

# the osteopath

*International Journal of Osteopathic Medicine* enclosed

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- > Increasing patient satisfaction
- > Complying with the rules
- > New registration powers
- > Annual Report



# Advertising standards



General  
Osteopathic  
Council



General  
Osteopathic  
Council

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Chief Executive & Registrar: **Evlynne Gilvarry**

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**Freephone helpline  
for osteopaths** 0800 917 8031

**Communications & Osteopathic  
Information Service** ext 242 / 222 / 228

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

**Professional Standards** ext 238 / 235 / 240

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

**Finance & Administration** ext 231

**Enquiries about** registration fees, VAT, payments.

**Public affairs** ext 245 / 247

**Enquiries about** national healthcare policy, parliamentary and international affairs.

**Registration** ext 229 / 256

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

**Regulation** ext 224 / 236

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

**Clerk to Council** 01580 720 213

**Enquiries about** Council Members and meetings, GOsC Committee business, Governance.

**Chairman / Chief Executive & Registrar** ext 246

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# the osteopath



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# Review of the year

## GOsC financial report for 2008–09

**The GOsC's Annual Report and Accounts for 2008–09 was tabled in Parliament at the beginning of October. A report to Parliament is not only a requirement of statutory bodies with specific public duties, but also an opportunity to draw attention to the many areas of development across osteopathic standards of education and practice, which continue to boost public confidence in osteopathic care.**

Once again, this year's Annual Report and Accounts has been published online due to environmental and financial considerations. You can download a copy from the **o** zone or the GOsC public website at [www.osteopathy.org.uk](http://www.osteopathy.org.uk). Alternatively, if you would prefer a hard copy, contact us on 020 7357 6655 ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

# Key activities in 2008–09

## Enhancing our services

### New Council

In line with Government reforms to healthcare regulation, the GOsC recruited a new, smaller Council, comprising seven osteopaths and seven lay people. A national recruitment campaign, initiated in September 2008, was overseen by the independent Appointments Commission, which received some 112 applications. The new Council is chaired by a lay member, and took office from 1 April 2009.

### New statutory committees

> Further reforms included the reconstitution of the Council's Fitness to Practise committees – Investigating, Professional Conduct, and Health. The GOsC Council resolved that from 1 April 2009, no Council Member will sit on any of these three committees.

The Appointments Commission began recruiting in October 2008, seeking to appoint a pool of 22 panellists. In total, 433 applications were received. The appointments were approved by the Council at its meeting on 10 March 2009 and panellists took up their roles on 1 April 2009.

> The GOsC's Education Committee was also reconstituted to comprise nine members – five members, including a Chair, appointed from the new Council, and four externally appointed via a recruitment campaign.

### Non-statutory committees

Council's non-statutory committees – Audit, Finance & General Purposes, and Remuneration – have been reconstituted on an interim basis, to include members of the newly appointed Council. In the autumn of 2009, a recruitment campaign is planned to appoint external members to the Audit Committee and the Remuneration Committee.

### Induction, training and appraisal

A new, comprehensive programme of induction, training and appraisal was introduced this year to ensure that the new Council and members of statutory and non-statutory committees are best equipped to fulfil their roles. The training involved a thorough grounding in the legislation relevant to the GOsC, including the Osteopaths Act, the Human Rights Act and anti-discrimination laws, the Data Protection Act and the Freedom of Information Act. All members also received training in equality and diversity awareness.



## Independent audit programme

To ensure our processes are efficient and effective, we regularly commission independent audits of our key functions. This year, audits of our fitness to practise procedures and of our Human Resources processes were conducted, and the findings have enabled us to reduce areas of risk and improve our performance.

## Online communication



## New public website

An extensive redevelopment of our public website for launch in April 2009 was undertaken. Our online information has become, for the public, our most important source of advice and guidance. The new website aims to increase accessibility, encourage feedback from patients and the public, and present more

information about osteopaths on the Register. This included clearly identifying osteopaths who are suspended from practice as a result of disciplinary proceedings or are subject to conditions of practice, with links to full details of the relevant fitness to practise decisions.

## Registrants' website – the o zone

We introduced an online continuing professional development (CPD) facility to the o zone in early 2008, which allows osteopaths to complete and return their CPD Annual Summary forms online. The facility also offers guidance on the GOSC requirements for CPD and how these might be achieved, and a directory of osteopathic CPD courses. Over 2,000 osteopaths (approximately 50%) used the online facility to make their 2008 CPD returns (a requirement of annual re-registration).

## Osteopathy House

A redevelopment of Osteopathy House, the GOSC's headquarters, began in December 2008 and was completed in April 2009. As a result, the building is now wholly accessible for individuals with disabilities and provides significantly improved facilities for fitness to practise hearings.



## Our annual Performance Review

In common with the eight other regulatory bodies that oversee the work of UK health professionals, the GOSC is subject to external monitoring by the Council for Healthcare Regulatory Excellence (CHRE). The CHRE reports the findings of our annual Performance Review to Parliament, health ministers in England, Northern Ireland, Scotland and Wales, the public and patients, and the professional regulatory bodies. We publish the CHRE report on our website and its findings inform our business planning and internal performance targets.

## INCOME & EXPENDITURE

|                                | Financial Year |           |
|--------------------------------|----------------|-----------|
|                                | 2007-2008      | 2008-2009 |
|                                | £              | £         |
| Total Income <sup>1</sup>      | 2,864,747      | 2,805,014 |
| Total Expenditure <sup>2</sup> | 2,780,025      | 2,441,160 |
| Surplus <sup>3</sup>           | 84,722         | 566,434   |
| % of income spent <sup>4</sup> | 97.04%         | 87.03%    |

Notes:

- 1 Excludes income from *Advancing Osteopathy 2008*
  - 2 Excludes spending from designated funds and the corporation tax charge
  - 3 Surplus is before spending from designated funds and the corporation tax charge
  - 4 % based on above figure before spending from designated funds and the corporation tax charge
- > GOSC income totalled £2.864m in the FY2008-09, of which £2.687m, (93.82%) derived from registration fees.

# Key activities in 2008–09

## Engaging with patients, the public and professionals

We are committed to working in partnership with osteopaths, patients, other healthcare professionals, policy makers and all those whom our work affects. We take account of your views and welcome your input into what we do.

In 2008, we launched consultations on:

- > GOsC draft Equality Scheme and Action Plan
- > New GOsC governance structure
- > New statutory committees
- > Revalidation
- > Osteopathic Practice Standards
- > Osteopathic Practice Framework
- > Code of Practice.

### Professional standards

This year, we launched a series of national consultations on key areas of policy development, including proposals for revalidation, and revisions to the osteopathic practice standards and to the *Code of Practice for Osteopaths*.

### Revalidation

In line with all regulated health professions, we plan to introduce a revalidation scheme to ensure that osteopaths remain fit to practise and meet our standards of competence, clinical practice, communication and professionalism.

It is likely that all osteopaths will be assessed every five years and, in support of their revalidation assessment, they may be asked to provide a range of evidence that could include:

- > Evidence from clinical practice
- > Patient feedback
- > Peer review
- > Clinical performance evaluation.

The proposed scheme is currently in a consultation phase (see page 10). We plan to pilot a scheme in early 2011 with the aim of introducing the first revalidation cycle in 2012.

### Osteopathic Practice Standards

We developed a revised set of Osteopathic Practice Standards (formerly the *Standard of Proficiency*), setting out the requirements for safe and competent osteopathic practice. These are the threshold standards osteopaths must meet in order to gain and maintain registration with the GOsC. To ensure osteopathic standards remain relevant and appropriate to practice in today's healthcare and educational environment, the GOsC reviews these standards every five years.

In November 2008, we launched a consultation on the proposed revisions

to the standards, which continued until 30 June 2009. Feedback from the consultation will be used to refine the standards further before publication.

### Code of Practice

In December 2008, the GOsC began a review of the current *Code of Practice*, originally introduced in May 2005. We have established a working group to steer the review and consider what revisions are required. It is our aim to publish a new Code in 2010.

Comments on all consultations were invited from osteopaths and from public and patient representatives, via written submissions by post and online. Osteopaths also had an opportunity to feed back their views at a series of regional consultation events held between March and June 2009.

### Osteopathic Practice Framework

The GOsC also initiated discussions with osteopaths, osteopathic representative groups and training providers about defining the scope of osteopathic practice. To enhance understanding and awareness of osteopathic practice, the GOsC is advocating the development of a scope of practice, setting out the general parameters of osteopathic healthcare and indicating the various approaches to clinical practice that patients may encounter.

An initial consultation document was produced earlier this year and a round of discussion meetings with the profession, between March and June, was undertaken. The initial consultation report will be published towards the end of 2009 and the results will shape how the development of a practice framework is taken forward over the next few years.



## Engaging with osteopaths

Sound regulation relies on clear understanding between the regulator and the registrant. We communicate regularly with registrants through our bi-monthly magazine – *The Osteopath* – and a dedicated registrants' website. This is supported by regular face-to-face meetings with representatives of the osteopathic training institutions, the Regional Osteopathic Societies, the British Osteopathic Association, the National Council for Osteopathic Research, and with the profession.

We also began a series of six regional consultation meetings in early 2009 to engage the profession on the four key developments outlined on page 6: the introduction of revalidation; revisions to the osteopathic *Code of Practice* and standards of practice; and the development of an Osteopathic Practice Framework.



## Engaging with students

The 2008 cohort of graduating students of osteopathy all had the opportunity to attend an on-campus presentation by the GOsC, which outlined the purpose of statutory regulation, the role of the GOsC, and the requirements for entry on the UK Register of Osteopaths.

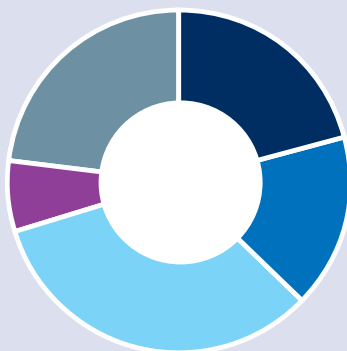
## Patient expectations

In 2008 we planned and launched a programme of research to gain a better understanding of public and patient expectations and experience of osteopathic care (see page 10). Results of the research are expected at the end of 2009.

**The full General Osteopathic Council Annual Report and Accounts 2008–09 can be viewed at [www.osteopathy.org.uk/resources/publications/annual-reports](http://www.osteopathy.org.uk/resources/publications/annual-reports). Hard copies can be requested from the GOsC by calling 020 7357 6655 ext 242 or emailing: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).**

## WHAT DOES THE REGISTRATION FEE FUND?

### Breakdown of expenditure\*

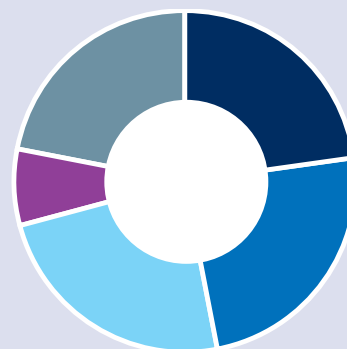


|                 |                        |
|-----------------|------------------------|
| <b>£338,368</b> | Professional Standards |
| <b>£266,978</b> | Communications         |
| <b>£533,127</b> | Regulation             |
| <b>£108,416</b> | Registration & MIS     |
| <b>£372,363</b> | Secretariat            |

\* Excludes GOsC 10th anniversary event, *Advancing Osteopathy 2008*

NB: Secretariat includes financing and corporation tax charge

### Proportion of £750 fee spent per function in the FY2008-09



|                |                        |
|----------------|------------------------|
| <b>£134.24</b> | Professional Standards |
| <b>£105.02</b> | Communications         |
| <b>£53.37</b>  | Regulation             |
| <b>£161.20</b> | Registration & MIS     |
| <b>£296.17</b> | Secretariat            |

#### Notes

- > The segments represent the net costs, including employment costs (salary and pension)
- > Secretariat includes the cost of Council and its non-statutory committees, overhead costs of running Osteopathy House (postage, rates, service contracts), and the independent audit programme

## Balance sheet and reserves

The balance sheet has total funds as at 31 March 2009 of £2,502,072. This is a reduction on the previous year as the Council has spent funds previously 'ring-fenced' as designated for specific projects. In the year under review, £357,229 was spent from designated funds, with 50% related to the implementation of the new governance arrangements.

