



Career Development Project

**A mapping of existing common osteopathic
career pathways**

Contents

Executive summary	4
1. Education	
A.Osteopathic Educational Institutions (OEIs)	8
• Benefits of working in an OEI	8
• Pitfalls of working in an OEI	10
• Positions	10
Principal	10
Vice-Principal	11
Theory/Practical Lecturer	11
Assistant Theory/Practical Lecturer	12
Senior Clinic Tutor	12
Clinic Tutor	13
B.Osteopathic Alliance (OA)	14
• Benefits of training with OA colleges	14
• Pitfalls of training with OA colleges	14
• Benefits of working within OA colleges	15
• Pitfalls of working within OA colleges	15
• Currently the OA member colleges include	15
• Foundation for Paediatric Osteopathy	16
Institute of Classical Osteopathy	16
Molinari Institute of Health	17
Rollin E Becker Institute	17
The Society of Osteopaths in Animal Practice	18
Sutherland Cranial College of Osteopathy	18
Sutherland Society	19
2. Regional Societies	
• Benefits of working with a Regional Society	21
• Pitfalls of working with a Regional Society	21
3. Osteopathic Sports Care Association	
• Positions on a voluntary management committee	24
Chairperson	24
Secretary	25
Treasurer	26
Student Liaison Officer/Membership Secretary	26

Education/CPD officer	27
Development Officer	28
Non-Office Holding Committee Member	29
4. Research	
• Benefits of working in osteopathic research	31
• Pitfalls of working in osteopathic research	32
• Positions	32
Research assistant	33
5. Regulation	
• Benefits of working for the GOsC	35
• Pitfalls of working for the GOsC	35
6. Institute of Osteopathy	
• Benefits of working in the professional body	38
• Pitfalls of working in the professional body	38
• Positions	39
iO President	40
iO Vice-President (VP)	41
Head of Professional Developments/Osteopathic Development Group Programme Coordinator	41
7. NHS	
• Benefits of working in the NHS	45
• Pitfalls of working in the NHS	45
Band 5	45
Band 6	46
Band 7	46
Band 8a	47
• Horizon scanning	48
8. Case studies	
iO Past President	50
Osteopathic Principal	52
Head of Learning and Quality	55
NHS / Head of Professional Development	57

Executive summary

To become an osteopath all students must undergo a 4 to 5-year undergraduate qualification that equips them with the basic principles, clinical skills and ability to practice as a safe, autonomous clinician. Many osteopaths will build a business upon qualification that sees them through to retirement or join established clinics where they work as an associate. This set-up is the accepted model of osteopathic practice in the UK and beyond, but for some, there comes a time when this is no longer enough to fulfil them professionally and emotionally, and, at this stage, these individuals may decide to progress their career.

However, to date, there has been no attempt to formally map out the potential career pathways that an osteopath might choose to follow in order to progress their careers. There is also no formal mechanism to recognise development and achievement after registration. This can make it difficult to know where to start and can result in frustration. The Osteopathic Development Group (ODG) recognises this point and has dedicated one of the eight research projects to investigating these facts.

The purpose of this document is to map out some of the most common existing osteopathic career pathway options available to allow osteopaths to make a more informed decision and plan their future career development. Each option is discussed in detail including the benefits and pitfalls of choosing each specific pathway, as well as the non-osteopathic skill sets required to apply for such a position (please note: business development and advanced clinical practice are discussed elsewhere).

The lack of career progression within osteopathy has obvious implications, not only to the job satisfaction of the individual osteopaths who find themselves at this turning point, but also to the wider profession. The importance of this is highlighted by a separate study (not conducted on osteopaths) that suggested that in professions where opportunities of career advancement were absent, senior staff left the profession, but where opportunities existed, staff remain loyal to the profession even if they had not actually been promoted¹. This is critical for the retention of the skillset within osteopathy as well as the business continuity and development of the profession as a whole, a fact that the ODG recognises.

However, this is a complicated issue. Traditional models of career progression rely upon the relatively passive idea of a 'career ladder', in which individuals face clear linear, but potentially limited career progression options as a result of a perceived correlation between time in post and experience/skill set development. Career ladders do exist in osteopathy (i.e. in education and the NHS), but these pathways commonly contain relatively few levels, are vacated quite infrequently and, due to financial constraints, are often part time. As such, 41% of osteopaths work in more than one practice². A recent ODG survey involving semi-structured interviews of six osteopaths who had developed a successful and sustainable osteopathic career for themselves suggested that, of those who chose to progress their career, almost all had done so by taking a more proactive approach and develop their career through a

¹ L. Mainiero and S. Sullivan. (2005). Kaleidoscope Careers: An Alternate Explanation for the "Opt-out" Revolution. *The Academy of Management Executives*. 19 (1), p106 - 123.

² iO Professional Census 2014

'career portfolio', in which workers take control of their careers by working in several part time positions³.

This new trend in career structure was predicted more than 20 years ago by management guru Charles Handy and represent a much less restrictive concept of career development in which workers are no longer bound to the ideas of a traditional career with steady upwards movement within one firm. Instead, workers appear to be motivated more by self-fulfilment and work/non-work balance than the stability and security of the past⁴. This discussion is continued in the research paper published in *Osteopathy Today* magazine in May 2015: www.osteopathy.org/r/misc/career-development-report/

³ H. Mayson. (2013). Career concepts. *Edge (Inst Leadership and Mgt)*. July/August, p3.

⁴ L. Mainiero and S. Sullivan. (2005). Kaleidoscope Careers: An Alternate Explanation for the "Opt-out" Revolution. *The Academy of Management Executives*. 19 (1), p106 - 123.

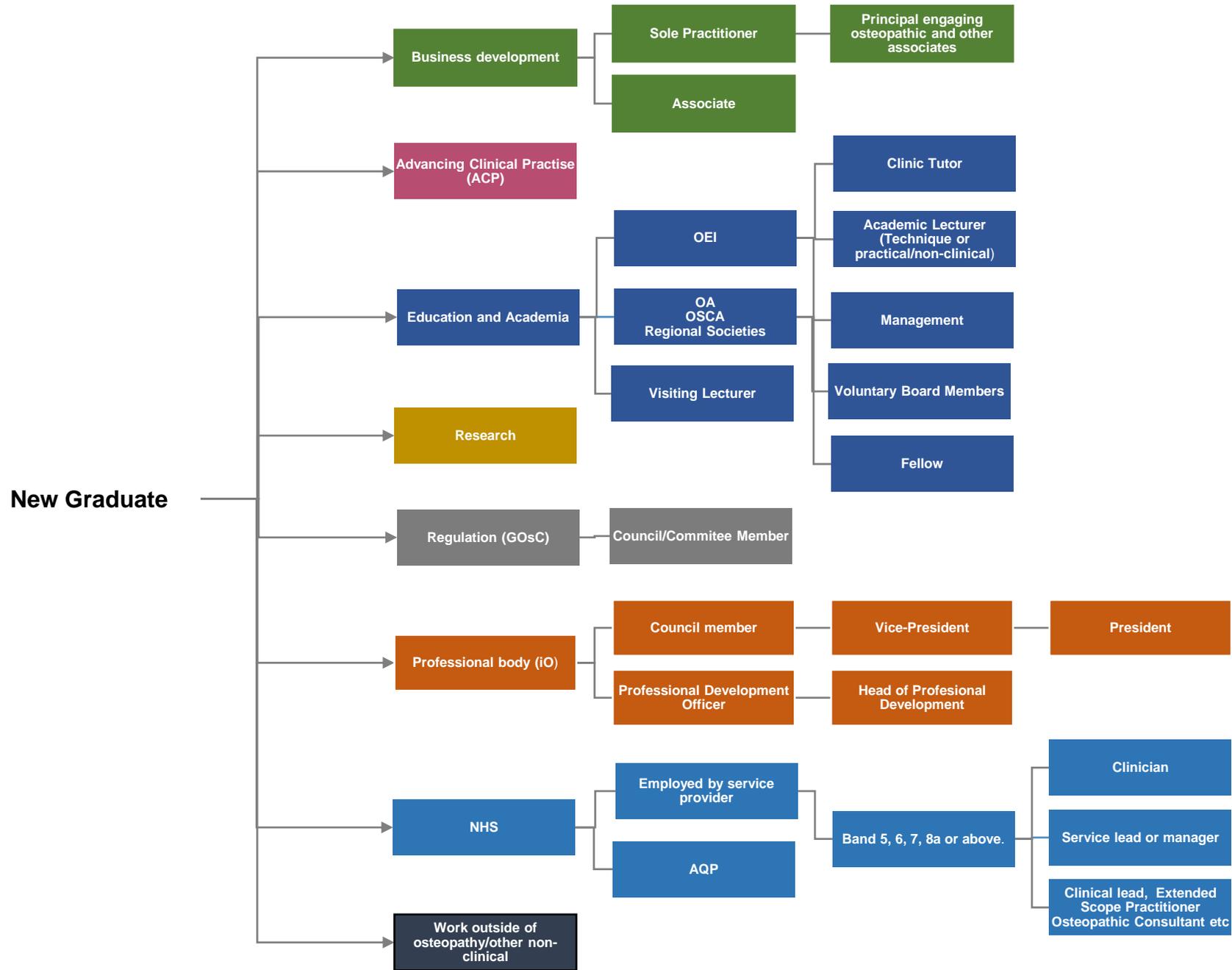


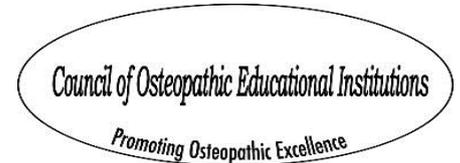
Figure 1: career opportunities already in existence

Education

Education is the most expansive field in which osteopaths are able to advance their career. This includes both undergraduate training through the Osteopathic Educational Institutions (OEI) and post-registration training and CPD through the OEIs, Osteopathic Alliance (OA), the Osteopathic Sports Care Association (OSCA), regional societies and others.

