



> Code of practice

May 2005





C1 to C7

T1 to T12

L1 to L5



The passing of the Osteopaths Act by Parliament in 1993 marked the successful conclusion of a campaign for the statutory recognition of osteopathy in the United Kingdom that began over 70 years ago.

In 1993, osteopathy became the first complementary healthcare profession to be accorded statutory recognition. The General Osteopathic Council was established to 'provide for the regulation of the profession of osteopathy, including making provision as to the registration of osteopaths and as to their professional education and conduct; to make provision in connection with the development and promotion of the profession; and for connected purposes'.

Osteopaths Act 1993

The Statutory Register was opened in May 1998 and only those entered on the Register are entitled to call themselves osteopaths.

Osteopaths Act 1993, section 32

Introduction



The General Osteopathic Council (GOsC) has a statutory duty to protect the public by regulating, developing and promoting the osteopathic profession. As part of that duty, the GOsC has published a Code of Practice (the Code), which lays down the standards of conduct and practice expected of osteopaths.

Osteopaths Act 1993, section 19

The Code contains advice on the practice of osteopathy and the principles of personal and professional conduct. It includes guidance on the expectations of the public and patients and also explains the GOsC's jurisdiction.

The Code is not a set of rules governing all aspects of conduct in every possible circumstance, but guidance based on principles that can be extended to most professional situations. The practice of osteopathy requires the exercise of professional judgement and the acceptance of personal responsibility, informed by the Code and the common values of healthcare professionals (see pages 28–29).

Margin notes throughout the Code contain references to other relevant sources of advice that provide further guidance.

While this document is primarily designed as constructive guidance for the profession, failure to comply with any of its principles may result in fitness to practise proceedings.



Osteopaths Act 1993,
section 32

REGISTRATION WITH THE GENERAL OSTEOPATHIC COUNCIL

It is the responsibility of anyone who wishes to practise as an osteopath to register with the GOsC and to renew that registration annually. Failure to do so could result in a criminal prosecution, as it is unlawful for anyone to describe themselves (explicitly or by implication) as any kind of osteopath, unless registered with the GOsC. An osteopath should not practise osteopathy using a name other than that which appears in the Register held by the GOsC (their professional name).

WHAT REGISTRATION WITH THE GENERAL OSTEOPATHIC COUNCIL MEANS

Registration as an osteopath carries obligations as well as privileges. You are accountable for the way you conduct yourself and your professional practice. You must always be prepared to explain and justify your decisions and actions. Any patient consulting an osteopath is entitled to a high standard of care. The Register of osteopaths exists so that members of the public can identify those who have demonstrated their ability to practise to the required standards.

AS AN OSTEOPATH, YOU MUST:

Make the care of your patient your first concern, by

- being honest and trustworthy
- treating every patient politely and considerately
- respecting patients' dignity, individuality and privacy
- providing appropriate care and treatment
- never abusing your professional position.

Respect the rights of patients to be fully involved in decisions about their care, by

- ensuring patients are aware of their rights, particularly to stop an examination or treatment at any time and to be accompanied by a chaperone
- obtaining consent before you examine or treat a patient
- listening to patients and respecting their views
- giving patients full information and being sure they understand you.

Justify public trust and confidence, by

- recognising and working within the limits of your competence
- ensuring your personal values and views do not prejudice your patients' care
- maintaining and developing your knowledge and skills
- responding promptly and constructively to criticism and complaints
- acting quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise
- respecting the skills of other healthcare professionals and working in co-operation with them for the benefit of your patients
- responding promptly to and co-operating with superseding healthcare professionals.

Maintain, respect and protect patient information, by

- taking full and accurate case histories
- maintaining full and accurate clinical records
- keeping patient information confidential
- keeping all patient records secure.

Make the care of your patient your first concern



See clauses 102–103 on If trust breaks down and page 22 on Trust above all.

See clauses 17–22 on Communicating with patients.

See clauses 104–109 on The principles of confidentiality.

See clauses 9–11 on Financial and commercial activities.

See clause 128 on Fees.

RELATIONSHIPS WITH PATIENTS

1. Trust is an essential part of the osteopath/patient relationship. Your professionalism and observance of the ethical standards laid down in this Code and the law will reinforce this trust.
2. Patients must be put first. Those seeking help may be anxious and vulnerable. They are unlikely to have your professional knowledge and experience and they may have unrealistic expectations about osteopathic care.

PERSONAL RELATIONSHIPS WITH PATIENTS

3. You must not abuse your professional position by pursuing a close personal or sexual relationship with a patient or someone close to them. This is bound to harm the trust that is crucial between an osteopath and a patient, and may impair your clinical judgement and practise.
4. It is your professional duty not only to avoid putting yourself in such a position, but also to avoid any form of conduct that may be construed as a willingness to enter such a relationship.
5. If you think, or there are any signs to suggest, that a close personal or sexual relationship with a patient is developing, you must stop treating the patient and end the professional relationship immediately.
6. When you end the professional relationship, you should use reasonable endeavours to help the patient find another osteopath. You should, with the patient's consent, offer to provide a copy of the patient's osteopathic records to the other osteopath as soon as you reasonably can.
7. The closer your relationship with a person, the more likely your ability to provide objective treatment to them will be compromised. However, it is difficult to make rules about the treatment of friends, particularly for osteopaths who practise within small communities. It is your duty to maintain clear professional boundaries in relation to the treatment of patients, particularly to ensure that your clinical judgement is objective, that you are able to obtain all the information you need to make a proper diagnosis, and that you make full and accurate records.

UNDUE INFLUENCE ON PATIENTS

8. You should be aware that a patient seeking healthcare may be vulnerable and open to persuasive influences. You must not exploit such a situation. This would be a serious breach of trust. Examples of this might be:
 - subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest
 - deliberately withholding necessary investigation, treatment or referral
 - prolonging treatment beyond what is appropriate
 - putting pressure on a patient to obtain other professional advice or to purchase a product that will bring you financial reward
 - recommending any professional service or product solely for financial gain
 - charging unreasonable fees, or failing to provide information about fees and associated costs until these have been incurred
 - borrowing money, or any other benefit that brings you financial gain, from patients.

See clause 8 on Undue influence on patients, clauses 12–13 on Insolvency and clause 115 on Disclosures without consent.

FINANCIAL AND COMMERCIAL ACTIVITIES

9. In all financial and commercial activities you must be honest and reliable. Your business affairs must not influence your attitude towards your patients or compromise the care you provide.

