

the osteopath



Enhancing our structure and functions

inside

- > New Council announced
- > Regional consultation meetings 2009
- > Revalidation consultation launched
- > Developing a Framework of Practice



General
Osteopathic
Council



General
Osteopathic
Council

The General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
tel | 020 7357 6655
fax | 020 7357 0011
email | info@osteopathy.org.uk
www.osteopathy.org.uk

Chairman of Council: **Professor Adrian Eddleston**
Chief Executive & Registrar: **Evlynne Gilvarry**

Key GOsC services

**Freephone helpline
for osteopaths** **0800 917 8031**

**Communications & Osteopathic
Information Service** **ext 242 / 226 / 222**

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

Development **ext 238 / 235 / 240**

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

Finance & Administration **ext 227**

Enquiries about registration fees, VAT, payments.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 256**

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

Regulation **ext 224 / 249**

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

Clerk to Council **01580 720 213**

Enquiries about Council Members and meetings, GOsC Committee business.

Chairman / Chief Executive & Registrar ext 246

GOsC staff contacts

Monika Bojczuk (ext 235)
Professional Standards Assistant
monikab@osteopathy.org.uk

Brenda Buckingham (ext 256)
Registration Secretary
brendab@osteopathy.org.uk

Vince Cullen (ext 223)
Director of Professional Standards
vincec@osteopathy.org.uk

Alan Currie (ext 233)
Head of Registration
alanc@osteopathy.org.uk

Marcus Dye (ext 240)
Professional Standards Manager
marcusd@osteopathy.org.uk

Sarah Eldred (ext 245)
Public & International Affairs Manager
sarahe@osteopathy.org.uk

Kellie Green (ext 236)
Regulation Manager
kellieg@osteopathy.org.uk

Sonia van Heerden (ext 242)
Information Officer
soniavh@osteopathy.org.uk

Margot Pinder (ext 228)
Assistant Registrar
[Communications]
margotp@osteopathy.org.uk

Jane Quinnell (01580 720 213)
Clerk to Council
janeq@osteopathy.org.uk

Matthew Redford (ext 231)
Head of Finance & Administration
matthewr@osteopathy.org.uk

Anna Ripley (ext 224)
Regulation Assistant
annar@osteopathy.org.uk

Abdul Saadeddin (ext 251)
Facilities Officer
abduls@osteopathy.org.uk

Marcia Scott (ext 246)
Assistant to Chief Executive & Registrar
marcias@osteopathy.org.uk

Kelly Smith (ext 229)
Registration Assistant
ksmith@osteopathy.org.uk

Velia Soames (ext 248)
Head of Regulation
velias@osteopathy.org.uk

Brigid Tucker (ext 247)
Head of Communications
brigidt@osteopathy.org.uk

Jodie Ward (ext 222)
Senior Communications Officer
jward@osteopathy.org.uk

Joy Winyard (ext 238)
Professional Standards Officer
joyw@osteopathy.org.uk



4 GOsC news

- > New GOsC Council appointed
- > Constitution and Rules consultation
- > Reconstituting the Education Committee
- > Fitness to practise recruitment update
- > In Council, December 2008
- > New public website
- > Introducing new GOsC staff
- > Revalidation – shaping the scheme
- > Developing an Osteopathic Practice Framework
- > Equality and Diversity questionnaire
- > GOsC regional consultation meetings 2009

21 in practice

CPD resources

- > Towards the 2012 London Olympics
- > Fifth Breath of Life Conference
- > Falls Prevention in Older People
- > Second International Fascia Research Congress

Book reviews

Courses 2009

26 marketplace

12 health matters

International

- > European Forum considers strategy on health
- > Calls to save osteopathic practice in Spain
- > FORE meets for seventh time
- > European standards published

UK

- > Scottish patients asked about GP services
- > New voluntary register for complementary practitioners
- > Minister of Health calls back pain scheme “pioneering”
- > Scottish consultation on patients’ rights

the osteopath

Volume 12 | Issue 1 | Feb/March 09

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

Editor: Jodie Ward

Email: editor@osteopathy.org.uk

The Osteopath is published by the General Osteopathic Council. Editorial contributions are welcome, but opinions expressed by contributors or advertisers do not necessarily reflect the views of the publishers. *The Osteopath* is the copyright of the General Osteopathic Council and no part of this journal may be reproduced in any form without permission from the publishers.

Managing Editor: Margot Pinder

Design: Axiom Partners

Send editorial to:

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

Email: editor@osteopathy.org.uk
Tel: 020 7357 6655
Fax: 020 7357 0011

The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

Advertising sales only:

The Advertisement Manager
Wealden Printing
Cowden Close
Horns Road
Hawkhurst
Kent TN18 4QT

Tel: 01580 753 322
Fax: 01580 754 104

Email: osteopath@wealdenad.co.uk

17 research

NCOR

- > Hub news
- > Conference calendar
- > Research news in brief
- > Help capture a picture of osteopathic practice

New GOSC Council appointed

A thorough, independent recruitment campaign conducted by the Appointments Commission on the GOSC's behalf has culminated in the Commission's appointment in February of 13 members of the new reconstituted General Council.

The new Council will take office on 1 April 2009, subject to the General Osteopathic Council (Constitution) Order 2009 coming into force, and will operate under the leadership of the current GOSC Chairman, Professor Adrian Eddleston. Transitional arrangements specified in the 2009 Constitution Order require the person who is Chair on 31 March 2009 to be reappointed for four years.

Professor Eddleston welcomed these appointments, saying:

"I am very pleased that this process, which has selected candidates against well-defined competencies, has enabled us to appoint such an excellent mix of talented people, both lay and registrant, to form the new General Osteopathic Council."

Professor Eddleston also paid tribute to the outgoing Council:

"I am particularly grateful to the members of the present Council for

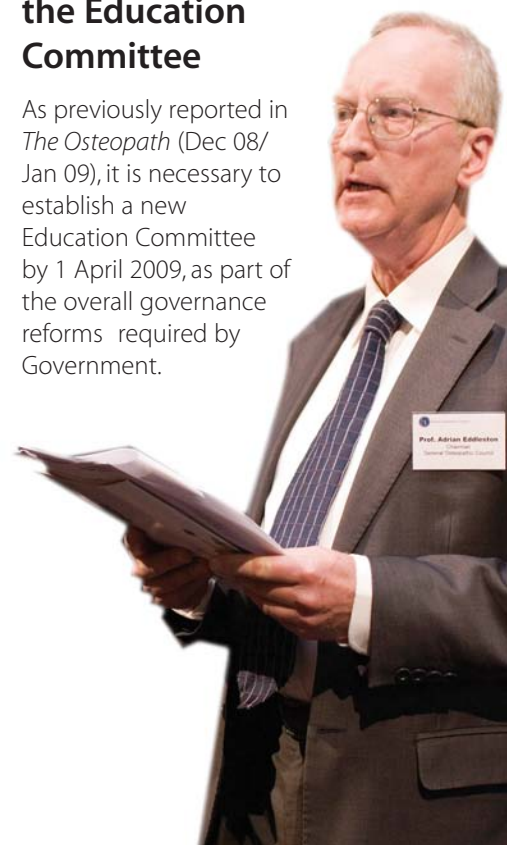
their hard work in creating such a strong regulatory environment for osteopathy, and for their enthusiasm and commitment, which has done so much to ensure a most promising future for the GOSC."

The new Council members will now receive induction and training to ensure that they are equipped to take up their new roles from 1 April. The current and new Council members will together attend the next Council meeting on 10 March and the first meeting of the new Council will take place on 23 April.

The names of the members of the new Council and very brief information about some of their other work and appointments are below. Fuller biographies will be included in the April/May issue of *The Osteopath*. There is also further information about the new Council in the GOSC press release about their appointment, which is available at www.osteopathy.org.uk/media.

Reconstituting the Education Committee

As previously reported in *The Osteopath* (Dec 08/Jan 09), it is necessary to establish a new Education Committee by 1 April 2009, as part of the overall governance reforms required by Government.



Osteopath Members

Paula Cook practises in Surrey and also holds a public appointment for the Department of Justice.

Jonathan Hearsey has three practices in Sussex and is a member of the teaching faculty at the European School of Osteopathy.

Nicholas Hounsfield has a multi-disciplinary practice in Bristol and also works in a Bristol GP practice.

Brian McKenna practises in Cardiff and Herefordshire and is a committee member of the South Wales Osteopathic Society.

Kenneth McLean has a practice in North Berwick and is also involved, in a voluntary capacity, with the emergency and lifesaving response team First Responders in North Berwick.

Robin Shepherd is a member of the current Council and practises in West Sussex.

Fiona Walsh is a member of the current Council and has both private and NHS practices in London.

Lay Members

John Chuter OBE is a member of the current Council and Chairman of the Bradford & Airedale Teaching Primary Care Trust. Currently Treasurer of the GOSC, he is to be recommended as Treasurer to the new Council on 10 March 2009.

Geraldine Campbell is a member of the current GOSC Council and Lay Chair within the Health and Personal Social Services Complaints Procedure of the Eastern and Southern Health and Social Services Boards, Northern Ireland.

Professor Ian Hughes is a member of the current GOSC Council and Professor of Pharmacology

The Council agreed that this committee should comprise five members of the new Council (one lay chair, two lay members and two osteopath members) and four external members who may be lay people or osteopaths.

