

the osteopath

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GOsC
***performance
reviewed***



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**

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for osteopaths** **0800 917 8031**

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

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Regulation **ext 224 / 236**

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

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Chairman / Chief Executive & Registrar ext 246

GOsC staff contacts

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

Fiona Browne (ext 239)
Head of Professional Standards
fbrowne@osteopathy.org.uk

Brenda Buckingham (ext 256)
Registration Secretary
brendab@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



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the osteopath

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Email: editor@osteopathy.org.uk

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Send editorial to:

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
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Email: editor@osteopathy.org.uk
Tel: 020 7357 6655
Fax: 020 7357 0011

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GOSc deemed “a forward and outward looking regulator” by CHRE

In a recent performance review conducted by the Council for Healthcare Regulatory Excellence (CHRE), the body that oversees the work of all the healthcare regulators, the GOSc was judged as “carrying out the full range” of its statutory functions.

Assessed as being “a forward and outward looking regulator”, the GOSc “continues to demonstrate excellence” in:

- > its communication with registrants;
- > engagement and consultation with a wide range of stakeholders; and
- > its active role in the development of European and international regulation.

These achievements are viewed as particularly noteworthy given the GOSc’s small size and its limited resources.

The CHRE also notes the “considerable progress” the GOSc has made with its scheme of revalidation for osteopaths (see pages 12 and 13 for further information).

The standards healthcare regulators must meet are categorised under five functions: standards and guidance; registration; fitness to practise; education; and governance and external relations.

Also singled out for mention by the CHRE in these categories are:

- > the **development of the Osteopathic Practice Framework**, which is welcomed as part of the GOSc’s approach to providing clearer information for the public on what they can expect from an osteopath;
- > the **registration process**, which deals with applications efficiently and promptly;

- > the efficient management of **fitness to practise proceedings**;
- > the inclusion of a greater proportion of lay members on the **Education Committee**; and
- > the **GOSc’s positive response to regulatory reform**, which is seen as putting it in a good position to cope with the challenges ahead.

In common with all healthcare regulators, the performance of the GOSc is reviewed annually by the CHRE, an independent statutory body established by Parliament to ensure consistency and good practice in healthcare regulation. The review, which includes a self-assessment element, measures how well the healthcare regulators perform against a set of agreed standards and is an important aid to improving service to patients and promoting public confidence in the regulators.

The full report is available on the CHRE website: www.chre.org.uk/_img/pics/library/090702_Performance_Review_Report_2008-09_1.pdf.

Osteopathic care: what do patients expect?

Carol Fawkes & Janine Leach, University of Brighton

The last issue of *The Osteopath* (June/July, pages 4-5) provided an overview of the OPEn – Osteopathic Patient Expectations – project and the important role you could play in developing a better understanding of patients' expectations of osteopathy and osteopathic treatment.

The data collection for this research project, conducted on behalf of the GOsC by the University of Brighton Clinical Research Centre for Health Professions, is very much underway. A vast amount of published scientific literature from many areas of healthcare has been reviewed and the highlights have been used to produce the first literature review to focus on patient expectations in relation to osteopathy.

In July and August, seven focus groups were held with osteopathic patients in different locations across the UK. Each group explored issues such as expectations of

treatment, satisfaction levels, and communication, with the aim of developing a survey questionnaire.

The resulting questionnaire will be used to collect patients' views in the largest nationwide survey of osteopathic patients to date. We have already contacted 800 osteopaths, who were selected at random from the Register, to invite you to distribute information packs to 10-14 of your patients. The greater the number of osteopaths and patients who take part in this project, the more accurate the data will be on which the profession builds its future. This is an immensely important project and your involvement is vital to its success and to the quality of its findings.

Below is a summary of the literature review that will inform the work of the OPEn project.

Further details of the study can be obtained from Janine Leach PhD, Senior Research Fellow at the University of Brighton. Janine can be contacted by email at c.m.j.leach@brighton.ac.uk.

Meeting patient expectations in healthcare – an introduction to the literature

When patients consult or are referred to a healthcare professional, they have expectations of the care they will receive, the environment in which they will receive it, and the staff who will provide that care. Unmet expectations have been found to severely affect satisfaction with care; this relationship has been well documented in the literature. There is evidence across many professions, including physiotherapy, nursing, medicine and occupational therapy, of the importance of identifying patients' expectations. To date, no investigations have focussed exclusively on patients' expectations of osteopathic care.

Background

The role of the patient in modern health care has changed. The era when the patient was the grateful and tacit beneficiary of the wisdom and largesse of healthcare practitioners has, thankfully, changed¹. The release of the Darzi 'Next Stage Review' in 2008 and the formation of the National Quality Board have re-focussed NHS policy initiatives on providing patients and the public with more information and choice².

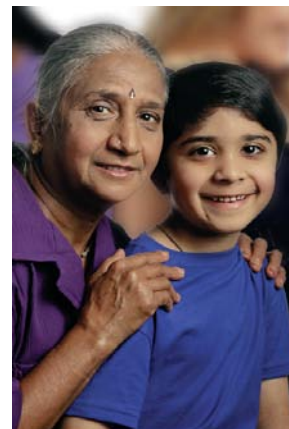
What does the literature tell us?

A small number of studies investigate what constitutes expectations. Agreement focuses on expectation being "an integral part of the psychosocial makeup of each individual patient" based on beliefs which are created and sustained by a cognitive process³. Thompson and Suñol propose four different types of expectation:

- > **Ideal:** an aspiration, desire, want or preferred outcome, which matches the patient's belief about the potential for a service.

- > **Predicted:** the realistic, practical or anticipated outcome, which matches what the patient actually believes will happen.

- > **Normative:** what should or ought to happen based on what patients are told or led to believe.



- > **Unformed:** patients do not have any particular expectations, for example new patients may not have sufficient experience or knowledge to formulate specific expectations. Others may find their expectations too difficult to express for some reason, for example fear, anxiety, or conforming to social norms⁴.

Relationships in healthcare

The Darzi report has emphasised patient choice in healthcare and the greater degree of influence patients should expect to exert when managing their health. At the same time, patients' expectations of healthcare continue to grow as scientific advances are made, internet access to information increases, and greater involvement in the decision-making process is actively encouraged.

Thompson describes five prevailing models of involvement including:

- > **Exclusion:** essentially leaving the patient out of the decision-making process.
- > **Paternalism:** involvement is limited to receiving information or giving consent.
- > **Shared decision-making:** options for care are shared between patient and practitioner.
- > **Practitioner-as-agent:** practitioners hold technical expertise, but patient preferences are incorporated into decision-making.
- > **Informed decision-making:** technical expertise is transferred to patients who make the final decision⁵.

However, Guadagnoli and Ward emphasised that "participation should be defined by whatever level the patient is most comfortable with"⁶.

Key expectations of all healthcare practitioners

Satisfaction with interactions between patients and practitioners is one particular area where identifying expectations can be helpful. A range of specific expectations of the clinical encounter is reported across healthcare contexts and disciplines, for example chiropractic, general practice, hospital medicine, nursing, and physiotherapy. These include:

- > appropriate waiting times;
- > diagnostic certainty, based on appropriate testing;
- > physical examination;
- > timely and sufficient information and instructions (including self-management);
- > symptom relief;
- > referral to specialists;
- > sickness certification;
- > a knowledgeable professional who communicates well; and
- > a relationship based on trust, understanding, listening, and being included in decision-making^{7,8,9,10}.

Studies addressing the expectations associated with practitioners loosely collected under the umbrella of 'complementary healthcare' or CAM indicate practitioners are expected to be able to:

- > provide symptomatic relief;
- > provide a therapeutic or holistic approach;
- > provide information about symptoms;
- > contribute towards a better quality of life for the patient;
- > provide information concerning self-management of symptoms; and
- > help the patient to reduce medication use^{11,5,12}.

CAM practitioners are also seen as more sympathetic, having more time to listen, being better at explaining treatment and illness, and more sensitive to emotional issues¹³.



Unmet expectations

Dissonance concerning expectations has been identified in earlier studies. Kravitz sought to identify sources of unmet expectations¹⁰. He identified this occurred when:

- > the severity of symptoms and the extent of distress was unappreciated;
- > the need for reassurance about the possibility of serious disease was not recognised; and
- > vulnerability related to aging, pre-existing conditions, family history of illness, and personal lifestyle factors were not appreciated or acted upon during a consultation.

Unmet expectations were also shaped by past experiences of similar symptoms or experience of caring for others. Jackson and Kroenke (2001) found that unmet expectations were common among patients labeled as 'difficult' by clinicians¹⁴. The authors concluded that diagnostic and prognostic information are valued by patients and implied that patient education may help to decrease difficult behavior. In a study of 'the difficult patient' in private practice physiotherapy, Potter et al (2003) identified two problems relating to patient expectations¹⁵. The first involved patients with unrealistic expectations, i.e. "patients who want a quick fix in one session when that is not possible". The second problem reflected patients with preconceived ideas about physiotherapy, i.e. "patients who have preconceived ideas about the number of treatments they require and the treatment methods that should be used". Expectations can change during the course of treatment and failure to identify and respond to such changes can adversely affect satisfaction even though the quality of the treatment delivered remains constant.



A number of other factors can affect patients' expectations of healthcare. According to the literature, these include age, gender, ethnicity, sociodemographic status, previous experience of similar symptoms, and the presence of long-term illness. All of these factors are being explored in much greater detail in the full literature review.

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In Council

Jane Quinnell, Clerk to Council

15 July 2009 – 63rd meeting of the General Osteopathic Council

CONSULTATIONS

Council received a summary of the six regional consultation meetings that were held between March and June, and an update on the four key regulatory developments: the introduction of revalidation; revisions to the osteopathic *Code of Practice* and standards of practice; and the development of an Osteopathic Practice Framework (see also pages 12 and 13).

REVALIDATION

In addition to the consultation on revalidation, Council agreed a revised approach to governance to ensure the appropriate oversight of the varying elements of the continuing development of revalidation, those being:

- Public and patient input to revalidation
- Assessment – the criteria for assessment, the training and appointment of assessors and ongoing quality assurance
- How revalidation will affect specific groups within the osteopathic profession – sole practitioners, osteopaths with special interests, those working solely in education, and those who are non-practising
- Amendments to the existing proposed scheme in light of independently analysed findings of consultation.

Council will receive reports on revalidation at every Council meeting.

EQUALITY AND DIVERSITY

The GOSC Equality Scheme, approved by Council in June 2008, is supported by an Action Plan. Much progress has been made in implementing the Plan; however, in order to ensure that the Scheme fully meets the higher legislative duties which exist in relation to disabilities, further amendment is necessary. To achieve this, advice from an independent expert in equality issues was sought and proposals for strengthening the GOSC's Equality Scheme will be taken forward.

INVESTMENT

In light of the current economic climate, Council accepted the Finance & General Purposes Committee's recommendation for an interim variation on the GOSC's current investment strategy in order to improve returns in the short term, and that a thorough review of the Council's investment strategy should be undertaken.

RESEARCH

Council agreed the establishment of a working group to guide a review of the GOSC's research needs and interests, and to assist the development of a research strategy appropriate to the statutory responsibilities of the GOSC.