10. You may recommend products or services to patients but you must, at the time of recommendation, declare any financial benefit you may receive for this. You must only recommend products or services that will, in your professional judgement, benefit your patients.

11. You should declare to your patient any financial or other benefit you receive for introducing them to other professionals or commercial organisations. You must not allow such an organisation to use your name for promotional purposes.

INSOLVENCY

12. You must notify the GOsC if you:

- are or have been declared bankrupt or a bankruptcy petition has been filed against you
- have entered into an Individual Voluntary Arrangement with creditors
- are a director or major shareholder in an insolvent company or one against which a winding-up petition has been filed, or a former director of one that has been wound-up on grounds of insolvency
- are a partner in an insolvent partnership
- have a county court judgment against you for the recovery of a debt.

See clause 8 on Undue influence on patients and clauses 9–11 on Financial and commercial activity.

You must provide the GOsC with full details, as soon as reasonably practicable or within 28 days of the event at the latest. You must also confirm that you have informed your insurance provider, whether your professional indemnity is still in place, and whether it has been affected.

13. You may be asked, by the GOsC, to provide timely/periodic reports on the status of any event listed in clause 12 and, at the appropriate time, you must provide evidence of discharge to the satisfaction of the GOsC.

See clause 91 on Professional indemnity insurance.

CRIMINAL CONVICTIONS

14. If you are convicted of a criminal offence, you must notify the GOsC and give full details as soon as reasonably practicable or within 28 days of the conviction at the latest. The GOsC will require a Certificate of Conviction, obtainable from the convicting court.

See clauses 84–86 on Personal standards.

CIVIL PROCEEDINGS

15. If civil court proceedings are issued against you in relation to your practice of osteopathy, you must notify the GOsC and give full details as soon as reasonably practicable or within 28 days of service of the summons at the latest.

OTHER PROFESSIONAL BODIES

16. If you are subject to any investigation or adverse decision by a professional body, whether in healthcare or otherwise, you must notify the GOsC and give full details as soon as reasonably practicable.

Respect the rights of patients to be fully involved in decisions about their care



See Section E-Standard of Proficiency 2000 (S2K) on the GOsC website: www.osteopathy.org.uk

COMMUNICATING WITH PATIENTS

17. Effective communication between you and your patients is the key to successful osteopathic practice. It is your responsibility to make every reasonable effort to ensure that what you say to your patients is heard and understood by them.

18. Your patients should have your undivided attention and you should make sufficient time available to deal properly with their needs. It is essential that you listen to your patients and respect their views and values. Before you treat a patient, you should ensure that they know their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.

See *Ethical considerations and communication leaflet*.

19. You should do all you can to make sure your patients know what they can realistically expect from you as an osteopath. When a patient has unrealistic expectations you should make this clear to them and explain why they are unrealistic.

See clauses 23–36 on Consent and the *Obtaining consent leaflet*.

20. You should not only explain the usual inherent risks associated with the particular treatment but also any low risks of seriously debilitating outcomes.

21. You should use your professional judgement to assess what information will most help your patients understand their condition and the treatment options available. The use of non-technical language, diagrams and models will assist.

22. You should encourage your patients to ask questions if anything is not clear to them or if they require further information. You should encourage patients to take an active part in any decisions that need to be made.

CONSENT

See *Obtaining consent leaflet*.

23. Your patients have a right to determine what happens to them and consent is their agreement for you to provide the care that you propose. Obtaining consent is a fundamental part of your practice and a legal requirement. If you examine or treat a patient without first obtaining consent you may face criminal and civil as well as GOsC proceedings.

24. Before you examine or treat patients you must obtain their consent. To be valid, consent must be specific, informed and given by the patient or, in the case of children who are not competent to consent for themselves, by a parent or guardian. 'Specific' means that the patient consents to each distinct procedure and 'informed' means that a full explanation has been given in line with clauses 19, 20 and 21.

25. Patients are entitled to choose whether or not to accept your advice or treatment. Before going ahead, you should ensure, to the best of your ability, that the patient has understood what you have said and agrees to the examination or treatment. Consent must be voluntary and some patients may need time to reflect on your proposed treatment before they consent to it.

26. Obtaining consent is an ongoing process. Patients may change their minds and withdraw consent at any time. Do not assume that a patient has consented to a specific treatment just because they have consented to that treatment in the past.

See clauses 37–44 on Examining and treating intimate areas.

27. It is particularly important to ensure that your patient understands and consents to the proposed examination or treatment of any intimate area. Intimate areas include the mouth, groin, pubis, perineum, breast and anus, but this list is not exhaustive. Some patients may regard other areas of their body as 'intimate'.

See GOsC consent form for examination and/or treatment by an osteopath.

28. Written consent must be obtained for vaginal and/or rectal examinations and techniques. It is advisable to obtain written consent for the examination and/or treatment of other intimate areas.

29. The law recognises that some patients – because of illness or mental capacity – are not competent to give consent for their own examination or treatment. This is because they may not be able to absorb sufficient information, weigh it up and make an informed decision.

30. You must discuss the examination and treatment of any adult patient who, in your opinion, is not competent to give consent, with a competent adult who is involved in the patient's daily care. No adult can provide consent on behalf of another adult but they can indicate whether, in their opinion, the treatment proposed is in the patient's best interest.

31. Before you examine or treat a child, you must ensure that you have consent.

32. Young people from the age of 16 are presumed to be competent to consent for themselves. Persons with parental responsibility cannot override that consent.

33. Some children under the age of 16 may be able to give consent. Under the Fraser Guidelines (also known as 'Gillick competent') a child may have sufficient maturity and intelligence to understand the nature and implications of a proposed examination or treatment, and consent to it.

34. It is your responsibility to assess whether the child you propose to examine or treat is sufficiently competent to provide consent. If you are in doubt, seek consent from a person with parental responsibility. You are strongly advised to involve the child's parent or guardian when obtaining consent, wherever possible, to reduce the risks of allegations of abuse, assault or negligence.

See clauses 49–52 on Chaperones.

35. If the child declines to involve a parent or guardian, encourage the child to attend with an adult chaperone.

36. If a competent child provides consent, this cannot be overridden by a person with parental responsibility. However, if the child refuses to give consent, those with parental responsibility may consent on the child's behalf.

EXAMINING AND TREATING INTIMATE AREAS

See clauses 17–22 on Communicating with patients and the *Ethical considerations and communication* leaflet.