A recruitment campaign to find the four external members, conducted on behalf of the GOSc by the Appointments Commission, began in early January and concluded on 2 February. Shortlisting will be followed by interviews in March for appointment on 1 April.

Consultation on the constitution of GOSc statutory committees

From 1 April 2009, the constitution of the four statutory committees (Education, Investigating, Professional Conduct and Health) will be renewed. A draft order, setting out the composition, terms of office and criteria for disqualification, suspension or removal of committee members, was drawn up in conjunction with the Department of Health and was then subject to an online consultation. The consultation, which yielded a number of constructive comments, closed on 5 February. Approval of the final version is now in process and the new order is on track to be in force for 1 April.

Fitness to practise recruitment update

The GOSc is also seeking to recruit 22 members for the Council's Fitness to Practise committees: Investigating, Professional Conduct and Health. The Appointments Commission received 403 applications and the selection panel's Independent Assessor carried out a long-listing of applications against the agreed competences. Candidates are being interviewed during February and March and the selection panel's recommendations for appointment will go to Council on 10 March.

Education, Faculty of Biological Sciences, University of Leeds.

Kim Lavelly is an independent consultant and former Chief Executive of The Prince's Foundation for Integrated Health.

Professor Julie Stone is an independent consultant in Healthcare Ethics and Law and visiting Professor in Ethics at the Peninsula Medical School.

Jenny White MBE is a member of the current GOSc Council and a non-practising barrister with broad experience in the public, regulatory and voluntary sectors.



In Council

Jane Quinnell, Clerk to Council

4 December 2008 – 60th meeting of the General Osteopathic Council

HEALTHCARE REGULATION

GOsC governance changes

The recruitment campaign for the appointment of 13 Council members (lay and professional) closed in October, with 112 applications received. Interviews took place in December and the selection panel's recommendations were confirmed by the Appointments Commission's Health and Social Care Appointments Committee on 4 February. For more information about the appointments see page 4.

The GOsC is also seeking to recruit 22 members for the Council's Fitness to Practise committees – Investigating, Professional Conduct and Health – and to appoint four external members to the Council's Education Committee (see page 5).

Recruitment to the Council's non-statutory Audit and Remuneration Committees has been postponed until the autumn, for appointment in April 2010. In the meantime, interim committees will be established from 1 April.

REVALIDATION

Council received an update on the development of a revalidation scheme for osteopaths. A six-month, profession-wide consultation was launched in January (see pages 8 and 9 for more information), and incorporates a series of regional consultations to give osteopaths the opportunity to comment on and test a scheme that has been approved by the Department of Health. See pages 10 and 11 for details of the consultation meetings.

EQUALITY AND DIVERSITY

Consultation on the GOsC's draft Equality Scheme concluded in November 2008. In addition to seeking feedback from the profession, the GOsC also invited comments from more than 170 external stakeholders.

Following analysis of the feedback, the final Equality Scheme and Action Plan will be published on the GOsC website (www.osteopathy.org.uk) and will continue to inform GOsC work and policy development.

OSTEOPATHY HOUSE

Council received a presentation from the architects and project manager on the proposed redevelopment of Osteopathy House. A revised budget was prepared for the agreed refurbishment works to ensure Osteopathy House is fully accessible to all and compliant with the Disability Discrimination Act. Council considered two options – one for the bare minimum and the other for an enhanced development. After much discussion, Council agreed to the second option and work is now underway.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH (NCOR)

Professor Ann Moore, Chair of NCOR, presented NCOR's Annual Report and Accounts 2007–08. Council also received NCOR's draft Business Plan 2009–2012 and it was agreed that NCOR would seek additional sources of funding. The draft plan went before the Finance & General Purposes Committee in February and will return to Council in March for agreement on the level of the GOsC's funding contribution.

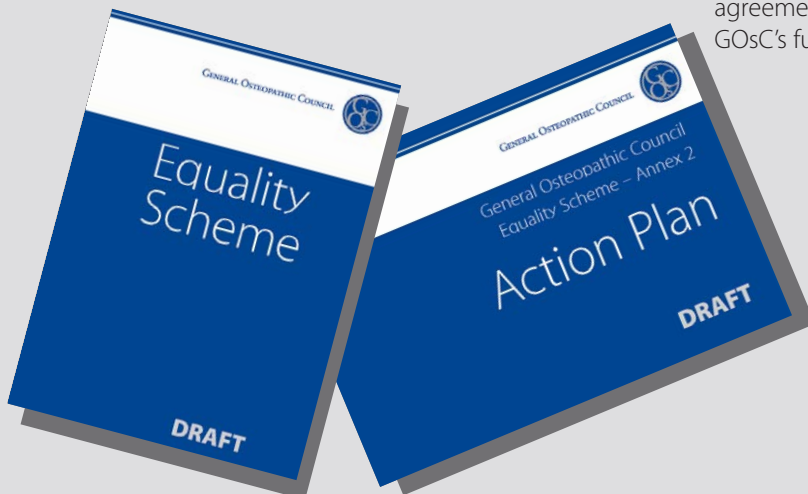
GOSC DRAFT BUSINESS PLAN AND BUDGET FOR 2009/10

Council considered the draft GOsC Business Plan and Budget for 2009/10. Subject to some minor amendments, the finalised document will go to Council for approval in March.

PATIENT RESEARCH

The GOsC is funding a programme of research with the aim of gaining a better understanding of public and patient expectations, and experience, of osteopathic care. The results of the research will assist the GOsC in carrying out its statutory duties and, in particular, will help to shape the information provided to patients by all concerned with osteopathic care.

A tendering process was conducted in late 2008 and the academic institutions tendering for the research made presentations to a panel, led by the GOsC Chair, in November. Council approved the panel's recommendation that the contract to conduct the research be awarded to Brighton University and agreed the establishment of a GOsC Steering Group to oversee the project. Work on the project started in February and is planned to finish in December. It is hoped to involve as many osteopaths as possible in this important project, thereby ensuring the findings reflect the widest patient experience of osteopathic care. More information will follow shortly.



CODE OF PRACTICE

The Code of Practice is reviewed on a five-yearly cycle and is due to be revised by 2010. A working group will steer the revisions and all registrants are invited to attend regional consultation meetings being held between March and June in order to share their ideas about how the Code can be improved (see pages 10 and 11).

FINANCIAL AUDITORS

Following a tender process and interview by a selection panel, Grant Thornton was appointed to be the GOsC's financial auditors. The firm will initially be appointed for a two-year term.

Future Council meetings

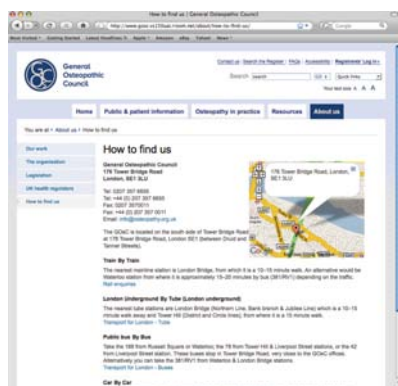
- > 10 March 2009
- > 23 April 2009
- > 15 July 2009
- > 15 October 2009
- > 19 January 2010
- > 14 April 2010

Meetings begin 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, approximately seven to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

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.

New public website

Work on the new GOsC public website is reaching the final stages of development. After the launch of the o zone website for osteopaths in 2007, attention turned to reviewing the public website in order to improve content, organisation and accessibility. Also considered important is the requirement that the new website should encourage and enable greater feedback from all stakeholders.



Another consideration was the improvement of the online Register, in particular increasing the range of information available about individual

osteopaths and practices. Here, feedback from osteopaths has been key, but improvements have also been necessitated by the termination of the printed version of the Register and by the requirement that all healthcare regulators advise the public of any restrictions imposed upon a healthcare practitioner's practice. The new online Register has been designed with all this in mind and these developments are aimed both at enhancing the information available to the public when choosing an osteopath and at assisting osteopaths in making referral and other decisions in practice.

We will shortly begin the testing phase of the development of the site and further information about the launch of the site will follow in due course in *The Osteopath* and on the o zone.

Introducing new members of staff

The GOsC is pleased to announce the appointment of **Alan Currie** (below) as Head of MIS and Registration. Alan comes to the GOsC from the General Optical Council (GOC). There he led a team of five registration staff and



was responsible for the annual registration process and information technology.

Alan took over the position in early September 2008 and is responsible for overseeing the

Registration Department and advising on all information technology matters which impact upon the GOsC.

The GOsC also welcomes **Jodie Ward** (below) as Senior Communications Officer. Jodie was previously at the General Dental Council where she edited the magazine, *The Gazette*, produced publications and handled communications with the media.

Jodie took up her post on 5 January 2009 and is responsible for editing *The Osteopath* and managing all GOsC stakeholder events.



Revalidation – shaping the scheme

The GOsC is about to launch a major consultation on the revalidation of osteopaths. A paper consultation document will be issued to all osteopaths, with the option to submit feedback online via the **o zone** website. Feedback can also be provided at one of the GOsC regional consultation events, which begin in March (see pages 10 and 11).

The Government's White Paper *Trust, Assurance and Safety* states that revalidation is necessary for all health professionals, in order to:

- > demonstrate continuing fitness to practise; and
- > restore public confidence in healthcare professionals, following a number of high profile cases.

The Foster Review of non-medical healthcare regulation established a number of principles relating to revalidation. It stated that:

- > revalidation is necessary for all professionals;
- > regulatory bodies must set the standards required in order to maintain registration; and
- > the revalidation system should not only check that the standards have been met, but also aid development.

