms becoming more chronic.

The review suggests that clear identification of the characteristics of the pain is essential in identifying its



aetiology and the most effective measures to record pain were recommended as visual analogue scales (VAS) and the McGill Pain Questionnaire.

Treatment strategies were discussed including the use of tricyclic antidepressants in combination with analgesia. There was a notable lack of recognition of the role of manual therapies in the paper, with much more space dedicated to the description of transvaginal therapy for patients with pelvic floor

dysfunction. There was little mention of the effect that manual therapy to the spine and pelvic joints could have on outcome, which highlights that more information needs to be documented concerning the osteopathic management of pelvic pain.

Montenegro MLLS, Vasconcelos ECLM, Candido dos Reis FJ *et al.* Physical therapy in the management of women with chronic pelvic pain. *International Journal of Clinical Practice*. 2008;62(2):263-269.

Spinach and muscle mass

Eating spinach to build muscles fits in well to the fantasy world of cartoon characters, with the likes of Popeye, but researchers have now identified that leafy green vegetables, including spinach, contain a steroid that increases muscle growth.

Phytoecdysteroids were extracted from spinach and the liquid extract was placed on samples of cultured human muscle, producing an increase in growth by up to 20%. Studies using rats were also undertaken; it was found that the rats had slightly stronger grip strength following a series of injections of the steroid extract over the course of one month. Ecdysteroid-containing plant extracts produced similar results.



Gorelick-Feldman J, MacLean D, Ilic N *et al.* Phytoecdysteroids increase protein synthesis in skeletal muscle cells. *J Agric Food Chem*. doi:10.1021/jf073059z.

Use of ice in patient management – a brief review of the evidence

Carol Fawkes, NCOR Research Development Officer



The use of cold, or cryotherapy, for medicinal purposes in the form of ice and snow, has been used since the time of Hippocrates¹.

These days cryotherapy is a treatment strategy that is often used in osteopathic practice, as well as in many other healthcare disciplines. In osteopathic treatment, the application of ice is most commonly recommended for patients presenting with musculoskeletal injury^{2,3}: ice is, however, frequently used post-operatively⁴, in rheumatic disease⁵ and occasionally for haemophilia⁶ patients.

Proposed physiological processes

The rationale for using ice in patient management is to achieve a number of outcomes; these commonly centre around

the processes that occur during an acute inflammatory process and include:

> **Reduction of oedema to reduce compartmental pressure.** Theoretically the application of cold should cause vasoconstriction in superficial blood vessels, contributing to the reduction in oedema^{7,8}. This point of view has, however, been challenged by Curl *et al.*⁹ who suggested an alternative mechanism must be operating. Cold is also believed to have a secondary nociceptive effect by limiting oedema formation and thereby limiting painful tissue distention.

> **Reduction of haemorrhage and haematoma formation.**

Ho¹⁰ and colleagues identified that applying ice for 20 minutes significantly decreased arterial and soft tissue blood flow around the knee joint; bone blood flow and metabolism were also significantly reduced. Paradoxically, periods of vasoconstriction are found to be followed by vasodilation and then vasoconstriction again. Grana *et al.*¹¹ suggested that vasoconstriction would occur until subcutaneous temperatures fall below 15°C; this would then be followed by vasodilation, caused either by paralysis of the contractile mechanism or blockage of the

constrictor signals. This dilation process is thought to account for the reddening that occurs when cold is applied to the skin surface.

- > **Hypoxic tissue damage is reduced as the temperature reduction slows the metabolic rate of the injured tissue and reduces the rate of oxygen use¹².**
- > **Muscle spasm is reduced due to the cold exerting an inhibitory effect on the muscle spindles.**
- > **Pain is diminished due to a combination of three different processes:**
 - Cold-induced neurapraxia, where sensory nerve impulses are completely blocked or slowed down.
 - The cycle of pain and muscle spasm is interrupted as the reduction of muscle spasm diminishes levels of pain.
 - Loeser¹³ suggested that the application of cold causes signals to be transmitted to the spinal cord, which override pain impulses as they enter the spinal cord.

Reviewing the evidence

Chronic pain is less commonly associated with the use of cold packs; however, the pain-reducing effect of cold application can be helpful in some chronic pain conditions¹⁴. Healthcare practitioners frequently advocate the use of ice in acute symptom management post-surgery and particularly so in the care of sports injuries. One study comparing the use of ice with

no ice among patients recovering from arthroscopic knee surgery found that patients using ice had significantly lower pain scores when measured using the McGill Pain Questionnaire, and used significantly less prescription and non-prescription analgesia¹⁵. Reviews have been carried out to investigate whether cold therapy does hasten a return to sporting activity. However, the reviewers were concerned about the quality of the studies addressing this therapeutic area. They concluded that cryotherapy may have a positive effect on return to sport participation, but suggested that considerably more work was required to raise the quality of future studies, and a greater need was identified for the use of return-to-participation outcome measures¹⁶. Various studies have looked at specific injuries associated with sportsmen and women, and the use of ice in their management is a common thread¹⁷.

Compression

There is little evidence to suggest that the combination of ice and compression has any significant effect. Studies are predominantly limited to the treatment of hospital inpatients and very few studies have assessed the management of closed soft-tissue injuries. The studies involving ice and compression fail to use the same modes of compression, duration of ice and mode of ice application. It is therefore impossible to draw any objective information from the studies that add value to clinical practice¹⁸.

Type of ice pack

Ice packs have become increasingly sophisticated; some patients still prefer to use

good, old-fashioned frozen peas, while others find the flexible gel packs more convenient, especially when travelling while experiencing pain. Chesterton *et al.*¹⁹ compared the localised skin-cooling effects of an ice pack made from frozen peas with a flexible frozen gel pack. They found that the latter failed to cool the skin as well as the frozen peas and did not produce an effect that induced localised skin analgesia, reduced nerve conduction velocity and reduced metabolic enzyme levels to clinically relevant levels.

Zemke *et al.*²⁰ compared the effect of ice pack application with ice massage. Ice massage involved an ice cup being massaged over the gastrocnemius muscle using overlapping horizontal strokes for 15 minutes. Ice massage reached a lower temperature of 17.9°C in 2.4 minutes and the ice pack achieved a temperature of 28.2°C in 12.5 minutes.

When to apply ice

In the 1940s²¹, the recommendation was to apply ice within the first 30–60 minutes after injury. By the 1950s this advice had changed to within the first 24–72 hours after injury²².

Duration of application

Stitik and Nadler²³ recommend application of ice for 20–30 minutes every two hours, combined with rest and compression; they recommend this treatment be continued until the swelling has gone down or after 48 hours has passed. They propose that the '20 minutes on, 20 minutes off' regime potentially increases the risk of thermal injury.

Loeser¹³ suggested that the application of cold causes signals to be transmitted to the spinal cord, which override pain impulses as they enter the spinal cord.

Areas where nerves become more superficial should also be treated with extreme care and local cold application avoided; these include, for example, the ulnar nerve at the elbow and the peroneal nerve at the head of the fibular.

Hochberg⁴ compared the effect of continuous ice application with that of intermittent application for patients following carpal tunnel surgery. Ice was applied continually for 20-minute periods during the first three post-operative days. Hochberg found that patients using ice continually had a significantly greater decrease in pain. Unfortunately, the mode of ice application was not the same between the two groups, undermining the conclusions that can be drawn from the study.