37. Good communication is especially important when you have to examine or treat intimate areas, which include, but are not limited to, a patient's mouth, groin, pubis, perineum, breast and anus. Some patients may regard other areas of their body as 'sensitive' or 'intimate' and you should be alert to this.

See clauses 23–36 on Consent and the *Obtaining consent* leaflet.

38. You should always explain to the patient, clearly and gently, what you need to do and why you need to do it. When you are sure the patient understands what you have said, ask whether they agree to the procedure and obtain their consent.

See clauses 49–52 on Chaperones.

39. A chaperone must be offered each and every time you propose to examine and/or treat an intimate area, as a patient who may have proceeded on a previous occasion without a chaperone may have reflected on that decision.

40. When proposing to undertake any vaginal or rectal examination or technique, you should schedule the examination and/or treatment for another appointment. This will allow the patient time to understand the procedure, consider the examination and/or technique advised and to raise questions, should they feel the need. This will also provide time for a chaperone to be arranged.

41. In all such situations you must be alert to patients showing unease, and be ready to respond sensitively. Refrain from making any comments that may be construed as inappropriate.

See clauses 45–48 on Patient modesty.

42. Respect patients' modesty and provide them with the opportunity to attend to hygiene requirements, both before and after the procedure.

43. If it has been necessary for your patient to remove their underwear for an examination or treatment of an intimate area, allow them to put their underwear back on at the conclusion of that particular examination or treatment and before you continue with any other procedure.

See *Controlling cross infection* leaflet.

44. Disposable surgical gloves must be worn when examining or treating the mouth, genitalia, perineum and/or anus.

PATIENT MODESTY

See clauses 42–43 on Examining and treating intimate areas.

45. You should only ask your patient to undress to the minimum level required for you to undertake an effective examination and/or treatment. You should always allow your patients to dress and undress in private by providing an adequate screen or leaving the treatment room.

46. When it is necessary for your patients to remain undressed during treatment, you should provide them with an appropriate cover, such as a towel or blanket. Patients will feel more comfortable and at ease if they are allowed to protect their modesty as far as possible. Do not leave your patient more exposed than is necessary to perform the procedure. This is particularly important when treating an intimate area.

47. Your obligation to maintain patient modesty to a professional standard, as indicated in clauses 45 and 46, does not diminish for patients who have a low sense of modesty. It may, however, increase in relation to patients who have a heightened sense of modesty.

See *Ethical considerations and communication* leaflet.

48. Personal experiences and cultural influences among other things, will set the level of modesty required for each patient. Such issues may be readily apparent in some patients and not in others.

CHAPERONES

See clauses 23–36 on Consent and the *Obtaining consent* leaflet.

49. A chaperone is a person of the patient's choosing, who, with the patient's consent, will accompany the patient throughout the consultation. This could be a suitable person from your practice (but should not be your spouse), or a relative or friend of the patient.

50. If a chaperone is required and there is no suitable person available, you must make another convenient appointment.

See clauses 37–44 on Examining and treating intimate areas and clause 72 on Home/domiciliary visits.

See clause 116 on Osteopathic records.

51. You should always offer the service of a chaperone when examining and/or treating intimate areas, treating a child under the age of 16, or treating a patient in their home. If a patient requests a chaperone, you must allow one to be present, regardless of the type of treatment.

52. When a chaperone is present, you should record this on the consent form and/or the patient's osteopathic record. If the patient does not require a chaperone during examination or treatment per vaginum or per rectum, or of any intimate area, this should be recorded on the consent form and/or the patient's osteopathic records and the patient should be asked to sign the entry at the time the decision is made.

PATIENTS' RIGHTS IN TEACHING OR RESEARCH

53. If you wish to undertake research involving patients, you may need the approval of a research ethics committee. You should, therefore, seek advice from any of the following:

- the institution responsible for governing/overseeing your research
- the National Council for Osteopathic Research (NCOR)
- the Central Office for Research Ethics Committees (COREC).

www.corec.org.uk

See clauses 23–36 on Consent and the *Obtaining consent* leaflet.

54. You must obtain patients' written consent before involving them in research. You should give them the opportunity to take away a written explanation of the research and what it entails. They must be allowed sufficient time to consider their involvement. They have a right to refuse to take part or to withdraw at any time if they so wish.

55. You must not put any pressure on patients, colleagues, students, employees or anyone else to take part in research. You must ensure that patient care is not compromised, whether or not a person takes part in your research. Patients must be put first at all times.

56. You must record your research truthfully, keep adequate records and not make claims that you cannot substantiate.

See clauses 104–109 on The principles of confidentiality, clauses 58–61 on *Visual and audio recordings of patients* and the *Visual and audio recordings of patients* leaflet.

57. Information used for teaching and research should be anonymised, where possible, and data should be published in an aggregated form concealing patients' identity. You must tell the patients involved exactly how the information will be used, and you must secure their written consent before using confidential information for this purpose. Where patients withhold consent, you must respect their wishes.

VISUAL AND AUDIO RECORDINGS OF PATIENTS

See *Visual and audio recordings of patients* leaflet.

58. You may find it helpful to take a visual or audio recording of your patient and there is no harm in this, provided the patient is content that the recording is made and you follow the guidance given below.

See clauses 23–36 on Consent the *Obtaining consent* leaflet and the Consent form for visual and audio recording of a patient.

59. Before taking any form of recording, you must obtain your patient's written consent, having first explained:

- why the particular form of recording is necessary
- your intention for its use
- who will see and/or hear the recording
- how and where the recording will be stored
- how long you intend to keep and use the recording.

60. You should always use the least intrusive means of recording necessary to achieve your purpose. For example, still photography should be used rather than a video recording if it is not vital to record the patient's movements. You should, wherever possible, mask your patient's identity on photographs that are to be used for teaching or research purposes.

See clause 120 on Data Protection and clause 121 on Access to records.

61. You should ensure, as far as possible, that the storage and transportation of any recording is done securely, safe from loss, theft and unauthorised access.

Justify public trust and confidence



See clauses 1–2 on Relationships with patients.

See clause 131 on Disability Discrimination Act 1995 and clause 132 on Race Relations Act.

See *Ethical considerations and communication* leaflet.

See clauses 17–22 on Communicating with patients.

See clauses 102–103 on If trust breaks down.

See Standard of Proficiency 2000 (S2K) on the GOsC website: www.osteopathy.org.uk

See clauses 122–127 on Practice information.

See clauses 73–76 on Relationships with colleagues, clauses 77–79 on Relationships with GPs and clause 129 on Your staff.

See clauses 73–76 on Relationships with colleagues and clause 129 on Your staff.

