

# Osteopathic practice standards

## Professionalism

This month we will continue our look at Theme 4 of the *Osteopathic Practice Standards* – professionalism. ‘Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner’. This incorporates the following standards:

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| D1 | You must consider the contributions of other healthcare professionals to ensure best patient care.         | D7  | Be open and honest when dealing with patients and colleagues and respond quickly to complaints. | D13 | Comply with health and safety legislation.  |
| D2 | You must respond effectively to requirements for the production of high-quality written material and data. | D8  | Support colleagues and cooperate with them to enhance patient care.                             | D14 | Act with integrity in your professional practice.   |
| D3 | You must be capable of retrieving, processing and analysing information as necessary.                      | D9  | Keep comments about colleagues or other healthcare professionals honest, accurate and valid.    | D15 | Be honest and trustworthy in your financial dealings, whether personal or professional.   |
| D4 | Make sure your beliefs and values do not prejudice your patients’ care.                                    | D10 | Ensure that any problems with your own health do not affect your patients.                      | D16 | Do not abuse your professional standing.  |
| D5 | You must comply with equality and anti-discrimination laws.  | D11 | Be aware of your role as a healthcare provider to promote public health.                        | D17 | Uphold the reputation of the profession through your conduct.                             |
| D6 | Respect your patients’ rights to privacy and confidentiality.  | D12 | Take all necessary steps to control the spread of communicable diseases.                        | D18 | You must provide to the GOSc any important information about your conduct and competence. |

In the April/May issue of *The Osteopath*, we focussed on complaint handling and how to provide feedback to colleagues. We turn our attention now to personal health, and equality and diversity matters.

### Maintaining your health – Standard D10

Being a healthcare professional is one of the most challenging and demanding roles in our society. It may involve long hours, stressful situations and high-stakes decision making, all of which can take a toll on your own personal health and wellbeing. It is recognised that healthcare professionals are special in that they face particular challenges and that their work is demanding, that they give their all to their patients and can often neglect their own health needs. So it is particularly important that you have in place measures that preserve your own health.

The Department of Health commissioned a report to look at the health of a range of healthcare professionals, including osteopaths. The report, *Invisible Patients – the health of healthcare professionals*, was published in January 2010 (see: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113540](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113540)).

It concludes that:

‘Ill health in health professionals may remain hidden, leading to worsening of their condition and to possible adverse effects on the quality of care provided to their patients.’

‘There is evidence for higher rates of depression, anxiety and substance misuse in health professionals than in other groups of workers ...’

‘In terms of the impact of ill-health on the quality of care, there is evidence for the impact of depression on doctors’ performance, and working under the influence of drugs or alcohol increases the chance that health care workers will make mistakes and communicate poorly with colleagues and patients. Lower levels of productivity and quality of care from sick health professionals may increase workload and stress among their colleagues, leading to lower morale and motivation,



poor communication and adverse effects on the quality of care.'

So, as an osteopath, it is important that you are able to identify problems with your own health and have access to appropriate coping mechanisms for your own benefit as well as that of your patient.

So how do you know when you are fit enough to treat a patient? There is no simple answer to this question, but as a professional you will be able to employ your own judgement and knowledge to the situation. Some things to consider are as follows:

- > **Take precautions** – register with a GP and access vaccinations against prevalent infections, i.e. the annual influenza vaccine. Try to maintain a work/life balance as far as possible and learn to recognise when you might be under particular pressure/stress, i.e. when you have a particularly challenging patient, so that you are better able to deal with these situations more effectively.
- > **Recognise/acknowledge when there are problems and seek help** – sometimes we feel that admitting to problems with our own health, especially in relation to mental health, is a sign of weakness. We may feel that we are letting down our patients and colleagues or we simply can't spare the time away from our business.

In fact, as a healthcare professional, identifying health problems and seeking appropriate help that ensures your own ill-health does not adversely affect that of your patients is indicative of a strong professional ethic. You should never feel embarrassed or ashamed to consult another healthcare professional, such as your GP or another osteopath. Understanding your professional environment, they can offer you invaluable and confidential advice in relation to your illness or condition and how best to manage it.

Alternatively, there are other organisations that offer advice and guidance, including:

- > **COSSET** (Confidential Osteopathic Support for Emotional Trauma): out of office hours confidential telephone support provided by experienced osteopaths via the British Osteopathic Association.

- > **Alcoholics Anonymous/Narcotics Anonymous:** a network of support groups for those with alcohol or narcotic addictions (visit: [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk) or call 08457 697 555. Visit: [www.ukna.org](http://www.ukna.org) or call 0300 999 1212).
- > **The Department of Health:** offers advice and guidance on general public health issues and specific advice to healthcare professionals ([www.dh.gov.uk](http://www.dh.gov.uk)).
- > **Mind:** provides advice and support on mental health problems (visit: [www.mind.org](http://www.mind.org) or call 0300 123 3393).
- > **Relate:** offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through this website (visit: [www.relate.org.uk](http://www.relate.org.uk) or call 0300 100 1234).
- > **Samaritans:** a confidential emotional support service for anyone in the UK and Ireland (visit: [www.samaritans.org](http://www.samaritans.org) or call 08457 909 090).

