



Draft revisions to Osteopathic Practice Standards - Commentary and notes are shown in relation to each of the standards. Current guidance is not shown, though changes are referred to in the commentary in relation to each. For a full comparison, it is suggested that the draft be compared to the current OPS.

Communication and patient partnership

Introductory statement - notes and comments	
We have updated the introductory statement to provide a clearer overview of what this theme comprises.	
Current introductory statement	Suggested revisions
The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.	<p>Suggested revised introductory statement:</p> <p>This theme sets the standards relating to communication, consent and the formation of effective patient partnerships. Patients should be at the centre of healthcare and should be given the information that they need in order to make informed choices about the care they receive. These standards support therapeutic relationships built on good communication, trust and confidence.</p>

Revised A1 Notes and comments		
<p>The revised A1 (we have moved this up from A2) incorporates also the current C4 (being polite and considerate), and C5 (acknowledging patients' individuality).</p> <p>In point 3. We've added physical and mental health and disability to the existing wording.</p> <p>Current guidance includes:</p> <p><i>5. Good communication is especially important when you have to examine or treat intimate areas. You should first ensure you explain to the patient clearly and carefully what you need to do and why you need to do it. The patient needs to understand the nature and purpose of the examination or treatment proposed. Intimate areas include the groin, pubis, perineum, breast and anus, but this is not an exhaustive list.</i></p> <p><i>6. If you are proposing to undertake a vaginal or rectal examination or technique, you should offer to conduct the procedure at a subsequent appointment. Some patients may not have come prepared for such a procedure and may prefer to return at another time.</i></p> <p>The suggestion is to remove these comments from this section – having these on, effectively, page 1 of the OPS might give an alarming and inaccurate indication of what typical osteopathic treatment might include for patients reading the standards. This is covered in guidance to A4.</p>		
A2 Current standards	A1 Suggested revisions	Suggested guidance
A2. Listen to patients and respect their concerns and preferences.	A1. Listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients, and treat them with dignity and courtesy.	<ol style="list-style-type: none"> 1. Poor communication is at the root of most patient complaints. Effective communication is a two-way exchange, which involves not just talking but also listening with care. Patients may be anxious and vulnerable, and will come to you with different experiences and expectations. 2. You should be alert to patients' unspoken signals; for example, when a patient's body language or tone of voice indicates that they may be uneasy or experiencing discomfort. 3. Be aware that patients will have particular needs or values in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical and mental health and disability. You must be able to respond appropriately to these needs. 4. Your patients should have your full attention, and you should allow sufficient time to deal properly with their needs. If you are in sole practice, you should seek to minimise interruptions while you are with a patient.

Revised A2 Notes and comments		
<p>The suggested A1 is a combination of the current A1, plus elements of the current A5, with C3 becoming point 1 of the guidance. It seems that all of these standards underpin the formation of an effective patient partnership, so having this here as a primary standard seems to make sense, rather than separating it out as it is currently.</p> <p>Para 1 of the guidance is aimed at contextualising the standard.</p> <p>We have added Para 4 of the guidance in response to a n equality expert’s comments on disability issues. This is adapted from the current guidance to A1.</p> <p>Para 5 of the guidance is from the current guidance to A5.</p>		
A1 Current standards	A2 Suggested revisions	Suggested guidance
<p>A1. You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.</p>	<p>A2. You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.</p>	<ol style="list-style-type: none"> 1. Trust is an essential part of a clinical relationship, and can only be developed through effective communication between an osteopath and their patient. 2. You must care for your patients and do your best to understand their condition and improve their health. 3. You should be sensitive to the specific needs of patients, and be able to select and utilise effective forms of communication, which take these into account. 4. You should share with patients, accurate and relevant information and encourage them to ask questions, and to take an active part in decisions about their care. 5. The most appropriate treatment for patients will sometimes involve: <ol style="list-style-type: none"> 5.1. Referring them to another osteopath or other healthcare professional. 5.2. Providing advice on self-care. 5.3 Not treating them at all.

Revised A3 Notes and comments		
<p>A3 has been reworded to refer to information that patients may 'want or need', rather than just 'need'. The aim is to make this more patient-centred, and avoid implying that it is the osteopath who decides what the patient needs (reflecting Montgomery case).</p> <p>Point 1 of the guidance: this has been slightly reworded, retaining the original essence.</p> <p>Point 2 of the guidance: this has been slightly reworded. Reference is made to 'care options' rather than 'alternatives to treatment', as this was a point of criticism in the feedback we received. We have also added 'benefits' to explanations, and a requirement to confirm patient's understanding of risks and benefits.</p> <p>Point 3 of the guidance: this is in the current guidance. Some feedback highlighted the demand this places on the osteopath (e.g. to provide an interpreter) and questioned the need for this detail. Should this be retained? Our equality consultant pointed out that it's important osteopaths understand they must be legally compliant – where reasonable, they may need to utilise an interpreter – certainly using a third party, or notes/engaging with someone effectively who needs to lip read.</p>		
A3 Current standards	A3 Suggested revisions	Suggested guidance
<p>A3. Give patients the information they need in a way that they can understand.</p>	<p>A3. Give patients the information they want or need to know in a way they can understand.</p>	<ol style="list-style-type: none"> 1. You should explain to patients what they can realistically expect from you as an osteopath, and their rights as a patient, including the right to have a chaperone present, and to stop the examination or treatment at any time. 2. Inform your patients of any material or significant risks associated with the treatment you are proposing, as well as anticipated benefits, and confirm their understanding of these. If you are proposing no treatment, you should explain potential risks associated with this. You should discuss care options and encourage patients to ask questions, dealing with these clearly, fully and honestly. 3. If you propose to examine or treat a patient who has difficulty communicating or understanding, you should take all reasonable steps to assist them. For example, make use of an appropriate interpreter if the patient communicates in a different language to you. If you are unable to communicate sufficiently with the patient, you should not treat them.

Revised A4 Notes and comments		
<p>Following discussion with the Stakeholder Reference Group we have retained detailed consent guidance within the OPS document itself in this draft. We have reformatted the current guidance with some changes to try and make it clearer to understand. We have grouped guidance under headings, for clarity. Some of the finer detail from the current guidance related to the treatment of children has been removed, and will be incorporated within separate guidance (as is the case now with <i>Obtaining Consent</i>).</p>		
A4 Current standards	A4 Suggested revisions	Suggested guidance
<p>A4. You must receive valid consent before examination and treatment.</p>	<p>A4. You must receive valid consent for all aspects of examination and treatment and record this as appropriate.</p>	<ol style="list-style-type: none"> 1. Gaining consent is a fundamental part of your practice and is both an ethical and legal requirement. If you examine or treat a patient without their consent, you may face criminal, civil or GOsC proceedings. 2. The gaining of consent is an ongoing process. You must make sure that patients continue to give consent to their care, and are able to make decisions at all stages of their treatment. 3. For consent to be valid, it must be given: <ol style="list-style-type: none"> 3.1 voluntarily, 3.2 by an appropriately informed person, 3.3 with the capacity to consent to the intervention in question. <p>Voluntarily</p> 4. To be voluntary, the patient must not be under any form of pressure or undue influence to consent to osteopathic care. You should ensure that patients are given the information they need in order to give their consent, and to reach their own decision on this. 5. Situations where you might question whether consent is voluntary might include patients being put under pressure by employers or relatives to accept osteopathic care, or where a patient might be vulnerable. <p>By an appropriately informed person</p> 6. The patient needs to understand the nature, purpose and risks of the examination or treatment proposed. The patient must then be free to either accept or refuse the proposed examination or treatment. Some patients may need time to reflect on what you have proposed before they give their consent to it.