Bleakley *et al.*²⁴ compared two different regimes of ice treatment management in an attempt to assess the most effective. The use of sustained ice application and the intermittent application of ice was employed among two different groups of patients presenting with acute ankle sprain. The findings suggested that intermittent applications of ice after acute soft tissue injury enhanced the effects of ice in relation to pain relief on activity in the early

stages (first week) of the injury, but made no significant difference in terms of function, swelling, or pain at rest. Their intermittent treatment regime involved 10 minutes of ice, 10 minutes off and 10 minutes of ice, repeated every two hours for the first 72 hours after injury (as recommended by MacAuley²⁵).

Coté *et al.*²⁶ investigated the use of ice, heat or a contrast bathing approach in first- and second-degree ankle sprains during the first three days after injury and before the onset of a rehabilitative exercise programme. This study concluded that the application of all three treatment modalities produced an increase in oedema in the post-acute phase in the sprained ankle; heat and contrast bathing produced identical increases in oedema; and ice therapy produced the least amount of oedema. The authors concluded that ice was the most appropriate treatment to use to minimise the development of oedema after injury.

The effect of subcutaneous fat acting as insulation has been examined by Hocutt²⁸ and Myrer²⁹. Hocutt *et al.* suggested that significant cooling occurred with ice application of 10 minutes to a depth of two centimetres (cm) in individuals with less than one cm of fat. They suggested that in athletes with two cm of fat, cooling was required for 20–30 minutes. Myrer and colleagues also showed that the depth of adipose tissue was a significant factor in the first 15 minutes of ice therapy, showing an inverse relationship between adipose tissue and temperature decrease.

Ice and exercise

Bleakley *et al.*²⁴, in their systematic review, concluded that there was marginal evidence for the combined use of ice and exercise.

Contraindications and adverse effects

Therapeutic cold treatment should be avoided on areas of reduced sensitivity in order to avoid the potential risk of frostbite. This can include, for example, patients with locally anaesthetised areas from nerve root compression syndromes, diabetic patients, patients with circulatory disorders, open wounds or skin conditions, patients with iron deficiency anaemia, and patients with poor kidney function. Patients with a sensitivity to cold, such as those with Raynaud's syndrome and thyroid conditions, should also avoid cold treatment. Similarly, patients with severe cardiovascular disease, patients with severe hypertension and those whose joint symptoms are aggravated by use of cold should all avoid cold application³⁰.

Effects of barriers

The use of a barrier between the ice pack and skin is commonly recommended to protect the skin. Lavelle and Snyder²⁷ examined the effect of cooling when a barrier is present; they measured skin temperature after 30 minutes of ice application.

Barrier	Mean skin temp
Padded bandage	30.5°C
Unpadded bandage	20.5°C
Dry washcloth	17.8°C
No barrier	10.8°C
Damp washcloth	9.9°C



Frostbite is one of the most common, yet rare, adverse effects of cold application^{14,31}. Careless application of coolant sprays, particularly those containing ethyl chloride, are capable of causing localised frostbite^{32,33}. Areas where nerves become more superficial should also be treated with extreme care and local cold application avoided; these include, for example, the ulnar nerve at the elbow and the peroneal nerve at the head of the fibular. Other cases in the literature have included cold-induced neuropathy in the axillary nerve and lateral femoral cutaneous neuropathy³⁴.

In common with so many other areas of healthcare, the evidence can be contradictory at times. The most recent work by Bleakley *et al.*²⁴ appears to show the most extensive consideration of the literature and, most helpfully, compares the various components of management for acute injuries.

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Erratum

It has come to our attention that an error was made during the transcription of Dr Roderic MacDonald's article, 'The battle for ideas: a discussion' (*The Osteopath*, April/May 2008, pp24-25). The correction relates to the first sentence under the subheading 'Somatic dysfunction vs abnormal illness' on page 25. This sentence should have read: "In the face of this impasse between those professionals deriving their management from two different concepts – somatic dysfunction or abnormal illness behaviour – evidence from trials comparing regimes based on such approaches should be the arbiter."

IJOM: what's the latest evidence?

Nicholas Lucas MHS (Osteo), School of Biomedical and Health Science,
University of Western Sydney and Australian editor of *IJOM*

The enclosed issue of the *International Journal of Osteopathic Medicine (IJOM)* features three key papers from the international education conference – 'Osteopathic learning and practice: a global future' – which formed part of the UK osteopathic profession's *Advancing Osteopathy 2008* celebrations in London on 1–3 February. While each paper focuses on a different aspect of osteopathic education, they all explore the role of research in education.

Tension appears to be growing within the profession about the extent to which research and evidence impacts on traditional osteopathic practice. And while there is no easy way to address this issue, a cooperative and engaging debate is likely the most viable option for moving toward a resolution. For this reason alone, I see these as important and timely papers for the profession to contemplate. All three papers have been authored by experienced osteopaths and educationalists.

Gary Fryer trained as an osteopath in Australia and is now Research Associate Professor at the AT Still Research Institute in Kirksville, USA. In his paper, Gary discusses teaching critical thinking in osteopathy, putting forward an example of how the art of osteopathy can be integrated with evidence-informed approaches. Drawing on his experience in private practice, as a teacher of osteopathic technique and, more recently, having undertaken a doctorate, Gary asserts some fairly strong views which are likely to spark debate.

Professor John Licciardone, as an osteopathic physician and Chair and Executive Director of the Osteopathic Research Center at the University of North Texas, USA, has many years' experience in using and teaching evidence-based medicine. Currently he is leading some of the largest clinical trials of osteopathic manipulative treatment undertaken to date. In his article, Professor Licciardone discusses the role research methods and statistics should have in an undergraduate curriculum.

Sarah Wallace presents a discussion of critical thinking, research, scholarship and teaching, based on her experience as a UK osteopath in private practice, lecturer in various European osteopathic educational institutions, and former member of the GOsC's Education Committee. Sarah's examination of what it means to be involved in education today helps provide insight in to the contemporary demands on the educator and the educational institution.

Hopefully these points of view will strike a chord with some of you; and I hope you may even be prompted to share your opinion by way of a letter to the *IJOM* editors.

Postural variables

Also in this issue is a study that investigated the reliability, or consistency, of postural variables over a one-week period. The results are encouraging and suggest that postural variables may be a reasonable outcome measure for investigating the effects of osteopathic manipulative treatment. "But wait ..." some of you say, "surely we already

know this, since it is a fundamental part of osteopathic practice?" Well, we might 'know' it in terms of our individual experience (anecdotal evidence) and the art of osteopathy, but until now we didn't know it in more formal terms – the science that supports the art.

Sometimes when research investigates the 'obvious', the obvious turns out to be different to what we expected. But not in this case: people's postures appear to be reasonably stable over a one-week period. From here, the next step is to measure if a change in posture can be achieved with osteopathic treatment, and, more importantly, determine if that change is associated with an improvement in the patient's function and a decline in symptoms.

RTB and CPD

And finally, don't forget to check out the Journal's two new sections: the Research and Treatment Bulletin (RTB) and CPD activities. RTB presents summaries of some interesting articles from the wider healthcare literature – of particular interest in this issue are new studies on the risks associated with cervical manipulation. The CPD section offers a formal but rapid approach to evaluating your knowledge about articles in the Journal, and also provides the means to keep a permanent record of your Journal-related CPD activities.



The professional doctorate experience – the clinicians' doctorate?

Janet Suckley BSc(Hons) Ost, osteopath (NHS-employed), consultant physiotherapist and professional doctorate student, University of Salford and Nancy Lee, Programme Leader, DProf (Health and Social Care), University of Salford.

