

Draft Guidance Note on non-osteopathic treatment or other work

This guidance note helps explain the relationship between the Osteopathic Practice Standards and the breadth of osteopathic practice, adjunctive therapies and other forms of care and treatment provided by osteopaths as well as other non-osteopathic work carried out by osteopaths.

Introduction

Osteopaths are regulated health professionals.¹ The purpose of regulation is public protection and:

- (a) to protect, promote and maintain the health, safety and well-being of the public;
- (b) to promote and maintain public confidence in the profession of osteopathy; and
- (c) to promote and maintain proper professional standards and conduct for members of that profession.

The [Osteopathic Practice Standards](#) (OPS) sets out the standards of conduct, ethics and competence required of osteopaths to practise osteopathy.

- The OPS state that:
‘Patients must be able to trust osteopaths with their health. To justify that trust osteopaths must meet the standards expected in the Osteopathic Practice Standards. Osteopaths are personally accountable for their professional practice and must always be prepared to justify their decisions and actions, explaining how they have exercised their professional judgement.’

This guidance supplements the OPS and explores some of the challenges osteopaths face around implementing the OPS when offering other forms of care and adjunctive therapies. Using case scenarios, this guidance highlights some of the issues that may arise, and considers the key factors that an osteopath might need to pay attention to when deciding how to respond to those issues.

The guidance is for osteopaths to use when considering how the OPS apply to all aspects of their work. It is also intended to help members of the public and patients by illustrating how osteopaths approach their obligations under the OPS across the different forms of care and treatment they provide. This guidance will also act as a reference for Fitness to Practise Committees when considering concerns that osteopaths have failed to apply the OPS in their practice.

¹ In the UK, an osteopath is anyone on the Register of osteopaths kept by the General Osteopathic Council.

The application of the Osteopathic Practice Standards to any care or treatment provided by osteopaths

Osteopaths apply a broad range of treatment approaches and for many this includes incorporating adjunctive therapies into their practice.

The purpose of the OPS is to protect patients by making sure that osteopaths always practise in a way that is safe and in the patients' best interests. To protect patients, the OPS apply to all areas of an osteopath's work. So this includes all osteopathic techniques and adjunctive therapies. For example, an osteopath must meet the standards set out in the OPS whether they are treating a patient with applied kinesiology or with spinal manipulation.

Many osteopaths are also qualified and/or registered with other healthcare bodies to provide different forms of care and treatment. They may change the way they describe themselves to patients and service users depending on the form of service they are providing at the time. The OPS apply to the osteopath's work in all circumstances. For example, an osteopath treating a patient as a sports massage therapist must apply the same standards as they do when treating patients as an osteopath.

Case Study Example 1:

Kenneth is an osteopath who is also a qualified acupuncturist. He combines osteopathy and acupuncture treatment with half of his patients, but he also treats some just with osteopathic techniques, and works two sessions a week purely as an acupuncturist. The Osteopathic Practice Standards apply to his treatment of all his patients, including those for whom he treats solely as an acupuncturist.

An osteopath will always be bound by standards of professionalism in whichever context they practise and in most circumstances this is relatively straightforward.

However, there are some circumstances which may raise challenges:

1. Application of different professional standards to an osteopaths' practice

What do the OPS say?

Osteopaths have a duty to protect patients when providing them with any form of care or treatment. The OPS set out the standards osteopaths are expected to meet when complying with that duty. Other statutory regulators set their own standards for registrants of the professions they regulate. An osteopath who is also a registrant of another regulated profession may therefore find themselves with obligations under two sets professional standards.

Where there is common ground between the two sets of standards, no issue arises. In most cases the standards which relate to the conduct and ethics of the professional will be consistent across healthcare professions. However, the standards which are specific to the profession may vary. In these circumstances, the osteopath will need to carefully consider what role they are carrying out and what expectations the patient has of them in that role.

Case Study Example 2:

Roshani is a registered nurse and has recently also qualified as an osteopath. She continues to work three shifts a week as a nurse in a private hospital, as well as starting to build up an osteopathic practice from her home. She asks what the crossover is between the requirements of the Osteopathic Practice Standards (OPS) and the Nursing and Midwifery Council's Code. Are these clearly demarcated in terms of her professional roles?

When two different sets of professional standards apply the osteopath must always act in the best interests of their patients. This is the case even if the patient is an osteopathic patient. If the osteopath departs from the OPS because another set of professional standards applies, they must be sure this does not go against the patient's best interests. If the osteopath's actions are not in the patient's best interests, this would call into question whether the OPS has been met. The osteopath must always be able to justify how their approach aligns with the patient's needs, wishes and best interests.

When Roshani is carrying out her duties as a nurse, the standards of professionalism that apply to her as an osteopath (including D1 and D7) will also apply in the context of her work as a nurse. However, the requirement to be able to conduct an osteopathic patient evaluation (C1) may not be relevant. A full osteopathic evaluation of her hospital patients is unlikely to be appropriate and the patients are unlikely to expect or need this from her. Instead, they would expect the care they receive to meet the standards of competence for nurses. A decision not to carry out an osteopathic evaluation in this context would not be likely to represent a failure to meet the OPS.

It is important to note that where an individual is registered with two regulatory bodies and has been found to fall below one of the standards expected of them in one professional role, it is likely this will also be relevant to their fitness to practise in their other professional role.

