



For the record: taking and storing osteopathic notes

Taking good notes is a hallmark of high practice standards

Osteopathic records are likely to be judged inadequate if they omit any of the following: any working hypothesis or diagnosis; the results of tests or other evaluations and observations; consent to treatment; treatment plans; any advice or self-help given; or a patient's reaction to treatment or treatment outcomes.

Why do osteopaths fall down in this crucial area? Some may take the view that 'time is money', others that they are experienced enough to be able to take some short cuts. But good practitioners will make time to prepare careful, contemporaneous notes, which also record any negative findings.

The vast majority of osteopaths are of course committed to observing best practice in their patient record keeping, as in other areas of practice. And one request often made is for a template that osteopaths can use to ensure that they record everything they need to.

Picking up on this request, we sought advice from the Osteopathic Educational Institutions (OEl's), which use a pro forma note taking template for students in their teaching clinics. However, the general view was that use of the student template would not be appropriate in practice. The OEl's pointed out that as students progress through the training

years and gain clinical maturity, they are expected to develop their own particular style of gathering relevant information appropriate to their practices and patient types. So it's the content of your records rather than the template which is important, and the *Code of Practice* is clear about this.

Clause 116 of the Code sets out that osteopaths must keep accurate, comprehensive, easily understood, contemporaneous, signed (initialled entries in the case of computerised records) and dated case notes. These notes should always be made in indelible ink and at the minimum record:

- > the patient's personal details;
- > any problems and symptoms reported by the patient;
- > relevant medical and family history;
- > clinical findings;
- > information and advice provided;
- > actual advice given to the patient regarding the risks associated with any proposed examination or treatment;

continued ►►

bulletin highlights

- > For the record: taking and storing osteopathic notes
- > Shaping osteopathic practice standards
- > Make a note
- > Patient complaints: addressing areas of bad practice
- > Check your publicity complies with the law



DFor the Record > continued

- > decisions made;
- > records of consent and/or consent forms;
- > investigation and treatment provided or arranged and their results;
- > communication with, about or from the patient;
- > copies of any correspondence, reports, test results etc, about the patient;
- > reaction to treatment/treatment outcomes;
- > reference to any home/domiciliary visit;
- > whether a chaperone was present or not required; and
- > whether a student/observer was present.

To sum up, proper records are a fundamental tool for ensuring the delivery of safe and competent care, and they need to be accurate and comprehensive so that they can easily be understood by any subsequent practitioner.

What about storage?

Again, the *Code of Practice* is clear. You are responsible for the safe keeping of your osteopathic notes. Current guidance from the NHS is that records should be kept for a minimum of eight years after the end of treatment, and children's notes should be kept until the patient's 25th birthday (see Clause 117).

The publication '*Records management: NHS code of practice*' (available at www.dh.gov.uk) contains useful guidance about record keeping generally and appropriate retention periods for records.

And don't forget that your patient records are subject to the provisions of the Data Protection Act 1998 (see Data Protection Guide on the [Information Commissioner's Office website](http://www.informationcommissioner.gov.uk)).