PATIENT RESEARCH

Council received an update on the Osteopathic Patient Expectations (OPEN) project, the research study commissioned by the GOSC in December 2008. Delivery of the project findings is expected in December 2009 and will help the GOSC gain a better understanding of public and patient expectations, and experience of osteopathic care (see also pages 5-7).

COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE)

Council noted that CHRE's Performance Review was laid before the four UK parliaments on 3 July 2009. The Review confirmed that the GOSC is meeting its statutory duties and highlighted a number of examples of good practice (see also page 4).

Future Council meetings

- > 18 November 2009
(rescheduled from 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 website (www.osteopathy.org.uk), or from Jane Quinnell, approximately 7-10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

For further information, contact Jane Quinnell on 01580 720 213 or email: janeq@osteopathy.org.uk.



Redevelopment of Osteopathy House

A redevelopment of Osteopathy House, begun last December, has been completed on time and within budget, with the premises returned to full function by mid April. The renovation project had two primary aims – the first, to improve accessibility to the building, ensuring that our facilities are in

compliance with the Disability Discrimination Act. Central to this has been the installation of a lift and adjustments to entrances, allowing access to all areas of the building.

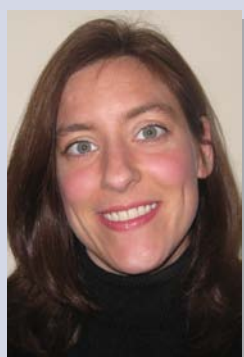
The restructuring has also achieved a second important improvement – providing more suitable

accommodation for fitness to practise hearings, through the creation of a new suite of soundproof rooms on the ground floor.

In addition to public conduct hearings, Osteopathy House hosts throughout the year meetings and events for a wide range of stakeholders, and the refurbished facilities reflect the professional status of osteopathy today.



GOsC appoints new Head of Professional Standards



The GOsC is pleased to announce the appointment of Fiona Browne as Head of Professional Standards. Fiona comes to us from the General Medical Council (GMC) where she has worked for eight years in regulatory functions including education and revalidation.

Fiona has an academic background in law, including a masters degree in research. At the GMC, she developed and published educational guidance and led a joint regulatory approach to educational quality assurance, in conjunction with the medical profession. She has also drafted standards and piloted work for multi-professional accreditation

pilots. More recently, Fiona has worked on the development of medical revalidation following the publication of the White Paper *Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century*.

Fiona is also a member of her local Maternity Services Liaison Committee Practice Development Group, where she has been able to develop a better understanding of the different ways a profession can engage effectively with patients.

Commenting on her new post at the GOsC Fiona said:

"I am delighted to be joining the General Osteopathic Council at such an important time in the development of the profession.

"The GOsC has an important role in maintaining the highest standards in osteopathy and developing a better understanding of osteopathic practice. I am looking forward to working with osteopaths, patients and educators to continue to strive for excellence."

Fiona will take up the post on 2 September and takes over the role from **Vince Cullen**, who has now left the GOsC to pursue other projects. Vince was appointed Head of Development in 2003, and later became Director of Professional Standards, overseeing the development of CPD and exploring the implications of introducing revalidation. We wish Vince all the best for the future.

Does your advertising comply with the rules?

In the UK, all advertising is governed by the Advertising Standards Authority (ASA) and therefore all osteopaths must comply with the ASA's guidelines, as set out in the British Code of Advertising, Sales Promotion and Direct Marketing (CAP Code).

These guidelines are incorporated into the GOsC's *Code of Practice* (in particular Clauses 92 and 122 to 127, under the heading 'Practice Information'). Osteopaths are urged to consult both sources when checking that their publicity is in compliance.

Osteopaths should refer to the 'Non-broadcast Advertising Codes', published on the Committee of Advertising Practice (CAP) website at www.cap.org.uk/cap/codes. Pay particular attention to the rules on Health & Beauty Products and Therapies, which is number 50 in the 'Other Specific Rules' section of this Code. In conjunction with this, you need also to be familiar with the CAP Help Notes on Health, Beauty and Slimming Marketing

that Refers to Medical Conditions, which can be found on the Copy Advice website (www.copyadvice.org.uk) in the Help Notes section.

It is very important that all osteopaths are vigilant in this area and take steps to ensure that they, and the colleagues they employ, stay up to date with the requirements of the law and the professional guidance on ethical advertising and publicity – whether in print or online.

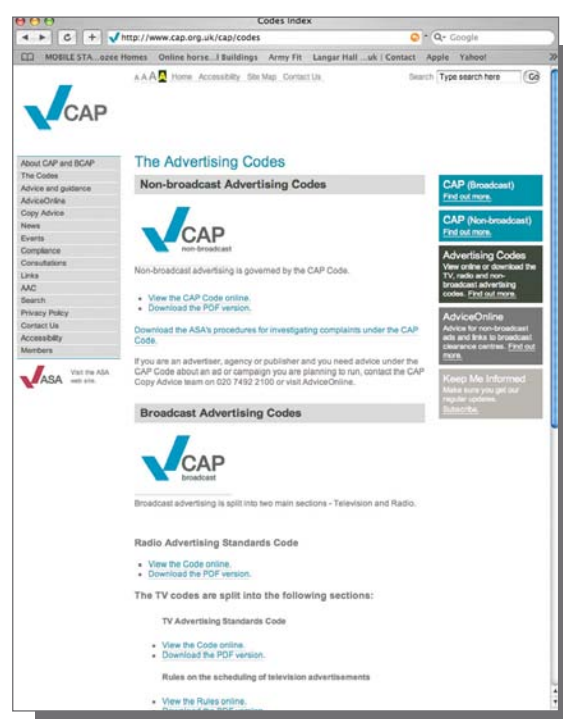
You must ensure that the information you publish about your osteopathic services is factual and verifiable

Fitness to practise e-bulletin

From September the GOsC is to introduce regular fitness to practise e-bulletins for osteopaths. Each bulletin will feature a case study, and an analysis of the case, along with learning points. We will also provide a round-up of recent cases and information on related subjects.

The bulletin will be emailed directly to osteopaths who have provided us with an email address, and will also be reproduced in *The Osteopath* and available on the o zone.

If you have not yet provided us with an email address, please contact the Registration Department on 020 7357 6655 ext 229 or email: registration@osteopathy.org.uk.



Equality Scheme: share your experience

The GOsC is in the process of revising and improving its Equality Scheme. As part of this exercise, we hope to find around 10 osteopaths or students of osteopathy who have a disability, to take part in a discussion group on osteopathy as a career.

This would involve attending a meeting at Osteopathy House in central London on **Tuesday 3 November**, from 1.30 to 3.30pm. The discussion will focus on:

- > Your views and experience of how open osteopathy is as a profession to disabled people able to meet the relevant standards
- > What practical support colleges, professional associations and the Council could offer, which would make a difference for disabled people being able to study and to practise

- > Any experience you have of good or bad practice.

The Disability Discrimination Act defines disability as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal daily activities. Examples include cancer, diabetes, multiple sclerosis and heart conditions; hearing or sight impairments, or significant mobility difficulty; and mental health conditions or learning difficulties.

While the issues raised will inform the work of the Council on equality, all contributions will be anonymous and will in no way reveal the identity of the participant.

If you are interested in taking part in this meeting, please contact Agnes Fletcher, our independent coordinator, on 07748 333 565 or email: agnes.fletcher@talktalk.net. Lunch will be provided on the day and we will cover reasonable travel expenses for attending the meeting.

We will also be holding a separate discussion group with osteopaths' patients who have a disability. If you know of any patients who would be willing to participate in such a discussion and share their experiences of osteopathy, please pass on the details of our work and invite them to contact Agnes Fletcher directly.

Government guidance on swine flu

Osteopaths, like other healthcare professionals, should keep themselves abreast of the up-to-date guidance about the swine flu outbreak being issued by the Government.

The Government's Pandemic Flu website (www.direct.gov.uk/pandemicflu) provides sources of official guidance in England, Scotland, Wales and Northern Ireland.

Further information is also available by calling 0800 1 513 513.

PANDEMIC FLU

Find flu information **0800 1 513 513**

Northern Ireland
 Health information
 > www.dhspni.gov.uk
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 > www.nidirect.gov.uk
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 > www.nibusinessinfo.co.uk

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 Business information
 > www.bgateway.com

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This leaflet contains important information to help you and your family - KEEP IT SAFE

NHS SCOTLAND **NHS WALES GIG CYMRU** **DHSSPS** **NHS**

GOSc consultations: your feedback

From March to June 2009, the GOSc travelled to Birmingham, Glasgow, Gatwick, Taunton, Stansted and Manchester to seek the views of osteopaths on four key regulatory developments: the introduction of revalidation; revisions to the osteopathic *Code of Practice* and standards of practice; and the development of an Osteopathic Practice Framework.

The GOSc staff were also keen to gain feedback from osteopaths on the format, content and usefulness of the consultation meetings themselves. We are still in the process of collating the data, but the general indication is that most delegates found the meetings "useful" or "very useful", and a significant number of delegates were encouraged by what they perceived to be an increased openness on the part of the regulator and a willingness to engage fully with registrants. However, many delegates sought specific reassurance that their views would be taken into account in re-drafting these key regulatory policies.

In response, GOSc Chief Executive Evlynne Gilvarry said: "The GOSc is committed to taking into account all feedback received at the regional meetings, and by other means, as a way of ensuring that the final policy proposals are workable in practice as well as offering the required level of protection to the public."

Progress report

Code of Practice

Feedback from the regional consultation meetings, and the views we received online, have passed to the *Code of Practice* working group set up by Council to steer revisions to the Code. This will be considered in detail over the course of the summer.

A draft revised Code will then be prepared for publication in the autumn, and this will be followed by a further three-month profession-wide and public consultation on the proposed revisions.

Revalidation

Feedback from both the regional consultation meetings and the written/online submissions are now being analysed by an independent analyst – Abi Masterson Consulting Ltd. A final report on the consultation will be prepared for consideration by Council in the autumn.

As at 6 July 2009, 354 written responses had been received (of which 74 were electronic). Feedback has been received both from organisations and individuals. Some of the initial indications are:

- > Over 90% of respondents thought the overall purpose of the revalidation proposals were clearly described.
- > More than 80% concluded that the proposals seemed fair.
- > Over 80% thought the guidance notes were comprehensive and made it clear what osteopaths will need to do.
- > More than 70% thought the self-assessment form was clear, comprehensive, relevant and appropriate.
- > 80% said that the examples of evidence osteopaths would be expected to provide were relevant, appropriate and sufficient.

A third of respondents foresaw some unintended consequences arising from implementation. These included issues such as the cost to osteopaths of compliance, in terms of the time and resources required to collect and collate the



necessary evidence. There is concern also that the proposed system might encourage a focus on the detail of the process (for example, the development of policies) to the neglect of its essential purpose, i.e. safer practice - some suggested that it might even put people off becoming osteopaths.

Concerns were also expressed about whether or not there should be a requirement related to a minimum number of patient contact hours and that the system, as it stands, may just reward those who are good at filling in forms rather than practising osteopathy. Overall the most commonly expressed concerns were:

- > the implications of the scheme for osteopathic educators and researchers;
- > the need for CPD to be transferable between different regulators;
- > that there may be an in-built bias against those who are Associates rather than Principals and/or those who are sole practitioners;
- > that the system is likely to have a greater impact on the earnings of those who work part-time;
- > the varying availability of CPD courses across the UK; and
- > the frequency of revalidation - i.e. potentially every five years.