Have you thought about establishing your own support network of colleagues who will understand the pressures you face and will be able to share experiences and provide support and counselling if necessary?

- > **Don't delay** – if you do not deal with your health problems quickly and effectively these can build until they become overwhelming. This may end up blighting your own life and that of your family and friends, as well as having an adverse effect on your patient care.
- > **Managing short-term, minor illness** – you should ensure that even with minor illnesses you are not putting your patients in danger, i.e. treatment of patients with compromised immune systems. Ensure for your own safety that you are fit and well enough to work. Even minor illnesses can sometimes leave you exhausted.
- > **Managing long-term/degenerative illnesses** – if you are diagnosed with a long-term or degenerative illness or condition, it is important to be aware of the onset of new symptoms over time, so that you can adjust your practice. Plan in advance the point at which you will no longer be able to continue your practice. Reassess your situation at regular intervals to continue to assure patient safety. It may be important to inform a professional colleague or friend,

so that they can also track the progress of your illness and alert you if necessary to any changes in your condition.

- > **Maintain your practice** – if you know that you will be unwell for a period of time, consider employing a locum to cover your practice and to ensure that your patients continue to receive the care that they need. This will also mean that when you are well enough to return to practice you will have retained your patients and also not be subject to a backlog – especially important if you need to ease yourself back into work.
- > **Are you covered?** – you may want to consider taking out insurance in the event of illness particularly if you are self-employed. This could provide an income for you should you become ill and could be used to employ a locum to cover your practice.
- > **Look out for your fellow colleagues** – it is important that a profession is supportive of its members. With a large percentage of people working in busy sole practices, either from home or from rented rooms within a large practice, it can be all too easy to focus on our own work schedules and overlook the signs of when a colleague may need help. Try to be supportive of your colleagues and talk to them early on if you have concerns about their health. You may feel uncomfortable about doing this, but it is important for their sake that any health concerns are addressed early. If health problems are not addressed, this may eventually lead to a professional obligation to report an osteopath to the GOsC. It is better that health issues are identified and managed at a local level, than having to go through formal proceedings with the GOsC, so do them a favour and approach your colleagues if you have a concern.
- > **Inform the GOsC when appropriate** – while in the majority of circumstances, personal health conditions can be managed within your practice, there are times when it will become necessary for you to report these to the GOsC. This is when your health has deteriorated to the point where you are no longer fit to practise. You are asked about this on your annual renewal of registration forms, but it is important to inform the GOsC as soon as possible if ill-health is compromising your practice.

## Equality and diversity in practice – Standards D4 and D5

As providers of services to the public, osteopaths are reminded that Standard D5 of the new *Osteopathic Practice Standards (OPS)* requires you to comply with current equality and anti-discrimination laws. Below we explore some aspects of the new Equality Act 2010 and some implications for your practice.

More specifically, Standard D4 of OPS cautions osteopaths to ensure you never allow your personal beliefs and values to prejudice your patients care. The guidance offered in the OPS expands on this principle, specifying that it is illegal to refuse a patient treatment on the grounds of their gender, ethnicity, religion, sexual orientation, transgender status, age or marital status.

If you think that your own beliefs may affect the treatment or advice you provide, you must explain this to your patient and tell them they have the right to see or be referred to another patient.

### The new Equality Act 2010 – what it means for you

The new Equality Act 2010 (the Act) came into force in October 2010. This replaces previous anti-discrimination laws with a single Act, seeking to simplify and strengthen equality legislation in the UK.

In relation to those who provide services to the public, including osteopaths, the Act enshrines standards that aim to ensure that all service users (such as patients, their carers and family) are treated equally and with dignity and respect. The Act guides health practitioners to provide a service that treats all patients fairly, and in no way (intentionally or unintentionally) discriminates against any patient or group on the grounds of the following 'protected characteristics':

- > Age
- > Race (this includes ethnic or national origins, colour and nationality)
- > Disability
- > Sex
- > Religion or belief
- > Gender reassignment status
- > Marriage and civil partnership status
- > Sexual orientation
- > Pregnancy and maternity

### Unlawful discrimination

In a healthcare setting, unlawful discrimination can take a number of different forms, and examples of these are given below. Don't forget that employers are also subject to similar duties not to discriminate, and some examples of discrimination in an employment context are also given.