		<p>7. Where your diagnostic examination and treatment are carried out simultaneously, consent could be obtained by explaining your approach, describing the types of treatment methods you might like to use, setting the parameters within which you will work, and how the patient may indicate that they wish the treatment to stop. If the patient consents to you proceeding on this basis, you may do so. If the patient expresses concern that you are going outside the agreed treatment plan, you must stop the treatment.</p> <p>8. Before relying on a patient's consent, you should consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed.</p> <p>9. It is particularly important to ensure that your patient understands and consents to the proposed examination or treatment of any intimate area before it is administered. Intimate areas include the groin, pubis, perineum, breast and anus, but this list is not exhaustive, and patients may regard other areas of their body as 'intimate'. Some patients may not have come prepared for such a procedure and you should offer to conduct this at a subsequent appointment, and offer a chaperone.</p> <p>Capacity</p> <p>10. Capacity, in this context, relates to the ability of an individual to understand, retain and evaluate information to make a decision regarding their health needs and treatment options, and to communicate this.</p> <p>11. You must not assume that a patient lacks capacity solely because of their age, disability, appearance, behaviour, medical condition, beliefs, or because they make a decision which you disagree with. The starting point should always be a presumption of capacity.</p> <p>12. The law recognises that some patients – because of illness, mental capacity or age – are not competent to give consent for a particular examination or treatment. This is because they may not be able to absorb or weigh up the information and make an informed decision.</p> <p>13. When an adult lacks mental capacity, decisions about their treatment must be taken in their best interests and in accordance with relevant legislation. Further details on the relevant legislation are provided in the GOsC guidance document <i>Obtaining Consent</i>.</p>
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		<p>Treatment of children and young people</p> <p>Note that in the summary below a 'child' is a person under the age of 16 years and a 'young person' is a person aged 16 or 17 years.</p> <p>14. Before you examine or treat a child or young person, you should ensure that you have valid consent. If you treat children, you must be aware of the law in this respect. Obtaining consent for treatment to be given to a child or young person is a complex issue: Further details are provided in the GOsC guidance document <i>Obtaining Consent</i>.</p> <p>15. A child may have the capacity to consent, depending on their maturity and ability to understand what is involved. You will need to apply the law, and use your professional judgement in assessing the capacity of each patient under 16 years. You are strongly advised to involve a person with parental responsibility for the child when seeking consent.</p> <p>16. You should involve children and young people as much as possible in discussions about their care, even if they are not able to make decisions on their own.</p> <p>17. A young person can be treated as an adult and can be presumed to have the ability to make decisions about their own care. Nevertheless, you will need to use your professional judgement to assess whether the young person in fact has the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid.</p> <p>Records of consent</p> <p>18. You must record key elements of your discussion with the patient. This should include information discussed, any particular concerns, expectations or requests for information raised by the patient, how you addressed these, and any decisions made. It is important that such issues are evidenced in the patient records.</p> <p>19. The validity of consent does not depend on the form in which it is given. Written consent may serve as evidence of consent but if the elements of voluntariness, appropriate information and capacity have not been satisfied, a signature on a form will not by itself make the consent valid.</p>
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Current A5 Notes and comments		
This has been combined with Standard A1 above, in an attempt to rationalise some of the standards and avoid undue repetition.		
A5 Current standards	Suggested revisions	Suggested guidance
A5. Work in partnership with patients to find the best treatment for them.	N/A	N/A

Revised A5 Notes and comments		
<p>Feedback indicates a general lack of understanding around this standard. It reads as though it relates to the giving of broader lifestyle advice, but the current guidance says something different. The reference in the supporting guidance about encouraging patients to tell their GP they are seeing an osteopath was criticised by respondents as being unrealistic and unrelated to the standard. We have suggested some revised guidance, which avoids the current blanket suggestion of encouraging patients to inform their GP that they are receiving osteopathic treatment unless this is necessary, references broader lifestyle advice (similar to the GMC Good Medical Practice), and maintains the (slightly modified) reference from the current guidance about respecting patients decisions about their care.</p>		
A6 Current standards	Suggested revisions	Suggested guidance
<p>A6. Support patients in caring for themselves to improve and maintain their own health.</p>	<p>A5. Support patients in caring for themselves to improve and maintain their own health and wellbeing.</p>	<p>1. Supporting patients in caring for themselves may include:</p> <p>1.1 advising them on the effects of their life choices and lifestyle on their health and well-being</p> <p>1.2. supporting them in making lifestyle changes where appropriate.</p> <p>1.3 encouraging and supporting them to seek help from others, including other health professionals, or those coordinating their care, if necessary</p> <p>1.4 respecting patients’ decisions about their care, even if you disagree with those decisions.</p>

Revised A6 Notes and comments		
<p>It is suggested that the current standard (C6) be moved from <i>Safety & quality in practice</i>, to <i>Communication & patient partnership</i>.</p> <p>The guidance is largely from the current C6 guidance, with some modifications (2.4) to try and make this more about the patient than the osteopath.</p>		
C6 Current standards	A6 Suggested revisions	Suggested guidance
<p>C6. Respect your patients’ dignity and modesty.</p>	<p>A6. Respect your patients’ dignity and modesty.</p>	<p>1. Patients will have different requirements as to what they need to maintain their dignity and modesty during a consultation, and you should be sensitive to these. Some of these ideas may have been shaped by a patient’s culture or religion, but it is unwise to make assumptions about any patient’s ideas of modesty.</p> <p>2. You should respect your patients’ dignity and modesty by:</p> <p>2.1. Explaining to patients in advance of their first appointment that they may be asked to undress for examination and treatment.</p> <p>2.2. Allowing a patient to undress, and get dressed again, without being observed.</p>