Professional doctorates facilitate our enhanced acquisition of research-based knowledge and expertise. They also advance practice-related professional skills, such as leadership and expert communication.

In recent years, professional doctorates have gained in popularity in the health and social care sector, and demonstrate the same outcomes as the more traditional PhD. Such outcomes include the acquisition of original knowledge (of a standard to satisfy peer-review) together with the design and application of appropriate research strategies. However, the process of professional doctorate study is somewhat different to that of the PhD.

Professional doctorates offer several distinct advantages for the practising clinician. The resulting knowledge and skills have their foundations within clinical practice – linked to workplace experience and actual clinical problems – making this doctorate highly relevant to practising clinicians. Importantly, this knowledge can incorporate the culture, beliefs and priorities inherent in different practice settings and organisations. Furthermore, professional doctorates are helping to bridge the gap between theory and practice – addressing the researcher–practitioner divide – through practitioners undertaking research that is both clinically relevant and linked to Department of Health priorities.

The programme structure of professional doctorates can vary considerably, but there

are several overarching characteristics. Firstly, professional doctorate students tend to study with a group of like-minded and senior professionals. Within this confidential, often multi-professional, group setting, students can critically reflect on professional issues and share expertise. This peer support is invaluable and the mentorship provided by this 'research community' extends far beyond the remit of the professional doctorate.

Secondly, many programmes offer opportunities for inter-professional learning and collaboration, providing students with the potential to develop trans-disciplinary perspectives for their practice. As healthcare professionals widen their scope of practice, taking on more extended and advanced roles, collaborative working can encourage professionals to embrace the current trend in today's health and social care sector toward the blurring of professional boundaries. Inter-professional working facilitates the sharing of knowledge and skills within a given specialist field, leading to a much broader knowledge base.

Thirdly, while many health professionals will have considerable expertise relating to the management of practice life and clinical skills, the competences needed to instigate and lead research within the practice framework

may be a new consideration. Professional doctorate studies offer the opportunity to reflect, refine and build upon our existing skill set. They encourage us to plan and implement strategies to lead research effectively within our field, and to disseminate this work beyond our profession's boundaries.

The use of leadership self-assessment strategies and personal development planning within professional doctorates is equally invaluable. Professional doctorates facilitate peer learning, while developing context-specific skills for leading research in practice.

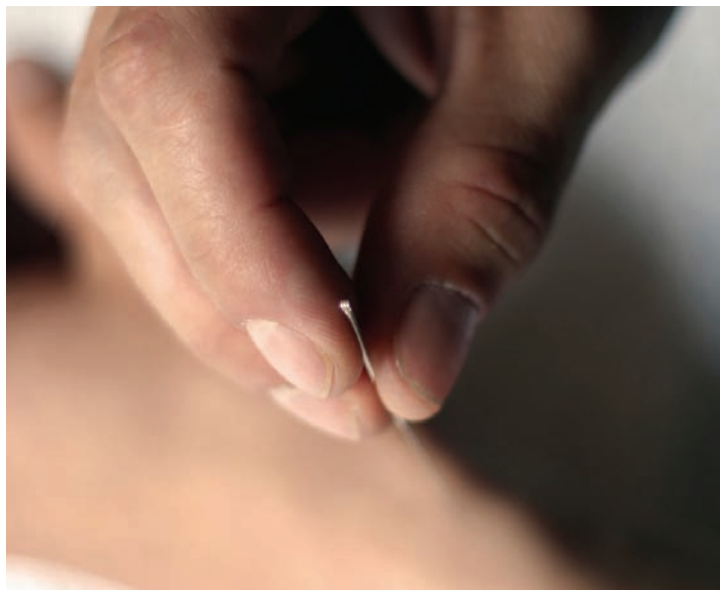
Leadership and communication skills are important in aligning research and development with the needs of patients/clients, commissioners and other key stakeholders. Like it or not, health services have finite resources that are invariably linked to targets and, where this is the case, evidence is more likely to be implemented. Professional doctorate studies offer opportunities to critically examine these issues and to develop schemes that will directly inform and underpin professional practice.

International Conference of Acupuncture and Oriental Medicine

The British Acupuncture Council (BAC) is hosting the 2008 International Conference of Acupuncture and Oriental Medicine on Saturday 6 and Sunday 7 September, at the Royal Holloway University, Egham, Surrey. With a focus on the profession's new horizons, the event will for the first time offer an international platform for sharing ideas on best practice – speakers and delegates will be coming together from across the UK, Europe and from around the globe.

Throughout Saturday and Sunday, delegates will have the option of attending a range of workshops and lectures, from practical to theoretical and personal development to practice management issues. Renowned speakers will draw on insights from both traditional theory and modern research. Delegates will also have the opportunity to chat with industry partners, and to view and test new products and services.

Parallel to the learning programme and exhibition, there will also be a range of outdoor activities available



throughout the day including Qi Gong classes, guided walks, and more. Ample networking opportunities and social gatherings have also been scheduled across the weekend, allowing delegates to forge links with colleagues from around the world.

For further information and to book your place, visit www.acupuncture.org.uk/conference or contact Nigel Kay, Conference Manager, on tel: 0208 735 1216 or email: NigelK@acupuncture.org.uk.

Improving effectiveness of back pain treatment

The Society for Back Pain Research is holding this year's scientific meeting, 'Improving Effectiveness of Treatment', on 6–7 November 2008, at Keele Hall, Keele University, Staffordshire. Invited speakers will span the fields of primary care (Professor Elaine Hay, UK), physical therapy (Dr Julie Fritz, USA), psychology (Professor Steven Linton, Sweden) and surgery (Dr Peter Fritzell, Sweden), and will help lead a diverse and stimulating programme.

This multidisciplinary society comprising osteopaths, general practitioners, psychologists, orthopaedic surgeons, neurosurgeons, rheumatologists, physiotherapists, chiropractors, epidemiologists and basic scientists, was established to explore all clinical and scientific aspects of spinal pain, including its causes, assessment and treatment.

The meeting will provide a forum where innovative new therapies and established treatments will be scrutinised in a rigorous scientific atmosphere. Only peer-reviewed research papers and posters will be presented for discussion, and some abstracts will subsequently be published in the *Journal of Bone and Joint Surgery*.

For further information about the programme, how to register, or to book an exhibition stand, visit www.sbpr.info or email [Debbie McStrafick: deb@spineresearch.org.uk](mailto:DebbieMcStrafick@spineresearch.org.uk) (stating 'SBPR Meeting Nov 08' in the subject box).



Osteopathy 08 Conference

To mark 100 years of osteopathic practice **Down Under**, the Australian Osteopathic Association is hosting a conference, 'Osteopathy 08: Embracing a second century of practice', on 16–19 October in Maroochydore, Queensland.

The event will bring together osteopaths and speakers from around the globe to discuss

how far osteopathy has come since 19th century Kirksville – the current scope and how to assure a bright future.

In addition to the de rigueur social elements, delegates will also have the chance to view some of the original artefacts from the AT Still Museum in Kirksville, USA.

For further information, visit www.osteopathic.com.au.

Arthritis: The complete guide to relief using methods that *really* work

(Second edition)

Arthur C Klein

Published by Robinson

ISBN 1-84529-073-9

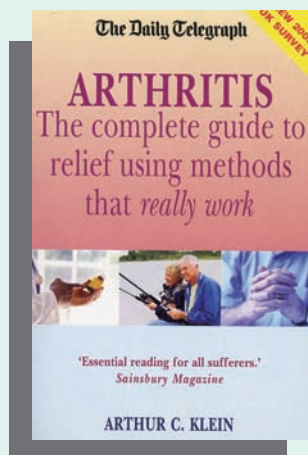
561 pages, £9.99

Reviewed by

Sarah Gordon BSc (Hons)
Ost, Harrogate

Any book containing the subheading "What to fear from a chiropractor" is bound to be of interest to many osteopaths; however, this book is not your typical osteopath's bedtime read! In fact, it is pitched primarily at the patient, but also offers some interesting nuggets for health professionals who treat people with arthritis.