Fixed assets totalled £1,854,733, which primarily comprises Osteopathy House, the headquarter building. During the year under review, Osteopathy House was redeveloped to ensure that it complied with the Disability Discrimination Act and was fit for purpose to hold fitness to practise hearings.

Council is required to ensure that sufficient funds are available for Business Plan activities and unforeseen challenges. The 'general reserve' is the amount held by Council, not ring-fenced for other purposes, to meet any unforeseen challenges – in the year under review, the general reserve amounted to £338,229.

Funds remain active in relation to four projects where Council has designated money. These are:

- > Research into Adverse Events in Osteopathic Practice (£162,059) and the development of a Standardised Data Collection Tool (£79,338). Both projects are under the direction of the National Council for Osteopathic Research (NCOR) and relate directly to the need for increased evidence-based practice.
- > Reforms to the governance structure (£19,678). Whilst the majority of the expenditure fell into FY2008-09, further spend to embed the new structure, through such mechanisms as training programmes, is required.
- > Development of a scheme of revalidation for osteopaths (£48,035) – the process under which all health professionals will be required to demonstrate they meet the standard for continued registration, with the aim of enhancing public protection.

# New GOSC registration powers: Who can apply?

**From June this year, the GOSC began inviting applications for registration from UK-qualified individuals who, for various reasons, did not join the Register in the initial two-year transition period (1998–2000).**

These new powers were sought by the GOSC to address the potential unfairness to pre-2000 UK-qualified practitioners, who were precluded from applying for registration once the transition period came to a close.

Under the new powers, 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 transition period; and
- > be capable of the competent and safe practice of osteopathy.

## To what standard will applicants be assessed?

Applicants will be expected to demonstrate that they meet current standards of osteopathic practice, as set out in *Standard 2000 – Standard of Proficiency* and the *Code of Practice*.

## How will applicants be assessed against these standards?

Assessment will be undertaken in three stages:

### Stage 1

Applicants will be expected to provide evidence that they have gained an osteopathic qualification in the UK.

### Stage 2

Once it has been established that an applicant has graduated from an osteopathic course, they will be invited to submit written evidence of practice, detailing past experience and strategies for dealing with specific situations/scenarios. Each question will ask the applicant to provide examples or case histories to support their responses.

### Stage 3

The evaluation of the written evidence will determine whether the applicant is safe to undertake the final stage of assessment, which is to demonstrate the management of two new patients in a clinical setting. This is referred to more commonly as the assessment of clinical performance (ACP) and follows a similar format to the final-year clinical exams undertaken by osteopathic students in UK training institutions. The applicant will be assessed by two examiners and a moderator, and a consensus view as to the suitability for registration will then be made.

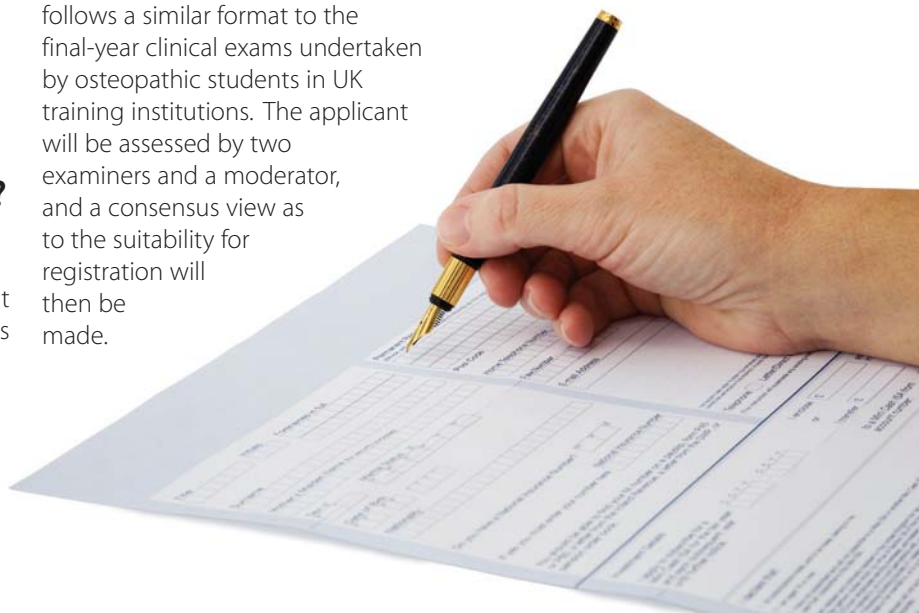
## How long will the application process take?

The GOSC aims to complete the application process within four months. However, this is dependent on how long it takes for an applicant to submit all of the required information. Applications will be accepted until **31 December 2010**.

## Will all applicants have to be assessed by the closing date of 31 December 2010?

No. All applications must be received by this date, but the processing of applications may continue until an outcome is reached.

**For further information on how to apply, or to download an application form, visit:**  
[www.osteopathy.org.uk/practice/how-to-register-uk/qualified-9-may-2009/](http://www.osteopathy.org.uk/practice/how-to-register-uk/qualified-9-may-2009/).





# Does your advertising comply with the rules?

Velia Soames, Head of Regulation

**In July this year, Evlynn Gilvarry, Chief Executive and Registrar of the GOSc, wrote to all osteopaths to highlight the importance of ensuring that all publicity material, whether in print or online, complies with the law and the GOSc Code of Practice. We hope that most, if not all, of you have now taken steps to ensure that you, and any colleagues you employ, stay up to date with the requirements of the Advertising Standards Authority (ASA) and the professional rules on advertising and publicity.**

However, if you have not yet had an opportunity to check your publicity material, or if you would like some further guidance, please take time to read what follows. Note that this is guidance only; it remains your professional responsibility to ensure that your publicity complies with both our own *Code of Practice* and the requirements of the ASA.

## What does the Code of Practice say?

So far as the Code is concerned, we suggest you look particularly at the following clauses (though there may be others which are also relevant), and check whether your publicity complies with these requirements.

- > Clause 92: the law prohibits you, as an osteopath, from doing a number of things, including advertising treatments for certain conditions.
- > Clause 122: all advertising must be legal, decent, honest and truthful and must conform to current guidance, such as the British Code of Advertising Practice.

- > Clause 123: you should provide good quality, factual information about your professional qualifications, your practice arrangements and the services you provide.

As you can see, the Code is not the end of the story, and Clause 122 refers to 'current guidance'. Current guidance includes, in particular, the British Code of Advertising, Sales Promotion and Direct Marketing (CAP Code). These guidelines can be found on the Committee of Advertising Practice website at [www.cap.org.uk/cap/codes](http://www.cap.org.uk/cap/codes). You will want to look at the 'Non-broadcast Advertising Codes', especially the rules on Health & Beauty Products and Therapies (number 50 in the 'Other Specific Rules' section). The CAP Health Notes on health, beauty and slimming marketing that refers to medical conditions are also relevant, and these can be found on the Copy Advice website ([www.copyadvice.org.uk](http://www.copyadvice.org.uk)) in the Help Notes section.

## How do I go about checking my publicity?

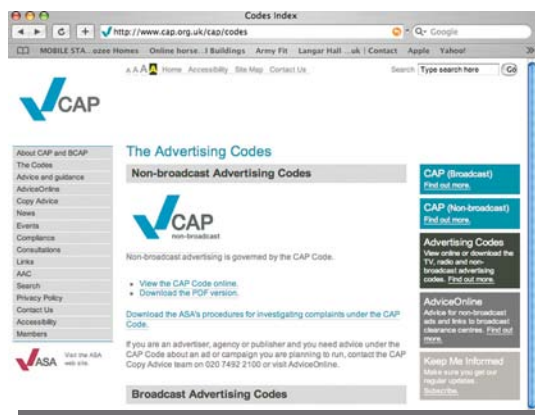
Have a look first at what you are claiming to treat, then ask yourself how you would back up your claim. We know that osteopaths offer to help patients with a number of conditions, but can you provide evidence that osteopathy in general, and the treatment you are offering in particular, is effective for the conditions you are claiming to treat? Then go a step further and ask yourself whether your advertising discourages readers from seeking treatment for serious medical conditions, such as whiplash, by medically qualified practitioners. If you don't have the evidence to



verify your claims, or if you inadvertently discourage patients from seeking treatment elsewhere if needed, you may be in breach of the GOSc Code and/or the CAP guidelines.

If you are not clear whether your advertising complies with the CAP guidelines, you can contact the CAP Copy Advice team on 020 7492 2100 or by email at [advice@cap.org.uk](mailto:advice@cap.org.uk).

Although the CAP Code does not cover the content of websites – concerns about website content are dealt with by your local Trading Standards office – it is likely that complaints from the public regarding your website will be brought to the attention of the GOSc.



# Can we improve outcomes by increasing patient satisfaction?

Janine Leach, University of Brighton

## Making patients feel better – osteopaths would not be in business if they didn't do this well. But could some adjustments to the way you run your practice, communicate with patients or approach the treatment, improve your results?

In addition to technical competence, there is one factor that is really important for outcomes of treatment: patient satisfaction. We already know that highly satisfied patients experience greater relief of symptoms. But what aspects of practice really matter to osteopathic patients? For example, what are patients' expectations when they visit an osteopath? Do they expect an instant cure or gradual improvement? And what is the best way to discuss possible side effects or risks?

Without properly understanding our patients' views, we are unlikely

to achieve the optimum outcomes for them. Our difficulty is that it is seldom possible to obtain entirely honest and frank views from our patients within a therapeutic relationship in the clinic. That is why the nationwide OPEn (Osteopathic Patient Expectations) project taking place this year is so important for the profession.

Our aim is to collect the views of up to 8,000 patients receiving osteopathic treatment, using a questionnaire survey. 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 likely the results will provide a truly representative picture of the diversity of patients' views.

The survey will help our profession to understand what patients most value from their encounter with an

osteopath, and whether there are any aspects that shock, surprise or disappoint them – and how frequently this occurs. The results will be entirely anonymous but will tell us reliably what osteopathic patients expect, what aspects are important – or not important – to them, and how expectations vary according to characteristics such as age, gender, location, presenting problem, education, occupation, and ethnicity.

This important survey will raise the profile of the profession and richly inform our practice. Your involvement is therefore vital to its success and to the quality of its findings.

**For more information about the Osteopathic Patient Expectations project, visit:**  
[www.patientexpectationstudy.org.uk](http://www.patientexpectationstudy.org.uk).