		<p>2.3. Explaining why (if you consider it necessary or helpful for the purposes of diagnosis or treatment) you wish to observe the patient undressing. If the patient does not wish to be observed, you must respect their wishes and find another way of establishing the clinical information you need.</p> <p>2.4 Giving patients the option of covering areas of their body that do not need to be exposed for examination or treatment. This can be achieved by providing the patient with a suitable gown or cover, asking that they only remove such items of clothing that are necessary for the proposed examination or treatment, or providing the opportunity to get dressed again in full or part as appropriate. If you feel it is necessary for the examination or treatment that the patient is undressed to their underwear, you should explain this to the patient, and seek their consent.</p> <p>3. If it becomes necessary during examination or treatment to adjust or remove items of the patient's clothing or underwear, they should be asked to do this themselves. If it is necessary for you to assist them, then you should have their consent to do so.</p> <p>4. If you need your patient to remove underwear for an examination or treatment, you should ask them to put their underwear back on at the conclusion of that particular examination or treatment and before you continue with any other procedure</p> <p>5. You should always ask a patient if they would like a chaperone when:</p> <ul style="list-style-type: none"> 5.1 You examine or treat an intimate area. 5.2 You are treating a patient under 16 years of age. 5.3 You are treating an adult who lacks capacity. 5.4 You are treating a patient in their home. <p>6. A chaperone can be:</p> <ul style="list-style-type: none"> 6.1. A relative or friend of the patient. 6.2. A suitable person from your practice but not your spouse or personal partner. <p>7. If the patient wishes to have a chaperone and neither you nor the patient is able to provide one, you should offer to re-arrange the appointment.</p> <p>8. If a chaperone is present, you should record this in the patient records. If a patient within one of the categories in paragraph 6 declines the offer of a chaperone, you should record this in the notes.</p>
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Revised A7 Notes and comments		
<p>This standard was formerly in the Professionalism section of the current OPS, but was felt to be more relevant in terms of <i>Communication and patient partnership</i>, with its emphasis on values.</p> <p>The current guidance to this standard includes the following at the end of Point 3:</p> <p><i>"Good reasons for not accepting someone as a patient or declining to continue their care might arise where:</i></p> <ul style="list-style-type: none"> • <i>They are or become aggressive.</i> • <i>They seem to have no confidence in the care you are providing.</i> • <i>They appear to have become inappropriately dependent on you."</i> <p>This provoked comments in feedback from respondents, which questions its usefulness here. Some read it as implying that aggressive patients should be referred to other osteopaths. Our disability consultant suggested 'good' reasons would be problematic in this context (a language issue) and queried whether it would be unhelpful to specify reasons in case we indirectly discriminated against someone with, for example, Tourette's. We considered removing this, but felt that, perhaps, it did have a value in contextualising this issue, and have retained this in this draft.</p>		
D4 Current standards	A7 Suggested revisions	Suggested guidance
D4. Make sure your beliefs and values do not prejudice your patients' care.	A7. You must ake sure your beliefs and values do not prejudice your patients' care.	<ol style="list-style-type: none"> 1. The same quality of service and care should be provided to all patients. It is illegal to refuse a service to someone on the grounds of their gender, ethnicity, disability, religion or belief, sexual orientation, transgender status, age, marital or civil partnership status or pregnancy 2. If carrying out a particular procedure or giving advice conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and advise them they have the right to see or be referred to another osteopath. 3. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient. 4. You are not obliged to accept any individual as a patient (subject to the points raised in paragraph 1 above), but if having done so you feel you cannot continue to give them the good quality care to which they are entitled, you may decline to continue treating them. In that case, you should try to refer them to another osteopath or healthcare professional where appropriate. Reasons for not accepting someone as a patient or declining to continue their care might include: <ol style="list-style-type: none"> 4.1 They are or become aggressive.

		4.2 They seem to have no confidence in the care you are providing. 4.3 They appear to have become inappropriately dependent on you.
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Knowledge, skills and performance

Notes and comments	
We have revised the introductory wording slightly to better summarise the theme.	
Current introductory statement	Suggested revisions
Ethically, an osteopath must possess the relevant knowledge and skills required to function as a primary healthcare professional.	All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers. They must always work within the limits of their skills and experience. The standards in this theme set out the requirements in this respect.

Current B1 Notes and comments		
Feedback was divided on this standard and called for more clarity. Some feedback supported the 'osteopathic concepts and principles' reference, but many challenged this, pointing out the general lack of agreement among osteopaths as to what these concepts and principles are, and how they should be implemented. Some also considered the guidance vague. Some regarded the reference to 'palpation' as being patronising (as it is written currently) and alluding to an aspect of practice that is unsupported by the evidence.		
B1 Current standards	Suggested revisions	Suggested guidance
B1. You must understand osteopathic concepts and principles, and apply them critically to patient care.	See below	

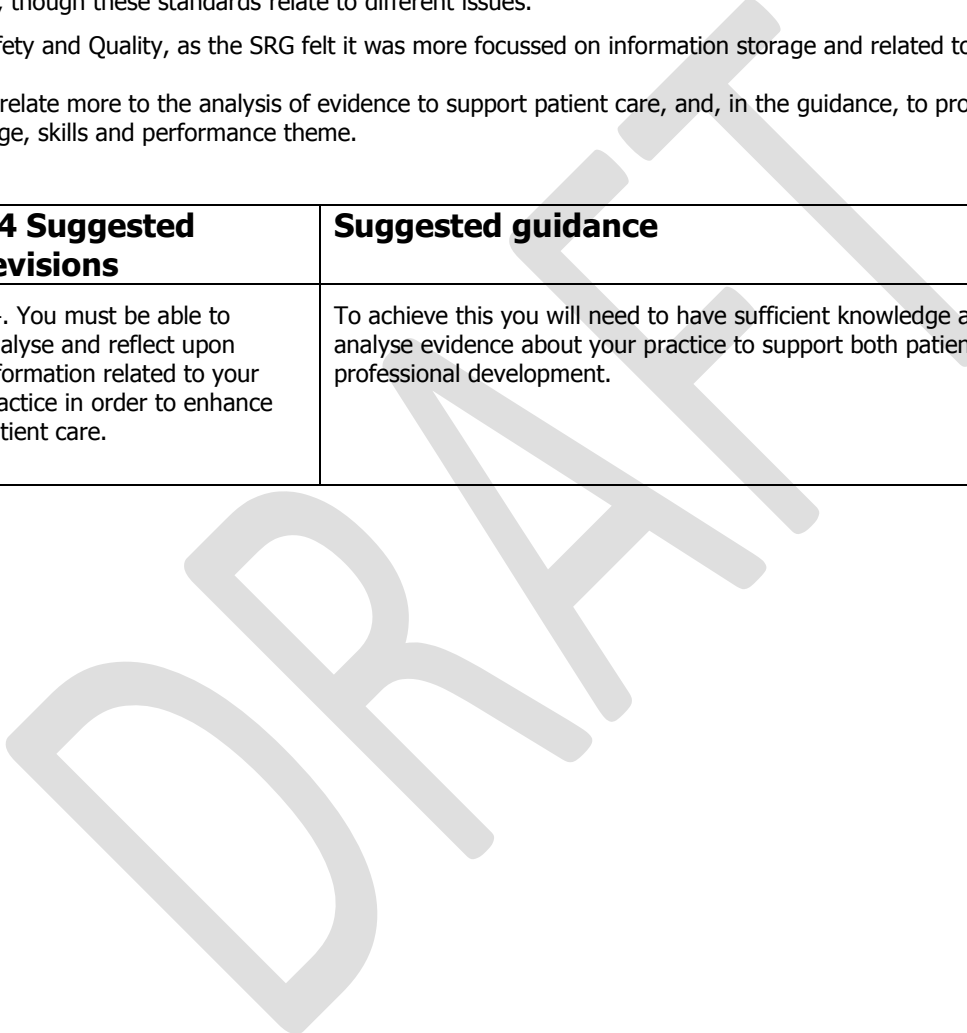
Revised B1 Notes and comments		
<p>The suggestion here is that one standard is sufficient to determine that osteopaths must have sufficient knowledge and skills to support their work. We have suggested some revision to the guidance here, which was modified following the initial meeting of the Stakeholder Reference Group. We have included reference (1.1.2) to osteopathic principles and concepts of care, rather than 'osteopathic approaches'. We have considered reference to osteopathic philosophy, which the OA feel should be included. It isn't in the current standards, however, and there's a reluctance to incorporate this within a regulatory document when its meaning is not universally understood or agreed. Its omission is not intended to be seen as a constraint on osteopathic practice, and we are planning on consulting on this issue.</p>		
B2 Current standards	B1 Suggested revisions	Suggested guidance
<p>B2. You must have sufficient knowledge and skills to support your work as an osteopath.</p>	<p>B1. You must have sufficient and appropriate knowledge and skills to support your work as an osteopath</p>	<ol style="list-style-type: none"> 1. These should include: <ol style="list-style-type: none"> 1.1 A knowledge of human structure and function sufficient to inform appropriate care. 1.2 An understanding of osteopathic principles and concepts of health, illness, and disease and the ability to critically apply this knowledge in the care of patients. 1.3 A knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional. 1.4 An understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care. 1.5 An awareness of the principles and applications of scientific enquiry and the ability to critically evaluate data to inform osteopathic care. 1.6 An understanding of the principles of biomechanics sufficient to apply osteopathic treatment safely and effectively. 1.7 An understanding of of the characteristics of the normal and abnormal functioning of different body tissues and systems to inform the interpretation of clinical findings. 1.8 The ability to determine clinical by the appropriate use of observation, palpation and motion evaluation. 1.9 Problem-solving and thinking skills in order to inform and guide the interpretation of clinical and other data, and to justify clinical reasoning and