A. Osteopathic Educational Institutions (OEIs)

Osteopathic Educational Institutions (OEIs) is the collective term for the 9 colleges and universities that offer a variety of full and part time undergraduate osteopathy degree and masters courses and often provide post-graduate courses and post-registration CPD. Currently these include the:



- British College of Osteopathic Medicine, London
- British School of Osteopathy, London
- College of Osteopaths, (validated by Middlesex University), Hertfordshire
- College of Osteopaths, (validated by Staffordshire University), Staffordshire
- European School of Osteopathy, Kent
- London College of Osteopathic Medicine (for medical doctors only), London
- London School of Osteopathy, London
- Surrey Institute of Osteopathic Medicine, Surrey
- Swansea University, Swansea

These organisations provide opportunities for appropriately trained osteopaths to work as educators or in educational management in a higher educational environment. Several also provide opportunities for osteopaths to work in research.

• Benefits of working in an OEI

Philosophical motivations

A philosophy of giving something back to the profession by passing on skills and understanding to the next generation of osteopaths.

Career progression

Defined, but limited career progression pathways.

Training

Develop teaching and communication skills that can be applied with patients as well as many other roles within the profession and beyond. Supportive peer review and appraisal.

Financial

Competitive monthly salary. Employer contribution pension, paid holiday leave and sick pay for most posts.

Other

Flexible working and part time positions are considered to be the norm, enabling osteopaths to combine a clinical career with an education role. The larger OEIs employ many osteopaths and as such generate a sense of community as well as encouraging onward training of staff. For many, it is the collegial atmosphere of an OEI that is seen to be one of the main benefits as it mitigates against some of the potential isolation of clinical practice.

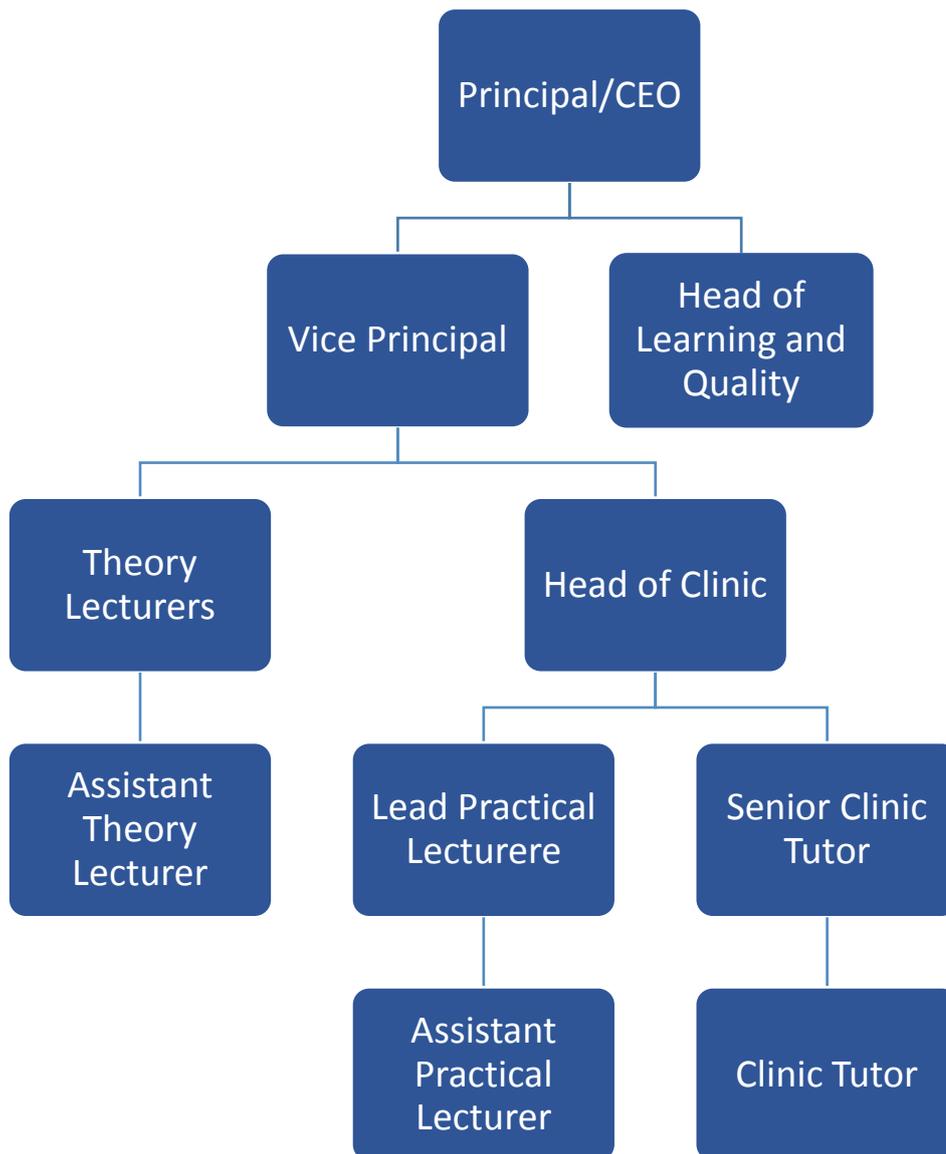


Figure 2: a simplified example of an OEI educational Hierarchy (especially relevant to private institutions). Many institutions will also include a Heads of Research and Programme or Course Leader.

- **Pitfalls of working in an OEI**

Working in an educational institution can sometimes require a considerable time commitment (marking, lesson preparation etc.). This may distract from their own clinical work.

Most OEIs will pay an educational rate, perhaps with an enhancement to take into account the specialist skills of osteopaths, but this is likely to be less than what can potentially be earned in private practice. Nevertheless, the responsibilities and remuneration of an educational positions should not be compared to a day in practice as the context is very different.

- **Positions**

The number of roles available to osteopaths in an OEI vary from institution to institution, but broadly, there are currently 6 roles that osteopaths can apply for within this sector:

Principal

The Principal of the OEI leads the Senior Management Team of the OEI and is responsible for looking after the day to day running of the OEI. They usually report to, and are accountable to, the Board of Trustees, who are responsible for policy, strategic planning and financial probity.

The Principal is broadly analogous to the role of a Chief Executive.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- educational training and experience
- postgraduate award in relevant disciplines
- team working and senior management experience
- leadership including integrity, creativity, the ability to inspire others and good communication skills
- strategic thinking and planning
- educational quality assurance experience
- syllabus development
- production of an annual budget
- public speaking
- experience of chairing meetings and committees
- awareness of the broader healthcare arena and how osteopathy fits into it.

Recommendations

Few Principal positions become available and are rarely vacated.

Vice-Principal

This role is very variable and dependent on the requirements of the institution. Some Vice-Principals will have an education focus, and the skills will be similar to those of the principal above. Some will be more research focused.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- educational training and experience
- postgraduate award in relevant disciplines
- team working and senior management experience
- leadership including integrity, creativity, the ability to inspire others and good communication skills
- strategic thinking and planning
- educational quality assurance experience
- syllabus development
- public speaking
- experience of chairing meetings and committees
- awareness of the broader healthcare arena and how osteopathy fits into it.

Recommendations

As most programmes taught at OEIs are now taught to M^Ost level, candidates applying to work in an OEI may benefit from a post grad qualification or other experience of level 7 study.

Theory/Practical Lecturer

Lecturers are usually employed members of staff who are responsible for planning and providing a structured learning framework for students that delivers the course syllabus. There are also administrative tasks that include submitting lesson plans, designing and producing learning materials such as handouts to supplement face to face taught sessions, and giving verbal/written feedback to students to ensure that they are adequately prepared for assessment. They may be required to take an active role in course development.

Lecturers are also required to set coursework and exam questions (including re-sits) to match relevant intended learning outcomes, as required by the course profile.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based tutorials/public speaking and presentation skills
- team working experience
- role modelling
- appraisal (taking part and appraisal of others)
- will have a minimum (often three years) relevant teaching experience
- have a teaching qualification and/or other relevant post-grad qualifications.

Recommendations

All staff will be required to observe health and safety requirements within the Clinic NB Fire Evacuation procedure and should be familiar with these requirements. As most programmes taught at and OEI are now MOst, candidates applying to work in an OEI may benefit from a post grad qualification or other experience of level 7 study.

Assistant Theory/Practical Lecturer

Assistant Lecturers are required to contribute to the planning and provision of an effective and structured student lectures in order to deliver the course syllabus. They do this by providing support to the lecturer as negotiated and agreed in advance of the lecture.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- experience of working in an educational environment
- team working experience
- appraisal (taking part).

Recommendations

These posts are often paid on a sessional basis, and as such, applicants should enquire if holiday/sick pay and pension are paid. However, they are a good and flexible way of building teaching experience and networking to develop contacts in order to start a career in education and often requiring limited time commitment. All staff will be required to observe health and safety requirements within the Clinic NB Fire Evacuation procedure and should be familiar with these requirements.

Senior Clinic Tutor

A Senior Clinic Tutor (or sometimes Head of Clinic, or Clinic Manager where applicable) is responsible for the day to day running of the clinic and supports more junior Clinic Tutors. They are equally required to work as part of a team to supervise student osteopaths and provide effective clinic-based learning opportunities and experiences in order to help them to consolidate and refine classroom knowledge and clinical experiences through reflective practice, role modelling and mentoring.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based tutorials/public speaking and presentation skills
- team working experience
- appraisal (taking part and appraisal of others)
- will have a minimum (often three years) relevant teaching experience
- have a teaching qualification and/or other relevant post-grad qualifications.

Recommendations

An enhanced DSB is often required for this post. All staff will be required to observe health and safety requirements within the Clinic NB Fire Evacuation procedure and should be familiar with these requirements. As most programmes taught at and OEI are now MOst, candidates applying to work in an OEI may benefit from a post grad qualification or other experience of level 7 study. Many Universities that run courses require lecturers/senior lecturers to have a research profile. Teaching may be a possible access point for osteopaths interested in research.