## Revalidation update

During the past two months, an independent research consultant, Abi Masterson, has been analysing your responses to the consultation on revalidation. Abi has first-hand experience of the osteopathic profession, having worked previously with the GOSc on the two phases of consultation for continuing professional development.

A draft report on the revalidation consultation has now been prepared for Council to consider when it next meets on 18 November 2009. The report will be published following this meeting and will be available on the **o** zone ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)).

In the meantime, we will be considering key areas of revalidation, including assessment needs, evaluation of risk and the needs of practitioners working in areas such as education and research. These themes were highlighted at the GOSc regional consultation meetings as being of concern to the profession. Work will subsequently be directed by the outcomes of the revalidation consultation.





## Regional Communications Network meeting

**Representatives of the UK's Regional Osteopathic Societies have been invited to meet with the GOSc at Osteopathy House on Friday 6 November, the second Regional Communications Network meeting this year.**

The meeting will expand upon the issues raised at the regional consultation meetings that took place between March and June this year. It will give the GOSc an opportunity to pass on the learning points from the regional meetings and update the representatives on how the feedback given has shaped future plans for the four key developments facing the profession: the introduction of revalidation; revisions to the osteopathic *Code of Practice* and standards of practice; and the development of an Osteopathic Practice Framework.

These meetings provide an invaluable platform for exchanging information and ideas, and for seeking profession-wide feedback on current GOSc work programmes. If you are currently not a member of a Regional Society, you can find more information on how to join by visiting the o zone ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)). Should you have any issues that you would like to raise at the meeting, contact your local Regional Representative as soon as possible.

## The o zone needs your input

**Send us your views about the proposed content for a redesigned o zone website by using the electronic survey now available on the o zone.**

In the previous issue of *The Osteopath* we informed you about plans for improving the o zone and the aims behind doing this. We now need your views on content, to ensure the site functions as a useful and effective resource for osteopaths.

The o zone survey asks you to comment on the possible key content areas:

- > Updates on the progress of GOSc initiatives and developments in healthcare regulation
- > Online registration and fee payment services; the facility to amend your practice details online
- > Practice guidance and management
- > CPD (maintaining and submitting your CPD record online)
- > Revalidation
- > Managing complaints
- > Research developments
- > Events diary and online booking
- > GOSc Regional Communications Network and local groups
- > Osteopathy worldwide – international updates and key contacts
- > GOSc contacts and useful external links.

The survey asks whether you would envisage using each individual section and what other relevant information you would like to see in it. There are also some general questions about o zone content and services. In addition, we ask a few questions about the nature of your practice as an osteopath, in order to better understand the information needs of osteopaths in different work environments.

The survey is easily accessible from the o zone home page as an interactive pdf and a Word document, both of which can be returned to us by email or by post. Alternatively, if you would like a hard copy posted to you, contact the Communications Department on ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

**The closing date for responses is 3 November 2009, so ensure you send us your feedback by then to help us reshape and enhance the o zone.**



# News in brief

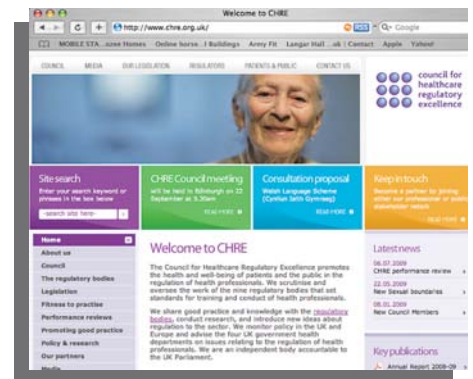
## Processing personal data



The Information Commissioner's Office (ICO) is urging all healthcare professionals who treat patients privately to make sure they are complying with the Data Protection Act by notifying the ICO that they are handling people's personal information.

Notification is a statutory requirement and, as such, it is a criminal offence to process personal data without having notified the Information Commissioner.

The cost of notification with the ICO is £35 per year. Notification can be made by either visiting the ICO website ([www.ico.gov.uk](http://www.ico.gov.uk)) and completing the online application forms or by contacting the notification helpline on 01625 545 740.



## CHRE report on advanced practice

In July 2009, the Council for Healthcare Regulatory Excellence (CHRE) produced a report for the four UK Departments of Health on advanced practice within the regulated healthcare professions. This was in response to Department of Health concerns that increasingly some professionals are taking on responsibilities not traditionally associated with their profession.

There was a potential risk to public protection if initial qualifications for entry to the register, and experience through their career alone, did not adequately prepare a professional for undertaking these roles without additional qualifications.

A summary of the findings of this report can be found on the CHRE website: <http://www.chre.org.uk/satellite/116/>.

The GOsC is considering the findings of this report and will take appropriate and proportional action where necessary.

## Equality Scheme: share your experience

In the last issue of *The Osteopath* (August/September, page 11) we told you about the GOsC's plans to revise and improve its Equality Scheme and how we hoped 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.

The discussion group is taking place at Osteopathy House in central London on Tuesday 3 November from 1.30 to 3.30pm. We are still keen to hear from you if you would like to take part in the group to share your views on:

- > 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](mailto:agnes.fletcher@talktalk.net). Lunch will be provided and we will cover reasonable travel expenses for attending the meeting.

# European bodies sign memorandum of understanding

**The European Federation of Osteopaths (EFO) and the Forum for Osteopathic Regulation in Europe (FORE) held their fourth joint meeting in September, bringing together 17 osteopathic representatives from all over Europe.**

Held in London at GOSc headquarters, a key aim of this meeting was to explore further how both organisations could work together to promote the recognition and regulation of osteopathy in Europe.

To express a firm commitment to this collaboration, a memorandum of understanding between the EFO and FORE was drafted, agreed and formally signed at the meeting. This memorandum commits each organisation to share information about their respective work programmes and to carry out joint lobbying activity where this will facilitate the regulation of osteopathy as an autonomous profession across Europe.

Signing the memorandum on behalf of FORE, Professor Adrian Eddleston said: "This memorandum of understanding expresses a real commitment by FORE and the EFO to work together in a spirit of openness and cooperation for the benefit of osteopaths and patients."

As an illustration of the practical application of this collaboration,



*Professor Adrian Eddleston, and Armand Gersanois, President of the EFO*

the EFO and FORE are already planning to hold a joint briefing with European Commission official Mr Jürgen Tiedje in October. Mr Tiedje has responsibility for EU legislation governing the recognition of professional qualifications, which affects the rights of osteopaths wishing to practise in different Member States.

Other items discussed included:

- > The progress of the joint EFO-FORE working group exploring the development of a European scope of osteopathic practice. Established in May 2009 and chaired by Ton Kouwenberg from the Dutch Osteopathic Association, this group brings together representatives from the Netherlands, Sweden, Finland, Belgium, France, Ireland and the UK. The group is expected to produce its first draft scope document in early 2010.
- > The formalisation of European osteopathic standards through adoption by national standardisation agencies. Although a European standard established in this way would not override national law such as the UK's Osteopaths Act 1993, this would provide a benchmark standard for osteopaths and patients in Member States without regulation – currently the majority of EU countries.
- > The potential merger of FORE and the EFO. It was agreed that each body would carry out a feasibility study to review the pros and cons of merging and possible alternative structures, short of a merger. Both groups would report by autumn 2010.

The next joint meeting of the EFO and FORE will take place in January 2010 in Brussels.



# Fact sheet for commissioners on low back pain guidelines

**To accompany its low back pain guideline (clinical guideline 88), the National Institute for Health and Clinical Excellence (NICE) has now produced a fact sheet for commissioners.**

The clinical guideline on low back pain, published in May this year, provides evidence-based recommendations covering the early treatment and management in England and Wales of persistent or recurring low back pain. Manual therapy, as practised by osteopaths, which includes spinal manipulation, mobilisation and massage, is recommended by NICE.

The fact sheet for commissioners provides a tool to implement the guideline, setting out the potential benefits of commissioning services and key points for consideration, such as costs, development of patient pathways, production of public information and provision of a choice of treatments.

Feedback to the GOsC indicates the osteopathic profession's increasing interest in providing NHS services as a result of the publication of the guideline. Putting the guideline into practice, however, takes time, as the different stakeholders involved – in this case, those staff in primary care trusts across England and local health boards in Wales who decide how to spend increasingly restricted NHS funds – need guidance on implementation. The launch of these guidelines in England and Wales has also attracted attention in the Scottish Parliament, where questions have been tabled on the potential for the Government to apply similar recommendations, including public funding of osteopathy for patients in Scotland.

As with the development of the full guideline, 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 the NICE consultation on the development of

commissioning guidance. Osteopath Greg Sharp also submitted an individual response. Key areas of concern included the language and practical application of the guidance.

The commissioning fact sheet is available on the NICE website at: <http://guidance.nice.org.uk/index.jsp?action=download&o=45148>.

You can see the full low back pain guideline at: <http://guidance.nice.org.uk/CG88>.

A quick reference guide, produced by NICE, was distributed to all registrants with the June/July issue of *The Osteopath*.

A patient information leaflet has also been produced and is available at: <http://guidance.nice.org.uk/index.jsp?action=download&o=44543>.



## Report calls for new ways to build evidence base

**Despite an estimated £250 million spend by the UK public on complementary medicine by 2011 (source: Mintel 2007), it is widely accepted that stronger evidence is needed on the clinical and cost effectiveness of complementary medicine.**

For this reason, The King's Fund set up an independent advisory group of individuals from research, regulation, public involvement and complementary medicine practice (including GOsC Chairman, Professor Adrian Eddleston – then Vice-Chairman of The King's Fund) to establish a consensus on ways to build an evidence base.

The report, 'Assessing complementary practice: Building consensus on appropriate research methods', sets out the findings of the advisory group and a conference hosted by The King's Fund in October 2007. It is hoped that the

content can build a consensus on delivering a high-quality evidence base, and appropriate research methodology, for complementary medicine.

Speaking about his work on the group, and as a conference delegate, Professor Eddleston said: "I very much enjoyed being a member. The conference itself was very informative and, if the recommendations are taken up, there will be a major change in the quality and quantity of research in complementary practice and in its funding. There was recognition that in many complementary practices, the context of delivery of the

physical intervention may be an important part of the overall effectiveness, and there is already great interest in this context or 'practitioner' effect, with growing evidence as to its power. This is almost certainly the strong self-healing element that many osteopaths activate and develop. As one participant at the conference said, 'If this is the power of the placebo effect, I'll buy it!'"

Further details on the content of the report will be featured in the next issue of *The Osteopath*.

# Interested in the history of cranial osteopathy? – read the latest *IJOM*

Robert Moran MHS (Osteo), Department of Health Science, Unitec New Zealand and New Zealand editor of *IJOM*

**In a novel addition to the literature on osteopathy in the cranial field published in the latest *IJOM*, Theodore Jordan provides a fascinating account of the likely origin of the concepts Sutherland proposed for the 'Primary Respiratory Mechanism'. While this history may be known to some in the profession, we'd certainly never heard of this before and are pleased to be able to publish this little-known aspect of osteopathy history.**



The paper provides a historical context for Sutherland's concepts and an explanation for why he included the idea of a 'Primary Respiratory Mechanism' in his work. Jordan's paper opens the door on some of the history behind the development of these concepts and by doing so adds a unique historical angle on the cranial concept.

Also in this issue, Fryer et al have tested one of the most widely accepted truths in all forms of manual medicine: that practitioners are able to reliably, and with validity, palpate the human body and derive useful clinical information. In discussions with colleagues, many are incredulous that such accepted practices are even questioned. Further, if these practices are not supported by the research literature, some osteopaths will choose to ignore the findings entirely.