		<p>decision-making.</p> <p>1.10 The ability to protect yourself physically and psychologically during interactions with patients to maintain your own health.</p> <p>1.11 The ability to critically appraise your own osteopathic practice. For example, this could be achieved through:</p> <p>1.11.1 Self-reflection.</p> <p>1.11.2 Feedback from patients.</p> <p>1.11.3 Feedback from colleagues.</p> <p>1.11.4 Case analysis or clinical audit.</p>
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<p>Revised B2 Notes and comments</p> <p>We have retained existing paragraphs 1&2 of the guidance.</p> <p>Feedback suggested that the current guidance B3.3 and B3.4 (<i>3. You may be able to expand your training and competence, as outlined in standard B4 or through research, and 4. You also need to identify and work within your competence in the fields of education and research</i>) was unhelpful, and we have suggested deletion of these points.</p>		
<p>B3 Current standards</p> <p>B3. Recognise and work within the limits of your training and competence.</p>	<p>B2 Suggested revisions</p> <p>B2. You must recognise and work within the limits of your training and competence.</p>	<p>Suggested guidance</p> <p>1. You should use your professional judgement to assess whether you have the training, skills and competence to treat a patient.</p> <p>2. If not, you should consider:</p> <p>2.1. Seeking advice or assistance from an appropriate source to support your care for the patient.</p> <p>2.2. Working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient.</p> <p>2.3. Referring the patient to another osteopath or appropriately qualified healthcare professional.</p>

Revised B3 Notes and comments		
<p>This guidance here has been extracted from the existing B4 guidance which is arguably too detailed and over-prescriptive, providing suggestions for CPD which are probably best made in other contexts. We have modified this, and added reference to being 'professionally engaged'.</p> <p>We have expanded the guidance in para 2 to give examples of the legislation that osteopaths should be keeping up to date with, as referred to in other standards.</p>		
B4 Current standards	B3 Suggested revisions	Suggested guidance
B4. Keep your professional knowledge and skills up to date.	B3. You must keep your professional knowledge and skills up to date.	<p>To achieve this, you should:</p> <ol style="list-style-type: none"> 1. Be professionally engaged, undertaking professional development activities, and complying with GOsC requirements regarding continuing professional development. 2. Keep up-to-date with factors relevant to your practice, including: <ol style="list-style-type: none"> 2.1 GOsC guidance 2.2 legal requirements or changes to the law in relation to your practice, for example, in relation to data storage (see standard C3), health and safety in the workplace (see standard C5) and equality issues (see standard D6).

Revised B4 Notes and comments		
<p>Feedback indicates existing standards D2 and D3 are not well understood, and the guidance is not felt to be completely helpful. Currently, the guidance relates to both (current) D2 and D3, though these standards relate to different issues.</p> <p>We have removed current D2 to Safety and Quality, as the SRG felt it was more focussed on information storage and related to record keeping.</p> <p>D3 (now B4) has been amended to relate more to the analysis of evidence to support patient care, and, in the guidance, to professional development, which fits in more with the knowledge, skills and performance theme.</p>		
D3 Current standards	B4 Suggested revisions	Suggested guidance
<p>D3. You must be capable of retrieving, processing and analysing information as necessary.</p>	<p>B4. You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.</p>	<p>To achieve this you will need to have sufficient knowledge and ability to collect and analyse evidence about your practice to support both patient care and your own professional development.</p>



Safety and quality in practice

Notes and comments	
We have suggested a revised wording of the introductory statement.	
Current introductory statement	Suggested revisions
Osteopaths must deliver high-quality, safe, ethical and effective healthcare through evaluation and considered treatment approaches, which are clearly explained to the patient and respect patient dignity. Osteopaths are committed to maintaining and enhancing their practice to continuously deliver high quality patient care.	Revised introductory statement: Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation the delivery of care, including evaluation and management approaches, record keeping, safeguarding of patients and the promotion of public health.

Revised C1 Notes and comments		
We have suggested combining C1 and C2 as shown.		
The guidance has been combined and reformatted from existing guidance to current C1 & C2.		
C1 & C2 Current standards	C1 Suggested revisions	Suggested guidance
C1. You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan. C2. You must be able to formulate and deliver a	C1. You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.	1. This should include the ability to: <ol style="list-style-type: none"> 1.1 Take and record the patient's case history, adapting your communication style to take account of the patient's individual needs and sensitivities. 1.2 Select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history. 1.3 Formulate an appropriate working diagnosis or rationale for care, and explain