Feedback was positive on the consultation process itself, particularly the regional meetings. Of the concerns raised, some noted that the GOSC should have supplied a pre-paid return envelope, whilst some would prefer that responses remain anonymous (the provision of your name and registration number was optional).

Many concerns were also expressed about the diversity information requested in the feedback questionnaire, and its relevance. This data is not collected in order to link it to an individual - all forms could be submitted anonymously.

The GOSC collects the equality and diversity data in order to assess whether proposed policies might have a greater impact on some sectors of the population or present particular difficulties. The equality and diversity data is linked to the responses made only in order to generate a picture of how the proposals may affect different groups of people. The GOSC does not assume to know how its proposals will impact these groups.

Osteopathic Practice Framework

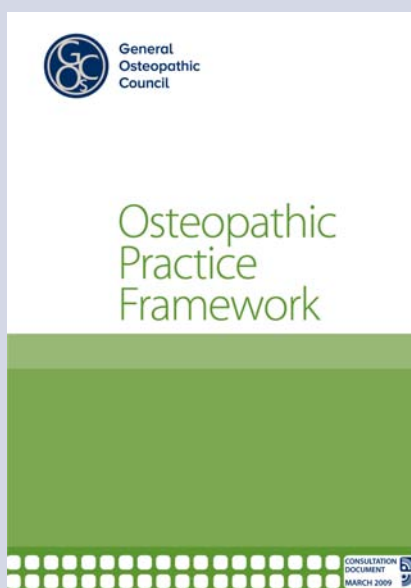
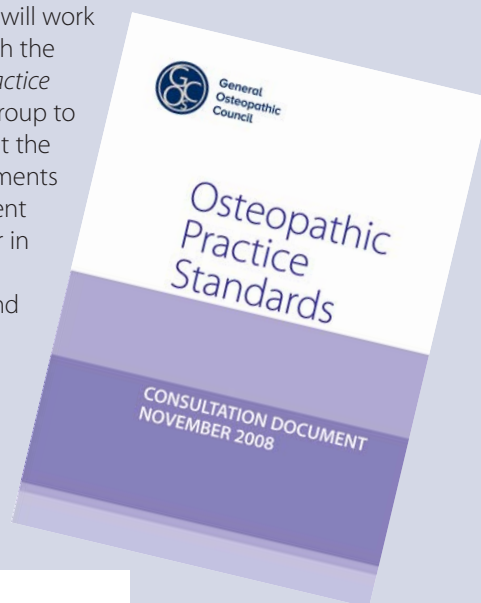
The GOSC has recently concluded an initial information gathering exercise relating to the concept of defining the scope of osteopathic practice for both osteopaths and the public. The consultation document served as a starting point to encourage discussion within the profession. Debate at the regional consultation meetings was robust and wide-ranging, indicating the importance of this issue to osteopathic practice. The feedback from these meetings, together with responses to the online and paper consultation (342 in total), will now be collated by an independent analyst - Abi Masterson Consulting Ltd - and a report will be produced by the end of November. This report will provide guidance to both the GOSC and the profession as to how this concept should be taken forward in the future.

As part of this information gathering exercise, the GOSC is also consulting special interest groups and a meeting involving a wide range of these took place at Osteopathy House on 10 July. Special interests represented

at this meeting included paediatric osteopathy, animal osteopathy, visceral osteopathy/obstetrics and cranial osteopathy.

Osteopathic Practice Standards

The consultation on proposed changes to the *Standard of Proficiency* - which will become the Osteopathic Practice Standards - has now ended. In total, 61 responses were submitted, of which 41 were submitted online via the **o** zone. Analysis of these responses will take place during the autumn, and a report will be produced towards the end of the year, which will be shared with the profession. Those working on the review of the Osteopathic Practice Standards will work closely with the *Code of Practice* working group to ensure that the two documents complement each other in terms of content and wording.



Make links with the new public website

Visitors to the new GOsC public website, which was launched in April, are now spending longer on the site, and taking time to browse twice as many pages, compared with usage of the former website. In the month up to 22 July, the site attracted more than 10,000 visitors, with the online Register proving to be the most frequently accessed area of the site, receiving 7,800 visits.

Online Register

Our main aim when developing the new website was to make the online Register of Osteopaths easy to find, access and navigate. The significant increase in usage is therefore encouraging.

Feedback received from osteopaths and other users since its launch has helped us to make further improvements to the search

function of the online Register. For example, enhancements now produce better results when searching for towns with hyphenated or composite names, such as 'Great Missenden' or 'Bradford-on-Avon'.

Search engines

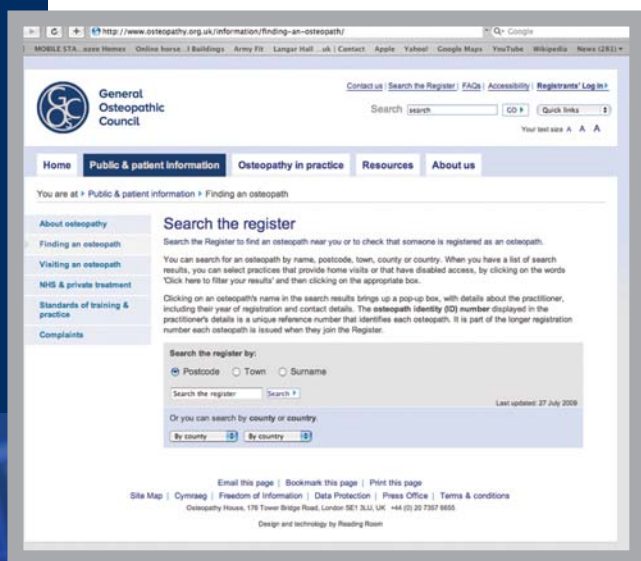
More than a third of the website visitors are accessing the website directly – they either know the website address or are accessing it via a direct link. A further third are locating the website via Google, by far the most used search engine by our visitors. The rest of our visitors are using other search engines or being referred by other sites such as the NHS, the BBC, or BUPA.

You can help

As more than 40% of our visitors are using search engines to find the website, our visibility here is important, and needs to be optimised. One factor that contributes significantly to search engine visibility is the number of incoming links to our site, and this is where those of you with your own websites can contribute.

If you don't currently have a link to the public website (www.osteopathy.org.uk), please consider including on your site a link either to the GOsC home page or directly to the online Register (<http://www.osteopathy.org.uk/information/finding-an-osteopath/>). The more links there are, the higher the site's visibility in search engine results. This will do much to promote public awareness of, and confidence in, osteopathic standards of practice. We can allow you to use the GOsC logo on your website where it functions as a hyperlink – contact the Communications Department (info@osteopathy.org.uk or 0800 917 8031) for further information about obtaining and using the logo for this purpose.

Link your site to ours and help the public find our website – and yours.



Reminder: new registration opportunities

Individuals who did not apply for registration with the General Osteopathic Council in the initial two-year transition period (1998–2000) now have the opportunity to join the Register.

Under new powers acquired by the GOsC, those who would like to be considered for registration must meet the following criteria. The individual must:

- > have obtained a qualification in osteopathy in the United Kingdom before 9 May 2000;
- > have practised as an osteopath before 9 May 2000;
- > have **not** practised as an osteopath in the United Kingdom on or after 9 May 2000;
- > have a good reason for not having made a successful application for registration during the transitional period; and
- > be capable of the competent and safe practice of osteopathy.

Applications will be accepted until **31 December 2010**. For further information on how to apply, visit www.osteopathy.org.uk/practice/how-to-register-uk/qualified-9-may-2009/.

European Union (EU)-based osteopaths

Osteopaths who have been working for at least two years out of the last 10 in an EU country other than the UK, may apply for registration under the EU Directive on mutual recognition of qualifications (Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications). Registration by this route is not limited to the transition period created by the new powers, which expires on 31 December 2010.

Further details on all GOsC registration processes can be found on our website, www.osteopathy.org.uk/registration.

The o zone: meeting your needs

Following on from the launch in April this year of the GOsC's new public website, we are planning now to improve the o zone, our website for UK-registered osteopaths.

The primary purposes for doing this are:

- > to streamline our services by bringing more of these online, including the facility to complete your annual renewal of registration online; and
- > to improve osteopaths' access to current guidance and information.

To ensure the site represents a useful and effective resource for osteopaths, we will be inviting your views on the proposed content and facilities. Some of the key sections are likely to include:

- > News and project updates
- > Online registration and fee payment services, including the facility to amend your practice details online

- > Practice management and ethical guidance
- > CPD (maintaining and submitting your CPD record online)
- > Revalidation
- > Research developments
- > Events diary and online booking
- > Regional osteopathic networks – directory of regional groups
- > Osteopathy worldwide - international updates and key contacts
- > GOsC contacts and useful external links.

We shall seek your views in the near future via a questionnaire – please help us redesign the o zone to meet your needs.



Should acupuncture, herbal medicine and traditional Chinese medicine be regulated?

In August, the Department of Health launched a consultation on the future regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine (TCM) and other forms of traditional medicine practised in the UK.

This UK-wide consultation focuses on:

- > identifying the nature and degree of risks to the public associated with the practise of acupuncture, herbal medicine and TCM; and
- > whether these risks can best be managed by introducing statutory professional regulation for these groups or some other means of regulation.

Whilst the Government has confirmed that no new statutory regulator will be established for the above disciplines, statutory regulation is being considered. Respondents are being asked:

- > Should the regulator be the Health Professions Council or the new General Pharmaceutical Council?
- > What would be the costs and benefits of statutory regulation?
- > What would the impact be for individual practitioners, businesses and the public?

A potential impact for osteopaths could be dual/distributed regulation as members of the profession also practise as acupuncturists, herbalists and TCM



practitioners. This would of course have cost implications for osteopaths and potentially cause confusion in the event of a complaint. The Government sets out a number of speculative options that require more detailed work – one example is the idea of a primary regulator. This could mean that an osteopath, who also practises acupuncture for example, would register with the GOSc as the primary regulator, but his/her registration would be annotated to say s/he also practised acupuncture and met the required standards of the secondary regulator. In the event of a complaint, the primary regulator would investigate the issue, but would need to have due regard to professional advice and assistance from the secondary regulator.

Potential alternatives to statutory regulation are also suggested. These include regulating the product, system regulation by existing quality assurance agencies in all UK countries, voluntary self-regulation reinforced by better public information, accreditation of

voluntary registration bodies, health and safety and consumer legislation, local authority licensing schemes, and statutory or voluntary licensing schemes.

Other important questions relate to whether all groups require the same level of regulation, whether a different approach is needed for each, and if the title should be protected or the function.

The GOSc will be making a submission, particularly in the light of the possible impact of dual or distributed regulation. The deadline for responses is **2 November 2009**.

Further information on the consultation can be accessed via the following link:
www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm.

European Forum meets in Stockholm



FORE considers its 'structure and function'

The Forum for Osteopathic Regulation in Europe (FORE) held its 8th meeting in July, bringing together 25 representatives from osteopathic organisations across Europe. Held in Stockholm during the Swedish presidency of the EU, a key aim of this meeting was to consider proposals developed by the Secretariat, currently provided by the GOsC, to formalise the governance structure of FORE, the establishment of membership criteria/voting methods, the funding structure and a draft strategic plan for the next three years.

