

## Maintaining clear boundaries

Last year, the GOsC dealt with eight complaints against osteopaths that involved a breach of professional and sexual boundaries with patients. In the same period, the GOsC was also notified that an osteopath had received a number of criminal convictions for indecently assaulting patients.

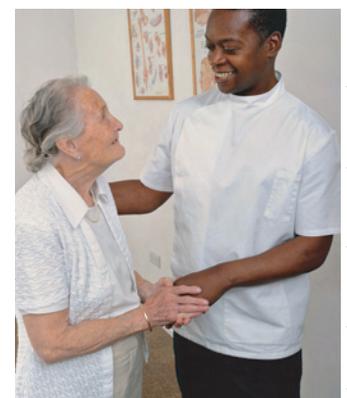
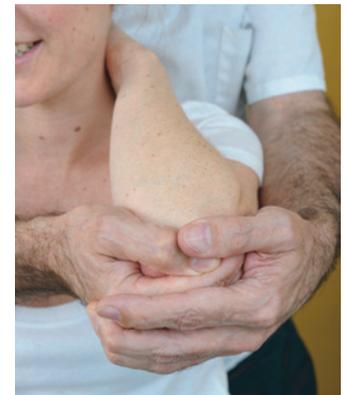
This high number of complaints about the crossing of professional boundaries should be a cause for concern across the osteopathic profession.

### What do the *Osteopathic Practice Standards* say?

Standard D16 cautions osteopaths against abusing their professional standing.

It is worth setting out the relevant section in full:

- '1. Abuse of your professional standing can take many forms. The most serious is likely to be the failure to establish and maintain appropriate boundaries, whether sexual or otherwise.
2. The failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on patients, could lead to your removal from the GOsC Register and is likely to bring the profession into disrepute.
3. When establishing and maintaining sexual boundaries, you should bear in mind the following:
  - 3.1 Words and behaviour, as well as more overt acts, may be sexualised, or taken as such by patients.
  - 3.2. You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship.
  - 3.3 Physical contact for which valid consent has not been given can amount to an assault leading to criminal liability.
  - 3.4 It is your responsibility not to act on feelings of sexual attraction to or from patients.



Photos: The General Osteopathic Council

- 3.5 If you are sexually attracted to a patient, you should seek advice on the most suitable course of action from, for example, a colleague. If you believe that you cannot remain objective and professional, you should refer your patient to another health care practitioner.
- 3.6 You should not take advantage of your professional standing to initiate a relationship with a patient. This applies even when they are no longer in your care.'

### ebulletin highlights

- > Maintaining clear boundaries
- > Protection of title
- > Keeping data safe

**Maintaining clear boundaries > continued**

**At the heart of many of the complaints we receive is poor communication.**

**A common complaint we get from patients is that the osteopath remained in the room while they were dressing or undressing, and watched them while they undressed. Remember that some patients may not have a very clear idea of what to expect when they come to visit an osteopath for the first time. They may be surprised and embarrassed when you ask them to remove their clothing, even if your assumption is that this is common knowledge.**

**What do the *Osteopathic Practice Standards* say?**

Standard C6 requires osteopaths to respect the dignity and modesty of their patients.

This includes:

- 2.1 Informing patients in advance of their first appointment that they may need to undress for examination and treatment.
- 2.2 Allowing a patient to undress, and get dressed again, without being observed.
- 2.3 Explaining why (if you consider it necessary or helpful for the purposes of diagnosis or treatment) you wish to observe them undressing. If the patient is unhappy with that, you should respect their wishes and find another way of establishing the clinical information you need.
- 2.4 Covering the parts of their body that do not need to be exposed for the examination or treatment. This can be achieved by providing the patient with an appropriate cover or allowing them to remain partially dressed. If you need to see the patient undressed to their underwear, you should explain

this to the patient and ask them if they are comfortable with that.'

It is important that you maintain a professional manner with patients at all times. Comments about a patient's clothes, jewellery or hairstyle can be misinterpreted, even if you are only making casual conversation to put the patient at ease. While you carry out your treatment, it is best to stick to topics that are appropriate for a clinical setting.

Think also about your practice. Often in cases where a patient has complained to us about a lack of privacy, the osteopath has told us that they 'looked away' while the patient was undressing. The feedback we get from patients is that they feel uncomfortable with this, particularly if the osteopath is behind them when they are getting changed. Consider leaving the room while the patient is getting dressed and undressed or make use of changing screens.

Do not leave the patient exposed on the treatment plinth for any longer than is necessary. The *Osteopathic Practice Standards* advise that if you need your patient to remove underwear for an examination or a treatment, you should encourage them to put their underwear back on at the conclusion of that particular examination or treatment, and before you continue with any other procedure.