Selectively ignoring research findings is unsatisfactory, not least because it fails to take advantage of opportunities to learn and improve. In our view, this is the opposite of 'digging on', as Still encouraged us to do. Fryer et al investigated the palpatory assessment of abnormal tissue texture in the thoracic paraspinal region – something that is routine for most osteopaths and from which we base clinical decisions and make various

inferences about spinal somatic dysfunction, autonomic tone and 'tissue health'. Like so many of the investigations into validity and reliability in manual assessment, the findings reported by Fryer et al are challenging, although findings of this type seem to have little impact in education and wider practice – something that can't be ignored forever!

The Masterclass in this issue was contributed by researcher and practising osteopath Rosalba Courtney who provides an overview of breathing, breathing dysfunction and breathing therapy. The influence of breathing dysfunction on health has been attracting increasing attention in the literature, and this paper will be of interest not only to osteopaths but also other practitioners. Courtney and colleagues have also had two papers accepted for publication in the *Journal* that report findings from original investigations into the assessment of breathing dysfunction. The first paper, published in this issue, compares two assessment procedures for the manual assessment of breathing. One of the clinically useful features reported in the study is a method of notation to document physical examination findings in clinical notes. Many of us routinely observe and manually assess for dysfunctional breathing in practice, but an

effective form of notation has been absent. The clear description of the assessment techniques, together with the graphical notation, should make this a paper of considerable interest to all practitioners.

As usual, we're always pleased to receive your comments and feedback about any aspect of the *Journal*, so please feel free to contact us by email: [osteopathicmedicine@elsevier.com](mailto:osteopathicmedicine@elsevier.com).



# NCOR research hub news



## 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](mailto:c.a.fawkes@brighton.ac.uk).

[www.ncor.org.uk](http://www.ncor.org.uk)



## Conference calendar

- > 9 December 2009  
**Integrated care and the management of chronic illness: The patient's agenda for healthy living, London**  
 This will be held at the Royal College of Physicians in London. Further details are available on the website: <http://www.rcplondon.ac.uk/event/details.aspx?e=1413>.
- > April 2010  
**8th International Conference on Advances in Osteopathic Research, Milan**  
 Further details will follow.
- > 9–12 November 2010  
**7th Interdisciplinary World Congress on Low Back and Pelvic Pain, Los Angeles**  
 Further information can be found at [www.worldcongresslbp.com](http://www.worldcongresslbp.com).

> BRISTOL  
**Thursday 12 November 7–9pm**  
 The meeting will discuss literature relating to the management of scoliosis.

> EXETER  
 See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

> HAYWARDS HEATH  
 See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

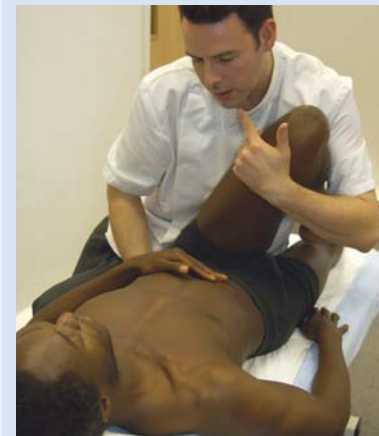
> LEEDS  
**Tuesday 24 November 7–9pm**  
 The meeting will discuss the results of piloting a hygiene audit tool relevant for osteopathic practices. A series of papers will be discussed looking at osteopathic research.

> LONDON  
 See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

> EPSOM  
**Thursday 22 October 8–10pm**  
 Leo Sharma and Peter King will present current research on the treatment of post-natal and pelvic girdle pain.

**Thursday 19 November**  
 Leo Sharma and Peter King will present a report from the 2nd International Fascia Research Congress held in Amsterdam.

If you would like to attend either of these meetings, please contact Peter King on 01372 743 333 or email: [peterking@osteomedic.co.uk](mailto:peterking@osteomedic.co.uk).





# Research news in brief

Carol Fawkes, NCOR Research Development Officer

## Cleanliness versus exposure in protection against allergies

The notion that exposing young children to infections will help to protect them from later infections has been present for decades. Known as the 'hygiene hypothesis', this summarises the belief that exposure to microbes challenges the developing immune system and strengthens its resistance to allergies. Earlier studies have supported this belief, suggesting that children exposed to bugs from older siblings, and by attendance at nursery, had their risk of reaction to future allergies cut from such exposure.

The *American Journal of Respiratory and Critical Care Medicine* has published a new study which monitored 4,000 children. The work, undertaken at Erasmus University, Holland, found that although children attending day nurseries developed more colds and infections, they had the same chance as other children of developing asthma or other allergic disorders by the age of eight. This research has been supported by other researchers in this area who criticise commentators trying to discourage the use of disinfectants in the home on the basis that they become 'too clean'. However clean a home becomes, we are still constantly exposed to microbes.

Caudri D, Wigga A, Schotens S et al. Early daycare is associated with an increase in airway symptoms in early childhood but is no protection against asthma or atopy at 8 years. *Am J Resp Crit Care Med.* 2009;180:491-498.



## The presence of pain in osteoarthritis

Earlier studies of radiographic features of osteoarthritis (OA) in the knees and their concordance with pain have shown limited agreement. Patients with clearly abnormal joint radiographs may have little or no pain, whereas others with pain may have no radiographic evidence of arthritis. Neogi et al undertook a multicentre prospective cohort study of 3,026 people aged between 50 and 79 years. This was intended to identify risk factors for a population with a high risk of osteoarthritis and symptomatic knee joints. Participants in the study were part of a multicentre osteoarthritis study, and also the Framingham Osteoarthritis study, including participants in the original Framingham Heart study, which began in Framingham, Massachusetts in 1948.

Participants were included if they had OA alone and not rheumatoid arthritis. A total of 1,002 participants were

eventually included in the study and were assessed by Kellgren and Lawrence grades (0-4), and osteophyte and joint space narrowing grades (0-3) among matched sets of knees within individual participants. The study found that Kellgren and Lawrence grades were strongly associated with frequent knee pain, and with consistency and severity of knee pain. Joint space narrowing was more strongly associated with each pain measure rather than the presence of osteophytes.

The authors concluded that the structure-symptom association definitely exists in the presence of osteoarthritis, challenging assertions documented in earlier studies. The presence of structural abnormalities were shown to have a strong association with knee pain.

Neogi T, Felson D, Nevitt M et al. Association between radiographic features of knee osteoarthritis and pain: results from two cohort studies. *BMJ.* 2009;339:b2844.

## Using hip abduction and external rotation to assess mobility

The sacroiliac (SI) joints are accepted as being responsible for transferring load between the innominate and the spine and act to attenuate forces. Studies have found minor joint rotations and translations in all three anatomical planes of the joint, although traditionally the SI joints are accepted as sagittal joints with little mobility outside this plane. Studies by Le Ban et al (1978) and Fowler et al (1986) have suggested that reduced

abduction and axial rotation of the hip occurs in patients who have been diagnosed with SI pain.

Bussey et al investigated a sample of 40 healthy patients to determine whether innominate motion about the SI joint can be predicted from abduction and external rotation displacement of the femur. The hip was passively rotated using standardised increments of 10° into

abduction, 10° into external rotation, and a combination of external rotation and abduction. The motion of the innominate and femur was tracked as the hip was moved into the various positions. As the hip was rotated further into either abduction or external rotation, sagittal and transverse innominate motion both increased significantly. External rotation was the strongest predictor in change in innominate angle.

The combination of both external rotation and abduction led to greater increases in the innominate angles at a smaller degree of hip rotation. This supports the use of abduction and external rotation as single movements, and in combination, to assess the mobility of the SI joint.

Bussey MD, Bell ML, Milosavljevic S. The influence of hip abduction and external rotation on sacroiliac motion. *Manual Therapy.* 2009;14:520-525.

## Clinical outcomes in randomised controlled trials

The UK BEAM trial involved 1,334 participants with low back pain lasting for more than four weeks who were recruited from 181 practices within the Medical Research Council General Practice Research Framework. The results of this trial looking at clinical effectiveness and cost effectiveness were published in 2004. In summary, this trial involved participants being randomised to 'best care' in general practice, a comparator treatment or one of three other variations including best care plus manipulation, exercise, or manipulation plus exercise.

Clinical outcomes are key to the reporting of randomised controlled trials. Their measurement and reporting allows assessment of the quality and impact of the trial, although the differences in outcomes reported by patients who have disorders with variable courses, such as back pain, are often less clear. The outcomes of the BEAM trial are a case in point. One of the largest benefits of the BEAM trial was reported using the Roland-Morris disability questionnaire. A difference of 1.87 was reported, which is smaller than the 2.5 difference originally suggested from sample size calculations. This led some commentators to suggest that the results were not, therefore, clinically important.

The numbers needed to treat (NNT) can be defined as the number of patients that need to be treated to prevent one load outcome: it is the inverse of the absolute risk reduction. This can give an estimation of the numbers who will benefit from a treatment; this type of

information is more transparent and can be helpful for patients, clinicians, and purchasers of services. The study by Froud et al used established consensus thresholds for improvement in Roland-Morris disability questionnaire scores at 3 and 12 months to derive NNT for improvements and for benefits (benefits can be described as improvements gained and deteriorations prevented).

Data analysis showed that the NNT for exercise ranged between 5.1 and 9.0; for manipulation, 5.0 and 5.5; and for manipulation followed by exercise, 3.3 and 4.8. This analysis relates to measures taken at three months. The NNT to achieve an improvement/benefit on the Roland-Morris disability questionnaire are small; this could be attractive to purchasers when considering funding packages of care, including manipulation and exercise, which could produce benefits for patients in terms of improvement gained and deterioration prevented.

Froud R, Eldridge S, Lall R et al. Estimating the number needed to treat from continuous outcomes in randomised controlled trials: methodological challenges and worked example using data from the UK Back Pain Exercise and Manipulation (BEAM) trial. *BMC Medical Research Methodology*. 2009;9:35.

## Changes in spinal height

Tyrell et al (1985) identified that viscoelastic creep is noticeable in intervertebral discs throughout the day and this has an effect on an individual's stature. A difference in height of 19.3mm (1.1% stature variation) was detected in patients between first getting up in the morning and retiring at night. Other structures in the spine were found to contribute minimal changes to this change in height.

