

Transcendence of geopolitical borders: How osteopathic education developed in the United Kingdom

DUSTIN COLEGROVE, OMS IV

This essay is one of two second-place winners in the AOA Bureau of Osteopathic History and Identity's 2008 essay competition. This essay explores the 20th principle of the bureau's "Core Principles for Teaching the History of Osteopathic Medicine," which focuses on the recognition of osteopathic medicine outside the United States.

The bureau encourages all contestants in its annual competition to submit their entries to the AOA for consideration by *JAOA—The Journal of the American Osteopathic Association* and *The DO*.

To further the learning objectives the Bureau of Osteopathic History and Identity envisioned for the essay contestants, this essay was subjected to editing to bring it into adherence with *The DO's* guidelines, and the author reviewed and commented on the edited version of the essay before it was published.

For more information on the history bureau's essay competition, see the accompanying article on Page 38.

Because of this scarcity of published information, this essay focuses on osteopathic medical education in the United Kingdom, which has the strongest and longest ties to osteopathic medicine of any country outside of the United States.⁵

Osteopathy's origin in the United Kingdom

The history of osteopathic medicine in the United Kingdom dates back to 1898, when John Martin Littlejohn, PhD, DO, read a paper titled "Osteopathy in the Line of Apostolic Succession With Medicine" before the Society of Science and Arts in London.⁶

Two years later, Dr Littlejohn earned a doctor of osteopathy degree from what was then the American School of Osteopathy in Kirksville, Mo, under the tutelage of Dr Still.⁶ Later that year, Dr Littlejohn established the American College of Osteopathic Medicine and Surgery in Chicago, one of the two Chicago colleges from which the Midwestern University/Chicago College of Osteopathic Medicine evolved.⁶

After founding the American school in Chicago, Dr Littlejohn moved back to the United Kingdom, where he launched the British School of Osteopathy in London in 1917.⁶

As of 1917, osteopathy in neither the United States nor the United Kingdom had officially adopted pharmacologic treatment, also known as *materia medica*.³ In 1929, a difference of opinion arose between osteopathic practitioners in these two countries when the AOA House of Delegates adopted a policy that resulted in American osteopathy incorporating *materia medica* into its education and practice.³

Disagreeing with this view was the

The founder of osteopathic medicine, Andrew Taylor Still, MD, DO, stated, "Let your light so shine before men that the world will know you are an Osteopath pure and simple, and that no prouder title can follow a human name."¹

During the more than 100 years since Dr Still made that proclamation, the light of osteopathic medicine has shown throughout the United States, which has seen tremendous growth in the number of osteopathic physicians, osteopathic medical institutions and osteopathic medical students.² Osteopathic medicine's struggle for acceptance in the United States as an orthodox medical profession has been well documented, but the battle in foreign countries has not been thoroughly discussed in the published literature.^{3,4}



John Martin Littlejohn, PhD, DO, was instrumental in establishing one of the first osteopathic medical colleges in the United States and the first in the United Kingdom. (Photo courtesy of the British School of Osteopathy in London)

British Osteopathic Association, which did not accept the AOA as the ultimate authority on professional standards. As a result, British practitioners did not adopt pharmacologic treatment and instead focused solely on providing patients with manipulative treatment for the osteopathic lesion, which is now more commonly called *somatic dysfunction*.

It is essential to understand that osteopathic practitioners in Great Britain are called *osteopaths*. An osteopath is a nonphysician healthcare practitioner who practices only manipulation.⁷ In contrast, an American osteopathic physician is a practitioner who is able to prescribe pharmaceuticals and perform surgery in addition to using osteopathic manipulative treatment.⁷

The most important difference between osteopaths who train in the United Kingdom and osteopathic physicians who train in the United States is their respective scope of practice.⁷ This difference relates to the length and type of training that

osteopaths in the United Kingdom receive.

Early osteopathic education

The British School of Osteopathy was the first school in the United Kingdom. Its program was similar to the curriculum at the American School of Osteopathy, which Dr Still established in 1892. Studies at the British School of Osteopathy included courses in anatomy, physiology, histology, and osteopathic principles and technique.

Training at the British School of Osteopathy thrived under Dr Littlejohn's guidance as founder, dean and lifelong advocate. His writings and speeches provide a window into the early philosophy of the school. His philosophy can be seen in statements such as the following: "[T]here is physical, anatomical, and physiological diagnosis [that will] always be the groundwork of the Osteopathic system."⁸ While he declared that osteopathic manipulation is the primary emphasis of osteopathy, he observed that "the Osteopathic system does not look at

the body from a one-sided point of view, but lays hold of the prominent characteristic of the whole organism, vitality."⁸

The emphasis on osteopathic manipulation and on a holistic, patient-centered approach characterized early osteopathic education in the United Kingdom. This emphasis is also the basis for modern schools of osteopathy in the United Kingdom.