Interestingly, it outlines the results of an extensive postal questionnaire sent to over 1,000 sufferers of arthritis in the USA; and this second UK edition incorporates the results of a web-based survey carried out in 2005 of almost 500 UK arthritis sufferers. The first point to be made is that both rheumatoid arthritis (RA) and osteoarthritis (OA) sufferers were included in both surveys, but no distinction was made between the treatments of these different conditions; a trick missed in my opinion. However, despite the grouping together of both RA and OA, the book covers a wide range of topics, such as choosing which healthcare specialist to see, rating the major prescription drugs, and includes a 30-day menu plan (with recipes). Part one of the book deals primarily with symptom relief, looking at professional care, orthodox



treatments, unorthodox and alternative remedies, nutrition and wisdom gathered from patient surveys. Part two (initially published as a book in its own right) is concerned with exercise and not only lists the range of sports that have helped the majority of those surveyed, but also dedicates around 100 pages to detailed descriptions and diagrams of strengthening and stretching exercises.

There is a small but positive section on osteopathy, which offers a good, succinct description of what we do (an achievement in itself!) and highlights in the survey results that of those who had received osteopathic treatment, 77% reported feeling better. From the same survey, it was interesting to note the figures for chiropractic treatment: 25% reported the treatment as giving no relief and 9% felt worse after treatment. The results for osteopathic treatment were 18% and 5% respectively; however, it should be noted that the survey sample size was small – only 62 participants surveyed had consulted an osteopath and 77 a chiropractor. With such a small sample size one does have to question the significance of the results.

Third World Health: hostage to first world wealth

Théodore H MacDonald
(foreword by Archbishop Desmond Tutu)

Published by Radcliffe

Publishing Ltd 2005

ISBN 1-85775-769-6

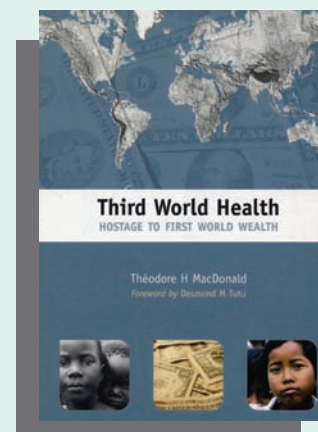
297 pages, £39.95

Reviewed by

Will Podmore, British
School of Osteopathy
Librarian

In this excellent book, Professor MacDonald traces important links between the world's peoples: "Most of the poor nations on earth are supporting bank stockholders in a few rich ones ... It is those trading relations which largely account for their appalling standards of domestic health. Their health is forfeit to the wealth of our banks and corporations. Moreover, their continued decline in health can be directly accounted for by the huge adjustments they have to make to domestic programmes to sustain foreign aid ... such distortions lead to: massive deforestation, pollution of rivers and water sources, wars, abrogation of workers' rights, etc."

MacDonald suggests that the International Monetary Fund's pro-capitalist policies are harming countries in Africa, Asia and Latin America. Here he gives such examples as: the destruction of Peru's primary healthcare; damage caused by health service fees in Uganda; growth of prostitution in Nepal; promotion of smoking in China; and the spread of HIV/AIDS in Zimbabwe. But he presents also the positive outcomes: popular participation in health work in



Kerala, India; women's education in Pakistan; and the work of Cuban doctors in South Africa and some 40 other countries.

He also illustrates how free trade can work against the interests of people across the world: "If those interest repayments are not made, the bank and its stockholders – not the ordinary first world citizen – don't get their returns. In order to keep those returns coming in, the bank has to bring pressure on the government of its first world country to reduce pay for its domestic industrial workers by allowing the cheaper products produced overseas to come in and compete with their own." He connects the growing inequalities within nations, especially the USA, Britain and China, to the inequalities between nations.

MacDonald notes that Cuba, which is outside the dominant trading relations, has achieved an exemplary health service that has increased Cubans' life expectancy to first world levels (76.15 years in 2002).

An interesting read dealing with some of the world's most challenging issues. Highly recommended!

Courses 2008

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

For a more comprehensive list of courses, visit the CPD resources section of the **o zone** website – www.osteopathy.org.uk.

September

> 5–7

Dynamic morphology

Speaker: Dr Jaap van der Wal.
Organised by the Craniosacral Therapy Educational Trust.
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 6

Cranio-sacral therapy – introductory day

Speaker: Thomas Attlee.
Organised by the College of Cranio-Sacral Therapy.
Venue: London.
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 6

Osteopathic care of small animals revisited

Speaker: Tony Nevin. Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 9

Ankle joint assessment

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 10

Knee joint assessment

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 11

Shoulder joint assessment

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 16

Joint manipulation & mobilisation for the athlete

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 17

Muscle energy technique

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 18

Postural assessment & myofascial slings

Course Director: John Gibbons. Organised by Peak Sporting Performance.
Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.
tel: 07850 176 600
email: j.gibbons@peaksport.co.uk
website: www.peaksport.co.uk

> 20

Visceral osteopathy I

Speaker: Phil Austin.
Venue: Leeds Metropolitan University.
tel: 01133 682 984
email: mail@open-ed.co.uk

> 25

Process-centred osteopathy – a new clinical model

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

> 26–28

Applied kinesiology & nerve entrapment

Speaker: Clive Lindley-Jones. Organised by the International College of Applied Kinesiology.
Venue: Oxford University.
tel: 01865 243 351
email: info@helixhouse.co.uk
website: www.helixhouse.co.uk

> 27

Psychosocial factors in pain conditions: How to construct a consultation

Speaker: Dr Jeremy Chase.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 27–28

IOT III: SI joints, pelvis and LEX

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

> 27–28

Harmonic technique (parts I & II)

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

October

> 2–5

Flowering of consciousness

Speaker: Dr Michael Shea. Organised by the Craniosacral Therapy Educational Trust.
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 4-5

Cranio-sacral therapy – start of two-year professional training

Speaker: Thomas Attlee.
Organised by the College of Cranio-Sacral Therapy.
Venue: London.
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 9-11

New visceral course: Vascular visceral manipulation

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

> 10-12

Pregnancy care

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

> 16

How to treat: Whiplash injuries

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

> 19

Foundation course in prescription orthoses for osteopaths

Speakers: Edward Buckwald and Chris Eke. Organised by Pegasus Orthoses.
Venue: Stanborough Centre, Watford, Herts WD25 9JL.
tel: 01923 260 452
email: info@pegasusorthoses.co.uk

> 23

How to treat: Whiplash injuries

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

> 25

Managing headaches

Speaker: Dr Hazel O'Dowd.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 25-26

Integrated manual therapy and naturopathic approaches to the pelvis

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

> 29-30

Energy medicine, frequency medicine and resonance

Speaker: Dr James Oschman.
Organised by the Craniosacral Therapy Educational Trust.
Venue: Skylight Centre, Unit 8, 9-15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 30

How to treat: Impingement syndrome of the shoulder

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

November

> 1-2

Harmonic technique (parts I & II)