The Government's proposed timetable for introducing revalidation for the non-medical healthcare professions recommends that there should be pilots of proposed revalidation schemes in 2009–10, with implementation of the final schemes in 2010–11.

The GOsC has been developing its proposals for revalidation since January 2008, with input from the osteopathic educational institutions, the British Osteopathic Association and representatives from regional osteopathic societies. These draft proposals were presented to the Department of Health at the end of January 2009.

Proposed GOsC revalidation scheme

The GOsC believes that the most pragmatic revalidation scheme would be one that is staged, with an initial self-assessment form at Stage 1, which every osteopath would complete and submit to the GOsC once every five years. The assessment form would help to identify whether individual osteopaths are meeting the key performance indicators of good osteopathic practice. Additional stages would only apply where Stage 1 had highlighted a concern.

The key areas of the self-assessment form are based mainly on an osteopath's clinical interaction with patients but also relate to important wider considerations of high-quality osteopathic care. These are:

- > how the osteopath practises osteopathy;
- > patient partnership;
- > clinical practice;
- > professionalism; and
- > professional development.

The proposed scheme of revalidation would consist of four stages, potentially involving the components and measures outlined below:

> Stage 1

To be applied on a five-yearly cycle:

Self-assessment and completion of self-assessment form which tests the key performance indicators of safe osteopathic practice with reference to the GOsC's Code of Practice and Osteopathic Practice Standards. Osteopaths will be

required to list a range of supporting evidence which they may need to produce at a later date.

An unsatisfactory submission at Stage 1 would lead to Stage 2.

> Stage 2

Request for further information (e.g. supporting evidence, clarification of self-assessment responses or further evidence).

An unsatisfactory outcome to Stage 2 would most likely lead to Stage 3.

> Stage 3

Peer review of practice (e.g. case history review, observation of specific practice area or submission of further detailed evidence).

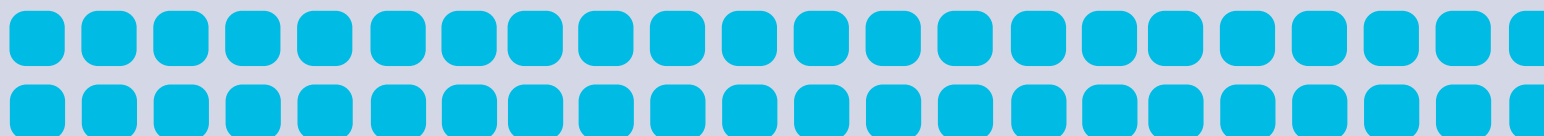
An unsatisfactory outcome to Stage 3 may lead to Stage 4.

> Stage 4

Assessment of clinical performance process – using a procedure similar to the current assessment for final-year students at osteopathic educational institutions.

Remediation

At any stage of the revalidation process an osteopath may be directed to undertake remediation measures in order to be revalidated and re-admitted to the Register. The GOsC will not provide remediation but will aim to 'signpost' the osteopath to sources of training or other measures aimed at addressing the identified deficiency.





Developing an Osteopathic Practice Framework

The GOsC has recently launched a major consultation on a new Osteopathic Practice Framework. It is envisaged that the Framework will provide guidance on what is involved in osteopathic practice.

For the benefit of osteopaths, patients, the wider public and other health professionals, the Framework will set out a general description of what constitutes osteopathic practice and what can be expected from osteopathic healthcare. It will not seek to prescribe the scope of practice, but will provide details of different approaches to osteopathic care – those most commonly used and those less used.

Whilst the GOsC has taken a lead in producing the initial discussion document, this project will be driven by the profession as a whole and will incorporate the views of the osteopath in practice, osteopathic education providers (pre- and post-graduate), the National Council for Osteopathic Research and the British Osteopathic Association.

The consultation will be available to complete in paper and electronic format (the latter available through the GOsC public website and the **o** zone). The Osteopathic Practice Framework will also be discussed at the GOsC regional consultation events, taking place from March onwards (see pages 10 and 11). You are encouraged to attend these meetings to provide feedback directly to GOsC representatives.

For further information on the Osteopathic Practice Framework and consultation, email marcusd@osteopathy.org.uk.

Equality & Diversity questionnaire

A key aim of the General Osteopathic Council (GOsC) is to ensure that it meets the needs of all registrants, irrespective of gender, race or disability. The GOsC has a legal duty to promote equality and diversity within the osteopathic profession, and we are committed to fulfilling this duty in all our regulatory activities.

Up-to-date diversity data is a key tool in ensuring that our equality and diversity activities are properly targeted. We have therefore sent a questionnaire to all registrants and would be extremely grateful if you could complete and return this to us by Friday 20 March.

All responses will be treated confidentially and used only to assist us in refining and improving our equality and diversity activities. The information will provide the essential base for our equality and diversity work and, looking to the future, will support the aim of ensuring that the osteopathic profession increasingly reflects the diversity of the patients who seek its care.

If you would like more detail on our current equality and diversity plans, please see the GOsC's draft Equality Scheme and Action Plan at www.osteopathy.org.uk/about_gosc. If you have any queries or comments in this area, whether general or personal, contact us at registration@osteopathy.org.uk.

Fitness to Practise

A referral to the GOsC's fitness to practise procedures could occur at any stage of the revalidation process, if a significant level of concern has been identified in relation to the conduct, ethics or performance of an osteopath.

Continuing Professional Development (CPD)

The GOsC has also considered broadly how its current CPD scheme could blend with revalidation.

These elements are to be developed further during the consultation period.

The consultation process

The consultation process will be open until 30 June 2009 so that you can provide feedback to our independent consultants, Abi Masterson Consulting Ltd. Feedback can be submitted online via the GOsC public website (www.osteopathy.org.uk) and the **o** zone.

All submissions will be anonymous and confidential and will be analysed externally. Feedback from this consultation will be collated and assessed between July and October 2009 and used to refine the process and prepare for a pilot of the proposals towards the end of 2009 or the beginning of 2010.

In the meantime, if you have any questions in relation to revalidation, email revalidation@osteopathy.org.uk.



GOSC Regional Consultation Meetings 2009



Evlynn Gilvarry, Chief Executive & Registrar

Amongst the most important developments facing the osteopathic profession in the next few years is the onset of revalidation. In line with Government policy, all health professionals, including osteopaths, will be revalidated periodically in the near future. For osteopaths, the likely introduction date is 2011/2012.

With this in view, the General Osteopathic Council has developed a draft model of revalidation, which we hope to test out with osteopaths around the country in a major consultation beginning later this month (see pages 8 and 9 for more information on revalidation). We are holding consultation meetings in six locations across the UK with a view to hearing directly from as many osteopaths as possible.

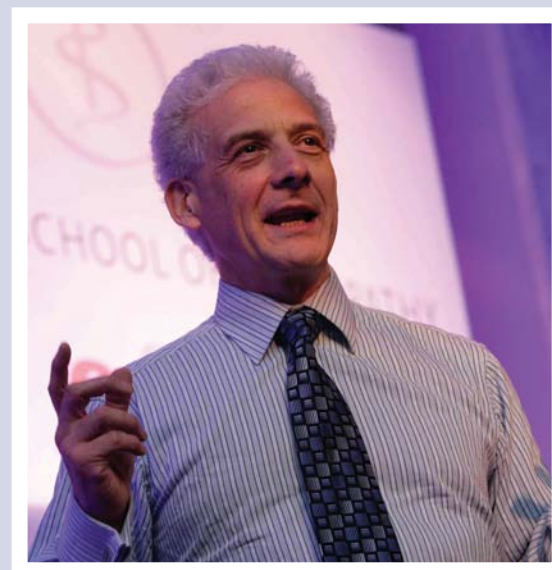
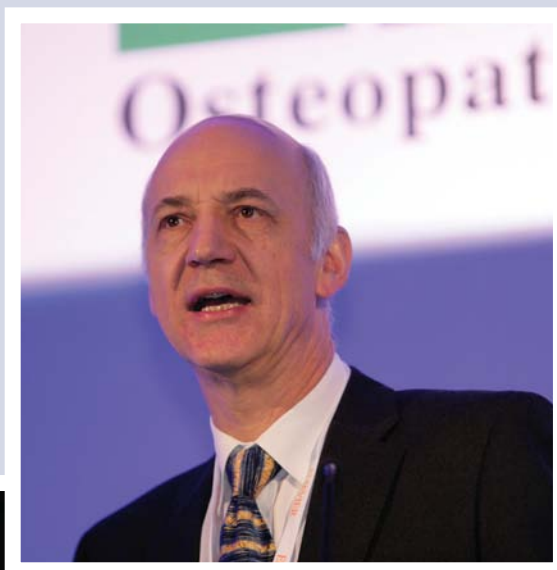
The consultation events will not only feature revalidation, but will be used to seek your views on other key, related developments that touch directly on osteopathic

practice. These include revisions to the osteopathic Code of Conduct and standards of practice, as well as proposals to determine the broad scope of osteopathic practice – what we refer to as an Osteopathic Practice Framework.

The additional consultation issues have a direct bearing on revalidation as, for example, osteopaths will be revalidated against the revised Code and standards. It is critical that you take the opportunity to help us design and refine each of these policy developments in a way that makes the finished product workable in

practice. Therefore, we hope that osteopaths will sign up in large numbers to attend the consultation events. Our commitment is to outline these issues in a way that will enable those who attend to have a real say in the development of osteopathic practice. We will use this feedback to enhance the current drafts.