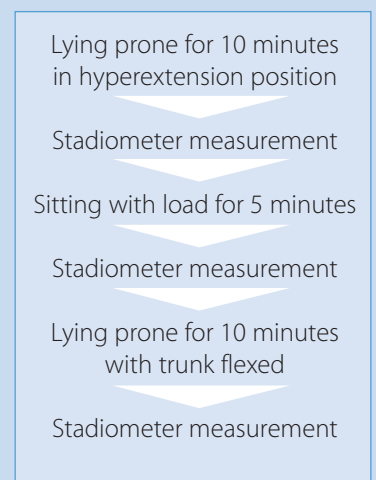
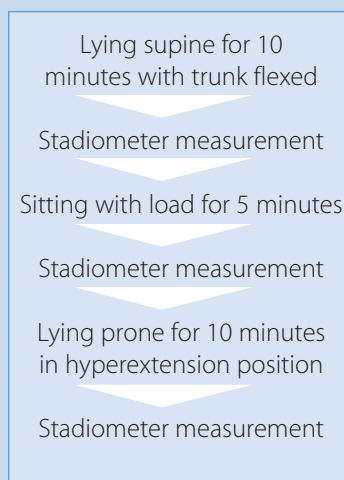
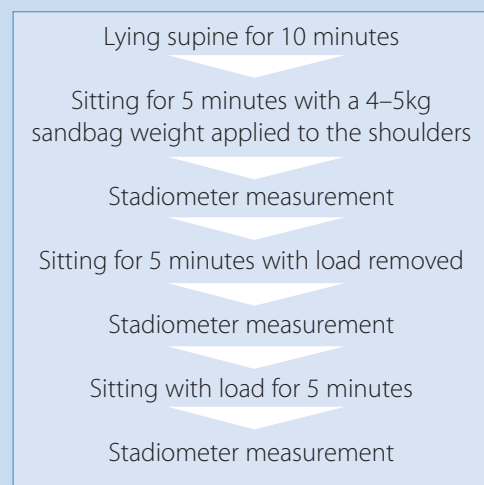
Stadiometry has been increasingly used to measure spinal height changes after various degrees of loading have been applied to the spine. Owens et al attempted to investigate the effects of different postures on spinal height and used stadiometry for this purpose. A total of 26 subjects were recruited for the

study, which used a pre-test, post-test crossover design. Subjects, who reported no current or past history of spinal pain, were placed in a variety of test positions for which measurements were taken.

The results of the study showed that there was no difference in height after five minutes of sitting with a load applied through the shoulders. A significant increase in height was found after lying prone in hyperextension and supine in flexion. The mean height gained was 3.11mm for extension and 3.19mm for flexion.

Owens SC, Brismée J-M, Pennell PN et al. Changes in spinal height following sustained lumbar flexion and extension postures: a clinical measure of intervertebral disc hydration using stadiometry. *J Manipulative Physiol Ther*. 2009;32:358-363.

### Test positions used for measuring spinal height changes



## Classification systems for patients with non-specific low back pain

Although low back pain represents a common and costly challenge to healthcare providers, a definitive diagnosis can be difficult to achieve due to the complexity of structures in the spine. This can lead to problems in identifying suitable treatments which represent both clinical effectiveness and cost effectiveness. There is growing evidence that the development of systems for sub-classifying patients and tailoring interventions to their classification can improve outcomes. It has been proposed that a classification system for non-specific low back pain should focus on the underlying mechanisms causing the disorder within a bio-psychosocial framework.

Although a number of classification systems have been proposed, few have been found to be sufficiently reliable and valid. Since 1997, O'Sullivan has developed a novel system based on the Quebec Task Force, incorporating classifications based on underlying pain

mechanisms. Vibe Fersum et al have attempted to validate the system in a multi-step process focussing on inter-tester reliability.

A total of 26 patients were recruited from a physiotherapy outpatient department; a pain score was recorded for each patient. Four physiotherapists with an average time in practice of 12 years were familiarised with the classification system and asked to examine and classify six patients to a diagnosis while under observation. The first requirement was to assess whether the patient had specific or non-specific low back pain. A decision on whether the disorder was predominantly centrally or peripherally mediated was then required: centrally mediated pain could then be classified according to the presence or absence of non-dominant or dominant psychosocial factors. Peripherally mediated disorders could be classified into either low back pain or

pelvic girdle pain disorders: peripherally mediated lumbar disorders could be classified into movement impaired or motor control impaired disorders. Peripherally mediated girdle pain could be classified into excessive or deficit of force closure.

The study found that for patients with non-specific low back pain, 98% agreement existed between assessors. All patients who had pain arising

from a peripheral pain source had a 99% agreement, and 99% agreement was noted for patients with pelvic girdle disorders. The study authors concluded that where therapists had been trained in this classification system, levels of agreement demonstrated were fair to excellent.

Vibe Fersum K, O'Sullivan PB, Kvåle A et al. Inter-examiner reliability of a classification system for patients with non-specific low back pain. *Manual Therapy*. 2009;14:555-561.



## Hand hygiene and sanitisation in chiropractic teaching institutions

International and national public health initiatives have stressed the importance of hand hygiene and surface sanitisation to prevent the spread of infection and disease. Australia is the only country that currently issues guidelines to the chiropractic profession, although similar measures are being considered in the United States. The situation for osteopathy is less clear cut.

Various healthcare professions have attempted to increase

awareness of hand and surface hygiene for decades but compliance remains low among many professionals. The study by Evans et al attempted to look at compliance in chiropractic teaching establishments following the introduction of a series of initiatives to raise awareness and educate the staff and students. A survey tool was developed and clinic and teaching staff were asked to observe students in an active or sham fashion, with the students' consent. A total

of 1,403 individuals were surveyed; good compliance (73%) was noted for hand sanitisation. Couch cover roll was changed between patients/students by 90% of the respondents, but only 29% reported sanitising the treatment table itself. Implementation was increased by having hand hygiene gels and other cleaning materials close by and paper changing was increased by having adequate supplies readily available. Table sanitisation was increased by having

suitable cleaning materials available and reminders from college staff.

The authors concede that in a profession which is essentially 'hands-on', the focus on hand hygiene had been particularly beneficial to all individuals involved in the study.

Evans MW, Ramcharan M, Ndetan H et al. Hand hygiene and treatment table sanitizing in chiropractic teaching institutions: results of an education intervention to increase compliance. *J Manipulative Physiol Ther*. 2009;32:469-476.

# The Vetting and Barring Scheme – what osteopaths need to know

## What is the Vetting and Barring Scheme?

The new Vetting and Barring Scheme (VBS) is one of the Government's key responses to the Soham murders of Holly Wells and Jessica Chapman in 2002 by Ian Huntley – a tragedy which focussed public attention on the way that those who work with children are vetted. The resulting inquiry, conducted by Sir Michael Bichard, recommended a new scheme under which everyone working with children or vulnerable adults would be checked and registered.

The recommendation was for a single agency to vet and register all individuals who work or volunteer to work with children or vulnerable adults, and to bar unsuitable people. The Independent Safeguarding Authority (ISA) is the agency that has been set up to undertake this role and administer the Vetting and Barring Scheme. The Criminal Records Bureau (CRB) will be responsible for managing the system that will support the Vetting and Barring Scheme and will process the applications for ISA registration.

## Who is affected?

It is estimated that there are at least 11 million people working or volunteering with children or vulnerable adults in the United Kingdom. If you are one of these people, or you employ one of these people, then the scheme affects you.

## Does the VBS cover all of the United Kingdom?

No. It covers England, Wales and Northern Ireland. Scotland has its own equivalent – the Scottish Vetting and Barring Scheme. But the two schemes will be aligned, share information and recognise bars imposed by each. An individual barred anywhere within the UK will be barred across the whole of the UK.

For information about the Scottish Scheme, see: <http://www.disclosurescotland.co.uk>.

## Will osteopaths have to register?

**Individual osteopaths:** you will need to be registered with the Independent Safeguarding Authority (ISA) if you are employed by an individual or an organisation that provides services for children or vulnerable adults – for example, if you are employed to provide osteopathic services in a private (e.g. osteopathic or multidisciplinary) clinic, or if you are employed by the NHS or by an osteopathic educational institution. ISA registration will be a legal requirement by November 2010. In due course, you will need to tell the GOsC that you are registered and provide us with your ISA registration number.

**Osteopath employers:** you must ensure that by 2015 all your employees are registered. You may not employ any new member of staff after July 2010 who does not have an ISA registration number. Your existing employees will need to be registered by 2015 and it is up to you how you phase this in. If you fail to register your employees, both you and the employee are breaking the law; failing to comply could result in both employer and employee (or volunteer) being prosecuted and even going to prison.

Information on running checks on new employees or volunteers is available on the ISA website ([www.isa-gov.org](http://www.isa-gov.org)) and if you have any questions or queries about the VBS, please call the contact centre on 0300 123 1111.

## I am a self-employed osteopath – do I need to register?

Self-employed individuals carrying out what is termed a 'regulated activity' (see page 21) may apply to be registered with the ISA but there is no current requirement to do so. However, the ISA encourages you to register and you may feel that to do so provides you with important evidence of safety to present to your patients.





## Definitions

### Who is a vulnerable adult?

A vulnerable adult is not just a disabled or older person. S/he is any individual who needs to be able to trust the people caring for them, supporting them or providing them with an essential service, which could leave them vulnerable to abuse. An example would be anyone receiving healthcare or living in a care home or in sheltered accommodation.

### Definition of a 'child'

Anyone under 18 years of age.

### What is a 'regulated activity'?

Any form of health or social care treatment or therapy provided to a child or vulnerable adult. This will include

medical professionals, therapists, or those in teaching, training or instructing which brings them into contact with children or vulnerable adults.

### What is a 'controlled activity'?

Activity covering the work of ancillary support workers, such as receptionists, cleaners, caretakers or catering staff, for example, which is done frequently (once a month or more) and gives the opportunity for contact with children or vulnerable adults or for access to sensitive records about children or vulnerable adults.

Individuals do not need to be ISA registered until 2015 to work in these positions, and the ISA will be in a position to handle applications for those in a controlled activity from 2014.

## Will ISA registration replace the current enhanced CRB check?

No. The two checks serve separate purposes. An ISA check will reveal if the person is registered and able to work with children and vulnerable adults.

A CRB check will reveal if the person has a criminal record or if any relevant non-conviction information exists. Where CRB checks are mandatory, they will continue to be so, regardless of the new requirements of the VBS.

## What is the CRB's involvement with the VBS?

The CRB will process applications for ISA registration.

The CRB will also monitor information about people registered with the ISA which comes to the Police National Computer, referring all relevant information back to the ISA.

## How to register

An individual can apply for ISA registration through one of the organisations registered with the CRB – these are called Registered or Umbrella Bodies. The CRB

website ([www.crb.gov.uk/ubsearch](http://www.crb.gov.uk/ubsearch)) contains a list of organisations that can help complete the application.

Registration costs £64 (£58 in Northern Ireland) and lasts for life. For unpaid volunteers there is no charge.

## When to register

From July 2010, all new employees (and volunteers) assuming roles working regularly with children or vulnerable adults will be able to register with the ISA and be checked. Individuals will be able to apply for ISA registration and a CRB check (including an ISA check) on a single application form.

From November 2010, it will be a legal requirement for all new employees and volunteers to be registered before they can start work covered by the VBS. Until they have registered (and it is the employee's responsibility to do this), they cannot legally be employed. As an employer you are required to check they are ISA registered before they are appointed. You can do this online for free.

Existing employees (and volunteers) who are working in an activity that brings them into contact with children or vulnerable adults will need to join the scheme by July 2015.

## The introduction of the new CRB application form from July 2010

From July 2010, the CRB will introduce a new CRB application form to allow customers to apply for a CRB check and/or ISA registration on the same form. This will allow customers to apply for:

- > ISA registration
- > ISA registration and enhanced CRB check
- > Enhanced CRB check only
- > Standard CRB check only

## Health regulators and the ISA

From October this year, professional regulators, e.g. the General Osteopathic Council (GOsC), have a legal duty to refer to the ISA any information about individuals who may pose a risk, thus ensuring potential threats to vulnerable groups can be identified and dealt with.

The GOsC is currently working closely with the ISA to establish the precise requirements for sharing information.