See Registration with the GOsC and What registration with the GOsC means, on page 3.

THE DUTY OF CARE

62. It is fundamental to good osteopathic practice that you treat patients with respect. This, together with your professionalism and observance of ethical standards, will earn your patients' trust. You must never abuse this trust. When a patient consults you, their wellbeing must come first.

63. You must never allow care to be prejudiced by your views about patients. This includes their gender, ethnicity, disability, culture, beliefs, sexuality, lifestyle, age, social status, language difficulties or any other characteristic. Your own values, beliefs and attitudes must not come before the overriding interest of your patient's wellbeing.

64. If you propose to examine or treat a patient who has difficulty communicating, you must make every reasonable effort to assist this patient. For example, make use of an appropriate interpreter if the patient cannot speak your language or relies on signing for communication.

65. You are not under any obligation to accept or to continue to treat a patient. If you decide that you cannot continue treating a patient, you should promptly inform the patient of your decision and use reasonable endeavours to help the patient find an alternative source of care.

66. When you accept someone as your patient, you have a duty to provide them with an appropriate consultation and good quality care. This includes a full case history, examination, investigation, treatment (which must be within your level of competence) and/or referral.

67. The patients under your care will rightly expect you, within reasonable limits, to make yourself available to them. You should ensure that your patients have clear information about your practice arrangements. If you take a break from practising, you should ensure, as far as possible, that your patients have access to another osteopath.

68. If you work in association with other osteopaths, or share the care of patients with other healthcare professionals, you must ensure that there is clear communication between you and your colleagues, and that effective handover procedures are in place. This may be done verbally, although a record of the handover should be made in the patient's osteopathic records.

YOUR CONTRACT WITH THE PATIENT

69. When you agree to see a patient you enter into a contractual relationship, the terms of which must be clearly understood and accepted on both sides. It is your duty to ensure, to the best of your ability, during and after consultation, that the patient understands what you can and cannot offer.

70. Your side of the contract is to take reasonable care when you use your professional knowledge and skills to advise or treat patients. You must also take every reasonable step to ensure that anyone assisting you at your place of work is competent to carry out the duties delegated to them, aware of their responsibilities, properly trained and supervised where necessary.

71. You must not delegate osteopathic care to anyone who is not an osteopath.

See clauses 23–36 on Consent, clauses 49–52 on Chaperones, and clause 116 on Osteopathic records.

HOME/DOMICILIARY VISITS

72. The guidance in the Code is particularly important when you examine or treat a patient in their own home. You should take a suitable treatment table with you and refrain from treating patients on their bed, whenever possible. The same level of professional care and delivery as you would give in a practice environment is expected. A reference to the home visit should be made in the patient's osteopathic records.

See clauses 77–79 on Relationships with GPs.

RELATIONSHIPS WITH COLLEAGUES

73. In modern healthcare, professionals often practise in association with others. Patients rightly expect to receive advice or treatment from the practitioner most suited to their needs. You should work in co-operation with other osteopaths and healthcare professionals to secure the best care for each individual patient.

74. Sole practitioners, in particular, should establish and maintain an effective network of osteopaths and other healthcare practitioners.

See clauses 104–109 on The principles of confidentiality.

75. When you refer a patient to another practitioner you must ensure, as far as reasonably possible, that the person to whom you refer them is competent to meet their needs and has professional indemnity insurance. You must provide the person to whom you are referring the patient with relevant information about the patient, having first obtained the patient's consent to do so.

See Registration with the GOsC and What registration with the GOsC means, on page 3.

76. You must not enter into any relationship to provide osteopathic care with anyone who is not a registered osteopath.

RELATIONSHIPS WITH GPs

77. You should encourage your patients to inform their GP that they are receiving osteopathic treatment and you may wish to communicate directly with a patient's GP, having first obtained your patient's consent to do so.

78. You should always obtain your patient's consent to request or release information you hold about them. This might include:

- your diagnosis
- the treatment you provide
- your patient's response to treatment
- a request for investigations or results of tests already carried out by the GP.

See clauses 116–119 on Osteopathic records.

79. Any communication should be undertaken in a professional manner and recorded in your patient's osteopathic records.

COMMENTS ABOUT COLLEAGUES

80. Any comments you make about a colleague or other healthcare professional must be honest, accurate and sustainable.

See clauses 84–86 on Personal standards, clauses 100–101 on Problems with your health and the *Handling complaints locally* leaflet.

81. If you believe a colleague's conduct, health or professional performance poses a threat to patients, you have a number of responsibilities in the interests of patients. Your duty is to protect patients. If necessary you should, in confidence, inform an employer, the GOsC or someone else in authority.

PROFESSIONAL STANDARDS

82. Your competence as an osteopath must be borne out by the standard of your professional performance throughout your working life. You must maintain the standards required by the GOsC by:

See Standard of Proficiency 2000 (S2K) on the GOsC website: www.osteopathy.org.uk

- regularly and systematically reviewing your professional practice in the light of
 - the Standard of Proficiency laid down by the GOsC
 - the Code
 - supplementary guidance issued or approved by the GOsC
- pursuing an active programme of relevant Continuing Professional Development (CPD)
- keeping up to date with changes in the law that affect your practice of osteopathy.

See clauses 87–88 on What the law requires.

See clauses 94–99 on Complaints, clauses 104–109 on The principles of confidentiality and the *Handling complaints locally* leaflet

83. You must always:

- respond promptly, fully and professionally to professional enquiries, such as requests for copies of patients' osteopathic records and to patient complaints
- co-operate with the GOsC in the exercise of its functions
- maintain professional courtesy at all times.

PERSONAL STANDARDS

See clauses 12–13 on Insolvency, clause 14 on Criminal convictions and clause 15 on Civil proceedings.

84. Proper personal standards are essential. Significant lapses can lead to fitness to practise proceedings by the GOsC. For example, acts of dishonesty, indecency or violence, conviction in a court of law, drunkenness or drug abuse, may have serious consequences, even if not directly connected with your professional practice.

85. Such behaviour at any time before an application for registration is made may result in a refusal of registration. It may also be taken into account later if the GOsC has cause to consider your fitness to practise.

See clauses 100–101 on Problems with your health.

86. You must not practise if you are under the influence of alcohol or any other judgement-impairing drug or substance.

WHAT THE LAW REQUIRES

See clause 92 on Legal limitations on what an osteopath can do.