Even though the British School of Osteopathy was the first school in the United Kingdom, not all British osteopaths trained there. Numerous independent training programs emerged due to the lack of standardization of osteopathy in the United Kingdom; the absence of a single, unifying professional association; and the lack of recognition from the British government.⁶ These programs were often decentralized, offering short courses of only several months in length.⁶ In contrast, more formal programs took years to complete.⁶

In addition, apprentice-based systems developed in which apprentices were taught by osteopaths and even chiropractors.⁶ Adding to this complex environment were practitioners trained in the United States who brought their skills to the United Kingdom prior to the founding of the British School of Osteopathy.⁶

Widespread curricular variability inevitably led to differing levels of expertise among British osteopaths.



In early 2008, the General Osteopathic Council celebrated a decade of regulation of osteopathy in the United Kingdom by conducting a conference called "Advancing Osteopathy 2008."

Just prior to the conference's welcoming reception in Drapers Hall in London, 2008-09 AOA President-elect Larry A. Wickless, DO (left), met with David Tredinnick, the member of Parliament who introduced the Osteopaths Act 1993, which led to osteopathy being regulated in the United Kingdom four years later. (Photo by Josh Kerr)

This decentralized training environment characterized osteopathy in the United Kingdom until the passage of the Osteopaths Act of 1993.⁹

Standardizing osteopathic education

The Osteopaths Act of 1993 established the General Osteopathic Council (GOsC), which serves as an accreditation body and provides standardization to the profession in the United Kingdom.¹⁰ The GOsC oversees standards of professional training and conduct, maintains the register of osteopaths, and deals with deficiencies in practitioner behavior and competency.¹⁰

Commenting on the Osteopaths Act, an editorial in the British medical journal *BMJ* stated, “[O]steopathy will then become the first branch of complementary medicine to be formally recognized and regulated in Britain. ... It will be illegal for anyone not on this register to describe himself or herself as an osteopath.”¹⁰ This act was based on the model the United Kingdom adopted for the allopathic medical profession in 1858.¹⁰ As a consequence, once this bill became law, allopathic physicians and other healthcare professionals were able to refer patients to osteopaths with full confidence in their qualifications.

Even though osteopaths gained rights in the United Kingdom in 1993, it was still impossible for US-trained osteopathic physicians to prescribe medication or perform surgery as licensed physicians.^{7,11} This situation changed in September 2005, when US-trained osteopathic physicians became eligible for full practice rights in the United Kingdom through the assistance and advocacy of the AOA.^{5,12}

With this new policy toward osteopathic medicine, the United Kingdom joined more than 40 other countries in offering full practice rights to US-trained osteopathic physicians.⁷

The current regulation for US-trained osteopathic physicians to practice in the United Kingdom is as fol-

Important events in osteopathic history in the United Kingdom

Year	Achievement
1874	Andrew Taylor Still, MD, DO, articulates the fundamental principles of osteopathic medicine.
1892	Dr Still establishes the American School of Osteopathy in Kirksville, Mo.
1898	John Martin Littlejohn, PhD, DO, reads a paper titled “Osteopathy in the Line of Apostolic Succession With Medicine” before the Society of Science and Arts in London.
1900	Dr Littlejohn graduates from the American School of Osteopathy.
1900	After teaching human anatomy at the American School of Osteopathy, William Smith, MD, DO, returns to the United Kingdom as the first osteopathic practitioner.
1911	The British Society of Osteopaths changes its name to the British Osteopathic Association.
1917	Dr Littlejohn establishes the British School of Osteopathy in London.
1935	The British School of Osteopathy graduates its 100th student.
1946	The London College of Osteopathic Medicine is established for the purpose of training allopathic physicians in osteopathy.
1965	The European School of Osteopathy moves to London from Paris, where it was established in 1951. The school moves to Maidstone in Kent in 1971.
1983	Some 1,000 to 1,200 osteopaths and osteopathic physicians are practicing osteopathic manipulation in the United Kingdom.
1993	Parliament passes the Osteopaths Act, providing much-needed standardization for the profession.
2005	US-trained osteopathic physicians are granted full practice rights in the United Kingdom.
2007	More than 3,800 osteopaths and osteopathic physicians are practicing in the United Kingdom.