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

> 7

Ventricles – enfolding space

Speaker: Dr James Oschman.
Organised by the Craniosacral Therapy Educational Trust.
Venue: Skylight Centre, Unit 8, 9-15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 8-9

IOT I: Cervical spine, CD and UEX (repeat)

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

> 15-16

Harmonics I

Speaker: Prof Eyal Lederman.
Venue: Leeds Metropolitan University.
tel: 01133 682 984
email: mail@open-ed.co.uk

> 22

Yoga as therapeutic exercise

Speaker: Luise Woerle.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 22

Introduction to sports taping: Principles and practice

Speaker: Tom Hewetson.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 27

How to treat: Plantar fasciitis

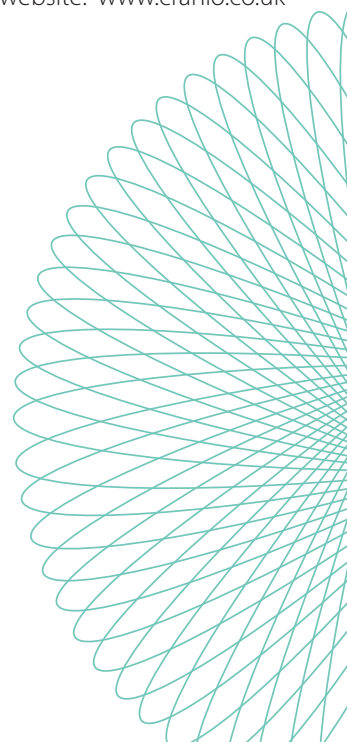
Speaker: Prof Eyal Lederman.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

December

> 7

Ventricles – enfolding space

Speaker: Erwin van de Velde.
Organised by the Craniosacral Therapy Educational Trust.
Venue: Skylight Centre, Unit 8, 9-15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk



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Nottingham. Opportunity for associate to join expanding practice, 1–2 days per week, working with team of two osteopaths and receptionist. Practice offers both structural and IVM approach in pleasant, modern premises. Suitable for enthusiastic osteopath with good patient management skills. Please contact: Wendy Dove: 0115 960 4100.

Associate with IVM experience required for busy family practice in Norfolk, four-day list with supervision, study group and support available – children and pregnancy clinic. Two-year commitment required initially. Call Averille Morgan, 01485 571 559, King's Lynn.

Part-time work for osteopath with strong cranial skills and confidence in treating babies, children and adults, in North London N14. Suit local person. Friendly multidisciplinary clinic with opportunities for CPD. Tel: 020 8440 3629.

Research assistant. Self-motivated osteopath with a keen interest in research required for new position at European School of Osteopathy (ESO). Post-holder will support institutional research, particularly a clinic-based survey of adverse events, by assisting with: drafting documents (protocol, questionnaire, and ethics submission); patient recruitment and follow-up; data handling and analysis. Other activities might include developing conference materials, overseeing the web presence for ESO research, and assisting with day-to-day research-related administration. Candidates should possess a good honours degree (or equivalent), have proven research experience, including application of basic statistics, and good IT and communication skills. On-the-job training will be provided as the role develops. Part-time (flexible, equivalent to three days/week), one-year fixed-term contract (renewable), up to 25K pro rata. Start date: September 08. Full job description at www.eso.ac.uk. To apply, contact Jacqui Harris, ESO, Boxley House, Maidstone, Kent ME14 3DZ. Tel: 01622 671 558 or email: Jacquieharris@eso.ac.uk. Closing date: 15 July 2008.

Are you what the Fulham Osteopaths are looking for? We are on the hunt for an experienced, confident and caring osteopath to join our team on Tuesday mornings and Friday afternoons. You should be experienced in treating all patients from newborn to elderly and be comfortable using a broad range of treatment modalities. We are also looking for a female osteopath to join the team on Saturdays and are willing to take on an exceptional new graduate for this position (possibility of an additional day during the week). If you have answered 'yes' to all of the above, we want to hear from you. Email your CV to info@fop.co.uk along

RECRUITMENT

Assistant/partner required for busy Cyprus osteopathic practice. Imminent move to large private hospital. Must be able to work with, and refer to, the 20 GPs, surgeons and consultants here. The work will involve assisting the principal osteopath; flexible working hours are possible. Would suit someone who has previously had experience of practising in a Middle Eastern/Asian environment, with a mix of ex-pats and, in this case, local Cypriots. The applicant should be able to commit for a year, as work permits are still required, and be willing to learn medical Greek. The ideal applicant should be able to cope with our high summer humidity levels, be enthusiastic, outgoing and able to handle their own admin, as well as being able to adapt to a culture very different from that of the UK. Outdoor sports are freely available. A full driving licence is essential and accommodation is inexpensive. Send your CV to deborahbayley2003@yahoo.co.uk or tel: 003579 932 2169 and leave a message after the initial Greek answerphone.

Outstanding opportunity for responsible, osteopathic all-rounder, well versed in manipulative and soft tissue techniques, massage and electrotherapy, to take over multidisciplinary practice in attractive semi-rural location. Must be able to

communicate effectively with patients and maintain a medical dialogue with colleagues inside and outside the practice. To apply, send CV to: Box No. 108, *The Osteopath*, Wealden Printing, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

Reading, Berkshire. Cranial osteopath needed to join our very busy clinic. We have a multidisciplinary team of 10, including four osteopaths. Demand for cranial care is exceeding our current availability, therefore, a cranial osteopath is needed to cover one or two clinics a week, with much scope to expand. Clinic information: www.harrisonclinic.co.uk. Applications: Melina@harrisonclinic.co.uk or 0118 976 2253.

Wanted. Opportunity available for osteopath to join a busy practice in a small village outside Lincoln. The practice also has podiatry and acupuncture. If interested, please contact: Angela Riggall on 01522 722 595 / 07939 047 414.

Associate osteopath required for 2 multidisciplinary clinics in Leicestershire as soon as possible. Clinics specialise in sports medicine. Osteopath with cranial and baby/paediatric experience advantageous, but not essential. Enquiries and CVs can be emailed via website: www.leicestersportsmed.co.uk.

with detailed answers to these questions: What is the difference between osteopathy and physiotherapy? Why would you be the ideal person to join our team? (This post is exempt under section 7(2)(e) of the Sex Discrimination Act 1975.)

East London: Three days including Saturdays. We need a technically able, confident practitioner with excellent communication skills to handle proper injuries. Join our team of 12 osteopaths and podiatrists. We're Investors in People. Details: www.bodybalance.co.uk/jobs. Send CV to john@bodybalance.co.uk.

Cambridge – assistant part-time osteopath required July for busy well-established group practice. Apply with CV to Dept JA, John Lant & Partners, 206 Chesterton Road, Cambridge CB4 1NE. Fax: 01233 303 344, email: admin@johnlant.co.uk.

Osteopath with at least five years' experience required to join two part-time, long-term osteopaths for a large, busy NHS GP surgery in SW9. 10 hours per week. For further details and job description, contact Helen Wellings on Helen.wellings@gp-G85028.nhs.uk. Closing date: 12 July.

Excellent opportunity for experienced osteopath to become part of a new purpose-built multidisciplinary clinic in the centre of Leeds business quarter. The successful candidate will join on a self-employed, fee-sharing basis and should be personable, self-motivated and a team player. Enquiries: Victoria@rossingtons.co.uk or call 01132 440 115.

Freelance osteopath required for complementary therapy clinic. Central St Albans location; stylish fully-equipped rooms for rent. Available for minimum of four-hour block on initial three-month contract. Please contact info@gingernaturalhealth.co.uk or call 01727 869 929.