87. You must act within the law at all times. The law properly provides a number of safeguards to protect the interests of patients consulting healthcare professionals. It is your responsibility to ensure that you understand your legal obligations and to keep up to date with any changes that may affect your practice. If you are ever in doubt, take legal advice and/or consult your professional association.

88. The most important legal obligations applying to osteopathy are summarised in clauses 89–93. The Code is intended as outline guidance and is no substitute for the full legal advice you may sometimes need to obtain.

THE RIGHT TO PRACTISE

Osteopaths Act 1993, section 32.

89. The Osteopaths Act 1993 gives you the right to call yourself an osteopath only if you are registered with the GOsC. It is a criminal offence for anyone in the UK to claim, expressly or by implication, to be any kind of osteopath unless so registered. You must be able at all times to demonstrate that you hold valid registration.

90. If you wish to practise abroad you should first check the legal requirements for doing so. These vary from one country to another.

PROFESSIONAL INDEMNITY INSURANCE

91. You must have adequate professional indemnity insurance (PII). Failure to maintain PII may constitute unacceptable professional conduct. The GOsC publishes the criteria for PII and reviews them from time to time.

LEGAL LIMITATIONS ON WHAT AN OSTEOPATH CAN DO

92. The law prohibits you as an osteopath from doing a number of things, including:

- advertising treatments for certain conditions
- performing certain procedures
- prescribing, providing or administering prescription-only medicines
- signing certificates that require the signature of a registered medical practitioner
- treating animals, except on a referral by a registered veterinary surgeon.

93. You may practise as a member of another healthcare profession only if you are recognised by that profession as competent to do so, are registered with an appropriate body and hold adequate professional indemnity insurance.

COMPLAINTS

94. If you meet the requirements of the Osteopaths Act 1993 and the required Standard of Proficiency, and follow the guidance in the Code, you should be able to practise osteopathy safely, competently and ethically. From time to time, however, patients may be dissatisfied with the care they have received.

95. You should operate a procedure for considering and responding to any complaints against your practice. All staff should be familiar with the procedures adopted and know to whom to direct any complaint.

96. Dealing with such matters quickly and effectively will minimise the stress and anxiety for all concerned.

97. You should ensure that anyone making a complaint knows that they can refer it to the GOsC and you should co-operate fully with any external investigation. By acting constructively, by allowing the patients opportunity to express their dissatisfaction and by providing sensitive explanations of what has happened and why, you may prevent the complaint from escalating.

98. You should inform your professional association and professional indemnity insurers immediately if you receive a complaint.

99. A complaint is an opportunity to reflect on the standard of care that was given and it may highlight areas of your practice that could be improved.

Osteopaths Act 1993, section 37 and GOsC (Professional Indemnity Insurance) Rules 1998.

See Advertising Standards Authority– British Code of Advertising Practice. www.asa.org.uk
Medicines Act 1968. Royal College of Veterinary Surgeons, www.rcvs.org.uk

See Standard of Proficiency 2000 (S2K) on the GOsC website: www.osteopathy.org.uk

See *Handling complaints locally* leaflet and clause 129 on Your staff.

See clauses 104–109 on The principles of confidentiality.

See *Making a complaint* leaflet.

See clause 91 on Professional indemnity insurance.

See clauses 84–86 on Personal standards and clauses 80–81 on Comments about colleagues.

PROBLEMS WITH YOUR HEALTH

100. If you know or suspect your physical or mental health to be impaired so that it affects your ability to practise, you must:

- if necessary, stop practising altogether until your medical adviser judges you fit to practise again
- seek and follow appropriate medical advice on whether, and if so how, you should modify your practice
- inform the GOsC.

See the *Controlling cross infection* leaflet.

101. If you are exposed to or have any reason to suspect you are carrying a serious communicable condition, you should immediately stop practising and seek advice from an appropriate medical adviser. You should accept and follow any advice that you are given about suspending or modifying your practice. You must take all precautions necessary to prevent its transmission to patients.

IF TRUST BREAKS DOWN

See clauses 1–2 on Relationships with patients and page 22 on Trust above all.

102. It is your responsibility to make your professional relationship with your patients work well. If, for whatever reason, trust breaks down so that you can no longer offer an appropriate standard of care, you or your patient may end the relationship.

See clauses 104–109 on The principles of confidentiality.

103. If this happens, you must use reasonable endeavours to help the patient find an alternative source of osteopathic or other care. With the patient's consent, you should provide the new osteopath or healthcare practitioner with sufficient information to take over responsibility for the patient's care without delay.

Maintain, respect and protect confidential information



THE PRINCIPLES OF CONFIDENTIALITY

104. Patients have a right to expect that you will observe the rules of confidentiality. Unless you do so, patients will be reluctant to give you the information you need to provide good care.

See clause 129 on Your staff, clause 120 on Data Protection and clause 121 on Access to records.

105. In normal circumstances, you should keep confidential your patients' identities and other personal information you learn and record, along with the opinions you form in the course of your professional work. This duty extends to your staff and survives the death of any patient.

See clauses 94–99 on Complaints and the *Handling complaints locally* leaflet.

106. Similarly, you should not release or discuss the personal information, medical details or care of a patient with their partner or family members unless you have the patient's consent to do so.

107. You must ensure that the confidential information for which you are responsible is at all times secure against loss, theft and improper disclosure.

See clauses 23–36 on Consent and the *Obtaining consent* leaflet.

108. You may release confidential information if a patient, or someone appointed on their behalf, gives you specific permission to disclose it. It may not always be necessary to disclose all the information you hold on a patient. When seeking a patient's consent to disclose information about them, you must make sure they understand the extent of what you will be disclosing, the reasons for doing so and the likely consequences.

See clauses 73–76 on Relationships with colleagues and clauses 77–79 on Relationships with GPs.

109. You must explain to patients the circumstances in which information about them is likely to be disclosed to others in your workplace and involved in their healthcare. Allow them to withhold permission for this if they wish. You must advise healthcare workers to whom you disclose information that they must also respect the patient's confidentiality.

DISCLOSURES WITHOUT CONSENT

110. You must not disclose confidential information about your patient without your patient's consent, unless you are compelled to do so by order of the court or other legal authority or in the public interest.

111. Disclosures without consent may be necessary in the public interest – when 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 violent or serious criminal act.

See clause 77–79 on Relationships with GPs.

112. You may at times, in the interests of your patient's health, need to share confidential information with the patient's medical adviser, legal guardian, or close relatives. In exceptional circumstances you may do this without consent; for example, if the patient is incapable of giving consent or unreasonably refuses, or if it is undesirable on medical or other grounds to seek consent. If this situation occurs, you are advised to seek guidance from your professional association, professional indemnity insurers or the GOsC prior to disclosure.