Following a lengthy debate, it was agreed that membership of FORE should be organisation-based, but voting would be by country. To date, FORE has had no formal membership structure and decisions have been based on a consensus. Proposals on funding mechanisms, categories of full and associate membership and the principle of appointing a Chair were all referred back to the respective organisations for consideration at the next meeting of FORE, expected in November. A draft strategic plan received wide support, as well as the move towards increased cooperation and communication with the European Federation of Osteopaths, representatives of which were also in attendance.

Formalising European osteopathic standards

FORE considered the potential authorisation of its Framework documents on standards of osteopathic education, training and practice* through adoption by national standardisation agencies. A representative from the European Committee of Standardisation (CEN) gave an informative presentation on the process of developing a European standard, which although would not override national law, would provide some benchmark standard in those Member States without regulation – currently the majority of EU countries. As some French osteopathic organisations had already started work on developing a national standard through their national standardisation agency, they were asked to consider whether they would stop this project in favour of developing European standards. It was agreed that our French colleagues would need to confirm with CEN and the FORE Secretariat as soon as possible how they wished to move forward.



Brussels reception to launch FORE Frameworks

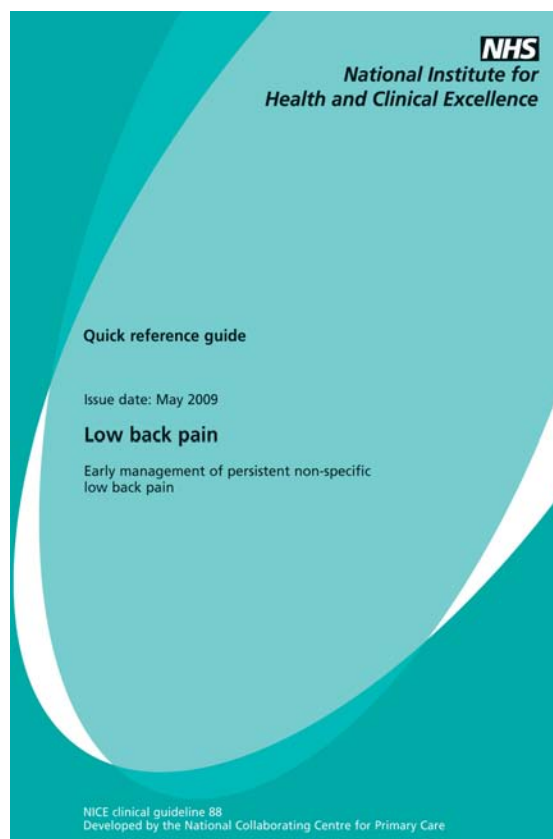
A reception is being planned for November to formally launch FORE's Framework documents in Brussels. This high-level political event will target Members of the European Parliament, EU officials, professional and patient bodies, national political representatives and osteopathic organisations from across Europe in order to:

- > share information about current osteopathic care in Europe and the needs of patients;
- > promote European standards of osteopathic education, training and practice; and
- > encourage and assist in the development of regulatory mechanisms for osteopathy across Europe.

For further information about the work of FORE, please contact the FORE Secretariat at: foresecretariat@osteopathy.org.uk.

* European Framework for Codes of Osteopathic Practice, FORE 2007. European Framework for Standards of Osteopathic Practice, FORE 2007. European Framework for Standards of Osteopathic Education and Training, FORE 2008.

Low back pain guidance for commissioners



Following the publication of guidelines on the treatment of (chronic) low back pain in May, the National Institute for Health and Clinical Excellence (NICE) is now in the process of publishing implementation guidance for commissioners.

Feedback to the GOsC indicates the osteopathic profession's increasing interest in NHS commissioning as a result of the publication of the guidelines recommending NHS referrals to manual therapy, as practised by osteopaths. Putting these guidelines into practice, however, takes time as different stakeholders involved need respective support material on implementation – in this case, those staff in primary care trusts across England and local health boards in Wales tasked with deciding how to spend increasingly restricted NHS funds.

As with the development of the full guidelines, the GOsC, the National Council for Osteopathic Research, the British Osteopathic Association, guideline Peer Reviewer Charles Peers and the osteopathic educational institutions submitted a collective response to NICE's consultation on commissioning guidance – expected for publication by September this year. Key areas of concern included the language and practical application of the guidance.

A copy of the full guidelines from NICE on low back pain is available at: <http://guidance.nice.org.uk/CG88> and a Quick Reference Guide, produced by NICE, was distributed to all registrants with the June/July issue of *The Osteopath*.

GOsC & BOA meet with AXA PPP healthcare

Meetings between the GOsC and private health insurance companies take place periodically to exchange updates on key developments within osteopathic practice and private health insurance.

In July, staff from the GOsC and British Osteopathic Association (BOA) met with representatives from AXA PPP healthcare's Specialist Recognition Team. AXA PPP healthcare is one of the UK's largest private medical insurance providers with around 2,000 UK osteopaths as registered providers.

Feedback from AXA PPP healthcare was actively encouraged on all initiatives considered at the meeting,

including: the current round of GOsC policy consultations, the OPEn (Osteopathic Patient Expectations) project, NCOR's Standardised Data Collection project, EU and international regulatory developments, new GOsC registration powers and the GOsC's new public website.

The BOA also raised concerns regarding AXA PPP payment for osteopathy, and AXA PPP registering policy.

Volunteer in Kenya

The Divinity Foundation, a non-profit humanitarian organisation providing free healthcare, education and food aid to impoverished children and women, is looking for volunteer osteopaths to take part in an expedition to Kenya in October.

Volunteers will be providing osteopathic treatment to children and women in the slums of Nairobi and along the rift valley in Pokot.

For further information or for an application form, contact Nav Matharu at: navmatharu@divinityfoundation.com.



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.

www.ncor.org.uk



> BRISTOL

Thursday 17 September
7-9pm

Looking at further literature on the physiological effects of spinal manipulation.

> EXETER

Saturday 3 October
10am–12pm

Looking at literature examining osteopathic research and the management of low back pain, and clinical audit for private practice.

> GLASGOW

Saturday 19 September
9am–3pm

An introduction to literature searching, critical appraisal and clinical audit.

> HAYWARDS HEATH

Sunday 11 October
10am–12pm

Clinical audit and outcome measures for practice.

> LEEDS

Tuesday 15 September
7–9pm

Clinical audit in private practice – conducting a documentation audit.

> OXFORD

Wednesday 9 September
7–9pm

The next meeting will take the form of a journal club.

Conference calendar

> 9–12 September 09

10th Congress of the European Federation for Research in Rehabilitation (EFRR), Riga, Latvia

Further information on the conference programme can be found at www.efrr-riga09.com.

> 12 September 09

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 671 558.

> 27–30 October 09

2nd International Fascia Research Congress, Vrije University, Amsterdam

Further information can be found at www.fasciacongress.org/2009.

> 30 October–1 November 09

3rd International Conference on Movement Dysfunction, Edinburgh

The event is being held at the Edinburgh International Conference Centre. Further information can be found on page 26 or at www.kcmacp09.com.

> 9–12 November 09

7th Interdisciplinary World Congress on Low Back and Pelvic Pain, Los Angeles, USA

Further information can be found at www.worldcongresslbp.com.

> 21 November 09

Chiropractic, Osteopathy and Physiotherapy Research Conference, London

The conference will be held at the British School of Osteopathy. Further information can be found at <http://www.bso.ac.uk/mm5fut.htm>.

> April 2010

8th International Conference on Advances in Osteopathic Research, Milan

Further details will follow.

Audible sounds associated with spinal manipulation – a brief summary of the evidence

Carol Fawkes, NCOR Research Development Officer

Spinal manipulation is just one of many techniques employed within osteopathic practice. It remains the most commonly researched and has been shown to be well used in practice¹. Various theories exist concerning what actually occurs to cause the cracking sound associated with joint manipulation or cavitation, which are discussed below.

Early investigative work

Investigation of the phenomenon of joint cracking was first cited in literature in 1911 in the work by Fick². Subsequent authors including Dittmar³ and Nordheim⁴ also investigated this phenomenon. They observed bubbles in joints and were interested in them “as a means of obtaining radiographs of fibrocartilage in the knee without using a contrasting medium”⁵. Roston and Wheeler-Haines conducted the earliest detailed study in this area but focussed on metacarpophalangeal (MCP) joints⁶.

Sandoz reviewed the work of the earlier authors cited and stated that “we must frankly admit that, for the manipulator, the crack represents an important, although not an absolute nor a sufficient criterion for a good manipulation”^{7,8}. Mierau et al went further, stating that the joint crack is integral to the manipulative process and is what separates manipulation in general from mobilisation⁹. Cassidy et al supported this view^{10,11}, but it is refuted by Flynn et al¹².

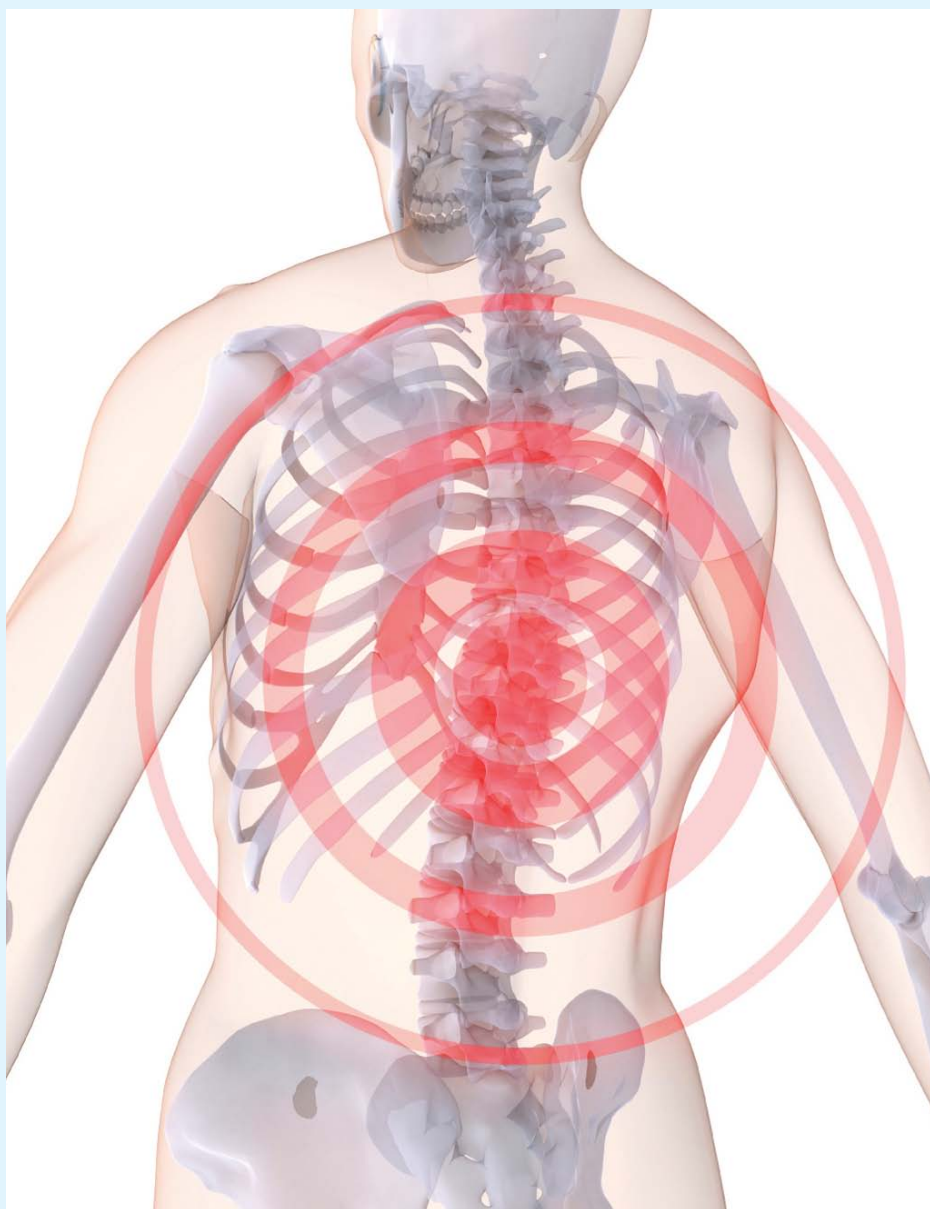
Wolff published the first graphic recording of articular cracking, and Unsworth et al continued the work of Roston and Wheeler-Haines by constructing a machine that could study the effects of loading on the separation of the metacarpophalangeal joints in man¹³. Unsworth et al used a selection of splints to ensure correct alignment of the fingers to the loading mechanism; the fingers rested on an X-ray plate that could be loaded laterally, and loads of up to 16kg were applied. If cracking occurred, a trace was marked at the point of cracking. Gas analysis was also carried out on the synovial fluid of a selection of patients, one of whom had a traumatic effusion and others who had rheumatoid arthritis. The research team also constructed a model of the MCP joint using the data from their initial findings on loading and separation of the human joint to continue their studies.