- > **Direct discrimination**, for example where a patient receives less favourable treatment compared to other patients, on the basis of any of the characteristics listed above.
- > **Indirect discrimination** occurs when a particular rule, policy or practice that applies to everyone causes a disadvantage to a person or group of people characterised by one of the categories listed above. For example, an osteopath advertises for an associate with a driving licence, even though home visiting is only an occasional part of the job. This would prevent some people with disabilities from applying, and is therefore indirect discrimination.
- > **Discrimination by association** occurs when a person receives less favourable treatment compared to other patients because of someone they know or are related to. For example, an osteopath refuses a patient treatment because he fears the patient's young child, who has ADHD, would be disruptive in the practice.
- > **Discrimination by perception** occurs when an individual is treated unfairly as they are perceived (even mistakenly) to belong to a particular group. For example, should an osteopath refuse to allow a patient into the practice

at the same time as other patients because it is believed the patient may have mental health problems.

- > **Victimisation** occurs when a person is treated unfairly because they have complained or spoken up about something. For example, talking negatively about the person behind their back or making disparaging, ridiculing or mocking comments or remarks.
- > **Harassment** occurs when a person is picked on purposely. The perceptions of the recipient of the harassment are very important and harassment can be deemed to have occurred even if the intention was not present, but the recipient felt they were being harassed. For example, an Associate who is dyslexic is upset by his Principal's persistent teasing about spelling mistakes.

In summary, as a health professional you must recognise and respect the different backgrounds and circumstances of your patients and any members of the public



that come into contact with you. You must provide the same quality of service to everyone, never unfairly discriminating against any patient by allowing your personal views to adversely affect the treatment you provide.

## Duty to make reasonable adjustments

Equality law recognises that ensuring disabled people enjoy services of the same standard as anyone else may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers.

As service providers, osteopaths are duty bound to make 'reasonable adjustments' to your practice to aid those with special needs who may wish to access your care. You must not wait until a person with a disability wishes to use your service, but should at all times be alive to what assistance is needed across a range of impairments – such as mobility impairments, visual impairments, hearing impairments or a learning disability – and proactively take steps to remove or prevent potential obstacles.

### What is reasonable?

You are required by law to make 'reasonable adjustments' to your practice to assist patients with disabilities, but what is 'reasonable'? This depends on, among other factors, the size and nature of your practice and the nature of the goods, facilities or services you provide, how effective the change will be in assisting disabled people, the cost of making the adjustment, and whether it is actually within your power to make the adjustments. In this, the Act seeks to be fair to the service provider – you are not required to do more than is reasonable. As well as meeting your

legal obligations, making reasonable adjustments will encourage a wider range of people to use your services. Once you have made an adjustment to your practice, tell people about it. For example, put up a notice in the practice, include details in patient information (providing this in alternative formats, where possible) and give details on your website.

Examples of reasonable adjustments could be:

- > When treating a patient with a learning disability, taking more time to explain what you are doing.
- > Adding a ramp to steps within or at the entrance of your practice, and/or fitting a handrail by the steps, to aid those with more limited mobility.
- > Providing larger, well-defined signage for people with impaired vision.
- > For patients with hearing impairments, using written notes to give information and encouraging all those working in your practice to look straight at customers and not cover the mouth when they are speaking to them. This will benefit in particular people who use any level of lip reading.

Take time to talk to and gain feedback from patients who are disabled and their carers to find out what you can do to better help them use your service.

Be conscious that the legal requirement to make reasonable adjustments is an ongoing duty and you must regularly review your practice, your premises, and your policies, to ensure that none of these facilities in any way substantially disadvantage a disabled person.

### Who pays for reasonable adjustments?

If the adjustment is reasonable, you must pay for it. You cannot ask a disabled person to pay for the adjustment, even if they have requested it.

### Your responsibility for what others do

Not only can you be held legally responsible for your own conduct, but be aware always that you can also be held legally responsible if a worker that you employ does something, in the course of their employment, that amounts to unlawful discrimination, harassment or victimisation.

You can also be held legally responsible if a person who is carrying out your instructions (also known as your 'agent') does something that is considered unlawful discrimination, harassment or victimisation. It does not matter whether or not you knew about or approved of their acts.

So what steps can you take to reduce the risk of being held legally responsible for the actions/behaviour of others?

To minimise this risk, you can pro-actively undertake to provide them with information and/or training. You may not be held liable for the behaviour of your workers and agents if you can show that you have taken all reasonable steps to prevent a worker employed by you from acting unlawfully, or that an agent has acted outside the scope of your authority. If this situation arises in practice, we advise that you contact your professional indemnity insurers and/or seek independent legal advice.

Develop an equality policy for your practice so that all staff understand what is expected of them and of the practice. Ensure you and your staff are familiar with the Codes of Practice published by the Equality and Human Rights Commission (see below).

## Further information

The Equality and Human Rights Commission publish Codes of Practice that provide detailed explanations of the provisions in the Act and how these legal concepts apply to everyday situations. These include Codes of Practice for Employment, for Services and for Equal Pay. See: [www.equalityhumanrights.com](http://www.equalityhumanrights.com).

If you wish to further enhance your knowledge and that of your staff, you may find useful the e-learning provided by Skills for Health, which cover a number of subjects, including Equality and Diversity – see: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk).