See clause 116 on Osteopathic records.

113. If you decide to disclose information without consent, you should disclose the minimum amount of information necessary in the circumstances. But before you do so, you should, if possible, make every reasonable effort to advise the patient that you propose to take this action and explain the reasons for it. You may wish to first take legal advice and you should record carefully in the patient's osteopathic records the information disclosed, to whom it was disclosed and the reasons for disclosure. You must be able, if necessary, to justify your actions.

114. A court of law may order you to disclose information without the consent of the patient. If this happens you should only release the information you are ordered to. You may wish to take legal advice in these circumstances.

See clause 9 on Financial and commercial activities.

115. You may need to allow an Inspector of Taxes to see your practice financial records. To protect patients' confidentiality, financial information should be kept separate from clinical notes.

OSTEOPATHIC RECORDS

116. You must keep accurate, comprehensive, easily understood, contemporaneous, signed (initialled entries if computerised records) and dated case notes. These notes should always be made in indelible ink and at least record:

See clauses 23–36 on Consent and the *Obtaining consent* leaflet.

See clauses 58–61 and the *Visual and audio recordings of patients* leaflet.

See clause 72 on Home/domiciliary visits.

See clauses 49–52 on Chaperones.

See clauses 136–141 on Teaching students and supervising junior colleagues.

- your patient's personal details
- any problems and symptoms reported by your patient
- relevant medical and family history
- your clinical findings
- the information and advice you have provided
- actual advice given to the patient regarding the risks associated with any proposed examination or treatment
- the decisions made
- records of consent and/or consent forms
- the investigation and treatment you provide or arrange, and their results
- any communication with, about or from your patient
- copies of any correspondence, reports, test results, etc. about your patient
- reaction to treatments/treatment outcomes
- reference to any home/domiciliary visit
- if a chaperone was present or was not required
- whether a student/observer was present.

NHS Executive (HSC1999/053) – For the Record. www.dh.gov.uk
See clause 120 on Data Protection and clause 121 on Access to records.

117. You are responsible for the safe keeping of your osteopathic notes. Current guidance from the NHS states that records should be kept for a minimum of eight years after conclusion of treatment, or the patient's death or, for example, emigration. Children's notes should be kept until the patient's 25th birthday.

118. There are legal limitations on the time available for a person to pursue a claim against you. A personal injury claim, for example, should normally be made within three years. The minimum retention requirements outlined above should, therefore, be sufficient, even if you are aware of the possibility of legal action being taken. In such circumstances, however, you may wish to consult with your professional indemnity insurers and professional association before destroying the records.

119. When writing reports, completing forms or otherwise providing any information, you must always be honest and accurate. You must take reasonable steps to verify the information you provide and not mislead by omitting relevant information.

www.dataprotection.gov.uk
www.hmso.gov.uk

DATA PROTECTION

120. Any patient records that you keep are subject to the provisions of the Data Protection Act 1998. If you retain personal information on individuals, you must register with the Information Commissioner.

See clauses 104–109 on The principles of confidentiality.
www.hmso.gov.uk

ACCESS TO RECORDS

121. Patients have the right of access to information in their healthcare records held by professionals such as osteopaths. This right extends to people appointed by or on behalf of a patient, and to duly authorised representatives of deceased patients. The method and timescales for disclosure are governed by the Access to Health Records Act 1990 and the Data Protection Act 1998.

Practice information and the work environment



See clauses 92–93 on Legal limitations on what an osteopath can do and *Advertising guidelines* leaflet.

See clauses 80–81 on Comments about colleagues.

See clauses 9–11 on Financial and commercial activities and clause 115 on Disclosures without consent.

See clauses 104–109 and 110–115.

See clauses 117, 120 and 121.

See clauses 1–2, 73–76, 77–79 and 80–81.

See clauses 94–99.

See clause 130.

See clauses 133–135.

See clauses 131, 132.

PRACTICE INFORMATION

122. All advertising must be legal, decent, honest and truthful and must conform to the current guidance, such as the British Code of Advertising Practice.

123. You should provide good quality, factual information about your professional qualifications, your practice arrangements and the services you provide.

124. You may indicate that you have a special interest and that your practice is wholly or mainly devoted to that special interest.

125. You must not make claims of superiority or disparage your professional colleagues or other professionals.

126. Unless you are a registered medical practitioner, you must not use any title that implies you are a medical practitioner (this does not prevent you from using the title 'doctor' if you have a PhD and it is clear that the title relates to this).

127. Provided you control the content of your practice information in the ways described above, you may publish and distribute the information freely. Publicity should not, however, be generated so frequently or in such a manner as to cause nuisance or put those to whom it is directed under pressure to respond.

FEES

128. All osteopaths should charge fees responsibly and in a way that avoids bringing the profession into disrepute. You should make available information, in advance of consultations and treatments, on the fees you charge, indicating what each fee covers. Your fee rate should relate to the treatment you provide and should not be inflated in respect of patients whose treatment will be paid for by an insurance company or other third party.

YOUR STAFF

129. You are responsible for all the staff you employ in your clinic, their conduct, and any guidance or advice they give to patients. This includes administration and housekeeping staff. You should ensure they understand and comply with the requirements of the Code, in particular those that relate to:

- patient confidentiality
- retention of medical records
- relationships with patients, your colleagues and other healthcare professionals
- complaints
- the work environment
- health and safety
- disability and race discrimination.

See *Controlling cross infection* leaflet and clauses 133–135 on Health and safety.

See Disability Rights Commission – www.drc.org.uk
www.hmsa.gov.uk

See Commission for Racial Equality – www.cre.gov.uk

See Health & Safety Executive – www.hse.gov.uk

THE WORK ENVIRONMENT

130. Your practice premises should be clean, safe, hygienic, comfortable and appropriately equipped. You should ensure that the environment is conducive to effective osteopathic treatment and to the comfort, privacy and dignity of your patients.

DISABILITY DISCRIMINATION ACT 1995

131. The Disability Discrimination Act 1995 (Rights of Access to Goods, Facilities, Services and Premises) requires service providers to make 'reasonable adjustments' for disabled people in the way they provide their services. The Act sets out possible options for service providers: removing, altering or avoiding a physical feature of their premises that makes it impossible or unreasonably difficult for disabled people to use the service; or providing home visits.