Unsworth et al used the term ‘cavitation’ to describe “the formation of vapour and gas bubbles within fluid through local reduction in pressure. When vapour collapses on moving into a region of very high pressure, very high impact pressures can be generated.” They also stated that “if large pressure reduction takes place, the fluid is converted into vapour bubbles in these low pressure regions forming gas cavities”. Gas analysis of the synovial fluid was 15% by volume, and over 80% carbon dioxide. Unsworth et al proposed from their work that the audible crack heard during manipulation of a joint was due to the formation of gas cavities from multiple bubbles. The pressure in the bubble is very low while the pressure in the surrounding fluid is nearer to ambient conditions. As joint

separation occurs at a high rate, there is a net flow of fluid into the low pressure regions. The resulting collapse of the vapour phase of the cavities allows the release of energy as noise in the form of a ‘crack’. The gas removed during the period of low pressure returns to ambient pressure but is not reabsorbed for 20 to 30 minutes. A second crack is unlikely to be achieved within this time. The gas is, therefore, a consequence of the crack and not the cause of the cracking.

Méal and Scott attempted to develop the work of Sandoz by analysing the simultaneous recordings of joint tension and sounds which occurred during manipulation¹⁴. They employed a tension transducer and an ultraviolet trace to this end. They found the tensions required to produce a cracking sensation varied considerably between 3 and 23kg. The drop in tension during the joint crack was of amplitude of 1/16 to 4/16 of an inch using the measurement of the time. The authors found that when subjects in the study were more tense, it was more difficult to produce a crack. The weather was also reported to affect the quality of the crack; joints would crack more easily when a low pressure system was present, producing less tension and making less noise. Herzog duplicated this work using a small skin-mounted accelerometer affixed to the spinous process of T3 to record the joint crack signal produced by manipulation applied at the transverse process of T3¹⁵.

Watson and Mollan investigated the process of joint cracking using cineradiography and the third MCP joint¹⁶. A single subject was examined using a frame rate of 120 frames per second. They found that the joint separation after the crack was approximately four times larger than the resting joint separation. Full separation of the joint was reached within two frames at 16.6msec: the bubble generated during joint separation occurred between two frames in less than 8.3ms¹². Reggars and Pollard undertook a considerable amount of work investigating whether there is a relationship between the side of head rotation and the side of joint cracking during ‘diversified’ rotator manipulation of the cervical spine¹⁷. The diversified rotatory technique* was first described by Gitelman and Fligg and is the most frequently used technique by North American chiropractors¹⁸. Reggars and Pollard concluded from their study that using the diversified rotator technique, joint cracking occurs on the ipsilateral side to head rotation and the opposite side of the thrust. They also suggested that there is some evidence that previous neck trauma may have an influence on the side of the joint crack^{19,20}. Later work by Reggars attempted to analyse the frequency of joint crack sounds to see if there was a difference between sexes and when previous trauma was present^{21,22,23}.



Ultrasound was used to generate microcavitation and it found that this process could damage articular cartilage for exposure greater than 10 seconds. It has been estimated that the energy from cavitation during a single joint crack is 0.07mJ/mm at the articular surface^{28,14}. The energy produced by Watson during his experiment was 3.75W/mm^{29,27}. It would be necessary to produce joint cracking every 30 seconds for 24 hours to create the equivalent energy that Watson suggested produced articular damage³⁰.

Chen and Israelachvili developed this topic further but proposed that damage occurs during the formation of a cavity³¹. Using a model resembling the architecture of an articular joint, they found cavitation occurred above a minimum velocity. As the velocity of separation during cavitation increased, instead of a smooth separation, the surfaces “snapped back” and a fracture occurred in the viscous fluid forming a vapour cavity.

Examination of the joint surfaces showed that damage occurred in the area of “snap-back” and not where vapour had collapsed. They suggest that the cracking sound occurs at the snap-back stage. This theory is also supported by classic descriptions on cavitation^{32,33,28,34}.

Chen and Israelachvili tried to apply this concept to joint manipulation. Their joint model had four distinct components:

- > cartilage;
- > subchondral bone;
- > joint capsule (including mensicoids and synovial folds); and
- > synovial fluid.

Effects of habitual joint cracking

Some individuals habitually crack their joints, with the knuckle being the most favoured joint. Little work has been undertaken looking at the long-term effects of joint cracking. It has been suggested by some authors that habitual knuckle cracking can have a direct effect on the soft tissues of the hand: in one case radiographic change has been reported²⁴. There is, however, insufficient evidence to make any definitive conclusions on the long-term effects of knuckle cracking. Swezey and Swezey compared the incidence of osteoarthritis in nursing home residents with histories of habitual joint cracking and those without²⁵. No statistically significant difference was identified to correlate knuckle cracking with the incidence of osteoarthritis.

Castellanos and Axelrod continued this work looking at 300 patients aged 45 and over. Only 26% of this population was found to use knuckle cracking and this had no correlation to the incidence of osteoarthritis of the hand joints²⁶. Grip strength and hand swelling were also examined and 75% of the knuckle crackers had less grip strength and a higher incidence of hand swelling, indicating a greater effect on soft tissues than on bone and cartilage. Watson investigated the possibility of cartilaginous damage from cavitation by examining a microcavitation effect²⁷.

The model was examined at different stages during the manipulation cycle, which are explored below.

Resting stage

Opposing joint surfaces are in contact, separated by a thin layer of synovial fluid. A small amount of tension applied to the joint separates the cartilage surfaces but the gap is filled with synovial fluid from the joint margins. The volume of the joint is thought to remain constant and achieves this by invaginating, lengthening and increasing the stress on the articular ligament as the joint is separated. Further separation of the joint places too great a stress on the capsular ligament to allow the joint capsule to invaginate further.

Chen and Israelachvili suggest that when the force on the joint capsule exceeds a certain level, the energy built up in the capsular ligament causes elastic recoil so that the capsule snaps back from the synovial fluid, causing cavitation to occur at the capsular/synovial fluid interface. At the same time the volume of the joint increases and the internal joint pressure decreases. Dissolved gasses are released within the synovial fluid near the ligament/fluid interface. Within a fraction of a second the gasses coalesce to form a single bubble within the joint capsule.

Elastic recoil stage

The authors propose several ideas for what occurs during the elastic recoil:

- > The ligament snaps away and the strain and tension across the capsule drops.
- > The forces across the joint cause the bones to separate. The distraction of the joint is limited by the anatomical limits of the capsular ligament. The abrupt halt of the joint separation causes the strain on the ligament and periarticular connective tissue to dramatically increase.

Final stage

In the final stage, the joint has distended by a significant difference and the joint cavity now contains a gas bubble within the synovial fluid. The external force is equal to the tension on the ligaments and the new lower pressure within the joint capsule.

Summary

Research into this area has been conducted over a considerable period of time. Four main theories concerning the cause of audible sounds on manipulation emerge from a review of the literature and are summarised below^{35,36}:

- > Release of trapped intra-articular material such as synovial folds or meniscoids.
- > Relaxation of hypertonic muscle by sudden stretching, the mechanoreceptor-pain gate or reflexogenic theory.
- > Disruption of the articular or periarticular adhesions.
- > Unbuckling of motion segments that have undergone disproportionate displacements.

The audible cracking sound is only one effect produced during spinal manipulation; a variety of other effects have also been documented. These will be considered at greater length in another article.

* The subject's neck was palpated in the supine position. The C3-4 zygapophyseal joint was nominally located by static palpation with the index finger of the contact hand, while the head was cradled and supported at the occiput by the other hand. The index finger of the contact hand was then replaced with the thumb of the contact hand, with the fingers supporting the occiput, while the other hand grasped the subject's chin from the opposite side. The head was then rotated 45° away from the contact or thrusting hand and was supported by the opposite forearm. The contact thumb was then moved slightly inferior so as to contact the articular pillar of C4. With the stabilising hand firmly supporting the head, the thumb of the contact hand then took the joint into a position just short of its parapsychological range of motion by pressure applied in a lateral to medial direction. At the point of joint resistance deemed to be appropriate by the clinician and the point of greatest muscle relaxation by the patient, a high-velocity, low-amplitude thrust was made in a lateral to medial and rotatory direction. The thrust was delivered without movement of the supporting or stabilising hand and was achieved by a rapid rotatory movement of the wrist.

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NICE guidance on child maltreatment

In July 2009, the National Institute for Health and Clinical Excellence (NICE) published new guidance for healthcare professionals on when to suspect child maltreatment.

The guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals. Its purpose is to raise awareness and help healthcare professionals who are not specialists in child protection to identify children who may be being maltreated. The guidance also provides advice on the five-stage process to follow if you encounter an alerting feature, which is briefly summarised below.

1. Listen and observe

Take into account the whole picture of the child or young person. Sources of information that help to do this include any history that is given, the child's appearance, demeanour or behavior, and the interaction between the parent or carer and child or young person.

2. Seek an explanation

Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner. You may need to seek appropriate expertise if you are concerned about a child or young person with a disability as alerting features of maltreatment in children with disabilities may also be features of the disability, making identification of maltreatment more difficult.

3. Record

Record in the child or young person's clinical record exactly what is observed and heard from whom and when and why this is of concern.