Clinic Tutor

Clinic Tutors are required to work as part of a team to supervise student osteopaths and provide effective clinic-based learning opportunities and experiences in order to help them to consolidate and refine classroom knowledge and clinical experiences through reflective practice, role modelling and mentoring.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based tutorials/public speaking and presentation skills
- team working experience
- appraisal (taking part)
- aspire to participate in a relevant teacher training qualification

Recommendations

An enhanced DSB is often required for this post. All staff will be required to observe health and safety requirements within the Clinic NB Fire Evacuation procedure and should be familiar with these requirements.

B. Osteopathic Alliance (OA)

Post-registration training is one of the most common ways in which osteopaths develop their clinical careers.

The Osteopathic Alliance is an umbrella organisation that represents the 7 independent osteopathic professional development colleges as well as actively

campaigning to preserve the full scope of osteopathic practice. The OA colleges offer a variety of career development opportunities, ranging from post-registration training programmes and CPD courses to teaching and administrative positions. Most offer graded levels of membership.



- **Benefits of training with OA colleges**

Developing clinical skills

Post-registration training programmes offer opportunities to develop and obtain recognition for advanced clinical skills. This can broaden the scope of clinical practice and may be advantageous in applying for clinical posts.

Networking and support

Involvement with an OA college can be helpful in developing a support network of practitioners with similar interests.

Job opportunities

Many osteopathic practices recruit associates through these networks.

Referrals

Most OA colleges maintain a public register of members.

- **Pitfalls of training with OA colleges**

Cost

Post-registration training programmes can be expensive and may require significant time commitments

Career opportunities within OA colleges

Career opportunities within the OA colleges lie primarily in teaching and administrative roles.

Teaching posts

The skills required for post-registration teaching are similar to those for lecturers and tutors in OEs. Membership of the organisation and relevant knowledge, skills and experience are also common requirements.

Administrative roles

Common roles in voluntary management committees are outlined below.

- **Benefits of working within OA colleges**

- Philosophical motivations**

- A philosophy of giving something back to the profession by passing on skills and understanding to the next generation of osteopaths and engaging as a collective with osteopathic regulatory and developmental initiatives for the benefit of and on behalf of the profession. Benefit of professional support within a collegiate learning environment with likeminded peers.

- Career progression**

- Development of a transferable skill set through such work.

- Training**

- Develop teaching and communication skills that can be applied with patients as well as to many other roles within the profession and beyond.

- Financial**

- Most teaching posts are paid but there is limited remuneration for the administration of such organisations, and many of these posts are voluntary.

- **Pitfalls of working within OA colleges**

- Working in an OA organisation can sometimes require a considerable time commitment (organising events, course preparation and marketing etc). This may distract from your own clinical work and some people would see this to be a pitfall.

- **Currently the OA member colleges include**

- Foundation for Paediatric Osteopathy
 - Institute of Classical Osteopathy
 - Molinari Institute of Health
 - Rollin E Becker Institute
 - The Society of Osteopathy in Animal Practice
 - Sutherland Cranial College of Osteopathy
 - Sutherland Society

Foundation for Paediatric Osteopathy

The Foundation for Paediatric Osteopathy provides specialist paediatric education for osteopaths and has become a world-recognized learning institution. It has over two hundred Alumni Members. The Foundation is a registered charity which is committed to providing osteopathic care for children regardless of their family's ability to pay. Treatment takes place at the Osteopathic Centre for Children (OCC), the clinical arm of the Foundation.



In addition to the Wandsworth clinic, our osteopaths have worked alongside doctors, nurses and other healthcare professionals offering specialist osteopathic care to babies and children in hospitals for more than ten years. Consultant paediatric osteopaths from the OCC run weekly clinics in Barnet General Hospital, where patients are treated in neonatal intensive care units, special care baby units and the general paediatric ward.

Career development opportunities at the FPO include:

- training on the Diploma in Paediatric Osteopathy course
- volunteering in the Osteopathic Centre for Children (after completing the Diploma)
- working as a Clinical Tutor or Consultant Osteopath
- administrative roles.

For more information about the FPO visit: www.fpo.org.uk

Institute of Classical Osteopathy

The ICO (originally called The Institute of Applied Technique) was established in 1956 by the late John Wernham and T.E. Hall. Their aim was to bring together like minded osteopaths, to discuss and explore the full breadths of osteopathic care, taking information gathered by early pioneering Osteopaths in the US and the UK, most notably John Martin Littlejohn. We have been teaching and publishing ever since.



The ICO runs an annual Foundation Course for osteopaths wishing to further their interest in Classical Osteopathy and a diploma course for those who wish to further advance their osteopathic skills. Part of the Diploma course involves clinical supervision at the ICO's teaching clinic, the London Clinic of Classical Osteopathy.

Career development opportunities at the ICO include:

- training on the Foundation and Diploma courses
- membership of the Institute
- working in the London Clinic of Classical Osteopathy
- joining the teaching faculty as a Lecturer or Clinic Tutor
- joining the administrative team.

For more information about the ICO, visit www.classical-osteopathy.org

Molinari Institute of Health

The Molinari Institute's aim is to provide a space for excellence in Osteopathic post-graduate

MOLINARI INSTITUTE OF HEALTH

education in Women's Health. The Molinari Institute of Health (MIH) also promotes Osteopathic Philosophy and Tradition, integrating the latest developments in the profession and science. The Institute is an independent provider in continuous professional development (post-graduate education and clinical development) for Osteopaths.

Career development opportunities at MIH include:

- training on the two year Women's Health course
- membership of the Institute
- joining the teaching faculty
- administrative posts.

For more information on MIH, visit www.molinari-institute-of-health.org

Rollin E Becker Institute

The Rollin E. Becker Institute (REBI) is a not for profit organisation, working to provide educational resources to all osteopaths. We are a group of osteopaths and teachers who have come together as a co-operative, and our Faculty members work predominantly, but not exclusively, using the Involuntary Motion approach. Our intention is to expand and develop the use of osteopathy in the cranial field (OCF) through sharing our knowledge and experience, and through contributing to research.



Career development opportunities at REBI include:

- post-registration training and CPD
- joining the teaching faculty
- administrative posts.

For more information on REBI, visit www.rollinbeckerinstitute.co.uk

The Society of Osteopaths in Animal Practice

SOAP is committed to the field of animal osteopathy, striving toward a future where education and professional standards are at the forefront of best practice.



We create a place of community for members, whilst advocating professional practice methods and standards, providing professional support, guidance, news and educational opportunities to registered osteopaths in the UK who wish to treat animals.

We endorse professional best practice methods including the legal practice of gaining consent from a patient's veterinary surgeon before engaging in the treatment of any animal. Veterinary Surgeon's Act 1966.

Career development opportunities in Animal Osteopathy include:

- membership of the Society
- training on the MSc Animal Osteopathy (Canine & Equine)
- postgraduate Diploma (Canine & Equine,)
- post graduate Certificate Animal Osteopathy (Canine &/or Equine)
- joining the teaching faculty for postgrad courses and CPD
- administrative posts.

For more information about SOAP visit: www.uksoap.org.uk

Sutherland Cranial College of Osteopathy

The Sutherland Cranial College of Osteopathy (SCCO) is a charitable organisation and a center for shared learning, knowledge and practice in the

field of cranial osteopathy, offering post-graduate courses across the UK and in Europe. The faculty is setting the standard for cranial osteopathy teaching in the UK and is innovating and leading the profession through an active research programme.



The SCCO Modular pathway of the college has links to the membership categories and ultimately leads to becoming a Fellow of the College. Fellows are eligible to apply for the SCCO teacher training scheme and are full voting members of the College.

Career development opportunities at the SCCO include:

- Attending Courses
 - training on the Modular Pathway
 - Diploma in Paediatric Osteopathy
 - standalone courses and conferences.

Membership / Fellowship of the college

- Fellows may be involved in:
 - Mentoring osteopaths on the SCCO pathway
 - Representing the SCCO by giving talks to undergraduate colleges
 - Teacher Training programme
 - Research Opportunities within the Research Subcommittee
 - Administrative Roles
 - trustee of the college
 - there are a number of voluntary roles within the college such as on the Education Subcommittee planning and developing the educational programme, organising mentoring opportunities, faculty support and training roles, editing the SCCO magazine or newsletter, and many more. These roles may vary from very minor support roles to roles requiring considerable experience and responsibility.

For more information about SCCO visit: www.scco.ac

Sutherland Society

The Sutherland Society is a post graduate society providing opportunity to further deepen understanding of the groundbreaking work of A T Still (the founder of osteopathy) and W G Sutherland (the founder of osteopathy in the cranial field). A forum for shared study and mutual support in developing clinical excellence for osteopaths practising traditional osteopathy.



Career development opportunities at Sutherland Society include:

- networking and peer support through study groups
- administrative posts.

For more information about the Sutherland Society visit: www.cranial.co.uk

Regional Societies

The Osteopathic Regional Societies are a network of some 30 independent organisations offering local CPD to UK osteopaths on a national scale. The structure and scale of these organisations varies considerably.

- **Benefits of working with a Regional Society**

Philosophical motivations

A philosophy of giving something back to the profession by passing on skills and understanding to the next generation of osteopaths.

Career progression

Working with a Regional Society offers substantial networking opportunities and the chance to develop a valuable transferable skill set that may be used elsewhere in the profession.

Training

Develop teaching and communication skills that can be applied with patients as well as many other roles within the profession and beyond.

Financial

There is limited remuneration for the administration of such organisations, and many of the posts are voluntary.

- **Pitfalls of working with a Regional Society**

Most of the Regional Societies are run on a voluntary basis, and there is very limited opportunity for direct progression of one's career in the societies.

There is a significant administrative burden that accompanies Regional Society management. It can be difficult to communicate events to members, get new members to join and encourage speakers to present for a reasonable fee, however, using smart working principals can reduced this burden.

For more information on RS, see the ODG Regional Society project (<http://osteodevelopment.org.uk/theme/regional-support/>).