If you intend to examine or treat an intimate area, the *Osteopathic Practice Standards* advise you to ask the patient if they would like a chaperone. A chaperone can be a relative or friend of the patient, or a person from your practice. However, the *Osteopathic Practice Standards* recommend that a chaperone should not be your spouse or personal partner. You should record the offer of a chaperone in the patient records, and make a note if a chaperone was present or if the patient declined the offer of the chaperone.



Photo: Kampfner Photography

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## Maintaining clear boundaries

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Patients find it very difficult and distressing to make these sorts of complaints about an osteopath. Very often, the complaints point to a number of things during a particular consultation or a course of treatment, that together have caused the patient to believe that sexual boundaries may have been breached: the osteopath watching the patient while getting undressed; not ensuring that the patient fully understands the treatment that is going to be carried out, or why it is necessary to remove or adjust a patient's clothing, or to place your hands on particular areas of the patient's body while carrying out your treatment.

The GOsC treats all complaints about crossing sexual boundaries extremely seriously. Our approach is guided by the Professional Standards Authority (PSA), the body that oversees statutory bodies that regulate health and social care professionals in the UK. The report is entitled *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals* (January 2008) – <http://tinyurl.com/oua6swq> – and we strongly advise all osteopaths to study this. In cases where it is alleged that sexual boundaries have been breached, it may be necessary for the GOsC to impose an interim suspension order on the osteopath. The process of resolving these sorts of complaints is very stressful for the osteopath and the patient. It is best to avoid potential misunderstandings that can lead to a complaint being made. Communicating clearly and appropriately with your patient is the best way to minimise the risk of a complaint being made against you.

# Protection of title

**The GOsC recently launched a campaign to promote wider patient and public awareness of the status of osteopaths as registered health professionals.**

The benefit of statutory registration is that patients are able to check with the GOsC that an osteopath is fit to practise. Registration provides a positive assurance to the public that an osteopath has the appropriate qualifications and training, and that he or she keeps their skills up to date through continuing professional development.

While we are actively encouraging osteopaths to support this campaign by displaying public information posters in their practice, the GOsC is also committed to ensuring that persons who are not registered with us, cannot use certain titles protected by legislation, and that they therefore do not mislead the public.

Section 32(1) of the *Osteopaths Act 1993* states:

'A person who (whether expressly or by implication) describes himself as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath, is guilty of an offence unless he is a registered osteopath.'

This summer, the GOsC will be consulting widely on a new Section 32 Enforcement Policy. The policy will set out the matters that we take into account in deciding whether or not to initiate a criminal prosecution. We currently have a number of ongoing Section 32 investigations, and have initiated criminal proceedings against two individuals in 2014 who we believe have broken the law.

If you have reason to believe that a person is calling themselves an osteopath when they are not registered, please tell us at: [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk)

**I'M REGISTERED**

General Osteopathic Council

**By law, osteopaths must be registered with the General Osteopathic Council**

Registration means that:

- I am a regulated health professional
- I am trained and qualified
- I am required to keep my knowledge and skills up to date
- I am required to have professional indemnity insurance
- I welcome your feedback on the care I provide

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Telephone: 020 7357 6655

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# Keeping data safe



## Question

What guidance is there on how to keep patient records safe and confidential?



## Answer

The *Osteopathic Practice Standards* require osteopaths to have adequate and secure methods for storing patient information and records and also to comply with the law on data protection. With the Information Commissioner now able to issue fines of up to £500,000 for breaches of data security, it is important that osteopaths meet the legal requirements in this area. Refer to the website of the UK Information Commissioner's Office for extensive information on data protection.

The *Data Protection Act* requires you to have in place appropriate security to prevent the personal data you hold being accidentally or deliberately compromised. The advice provided by the Information Commissioner's Office is that you should:

- > Design and organise your security to fit the nature of the personal data you hold and the harm that may result from a security breach;
- > Be clear about who in your organisation, i.e. your clinic or practice, is responsible for ensuring information security;
- > Make sure you have the right physical and technical security, backed up by robust policies and procedures and where applicable reliable, well-trained staff; and

- > Be ready to respond to any breach of security swiftly and effectively.

In relation to your practice, think about where and how your treatment records are stored. Who has access to them? If paper records are stored in cabinets, are the cabinets locked at all times? If the cabinets are placed in a reception area, could other patients gain access to them if you or your receptionist are away temporarily? What about records that are awaiting filing – have you left any files lying on a desk? Are electronic files encrypted or password-protected?



## Further information:

The Information Commissioner's Office (ICO) has a wealth of guidance on its website. You can find guidance on security issues at: <http://tinyurl.com/pecav5r>

You may also find it helpful to read the examples of good practice published by the ICO from its observations of visits to primary health care providers: <http://tinyurl.com/q5mo4gr>