4. Consider, suspect or exclude maltreatment

Consider

At any stage during the process of considering maltreatment, the level of concern may change and lead to exclude or suspect maltreatment. When hearing about or observing an alerting feature in the guidance, look for other alerting features of maltreatment in the child or young person's history, presentation or parent- or carer-interaction with the child or young person now or in the past.

Discuss concerns with a more experienced colleague or designated professional for safeguarding children, gather collateral information from other agencies and health disciplines and ensure a review is undertaken of the child or young person, looking out for repeated presentations or any other alerting features.

Suspect

If an alerting feature or considering child maltreatment prompts you to suspect child maltreatment you should refer the child or young person to children's social care, following Local Safeguarding Children Board procedures.

Exclude

Exclude child maltreatment when a suitable explanation is found for alerting features. This may be the decision following discussion of the case with a more experienced colleague or after gathering collateral information as part of considering child maltreatment.

5. Record

Record all actions taken in the previous four stages and the outcome.

The full guidance is available at:

<http://www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf>

and the quick reference guidance at:

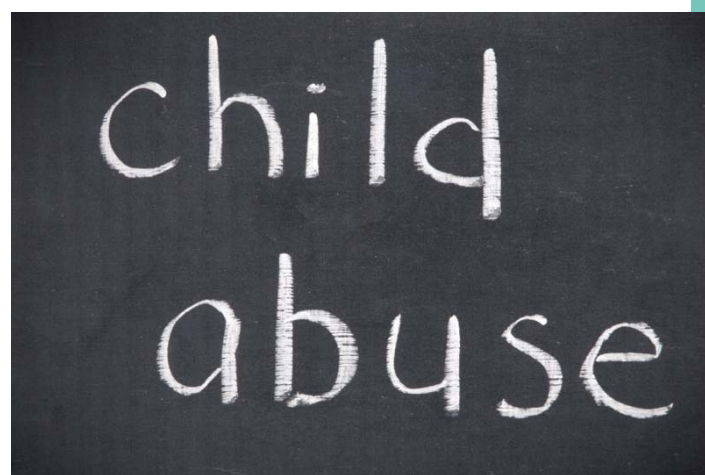
<http://www.nice.org.uk/nicemedia/pdf/CG89QuickRefGuide.pdf>.

Another useful source of advice on child protection matters is *Working together to safeguard children* (in particular, chapters 1, 2, 5 and 11), which can be found at:

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00060/>.

Other websites which may also be useful are:

www.everychildmatters.gov.uk and www.nspcc.org.uk.



London Osteopathic Society

Tony Longaretti DO, London

Two lecture series have taken place so far this year. In late January, noted osteopath Renzo Molinari illustrated the structures which might be implicated in his talk on *'The Hip: a visceral articulation'*. Specialist hip surgeon Mr Mark Bloomfield went on to compare the seldom discussed resurfacing with the larger prosthesis in *'Total hip replacement: is it the best option for your patient?'*

In May, well-known osteopath Barry Jacobs challenged the automatic *'Raising of the Red Flag'*, and two knowledgeable members of the Dystonia Society discussed and illustrated the various manifestations of this not uncommon condition, and modern methods of control.

We're now communicating with you largely by email and text. If you would like to receive regular updates, please

visit the website to submit your contact details. Addresses and numbers on our database are used solely to communicate with members and are never disclosed to third parties for any reason.

In addition to a brand new logo, we have added many new features to the website, including a search facility, site map and blog to canvas your views on our meetings and specific topics, such as the GOsC plans for the validation of CPD courses.

Lectures have been scheduled for September and November, and a workshop is planned for January, so please keep an eye on the website (www.londonosteopathic.society.org.uk) for further details.

Osteopaths@Worcester

Sue Brazier DO, Worcester

Two meetings will be taking place in October at the Holiday Inn Express, Droitwich. Terry Alldridge, who has been teaching technique for 26 years, will be hosting both meetings.

Thursday 15 October 2009 7-10pm

Topic: Revision of surface anatomy to help broaden your range of approaches to examination and treatment of the shoulder girdle.

Friday 16 October 2009 9.30am-1.30pm

Topic: Revision of surface anatomy to help broaden your range of approaches to examination and treatment of the cervical/upper thoracic spine.

For further details, contact Sue Brazier on 01905 831 495 or email: clinic@suebrazier.com. A completed registration form and cheque (made payable to S. Brazier) should be returned to Osteopathic Clinic, Upton Road, Callow End, Worcester WR2 4TY.

Anglian Osteopathic Group

Jo Sunner BSc (ost) DO JP, Peterborough

Our next meetings will be taking place in September and October at the Fitzwilliam Hospital Conference Room in Peterborough.

On **Thursday 3 September**, Mr Arvind Kumar FRCS, a consultant orthopaedic surgeon, will be looking at the most common disorders of the foot and ankle that present in clinic, the latest surgical corrective procedures and outcomes of surgery.

On **Thursday 1 October**, Gordon Varley FRCS, a consultant surgeon, and Dr Hany Elmadbouh, a consultant radiologist, will be investigating orthopaedic disorders and interpreting MRI scans/CAT scans and X-rays to highlight examples of the most commonly seen conditions in practice.

For further information, contact Jo Sunner on 01778 391 714 or email: josunner@aol.com.

Scottish Osteopathic Society

Fiona Davison DO, Aberdeen

The Scottish Osteopathic Society (SOS) meeting on 17 May at Dunkeld attracted 54 members: 40% of the osteopathic profession in Scotland.

Our morning speaker was Mr Cliff Lomas, an osteopath practising in Stockport who received an award in 2008 in connection with audit work on patients suffering from migraine. Cliff's lecture included a very comprehensive review of the current thinking on the contributory factors to migraine. Despite being a sole practitioner, Cliff has managed to carry out a research project and audit – something we should all aspire to?

Following a most enjoyable lunch, our afternoon speaker was Dr Hazel O'Dowd, a clinical psychologist from Frenchay Hospital in Bristol. Dr O'Dowd's work involves the use of the biopsychosocial model of pain in patients with chronic pain. The 'take home' message was to talk to and listen to your patients. Teaching patients to recognise triggers, relaxation training, stress management and cognitive behaviour therapy can all play their part.

The next SOS meeting will be our AGM and conference, which will take place on 5 and 6 September 2009 in Glasgow.

For further details, please contact Fiona Davison, Secretary of the Scottish Osteopathic Society, on 01224 635 999 or email: secretarysos@zen.co.uk.

Bookshelf

a selection of illustrated reference books for the osteopathic bookshelf

Rethinking Sitting

Peter Opsvik

Published by:
W.W. Norton & Company
ISBN: 978-0-393-73288-7

Norwegian industrial designer Peter Opsvik offers insight into his thinking on the subject of sitting and explains his philosophy that informs his furniture designs. The book explores sitting devices that

were designed according to the established standard of the chair, based on the accepted Western manner of sitting, and addresses the issue of whether this is the only, and functionally best, design for the human body.



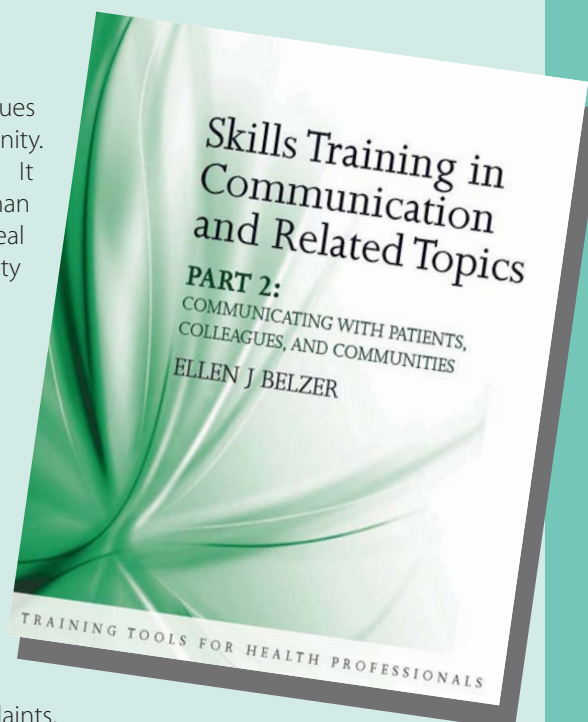
Skills Training in Communication and Related Topics Part 2: Communicating with Patients, Colleagues, and Communities

Ellen J Belzer

Published by:
Radcliffe Publishing Ltd
ISBN: 978-1-84619-278-4

This book explores the skills needed to communicate effectively with patients, colleagues and the community.

It features more than 100 exercises ideal for use in a variety of situations, which range in length from minutes to over an hour, with a selection grid to select the right exercises to cover topics in the available time. Topics covered include dealing with customer complaints, improving patient relationships and managing patient expectations.



If you would like to review any of the books featured here – in exchange for a free copy – contact *The Osteopath* editor on tel: 020 7357 6655 ext 222 or email: editor@osteopathy.org.uk. You can also now request a book to review through the [o zone](#) website.

3rd International Conference on Movement Dysfunction – Rehabilitation: Art & Science

30 October–1 November 2009, Edinburgh International Conference Centre

Kinetic Control and the Manipulation Association of Chartered Physiotherapists are hosting this two-day conference on movement dysfunction with a particular focus on rehabilitation.

The conference will further develop the themes from the previous two conferences in 2001 and 2005 by applying research and science to clinical practice. This will link the science behind biomechanics, neurophysiology and biopsychosocial influences on movement and pain into clinical practice.

The programme includes guest lectures, interactive poster sessions and clinical workshops on a variety of topics, including shoulder girdle control, chronic low back pain and rehabilitative ultrasound imaging.

Delegates from all continents are welcome, including physiotherapists, manual therapists, osteopaths, chiropractors, exercise physiologists, sports scientists, sports physicians, and other health professionals involved in the assessment, management, rehabilitation and research of neuro-musculoskeletal dysfunction.

For further details, visit the website (www.kcmacp09.com) or contact Claire Norris, the conference secretariat, on 01189 713 710 or email: icmd2009@elsevier.com.



Caring for Muslim patients:

Introduction to Islam and the Muslim culture

September to December 2009

This multi-date course runs from September to December across the UK and is specifically designed for non-Muslim professionals working within the NHS and healthcare fields. It addresses the issues you need to take into account when dealing with Muslim patients and offers a better understanding of basic beliefs and practices.

The course is designed to increase your knowledge of Islam and help you to promote equal opportunities and equal access in service provision, with group sessions to allow delegates to discuss case studies relevant to the healthcare fields.

The course costs £135 and includes an Indian-style lunch, information pack and visit to a local mosque.

For further information and details of dates and venues, visit www.educationislam.org or call 01924 466 117.

6th Lausanne International Symposium of Osteopathy:

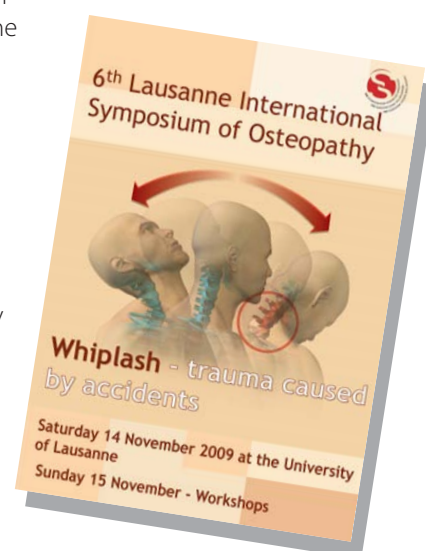
Whiplash – trauma caused by accidents

14–15 November 2009, University of Lausanne, Switzerland

This two-day conference explores all aspects of whiplash, from the anatomy and neurology of the cervical spine in whiplash injury to the legal and insurance-related difficulties in whiplash casualties.