**For further information, see [www.isa.gov.org.uk](http://www.isa.gov.org.uk) or call 0300 123 1111.**

# 6th Chiropractic, Osteopathy and Physiotherapy Annual Conference

21 November, London

Now in its sixth year, this annual conference, 'Moving forward through research and practice', is hosted by the British School of Osteopathy and is organised in conjunction with the Anglo-European College of Chiropractic.

The aim of the conference is to raise awareness of the purpose of scientific research by encouraging students of osteopathy, chiropractic and physiotherapy to share their research findings with fellow students, clinicians and teaching faculty. It not only provides inspiration for potential future research projects but also creates an opportunity to foster collaboration between the three professions and ultimately improve patient care.

The keynote address will be delivered by Dr Nefyn Williams, Clinical Senior Lecturer in the Department of Primary Public Health at Cardiff University, who will be exploring a programme of research encouraging patients with hip or knee OA to exercise more. Dr Williams graduated in clinical medicine from Oxford University and went on to train as an osteopath at the London College of Osteopathic Medicine in 1995. His main research

interest is musculoskeletal disorders, having completed his PhD thesis on the effectiveness and cost-effectiveness of a primary care-based osteopathy clinic for spinal pain.

The cost for the full-day research conference is £10 for undergraduates and £30 for all other delegates.

Further information is available at [www.bso.ac.uk/mm5fut/htm](http://www.bso.ac.uk/mm5fut/htm), or by contacting John Dinnewell on 020 7407 0222 or [j.dinnewell@bso.ac.uk](mailto:j.dinnewell@bso.ac.uk). Completed registration forms must be received by 13 November.

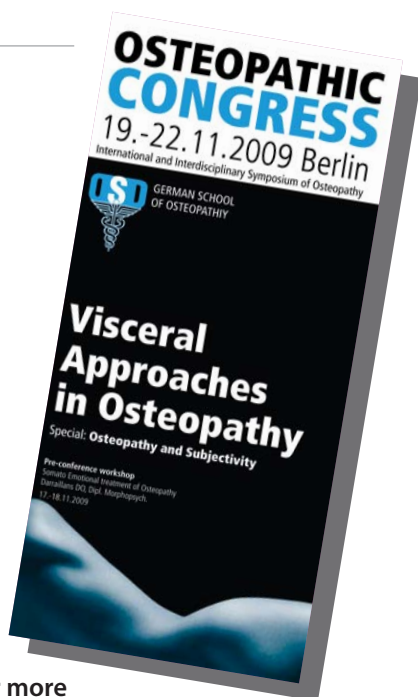


## Osteopathic Congress: International and Interdisciplinary Symposium of Osteopathy

19–22 November, Berlin

This year's congress looks at visceral approaches in osteopathy through a mixture of lectures and workshops. Over the four days, delegates will explore topics such as the osteopathic continuum and movement in the visceral sphere, manual percussion and vibration, and the integrated osteopathic approach to systematic diseases.

Speakers include Jean-Pierre Barral DO, one of the leading exponents of osteopathy in the visceral field; Christian Fossum DO, Vice Director of the A.T. Still Research Institute; and Michel Puylaert DO MSc, Head of the Visceral Osteopathy Department at the German School of Osteopathy.



For more information or to reserve your place at the congress, visit: [www.osteopathie-schule.de](http://www.osteopathie-schule.de).

## NICE Annual Conference and Exhibition

2–3 December, Manchester

The NICE annual conference, 'Innovation and value', will examine what kind of innovation brings value and how NICE, through its existing and new programmes, helps the NHS distinguish between the new and the essential. As budgets tighten but expectations continue to rise, making sure that the NHS delivers services of value is vital.

Alongside the plenary sessions designed to raise debate and discussion on issues of interest to everyone, the conference will feature streamed sessions for specific groups of delegates and an exhibition of the latest ideas and developments in their fields.

For more information on the programme or to book your place at the conference, email Angela Lyons at [alyons@health-links.co.uk](mailto:alyons@health-links.co.uk) or call 0121 420 3003.

# Book reviews

## An Osteopathic Approach to Children (Second edition)

Jane E Carreiro  
Published by: Churchill  
Livingstone Elsevier  
ISBN: 978-0-443-06738-9

Reviewed by Claire  
Gregory BSc (Hons)

This book provides an in-depth look at the latest developments in osteopathic treatment of children. It is divided into 17 well-referenced chapters giving a detailed review of the body's system, and unlike most other books in this field draws the subject to a conclusion at the end of each topic.

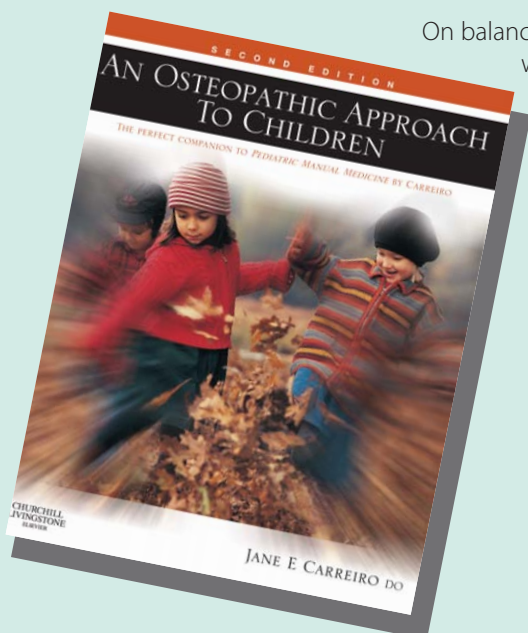
It provides a review of the nervous system from an embryological perspective and continues on to cover musculoskeletal and cranium development. The developments of the cardiovascular, respiratory and gastrointestinal systems are reviewed next, followed by labour and birth, and then post-birth disorders.

Each topic is enhanced by the addition of pictures of labelled dissections.

Essential information regarding birth moulding and abnormal birth presentations is given careful consideration with clarifying schematic representations and clinical photographs. Unlike most other paediatric textbooks, the importance of osteopathic principles has not been overlooked. Common childhood disorders such as Osgood-Schlatters disease are reviewed, leading to an outline of the rationale behind osteopathic treatment. However, some other common disorders, such as Scheuermann's disease, have been slightly overlooked, with only limited information provided.

Complex subjects such as cystic fibrosis, amblyopia and cerebral palsy are also included. Cerebral palsy is covered in a separate chapter, which concentrates on the practical expectation of treatment outcomes and goal setting. It is of interest to note the number and frequency of treatments required.

On balance, this is a very well-written book, and it would be of use to all healthcare professionals interested in treating children.



## Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists (Second edition)

Thomas W Myers  
Published by: Churchill  
Livingstone Elsevier  
ISBN: 978-0-443-10283-7

Reviewed by Anthony  
Harcourt DO

This book is an eclectic overview of many strands of information garnered from at least a dozen disparate sources. Its format is young, light, and easy on the eye, and may well be a template for future texts. Its content is colour coded and very easy to follow, and features cartoon-like diagrammatic illustrations of androgynous figures which are faintly amusing but still instructive.

My overall impression is that the content is very informative and professionally presented.

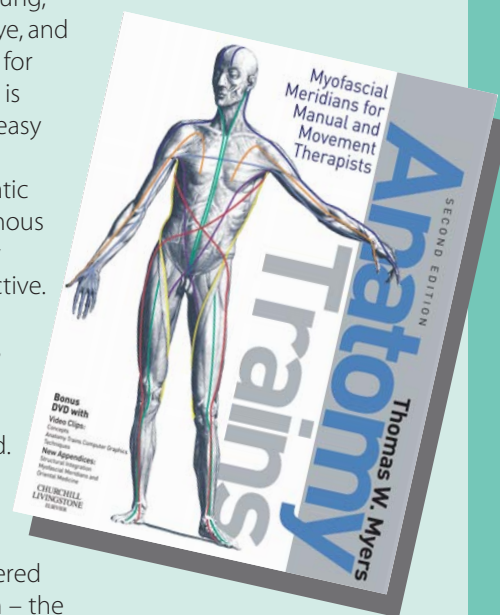
There is little new information for the osteopath, rather an altered method of presentation – the touch is deft, the author is sure of his ground and has evidently spent a long time drawing it all together.

An osteopath who may be considering this book as an adjunct to a CPD course in 'dry needling' will find the acupuncture content lacking and in places hardly even superficial. I appreciate that this second edition has been

published nine years after the first and, as such, perspectives have changed, but this volume will never stand alone as an acupuncture text, as so much of even the first year-level information is omitted.

There are many snippets and asides which hold the reader, making this an engaging and entertaining read. There are some very good and pertinent illustrations which help to maintain interest, as they are well-placed and well-judged.

This book is really aimed at those eclectic folk referred to in the title as 'movement therapists' – it does what it says on the tin!



## 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](http://www.osteopathy.org.uk).

### 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](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

>6  
**Laser therapy training**  
Course leader: Karen Carroll  
Venue: York  
tel: 01494 797 100  
website: [www.thorlaser.com](http://www.thorlaser.com)

### 2010 January

>16  
**Functional stretching**  
Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>16  
**Practical clinical nutrition**  
Speaker: Dr Adam Cunliffe  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>16–17  
**Basic visceral: The thorax**  
Speaker: Joanna Crill Dawson  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>21  
**How to treat: Acute disc/lower back pain**  
Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>21  
**Nutrition and tissue repair after injury**  
Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>23  
**Simplifying the management of shoulder conditions**  
Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>23  
**The visceral-structural transitional curves**  
Speaker: Valéria Ferreira  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>28  
**Update on muscle injury and repair – implications to physical therapies**  
Speaker: Professor Mark Lewis  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>30–31  
**An introduction to the concepts and practice of dynamic neuromuscular stabilisation (DNS)**  
Speakers: Professor Pavel Kolar and Dr Alena Kobesova  
Venue: European School of Osteopathy, Maidstone, Kent  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [http://www.rehabps.com/REHABILITATION/Course\\_UK\\_1-10.html](http://www.rehabps.com/REHABILITATION/Course_UK_1-10.html)

### February

>4  
**Osteopathic technique masterclass: Upper body**  
Speaker: David Tatton  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

>4–7  
**A visionary approach to craniosacral work**  
Speaker: High Milne  
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

>5–7  
**Neuromuscular 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](mailto:cpd@cpdo.net)

>6  
**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](mailto:cpd@cpdo.net)



> 18

**How to treat: Chronic lower back pain**

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

> 18

**Nutrition and inflammation**

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

> 18-20

**The osteo-articular approach – part 1**

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

> 25

**Rhythms within rhythms – an exploration of biodynamic practice**

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

> 25

**The fall of the structural model – what's next?**

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

# March

> 6-7

**Muscle energy: Management of thoracic and pelvic pain and dysfunction**

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

> 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

> 18

**How to treat: Trapezius myalgia and chronic neck pain**

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

> 18

**Nutrition and exercise – optimising performance**

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

> 20-22

**Care of mother and baby**

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

# April

> 10

**Craniosacral therapy – introductory day**

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

> 17

**Pilates: An introduction for manual and physical therapists**

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

# May

> 8-9

**Osteopathic technique: Lumber and thoracic spine and ribs**

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

> 8-9

**Exercise prescription for common sports injuries**

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

> 13

**Drop-in supervision using case scenarios**

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

> 13

**How to treat: Frozen 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

## 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](mailto:editor@osteopathy.org.uk).

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

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**Talented osteopath required** in south of France. Must be well spoken and well presented, with at least three years' experience. Structural, dry needling, cranial. Wonderfully vibrant and relaxed clinic. Expat/international patients, French not necessary. Please email: [info@englishosteopath.com](mailto:info@englishosteopath.com) or call 00 33 4 93 34 67 17.