The schedule of meetings is once again set out on the opposite page. Attendance is free but it is necessary to register your intention to attend – the take-up has already been strong so please get in touch as soon as possible to guarantee a place.



Each meeting will feature two of four alternating guest speakers debating the pros and cons of producing an osteopathic practice framework. These include osteopaths Dr Ian Drysdale (above left), Professor Stephen Tyreman (above right), Rob Froud, and Laurence Kirk

GOSc Regional Consultation Meetings programme:

- 9.00 – 9.45am** Registration
- 9.45 – 10.00am** Chair's welcome and introductions
- 10.00 – 11.15am** **Session one: Revalidation for osteopaths – shaping the scheme**
All UK health professions are required to introduce a mandatory system of revalidation by 2011. We want to engage all osteopaths in the development of a scheme that will be appropriate to osteopathy
- 11.15 – 11.45am** *Tea and exhibition*
- 11.45 – 12.45pm** **Session two: Reviewing the Code of Practice - revising the Code for 2010**
The five-yearly review and revision of the profession's Code of Conduct will be informed by discussion and debate to highlight areas of practice where osteopaths would welcome more guidance
- 12.45 – 2.00pm** *Lunch and exhibition*
- 2.00 – 2.45pm** **Session three: Revising the Standard of Proficiency – modernising practice standards**
Consultation is already underway to develop new Osteopathic Practice Standards, the first revision in 10 years. These meetings will explore enhancements that aim to equip the profession to play a leading role in modern healthcare
- 2.45 – 3.00pm** *Stretch break*
- 3.00 – 4.15pm** **Session four: Developing an Osteopathic Practice Framework**
Would osteopathy benefit from a more clearly-defined scope of practice? Possibly this is the most important consideration for the future of osteopathic practice worldwide. This session will debate the pros, cons and practicalities of producing a broadly defined framework of practice, initiating a vitally important area of professional development. An initial consultation document has been sent out to all members of the profession to inform this discussion and your feedback
- 4.15 – 4.30pm** Chair's summary and close
Tea and exhibition

Booking your place at the 2009 regional consultation events

To reserve your place at any of the consultation meetings, please return a booking form to us as soon as possible. A form has been included in this edition of *The Osteopath*, or you can book online via the **o** zone. Reservations are on a first-come first-served basis.

Because conference venues will require confirmed delegate numbers two weeks in advance of an event, this will be the cut-off date for reservations. Please note the booking deadline for each event.

Reservations can be cancelled up to 14 days prior to the meeting – but in the event of failure to cancel at least 14 days before, or non-attendance, delegates will incur a £35 charge.



2009 Consultation meeting dates and venues

Region	Date	Venue	Booking deadline
Central England & Mid Wales	Saturday 14 March	Birmingham NEC Hilton Metropole	Check availability
Scotland	Sunday 29 March	Glasgow Marriott Hotel	16 March
London & the South East	Saturday 25 April	Gatwick Airport Hilton Hotel	11 April
South West England & South Wales	Saturday 16 May	Taunton Holiday Inn	2 May
London & Eastern Counties	Saturday 6 June	Stansted Airport Radisson SAS	23 May
Northern England & North Wales	Saturday 27 June	Manchester Airport Radisson SAS	13 June

The General Osteopathic Council joined some 600 national and Europe-wide healthcare and patient representatives in December 2008 for the European Commission's EU Open Health Forum



European Forum considers strategy on health

Sarah Eldred, Public & International Affairs Manager

The purpose of this biennial gathering, held in Brussels, was to discuss the EU Health Strategy and identify the need for new policy initiatives. Although the GOsC is a national regulator, European policy – particularly regarding the increasing mobility of practitioners in delivering care, and patients seeking treatment within Europe – is having an increasing influence on UK osteopathic practice. For this reason, the GOsC is active in the Forum for Osteopathic Regulation in Europe, in order to enhance the protection of patients through widening regulation of osteopaths and ensuring high standards of osteopathic treatment.

The EU Health Strategy

In October 2008, the European Commission adopted *Together for Health – A Strategic Approach for the EU, 2008–2013*¹, which sets the direction of Community Health Action for the next five years. Whilst Member States have the main responsibility for health policy and delivery, there are areas where nations cannot act alone effectively, and where cooperative

action at a Community level might be needed. This includes the need to tackle the challenges of an ageing population and related musculoskeletal disorders – an argument, perhaps, for further recognition and regulation of osteopathy in Europe.

Europe for Patients campaign

The European Commission launched its *Europe for Patients* campaign in September 2008, which includes policy initiatives the Commission is working towards. Of particular relevance to osteopathic regulation are the following policy proposals on:

1. The rights of patients seeking care in another Member State and the responsibilities of practitioners and national governments². (See *The Osteopath*, December 08/January 09, page 14)
2. The skills and capacity needed for an EU health workforce to address future healthcare challenges³.

3. Patient safety, to ensure the quality of health services⁴.

The GOsC will be feeding into the development of these initiatives individually, but also collectively through cross-regulatory forums at a national and European level. Updates will appear in *The Osteopath*. Alternatively, contact Sarah Eldred on ext 245 or via email at: sarahe@osteopathy.org.uk.

- 1 *Together for Health: A Strategic Approach for the EU 2008–2013*. COM(2007) 630 final.
- 2 Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare. COM(2008) 414 final.
- 3 Green Paper on the European Workforce for Health. COM(2008) 725/3.
- 4 Communication from the Commission to the European Parliament and the Council on patient safety, including the prevention and control of healthcare-associated infections. COM(2008) 836. Proposal for a Council Recommendation on patient safety, including the prevention and control of healthcare-associated infections. COM(2008) 837.

Calls to save osteopathic practice in Spain

Sarah Eldred, Public & International Affairs Manager

You may have seen recent calls by our Spanish colleagues to contest possible Government plans in Madrid that were feared could see the restriction of osteopathic practice. Order 2135 of 3 July 2008¹ sets out the standards of training required to practice physiotherapy in Spain, which includes an understanding and application of osteopathic techniques. This was followed by a resolution from the General Council of Physiotherapists in December, which had interpreted this law and concluded that osteopathy should be practised by physiotherapists only.

For this reason the Spanish Register of Osteopaths set up an online petition for osteopaths to sign in support of efforts to stop these proposals becoming law. In addition, the Forum for Osteopathic Regulation (FORE), and other osteopathic organisations at a national and European level, including the GOsC, wrote to the

Spanish Government setting out concerns and pressing the Government to reconsider this proposal.

Key arguments included the following:

- > Osteopathy is an independent primary care profession with specific training, in particular in osteopathic and differential diagnosis.
- > This Order is incompatible with the autonomous status of osteopathy in many other European countries, and internationally.
- > Such a proposal would not meet the benchmark standards set out in FORE's European Framework for Standards of Osteopathic Education and Training² (see page 14). These standards are set to provide a guaranteed level of patient safety.
- > With increasing freedom of movement of professionals and patients, greater

consistency in standards of osteopathic care across Europe is vital.

Representatives from the Spanish Council of Osteopaths met with Government officials in Madrid recently to discuss the above concerns. Spanish officials confirmed that the resolution published by the General Council of Physiotherapists was simply an interpretation of the law, and one that the Government was unlikely to accept. They also expressed their support for working more closely with the Spanish Council of Osteopaths to explore future steps towards the regulation of osteopathy in Spain.

- 1 Orden Cin/2135/2008, de 3 de Julio, por la que se establecen los requisitos para la verificación de los títulos universitarios oficiales que habiliten para el ejercicio de la profesión de Fisioterapeuta.
- 2 European Framework for Standards of Osteopathic Education and Training. FORE, 2008.

FORE meets for 7th time

Sarah Eldred, Public & International Affairs Manager & FORE Secretariat

The Forum for Osteopathic Regulation in Europe (FORE) held its seventh meeting from 31 January – 1 February 2009, bringing together 21 representatives from osteopathic organisations across Europe.

A key focus of the meeting, held in Paris, was to consider the work of FORE, three years after it came into existence to facilitate regulation of osteopathy across Europe. Consideration was given to FORE's achievements to date, its governance structure, membership, funding and work programme to ensure it is fit for purpose for the future.

There was general satisfaction with FORE's achievements to date, including the development of European frameworks on standards of osteopathic education, training and practice^{1,2,3}. However, as FORE moves into a new phase, it was acknowledged that a more formal structure in terms of governance, membership and funding is needed. Following discussion in Paris, the FORE Secretariat (currently provided by the GOsC), agreed to draw up some concrete proposals for further consideration at the

next meeting, currently scheduled for July in Sweden, during the Swedish EU Presidency.

Following the publication of FORE's framework documents over the last two years, it is important for FORE member organisations to implement them at a national level. For this reason, members considered a draft strategy for implementation and the need for a formal reception to launch these documents at a high level political reception in the Autumn.

Other topics discussed by FORE included engagement with the European Federation of Osteopaths; regulatory developments in Spain, Ireland, Portugal, Belgium, Netherlands, Germany and Italy; and opportunities for future lobbying activity at a national and European level to promote recognition and regulation of osteopathy.

Sincere thanks go to the French Register of Osteopaths for hosting this event.