Speakers include Nicholas Marcer, an osteopath and international lecturer and examiner, Professor Frank Willard, Professor of Anatomy and Neuroanatomy at the College of Osteopathic Medicine (USA), and Dr Maurice Waldburger, Head of Rheumatology Department at the Fribourg Cantonal Hospital.

For further information, visit www.fso-svo.ch or call +41 79 395 80 29.



Society for Back Pain Research:

Where is the pain coming from and what can we do about it?

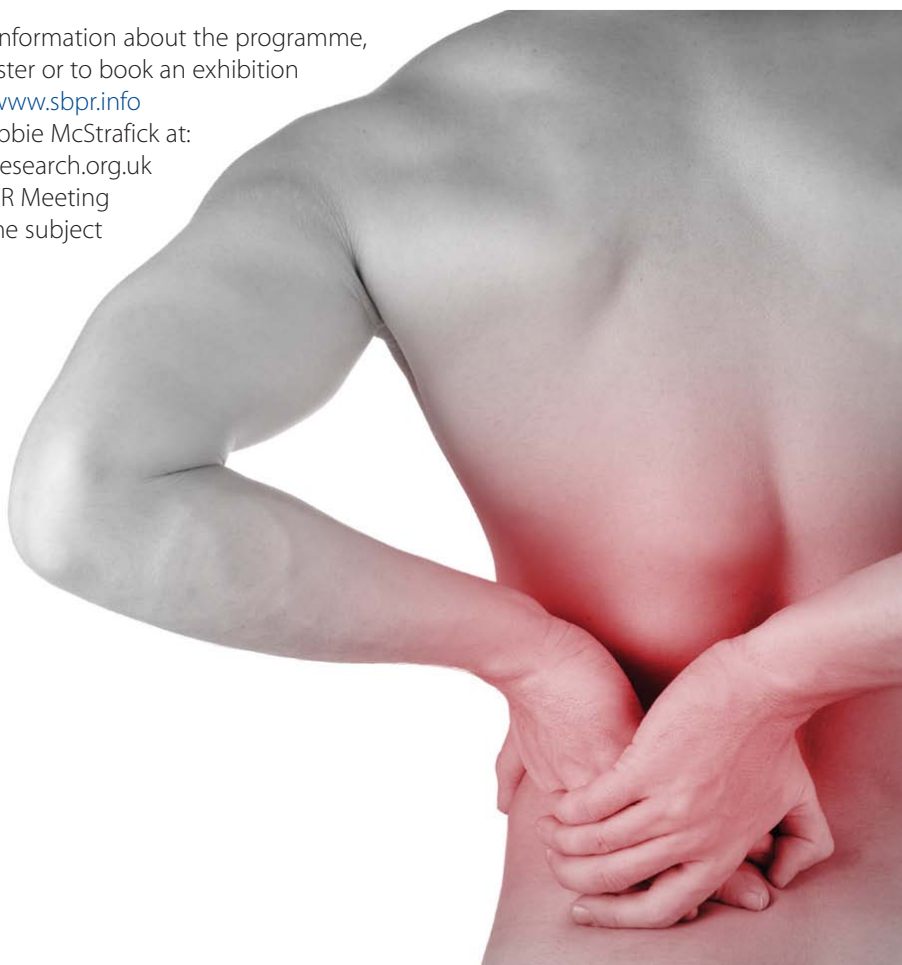
5–6 November 2009, Wales

The Society for Back Pain Research is holding this year's scientific meeting at the Marriott St Pierre Hotel and Country Club, Chepstow, on 5 and 6 November 2009. Invited speakers will help lead a diverse and stimulating programme that will include talks on the neurobiology of back pain (Mr Mick Thacker, UK), disc degeneration and biological therapies (Professor Peter Roughley, Canada), the role of spinal surgery in the treatment of chronic back pain (Professor Finn Christensen, Denmark) and nucleus replacement in the intervertebral disc (Professor Hans-Joachim Wilke, Germany).

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 McStraick at: deb@spineresearch.org.uk (stating 'SBPR Meeting Nov 09' in the subject box).



Body, Mind, Spirit in Osteopathy:

A practical integration expanding the scope of osteopathic medicine

18–20 September 2009, International College of Osteopathic Medicine, Milan

This three-day workshop, presented by Dr Zachary Comeaux DO, Associate Professor of Osteopathic Principles & Practice at West Virginia College of Osteopathic Medicine, builds on the blending of biomechanical, functional and subtle techniques begun by Andrew Still and carried forward by Rolin Becker and Robert Fulford. These can be integrated to address a wider scope of medical problems and patient complaints than currently considered as somatic dysfunction. The key is enhanced palpatory perception and real-time subtle communication with the patient for their benefit, as well as learning to be guided.

For further information, visit www.icomosteopatia.com (click 'I Corsi' and then 'Post graduate') or contact the ICOM secretary on +39 02 6129 1828 or +39 02 6129 8997. A course programme is available in English upon request.

Courses 2009/10

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.

October

> 1

Investigation of orthopaedic disorders

Speakers: Dr Hany Elmadbouh and Mr Gordon Varley
Venue: Fitzwilliam Hospital Conference Room
tel: 01778 391 714

> 3–4

Investigation of orthopaedic disorders

Speaker: Thomas Atlee
Venue: London
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 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

> 15–18

The spiral of life

Speaker: Dr Michael Shea
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

> 16–18

Developing palpation osteopathy in the cranial field part 1

Speaker: Ian Wright
Venue: Tig Roy Retreat Centre, Co Tipperary
tel: 00353 52 38800
email: clonmelosteopaths@eircom.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

> 18–19

The spiral of life

Speaker: Dr Michael Shea
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

> 22

How to treat: Impingement syndrome of the shoulder

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

> 22

The cervical spine and shoulder

Venue: Spire Bushey Hospital
tel: 07807 356 485
email: oscasecretary@hotmail.co.uk
website: www.osca.org.uk

> 25

Laser therapy training

Course leader: Karen Carroll
Venue: York
tel: 01494 797 100
website: www.thorlaser.com

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

> 6–8

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

> 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

> 18–21

Immotion – the role of the psyche and emotions in the manifestation of somatic dysfunction

Speaker: Christine Conroy
Venue: TynyCornel Hotel, Tallylyn, Snowdonia National Park
tel: 01654 761 435
email: info@immotion.org.uk
website: www.immotion.org.uk

> 19

How to treat: Plantar fasciitis

Speaker: Professor 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: Professor 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

December

> 6

Spaciousness within primary respiration – advanced craniosacral workshop

Speaker: Erwin van de Velde
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

Laser therapy training

Course leader: Karen Carroll
Venue: York
tel: 01494 797 100
website: www.thorlaser.com

March 2010

> 11–14

Embryology in practice – advanced craniosacral workshop

Speaker: Katherine Ukleja
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

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.

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RECRUITMENT

Associate position available. London W1 and SW1. Minimum of five years post-qualification required, as well as obstetric and paediatric experience. Good structural, cranial and interpersonal skills. Contact Simone on 07976 843 836.

Associate required for busy established practice in Ilkley, West Yorkshire, for three days per week and some Saturdays. You will need to be motivated, able to work on your own initiative and enjoy treating a varied patient profile within a supportive environment. To apply, send your CV to The Wells Practice, 16 Wells Promenade, Ilkley, West Yorkshire, LS29 9LF. Telephone 01943 817 191 or email: thewellspractice@yahoo.co.uk.

Associate osteopath required in New Zealand. Full-time position to join our friendly, well-established practice. Great people, great area. Rotorua has excellent fishing and mountain biking, and is close to beaches and snow fields. Applicants must have good structural skills, and experience in cranial would be an advantage. Send your CV to Iain Kennedy Osteopathy, 1375 Hinemoa Street, Rotorua, New Zealand. Phone/fax: +647 349 1200 or email: kennedyosteo@xtra.co.nz.

Associate osteopath required for three to four days per week in busy mid-Yorkshire practice. Position would suit a more structural approach to osteopathy. Please contact Ginette Bennett on 01977 513 642.

Petts Wood, Kent: Opportunity available for an osteopath to join an established and busy podiatry practice, with visions towards 2012 and beyond. Fully equipped treatment room, reception and marketing support provided. Enquiries: thepodiatrist@thefootpractice.co.uk or call Sally on 07814 392 668.

Associate osteopath required for a busy clinic in Somerset/Devon. Two full days per week, with the option of a further three half-day sessions. Must have an interest in, or practice, cranial osteopathy as well as structural. Please call Teresa Pacheco on 01460 62103 for more information, or email your CV to info@theorchardcentrechard.fsnet.co.uk.

Associate required, south west London/Surrey. We are an established, busy osteopathic clinic, within a multi-disciplinary centre. Experience preferred, but not essential. Days flexible, immediate start. Call 01932 831 616 or email: info@addlestontherapycentre.co.uk for more details.

COMMERCIAL

Goodwill for sale. Beautiful osteopathic practice, situated in Moreton (West Kirby/Merseyside). Minimum four full days per week, with existing, busy patient list. All different treatment modalities used. Contracts set up with several medical insurance companies. Ideal for motivated, sporting individual or couple. Please call Gersende on 07595 952 486.

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.

Roman Road, Bethnal Green E2 0RN. Newly converted small shop available to let to a professional medical practitioner. Consists of treatment room, waiting area, toilet facilities. Shop is on the market square of the busy Roman Road. Rent £650 pcm. Please call Richard Arthur for further details on 020 7431 6264.

Treatment room available in a private dental practice, located in NW11. Available on a sessional basis. Please call Nina for further information on 020 8455 8012.

Osteopathic practice for sale, located 40 yards from Darlington train station. Extremely low overheads. Good network of recommendation; little advertising needed. Established 1991. 180+ patients p/m. Contract with local business. Ground-floor accommodation with parking. Current owner relocating. Sale date negotiable. Sensible price. Contact Anna on 07834 039 665 or email: info@civicclinic.com.

I am interested in purchasing an established osteopathic clinic in central England. Preferably the goodwill and lease/rent of an existing practice. Telephone 07974 890 603.

Excellent opportunity in beautiful Scotland. Forres, north Scotland. Purpose-built practice with separate entrance, in domestic property. Goodwill and domestic premise sold together. Osteopathy, cranial and applied kinesiology. Established for eight and a half years, excellent reputation. Very low overheads and ability to expand. May consider selling goodwill on its own. Sale due to overseas move. Phone: 01309 675 279.

Want to change your life? I am looking to see possible interest in one of my two clinics. 08/09 turnover £350,000. 250 patients per week. Very good support/referral from local GPs/consultants. Six treatment rooms, Pilates area, reception, etc. £40,000 spent on recent refurbishments and equipment. Biggest clinic in area. BUPA and AXA contracts. NHS as well. Located on the same premises as 20,000-patient medical centre. Profit currently £15,000 per month. Virtually recession proof. Valued: £280,000. Offers in excess of £140,000, no-brainer. Reason for sale: growth too fast, time too limited. After expression of interest, proof of funds will be required. My commercial bank manager has agreed finance if required. No time-wasters. Location: South London/Surrey border. Possible partnership considered. Contact Tim on 07710 335 166.