lows: “Each applicant will have to pass the Professional Linguistic Assessment Board (PLAB) examination and work for one supervised year in the National Health Service (NHS). Following that year, the applicants will be able to apply for full registration (unsupervised practice or private practice). For

registration as a specialist, postgraduate training will need to be separately recognized by the Postgraduate Medical Education and Training Board (PMETB).”¹²

This landmark development may appear to have little to do with osteopathic education in the United King-

Degrees offered by osteopathic schools in the United Kingdom

Institution	Undergraduate degrees	Postgraduate degrees
British College of Osteopathic Medicine	DO and MOst	
British School of Osteopathy	MOst	MSc Osteopathy in the cranial field
College of Osteopaths	BSc (Hons) Osteopathy	MSc in Professional Studies (Osteopathy), ADO, and postgraduate certificate in clinical studies (osteopathy)
European School of Osteopathy	BSc (Hons) Osteopathy and MOst	MSc Osteopathy
London College of Osteopathic Medicine		MLCOM
London School of Osteopathy	BSc (Hons) Osteopathy and MOst	
Oxford-Brookes University Program of Osteopathy	BSc (Hons) Osteopathy and combined BOst (Hons)/MOst	
Surrey Institute of Osteopathic Medicine at the North East Surrey College of Technology	BSc (Hons) Osteopathy and MOst	MSc Osteopathy

ADO = advanced diploma in osteopathy
 BOst (Hons) = bachelor of osteopathy honours
 BSc (Hons) Osteopathy = bachelor of science honours in osteopathy
 DO = diploma of osteopathy
 MLCOM = member of the London College of Osteopathic Medicine
 MOst = integrated master in osteopathy
 MSc Osteopathy = master of science in osteopathy
 MSc in Professional Studies (Osteopathy) = master of science in professional studies in osteopathy

dom, but it may indicate that osteopathic medical colleges based on the American model may be accepted in the United Kingdom in the future. If any extant or future institutions adopt the American model of osteopathic medical education, the face of osteopathy would be forever changed in the United Kingdom.

Modern osteopathic education

Osteopathic education in the United Kingdom is an important part of global osteopathy due to its 92 years of history and its highly qualified training programs, which are overseen and regulated by the GOsC.¹⁰

The United Kingdom currently has eight accredited osteopathic institutions:

- British School of Osteopathy.
- British College of Osteopathic Medicine in London.
- College of Osteopaths, which has campuses in Borehamwood in Hertfordshire and at Keele University in Keele in Staffordshire.
- European School of Osteopathy in Maidstone in Kent.
- London College of Osteopathic Medicine.
- London School of Osteopathy.
- Oxford-Brookes University Program of Osteopathy in Oxford in Oxfordshire.
- Surrey Institute of Osteopathic Medicine at the North East Surrey College of Technology in Epsom and Ewell in Surrey.

Except for the London College of Osteopathic Medicine, all of these institutions offer undergraduate degree programs in osteopathy. Four of these also offer postgraduate programs, while the London College of Osteopathic Medicine focuses on providing postgraduate training in osteopathy to allopathic physicians.

In the past, the baccalaureate degree granted to osteopaths in the United Kingdom was the diploma of osteopathy (DO), which has the same initials as the doctor of osteopathic medicine degree awarded by osteopathic medical

History essay competition targets five new core principles

To encourage osteopathic medical students, interns and residents to study their profession's past struggles and achievements, the AOA Bureau of Osteopathic History and Identity is conducting its fifth annual history essay competition.

As it has done since 2006, the bureau will bestow up to three cash awards, totaling \$10,000.

Like last year, the bureau selected the competition's topics from its "Core Principles for Teaching the History of Osteopathic Medicine." For the 2009 competition, each contestant can choose one of the following five principles:

Core Principle 2. The fundamental principles and philosophies that underlay the early practice of osteopathy. (In developing its core principles, the bureau used the term *osteopathy* to refer to the profession during the period in which most DOs practiced strictly manipulative medicine.)

Core Principle 11. The development of basic scientific osteopathic medical research.

Core Principle 17. The increasing recognition of the osteopathic medical profession by state and national governmental agencies.

Core Principle 18. The role of the "financing of healthcare" in changing the practice of osteopathic physicians, including its impact on both the number of osteopathic hospitals and the number of osteopathic graduate medical education programs.

Core Principle 19. The role of "distinctiveness" in the current practice of osteopathic medicine with respect to defining the rationale for organizational independence.

The bureau included Core Principles 11, 17 and 18 among this year's choices because they resonate with the theme of AOA President Carlo J. DiMarco, DO, "Leading to Greatness: Initiatives in OGME, Research and Advocacy."