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

- 1 European Framework for Codes of Osteopathic Practice (EFCOP), FORE 2007
- 2 European Framework for Standards of Osteopathic Practice (EFSOP), FORE 2007
- 3 European Framework for Standards of Osteopathic Education & Training (EFSOET), FORE 2008.



European standards of osteopathic education and training published

Sarah Eldred, Public & International Affairs Manager

In December 2008, the Forum for Osteopathic Regulation in Europe (FORE) published its third framework document, completing a portfolio of documents on European standards of osteopathic education, training and practice.

Based on the Quality Assurance Agency for Higher Education's subject benchmark statement on osteopathy¹, FORE's European Framework for Standards of Osteopathic Education and Training (EFSOET)² describes the nature, characteristics and standards expected of osteopathic training programmes.

At a general education policy level, several initiatives have been taken to strengthen cooperation and increase the transparency of qualifications and lifelong learning across Europe. This includes the Bologna process³, which is an intergovernmental initiative to create a European Higher Education Area by 2010 – promoting mutual recognition of qualifications, demonstrating transparency of systems (such as the transfer of academic credits), and easing the mobility of staff and students in higher education across Europe. As a result, there are increasing opportunities for the movement of osteopaths across Europe, which requires a shared understanding of the educational standards and learning outcomes required in each country, not only to facilitate access to labour markets, but also to strengthen patient safety.

Key benchmark standards within EFSOET include:

- > Osteopathic education and training programmes of four to six years full-time, or part-time equivalent.
- > 4,000–4,800 contact hours, to include no less than 1,000 hours of osteopathic clinical training.

As FORE's European Framework for Codes of Osteopathic Practice (EFCOP)⁴ and European Framework for Standards of Osteopathic Practice (EFSOP)⁵ do, EFSOET provides a template to inform national standards. Collectively these documents aim to:

- > Help the osteopathic profession achieve recognition and regulation of osteopathy where this doesn't already exist; and
- > Provide patients with a standard of osteopathic care no matter where they might seek treatment in Europe.

EFSOET has been ratified by 19 osteopathic organisations from across Europe, and the challenge now is to start implementing it. You can read the report of FORE's 7th meeting on page 13.

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

- 1 Subject benchmark statement. Osteopathy. Quality Assurance Agency for Higher Education. 2007.
- 2 European Framework for Standards of Osteopathic Education and Training. FORE, 2008.
- 3 <http://www.ond.vlaanderen.be/hogeronderwijs/bologna>.
- 4 European Framework for Codes of Osteopathic Practice. FORE, 2007.
- 5 European Framework for Standards of Osteopathic Practice. FORE, 2007.



Scottish patients asked for views on GP services

As part of the Scottish Government's programme to gather and act on information from NHS patients, a piece of research was commissioned to look at the experiences of a representative sample of patients accessing GP services in Scotland*. A total of 1,040 interviews were undertaken in August 2008, on a random basis.

The following issues were considered most important for patients and could be considered equally relevant to osteopathic practice:

- > Ability to get an appointment.
- > The surgery being easy to get to.
- > Being able to speak to a health professional with knowledge of the patient's medical history.
- > Having enough time to talk to health professionals and for health professionals to listen to patients.
- > Having enough information provided about prescribed medicines, the side effects and how and when to take them.

These findings will now inform the development of a Scottish GP patient survey. Copies of the full report can be obtained via www.scotland.gov.uk/socialresearch.

See also page 6 about GOS research into patients' expectations and experiences of osteopathic care.

* Better Together: Scotland's Patient Experience Programme. Building on Experience. Public Priorities with Respect to General Practice Care. Scottish Government, Social Research, November 2008.

New voluntary register opens for complementary practitioners

A new voluntary register for complementary healthcare practitioners has opened, with massage therapy and nutritional therapy the first professions to be able to register.

The register will be maintained by the Complementary and Natural Healthcare Council (CNHC), which was established in April 2008 with the purpose of protecting the public by means of a voluntary register for complementary and natural healthcare practitioners.

Founded with the help of a range of complementary healthcare professions and based on preliminary work carried out by the Prince's Foundation for Integrated Health, the CNHC is supported by the Department of Health.

Health Minister Ben Bradshaw welcomed the opening of the register, commenting:

"Now that the Council is open for business, there will be a single voluntary registration body encompassing a wide range of complementary and alternative therapies, to which the public can turn for help.

"Members of the public who use these therapies will be able to check whether the practitioner they're seeing is

registered with the CNHC. If they are, they have the reassurance of knowing that they have had to meet minimum standards of qualification and that they have signed up to a rigorous code of conduct. Practitioners too will benefit by increased public confidence.

"Public safety is paramount. Registration, whether voluntary or statutory, is about protecting patients, and I am pleased to see this important milestone in voluntary registration."

In order for practitioners to register with the CNHC and receive the CNHC kitemark, they must show they have undertaken training which meets, as a minimum, the National Occupational Standards for that profession, or achieved competency to the same level through relevant experience and assessment. Later in 2009, practitioners of other disciplines will be able to register, as they become ready and if they wish to. These include: Alexander technique; aromatherapy; Bowen technique; craniosacral therapy; homeopathy; naturopathy; reflexology; reiki; shiatsu; and yoga therapy.



Minister of Health calls back pain scheme "pioneering"

On a recent visit to NHS Plymouth, Government Minister, Ben Bradshaw MP, referred to its NHS-funded multidisciplinary back pain service as a pioneering approach to treating back problems.

Plymouth PCT's Low Back Pain Service, established in February 2000, manages both mechanical low back pain and discogenic back pain with nerve root involvement, and is an example of a multidisciplinary Clinical Assessment and Treatment Service (CATS)¹ – where osteopaths work alongside GPs with a Special Interest (GPsWI) and cognitive behavioural therapists.

The scheme has scored highly on GP and patient satisfaction surveys. Exhaustive audits have also shown that very few patients subsequently present in secondary care; on a cost per case basis the scheme compares favourably with more traditional back pain management services; and access via GP referral is speedy, with referrals being seen within approximately three weeks.

As Minister for Health responsible for the Government's 18 Weeks programme², Minister for the South West, and a Member of Parliament with a nearby constituency, Mr Bradshaw was keen to find out more about Plymouth's back pain scheme. Having met and talked with managers and healthcare professionals involved in the scheme, he publicly set out his support:



"Lower back problems are a huge problem for the health service and society as a whole – costing around £4 billion a year to the economy in terms of lost working hours and healthcare. This integrated approach they've pioneered here is very exciting."

The Minister also highlighted the potential for this type of service to be rolled out nationally.

- 1 CATS schemes were advocated in the Department of Health's Musculoskeletal Services Framework (2006), in which osteopaths were named as a profession suitable for consideration as service providers in the delivery of musculoskeletal care.
- 2 The aim of the Government's 18 weeks programme is to redesign services and clinical pathways so that patients do not have to wait more than 18 weeks between referral and treatment for non-urgent conditions.

Scottish Government consults on patients' rights

In January 2009, the Scottish Government's consultation on proposals for a Patients' Rights Bill ended. The aim of this initiative is to position patients at the centre of NHS policy development in Scotland, through clarification of the rights and responsibilities patients should have with regard to healthcare delivery.

Comments were sought on the following rights for patients:

- > Right to accessible NHS care and waiting time guarantee;
- > Right to be treated with dignity and respect;
- > Right to safe and effective care;
- > Right to clear, accessible and appropriate communication;
- > Right to information about services, and treatment and care options;

- > Right to be involved in making decisions about care and services;
- > Right to privacy and confidentiality; and
- > Right to comment about care and have concerns addressed.

The General Osteopathic Council responded to this consultation from a regulatory perspective, in order to enhance awareness of osteopathic practice and the need to improve care for patients in Scotland suffering with

musculoskeletal disorders. You can read the GOC's submission on the **o** zone or, for a copy, contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk.

Next, all responses will be analysed and considered along with other available evidence to help the Scottish Government reach a decision on the content of a Patients' Rights Bill. The Scottish Government aims to issue a report on this consultation process by May 2009, before coming to a decision and introducing legislation in 2010.

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 (Monday–Thursday) or email: c.a.fawkes@brighton.ac.uk.

> BRISTOL

Thursday 26 March, 2009
7–9pm
Looking at research explaining the mechanisms that occur during spinal manipulation

> EXETER

See www.ncor.org.uk for next meeting date
Continuing with a study looking at the reasons for osteopaths leaving practice

> HAYWARDS HEATH

See www.ncor.org.uk for next meeting date
Looking at outcome measures useful in clinical practice

> LEEDS

Tuesday 31 March, 2009
7–9pm
Looking at further outcome measures useful in clinical practice

> LONDON

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

> OXFORD

Thursday 26 March, 2009
7–9pm
Looking at literature relating to shoulder disorders

> KENT – New research hub

Meetings of the Kent research hub are being held at the European School of Osteopathy. The meeting will be facilitated by Dr Dawn Carnes PhD and Mr Rob Froud. If you are interested in attending future hub meetings, please contact Dawn either by email: D.Carnes@qmul.ac.uk or tel: 07710 497 242.

Conference calendar

> 30 April 2009

Developing research strategies in complementary and alternative medicine, Middlesex University (Hendon campus)

To download a registration form go to www.mdx.ac.uk/CAM.

> 12–16 May 2009

North American Research Conference on Complementary and Integrative Medicine, Minneapolis, Minnesota

Further information on registration can be found at www.imconsortium-conference.org/index.php.