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**Associate required** to join a friendly, well-established clinic in Rushden, Northants. Situated in a primarily structural clinic, to take over Mondays, Wednesdays and Thursdays, 4.30–8pm, plus one Saturday a month. Graduates welcome. Contact Jo on 01933 355 230, or email: [roc@steenandjo.com](mailto:roc@steenandjo.com).

**Research assistant (part-time)**, ESO, Maidstone. Keen on research? Good degree? Osteopath with analytical mind and strong communication skills wanted, two days a week for qualitative study, and other research activities. Further details and application form available at: [www.eso.ac.uk/jobs.html](http://www.eso.ac.uk/jobs.html). Closing date 9 November 2009.

**Associate required** to join a supportive and professional team within an expanding practice, based in Gravesend, Kent. Applicants must be enthusiastic, friendly and committed to helping the practice grow. Candidates must have strong structural and cranial skills. Initially working Saturdays, and one other half-day. Please email your CV and covering letter to: [cjc2705@btinternet.com](mailto:cjc2705@btinternet.com).

**Hampshire: osteopath required** for two days a week, starting as soon as possible. Must have some cranial osteopathy experience, and be willing to promote themselves and the practice within the local community. New graduates are welcome. Please send your CV, for the attention of Michelle McWilliam, to: The Totalcare Clinic, Botley Mill, Botley, Southampton, SO30 2GB, or email: [info@thetotalcareclinic.co.uk](mailto:info@thetotalcareclinic.co.uk).

**Central London: locum required.** To start November/December until September 2010 at the earliest. Must be available Mondays, Wednesdays and Fridays. Minimum of one year's experience required. Please send your CV and covering letter to: [jemmasager@hotmail.com](mailto:jemmasager@hotmail.com).

**Maternity locum required** for busy, friendly, multidisciplinary clinic, in the beautiful tourist town of Gibraltar. Four days per week from January 2010 to August 2010. Please email your CV to: [davina\\_calvos@hotmail.com](mailto:davina_calvos@hotmail.com).

**Associate required** in established practice in south Wales, to join a team of osteopaths and complementary practitioners. We are a friendly team, who have monthly CPD meetings. Our osteopaths use both structural and cranial techniques. We require someone for two or three days a week, and they must be honest, reliable and conscientious. New graduates welcome to apply. Please send your CV to: [pontyosteos@yahoo.co.uk](mailto:pontyosteos@yahoo.co.uk).

**COMMERCIAL**

**Osteopath required** in Gillingham, Kent practice, three days per week for maternity cover. From start of November until March. Possible associate position available after. Please send CVs to: Northdowns Osteopaths, 1st Floor, St Barnabas House, Duncan Road, Gillingham, Kent, ME9 8JL or email: [anna\\_liza\\_f@hotmail.com](mailto:anna_liza_f@hotmail.com).

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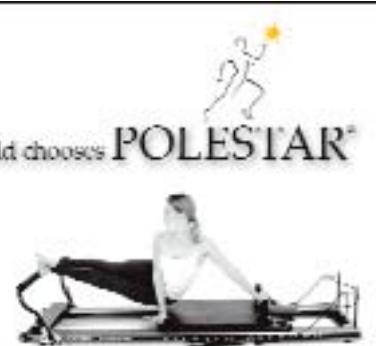
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## The British School of Osteopathy 275 Borough High Street SE1 1JE

### Postgraduate Courses

#### Entry to the Integrated Master of Osteopathy Course

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 January 2010, this course will also allow you to evaluate your current practice in a structured and reflective environment.

This route through the MOC course does not offer eligibility for registration with the GOC.

#### 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 January 2010.

Course Leader: Professor Stephen Tyreman PhD

#### 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. Planned start date of January 2010

#### 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. Planned start date of January 2010

To register your interest please contact Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

### Continuing Professional Development

#### 6<sup>th</sup> Annual Chiropractic Osteopathy Physiotherapy Conference

"Moving forward through research and practice"



THE BRITISH SCHOOL  
OF OSTEOPATHY



Organised by The British School of Osteopathy ([www.bso.ac.uk](http://www.bso.ac.uk)) and the Anglo-European College of Chiropractic ([www.aecc.ac.uk](http://www.aecc.ac.uk)), this multi-disciplinary undergraduate/pre-registration one day research conference for undergraduate students, teaching faculty and clinicians from all three professions.

The *Moving forward through research and practice* conference aims to raise awareness of the purpose of scientific research by encouraging participants to present their work in front of a professional audience.

The conference contributes to awareness of the importance of research and disseminates new knowledge. It encourages the pursuance of research as part of a career. The conference provides not only inspirations for potential future research but also a chance to foster collaboration between the chiropractic, osteopathic and physiotherapy.

Keynote Speaker: **Dr Nefyn Williams, Osteopath, GP and Clinical Senior Lecturer, Cardiff University**  
"Get Moving, a Programme of Research Encouraging Patients with O/A Hip or Knee to Exercise More"

Conference fees: Undergraduates who are presenting: FREE

Undergraduates: £10 Other Delegates: £30

Date: Saturday 21 November 2009

CPD: 7 hours

Further information, including registration form, available at:

[www.bso.ac.uk/mr1509](http://www.bso.ac.uk/mr1509)



## The British School of Osteopathy 275 Borough High Street SE1 1JE

### Continuing Professional Development

#### 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: AcBCDE

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

For an application form, please contact Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

## Easing joints for better movement



**THE ARTHRITIC ASSOCIATION** was founded in 1942 by osteopath Charles de Coti-Marsh to enable its members to regain freedom from pain, flexibility in their limbs and to lead full and active lives. **The charity pursues its founder's pioneering work today convinced that the onset of arthritis manifests itself in the gut and can be caused by an old spinal injury.** The turning points lie in nutrition and, crucially, the assessment of patients - investigating trapped nerves, muscle spasms, pelvic distortion etc.

Qualified osteopaths - including graduates - with an interest in nutrition are invited to express interest in being paid to study de Coti-Marsh and thereby becoming Scholars of his works. As Scholars, you can apply to join a nationwide consulting group that benefits from: Association-backed Mentoring; charitable funding for the assessments and treatments of arthritic patients.

Telephone: 0800 652 3188 or  
01323 416550 (ask for Ian Sketchley)

Email: [ian@arthriticassociation.org.uk](mailto:ian@arthriticassociation.org.uk)

Web: [www.arthriticassociation.org.uk](http://www.arthriticassociation.org.uk) or [www.arthritissuk.org](http://www.arthritissuk.org)



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# CPDO

# 2009

| Date                                  | Title  | Cost   | Deposit     |
|---------------------------------------|--|--|-------------|
| <b>Weekend courses</b>                |  |  |             |
| 6-8 Nov                               | <b>Pregnancy care (3 days) / Averille Morgan Getting full</b><br>This practical and theoretical workshop aims to develop the participants' understanding of the body processes during pregnancy and the potential role of osteopathy in supporting these processes. The workshop will examine "health" during pregnancy and the implications of a positive, patient centred approach from health practitioners during the antenatal period. The workshop reviews health in terms of maternal body awareness, nutrition and digestion, psychological effects of pregnancy on health. There will be a discussion of the potential role that medical technology, such as ultrasound, has in supporting a natural pregnancy. The participants will be taught about the visceral position changes during pregnancy and indirect techniques to improve visceral dysfunction such as indigestion, constipation, pregnancy-induced hypertension and pressure incontinence. | £265.00  | £200.00     |
| 7 Nov                                 | <b>Trunk / spinal movement rehabilitation / Prof. Eyal Lederman</b><br>This workshop will examine the role of manual and physical therapy in managing patients with acute and chronic lower back pain and disability. It will examine the differences between the two presentations and how they can be managed by a combination of manual/physical approaches and cognitive-behavioural tools. There will be a focus on which manual techniques should be used with the different presentations and how to provide management that changes over time.   | £110.00  | Pay in full |
| 21-22 Nov                             | <b>Osteopathic technique: Cervical spine, CD and UEX / David Tatton</b><br>The aim of this workshop is to enable the participants to develop their osteopathic technique and explore their use in the treatment of common clinical presentations. There will be discussions of treatment aims and objectives and how the different osteopathic techniques can be used to achieve these. The emphasis of the workshops will be on structural osteopathic techniques such as high velocity techniques, stretching techniques and soft tissue and rhythmic techniques.  | £220.00  | £150.00     |
| 26-28 Nov                             | <b>Vascular visceral manipulation (3 days) / Jean-Pierre Barral Full</b>   | £400.00  | £300.00     |
| <i>Evening courses (19.00-22.00)</i>  |  | <a href="http://www.cpdo.net">www.cpdo.net</a>     |             |
| 22 Oct                                | <b>How to treat: Impingement syndrome of the shoulder / Prof. Eyal Lederman</b>  | £40.00   | Pay in full |
| 5 Nov                                 | <b>Osteopathic Integration II: Lower back pain and endometriosis / Valeria Ferreira</b>  | £40.00   | Pay in full |
| 19 Nov                                | <b>How to treat: Plantar fasciitis / Prof. Eyal Lederman</b>   | £40.00   | Pay in full |
| <i>Evening lectures (19.00-21.00)</i> |  | Courses open to all manual and physical therapists |             |
| 26 Nov                                | <b>Perfecting placebo / Prof. Eyal Lederman</b>  | £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.

All cheques should be made to CPDO Ltd. and sent to the office address:  
**CPDO Ltd. 15 Harberton Road, London N19 3JS, UK**  
 Tel: 0644 (0) 207 263 8551 / e-mail: [cpd@cpdo.net](mailto:cpd@cpdo.net)



# Sutherland Cranial College

The SCC is an independent post-graduate teaching organisation founded in 1993. The college has 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.

## An Introduction to Cranial Osteopathy

Foundation Course

Module 1

Are you receiving requests for 'cranial work' in your practice?  
Would you like to help but don't have the confidence?  
Have you had little or no undergraduate training in this work?  
Are you considering working in the cranial field, but want to see if it's right for you?  
Do you want to improve your palpation and diagnostic skills?



The Sutherland Cranial College's Foundation Course offers an introduction to cranial osteopathy for practising osteopaths who

- have received no undergraduate training in this approach
- or have completed undergraduate courses but would like to refresh their knowledge before taking it further
- or are interested in this work but want to know more before committing to further study.

We have redesigned our Introduction course to make it more flexible, more convenient and more affordable.

The course can now be taken over two days, either at your practice or at the practice of an SCC tutor in your area. It can be run with a small group (minimum four people), or with more if space is available. Tutoring is of the high quality for which the SCC is renowned.

Each day includes a balance of theory and practical sessions, with regular breaks to facilitate learning and minimise fatigue. A home-study package is provided before the course, in order to maximise time for practicals and group-based learning.

The two-day course costs only £275, which covers all training and study materials. Food and accommodation are not included.