2. Providing professional services other than osteopathy**What do the OPS say?**

- D1 states:
'You must act with honesty and integrity in your professional practice.'
- D7 states,
'You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace'.
- The associated guidance for D7 states:
'The public's trust and confidence in the profession (and the reputation of the profession generally) can be undermined by an osteopath's professional or personal conduct. You should have regard to your professional standing, even when you are not acting as an osteopath.'

The OPS do not prevent osteopaths from providing care and treatment to a patient in a different capacity. In doing so, however, the osteopath should ensure that the approach they take to their work meets D1 and D7, as set out above. It is important for osteopaths to be aware that although a patient may have chosen to be treated by them in a different capacity they may have done so on the basis that the osteopath is a regulated healthcare professional. This might give the patient a degree of assurance about the standard of patient care they can expect. The osteopath therefore needs to be sure that they understand the patient's expectations and are clear about the service they are able to provide to the patient in the context.

The osteopath should also be aware that they cannot 'unknow' the knowledge, skills and standards of practice they have developed in the course of their training as an osteopath. It would be difficult to make a case for it being in the patient's best interests to disapply what they know as an osteopath and provide a different standard of care to patients when operating under a different professional title.

Case study example 3:

Lucy has worked as a massage therapist in a gym for some ten years. She has now graduated as an osteopath, having studied part-time for the past five years. As well as working as an associate osteopath for two days a week in an established clinic, she intends to continue working as a massage therapist at the gym, as she has built up a busy client list there and does not want to give this up. She seeks advice as to the extent to which the Osteopathic Practice Standards will apply to her work as a massage therapist. She asks, for example, whether the requirement to be able to undertake an osteopathic patient evaluation (C1) means that she will have to alter the way she works when providing massage so as to undertake an osteopathic assessment even when not providing osteopathic treatment.

Lucy's registration as an osteopath does not stop her from continuing her work as a massage therapist at the gym. She will have to make sure however that her patients understand the difference between her practice as an osteopath and that of a massage therapist and the extent to which her osteopathic practice affects her massage therapy work. This might include explaining that a full osteopathic evaluation will not form part of the massage treatment, but her osteopathic knowledge and training may lead her to identify a different treatment approach that would benefit the patient. If a different treatment approach was identified, she would need to discuss this with the patient so that they can make an informed decision about which treatment approach they preferred.

What do the OPS say?

If the osteopath holds that they are providing a service which is completely separate from their work as an osteopath and does not involve treating patients, it would be easy to assume that the standards are not relevant. The OPS cannot be disregarded however, and the expectations for ethical behaviour, such as those set out in D1 and D7 do still apply.

If there is no benefit to the patient in the osteopath arguing a distinction between his different professional roles, then the osteopath may not be able to demonstrate compliance with D1 and D7.

Case Study Example 4:

Aaron has worked as a builder for 15 years. He continued to work in this capacity whilst training part time as an osteopath, and has now graduated. To maintain his income, he continues to work as a builder. He recently worked on an extension for a client who is now in a dispute with him over the cost of the work. The client has found out that Aaron is GOsC registered and has raised a concern with the GOsC that Aaron has acted dishonestly in his calculation of costs, has lied to him over when the work will be finished, and has shown a general lack of integrity. Aaron considers that this is not an issue for the Osteopathic Practice Standards and is completely separate from his work as an osteopath.

If Aaron's conduct is found to be dishonest, this would have a damaging effect on public confidence in the profession of osteopathy. This is because Aaron's registration as an osteopath does not stop and start depending on what work he is doing. While registered as an osteopath, he is a representative of the profession at all times. As such, Aaron cannot decide not to uphold the standards of behaviour expected of him as an osteopath just because he was working as a builder at the relevant time.

3. Offering novel forms of care and/or treatment

What do the OPS say?

- A3 of the OPS states:
'You must give patients the information they want or need to know in a way that they can understand.'
- The associated guidance states:
'You should discuss care options, encourage patients to ask questions and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits as well as any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these...'

To comply with this, osteopaths must ensure that patients are fully informed of treatment options available to them so that they can exercise full autonomy in making decisions about their care.

Case Study Example 5:

Michel is an osteopath who has developed an interest in esoteric healing methods, and has formulated his own approach to healing which, he says, combines osteopathy, shamanic practice, crystals and astrological readings to design unique interventions for patients. He claims to offer treatments which address both physical and spiritual dimensions to patients' health and well-being, 'which take into account their unique place in the universe'. He suggests

that as part of a treatment plan for chronic headaches, a particular patient undergoes a combination of approaches, including attending a shamanic ceremony in a 'sweat lodge' in Michel's garden, an astrological reading to reveal factors affecting the patient's current symptoms and prognosis, and a spiritual healing session to address past life trauma. The patient consents to this approach at the time, but later has concerns that the treatments are very unusual and raises a concern with the GOsC.

It is important that patients clearly understand what treatment is being offered to them, whether this is osteopathic treatment or another form of treatment. If the osteopath offers treatment which is not osteopathic because they consider that this will be of benefit to the patient, this must be explained to the patient and the patient must be given enough information about the treatment options to be able to give valid consent for whatever treatment option they choose.

Osteopaths should be aware that the consent of a patient does not, on its own, justify a treatment option. In a very small number of circumstances, treatment or care offered by the osteopath may be considered by the osteopathic profession not to have any possible benefit to a vulnerable patient. Osteopaths should always be able to provide a narrative to explain the benefits of the treatment offered for the patient. Such a narrative may, for example, take into account academic research or discussion with peers and will take into account a detailed account of the discussion with the patient.