> 13–14 July 2009

The Alternative and Complementary Health Research Network: Promoting Excellence in Qualitative Research

ACHRN is holding its annual conference at the University of York. Key speakers have yet to be announced; further details can be found at <http://achrn.moondrop.co.uk>.

> 12 September 2009

European School of Osteopathy 6th International Conference

The programme will include a series of workshops and will be followed by a gala dinner at Leeds Castle. Further information can be found at www.eso.ac.uk/international-conference.html or by contacting Corinne Jones on 01622 671558.

> 27–30 October 2009

The 2nd International Fascia Research Congress, Vrije University, Amsterdam

Further information can be found on page 22 or by visiting www.fasciacongress.org/2009.

Research news in brief

Carol Fawkes, NCOR Research Development Officer

Contributory factors in age-related memory decline

The researchers in this study attempted to identify how disorders of later life affected age-related cognitive decline. A sample of 240 subjects with a mean age of 79.7 years, living in the community and having no diagnosis of dementia, underwent magnetic resonance imaging (MRI). The MRI scan was used to document brain infarcts and produced high-resolution functional maps of the hippocampal formation in the participating subjects. Sixty participants had type 2 diabetes mellitus and 74 had brain infarcts detected by the MRI imaging; analysis was undertaken to pinpoint the hippocampal sub-regions differentially linked to each disorder.

The effect of different hippocampal sub-regions

suggested distinctly different underlying mechanisms causing local dysfunction. The hippocampal sub-region linked to diabetes suggested blood glucose as a pathogenic mechanism. In contrast, the hippocampal sub-region linked to brain infarcts suggested transient hypoperfusion as a pathogenic mechanism.

The findings from this study, when considered with the results of earlier work, identify elevations in blood glucose as a contributory factor in age-related memory decline and suggest specific interventions may help to preserve cognitive function.

Wu W, Brickman AM, Luchsinger J et al. The brain in old age: the hippocampal formation is targeted differentially by diseases of late life. *Annals of Neurology*. 2008;64(6):698-706.

Medicinal plants on verge of extinction

International conservation group, Plantlife, issued a report this week highlighting that 15,000 of 50,000 medicinal plant species are under the threat of extinction due to overexploitation. Shortages have been reported in India,

China, Uganda, Nepal, Kenya and Tanzania.

Medicinal trees at risk include the Himalayan yew, *Taxus wallichiana*, a source of the anti-cancer drug paclitaxel; the pepper-bark tree, *Warburgia*, a source of anti-malarial medication; and the African cherry, *Prunus africana*, which is used for prostate medication. Commercial overharvesting was regarded as doing most harm, although the combination of pollution, habitat destruction and the effects from invasive species also contributed.

Rob Edwards. Medicinal plants on the verge of extinction. *New Scientist*. 2009; January:2690.



Patient preferences in randomised trials

The randomised controlled trial (RCT) is widely acknowledged as the most scientifically rigorous study design for evaluating medical interventions. Random allocation is undertaken to evenly distribute participants to balance characteristics that could affect the outcome of a trial and remove the possibility of selection bias. However, the one factor that random allocation may not address is the preference of patients for a particular intervention offered as part of the trial.

The effect of this problem has not been extensively investigated and the researchers of this study have attempted to do so by undertaking a systematic review of fully randomised patient preference trials. The review focussed on the impact of preferences on attrition and outcome.

A series of scientific databases were searched including the Science Citation Index, Google Scholar, Medline, CINAHL, Embase and AMED. A total of 167 trials were identified; screening was undertaken and 17 were classed as fully randomised preference trials. To improve homogeneity, the data from only eight trials was ultimately used, producing data on a combined sample of 1,594 patients.

The review found that:

- > patients who were randomised to their preferred treatment did better than those patients who were

indifferent to their treatment;

- > patients who received their preferred treatment also did better than those patients who did not receive their preferred treatment;
- > patients who were allocated to their undesired treatment had outcomes that were no different to patients who expressed indifference to their treatment allocation; and
- > patients who were allocated to their undesired treatment were less likely to be lost from the study at the time of the first follow-up, compared with indifferent patients.

No difference was found in the loss to follow-up between patients who were allocated to their preference or who were indifferent.

It is clearer that preferences for treatment are associated with treatment effects for patients participating in trials using musculoskeletal interventions. This is an indication that patients' preferences should be identified before randomisation.

Preference Collaborative Review Group. Patients' preferences with randomised trials: systematic review and patient level meta-analysis. *British Medical Journal*. 2008;337:a1864.



Predicting cardiovascular mortality in older people

This study investigated the performance of what are regarded as classic risk factors and new biomarkers in predicting cardiovascular mortality. A sample of 302 participants (215 women and 87 men) in Leiden, the Netherlands, with no history of cardiovascular disease was followed during the study. Classic risk factors included in the Framingham risk score, i.e. sex, systolic blood pressure, total and high-density lipoprotein cholesterol, diabetes mellitus, smoking and electrocardiogram-based left ventricular hypertrophy, were measured at baseline. Plasma concentrations of the new biomarkers homocysteine, folic acid, C reactive protein and interleukin 6 were also assessed at baseline.

At follow-up five years later, 34% of the original population had died; 32% of deaths were due to cardiovascular disease. Classic risk factors when used in the Framingham score did not predict the cardiovascular mortality which occurred. Out of all the new biomarkers studied, homocysteine had most predictive power. Entering any of the additional risk factors into the homocysteine prediction model did not increase its predictive power.

De Ruijter W, Westendorp RGJ, Assendelft WJJ et al. Use of Framingham risk score and new biomarkers to predict cardiovascular mortality in older people: population-based observational cohort study. *British Medical Journal*. 2009;338:a3083.

Warm-up programme needed to prevent injury

This study investigated the effect of a comprehensive warm-up programme using 125 football clubs as the units of randomisation (65 in the intervention group and 60 in the control group). The clubs, consisting of 1,892 players between the ages of 13 and 17, were from the south, east and middle of Norway.

Assessment was made throughout one league season lasting eight months.

Relevant injuries were recorded to 264 players: 121 in the intervention group (25%) and 143 in the control group (17%). There was, however, a significantly lower risk of injuries overall, overuse injuries and severe injuries in the intervention group, indicating the programme had value to the young football players.

The comprehensive warm-up programme concentrated on improving strength, awareness, and neuromuscular control during static and dynamic movements. Outcome was measured by recording injuries to the foot, ankle, lower leg, thigh, knee, groin and hip.

Solgard T, Mykklebust G, Steffen K et al. Comprehensive warm-up programme to prevent injuries in young female footballers: cluster randomised controlled trial. *British Medical Journal*. 2008;337:a2469.

Fetal testosterone and autistic traits

The researchers state in their introduction that "studies of amniotic tests in humans suggest that fetal testosterone is related to specific, but not all, sexually dimorphic aspects of cognition and behaviour. It has also been suggested that autism may be an extreme manifestation of some male-typical traits, both in terms of cognition and neuroanatomy."

Child Autism Spectrum Quotient (AQ-Child) were used. A score for intelligence quotient (IQ) was measured in a subset of children (N=74).

The study looked at the possible link between autistic traits and fetal testosterone levels measured in amniotic fluid during routine amniocentesis. A sample of 235 women participated in the study and completed questionnaires measuring the number of autistic traits expressed in their children between the ages of six and 10 years. The Childhood Autism Spectrum Test (CAST) and the

The study found that fetal testosterone was positively associated with higher scores on the CAST and AQ-Child measures. This relationship was seen both within the sexes and when the sexes were combined, suggesting the effect of the fetal testosterone instead of sex alone. No relationship was found between overall IQ and CAST or AQ-Child.

Auyeung B, Baron-Cohen S, Ashwin E et al. Fetal testosterone and autistic traits. *British Journal of Psychology*. 2008;00:1-22.

Artery highlighter could reveal heart attack risk

Research is being undertaken in the USA to develop imaging techniques to highlight plaques forming on coronary arteries. The substance gadolinium chelate is being used as a form of contrast agent which binds to elastin in the artery wall, highlighting any areas of thickening which would suggest plaque formation and the possible risk of developing a heart attack.

Vulnerable patients could then be given appropriate interventions to prevent an exacerbation of the condition. Safety trials of the contrast agent are currently being conducted and early tests in humans should begin in 2010.

Linda Geddes. Artery highlighter could reveal heart attack risk. *New Scientist*. 2009; January:2690.

Help capture a picture of current osteopathic practice

The National Council for Osteopathic Research (NCOR), in collaboration with practising osteopaths, has developed a Standardised Data Collection (SDC) tool for osteopaths in private practice.



What information will the SDC tool capture?

The SDC tool will provide information for the profession, patients and other healthcare professionals concerning:

- > the type of patients seeking treatment
- > reasons for patients seeking treatment
- > the variety of treatment approaches used in osteopathic care
- > responses to treatment.

What will it involve?

Data will be collected for all new patients for a period of one month. The patients will be followed up for a period of eight further weeks, and completed data collection sheets will be

returned to NCOR. All data will be anonymised and treated in strict confidence.

Will CPD be awarded?

You may wish to count your data collection toward your CPD requirements, should you be able to justify that it has informed your practice.

What will happen to the data?

The data will be analysed by Professor Ann Moore, Chair of NCOR, and Dr Janine Leach PhD, Senior Research Fellow in Osteopathy, to provide information concerning current osteopathic practice. A full report will be available to all UK osteopaths and other key stakeholders.