### From students at previous foundation courses...

*"I felt very well supported throughout the session, with constant feedback and encouragement. The reminder of standing back has helped me to progress into deeper palpation and further centering. It was a gentle reminder that opened up the focus and deepened it. There were many "light-bulb" moments. Thank you!"*

*"Changed my perception of what cranial osteopathy was about. The "haven't a clue/question mark" mindset turned into an exciting discovery and realisation that a whole new level of palpation was possible in the body."*

For more details or to enroll, call **01291 689908** or email [info@scc-osteopathy.co.uk](mailto:info@scc-osteopathy.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)  
Sutherland Cranial College, PO Box 91, Chepstow NP16 7ZS

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### Dates

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or John Rutherford in UK  
(020) 7935 4750 or 07850 699534

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**Limited to 20 Students**



Ken Leeper (left) and Bob Goodrum

### Tutors

Mr Bob Goodrum (UK)  
Osteopath and Physiotherapist  
Dr Ken Leeper DC  
Chiropractor (USA)

[www.manualtherapyinternational.com](http://www.manualtherapyinternational.com)



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Take away the worry and do the smart thing, contact DG Mutual

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  - Benefit payable from day one or deferred by 4, 13, 26 or 52 weeks
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# British Osteopathic Association 2009 CONVENTION and TRADE EXHIBITION

Marriott Forest of Arden Hotel, Meriden, Nr Birmingham  
13, 14 and 15 November 2009

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## Friday workshops include

**Steven Bruce, osteopath** and HSE-registered first aid trainer Emergency First Aid

**Daryl Herbert, osteopath**

Advanced osteopathic techniques workshop: 'Why techniques fail & how to make them succeed?'

**James Butler, Painless Practice**

Business Development: Communicating osteopathy - how to extend your reach in your community

**Jane Stark, Canadian osteopath** and osteopathic historian. A fascial approach from the lessons of history

## Sunday workshops include:

**Chris McCarthy, Physiotherapy Practitioner** in spinal orthopaedics exploring the differences and similarities in physiotherapeutic and osteopathic manipulative approach

**Matthew Wallden, osteopath, naturopath** and CHEK Practitioner - Primal Nutrition: feeding the body-mind-soul for optimal expression of genetic potential

**John Neal, a psycho-physiologist** specialising in exercise physiology and sports psychology look at the link between the mind and the body and investigate ways in which individuals can create a realistic competitive advantage in their chosen field.

**Colin Natali MBBS BSc(Hons) FRCS(Eng) FRCS(Orth), Consultant**

Spinal & Trauma Surgeon at the Royal London Hospital on reading MRI scans

## Saturday lectures include:

**Jane Stark:** Andrew Taylor Still's Approach: More Than Just Bones

**Professor Martin Underwood:** Beliefs and Expectations around Chronic Pain

**Mr Colin Natali:** MRI imaging

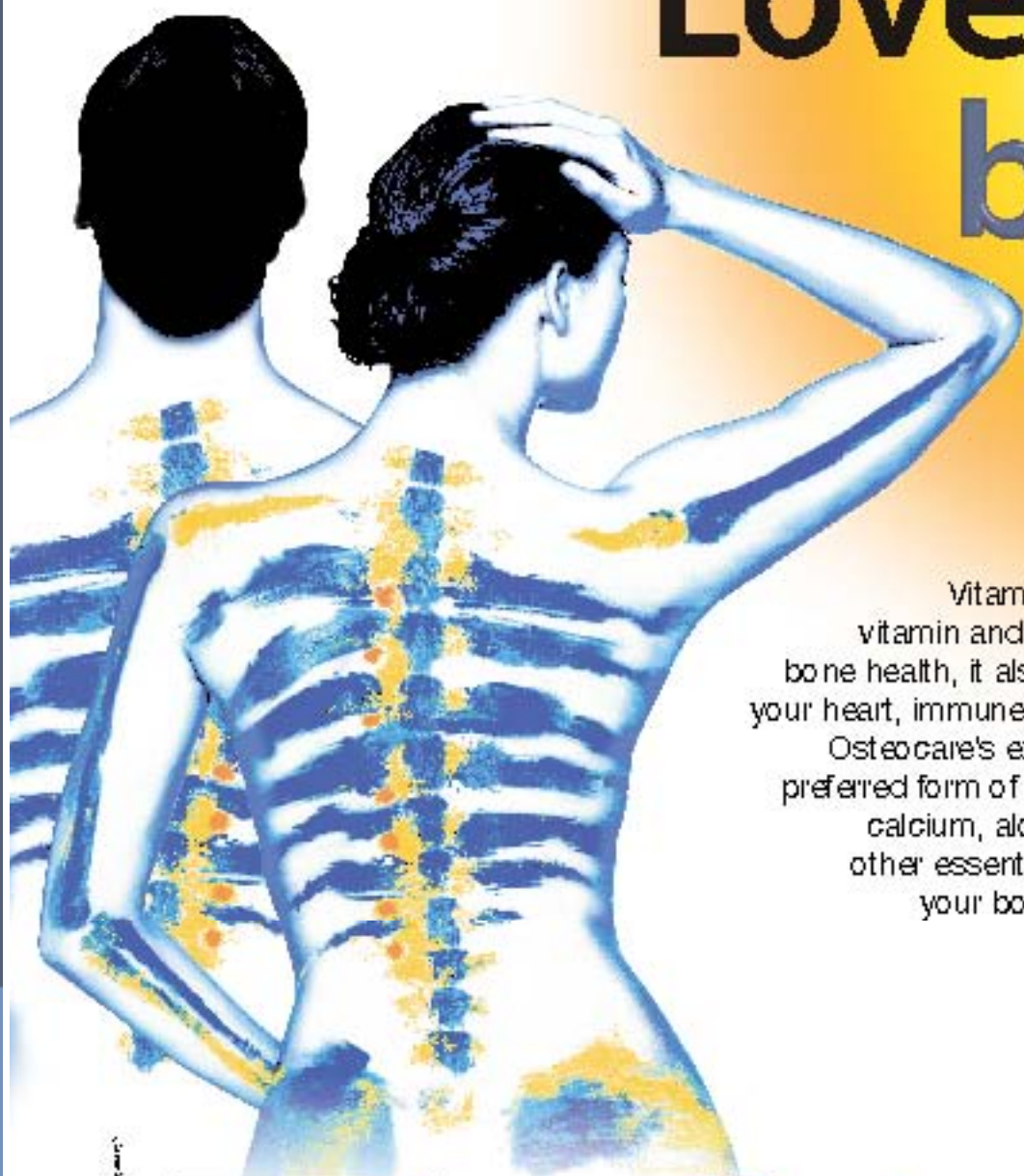
**Matthew Wallden:** Phylontogenic Factors in Foot Function

**John Neal:** MAD: Mentally Athletic Development, the link between mind and body

**Friday 13 November** - Golf Competition for the Michael B Bennett trophy on the championship Arden course

See the full programme in the convention section of [www.osteopathy.org](http://www.osteopathy.org) or ring 01582 488455 or email [ms@osteopathy.org](mailto:ms@osteopathy.org) to book or for more information.

# Love your bones



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## VISCERAL OSTEOPATHY COURSES, CAROLINE STONE

Sat 12 Dec 2009:

'Visceral and Musculo-skeletal Integration'. Cost £130. Venue: Stratford Upon Avon Hotel, TBA. Review of links between the viscera and the musculo-skeletal system and practical clinical examination and treatment approaches that can be applied in everyday situations whether the patient presents with whiplash, back pain, sports injuries or general health concerns. Covers common visceral presentations and looks at the spine and body in a 3D biomechanical way, unlocking many clinical conundrums on the way.

Sun 13 Dec 2009:

'Post operative scars and adhesions: traumatic, surgical and obstetric scarring issues reviewed'. Cost £130. Venue: Stratford Upon Avon Hotel, TBA. Many patients present with multiple concerns many amongst which are post operative scarring complications and less than optimal recovery from trauma, surgery or adhesion problems. These problems present in their own right, or as a complicating factor to general biomechanical problems in the patient's musculo-skeletal system. This course reviews examination and treatment issues and discusses clinical management and concerns for a variety of sliding fascia, scarring, post-operative and adhesion based presentations.

**[www.visceral-osteopathy.com.au](http://www.visceral-osteopathy.com.au)**

for all booking and payment details and other information. [caroline@yourosteopath.com.au](mailto:caroline@yourosteopath.com.au)

### SATURDAY COURSE:

#### Morning sessions:

- 1) Common referral patterns between the viscera and the musculo-skeletal system, and common indicators in the case history regarding visceral factors or pathologies that may be linked to musculo-skeletal presentations. This will cover referral where there is active visceral pathology, and review of how non pathological conditions of the visceral or old scars and tensions from past pathologies can still leave a mechanical legacy in the tissues.
- 2) This session explores neural and local mechanical links between the cardio-respiratory and upper gastro-intestinal organs to the torso, shoulder and cervical region.

#### Afternoon sessions:

- 1) The session will explore ways of approaching the jugular foramen and vagus with respect to the viscera and will also explore local mechanical links between the posterior abdominal wall, lower rib cage and pelvis and various gastro-intestinal tract organs.
- 2) This session will explore the renal fascia, kidneys and ureters and their links to the posterior abdominal wall, psoas and other major muscular components, and reviews how gait and overall biomechanical integration depends on effective and efficient movement in this visceral component.

### SUNDAY COURSE:

#### Morning sessions:

- 1) The physiological need for organ mobility and the consequences of any lack as a result of visceral pathology, surgical or traumatic scarring and problems with adhesions, and sliding fascial mechanics.
- 2) Reviews examination of the peritoneum and abdominal cavities.

#### Afternoon sessions:

- 1) General considerations for the abdominal and pelvic cavity interfaces.

#### Afternoon session two:

- 2) Many conditions leave problems with adhesions, and many surgeries in the Urogenital area sometimes leave behind as many problems as they aim to reduce.

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## Placing Pilates into a clinical framework



Clare Williams Bsc. Sports Science, Bsc. Osteopathy, Cert. Ed. and Belinda Buttery; PGDip Dip Exercise Science, MSc. MAF Master Pract. Cert Ed.

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- 12 day CYQ Pilates Network Qualification (Gold Standard in UK) Run in 2 stages £1700**
- 6 Day Studio Equipment Course £865**
- 1 Day Muscle Testing and Function £125**
- 1 Day Pilates and Pregnancy £125**
- 1 Day Small Equipment £125**

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## A Biodynamic

Approach to Osteopathy in the  
Cranial Field

### Phase 1

January 23rd-26th, 2010, Minehead, Somerset

Curriculum of Dr James Jealous D.O.

These courses are directed towards developing a deep sensory understanding of the involuntary phenomena observed at work in our patients. The challenge is to turn our observer around and allow the existing treatment plan to reveal itself. The expression of health in the patient can then resume its proper place in our osteopathic thinking. "Find the Head" A.T. Still D.O.

This seven-phase curriculum is open to all osteopaths with prior training in osteopathy in the cranial field, and who are incorporating Dr Sutherland's work in a practice setting.

These UK courses will be taught by Christian Sullivan D.O. Biodynamics faculty.

For details of this, and other Biodynamics courses in the UK and Europe, please email [enquiries@churchstreetpractice.co.uk](mailto:enquiries@churchstreetpractice.co.uk) or telephone: 01225 868 282

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General  
Osteopathic  
Council

# New e-bulletin coming soon

The GOsC will soon be introducing regular fitness to practise e-bulletins for osteopaths.

Each bulletin will be emailed directly to osteopaths and 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.

If you have not yet supplied us with an email address and would like to receive the e-bulletin, please contact the Registration Department to update your details.

Email: **[registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk)**.

**[www.osteopathy.org.uk](http://www.osteopathy.org.uk)**.