At time of publication, the main Osteopathic Regional Societies were as follows:

Area	Regional societies
Greater London	London Osteopathic Society Waltham Forest Osteopathic Group
South East England	Canterbury Osteopathic Group Central Sussex Osteopaths Kent and East Sussex Osteopaths Reigate and Redhill Osteopaths West Sussex Regional Group
South West England	Bristol Osteopathic Society Wessex Group of Osteopaths Western Counties Society of Osteopaths
Eastern Counties	Anglian Osteopathic Group BBENSCH Osteopaths Cambridgeshire Osteopathic Group Essex Osteopaths Hornchurch-CPD Norfolk Osteopaths Osteopaths in Bedfordshire Suffolk Osteopaths
Central England	Birmingham Osteopathic Network and Education Society (BONES) East Midlands Osteopathy CPD Gloucestershire, Wiltshire, Oxfordshire Osteopathic Group Osteopaths @ Worcester Oxford Osteopathic Network South Bucks Osteopathic Society
Wales	North & Mid Wales Osteopathic Society South Wales Osteopathic Society
Northern England	Northern Counties Society of Osteopaths Northern Cumbria Osteopaths Northumberland, Tyne & Wear, Durham, Cleveland: regional coordinator Osteopathic CPD - Cheshire Sheffield Osteopathic Association South Manchester Osteopathic Group (SMOG)
Scotland	Scottish Osteopathic Society
Northern Ireland	Northern Ireland's Osteopaths
British Overseas Territories	Gibraltar Osteopathic Society

Osteopathic Sports Care Association

OSCA aims to provide educational opportunities for osteopaths interested in the healthcare of sports people and the promotion of osteopathy in a sports context. This includes CPD and an Internship programme that provides opportunities for qualified osteopaths and final year osteopathic students to gain hands on experience of working with elite athletes, which can help those with an interest in pursuing a career in this field.



For more information about the OSCA Internship Programme visit www.osca.org.uk/#!/osca-internship/c24m

- **Positions on a voluntary management committee**

The structure of each of the above organisations (OA, Regional Societies, OSCA) varies considerably and tend to center around a voluntary management committee. All of these roles will usually include work between meetings and working with others on the committee and sub committees, as well as people from external agencies. These committees often have specific roles in common:

Chairperson

The role of the chairperson on the voluntary management committee is crucial to the smooth running of the organisation. The chairperson must ensure that the management committee functions properly, that there is full participation during meetings, that all relevant matters are discussed and that the effective decisions are made and carried out. The role of the chairperson may include external representation of the organisation.

Summary of the duties of the chairperson

- ensure the management committee functions properly
- ensure the association is managed effectively
- provide support and supervision to the other members of the committee
- represent the association as its figurehead.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- report writing
- team working experience
- appraisal (taking part and conducting)
- public speaking and advanced communication skills, experience and training

- understanding of dealing with media
- diplomacy
- leadership and management skills and training (role modelling, negotiating and influencing, delegating, chairing meetings, conflict resolution setting a vision and inspiring others to follow etc.)
- autonomous working.

Secretary

The role of the secretary is to support the chairperson in ensuring smooth functioning of the management committee.

The secretary will act as an information and reference point for the chair and committee members: clarifying the past practice and decisions; retrieving relevant documentation. The administration tasks performed as a secretary can be time consuming. Some of this day to day administration may be delegated to other committee members or to a paid agent designated by the management committee.

Summary of the duties of the secretary

- ensuring that meetings are effectively organised and minuted
- maintaining effective records and administration
- upholding legal requirements
- communication and correspondence
- in some smaller organisations, the secretary may take on the responsibilities of the Membership secretary, Student Liaison Officer, Educational Officer and Development Officer as well as the above roles.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- report writing
- minuting of meetings
- team working experience
- autonomous working.

Treasurer

The treasurer role on the voluntary management committee is one of an overseer of the organisation's financial management. They work closely with other members of the management committee to safeguard the organisation's finances. The treasurer acts as an information and reference point for the Chair and other committee members, clarifying financial implications of proposals, outlining the current financial status, and retrieving relevant documentation.

Summary of the duties of the treasurer

- general financial oversight
- financial planning and budgeting
- financial reporting
- banking, bookkeeping and financial record keeping with assistance from the association accountants.
- In some organisations, this may also include:
 - maintain books and accounts prepare annual accounts
 - prepare and file HMRC documents.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- report writing
- team working experience
- diplomacy
- formal bookkeeping or finance qualification or experience
- autonomous working.

Student Liaison Officer/Membership Secretary

The role of student liaison officer on the voluntary committee is extremely important as it lays the foundations for the future of the association by highlighting and creating further awareness of the organisation to prospective members

Summary of the duties of the student liaison officer

- responsible for making links to relevant colleges and student bodies
- chair student sub committee
- organise student events
- highlight awareness of the association among osteopathic students.

Summary of the duties of the membership secretary

- maintaining the membership database
- organising renewals
- monitor receipts
- send certificates
- pursue arrears

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- team working experience
- public speaking and advanced communication skills, experience and training
- understanding of dealing with media
- leadership and management skills and training (role modelling, influencing, etc.)
- autonomous working

Education/CPD officer

The role of education / CPD Officer on the voluntary committee is of vital importance to the organisation as education and continuing professional development are primary directives of the organisation.

This role will include the production of an education calendar for the organisation.

Summary of the duties of the education officer

- Set and organise education calendar
- Responsible for appropriate educational content
- Financial projections for running events
- Liaise with external agencies for events
- Produce promotion information

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- report writing
- team working experience
- public speaking and advanced communication skills, experience and training
- understanding of dealing with media
- event coordination and project management
- management skills and training (negotiating and influencing, etc.)
- autonomous working.

Development Officer

In this role, there is usually scope for exploring new areas of development and innovation. Inevitably, not all developments will be successful, and this should be accepted as part of surveying expansion routes for the organisation. The role of development officer should not be restricted to following the duties laid out below which are merely offered as guidance.

Summary of the duties of the development officer

- liaise with external agencies for development of, for example, courses, mentoring schemes, Fellowships etc.
- form links with other professional bodies.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (below)

- report writing
- team working experience
- public speaking and advanced communication skills, experience and training
- understanding of dealing with media
- innovative thinking and resource investigation
- project management
- building networks
- leadership and management skills and training (negotiating and influencing, organising and chairing meetings etc.)
- autonomous working

Non-Office Holding Committee Member (see council member, above)

The role of a non-office holding committee member on the voluntary committee is important to the running of any association.

Non-office holding committee members will be expected to contribute to the running of the organisation by standing in for an officer when needed and should be ready to take on an office when one becomes available. They will be expected to attend regular scheduled committee meetings and may be required to participate in sub-committees. They will be expected to contribute ideas and discussion to these meetings.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- independence, impartiality, willingness to learn, enthusiasm to contribute to the profession
- team working and committee experience
- strategic thinking
- appraisal (taking part)
- ability and confidence to support the executive team and hold them to account
- wide experience across the profession
- specific knowledge that adds value to the board and fills skill gaps
- networks and contacts useful to the organisation.

Research

Osteopathic research continues to develop with increased capacity and capability. The role of research in osteopathic practice is becoming more embedded, and the need to base practice on research findings has had increased impact on osteopaths during the past decade. For some osteopaths the combination of osteopathic practice and an additional role e.g. research can represent an attractive proposition developing new skills and working in a different but complementary arena to clinical practice.



- **Benefits of working in osteopathic research**

Osteopaths graduating from Osteopathic Educational Institutions now undergo research training as part of their academic award. This represents a set of skills which are potentially transferable to a range of different opportunities including a career in research. For osteopaths whose studies did not include a research component, their skills set may have developed in a different manner but nonetheless can offer a range of transferrable skills.

Hours of work can sometimes be flexible and may be set around the needs of the individual, the project and the institution.

Career progression

There is a range of different ways in which osteopaths can become involved in research. In the early stage of a research career generic skills are helpful e.g. good familiarity with all Microsoft Office programmes, the ability to locate and critically appraise research studies, and good communication skills. Acquisition of research awards e.g. MSc or MRes degrees will be attractive to potential employers. For some osteopaths who already hold such awards, undertaking a PhD or professional doctorate will offer the opportunity to develop advanced research skills.

Training

In some instances, funded PhDs are advertised in a range of locations. For osteopaths interested in undertaking a PhD full time, they can be found at sites like "Find a PhD.com" ([/www.findaphd.com](http://www.findaphd.com)), and Prospects.ac.uk (www.prospects.ac.uk/postgraduate_study.htm). In other instances, they are advertised, as they become available, on the NCOR website through the Twitter feed @NCOR_UK, and on the websites of individual academic institutions both osteopathic and non-osteopathic. Some osteopaths with interest in a particular clinical area should be aware of key researchers in their area of interest: in this instance it is worth looking at the University and departmental websites of those researchers.

Charities and charitable arms of some insurers offer PhD studentships periodically and it is a case of monitoring their sites and the particular themes this research will be investigating. Examples of such sites are www.postgraduatestudentships.co.uk, and www.axa-research.org/.

Alternatively, a more clinically focused option is the Professional Doctorate qualification. This is now offered by one of the Osteopathic Educational Institutions and is intended for osteopaths and other healthcare professionals

wishing to undertake research applied to a specific clinical area (www.bso.ac.uk/postgraduate-cpd/postgraduate-courses/professional-doctorate-in-osteopathy/). Osteopaths who might prefer a more generic award could also consider the Professional Doctorate in Health which is offered by a range of different universities throughout the UK.

Financial

The financial rewards from a research career will vary depending upon the level of progression. When undertaking training there are a number of issues to consider:

- funding for full time PhDs is possible through the award of a stipend. This is usually a competitive process with other clinicians
- part time PhDs or MSc programmes require the payment of fees by individuals. The additional cost which must be considered is the time lost from practice.

Further career progression can take place with time, further training and experience.

- **Pitfalls of working in osteopathic research**

Research careers are based on the ability to attract funding to cover the costs of an individuals' job. Increasingly researchers are expected to attract funding to their institution through grant awards, and other funds e.g. from consultancy. Although working in a Higher Educational Institution brings rewards, employment is usually on a contractual basis for short periods of time e.g. 1 year. There is a continual emphasis on the researcher to be looking for future opportunities and for their own personal development to promote their career progression. There is an expectation also that researchers take on roles and responsibilities for their institution which will support their development, and support students at the institution e.g. research supervision, journal reviewing etc. which does not attract additional reimbursement even though it may take place outside of the contracted hours. Hours can be long, especially as project deadlines approach.