<p>justifiable osteopathic treatment plan or an alternative course of action.</p>		<p>this clearly to the patient.</p> <p>1.2 Develop and apply an appropriate plan of care. This should be based on:</p> <p>1.2.1 the working diagnosis</p> <p>1.2.3. the best available evidence</p> <p>1.2.4. the patient's values and preferences</p> <p>1.2.5. your own skills, experience and competence.</p> <p>1.3 Monitor the effects of your care, and keep this under review. You should cease care if requested by the patient or if you judge that care is likely to be ineffective or not in the patient's best interests.</p> <p>1.4 Adapt an osteopathic technique or treatment approach in response to findings from palpatory examination.</p> <p>1.5 Evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate.</p> <p>1.6 Recognise adverse reactions to treatment, and take appropriate action.</p> <p>1.7 Recognise when errors have been made, and take appropriate action to remedy these, taking account of the patient's best interests under your duty of candour (see D3).</p> <p>1.8 Where appropriate, you should refer the patient to another healthcare professional, following appropriate referral procedures.</p> <p>2 If providing care outside of your usual practice environment, you should note in your records where this took place, and apply the same standards, where possible, as you would apply in your usual practice.</p>
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Current C3-5, C7 Notes and comments		
<p>C3: This standard has been combined with A1 – see question in relation to that standard. Guidance has been added in theme A (A2)</p> <p>C4: This standard has been combined with A2 – see question in relation to that standard. Guidance (to some extent) added to A1.</p> <p>C5: This standard has been combined with A2 – see question in relation to that standard. Aspects of guidance added to A1</p> <p>C7: This standard adds little and in the current guidance is covered in C1.2. We recommend removing this, and relying on the preceding standards.</p>		
C3-5 Current standards	Suggested revisions	Suggested guidance
C3. Care for your patients and do your best to understand their condition and improve their health.	Combine with A1	
C4. Be polite and considerate with patients.	Combine with A2	N/A
C5. Acknowledge your patients' individuality in how you treat them.	Combine with A2	N/A
C7. Provide appropriate care and treatment.	N/A	N/A

Revised C2 Notes and comments		
<p>We have added the word 'legible' to the standard in relation to patient records.</p> <p>The guidance here is largely as in the current standards, although reference to recording 'investigation' in 1.9. (<i>The investigation or treatment you undertake and the results</i>) has been taken out, as this is felt to be covered under the recording of clinical findings. Some editing has been carried out to clarify the guidance or avoid repetition. 1.15 has been added as an adaptation of what was in current D8 guidance.</p>		
C8 Current standards	C2 Suggested revisions	Suggested guidance
<p>C8. Ensure that your patient records are full, accurate and completed promptly.</p>	<p>C2. Ensure that your patient records are full, accurate, legible and completed promptly.</p>	<ol style="list-style-type: none"> 1. Records that are accurate, comprehensive and easily understood will help you provide good care to your patients. These records should include: <ol style="list-style-type: none"> 1.1 Date of the consultation. 1.2 Patient's personal details. 1.3 Any problems and symptoms reported by your patient. 1.4 Relevant medical, family and social history. 1.5 Your clinical findings. 1.6 The information and advice you provide, And how this is provided. 1.7 A working diagnosis and treatment plan. 1.8 Records of consent. 1.9 Any treatment you undertake. 1.10 Any communication with, about or from your patient. 1.11 Copies of any correspondence, reports, test results, etc. relating to the patient. 1.12 Clinical response to treatment and treatment outcomes. 1.13 The location of your visit if outside your usual consulting rooms. 1.14 Whether any other person was present and their status. 1.15 Where an observer is present (for example, an osteopathic student, potential student or peer observer) as well as their status and identity, you should record the patient's consent to their presence. 1.16 Your notes should be contemporaneous or completed promptly after a

		<p>consultation (generally on the same day).</p> <p>2. The information you provide in reports and forms or for any other purpose associated with your practice should be honest, accurate and complete.</p>
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Revised C3 Notes and comments		
<p>This has been moved from D2 in professionalism, as the SRG felt that it related more to record keeping, and was thus a better fit in Safety & Quality. Feedback indicates these current D2s are not well understood, and the current guidelines are not felt to be helpful. We have reformatted the guidance and emphasised the need to be able to produce reports and present information to support patient care and practice management, rather than being proficient in IT.</p>		
D2	C3 Suggested revisions	Suggested guidance
<p>D2. You must respond effectively to requirements for the production of high-quality written material and data.</p>	<p>C3. You must respond effectively and appropriately to requests for the production of written material and data.</p>	<p>To achieve this you will need to:</p> <ol style="list-style-type: none"> 1. Be able to produce reports and referrals, and present information in an appropriate format to support patient care and effective practice management. 2. Develop mechanisms for storing and retrieving patient information, including financial and other practice data to comply with legal requirements in relation to confidentiality, data processing and storage, and requests for information from patients, healthcare professionals or other authorised parties.

Revised C4 Notes and comments		
Feedback indicates that the wording of this standard in the current text gives rise to confusion. We have tried to clarify this in revised guidance where safeguarding issues and procedures are referenced more clearly. The standard has been reworded from the initial draft to say 'take action' rather than 'act quickly'. We have added a para to the guidance to reference any patient who may be deemed to be at immediate and serious risk of harm.		
C9 Current standards	C4 Suggested revisions	Suggested guidance
C9. Act quickly to help patients and keep them from harm.	C4. You must take action to keep patients from harm	<ol style="list-style-type: none"> 1. You should have an awareness of current safeguarding procedures and follow these if you suspect a child or vulnerable adult is at risk. 2. You should ensure that you keep up to date with information on safeguarding procedures relevant to your local area. 3. You should also take steps to protect patients if you believe that the health, conduct or professional performance of a colleague or other healthcare practitioner poses a risk to the patient. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient: <ol style="list-style-type: none"> 3.1. Discussing your concerns with the colleague or practitioner. 3.2. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer. 3.3. If the practitioner belongs to a regulated profession, reporting your concerns to their regulatory body. 3.4. If the practitioner belongs to a voluntary register, reporting your concerns to that body. 3.5. Where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police. 4. In any circumstances where you believe a patient is at immediate and serious risk of harm, you should consider the best course of action, which may include contacting the police or social services (though see D5 regarding confidentiality). 5. If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients.

Revised C5 Notes and comments		
<p>We have suggested combining D12 and D13 in a new C5 (moving from Professionalism to Safety & quality)</p> <p>We have deleted the words `Promoting public health includes being aware of the following:´ from the start of the guidance, as it was not felt to be helpful in relation to these standards.</p> <p>The reference to communicable diseases from current D12 is covered in relation to new standard D10, in guidance para 2.</p>		
D12 & 13 Current standards	C5 Suggested revisions	Suggested guidance
<p>D12. Take all necessary steps to control the spread of communicable diseases.</p> <p>D13 Comply with health and safety legislation.</p>	<p>C5. Ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.</p>	<ol style="list-style-type: none"> 1. Your practice premises should be clean, safe, hygienic, comfortable and suitably equipped. 2. There are detailed requirements in law for health and safety in the workplace. Further details can be found on the website of the UK Health and Safety Executive 3. You must have adequate public liability insurance. 4. You should ensure that you have appropriate procedures in place in the event of a medical emergency.