National Council for
NCOR
Osteopathic Research

Taking part

If you are interested in participating in this project or have any questions, contact Carol Fawkes, NCOR Research Development Officer, by telephone: 01273 643 457 (Monday–Thursday) or email: c.a.fawkes@brighton.ac.uk.

Towards the 2012 London Olympics

Kylie Dougall, OSCA Secretary

The Osteopathic Sports Care Association's (OSCA) 2008 conference took place on 22 November 2008 at Ashridge Business College. Over 125 delegates attended the event to hear from specialists across the healthcare profession and learn more about how to get involved in the 2012 London Olympics.

The morning session was chaired by Jonathan Betser, Chairman of OSCA, and entitled '*Aspiring to Sports Care Excellence*'. Speakers included Dr Helmut Hoffman, of the Eden Rehab Private Clinic for Sports Rehabilitation in Germany, who discussed the principles of sport-specific adaptations and the consequences for treatment strategies in sport, with particular reference to the lower limb in football. Dr Hoffman then went on to host a practical workshop demonstrating how sport-specific adaptations affect therapy and training.

The afternoon session, '*Aspiring to Sporting Success – the 2012 London Olympics*', was opened by Jonathan Betser, who discussed the potential opportunities for osteopaths at the Games in 2012, and how to get involved. At Jonathan's request, OSCA will be responsible for developing a register of those osteopaths who are interested in being part of the host medical support at the Games. The register was opened at the conference and details of how it will work will be circulated to OSCA members shortly and published in *The Osteopath* in the future.

We were delighted to get nearly all of the key medical services team members for the Games attending the conference. Many thanks to all of our speakers, including Dr Pam Venning, Head of Medical Services for the London 2012 Olympics; Dr Laurence Gant, consultant in emergency medicine, Homerton Hospital NHS Trust; Lynn Booth, recently confirmed as clinical lead for the physical therapies workstream at the Games; and Dr Lady Ann Redgrave, chief medical officer, GB rowing team. We're also extremely grateful to Back in Action for supporting this successful event.

Details of this year's conference, which will include aspects of treating paralympic athletes, will be circulated to OSCA members shortly and rolled out to the profession as a whole within the next few months.

For further information on the register of osteopaths interested in being part of the Games please email oscasecretary@hotmail.co.uk or telephone 07807 356 485.

The 'Towards 2012' conference at Ashridge was a great success and showcased a great range of national and international speakers who were equally relevant to the practise of patient care.

Dr Helmut Hoffmann's lecture and practical session were both particularly informative and Mr Adrian Casey's presentation on spinal care gave a very useful update.

Gabrielle Phillips,
physiotherapist



There was a wide range of presentations which I found to be very informative. The speakers were of a very high calibre and provided us with a great deal that was new and of genuine relevance to our work as osteopaths. I especially enjoyed the sports massage workshop led by physiotherapist and President of the Sports Massage Association, Joan Watt.

Ashridge was a wonderful place to launch 'Towards 2012'. I believe the lead-up to the 2012 Olympics will be an exciting time and this was a good core introduction to what I can do to be part of the osteopathic team.

Debbi Parnell, osteopath

The 5th Breath of Life Conference

23–24 May, School of Oriental and African Studies, London

This conference will explore the subtleties of working in the field of holistic health from differing perspectives, including mind-body relationships, craniosacral therapy, osteopathy, embryology, physiology and working with trauma. It is intended to provide a forum and meeting place for exchanging ideas at the cutting edge of holistic health and will offer the opportunity for practitioners to widen their exposure to new and established approaches to treatment.

Speakers at this year's conference include Professor Stephen Porges, who discovered the 'Polyvagal Theory' and 'Social Engagement System', which give new insights into the functioning of the autonomic nervous system. Professor Porges will also offer a post-conference workshop on 25 and 26 May, providing a rare opportunity for more in-depth study of his work and enabling practitioners to apply this work in their practices.

Doctor of osteopathy and director of the Department of Osteopathic Manipulation at the University of Paris School of Medicine,

Jean-Pierre Barral will explore the relationship between our organs and emotional states in his talk 'What are our organs thinking?' His published works include *Visceral Manipulation; The Thorax; Urogenital Manipulation; Manual Thermal Diagnosis; and Osteopathic Approach to Trauma: Focus on Whiplash.*

Speakers also include Dr Rupert Sheldrake, the accomplished biologist; Gabrielle Roth, the internationally renowned artist, philosopher, teacher and dancer; Hugh Milne, pioneering craniosacral therapist, osteopath and naturopath; Dr Anngwyn St Just, psychotherapist and Director of the Arizona Center for Social Trauma; and Katherine Ukleja, a leading international teacher of biodynamic craniosacral work.

Tickets cost £210 before 31 March or £240 after this date. To book your place at the conference or for further information, contact Agnesia Agrella, Conference Administrator, on 0131 656 9199 or email: info@breathoflifeconference.co.uk.



Falls Prevention in Older People

Minimising risk and focusing on active, healthy lifestyles

1 April, 76 Portland Place, London

The 6th National Falls Conference provides an update on maximising the contribution of frontline staff to prevent falls in older people, with a focus on a positive and preventative approach. This will include looking at improving the falls services in your organisation, managing patients with acute or chronic confusion, and preventing falls by developing strength and balance.

For further information on the conference and how to book your place, please visit www.healthcare-events.co.uk or email: Naomi@healthcare-events.co.uk.

The 2nd International Fascia Research Congress

27–30 October, Vrije Universiteit, Amsterdam

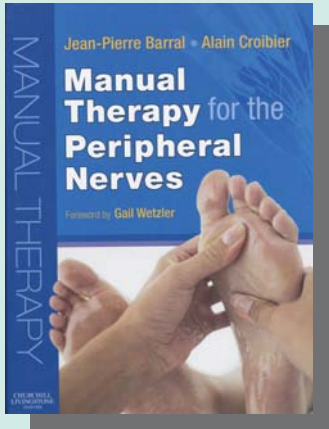
This four-day conference presents the latest scientific research findings on the human fasciae in all their forms and functions. An additional day of post-conference clinical workshops will also take place, presenting clinical practices, both in lectures/demonstrations and in small group sessions, and demonstrating the integration with academic faculty conducting rehabilitation research.

The Scientific Chair of the conference is Peter Huijing PhD,

a physiologist and recipient of the Muybridge Award for his work on fascial connections and force transmission with muscle tissue. The Administrative Chair is Peter Hollander PhD, who was dean of the School of Movement Sciences from 1998 to 2007 and who has been active in sports-related exercise physiology with an emphasis on swimming.

Further information on how to register for this conference is available at www.fasciacongress.org/2009.

Book reviews



Manual Therapy for the Peripheral Nerves

Jean-Pierre Barral and Alain Croibier
Published by Churchill
Livingstone Elsevier, 2007
ISBN: 978-0-443-10307-0

Reviewed by Susan Farwell

Barral and Croibier's book was first published in French in 2004 and this edition is a new English translation. The later sections of the book present a comprehensive, logical account of treatment of the whole peripheral nervous system – anything that is not CNS. We osteopaths can get so focused on muscles and joints that we may forget the highly complex and sensitive neurology weaving its way through the body. This book effectively rebalances our awareness. The diagrams are attractively presented and helpful, and the photographs are good.

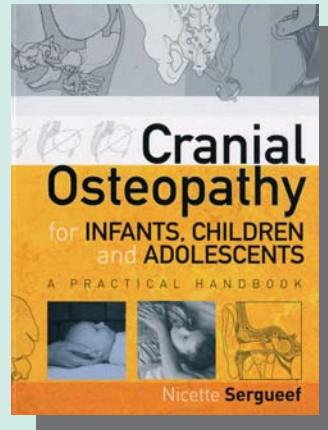
The early sections, however, can be hard going. This is partly because the translation could be better and partly because the story is sometimes told in a confusing and non-sequential manner.

A determined reader will find good descriptions of neurophysiological processes though there are some unfortunate gaps. For example, Wallerian degeneration is not described fully and the process of myelination is not as well explained as it might be. Also, the latest science of 2004 is just a bit old now.

Subsequent sections describe the anatomy and treatment of peripheral nerves in great detail. There are useful clinical comments from the authors' experience.

There are also unsubstantiated and questionable anecdotes of the "how else could this have been explained except for the accuracy of my diagnosis" variety. I am rather embarrassed that osteopaths still write in this style. It doesn't read well, especially outside the osteopathic profession. As this book title refers to 'manual therapy', it is clearly directed at a wide readership.

In summary, I would recommend the book for its regional anatomy and suggested treatment approaches. However, I would go to a standard neurology text rather than plough laboriously through the first three chapters.



Cranial Osteopathy for Infants, Children and Adolescents: A Practical Handbook

Nicette Sergueef
Published by Churchill
Livingstone Elsevier
ISBN: 978-0-443-10352-0
Price: £31.99

Reviewed by Iona Jones

Having struggled with and given up on so many different cranial texts in the past, reading this work by French osteopath Nicette Sergueef was like a breath of fresh air. The book is excellently laid out and, in clear, straightforward language, Sergueef leads us from the birth process and the newborn via the cranial concept (beautifully explained and with plenty of easy-to-follow diagrams), on to dysfunctions from birthing strains and their sequelae, into childhood and adolescence.

What might be expected by some to be a factual slog before getting to the juicy bit (treatment) is in this case a delight, packed with fascinating and highly relevant titbits. It's a real eye-opener (especially to the uninitiated), both in its medium as a cranial handbook

and as a very competent paediatric text.