RACE RELATIONS ACT

132. The Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, makes it unlawful to discriminate against employees and service users on the grounds of race, colour, nationality (including citizenship), or ethnic or national origin.

HEALTH AND SAFETY

133. The law lays down detailed requirements for health and safety in the workplace. It is your responsibility to be aware of these, to keep up to date with them, and also to ensure that your work environment complies with them.

134. You must have adequate public liability insurance.

135. You must ensure that you have appropriate procedures in place to cope in the event of a medical emergency.

Teaching students and supervising junior colleagues



See clause 55 on Patients' rights on teaching or research.

STUDENTS AND JUNIOR COLLEAGUES

136. If you are responsible for an associate or assistant, you must provide professional support and adequate resources to them so that they are able to offer appropriate care to their patients. You must not put them under any undue pressure or expect them to work excessive hours or to provide treatment beyond their competence.

137. If you have special responsibilities for teaching you should ensure that you develop effective teaching skills.

See clause 71 on Your contract with the patient.

138. You may allow a *potential* student of osteopathy to observe a consultation or treatment if the patient consents and is fully aware that the observer is not an osteopath. You must not allow such an observer to treat a patient.

See clause 91 on Professional indemnity insurance.

139. If you have an osteopathic student – a person enrolled on a pre-registration course recognised by the GOsC – at your clinic, you have a number of responsibilities:

- the student should be fully supervised by you during any osteopathic examination, treatment or advice that they give
- you are also responsible for the student's conduct and for ensuring that adequate professional indemnity insurance is in place to cover the student's activities
- you should ensure that the patient is fully aware of the student's status.

See clause 116 on Osteopathic records.

140. You should record in the patient's osteopathic records:

- the fact of the observer's/student's presence
- the observer's/student's status and identity
- the patient's consent to the observer/student being present
- details of any examination carried out by the student
- details of any treatment administered by the student
- the patient's consent to such examination or treatment.

141. Similarly, if you train junior colleagues you must make sure that their care of patients is properly supervised and that adequate professional indemnity insurance is in place.



TRUST ABOVE ALL

The guidance in the Code flows from the principle that osteopathic practice, like all healthcare, is founded on trust:

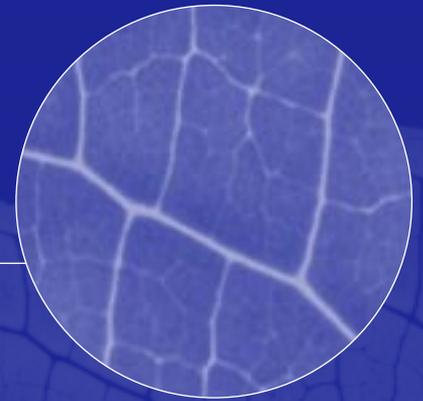
- between osteopaths and their patients
- between osteopaths and their professional colleagues
- between osteopaths and other healthcare professionals.

Patients must be able to trust you with their health and their well-being. Other osteopaths must be able to trust you to co-operate with them and maintain the standards of your profession. Other healthcare professionals must be able to trust you to practise to the high standards expected of an osteopath.

ACKNOWLEDGEMENT

In compiling the Code, our inspiration has been drawn from the publications by other regulatory bodies, including the General Medical Council's *Good Medical Practice*, the General Chiropractic Council's *Code of Practice*, the General Dental Council's *Maintaining Standards* and the Nursing and Midwifery Council's *Code of Professional Conduct*. We are grateful to all those who contributed to the development of this Code, and who have provided helpful feedback and comments on the text.

maintaining standards



Index



	Clause
A	
Abuse of professional position	3, 8
Accepting patients	65–66
Advertising	92, 122–127
Alcohol and drugs misuse	84–86
Alternative sources of care	6, 65–68, 69–71, 73–76 , 77–79, 102–103
Animals, treatment of	92
Associates and assistants	55, 68, 70, 73–76 , 80–81, 129, 136–141
Audio recordings of patients	58–61
Availability	67, 72, 131
B	
Bankruptcy – see Insolvency	
Behaviour	8, 84–86
Break from practising	67, 100–101
British Code of Advertising	92, 122–127
C	
Central Office for Research Ethics Committees (COREC)	53–57
Chaperones	18, 35, 39–40, 49–52
Children:	
• chaperones	35, 51
• consent	31–36
• treatment of	31–36
Civil proceedings	12, 15 , 23
Colleagues:	
• comments about	80–81
• fitness to practise	81
• relationships with	55, 70, 73–76
Commercial activities	8, 9–11 , 12,
Communicable conditions	101
Communication:	
• with patients	17–22 , 25, 37–38 , 41, 64, 69
• with other osteopaths and healthcare practitioners	68, 73–76 , 77–79, 83, 103
Competence	15, 16, 66, 70 , 75, 81, 82, 92–93, 94, 99
Complaints	14, 15, 16, 83, 94–99 , 129
Conduct	3–5, 8 , 12–13, 14, 15, 16, 82–83, 84–86
Confidentiality	57, 60–61, 104–109, 110–115
Consent:	
• for adults who are not competent	29–30
• for audio and visual recordings of patients	59
• for children and young people	31–36
• for examination and treatment of intimate areas	27–28 , 38
• for research	54, 57
• withdrawing consent	26, 54
• written consent	28, 54, 57, 59
Continuing Professional Development (CPD)	82



Contract with patient	69–71
Criminality	14, 23, 84–86 , 89, 111
Cultural influences	48, 63
D	
Data protection	120, 121
Disability discrimination	63–64 , 129, 131
Disclosure of patient information	6, 57, 60–61, 68, 75, 77–79, 103, 104–109 , 110–115 , 120, 121, 129
Diseases, communicable	101
Doctor (Dr):	
• relationships with	68, 73–76, 77–79 , 80–81
• use of title ‘Dr’	126
Drugs:	
• abuse of	84–86 , 100
• prescription of	92
Drunkenness	84–86 , 100
Duty of care	62–68
E	
Ending the professional relationship	5–6, 65 , 102–103
Ethics	1, 53, 62 , 82
Examining/Treating:	
• animals	92
• children	31–36
• friends	7
• intimate areas	27–28, 37–44
• without consent	29–30
Expectations, patients’	1–2, 17–22 , 48, 67, 69
Exploitation	3–5, 8 , 9–11, 55, 62, 136
F	
Failure in care	15, 16, 94–99 , 102–103
Fees	8, 115, 128
Financial and commercial activities	8, 9–11 , 12–13, 115, 127
Fitness to practise	14, 15, 16, 81 , 82–83, 84–86 , 100–101
Fraser Guidelines	33
Friends, treatment of	7
G	
General Osteopathic Council (GOsC)	12–13, 14, 15, 16, 23, 82–83 , 84, 85, 89 , 91, 97 , 100, 112, 139
Gillick competent	33
Gloves, surgical	44
GPs, relationships with	68, 73–76, 77–79 , 80–81
H	
Health:	
• of colleagues	81