COMMERCIAL

One or two treatment rooms to let in podiatry clinic on busy main arterial road at Blackhill, near city centre. Easy parking, very low rent. Hourly, half days, full days, weekly and full-time rentals available. Tel: D Bayley on 07979 846 356 or email: deborahbayley2003@yahoo.co.uk.

Practice for sale. Unique opportunity to buy thriving osteopathy/physiotherapy practice, established 1990. Centrally located in charming market town – north Bristol/south Cotswolds. Georgian property with three to four ground floor treatment rooms, private, off-road parking and spacious residential accommodation above. Principal

seeking semi-retirement, hence sensible price! Contact me on 07971 013 226.

Three spacious therapy rooms to let within Pilates studio in Badshot Lea area of Farnham, Surrey. Big supermarket chain within walking distance and five mins from Farnham town centre. Contact Belinda Buttery on 01252 794 423. From £700pcm each.

Clinic rooms available. Fully-equipped practice rooms available for osteopathy, with full reception facilities. Reasonable rates. Located in Hampton Hill, Surrey/Middlesex border. Call: 020 8979 4488.

Goodwill for sale in Willesden Green, London. Established osteopathic practice within a multidisciplinary clinic, which is very well known in the area. Location is great, situated opposite the Underground station and amongst a parade of stores. Sale is due to relocation, phone for details and price: 07846 536 071.

Dartmouth practice for sale within 5 bedroom Victorian house with parking. Business part of town, opposite doctor's surgery. No competition. 160 consultations per month. Potential for expansion. Owner relocating. Contact Stags: 01803 835 336, www.stags.co.uk or email: Dartmouth@stags.co.uk.

Belsize Park, London NW3. Modern, fully-fitted treatment room in busy pharmacy on high street. Available for half- or full-day block bookings. Please contact Jonathan on 07951 571 626.

Established osteopathic practice and freehold premises for sale in Sevenoaks, Kent. This is due to the relocation of one partner. The other partner, who has been practising for 30 years, is planning to stay on until retirement. The bungalow has three large, fully-furnished treatment rooms, waiting room/reception and patient cloakroom. The loft conversion acts as office/storage space. Private areas include a master bedroom with ensuite, kitchen and small lounge. The premises has ample off-street parking for patients and staff, and a lovely large garden overlooked by the main treatment room, reception and master bedroom. Perfect location close to M25 and a taxi ride from Sevenoaks station. Approximately 125 patients per week and the practice takes additional income from massage and reflexology therapists. This is an opportunity to move in and start operating from a friendly and professional environment in a very sought-after area. Offers need to be in the region of £250,000. No time wasters please. Contact Patrick: 07951 013 634 or pj_osteo@yahoo.co.uk.

Bedfordshire: D1 premises for rent/sale. Would suit osteopath practice or similar. For more information, contact 07749 757 756.

Goodwill of 10-year-established, thriving osteopathic practice on Hampshire/Surrey border for sale due to relocation. Excellent reputation for paediatrics/cranial. Lovely rural location in golf club. In catchment area of four major towns. Low overheads. Contact saffron@saffronray.co.uk or 07788 725 538.

Great new start. For sale: goodwill and lease of busy cranial/structural osteopathic practice, established 13 years, within flourishing dental healthcare centre in beautiful Scottish Highlands. Excellent prospects for expansion. Clinic comprises two fully-equipped and fitted treatment rooms. Reception and appointment services provided. Diverse, inspiring and interesting clientele/community. Outdoor pursuits such as surfing, fishing and hill walking on the doorstep. Principal relocating to Australia. Contact Iain MacRae: 07973 283 080 or iain@fsmail.net.

GENERAL

Research study. Would you be willing to be interviewed by our researcher? We would like to interview osteopaths about their role as healthcare practitioners, and would like to speak to practising osteopaths in south east England. The study is funded by the British Academy and is led by Dr Tamar Pincus at the Department of Psychology, Royal Holloway, University of London. The study has full ethical approval from Royal Holloway, University of London. Please email t.pincus@rhul.ac.uk, or phone 01784 443 526, if you would be interested in receiving further information.

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Osteopathy and Obstetrics

This course has been designed by Dr Stephen Sandier from the British School of Osteopathy, to provide osteopaths interested in this popular area of practice to gain specialist skills. Held in the brand new BSO clinic, the course runs over 2½ days (Friday to Sunday). The first half-day session (Friday) introduces participants to the changes in maternal physiology during pregnancy, and the potential to use these changes to better effect in osteopathic practice. The ventilatory and cardiovascular systems are examined, and practical sessions will be used to develop techniques and treatment for problems associated with the ribs, diaphragm and mediastinum, and associated muscles of respiration.

The second session builds on this foundation with an exploration of weight gain and the link between the kidneys, the pre-renal fascia and the psoas muscles, and the diaphragm and T/L junction. The practical sessions will focus on changes to the uterus and breast tissues. The day will also examine changes to the musculoskeletal system, postural changes and practical techniques to support the pelvis and lumbar spine. The final session will be held in the BSO's treatment rooms, with patients from the Expectant Mother's Clinic available for treatment from the participants, providing an opportunity for you to put new skills into practice.



Dates: Fri 11th, Sat 12th, Sun 13th July 08
Cost: £250
CPD: 18 hours



Osteopathy in the Cranial Field (preliminary course)

The preliminary five-day course is approved by the S-CTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of four participants to one tutor, giving intensive, participant-centred tuition in practical skills. The course leader is Nick Woodhead, who manages the postgraduate programme in Osteopathy in the Cranial Field at the BSO.

Dates: Sun 31st Aug, Mon 1st Sept, Tues 2nd Sept, Thurs 11th Sept and Fri 12th Sept 08
Cost: £975 (£100 deposit to hold the place) Deadline: 1st Aug 08

Ergonomics and Osteopathy

The Ergonomics course is a one day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling back in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment. Course leader David Arnett is a freelance Ergonomics Consultant with over 15 years' experience and an honours degree in Ergonomics, as well as a practicing Osteopath.

Dates: Sat 13th September 08 Cost: £95 CPD: 8 hours Deadline: 28th August 08



Psychological Management of People in Pain

This exciting course has been designed for practitioners who work with people in pain. The course consists of four days of contact time which can be taken separately or as a whole.

The introduction day is a conceptual and practical introduction to the psychology of pain and cognitive/behavioural principles. The focus is on helping practitioners to identify depression, anxiety and fear in the context of pain, and appropriate management of patients displaying such symptoms. After the introduction day, attendees may choose to do all or any of the further sessions programmed throughout the year.

The second session focuses on cognitive behavioural approaches to managing chronic pain, with the third session building further on the understanding of pain management with a focus on mindfulness and acceptance in the context of treatment. The final session will focus on the clinician, and the way that beliefs of the clinician impact on treatment.

The course is lead by Professor Tamar Pincus and Steven Vogel DO, in association with Dr Lance McCracken from the University of Bath and Dr Johannes Van Der Merwe from the Real Health Institute.