Were you aware that, "Among the environmental factors (for dysfunctional mastication and occlusion patterns) modern diets are shown to influence facial growth, ... Chewing softer food contributes to decreased stimulation of periosteal growth with resultant smaller faces."? I wasn't, but I was intrigued... and that held my interest.

After a comprehensive first four chapters, Sergueef takes us through the examination of the patient followed by treatment.

The 56 questions put to the mother in the initial case history are enough in themselves to demonstrate the gaping chasm between the osteopathic approach to the treatment of babies and that of adults, and the genuine need to understand this complex subject.

Sergueef goes on to illustrate her treatment approach (with over 80 photographs) and each technique is clearly explained with 'Indications, Procedure and Remarks'. There is really no getting tied in conceptual knots here.

The final, exhaustive chapter addresses many of the clinical conditions that can be effectively treated using the manipulative procedures already discussed, from the simple structural imbalances to the more complicated respiratory, visual and digestive tract dysfunctions, amongst others.

In all, an extremely accessible working guide to cranial osteopathy, a gift to students and practitioners alike... and, it has to be said, a rare pleasure to read!

Courses 2009

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.

April

>4

Cranio-sacral Therapy – introductory day

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

>23

How to treat: Frozen 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

May

>9–10

Introduction to comparative equine psychology and behaviour

Speakers: Rowan and David Douglas-Mort.
Venue: Axminster Animal Osteopaths, Fawns Moor Farm, Lyme Road, Axminster, EX13 5SW.
tel: 01297 32221
email: davidandrowan@dsl.pipex.com

>14

How to treat: Tennis elbow

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

>14

The role of diet in central nervous system function: Brain foods and beyond

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

>16–17

Osteopathic technique: Lumbar & thoracic spine and ribs

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

>16–17

Cognitive behavioural approach to chronic pain in physical therapies

Speakers: Heather Muncey and Peter Gladwell.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

>23–24

Border and Boundaries: Having consent to work does not preclude the possibility of complaint

Course leaders: Karen Robinson and Sarah Wale.
Venue: Clophill, Bedfordshire.
tel: 01525 840 070
website: www.hetoh.org

>30–31

Muscle Energy Techniques

Course leader: Leon Chaitow.
Venue: Tiverton District Hospital, Kennedy Way, Tiverton, Devon.
tel: 08453 702 270
email: enquiries@wellbeing-cpd.co.uk

June

>4

Medical ethics: Does belief give the right to practise?

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

>6

Introduction to visceral osteopathy: the abdomen

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

>6–7

Positional release techniques

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

>13–16

Biodynamic Cranial Osteopathy Phase 3: Establishing a Relationship with Tissue and the Long Tide

Speaker: Christian Sullivan.
Venue: Ledrick Lodge, Brig O'Turk, Callander, Scotland.
tel: 0771 423 9636
email: cranialgroupscotland@hotmail.co.uk

>20–21

Osteopathic care of small animals

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

Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: editor@osteopathy.org.uk.

The resource is open to all osteopaths running courses for their colleagues.

July

> 18–23

Cranio-sacral Therapy introductory course: first stage of full professional training

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

September

> 12–13

Sports rehabilitation – managing lower limb injuries

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

> 24

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

> 25–27

Harmonic technique

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

Introduction to visceral osteopathy: the thorax

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

October

> 8

Weight control: What we should be telling our patients

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

> 17–18

Muscle Energy Techniques

Course leader: Leon Chaitow.
Venue: Bangor Hospital, Castle Street, Bangor.
tel: 08453 70 22 70
email: enquiries@welbeing-cpd.co.uk

> 22

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

> 5

Osteopathic integration II: Lower back pain and endometriosis

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

> 5

Therapists, shamans and charlatans: what are the differences?

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

> 6–7

Pregnancy care

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

> 7

Trunk/spinal movement rehabilitation

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

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

> 21

Introduction to counselling skills for manual and physical therapists

Speakers: Tsafi Lederman and Jenny Stacy.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

> 21–22

Osteopathic technique: Cervical spine, CD and UEX

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

> 26

Perfecting placebo

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

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

CLASSIFIEDS

RECRUITMENT

Desperately seeking a physiotherapist, who is also trained as an osteopath. For the right candidate, there is a better than excellent remuneration package. We are based in London. The candidate will require good structural osteopathic skills and excellent communication skills. Please email your contact information to londonosteopathy@yahoo.co.uk.

Vacancy for an associate osteopath in Norfolk. Busy market town practice. Initially one day a week, with a view to expanding. Please send your CV to Dr T Beazleigh, Complementary Health Clinic, 93 Lynn Road, Downham Market, Norfolk PE38 9QE. Tel: 07753 401990. Closing date 31 March 2009.

Fourth osteopath required at established clinic in SW London, two days a week and alternate Saturday mornings. Must be willing to increase an existing list. Please send covering letter and CV to Janet Bell at enquiries@teddingtonosteopaths.co.uk. For further details, call 020 8977 3295.

Motivated, experienced osteopath seeks partnership or similar in dynamic, forward-thinking practice. BSO, 16 years full-time experience: general family practice, sports injury, rehabilitation of dancers and athletes, structural and specialising in cranial obstetric/paediatric practice. Practising homeopath and healer, with excellent people and organisation skills. Seeks geographic relocation in N England, Wales or Scotland for mountaineering, climbing, sea kayaking etc. Contact Carolyn McGregor on 01736 365948 or 07766 330489, or email carolynosteopath@hotmail.com.

COMMERCIAL

New Zealand, Auckland. Clinic for sale. Well established, highly regarded, excellent location, modern and spacious. Average 80 to 100 patients per week. Goodwill and contents for sale. Premises leased or purchased. Great opportunity for a turnkey business and easy immigration. Serious interest only. For further details, contact elaine@peacepillows.co.nz.

Goodwill for sale in Cambridge, busy list of three days a week working from a very pleasant and friendly complementary health centre. The list would suit an experienced practitioner. For more information, email cambridgegoodwill@hotmail.com.

Room available for rent within a busy dental practice near Reading town centre. Ideal for a self-employed osteopath. Rent includes rates (light and heat), and reception services (terms open to negotiation). Please contact Parveen Roopra. Tel: 0118 9874962 or 07753 614962. Email: parveenroopra@hotmail.com.

Cambridgeshire osteopathic practice for sale. Sited within large four-bedroom property, in a good location. Residential property included. Would suit a structural practitioner. There is very good scope for further expansion. Owner relocating. Please ring 01733 311197 for further details.

Freehold shopfront, two-room multi-therapy clinic and spacious four-bedroom accommodation above, with large garden and garage, located in East Sussex coastal town. Working alongside eight complementary therapists. Would suit new graduate or experienced practitioner. Price: £258,000. For details, contact Jackie on 01323 847489 and quote reference SE001245.

Central Brighton back care centre. Beautiful grade II listed shop on busy thoroughfare. Consists of an orthopaedic seating shop, with stunning treatment room and Akron manipulator plinth. Available two to three days per week. Day length as long as required. Would ideally suit osteopath with own patients. Contact Gerry Carter on 07782 300750.

Goodwill wanted. I am relocating to Hampshire and am looking to buy a practice/goodwill in the Winchester area. Please email osteorelocate@yahoo.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 571626.

Winchester. Due to relocation, brand new, modern, fully fitted treatment room, available for let on a sessional basis, in busy city centre professional practice. To apply/request further information, please contact Dr Brenda Macmillan. E-mail: kenneth.w.macmillan@talk21.com. Tel: 01635 203291 Mobile: 07884 105655.

GENERAL

McManis plinth (simply the best) circa 1920? Osteopathic books (job lot). Keeler ophthalmoscope. Send email, including your name and phone number, to simon.muddle@onyxnet.co.uk or phone 07866 366088 for details and photographs.

Classifieds:

Up to 40 words – £40 + VAT, thereafter 20p per word. Please email, fax or post your copy to:

Rebecca Quinn
Wealden Printing
Cowden Close
Horns Road
Hawkhurst
Kent TN18 4QT
tel: 01580 753 322
fax: 01580 754 104
email: osteopath@wealdenad.co.uk

Box number replies:

£7.50 + VAT per box number per issue. Please contact Rebecca Quinn on the above details.

The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

Marketplace display advertisement rates:

	Mono or 2 colour	Full colour
Inside		
back cover	N/A	£370
Full page	£275	£330
1/2 page	£220	£240
1/4 page	£155	£180
1/8 page	£100	£110

Advertising sales contact:

The Advertisement Manager
Wealden Printing
Cowden Close
Horns Road, Hawkhurst
Kent TN18 4QT
tel: 01580 753 322
fax: 01580 754 104
email: osteopath@wealdenad.co.uk

For sale: Huntleigh Akron treatment couch. Continental model 232A, electric foot control, retractable wheel base, manual head/backrest operation, light blue. Four years old, excellent condition. £600 – buyer to collect from Bishops Stortford. Contact Claire Cheetham on 020 7486 8141 or mail@activehealthclinic.com.



General
Osteopathic
Council

Revalidation consultation

Have your say

The General Osteopathic Council is currently consulting on the revalidation of osteopaths.

Visit www.osteopathy.org.uk or the o zone for the online consultation.

Alternatively, contact the GOsC on 020 7357 6655 ext 242 to request hard copies of the consultation document.