• problems with your	84–86, 100–101
Health and safety	129, 133–135
Healthcare professions, other	73–76, 77–79, 80–81
Health records – see Records	
Home/domiciliary visits	72
Hygiene:	
• gloves, surgical	44
• patients’ hygiene	42
• practice hygiene	129, 130, 133–135
• when treating intimate areas	37–44
I	
Information about the practice	9–11, 67, 122–127 , 128
Informed consent	23–36
Insolvency	12–13
Inspector of Taxes	115
Insurance:	
• professional indemnity	12, 91 , 93, 98, 112, 118, 141
• private medical	128
• public liability	134
J	
Junior colleagues	136–141
L	
Legal:	
• limitations on an osteopath	92–93
• responsibility	87
• right to practise	89–90
• what the law requires	87–88
M	
Modesty, patient	42–43, 45–48
N	
National Council for Osteopathic Research (NCOR)	53
Networking	74
O	
Osteopathic title (section 32)	89
P	
Parental responsibility	32–36
Patients’ records – see Records	
Patients’ rights:	
• chaperone	18, 35, 39–40, 49–52
• confidentiality	57, 60, 104–109 , 110–115

• consent	23–36, 38, 54, 57, 59
• disability discrimination	63–64, 129, 131
• modesty	42–43, 45–48
• race relations	63–64, 132
• teaching or research	53–57
Personal:	
• relationships with patients	3–7
• standards	84–86
Photographing patients	58–61
Practice:	
• access to	67, 72, 131
• environment	130, 131, 133–135
• information	9–11, 67, 122–127, 128
• staff	129
Prejudice	63, 129, 131, 132
Prescribing medicines	92
Private medical insurers	128
Problems with:	
• colleagues	80–81
• finance	12–13
• fitness to practise	14, 15, 16, 81, 84–86, 100–101
• patients	5, 15, 94–99, 102–103, 110–115
Professional bodies	16
Professional indemnity insurance (PII)	91
Professional standards	82–83
Public liability insurance	134
Publishing research	53–57
R	
Race Relations Act	132
Recording patients, visual and audio	58–61
Records:	
• access to	120, 121
• content	68, 79, 116
• disclosure of	7, 57, 60–61, 68, 75, 77–79, 103, 104–109, 110–115, 120, 121, 129
• requirements	116
• research	56–57
• retention of	117–118, 120
• security and storage	61, 117
• visual and audio	58–61
Rectal examinations and techniques	28, 37–44
Registered medical practitioners	77–79
Registration	89
Relationships with:	
• colleagues	55, 70, 73–76, 80–81
• GPs	68, 73–76, 77–79, 80–81
• patients	1–2, 3–7, 102–103

• staff	129
Research, patients' rights in	53–57
Restrictions on practise	92
Right to practise	89–90
S	
Section 32 (protection of title)	89
Sexual relationships with patients	3–7
Sole practitioners	74
Staff	129
Standard of Proficiency	17, 66, 82, 94
Standards:	
• personal	84–86
• professional	82–83
Students of osteopathy	137–140
Supervising junior colleagues	136–141
T	
Teaching:	
• patients' rights	53–57, 58–61, 138, 140–141
• students	137–140
Titles:	
• Doctor (Dr)	126
• Osteopathic, protection of	89
Treating – see Examining/Treating	
Trust	1, 3, 8, 62, 102–103
U	
Undue influence:	
• on colleagues	55
• on patients	8, 55
V	
Vaginal examinations and techniques	28, 37–44
Veterinary Surgeons	92
Violence	84–86
W	
Withdrawing:	
• consent	26, 54
• treatment	5, 65, 102–103
Work environment	130, 133–135
Written consent	28, 54, 57, 59

Joint statement: common values of healthcare professionals



All regulatory bodies for healthcare professionals¹ have adopted the following values.

All healthcare professionals are personally accountable for their actions and must be able to explain and justify their decisions. All healthcare professionals, regardless of the type of practice they are engaged in, have a duty to protect and promote the needs of patients and clients. To do this they must:





BE OPEN WITH PATIENTS AND CLIENTS AND SHOW RESPECT FOR THEIR DIGNITY, INDIVIDUALITY AND PRIVACY

- listen to patients and clients
- keep information about patients and clients confidential
- make sure their beliefs and values do not prejudice their patients' or clients' care.

RESPECT PATIENTS' AND CLIENTS' RIGHT TO BE INVOLVED IN DECISIONS ABOUT THEIR TREATMENT AND HEALTHCARE

- provide information about patients' and clients' conditions and treatment options in a way they can understand
- obtain appropriate consent before investigating conditions and providing treatment
- ensure that patients have easy access to their health records.

JUSTIFY PUBLIC TRUST AND CONFIDENCE BY BEING HONEST AND TRUSTWORTHY

- act with integrity and never abuse their professional standing
- never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgement
- recommend the use of particular products or services only on the basis of clinical judgement and not commercial gain
- declare any personal interests to those who may be affected.

PROVIDE A GOOD STANDARD OF PRACTICE AND CARE

- recognise and work within the limits of their knowledge, skills and experience
- maintain and improve their professional knowledge, skills and performance
- make records promptly and include all relevant information in a clear and legible form.

ACT QUICKLY TO PROTECT PATIENTS, CLIENTS AND COLLEAGUES FROM RISK OF HARM

- if either their own, or another healthcare worker's conduct, health or performance may place patients, clients or colleagues at risk
- if there are risks of infection or other dangers in the environment.

CO-OPERATE WITH COLLEAGUES FROM THEIR OWN AND OTHER PROFESSIONS

- respect and encourage the skills and contributions which others bring to the care of patients and clients
- within their work environment, support professional colleagues in developing professional knowledge, skills and performance
- not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

¹ General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; Health Professions Council; Nursing & Midwifery Council; Pharmaceutical Society of Northern Ireland; Royal Pharmaceutical Society of Great Britain.



General Osteopathic Council | Osteopathy House 176 Tower Bridge Road London SE1 3LU
T: 020 7357 6655 F: 020 7357 0011 www.osteopathy.org.uk