- **Positions**

Academic institutions vary slightly in their job titles but they tend to follow the path as described below:

- research assistant role
- research officer/senior research associate
- clinical trial coordinator/trial administrator
- research fellow
- senior research fellow
- reader
- associate professor
- professor

Academic institutions also offer support to their staff to develop their careers. In some instances, researchers who have an entrepreneurial interest are encouraged and supported to develop products from the research they have conducted.

Research assistant

The duties of a research assistant vary considerably between institutions, but for the most part, these will include:

- plan research projects, including one's own role within them
- seeking project funding from external and internal sources
- leading research pilot projects/feasibility studies
- undertaking the research and recording findings
- present these findings to peers at conferences or in published articles
- keep project management records and accounts.

Desirable experience/training/qualities

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- good verbal communication skills to a variety of different audiences
- basic IT knowledge and ability to be able to use MS Office packages
- good presentation skills
- good organisational skills
- knowledge of statistical packages and their application
- good writing skills
- basic project management skills.

The attributes listed above are common to all researchers. To progress in a research career, additional skills will be acquired which are specific to the research area of interest.

Regulation

The General Osteopathic Council regulates the practice of osteopathy in the United Kingdom. By law all osteopaths must be registered with GOsC in order to practice.



The GOsC's core functions are:

- assuring the quality of osteopathic education and training.
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practice.
- setting and promoting high standards of osteopathic practice and conduct.
- helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practice procedures.

- **Benefits of working for the GOsC**

Individuals undertake these roles for a wide variety of reasons, but often the main motivating factor is to 'give something back' to the profession or to influence its future development as a profession. Although the GOsC is small, many osteopaths work on their own or in very small organisations so they also see the benefits of experiencing working in a larger setting with more formal structures of corporate governance.

While there is no formal mechanism for career progression within the roles with the GOsC, they do open up wider opportunities for non-executive or leadership roles. Many of the skills required and which are developed during the course of the work are transferrable to other areas of healthcare, regulation, education and elsewhere in the public and voluntary sectors.

Training is given to all osteopaths who hold appointments with the GOsC and they are also required to undergo regular appraisal.

The majority of roles with the GOsC are remunerated at £306 per day with travel and subsistence expenses reimbursed. There is no fixed number of days you would be expected to commit to and this may vary from 1 or 2 to up to 20 days a year. Council members are paid a fixed fee (currently £6,630 per annum) for the range of work they undertake.

- **Pitfalls of working for the GOsC**

Some osteopaths may perceive that working in some capacity for the regulator may inhibit them as independent practitioners. However, in reality the GOsC makes great efforts to ensure that it does not impede osteopaths' own work and strict rules are in place to manage any conflicts of interest.

Positions

There are a number of opportunities for osteopaths to contribute directly to the work of the General Osteopathic Council. These are:

- Registration assessors – assessing the qualifications and skills of osteopaths, particularly those qualified from overseas.
- Education Visitors (appointed by the GOsC but working for the QAA) – reviewing the quality of undergraduate education offered by the osteopathic educational institutions.
- Fitness to practice panelists – sitting on the panels that consider cases involving osteopaths who are alleged to have breached the *Osteopathic Practice Standards*.
- Council and committee members – sitting on the policy committees and the Council which set the policies and oversees the work of the GOsC.

There are approximately 45 osteopaths involved in these roles at present.

All of these roles are appointed by open competition and are advertised to all osteopaths. Most appointments are for a period of four years but may be for longer or shorter periods of time.

Applying for each role requires individuals to demonstrate that they meet a specific set of competencies, for example those for the role of Council member include:

- an understanding and commitment to the principles of healthcare professional regulation
- an ability to effectively contribute to and influence the development of strategy and policy, and the scrutiny of their delivery
- be able to operate effectively within a corporate governance regime (including on such matters as risk management, equality and diversity, etc)
- takes ownership of personal and team effectiveness
- acts as a positive, influential advocate/ambassador for the organisation, with confident communication skills.

All of these roles require individuals to exercise a high degree of responsibility. They are largely statutory roles operating within a legal framework where the ultimate accountability is to Parliament and the public, rather than to the osteopathic profession.

Recommendations

If you are interested in this type of work you can find much more detail on the GOsC's website (www.osteopathy.org.uk) including papers and minutes of various meetings, descriptions of the work of assessors and the fitness to practice process, as well as findings from fitness to practice hearings and reports of education review visits.

Some of the roles are also analogous to the legal responsibilities of being a company director or charity trustee. You can find out more about these roles on the websites of the Institute of Directors (www.iod.com) and the Charity Commission (www.gov.uk/government/organisations/charity-commission)

Institute of Osteopathy

The Institute of Osteopathy (formerly the British Osteopathic Association) is the leading professional body for UK osteopaths. They represent the interests of over 65% of the profession to the public, the regulator, government and the broad health community. The institute's purpose is *"to unite, promote, develop and support the osteopathic profession, for the improvement of UK health and patient care."*



The new five-year strategic plan for the iO outlines a set of strategies to promote and develop the osteopathic profession in the UK, in addition to protecting and supporting members. These have been designed to culminate in the awarding of a Royal Charter for the profession.

- **Benefits of working in the professional body**

- Philosophical motivations**

- A philosophy of giving something back to the profession by uniting, promoting, developing and supporting members and the profession.

- Career progression**

- While there is limited formal career progression within the iO, these roles do open up wider opportunities for non-executive or leadership roles. Many of the skills required and which are developed during the course of the work are transferrable to other areas of healthcare, professional bodies and elsewhere in the public and voluntary sectors.

- Training**

- Develop a unique skill set that can be applied to many other roles within the profession and beyond. Supportive peer review and appraisal.

- Financial**

- Competitive monthly salary for staff side jobs, employer contribution pension, paid holiday leave and sick pay for staff side jobs. Honorarium for council positions.

- Other:**

- Flexible working and part time positions available.

- **Pitfalls of working in the professional body**

- These posts are mainly non-clinical strategic thinking and administrative roles and may not be suitable for those who thrive on patient contact. The staff side positions occasionally require travel around the country, unsociable hours and a large workload and time commitment.

- **Positions**

There are currently 5 roles that osteopaths can apply for within professional promotion (iO):

Council Member

The iO has a council that acts as a governing body and represent the professions elected representatives. Council are critical to the steering and achievement of the iO's 5-year strategic plan, mission and vision, by engaging in advisory, decision making and oversight roles across the organisation, working closely with the iO's Chief Executive and operational staff.

There are at present ten voting members of the Council of the iO, including the Chief Executive, six osteopathic members (including the President and Vice-President), and three lay members. All these roles, with the exception of the Chief Executive, are considered to be non-executive directors of the company.

In addition to the members of Council, a number of stakeholders have been invited to send representatives to iO Council meetings. While these representatives do not have voting rights, they are encouraged to participate fully in the deliberations of the iO Council and council members are expected to be able to work alongside these other individuals.

The Members of Council report to the President. The President reports to Council as a whole.

The non-executive director's (NxDs) role is to provide objective constructive criticism in order to hold the executive to account. The NxD brings this independent judgement to bear on issues of strategy, performance, resources (including key appointments and standards of conduct). NxDs cannot give continuous attention to the business of the company so appoint an executive team. The executive administrates the company on behalf of the NxD and at the invitation of the President.

It is important that the NxDs show the same commitment to the success of the business as the executive.

NxDs are chosen due to their breadth of experience in the profession, their caliber and often due to specialist knowledge and contacts that they may bring to the company.

NxDs are expected to focus on broad matters and not to stray into 'executive direction', i.e. the day-to-day running of the company.

The position of professional Member of Council is open to any current iO member (who is also therefore registered with GOsC as a practicing osteopath). Lay Members of Council are open to any suitably qualified professional, in disciplines specified at the time of role definition. There is an honorarium of £1500ap to compensate council members for loss of earnings when attending council meetings. Council meetings occur four times per year with occasional e-conferencing on an ad-hoc bases as required.

It is desirable (though not essential) that a council member would have some form of specialist interest within the profession, so as to allow council to better represent the profession

Desirable experience/training/qualities

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- independence, impartiality, willingness to learn, enthusiasm to contribute to the profession
- team working and committee experience
- strategic thinking
- ability and confidence to support the executive team and hold them to account
- wide experience in the profession
- specific knowledge that adds value to the board and fills skill gaps
- networks and contacts useful to the organisation
- working in complex political organisations
- understanding of budget management.

Recommendations

See also the Charity Commission website: www.gov.uk/government/organisations/charity-commission

iO President

The President of the iO is the most senior member of and the chair of council. It is the responsibility of the President to chair board meetings and represent the views of the board to the executive. The President may also represent the company as an ambassador at official functions. In addition, the President should possess the same attributes and perform the same responsibilities as the other NxDs.

They receive an honorarium of £6000pa to remunerate them for time out of practice.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (above) plus the below

- public speaking and advanced communication skills, experience and training
- understanding of dealing with media
- diplomacy
- leadership and management skills and training (role modelling, negotiating and influencing, delegating, chairing meetings, conflict resolution, setting a vision and inspiring others to follow etc.)
- autonomous working.

Recommendations: progression to this role requires 1 year iO Vice-President training.

iO Vice-President (VP)

This is a trainee role designed to allow the VP to acquire necessary Presidential skills 'on the job' by shadowing and supporting the current President.

They receive an honorarium of £2500pa to remunerate them for time out of practice.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

Those skills expected of a council member (above) plus the below

- public speaking and advanced communication skills, experience and training
- understanding of dealing with media
- diplomacy
- leadership and management skills and training (role modelling, negotiating and influencing, delegating, chairing meetings, conflict resolution, setting a vision and inspiring others to follow etc.).

Recommendations

This post naturally progresses to President after a 1-year training programme with the consent of council and nomination by the membership. To become VP requires at least 1-year service as an iO Nx.D.