Revised DC6 Notes and comments		
<p>This standard was discussed at the stakeholder reference group meeting. It was one that feedback indicated was not well understood, and the current guidance related more to health and safety issues than public health. The suggested guidance here attempts to explain what is meant, with a focus on informed, impartial discussion or appropriate referral to facilitate informed choice.</p> <p>It was felt that this standard was better placed in the Safety and quality theme.</p>		
D11 Current standards	C6 Suggested revisions	Suggested guidance
D11. Be aware of your role as a healthcare provider to promote public health.	C6. Be aware of your role as a healthcare provider to promote public health.	1. You should be aware of public health issues and concerns, and be able to discuss these impartially with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.

DRAFT

Professionalism

Notes and comments

We have suggested a revision of the wording to better encapsulate this theme. The order of the standards has been amended to reflect a more logical priority of presentation.

Current introductory statement

Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner.

Suggested revisions

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession. The standards in this theme deal with such issues and behaviours, including the establishment of clear professional boundaries with patients, the duty of candour, and the confidential management of patient information.

Revised D1 Notes and comments

The current guidance is included, but have added 'promotional material' and 'websites' to 2.1 as being included within advertising.

D14 Current standards

D14. Act with integrity in your professional practice.

D1 Suggested revisions

D1. You must act with honesty and integrity in your professional practice.

Suggested guidance

1. A lack of integrity in your practice can adversely affect patient care. Some examples are:
 - 1.1. Putting your own interest above your duty to your patient.
 - 1.2. Subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest.
 - 1.3. Deliberately withholding a necessary investigation, treatment or referral.
 - 1.4. Prolonging treatment unnecessarily.
 - 1.5. Accepting referral fees.
 - 1.6. Putting pressure on a patient to obtain other professional advice or to

		<p>purchase a product.</p> <p>1.7. Recommending a professional service or product solely for financial gain.</p> <p>1.8. Borrowing money from patients, or accepting any other benefit that brings you financial gain.</p> <p>2. Allowing misleading advertising and information about you and your practice. You should make sure that:</p> <p>2.1. Your advertising and promotional material, including website content, is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to current guidance, such as the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (the CAP Code).</p> <p>2.2. The information you provide about your professional qualifications, practice arrangements and the services you provide is of a high standard and factually accurate.</p> <p>2.3. You do not use any title that implies you are a medical practitioner (unless you are a registered medical practitioner). This does not prevent you from using the title 'Doctor' if you have a PhD or other doctorate and it is clear that the title relates to this.</p> <p>2.4. You do not generate publicity so frequently or in such a manner that it becomes a nuisance or puts those to whom it is directed under pressure to respond.</p>
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Revised D2 Notes and comments		
<p>The wording of this standard has been updated to include the establishing and maintenance of clear professional boundaries with patients.</p> <p>The guidance to this standard has been enhanced to include examples of what might be sexualised behaviour, and additional guidance regarding factors influencing the appropriateness of relationships with former patients. We have also added clarification that osteopaths must not end a therapeutic relationship with a patient solely to pursue a personal relationship with them.</p>		
D16 Current standards	D2 Suggested revisions	Suggested guidance
D16. Do not abuse your professional standing.	D2. You must establish and maintain clear professional boundaries with patients, and must not abuse your professional	<p>1. Abuse of your professional standing can take many forms. The most serious abuse of your professional standing is likely to be the failure to establish and maintain appropriate boundaries, whether sexual or otherwise.</p> <p>2. Appropriate professional boundaries are essential for trust and an effective</p>

	<p>standing and the position of trust which you occupy as an osteopath.</p>	<p>therapeutic relationship between osteopath and patient. Professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries. Failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on the patient, is likely to bring the profession into disrepute and could lead to your removal from the GOSc Register.</p> <ol style="list-style-type: none"> 3. Not all crossing of professional boundaries will necessarily be an abuse of your professional standing. For example, sometimes it may support empathy and trust with a patient to disclose personal information or to treat a patient as an emergency outside your usual hours. However, there is a spectrum and osteopaths must ensure that patients who may be vulnerable are protected at the time and also throughout the duration of the professional relationship. 4. You should be aware of the risks to patients and to yourself of engaging in or developing social relationships with patients, and the challenges which this might raise to the therapeutic relationship and to the expectations of both patient and professional. You should also be aware of the risk of patients developing an inappropriate dependency upon you, and be able to manage these situations appropriately – seeking advice from a colleague or professional body as necessary. 5. When establishing and maintaining sexual boundaries, you should bear in mind the following: <ol style="list-style-type: none"> 5.1. Words and behaviour, as well as more overt acts, may be sexualised, or regarded as such by the patient. Examples might include: <ol style="list-style-type: none"> 5.1.1 revealing intimate details about oneself. 5.1.2 visiting a patient’s home without an appointment. 5.1.3 making inappropriate sexual remarks to or about patients. 5.1.4 unnecessary physical contact, unwarranted touching, hugging or kissing. 5.2. You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship. 5.3. Physical contact for which valid consent has not been given can amount to an assault leading to criminal liability. 5.4. It is your responsibility not to act on feelings of sexual attraction to or from patients. 5.5. If you are sexually attracted to a patient, or if a patient displays
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		<p>sexualised behaviour towards you, you should seek advice from, for example, a colleague or professional body on the most appropriate course of action. If you believe that you cannot remain objective and professional, or that it is not possible to re-establish a professional relationship, you must refer your patient to another healthcare practitioner. If referring a patient because of your own sexual feelings towards them, you should endeavour to do so in a way that does not make the patient feel that they have done anything wrong.</p> <p>5.6. You must not take advantage of your professional standing to initiate a personal relationship with a patient. This applies even when they are no longer in your care, as any personal relationship may be influenced by the previous professional relationship which will have involved an imbalance of power between the parties.</p> <p>5.7. You must not end a professional relationship with a patient solely to pursue a personal relationship with them.</p> <p>5.8. If you think that a personal relationship with a former patient might develop, you must consider whether this is appropriate. Factors that might impact on this include:</p> <p>5.8.1 the nature of the previous professional relationship.</p> <p>5.8.2 the length of time the professional relationship lasted, and when it ended.</p> <p>5.8.3 whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be vulnerable.</p> <p>6. Osteopaths who practise in small communities may find themselves treating friends or family. In such cases, establishing and maintaining clear professional boundaries will help you ensure that your clinical judgement is objective and that you can provide the treatment your patients need. The same level of care should be given to all patients, whether they are known to you in a social or other capacity, or not.</p>
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Revised D3 and D4 Notes and comments		
<p>On reflection, we felt that current D7 actually dealt with two elements – complaints and candour, and we have suggested splitting these into the two separate elements. The candour guidance has been expanded to reflect the joint regulators statement on candour, including reference to openness with colleagues/employers and the taking part in reviews and investigations if required.</p> <p>With regard to new D7, our equality consultant asks should we also specify that this must be accessible, for example, via a clinic website. We're not sure whether this is actually helpful to state in the standard and have taken out reference to a 'visible' policy in this draft. In Point 5 of the D7 guidance: we have removed 'you should inform your professional association' from the current wording, as not every osteopath is a member of the professional association.</p> <p>We've changed the order of the guidance from the initial draft to put the 'why' element first.</p>		
D7 Current standards	D3 & D4	Suggested guidance
<p>D7. Be open and honest when dealing with patients and colleagues and respond quickly to complaints.</p>	<p>D3. You must be open and honest with patients, fulfilling your duty of candour.</p>	<ol style="list-style-type: none"> 1. If something goes wrong with a patient's care which causes, or has the potential to cause harm or distress, you must tell the patient, offer an explanation as to what has happened and the effects of this, together with an apology, if appropriate, and a suitable remedy or support. 2. Where appropriate, you must also be open and honest with your colleagues and/or employers, and take part in reviews and investigations when requested.
<p>D7. Be open and honest when dealing with patients and colleagues and respond quickly to complaints.</p>	<p>D4. You must have a policy in place by which you manage patient complaints, and respond quickly and appropriately to any which arise.</p>	<ol style="list-style-type: none"> 1. A complaint is an opportunity to reflect on the communication and standard of care that was given and it may highlight areas of your practice that could be improved. A complaint which is handled well can also result in a stronger bond of trust between you and your patient, leading to improved patient care. 2. You should make sure that your staff are familiar with your complaints policy and know to whom they should direct any patient complaint. 3. You should provide information to patients about how they can make comments, including compliments, about the service they have received. 4. If you act constructively, allow patients the opportunity to express their dissatisfaction, and provide sensitive explanations of what has happened and why, you may prevent the complaint from escalating. 5. You should inform your professional indemnity insurers immediately if you receive a complaint.