Goodwill/practice for sale in a busy market town in Cheshire (five minutes from M6 junction). Opportunity to acquire a reputable osteopathic clinic, established for over 25 years. Three modern treatment rooms, kitchen and reception in a central town location. There are also other therapists who work to provide extra rental income. For sale due to personal circumstances. This practice has a very well-established list but has potential to expand easily. 07974 184 885.

Large room to let in Harley Street, W1. With electric couch, in quiet top floor holistic medical practice. Wireless broadband, CPD available. Suit established osteopath with own list. Mondays, Tuesdays and Fridays. Please call Alice on 07815 763 570.

GENERAL

Hydraulic couch with optional breathing hole. Plinth 2000. Second-hand, but good condition. Buyer collects. Central Brighton. £350 ono. 01273 204 204 or tessa@evolutionarts.org.uk

Is your practice listed? Your chance to win a place on a two-day functional fascial taping course in association with PhysioUK, if you sign up your practice for advertising with Therapy Advertising before the beginning of October – great patient exposure for your practice and a CPD opportunity! Visit our website for full details: www.therapyadvertising.com.

COURSES

Osteopathy for animals. The next one-year course at the Osteopathic Centre for Animals (OCA) starts on 15 October and ends in July 2010. Learn how to treat horses and dogs using traditional osteopathic techniques, without the use of sedation or anaesthetic. For further information, please contact Stuart McGregor at the OCA on 01235 768 033 or email: wantageclinic@msn.com.

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via Accreditation of Prior Certificated Learning (AP(C)L)

For registered osteopaths with a first degree or a DO qualification, this course allows you to gain entry to the BSO's Master of Osteopathy course and bring your skills and qualifications right up to date. It provides opportunities to develop the research and critical appraisal skills needed for practice in today's health care arena, and to contextualise CPD in line with increasing regulation demands. Starting in September 2009, this course will also allow you to evaluate your current practice in a structured and reflective environment.

This route through the MOf course does not offer eligibility for registration with the GOsC.

Professional Doctorate in Osteopathy

This doctoral degree programme, offers the most advanced level of formal learning in osteopathy outside the USA. The course has taught elements, for those who are keen and able to engage with the challenges thrown up by doctoral level scholarship and in-depth enquiry into your profession. Planned start date of September 2009

Course Leader: Professor Stephen Tyreman PhD

Postgraduate Courses anticipated to commence January 2010

Postgraduate Certificate in Osteopathic Education

This programme offers two modules. The first explores Osteopathic academic teaching including adult learning styles, Student-centred teaching strategies, models of assessment and feedback and critical reflective thinking in education. The second considers education for clinical supervision and teaching technical skills. Each module will involve a four day course which will utilise a variety of teaching approaches including seminars and practical workshops, supported by assignments.

MSc Osteopathy

Designed for practising osteopaths this stimulating, flexible programme includes opportunities to advance existing skills, acquire new knowledge and fulfil CPD requirements by allowing a choice of elective modules. The core modules aim to consider the influence and importance of neurology in supporting osteopathic practice and the current developments in patient management and professionalism in osteopathy.

To register your interest for further information when available, please contact:

Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk

Continuing Professional Development

Preliminary Course in Osteopathy in the Cranial Field

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

Course fee: £975.00

CPD: 35 hours

Dates: Friday 4th, Saturday 5th, Sunday 6th and Saturday 12th, Sunday 13th September 2009

www.bso.ac.uk/cpd



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Continuing Professional Development

Stretching Exercises and 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 Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Friday 11th September 09 Course fee: £95 CPD: 6 hours

Advanced Spinal Manipulation

This collaborative course run by osteopaths Dr David Evans and Neil Wayman, brings together the theoretical and practical aspects of spinal manipulation in a course that will be of interest to all osteopaths. David has authored several publications about spinal manipulation and back pain, and Neil is an experienced Technique Tutor at the BSO.

The course looks at the effects and processes of manipulation in detail, providing better information for practitioners to inform decisions about when manipulation is indicated or not. It is aimed at proficient manipulators who want to better understand techniques that they already use, and to add more advanced techniques to their current repertoire.

Dates: Saturday 26th September 2009 Course fee: £125 CPD: 6 hours

Advanced and Applied Ergonomics for Osteopathic Treatment

David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice, ensuring that participants can support their patients effectively in their work environments.

Date: Sat 17th October 2009 Course fee: £95 CPD: 6 hours

Emergency First Aid for Osteopaths

This course offers the minimum level of first aid certification recommended by the Health and Safety Executive. It is essential not only to meet the statutory Health and Safety obligations of your practice but also for professional registration and indemnity requirements. As an Osteopath and clinician, it is expected that you would know what to do if confronted with a medical emergency. With all evidence continuing to show how quickly your emergent skills deteriorate, you should be aware of the medical, legal and professional implications of getting it wrong. It is a common complaint that traditional first aid training does not address the needs of the Healthcare Professional: in this course, delegates are encouraged to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios and case studies.

Delegates receive training in a range of first aid subjects, including:

- Legalities of First Aid: Duty and Standard of Care, professional obligation and scope of practice
- The Primary Survey: ABCDE
- Basic Life Support: Resuscitation Council Guidelines 2005, Adult and Paeds algorithms; AED usage
- Early recognition of Acute Coronary Syndromes such as AMI, HCM, reference to Sudden Cardiac Death, etc
- Management of the unconscious casualty: GCS vs AVPU – emergent neurological assessment
- Management of trauma, medical and environmental scenarios: case studies and open forum

On completion of the course delegates receive the nationally-recognised 'Emergency First Aid' certificate, valid for 3 years.

Dates: Saturday 7th November 2009 Course fee: £60 CPD: 4 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 7089 5315 or g.arnold@bsol.ac.uk



CPDO

2009

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses		For booking and information – www.cpdo.net		
- 12-13 Sept	Sports Rehabilitation – managing lower limb injuries	Chris Boynes	£225.00	£150.00
- 25-27 Sept	Harmonic technique (3 days)	Prof. Eyal Lederman	£365.00	£200.00
- 25 Sept	Introduction to visceral osteopathy: the thorax	Joanna Grib Dawson	£120.00	Pay in full
- 6-8 Nov	Pregnancy care (3 days)	Averille Morgan	£355.00	£200.00
- 7 Nov	Trunk / spinal movement rehabilitation	Prof. Eyal Lederman	£115.00	Pay in full
- 21-22 Nov	Osteopathic technique: Cervical spine, CD and UEX	David Taitor	£225.00	£150.00
- 21 Nov	Introduction to counselling skills for manual and physical therapists	Tess Lederman Jenny Stacey	£120.00	Pay in full
- 26-28 Nov	Vascular visceral manipulation (3 days) Full	Jean-Pierre Baral	£455.00	£300.00
Evening courses (19.00-22.00)		www.cpdo.net		
- 24 Sept	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
- 22 Oct	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40.00	Pay in full
- 5 Nov	Osteopathic Integration II: Lower back pain and endometriosis	Valeria Ferreira	£40.00	Pay in full
- 19 Nov	How to treat: Plantar fasciitis	Prof. Eyal Lederman	£40.00	Pay in full
Evening lectures (19.00-21.00)		Courses open to all manual and physical therapists		
- 8 Oct	Weight Control: What we should be telling our patients	Dr Adam Cunliffe	£20.00	Pay in full
- 26 Nov	Perfecting placebo	Prof. Eyal Lederman	£20.00	Pay in full

Venue for courses: Middlesex University, Archway Campus, Highgate Hill, London N19

Name:
Address:
Telephone:
E-mail:

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

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

Ongoing Osteopathic supervision group with Prof. Eyal Lederman

- Have a better understanding of the processes underlying your patient's condition
- Have a better understanding of the physiological, neurological and psychological aspects of osteopathy and manual therapy. Find out how your techniques affect your patients
- Learn how to choose the appropriate management (techniques, exercises and treatment plans) for the patient's condition
- Be up-to-date with all the latest research findings and understand their implications for your practice

During the session participants will have the opportunity to bring case histories to the meetings, practise techniques and explore their practical application in clinic.

The supervision group is open to those who are in practice as well as undergraduates. The group will be ongoing, once a month throughout the year. Each group has a maximum of ten participants and each meeting will last for 2.5 hours.

Supervision and CPD – The supervision group provides over 25 CPD hours per year. Cost £40.00 per meeting

The venue for the supervision is: 15 Harberton Road, London N19 3JS (for further information: 0207 263 8551)

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

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Sutherland Cranial College

More courses on the SCC's Pathway to Learning

The SCC is an independent post-graduate teaching organisation founded in 1993 with a commitment to promoting the principles of osteopathy as conceived by Andrew Taylor Still and developed by William Garner Sutherland. The SCC's Pathway to Learning leads to a post-graduate qualification in Osteopathy in the Cranial Field.



Osteopathy in the cranial field

Module 2/3

Course Director: Michael Harris DO MSCC

14-18 September 2009 | Columbia Hotel 95-99 Lancaster Gate London W2

Fee: £1149 | New graduates: £950 | CPD: 40hrs | Eligibility: Module 1 or equivalent

A five-day non-residential Pathway course, SCTF approved

Based on W.G. Sutherland's 'Five Phenomena', this course explores the principles of diagnosis and treatment and their application to the whole body. We encourage self-assessment and feedback. Time is set aside each day for individual student discussion with the tutor.

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An osteopathic approach to the face

Module 8

Course Director: Dianna Harvey-Kummer DO MSCC | Guest speaker: Ashley Stafford

2-4 October 2009 | Hawkwood College Stroud Gloucestershire

Fee: £830 | CPD: 24hrs | Eligibility: Module 2 and 3 or equivalent

A three-day residential Pathway course

This course looks at the integrative role played by the face in maintaining health throughout the whole body and applies osteopathic thinking to common clinical presentations, eg sinus headaches, glue ear, facial pain and palsies, TMJ dysfunction and eye problems.

There will be a follow-on two-day advanced course in France in February 2010, exploring the complete dental experience in practice.

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

"The face course reinforced our awareness of its importance in diagnosing and treating complaints in the body as a whole"



Developing paediatric osteopathy

Course Director: Susan Turner MA PGCE DO MSCC

6-8 November 2009 | Hawkwood College Stroud Gloucestershire

Fee: £830 | CPD: 24hrs | Eligibility: Module 9 or equivalent

A three-day residential post-Pathway course

The course explores from a theoretical and practical perspective the osteopathic management of some of the more difficult or unusual problems that children may present. Topics include cerebral palsy, epilepsy, Down's syndrome, achondroplasia, autism, orthopaedic problems and learning difficulties.

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- ▶ **Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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We would welcome your participation in this important project. If you are able to join us at **Osteopathy House on Tuesday 3 November, between 1.30pm and 3.30pm**, please contact our independent coordinator, Agnes Fletcher, on 07748 333 565 or email: agnes.fletcher@talktalk.net.

For more information about the Scheme and the discussion group, see page 11 of *The Osteopath* or visit our website, www.osteopathy.org.uk.