Head of Professional Developments/Osteopathic Development Group Programme Coordinator

The Osteopathic Development Group (ODG) is a proactive initiative designed to facilitate the growth and promotion of modern osteopathy. The multiple stakeholder steering group is composed of the iO, the Council of Osteopathic

Educational Institutions, the Osteopathic Alliance, the National Council of Osteopathic Research and the General Osteopathic Council, with the iO also providing secretariat support. This venture is specifically designed to benefit individual osteopaths, the public and the profession as a whole, initially through 8 different project streams, agreed upon by the profession. These include: Leadership, Mentorship, Advanced Clinical Practice, Career Development, Regional Support, Evidence Basis and International Collaboration.

The iO currently funds the ODG Programme Coordinator 3 days per week. This is an executive role.

The job holder has direct or shared responsibility for the management and delivery of development projects that support the iO's strategic plan, including those agreed by the Osteopathic Development Group. Organise, chair and provide secretariat support for meetings including communications, setting the agenda and taking minutes. However, this job role is very varied and the post holder will also be responsible for other iO projects that support the mission and vision including convention, policy committee, *Osteopathy Today* editorial committee and the biennial census amongst others.

The stakeholder groups with which the post holder liaises and works with include other members of the ODG, osteopaths, osteopathic local societies and groups, educational establishments, government and local authorities, the media, sponsors, kindred professions and organisations in the health sector, patient groups and the general public.

The job holder deals with, in the main, external suppliers of research and professional education.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- event co-ordination training and experience
- project management and general management (people and resource) training and experience
- public speaking training and experience
- strategic thinking training and experience of sitting on an executive board
- team work experience
- appraisal training.

Recommendations

At present, a Professional Developments Officer (PDO) reports to the Head of Professional Development (HPD) and supports the HPD in the delivery of development projects that support the iO's strategic plan, fulfilling many of the same functions. The iO currently funds the PDO 3 days per week. This is an executive role.

NHS

Approximately 7% of osteopaths currently work in an NHS setting, most in Musculoskeletal (MSK) departments, either through the Any Qualified Provider (AQP) system, by renting rooms in a NHS setting or on an employed basis, but 51% of those who did not, would be interested in contracting (at least part time) with the NHS, if the opportunity arose (census¹).



All staff within the NHS, except for doctors, dentists and some managers operate under the Agenda for Change (AfC) banding and pay scale system. This system of incrementally increasing salary bands took over from the defunct NHS Whitley system in 2004, which had been in existence since the inception of the NHS in 1948. AfC allowed considerably more flexibility when banding therapists, and for the first time allowed osteopathy to be recognised as a discreet entity (previously osteopaths were employed as 'senior physiotherapists')

There are 9 separate bands (though Band 8 is subdivided into 4 subsections – a, b, c, and d), each of which is divided into a number of pay points designed to reward experience and encourage recruitment and retention of staff. Job roles are matched to Bands subject to a strict skill weighting system based on a Knowledge and Skills Framework (KSF). The basic salary may be subject to inner London (which can be up to £6000), outer London or fringe Higher Cost Area Supplement (HCAS) if the clinician is employed in the capital. Staff are also automatically entered into the pension scheme.

www.nhsemployers.org/case-studies-and-resources/2016/04/agenda-for-change-2016-pay-scales

There are 2 pay 'gateways', one 3 points from the bottom and one 3 points from the top of each pay band. To pass through these gateways, the therapist must provide a portfolio of experience to prove that they are performing to the KSF of their given band. This level of achievement is determined at the individuals' annual development review. Failure to provide sufficient evidence is grounds for a pay freeze, but coaching would often be provided in such circumstances to enable the candidate to achieve these competencies. Otherwise pay increases automatically at the rate of one point per year.

Progression to the next Band however is considerably more difficult, with the individual having to demonstrate that they have developed a substantially different and advanced skill set that addresses a specific need within the service. Effectively, this means applying for a new job.

These pay bandings (see appendix) form a natural career progression framework, and are associated with discreet job descriptions and personal specifications of each role, as well as a specific KSF that defines the requires skill mix. These vary subtly from trust to trust.

- **Benefits of working in the NHS**

Philosophical motivations

A philosophy of providing care free at the point of access, independent of ability to pay.

Career progression

Defined career progression pathways.

Training

Easy access to, and funding for, mentorship, training and CPD as well as an ability to work with and learn from an integrated team of likeminded clinicians.

Financial

Set monthly salary that is competitive with private associate salaries, employer contribution pension, paid holiday leave and sick pay.

- **Pitfalls of working in the NHS**

Additional administrative burden. Often larger chronic pain and 'yellow flag' patient population. Very intensive patient list requirements which occasionally limitations to how long you can spend with patients per session.

Band 5

This is the entry level banding for a new graduate clinician, and is the level that physiotherapists usually enter the NHS. Osteopaths often enter an MSK department at a higher level due to the significant undergraduate MSK training, but would find it difficult to get a Band 5 respiratory or neuro rehab physiotherapy post as these are highly specialised positions. A Band 5 clinician will receive significant support and training, often starting at daily mentoring for the first few weeks, depending on their ability, confidence and the demands of the service.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based exercises and health promotion classes
- team working experience
- appraisal (taking part)
- developing an understanding of the nhs working culture.

Recommendations

A point to emphasise and suggest in an interview is that a Band 5 physiotherapist is often rotational and eligible to apply to any number of placements, including falls prevention, respiratory rehab, neurological rehab, community care, secondary care etc. and often stay less than a year in any one post. It would be advantageous for a provider department to employ an

osteopath at Band 5 in an MSK post as they are more likely to want to stay in an MSK setting, often have more clinical confidence in MSK diagnosis than a newly qualified physiotherapist and might be flexible with the number of days they work, being willing to work part time in the NHS to complement an existing private practice, a fact that has certain cost saving implications (with limited budgets, a department may not be able to afford a full time equivalent band 5 post, but may have the finances to fund 3 days).

Band 6

This is the first of the senior clinical levels and will often take responsibility for training more junior staff and auditing aspects of the service under supervision. There is less of an emphasis on their own support and mentorship.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based exercises and health promotion classes
- team working experience
- appraisal (taking part and appraising/supervising others)
- developing an understanding of the nhs working culture
- chronic pain management
- service audit.

Recommendations

From the 2014 osteopathic census it is clear that there are osteopaths working at Band 6, 7, and 8a, with a few (including the Osteopathic Spinal Consultants) working at higher levels.

Band 7

This is the second of the senior clinical levels. Band 7 clinicians will often take responsibility for training Band 6 staff, coordinating the training of other more junior staff and will take on junior managerial responsibilities such as autonomously auditing aspects of the service and putting into account service improvements. Band 7 staff will usually be starting to consider specialisms which might include, hand therapy, upper limb, lower limb or spinal Extended Scope Practice and triage, injection therapy, ultrasound sonography or chronic pain management.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based exercises and health promotion classes
- team working experience
- appraisal (taking part and appraising/supervising others)
- developing an understanding of the nhs working culture
- chronic pain management
- service audit
- advanced triage
- management and leadership skills
- imaging interpretation
- considering postgraduate m-level training.

Recommendations

Osteopaths often find it difficult to progress past band 7 without advanced (M-level) training.

Band 8a

This usually included first line management posts responsible for the day-to-day running of the department, audit and reporting including operational lead, clinical lead, Extended Scope Practitioner or clinical specialist.

Desirable experience/training

Osteopaths interested in working at this level should consider enhancing their undergraduate training by developing training and experience in the following areas:

- running group based exercises and health promotion classes
- team working experience
- appraisal (taking part and appraising/supervising others)
- developing an understanding of the nhs working culture
- chronic pain management
- service audit
- advanced triage
- formal postgraduate m-level management and leadership training including occasional contract negotiations and reporting of key performance indicators and service improvement and/or advanced clinical practices.

Recommendations

A good starting point would be to consider training on an NHS leadership academy training programme.

Horizon scanning

It should be noted though that it is often said that the one constant in the NHS is change and the political climate is altering rapidly. This may result in greater or fewer opportunities for osteopaths in the future and this should be monitored closely.

The NHS is moving towards a system of modernising the roles of Allied Health Professionals (which includes medical ancillaries such as physiotherapists and osteopaths) by developing a competency based career framework, ensuring that staff training and service specifications (at the point of commissioning) are based around the needs of patients at a local level and that AHP's job descriptions directly reflect the competencies required to address these needs:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/%40dh/%40en/documents/digitalasset/dh_086262.pdf

Therefore, any osteopath seeking to contract with the NHS should endeavor to direct their training and attempt to align their skill set to reflect these local needs providing a bespoke service.

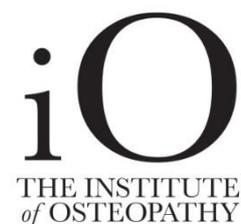
iO members can read interviews with osteopaths who have successfully contracted with the NHS, at:

www.osteopathy.org/for-osteopaths/clinical-development/nhs-matters/osteopaths-working-in-the-nhs/

An NHS England initiative began in December 2015 to investigate the skilling up of all AHPs so that the NHS could utilize them to take the strain off medical colleagues (doctors and surgeons). The iO has negotiated with NHS England to include osteopathy in this thinking and they have agreed that their Chief Allied Health Professions Officer Suzanne Rastrick will represent the profession in collaboration with the iO.

Case studies

Name:	Stephen Hartshorn
Main position:	iO Past President
Career pathway:	Professional body



1. How did you get to where you are today - what was your journey?

I left school at the age of 16 and apprenticed as an Electrical Engineer within the steel industry. Following my apprenticeship, the company funded me to continue my education in University.

My decision to leave school and to take up an apprenticeship was not particularly well considered. I was brought up in an industrial area, gravitated towards the sciences in school, and it just seemed to be the natural thing to do. After graduation I took a number of electrical design roles before taking an engineering post within the NHS. Through a series of promotions, I ended up as a board reporting director with management and budget responsibility for a number of core functions such as outpatients, IT and satellite hospitals.

At that point, I looked at where I was, and asked myself if I wanted to be doing this for the next 30 years. The answer was no, so I went back into the commercial sector as a consultant running multi-million pound programmes for the Government and companies such at *Deutcher Telekom*.