		6. You should ensure that anyone making a complaint knows that they can refer it to the GOsC , provide them with appropriate details, and you must cooperate fully with any external investigation.
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Revised D5 Notes and comments

We have suggested broadening the scope of this standard from maintaining patients’ privacy and confidentiality to also maintaining and protecting patient information.

In this suggestion, we have retained the existing guidance, though amended this in some areas, and added sub headings to enhance clarity. This is an area where we considered reducing the guidance in the document, and publishing some separately. We will explore this further with the stakeholder reference group, though the initial view was to ensure that relevant information was readily accessible, largely in one place.

In relation to the storage of records, we have made reference to the fact that osteopaths should have a policy for retention beyond the minimum requirement.

We’ve added mention of ‘incapacity’ as well as death in para 4 of the suggested guidance.

We’ve also added a para 10, to require a record to be made where a patient has not been informed in circumstances where information is disclosed about them without their consent.

D6 Current standards	D5 Suggested revisions	Suggested guidance
D6. Respect your patients’ rights to privacy and confidentiality.	D5. You must respect your patients’ rights to privacy and confidentiality, and effectively maintain and protect patient information.	<p>Confidentiality</p> <p>1. Maintaining patient confidentiality includes:</p> <p>1.1. Keeping confidential your patients’ identities and other personal information, and any opinions you form about them in the course of your work.</p> <p>1.2. Ensuring that your staff or anyone else attending your clinic in a professional capacity (students of osteopathy, potential students or peers, for example) keep such information confidential.</p> <p>1.3. Ensuring that the information is kept confidential even after the death of a patient.</p> <p>1.4. Not releasing or discussing medical details or information about the care of a patient with anyone, including their spouse, partner or other family members, unless you have the patient’s consent to do so (see D5.7 and D5.8 below).</p>

		<p>1.5. Taking appropriate measures to ensure that that such information is securely protected against loss, theft and improper disclosure.</p> <p>2. Patients are entitled to obtain copies of their notes and you should assist them with this if such a request is made.</p> <p>Management of patient information</p> <p>3. You should have adequate and secure methods for storing patient information and records. Patient records should be kept:</p> <p>3.1. For a minimum of eight years after their last consultation. 3.2. If the patient is a child, until their 25th birthday.</p> <p>4. You should have a policy regarding retention of records which should include whether it is your practice to retain them beyond eight years, or, in the case of a child, beyond their 25th birthday. Your patients should be made aware of this.</p> <p>5. You should make arrangements for records to continue to be kept safely after you finish practising, or in the event of your death or incapacity. Patients should know how they can access their records in such circumstances.</p> <p>6. You must comply with the law on data protection. For further information on data protection, please refer to the website of the UK Information Commissioner’s Office.</p> <p>Disclosure of confidential information</p> <p>7. There may be times when you want to ask your patient if they (or someone on their behalf) will give consent for you to disclose confidential information about them; for example, if you need to share information with another healthcare professional. In that case, you should:</p> <p>7.1. Explain to the patient the circumstances in which you wish to disclose the information and make sure they understand what you will be disclosing, the person you will be disclosing it to, the reasons for its disclosure and the likely consequences. 7.2. Allow them to withhold permission if they wish.</p> <p>7.3. If they agree, ask them to provide their consent in writing or to sign a consent</p>
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		<p>form.</p> <p>7.4. Advise anyone to whom you disclose information that they must respect the patient’s confidentiality.</p> <p>7.5. Disclose only the information you need to. For example, does the recipient need to see the patient’s entire medical history, or their address, or other information which identifies them?</p> <p>Disclosure of confidential information without consent</p> <p>8. In general, you should not disclose confidential information about your patient without their consent, but there may be circumstances in which you are obliged to do so; for example:</p> <p>8.1. If you are compelled by order of the court, or other legal authority. You should only disclose the information you are required to under that order.</p> <p>8.2. If it is necessary in the public interest. In this case, your duty to society overrides your duty to your patient. This will usually happen when a patient puts themselves or others at serious risk; for example, by the possibility of infection, or a violent or serious criminal act.</p> <p>8.3. If it is necessary, in the interests of the patient’s health, to share the information with their medical adviser, legal guardian or close relatives, and the patient is incapable of giving consent.</p> <p>9. In any such circumstances, you are strongly advised to seek appropriate legal advice.</p> <p>10. If you need to disclose information without your patient’s consent, you should inform the patient, unless you are specifically prohibited from doing so (for example, in a criminal investigation) or there is another good reason not to (for example, where a patient may become violent).</p> <p>11. Any disclosures of information should be proportionate and limited to the relevant details.</p> <p>12. If a patient is not informed before disclosure of confidential information takes place, you should record the reasons why it was not possible to do so, and maintain this with the patient’s records.</p>
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Revised D6 Notes and comments		
<p>With regard to the revised standard 3 we have expanded this from complying with equality and anti discrimination laws to include the more values based 'treat patients fairly and recognise diversity and individual values' (similar to GCC Code A4). We have made reference to generic 'equality law', rather than the Equality Act specifically.</p> <p>(Our disability consultant offered comments on this aspect. = Equality Act provisions go beyond promoting equal treatment, especially in the case of disability – they are strong provisions that require anyone providing a service to the public to make reasonable adjustments to policies, practices and procedures to overcome disability related disadvantage where it is reasonable to do so, even if extra costs accrue. Important that osteopaths are aware of this).</p>		
D5 Current standards	D6 Suggested revisions	Suggested guidance
D5. You must comply with equality and anti-discrimination laws.	D6. You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.	<ol style="list-style-type: none"> 1. You should be familiar with the requirements that apply to you under equality law. 2. It is illegal to refuse a service to someone on the grounds of their gender, ethnicity, disability, religion or belief, sexual orientation, transgender status, age, marital status or pregnancy.