Peer-reviewed judging

As in the past four years, this year's entries will undergo peer-review judging by members of the Bureau of Osteopathic History and Identity.

Depending on the quality and quantity of the entries, the history bureau will award prizes to up to three authors. The bureau will determine the winning essays by late summer in time for the winning authors to plan to attend the 114th Annual AOA Convention and Scientific Seminar, which will be held Nov 1-5 at the Ernest N. Morial Convention Center in New Orleans.

In addition to honoring the winners at the AOA convention, the history bureau will encourage all contestants to submit their essays to the AOA for consideration by *JAOA*—*The Journal of the American Osteopathic Association* and *The DO*. The essays of those contestants who do so may end up undergoing the *JAOA*'s own peer-review process.

The essay by Dustin Colegrove, OMS IV, that begins on Page 34 of this issue of *The DO* is one of the entries from the bureau's 2008 competition that has been accepted for publication by the AOA.

For examples of other published essays, students, interns and residents can turn to *The DO*'s February 2008 and March 2007 issues to read the first- and third-place entries in the history bureau's 2006 competition. Written by Rhett Papa, OMS IV, and Dana M. Block-Abraham, DO, respectively, those essays can be accessed on DO-Online, located at www.do-online.org. From DO-Online's home page, click on the "Publications" link under the

"Advocacy" tab. Then on the "Publications" page, click *The DO*'s link on the left-hand navigation bar, and select the links for the February 2008 and March 2007 issues.

Competition details

The 2009 essay competition is open to all osteopathic medical students, interns and residents. The deadline for submitting essays is Monday, June 1.

In drafting their essays, contestants should consult the *JAOA*'s "Information for Contributors" guidelines for instructions for special communication articles. Those guidelines are posted on the *JAOA*'s Web site, which can be accessed through DO-Online's "Publications" page. A print version of "Information for Contributors" can be found in the *Journal's* August 2008 issue on Page 456.

The maximum essay length is 3,000 words. The word count should be noted at the beginning of each essay, as should the core principle the essay addresses.

In addition, essays should be submitted as Microsoft Word documents, using 12-point Times New Roman font.

Essays can be submitted by e-mail to history@osteopathic.org. The subject line on e-mail messages should be "2009 History Essay Competition."

Alternatively, essays can be mailed to the Department of Publications, 2009 History Essay Competition, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864. For mailed entries, essays need to be placed on CDs or diskettes.

For additional details, contestants can read the article on Pages 28-30 of *The DO*'s January issue. That article is available on DO-Online.

Contestants with questions can call (800) 621-1773, ext 8157; send e-mail to history@osteopathic.org; or send faxes to (312) 202-8457.

—Michael Fitzgerald

colleges in the United States.⁷ As a consequence, osteopaths from British schools could be confused with US-trained osteopathic physicians.⁷ This could unintentionally lead other coun-

tries to underestimate the abilities and skills of US-trained osteopathic physicians.⁷

Fortunately, except for the British College of Osteopathic Medicine, the

British schools have abandoned granting the diploma of osteopathy in their undergraduate programs. However, schools of osteopathy in such countries as Switzerland and New Zealand

still award the diploma of osteopathy to their graduates, thereby perpetuating confusion with regard to the DO degree.

In replacing the diploma of osteopathy as an undergraduate degree, the British schools adopted the bachelor of science honours in osteopathy (BSc [Hons] Osteopathy), the bachelor of osteopathy honours (BOst [Hons]) and the integrated master of science in osteopathy (MOst). (See the chart on Page 37 for a summary of the degrees offered by the British schools.) Because MOst degrees are considered to be undergraduate degrees, students do not need to obtain a bachelor's degree before entering MOst programs.

Baccalaureates require four years to complete for full-time students and five years for part-time students.⁵ A typical full-time undergraduate curriculum in osteopathy consists of basic sciences for the first two years and clinical education for the remaining two.¹³

During the first two years, students study osteopathic principles and practice, anatomy, physiology, pathology, nutrition and spinal mechanics. Some institutions require their students to study pharmacology so that they understand the pharmaceutical side effects they may encounter in the clinical setting.¹³

The last two years are spent obtaining clinical experiences in university-run clinics, where students actively treat patients with osteopathic manipulation.¹⁴ Students also attend lecture-based courses emphasizing clinical theory in psychology, obstetrics, pediatrics and rheumatology. Several institutions require that students complete a research project prior to graduation.

Insofar as training is concerned, the overall educational philosophy in the United Kingdom focuses on the osteopathic lesion's function in disease.⁶ This naturally lends itself to training that concentrates on adjustive musculoskeletal procedures, especially because full medical practice remains unattainable for British-trained practitioners.