One day, whilst working in Croatia, I was involved in a road traffic accident. I was hit by a car, and was badly injured. Having a white line drawn around you at an accident site kind of gets you to reflect on your life and question your priorities. As a result, I decided on a complete career change and having worked in healthcare delivery as a manager I thought it would be interesting to view healthcare from the perspective of a clinician. This decision led me to osteopathy.

After graduation, I went straight into practice (I opened up my own practice), partly because I felt that the skills I had acquired in other areas would support me in that environment. However, very early on in my osteopathic career I got involved in the development of an MSc at Swansea University.

The opportunity arose partly due to the networks and relationships that I had built up during my time in the NHS. Someone I had previously worked with asked for my advice and, as a result, I ended up helping to design the curriculum, course structure and the application for Registered Qualification status. Getting involved with osteopathic education in turn directed me towards working with the Quality Assurance Agency and subsequently assessing the OEI's on behalf of the GOsC (as an employee of the QAA).

In terms of my motivation to get involved in these projects, I've always been someone who, if I see something that could be improved, I take the initiative and get involved. In terms of the iO, I got involved through the osteopathic community in South Wales. We had been talking about sending a representative to a council meeting and I volunteered. I attended a number of meetings on a voluntary basis and as a result, I was asked to apply to join council.

2. What was the most useful piece of advice, event or activity in the achievement of this?

I wasn't conscious of role models though there were people that I met along the way that I found inspirational. You need some idea of what you want and where you want to be. It's largely internal.

3. What would be your advice to someone wishing to pursue this path?

Develop a view of your environment, and then decide where you want to position yourself in that picture. Give yourself goals but as you move towards achieving them it's useful to reassess your situation to see if there are other things that you could or should be doing, or whether other opportunities have been presented to you that require you to reflect on your plans.

4. Did you have a plan/strategy?

To achieve your goals, you need aspiration and vision. In osteopathy you can't succeed in isolation. If you are to be successful, you need to have a good idea of what your own personal brand of success would look like and decide the best way of getting there: a sort of Personal Development Plan. I tend to set targets that are well enough defined to allow me to track my progress and adjust as opportunities and threats arise.

5. How satisfied are you with your career path and why?

Satisfied. I will never get to extremely satisfied and that's part of what drives me.

6. Why did you decide to follow this pathway - what were your key motivations?

- a. a desire to make a difference: I felt I had something to offer and felt I had the skills to do a good job
- b. I wanted to control my environment
- c. a sense of achievement (financial security flows out of this).

7. What is the next stage in your career progression?

My career progression won't stop here. It's not about having to tap into a formal structure, it's about constantly having an idea of where I want to be, what I need to do to achieve that and a plan for that journey. It may be that in 10 years' time, whilst I'm sure that I will retain an interest in osteopathy, I could be doing something completely different: diversifying outside of osteopathy.

The other thing is that I am not particularly risk averse. I'm prepared to try new things. I constantly scan my environment and if something interests me I will pursue it. We don't have an obvious corporate structure in osteopathy but there are many things that we can do that challenge the conventional view of professional development. The opportunities to work in different fields are there if you want them, you just have to keep an eye out for them, ensure you can develop the required skill sets and have the courage to take advantage of opportunities when they arise.

Name:	Claire Gregory
Main position:	Osteopathic Principal
Career pathway:	Private practice

1. What was your journey/how did you get to where you are?

I qualified in 2002 and started off working as an associate in a number of different clinics and did that for eight years. I got my first job after seeing an advert in *Osteopathy Today* magazine and another through the BOA *Locums and Associate Placement Scheme* [now the iO's *Osteopathic Opportunities*]. I started working as a locum and then the person I was working for liked what I did, so she gave me an associate post. When the recession hit, the principals that I worked for didn't adapt and the numbers of patients starts to drop. So I realised that if I wanted to continue with the same amount of income, I would have to diversify, which is when I decided to become a clinical tutor. I did that for 2 years. It's something that I had wanted to do for a while, and it gave me a lot of insight into osteopathy. I made a lot of the networking opportunities. It led to work with the general osteopathic Council, but I also looked for opportunities outside of conventional osteopathy. This has led to other things, and I have now given up the associate work and I just work for myself.

I then found another job working about 35 miles away from home for another osteopath: he took me under his wing and explained how to build a patient list and how to communicate with patients, to think about what you were saying and how you said it. He also helped me to build my confidence.

I was also to set up my own practice locally to where I lived, renting a room in a martial arts and leisure centre. Prior to that I had been renting a room in a hairdressers and they put up the room rent. One of the other people working in the hairdressers had left and gone to the martial arts centre, so I followed her. The room rent was much more reasonable, so I went there. I also diversified and acquired a job in a nursing home through the recommendation of one of my patient's, which gave me a little bit of additional income, and additional financial security.

Now I just work for myself in my own practice. But I don't only work in it, I also work **on** it, which is a big thing. I have joined a local business development and networking club. I have two other associates working for me, neither of which are osteopaths. But am also looking for an osteopath now. I have set the business's strategy regarding where we want to be and how we're going to get there. I regularly make time for my associates, having learned from my own bad experiences and to ensure they are happy and to agree our business strategy. I have practice policies and procedures. I spend two half days a week on all this. I work about 31 hours a week for myself in my practice and try to avoid Saturday. Most recently, I applied for a job with the General Osteopathic Council reviewing non-UK applications to practice in the UK as an osteopath.

2. Did you have a plan?

I was always planning, I always knew where I wanted to go. I didn't have anything formally written down, I just knew what I wanted. From having worked with all the other practices, I had seen some good practice and some bad practice, but both provided valuable lessons. I reflected on what I saw and used it to plan my direction. I reviewed the plan numerous times along the way. I met a woman that worked for a bank and she taught me how much things actually cost, how much I would need to earn to cover those costs and how many patients I would need to see to do that. Developing your networks is very important if you want to make best use of the opportunities as they arise.

Before applying for the job in the College, I reviewed my CV, and realised that I had no experience or qualifications in teaching. So in order to prepare for the job, I acquired a teaching qualification prior to applying (I had applied before and hadn't got a reply). I then went to the voluntary sector and got some teaching experience to up-skill, because it's very difficult to get that experience in osteopathy. You can't get a job in teaching unless you have had a job in teaching already. I then went to speak to an osteopath who already worked in that setting, and I asked for her advice. She told me what I would need and who I need to speak to. I had a plan of what I wanted to do, I decided what skills I needed for that, I developed networks to get that information, spoke to the right people and got the right connections and then got the qualifications and experience to support my application. There is a government website with volunteer opportunities in your local community, and I applied to them for experience that would give me transferable skills for teaching. I did a couple of their volunteer posts. One was teaching life skills to new parents, and another one was mentoring. I did that for six months. And the teaching qualification was a PETL qualification: Preparing to Teach in the Lifelong Learning sector. This experience gave me a competitive edge over other applicants.

3. What was the most useful piece of advice or activity in achieving your action plan?

Getting business advice was very useful. And the most significant event was buying a house from which I could work on my own business. That significantly cuts overheads because you don't need to drive anywhere, you only have your mortgage to pay (no rent) and you only have one set of bills. You can afford to be a little bit quiet initially and still survive.

4. What would be your advice to somebody who wanted to follow the same career pathway?

Get experience, see what good looks like, know what you want. Join a business development group, because they help you to direct your thoughts. We still get very little business development training at undergraduate level which is a big problem.

I really strongly advise mentorship, I think it's so important. I got mentorship from the lady that worked for the bank, I got mentorship from the business development group, and from my original principle who taught me how to build a list of patients. Luckily, I had role models of sorts, even in the positions where it

didn't work out. Even in those practices where you could very much see what was going badly, you can still pick up some strengths. So in each place there is something to learn.

5. What would you say your satisfaction level is with your current system career structure?

Very satisfied. I have a charmed life now, but it took me about 10 years to get here. It was a bit of a struggle up until that stage, but I have now achieved what I wanted to.

6. What were your main motivations for following this pathway?

- a. To earning enough money to be able to sustain the quality of life that I enjoyed.
- b. Job satisfaction which comes from being able to make people better, doing a good job, and making a difference.
- c. The sense that I have achieved something.

7. What's the next stage in your career development from here?

From here I plan to develop my practice, to ensure that it is almost self-sustaining, so that I can enjoy more of my free time. I can train up my staff to maintain my business and look after my patients, so that if I want to take some time off, I can come back to a thriving business still. I'm moving more into practice management as a result of that which is essential to maintaining a successful business.

Name:	Bex
Main position:	Head of Learning and Quality
Career pathway:	Education



1. What was your journey/how did you get to where you are?

I qualified from the BSO in July 1994, and I walked straight into an associate position with a lady who had been practising nearly 30 years. I worked for her three days a week. I was also covering maternity leave in another clinic and I also set up my business. I returned to teach at the BSO within about eighteen months of qualifying. Then, as my career has progressed, I left the original practice (after about five years) as my own practise and career in osteopathic education developed. I then was at a point where I was in practice three days a week and teaching at the BSO 2 days a week.

Things progressed from her. I was appointed head of the technique department followed by Deputy Course Leader and then progressed to Course Leader. I was practising one day a week at this stage, and at the BSO between three and four days a week. I recently joined the ESO and I am now working full-time in osteopathic education five days a week.

I was approached by one of the people who I was working for. I was approached by the owner of the practice because the girl I was meant to replace recommend me. My reason for returning to the BSO was because they were holding interviews for OSPI examiners, and as I lived in London and had a new practice I returned. Later I was informed that one of the technique tutors was going to go on sabbatical and was asked if I would be interested in taking up that role, so I said yes. I applied. Three other people interviewed as I recall. I got the post and I stayed for 18 years. I increased my hours there when the opportunity arose.

When I was qualified I decide that I wanted to do another degree, my Masters, which I did, and I also wanted to go back and teach, which was always something I wanted to do. There were several reasons: one was to give me some kind of community, another was to up skill and maintain my knowledge, but the other reason was to give something back to the profession.