Proposed dates TBC
Intro Day: Sat 13th Sept
Day 2: Sat 18th Oct
Day 3: Sat 15th Nov
Day 4: Sat 29th Nov
Cost: £150 per day/
£500 course
Deadline: 1st Sept 08

Stretching Exercises & Application to Osteopathic Care

This intensive one-day course focuses on sixteen tailor-made remedial stretches and strengthening exercises, which can form part of your patient management plan. The day will examine ways to modify stretches for individuals, contra-indications and muscle physiology. The course will be largely practical, to allow participants to experience both performing and teaching stretches. The course leader is Robyn Larismani DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Sat 4th October, or Saturday 8 November Cost: £95 CPD: 8 hours

Functional Active Release in Osteopathy

During this course you will learn about the application and theory of this useful, remedial myo-fascial technique. There will be 12 different techniques demonstrated and practised through the day. Participants will see how functional active release can be applied in a clinical setting, and use biomechanical evaluation to identify patients that would benefit from the technique. Functional active release is ideal for deep muscular dysfunction anywhere in the body and is useful for enhancing performance in sports patients. The course leader is Robyn Larismani DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Sat 18th October, or Saturday 29th November Cost: £95 CPD: 8 hours

All courses are held at the British School of Osteopathy in central London. To apply or find out more please contact Gayda Arnold on 020 7069 5115 or g.arnold@bso.ac.uk



Continuing Professional Development

www.bso.ac.uk/cpd

BSO Summer School

Our Summer School is a series of mini-CPD and networking evenings. The topics have been selected as fasters' to interest areas, allowing osteopaths, teachers and students to come together in an informal setting to exchange ideas. There will also be opportunities to visit the new BSO clinic. Each session will involve 2 hours of CPD, running each evening. The first hour will be split into three 20-minute talks from experts in their field. The second hour will be less formal, developing topics further by discussions over a glass of wine or soft drink.



	Session 1: 8.30 – 8.50 pm	Session 2: 8.50 pm – 7.10 pm	Session 3: 7.10 pm – 7.30 pm
Monday 30 th June	Ergonomics and osteopathy <i>David Annett</i>	Appropriate science for osteopathy <i>Kevin Brownhill</i>	Collaboration with the NHS to provide neonatal care in a hospital setting <i>Nancy Mann/Mark Wilson</i>
Tuesday 1 st July	Spiral motion patterns <i>Kevin Brownhill</i>	Stretching exercises & application to osteopathic care <i>Robin Lansman</i>	Concepts – all in the mind? <i>Frank Vincent/Soran Dawid</i>
Wednesday 2 nd July	Working with Expectant Mothers <i>Steve Sandler</i>	Treating the neck – adverse events, or normal reactions to treatment <i>Steve Vogel</i>	Recent changes at the GOS <i>Flora Walsh</i>
Thursday 3 rd July	Cranial Osteopathy <i>Ian Schofield</i>	Strain/Counterstrain <i>Bob Birge/Olo Holmden</i>	Functional Active Release in Osteopathy <i>Robin Lansman</i>

Dates: Monday 30th June, Tuesday 1st July, Wednesday 2nd July, Thursday 3rd July

Cost: £15 per evening, or £50 for the week

MSc in Osteopathy in the Cranial Field

This new three-year course, recently validated by the University of Bedfordshire, builds on the BSO's 30-year international reputation for postgraduate study of osteopathy in the cranial field.

Designed for practitioners, this course provides extensive practice-based learning supported by regional tutors. Ideal for osteopaths returning to study, it offers:

- * Expert teaching from BSO faculty members plus external lecturers specialising in fields including dental and paediatric osteopathy.
- * Excellent tutor: student ratios (4:1) for the majority of taught practical work
- * Ongoing research support from a team specialist in working with students with varied levels of experience in conducting their own research
- * The chance to practise in the new BSO clinic, the largest of its kind in Europe.
- * Access to the BSO library, also the largest and best in Europe, plus ongoing IT access and support.

Course leader: Nick Woodhead (who has teaching experience with SOTF in the USA and Australia)

The course will commence on 30 August 2008

Professional Doctorate

Our professional doctorate is a programme of advanced study and research, designed to meet the needs of osteopaths who want to develop their expertise in osteopathic practice and research skills. The qualification will promote excellence in professional practice by developing a deep, critical understanding of osteopathic knowledge and skills through reflection and the application of recognised analytical tools. A major element will be a review of osteopathic practice worldwide, which will involve collaboration with osteopathic and healthcare teaching institutions outside the UK.

The BSO's professional doctorate programme comprises taught and research elements and is assessed through coursework and the submission of a publishable piece of research. The taught component is designed to broaden and challenge your assumptions about good practice in osteopathy and healthcare and prepare you for planning, implementing and completing a major piece of independent research based on your special area of interest. This thesis will make a significant contribution to the osteopathic body of knowledge. It will be peer-reviewed and assessed at Doctoral level by acknowledged experts in the field. Doctoral students will be expected to prepare their work for publication in international peer-reviewed journals.

The programme will:

- Use and contribute to evidence relevant to osteopathic practice
- Develop critical thinking and analytical skills
- Emphasise personal development planning for continuing professional development

The Professional Doctorate is open to qualified and experienced osteopaths, with an active interest in practice based research and professional practice.

All courses are held at the British School of Osteopathy in central London. To apply or find out more please contact Gayda Arnold on 020 7069 5315 or g.arnold@bso.ac.uk



CPDO

2008

Date	Title	Tutor / lecturer	Cost	Deposit
<i>Weekend courses</i>		Book online at www.cpdo.net		
6 Sept	Osteopathic care of small animals revisited	Tony Nevin	£115.00	Pay in £0
27-28 Sept	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	Fully booked	
27-28 Sept & 1-2 Nov	Harmonic technique (part I & II)	Prof. Eyal Lederman	£425.00	£250.00
27 Sept	Psychosocial factors in pain conditions: how to construct a consultation	Dr. Jeremy Chase	£115.00	Pay in £0
9-11 Oct	New visceral course: vascular visceral manipulation	Jean-Pierre Barral	Fully booked	
10-12 Oct	Pregnancy care	Averille Morgan	£235.00	£230.00
25-26 Oct	Integrated manual therapy and naturopathic approaches to pelvis	Leon Chaitow	£235.00	£150.00
25 Oct	Managing headaches	Dr. Hazel O'Dowd	£115.00	Pay in £0
8-9 Nov	IOT I: Cervical spine, CD and UEX (repeat)	Prof. Laurie Hartman	£215.00	£150.00
22 Nov	Yoga as therapeutic exercise	Luise Woerle	£115.00	Pay in £0
22 Nov	Introduction to sports taping: principles and practice	Tom Hewetson	£115.00	Pay in £0
<i>Evening courses (19.00-22.00)</i>		<i>CPDO providing for all your CPD needs</i>		
23 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in £0
30 Oct	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40.00	Pay in £0
27 Nov	How to treat: Plantar fasciitis	Prof. Eyal Lederman	£40.00	Pay in £0
<i>Evening lectures (19.00-21.00)</i>		<i>For more info see www.cpdo.net</i>		
25 Sept	Process centred osteopathy – a new clinical model	Prof. Eyal Lederman	£20.00	Pay in £0

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

Name:
Address:

Telephone:
E-mail:

Total deposit enclosed: _____ All deposits and payments are non-refundable and non-transferrable 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

All cheques should be made to CPDO Ltd. and sent to the office address:
CPDO Ltd. 15 Harberton Road, London N19 3JS, UK
Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net



SUTHERLAND *Cranial College*

OSTEOPATHY IN THE CRANIAL FIELD

Fee: £1149 CPD: 40hrs

Course Director: Michael Harris DO MSCC

8-12 September 2008

Columbia Hotel, 95-99 Lancaster Gate, London, W2 3NS

Module 2/3 Non-residential Pathway Course - SCTF approved

Eligibility: Module 1 or equivalent

FOUNDATION

Course Director: Alison Brown DO MSCC

£799 CPD: 24hrs

3-5 October 2008

evening 15-19 May 2008

Hawkwood College, Painswick Old Road, Gloucestershire, GL6 7QW

Module 1 Residential Pathway Course

THE LEGACY OF ROLLIN E. BECKER DO

Course Director: Rachel Brooks, MD - British School of Osteopathy

25-26 October 2008 - Course full

THE SPARK IN THE MOTOR

Course Director: Kok Weng Lim MSc (Ost) DO MSCC

With Dr Michael Burmann DO (SCTF USA) as guest lecturer and tutor

Fee: £799 CPD: 24hrs 5-7 November 2008

Columbia Hotel, 95-99 Lancaster Gate, London, W2 3NS

Module 7 Non-residential Pathway Course

Eligibility: Module 2 and Module 3 or equivalent

This exciting, clinically orientated course is an in-depth exploration of fluid management approaches used in practice, and current concepts relating to the nervous system. The focus will be on refining palpatory, diagnostic and technical skills relating to these areas of treatment.