The European School of Osteopathy and the British School of Osteopathy have incorporated alternative medical philosophies into their curricula, such as naturopathy, herbal medicine and yoga.⁶ This trend may reflect that osteopaths in the United Kingdom have a strong link to alternative medicine because they are restricted to practicing osteopathic manipulation.³

Upon graduating, osteopaths may begin practice as soon as they register with the GOsC. No postgraduate training is required for licensure or practice. However, osteopaths must participate in continuing professional development, which is similar to continuing medical education in the United States.¹⁵

Those who want credentials beyond the baccalaureate level can choose to start their training in undergraduate MOst programs or continue their studies by earning one of four postgraduate degrees: the master of science in osteopathy (MSc Osteopathy), the master of science in professional studies in osteopathy (MSc in Professional Studies [Osteopathy]), the advanced diploma in osteopathy (ADP) or the postgraduate certificate in clinical studies (osteopathy).

Like the baccalaureate programs, MOst programs require four years of training. In contrast, MSc Osteopathy programs require an additional two years of osteopathic education. MSc Osteopathy programs provide additional training in research and in specialized osteopathic techniques. In addition, graduate students must complete a research project and write a dissertation. Students who complete this advanced training gain further clinical competency that will help prepare them for a specialized practice or for an academic appointment.

Because British-trained osteopaths cannot obtain full medical practice rights, a doctoral degree in osteopathy is not an educational option. However, allopathic physicians can obtain training in osteopathy. The London College of Osteopathic Medicine was

founded in 1946 for this purpose.⁵ The college's postgraduate education program consists of 13 months of training. After passing their final examinations, allopathic physicians receive the designation of member of the London College of Osteopathic Medicine (MLCOM), and they become eligible to join the Association of Medical Osteopaths.¹⁶

Occupational outlook for British osteopaths

The United Kingdom has embraced alternative therapies in recent years, with as much as 46.6% of the population having received complementary therapy.¹⁷ This has resulted in a steady supply of patients and a high demand for osteopathy.¹⁷ Contributing to this trend are British medical doctors who are referring patients to osteopaths for care.¹⁸ The GOsC states that "an estimated 24,000 patients consult osteopaths every working day ... nearly seven million consultations a year."¹⁹

In the United Kingdom, osteopathic practitioners work in solo and group practices. Some group practices employ an interdisciplinary approach, even to the point of integrating care from allopathic physicians. For example, the Wells Park general practice in Sydenham in South London has integrated osteopathy and acupuncture into a traditional medical practice.¹⁸ This type of healthcare model has been shown to provide better patient outcomes than nonintegrated models.^{20,21} In addition, osteopathic care is cost-effective in that it can eliminate the need for expensive tests and invasive procedures.^{20,21}

Osteopathy is growing rapidly in the United Kingdom. In 1983, the United Kingdom had roughly 1,000 to 1,200 osteopaths.⁶ As of 2007, a total of 3,823 osteopaths and osteopathic physicians were registered with the GOsC, of whom 2,039 were men and 1,784 were women.¹⁹

Even though the osteopathic profession in the United Kingdom has made extraordinary advances, a num-

ber of opportunities remain. For example, a considerable amount of work would be required for British osteopaths to move toward becoming osteopathic physicians. It is questionable as to whether osteopaths in the United Kingdom would embrace this idea, especially given their long history of practicing manipulative medicine exclusively. However, additional programs are being developed for allopathic physicians to learn osteopathic medicine. This interest within the “traditional” medical profession indicates that there may be opportunities for osteopaths to expand their scope of practice by modifying their training.

If the osteopathic associations in the United Kingdom decided to pursue this course, osteopathic training programs would have to drastically alter their curricula to include a full range of clinical clerkships, as well as expand their basic science course work during the preclinical years. In addition, British osteopaths would have to work to change the unfavorable legal environment, which restricts their practice rights. AOA

Dustin Colegrove, OMS IV, is studying for both a doctor of osteopathic medicine degree and a master of business administration degree at the Oklahoma State University College of Osteopathic Medicine in Tulsa.

In addition to sharing the second-place honors in the AOA Bureau of Osteopathic History and Identity's 2008 essay competition, Colegrove took second place in the bureau's 2006 competition.

Colegrove is also a former student member of the Bureau of Osteopathic History and Identity.

Correspondence may be sent to dustin.colegrove@okstate.edu or to Dustin Colegrove, OMS IV, 4910 W Phillips Ave, Enid, OK 73703-1022.

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