Revised D7 Notes and comments		
The suggested revision of this standard confirms that upholding the reputation of the profession can relate to behaviour in and out of the workplace.		
D17 Current standards	D7 Suggested revisions	Suggested guidance
D17. Uphold the reputation of the profession through your conduct.	D7. You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.	<ol style="list-style-type: none"> 1. 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. 2. Upholding the reputation of the profession may include: <ol style="list-style-type: none"> 2.1. Acting within the law at all times (criminal convictions could be evidence that an osteopath is unfit to practise). 2.2. Not abusing alcohol or drugs. 2.3. Not behaving in an aggressive or violent way in your personal or professional life. 2.4. Showing compassion to patients. 2.5. Showing professional courtesy to those with whom you work. 2.6. Not allowing professional disputes to cause you to fall below the standards expected of you. 2.7. Not falsifying records, data, or other documents. 2.8. Behaving honestly in your personal and professional dealings. 2.9. Maintaining the same standard of professional conduct in an online environment as would be expected elsewhere.

Revised D8 Notes and comments		
This is the existing guidance with slight modifications to tidy the language, and also to add a specific para in the guidance to say that osteopaths should not place pressure on a patient to commit to unjustified treatment. .		
D15 Current standards	D8 Suggested revisions	Suggested guidance
D15. Be honest and trustworthy in your financial dealings, whether personal or professional.	D8. You must be honest and trustworthy in your professional and personal financial dealings.	<ol style="list-style-type: none"> 1. You should charge fees responsibly and in a way which avoids bringing the profession into disrepute. 2. It will help you avoid disputes about fees if you have clear and visible information available on patient fees and charging policies. 3. You should not place pressure on a patient to commit to unjustified treatment. 4. You may recommend products or services to patients only if, in your professional judgement, they will benefit the patient. 5. You should declare to your patients any financial or other benefit you receive for introducing them to other professional or commercial organisations. You should not allow such an organisation to use your name for promotional purposes. 6. You should maintain sound financial records for your practice.

Revised D9 Notes and comments		
<p>Current guidance to this standard is extensive, and drew some comment and challenge from respondents. It is also quite prescriptive in some areas .</p> <p>In this suggestion, we have removed the section relating to teaching and training in the practice, and student observers (Current D8.5-9). This could be modified for separate publication, but we will consult with the osteopathic educational institutions as to whether the current wording adequately deals with likely scenarios.</p>		
D8 Current standards	D9 Suggested revisions	Suggested guidance
<p>D8. Support colleagues and cooperate with them to enhance patient care.</p>	<p>D9. You must support colleagues and cooperate with them to enhance patient care.</p>	<ol style="list-style-type: none"> 1. Where the care of patients is shared between professionals, you should consider the effectiveness of your handover procedures. Effective handovers can be done verbally, but it is good practice to make a note of the handover in the patient’s osteopathic records. 2. You are responsible for all the staff you employ in your clinic (including administrative staff) and for their conduct, and any guidance or advice they give to patients. You should make sure that staff understand the importance of: <ol style="list-style-type: none"> 2.1. Patient confidentiality. 2.2. Retention of medical records. 2.3. Relationships with patients, colleagues and other healthcare professionals. 2.4. Complaints. 2.5. The work environment. 2.6. Health and safety. 2.7. Equality duties. 3. If you are responsible for an associate or assistant, you should provide professional support and adequate resources for them so that they are able to offer appropriate care to their patients. You should not put them under undue pressure, or expect them to work excessive hours. You should not expect them to provide treatment beyond their competence. 4. If your practice employs support staff, you should ensure that they are effectively managed and are aware of any legal obligations necessary to fulfil

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Revised D10 Notes and comments		
<p>Feedback on this standard and on the guidance indicated that some are not clear what this means. We have suggested some revisions following Stakeholder Reference Group discussions, aimed at emphasising the place of osteopathy within the broader healthcare environment, and a collaborative approach to care where appropriate.</p> <p>Does 'optimise' patient care in the standard work better than 'ensure best patient care'?</p>		
Current standards	D10 Suggested revisions	Suggested guidance
D1. You must consider the contributions of other healthcare professionals to ensure best patient care.	D10. You must consider the contributions of other healthcare professionals to optimise patient care.	<p>To achieve this, you should:</p> <ol style="list-style-type: none"> 1. Treat colleagues with respect, acknowledging the role that other practitioners may have in the care of your patients. Any comments that you make about other healthcare professionals should be honest, valid and accurate. 2. Understand the contribution of osteopathy within the context of healthcare as a whole. 3. Follow appropriate referral procedures when referring a patient, or one has been referred to you. 4. Where such approaches are appropriate and available, work collaboratively with other healthcare provider to optimise patient care.

Revised D11 Notes and comments		
This standard has been modified to indicate that the osteopath should not rely on their own assessment of their risk to patients.		
D10 Current standards	D11 Suggested revisions	Suggested guidance
D10. Ensure that any problems with your own health do not affect your patients.	D11. You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.	<ol style="list-style-type: none"> 1. If you know or suspect that your physical or mental health is impaired in a way that might affect the care you give to patients, you must: <ol style="list-style-type: none"> 1.1. Seek and follow appropriate medical advice on whether you should modify your practice and in what way. 1.2. If necessary, stop practising until your medical advisor considers you fit to practise again. 1.3. Inform the GOsC. 2. If you are exposed to a serious communicable disease, and you believe that you may be a carrier, you should stop practising until you have received appropriate medical advice, and follow any advice you are given about suspending or modifying your practice. You should take all necessary precautions to prevent transmission of the condition to patients.

Revised D12 Notes and comments		
<p>The standard has been modified to require the informing of the GOsC 'as soon as is practicable', and a requirement to then cooperate with requests for further information and a catch-all compliance with all regulatory requirements.</p> <p>This guidance is a slight modification of the existing guidance, making it more general. The current guidance requires the GOsC to be informed if the osteopath is charged anywhere in the world with an offence relating to violence, sexual offences or indecency, dishonesty or alcohol/drug abuse. This has now been modified with the catch-all 'being charged with a criminal offence'.</p>		
D18 Current standards	D12 Suggested revisions	Suggested guidance
D18 You must provide to the GOsC any important information about your conduct and competence.	D12. You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information, and must comply with all regulatory requirements.	<ol style="list-style-type: none"> 1. Such information regarding your conduct and competence would include: <ol style="list-style-type: none"> 1.1. Being subject to regulatory findings by a professional body anywhere in the world. 1.2. Being charged with a criminal offence anywhere in the world. 1.3. Accepting of a police caution. 1.4. Being suspended or placed under a practice restriction by your employer or a similar organisation, because of concerns about your conduct or competence.

Current D9 Notes and comments		
This was felt to be better included within the guidance to D10 above.		
D9 Current standards	Suggested revisions	Suggested guidance
D9. Keep comments about colleagues or other healthcare professionals honest, accurate and valid.	N/A	N/A