THE ROLLIN E. BECKER MEMORIAL LECTURE

Energy Osteopathy: The Ultimate Challenge

Facilitator: Nick Handoll DO MSCC

£27.50 per ticket if booked before 31st July 2008

Saturday 29 November 2008 at 5pm

Cavendish Conference Centre, 22 Ditchess Mews, London, W1G 9DT

PAEDIATRIC OSTEOPATHY PART A

Course Director: Sue Turner MA PGCE DO MSCC

5-8 February 2009

Columbia Hotel, 95-99 Lancaster Gate, London, W2 3NS

Module 2 A Non-residential Pathway Course

Eligibility: Module 2 and Module 3 or equivalent



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29th June
28th September
30th November

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MSc Osteopathic Sports Care 2008

The MSc in Osteopathic Sports Care starts in October 2008 at the Faculty of Health, Leeds Metropolitan University. The course is designed to build on undergraduate and professional experience in sport and exercise and is conducted on a part-time basis over 3-5 years to Masters level, with each taught module being delivered over two residential weekends. The University has a long established record of involvement in sport and exercise with successful pathways at Masters level.

The course consists of 9 modules, including:

- The Role of Osteopathy 1
- Research Methods
- The Science of Training and Performance
- The Role of Osteopathy 2
- Monitoring and Evaluation in Sport and Exercise Science
- Student Negotiated Osteopathic Study Module
- Dissertation - (3 modules)

The course will commence in October 2008. If you would like further information or to attend the course open day, planned for September, please contact Stephen Castleton s.castleton@leedsmet.ac.uk or 0113 812 3962

www.leedsmet.ac.uk



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with Dr. James Oscimati Ph.D.
October 29th - 30th 2008. Cost: £165/£185

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Email: info@cranio.co.uk Website: www.cranio.co.uk

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- ✓ Completion of all 4 levels of the NOI Education program provides globally recognised certification

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20 – 21 September 2008	London	Hospital of St John and Fitzbaker	Tim Beames
27 – 28 September 2008	Sligo, Ireland	Sligo General Hospital	Robin Daise
18 – 19 October 2008	Kettering	Kettering General Hospital	Robin Daise & David Bolton
25 – 26 October 2008	Winchester	GM Hospital	Tim Beames
25 – 26 October 2008	Chesham	Cox Cross Hospital	Robin Daise & Billy McClellan
1 – 2 November 2008	Dublin	Hormeigo Clinic	Robin Daise
15 – 16 November 2008	London	Guy's Hospital	Tim Beames & Ben Davies
6 – 7 December 2008	Bristol	Cotham Hospital	Robin Daise & Billy McClellan

Clinical Applications – Two day, level 2 courses

21 – 22 June 2008	Lower limb & lumbar spine	London, St Thomas Hospital	Hanni Lujmajoki
9 – 10 May 2009	Upper limb, thorax & neck	London, St Thomas Hospital	Hanni Lujmajoki

Sensitive Nervous System – A two day, level 3 course

Advanced neurodynamics, the neuromatrix and persistent pain. MOTMS prerequisite recommended.

27 – 28 September 2008	Sensitive Nervous system	London, St Thomas Hospital	Hanni Lujmajoki
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Course Registration | Information | NOI Books and Products

To register for courses or to buy NOI books and products please contact Joanna Taylor: E: joanna@nogroup.com T: 01904 737529
W: www.nogroup.com Address: Joanna Taylor, NOI UK, Maple Barn, Main Street, Hessay, York, YO26 2UK



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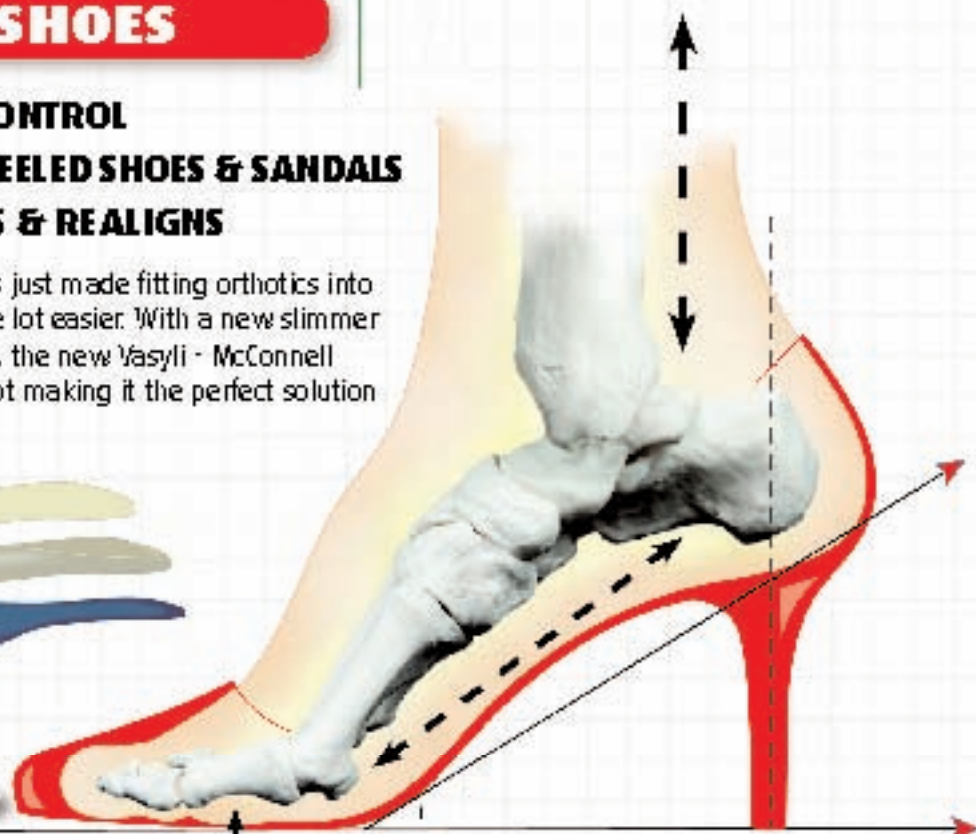
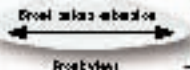
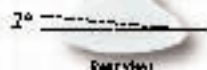
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For the osteopathic profession, this guidance represents a tool for negotiating access to local clinical imaging services.

A copy of the document is enclosed with this issue and is also available to download on the GOsC websites – public and the o zone – www.osteopathy.org.uk.



Additional copies are available at cost price from the GOsC Communications Department, t: 020 7357 6655 ext 242 or email: info@osteopathy.org.uk.