2. What was the most useful piece of advice or activity in achieving your action plan?

The person that inspired me was Adrian [Barnes – former ESO Principal]. He gave me the opportunity, he supported me. When I first started as a technique tutors, I was fresh out of university, so I didn't have very much experience of teaching. Luckily for me, Adrian was a senior technique tutor and was leading second-year techniques, so I learned from him. He would always happy to listen to any suggestions and give advice. He didn't dismiss the fact that I had very little osteopathic practice experience, or any real teaching experience. What he utilised was the fact that I had only recently graduated. He would listen to everything that I had to say and give advice on things that worked and things that

didn't. He always made me reflect on what I want to do and encouraged me to be myself. And I guess that would be my advice to anybody that wanted to follow the same pathway. To reflect on what you want to do. Maybe not have a defined plan (I didn't have a defined plan to direct my career into full-time osteopathic education), but you have to be true to yourself.

Adrian was 20 years ahead of me in his career. So he had been there and done it, he had seen the profession change. A lot of what he had done had enabled the profession to change. So I think having him there as a mentor and role model was very beneficial. I have always used people like that, and have never been one to shy away from asking questions

3. Did you have a plan?

For me there was some planning. There was not a strategic plan written on a piece of paper, but I had an idea of what I wanted. My Masters introduced me into osteopathic education and it was an area that I enjoyed. I could see the effort that I was put in with my students coming through in the pedagogy (the teaching philosophy) of the school. I was enjoying the balance between teaching and practice. Then there were a few key events that changed my direction. I had a bad shoulder and had had two surgeries by the age of 20. I knew that I'd always needed a backup plan if I could no longer practice, but I also realised I very much enjoyed the management side of things and that drew me down that pathway. Also, as I went into osteopathy as a school leaver, 20 years down the line I suppose I am not surprised that I'm no longer practising.

So I looked out for available opportunities and that included being a QAA reviewer for the Quality Assurance Agency, though not for osteopathy. I chose to go outside of osteopathic education for this so that I could lateralise my opportunities. And the primary reason for that is that osteopathic education is a small field. I started to do work at the University of Bedfordshire on programmes outside of the osteopathic programme and I have managed to do the same with the University of Greenwich. So that I could get a broader career experience. So it has been an organic plan.

4. How satisfied am I with my career progression?

Very satisfied, with where I am at the moment.

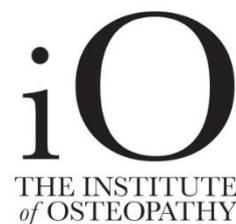
5. Key motivations:

My key motivation would be to give something back to the profession, followed by the ability to continuously learn, and my third motivation would be working in a team.

6. What advice would you give to somebody who wanted to follow the similar career pathway?

I would speak to lots of different people, get lots of different advice, take the bits that you like, put the bits that you are not sure about on the back shelf, and use it when you need to and create your own characteristics. Know what you want and be true to yourself.

Name:	Matthew Rogers
Main position:	NHS / Head of Professional Development
Career pathway:	Institute of Osteopathy



1. How did you get to where you are today - what was your journey?

I entered osteopathy straight from school. I qualified from the BSO in 2002, and went straight into private practice just a few days after getting my final results.

Two months prior to completing my final exams I had contacted 20 clinic principals in my local area through what is now the iO 'Osteopathic Opportunities' website. I interviewed for all of them and was offered jobs between two separate clinics. One was three days a week, and that was 20 min walk away from home in the multidisciplinary osteopathic clinic, the other was 40 min drive away in a clinic based a health centre.

At this stage I was working five days a week, and I was seeing about 25 patients a week. In hindsight I had quite unrealistic expectations of what was possible, and it was a good way to start out.

In my first two years, I worked as an associate in five different practices. One day I noticed an advert for an employed post for an osteopath in the NHS. I spoke to a colleague of mine that worked in one of the same practices as me. She had worked as a podiatrist in the NHS for 20 years and she allayed some of my fears about red tape and limitations to scope of practice, so I applied for the job through the 'NHS jobs' website. I was interviewed along with 300 other people, and I got the job because I'd had previous experience working in an NHS GP practice on a voluntary basis at undergraduate level.

I did that to 2 years and then because of the contacts I had built up within the NHS and because I had developed a good reputation (somebody that was prepared to work hard) I was made aware of a full time NHS osteopath post in a larger multi-disciplinary team with about 25 clinicians in total. In both the teams I was employed as a general musculoskeletal therapist. I wasn't told how to treat, and I was expected to treat musculoskeletal problems through the whole body, not just in the back or neck. So having got my foot in the door, I now went full-time in the NHS. That was about a two-hour journey from home, one-way so it was a long day.

The job continued to evolve. We started working late-night clinics from 8.30am to 8.30pm. That's in addition to a two-hour journey home became unsustainable, so I went part-time again, but was still able to work 34.5 hours per week in the NHS in four days, which gave me the Fridays off. I was seeing between 50 and 70 patients per week, so I was very busy.

By this stage I'd been working as a senior osteopathy in a private setting and in an NHS setting for about eight years. The first two years in private practice were a huge learning curve, but I really started learning properly when I had a proper inter-dispansary team around me in the NHS, and that was an even bigger learning curve. I feel I really benefited from the additional mentorship that I received.

I apply for the acting-up post as manager of the department when the opportunity arose. I was offered the post on a fixed term contract, and I worked four days a week managing the entire Department and 1 day clinical. So I gained operational lead management experience which I thought would look good on a CV, I was getting a little bit more money and being challenged and getting experience that I would not normally have been able to access. However, I still enjoyed the clinical aspect of being an osteopath, and after 2 years of that, I needed a new challenge. I was starting to feel comfortable with my clinical skills and felt I needed something a little bit more taxing in my career. However, management was new to me. I highlighted certain learning needs and did a management and leadership qualification.

At this stage, my wife and I found a property that were very interested in. We decided to move house and I began my own practice from home in the evenings and weekends. I would be able to treat patients without having to pay 50% of my salary to a principal and I wouldn't have to pay rent as it was my own house. That meant that I needed to see half the number of patients for it to be financially viable. As I was fully employed in the NHS I didn't really need to see a huge number of patients so could just enjoy helping patients on my own terms.

I was quite interested in working in sports medicine, so as soon as we moved into the new area, I decided to apply for a job in one of the local rugby team advert in *OT magazine*.

So at this point I was working four-days per week for the NHS, evenings in my private practice, and two late nights for the rugby team. I did two seasons of that before deciding that I had my fingers in too many pies and couldn't commit to any one of them, so I decided that I really needed to put more time into fewer projects.

I was also aware of a certain degree of personal frustration. The things that had been a problem in the profession when I qualified, were still a problem now, eight years later and I felt that there were certain skills that I had learned that might be of benefit to the profession. I felt there was something I could give back. So I decided to investigate a career in the British Osteopathic Association (now the iO).

As the professional body in osteopathy I felt that they were an organisation who might be able to influence the profession and resolve some of the issues that I saw as being a problem and I wanted to be part of that. So I attended Council meetings for a year from 2010 onwards and wrote articles for *OT magazine* on my experience of working in NHS, and attended a few specialist interest groups. That was all voluntary to try and build my experience and networks. I then applied for a position on Council and was appointed in 2011. That officially only required

four days of my time per year to attend Council meetings plus Convention, however I was so interested in the work that they were doing (most of which I haven't been aware of previously because it was done behind the scenes) that I was spending one day per week doing extra work for the BOA pro bono.

I did that for a year and then the Osteopathic Development Group Programme Coordinator role came up. This was the job that I had been really looking for but it hadn't existed. As soon as it came about, I jumped at the opportunity. I applied along with two other strong candidates and was offered the job, which I was delighted to accept three days per week, continuing my NHS work on the remaining two days.

2. What were the key opportunities and how did they present themselves?

Most of the opportunities didn't fall in my lap, they were things that I had to look for. And I think again having a good understanding of what I wanted to achieve and understanding of what I wanted from my career to look like in advance helps me to seize those opportunities when they arose.

The opportunities for the NHS: the first opportunity was through my networks and contact with the podiatrist. Inadvertently I interviewed her and got information from someone with a lot of experience in that field. I got the NHS job partially because I had previous NHS voluntary experience, which is why the iO set up the Integrated Medicine Internship programme. Volunteering to demonstrate my enthusiasm and skill set was also an influential factor in getting my iO role.

My continuous CPD and professional development would definitely be one of the things that helped me to make the most of each of these opportunities as they arose and it provided me with a competitive edge over other osteopath and clinicians.

For the ODG Programme Coordinators role it really helped that I had worked as operational lead in my NHS setting for several years as I had project management experience and training, that I had a certificate in leadership and management, that I had developed skills outside of conventional osteopathic practice that were specific to that role, but that were directly transferable to other roles within the profession. You shouldn't only target CPD at clinical skills if you want to develop your career in this way. These skills might include business development, leadership, presentation skills, research, project management, and operational management skills. Debatably, if you run your own practice and employ other staff the operational management skills would be useful as a practice Principle, but I don't think osteopaths consider this to be professional development.

3. What would be your advice to someone wishing to pursue this career pathway?

Many osteopath's work in relative isolation. It's very important to take part in your community, both reading the osteopathic media and face to face because developing a network is the only way to find out about the opportunities within the profession. When you determine an area of interest, speak to somebody who is already working in that field to determine their experience.

You need to not give up at the first failure. I investigated a number of career progression avenues and many of those didn't work out, but it didn't stop me and I continued to progress my career. Having a good idea of your own values and what would inspire you is a really good start. Sometimes I think that career satisfaction is more important than career progression and you'll only achieve career satisfaction if your values are aligned with your beliefs, and your career fulfils those values and beliefs.

Determining the skill set that is required from your chosen career progression route is quite useful too because it allows you to develop those skills and experiences prior to the opportunity arising so that you have that competitive edge when it does. It's always worthwhile having an up-to-date CV ready to go just in case the opportunity is associated with a very short deadline.

With respect to getting that first private practice role the iO 'Osteopathic Opportunities' website might be a very good starting point.