Shaping osteopathic practice standards

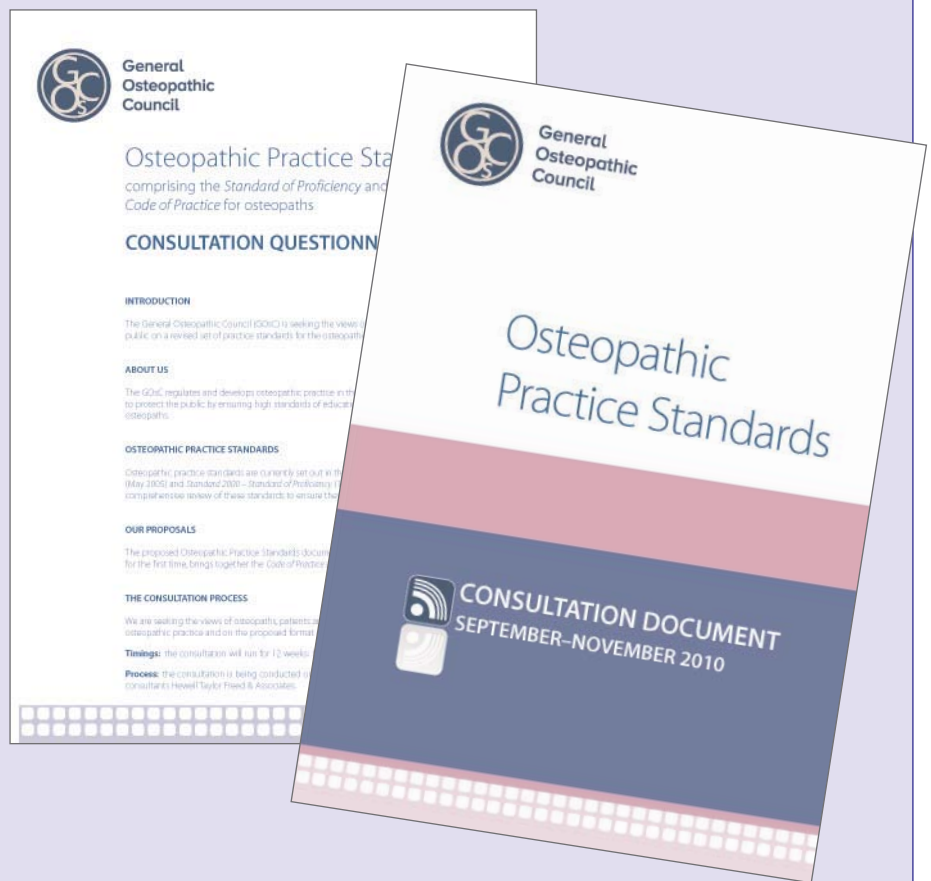
We are currently consulting on the Osteopathic Practice Standards, a revised and newly combined *Standard of Proficiency* and *Code of Practice* for osteopaths.

The consultation document and questionnaire are available on the GOsC [public website](#) until **30 November 2010** and we are seeking the views of osteopaths, patients and members of the public.

Independent consultants Hewell Taylor Freed & Associates will be carrying out the consultation on our behalf and they are inviting a representative sample of osteopaths to take part in face-to-face or telephone interviews, or focus groups. If you are contacted about these additional activities, please do take the time to participate

All feedback is greatly appreciated – your insight is vital to the development of these standards.

Further information from: Denise Taylor, Hewell Taylor Freed & Associates, at denisetaylor.htp@virgin.net.



Make a note

Three cases recently heard by the Professional Conduct Committee highlight the importance of making and maintaining comprehensive patient case histories.

Case 1

Woeful and inadequate

Clear and concise case notes are crucial to good practice as a recent case before the Professional Conduct Committee (PCC) clearly illustrated. The case resulted in a finding of unacceptable professional conduct.

The registrant involved failed to keep adequate notes and records of his patient's complaints and symptoms, including details of their nature, site, mode of onset, duration, progress, daily pattern and aggravating/relieving factors.

In addition, the registrant failed to keep case notes of any variation in the patient's medical health status, the results of active and passive examination of the patient's spine, the results of neurological tests, the reasoning in support of the diagnosis and the diagnosis itself. Notes regarding the actual treatment were also not logged.

The Committee described the case notes – such as they were – as “the worst that [it] has seen” and “woefully inadequate”.

The Committee sanctioned the registrant at the lower end of the scale with an admonishment, but this reflected the fact that, by the time the registrant appeared before the



Committee, he had changed his practice and dramatically improved his record keeping. The Committee noted that the registrant was now “using the same computer system but using it appropriately and fully”. In addition, the registrant had “taken corrective steps by properly implementing and completing his computer case records”.

The Committee took the opportunity to emphasise the importance of good record keeping to the osteopathic

profession. It is “a vital tool for clinical decision-making and ensuring safe continuity of care,” it said.

Additional information

References in the GOSc's *Standard of Proficiency (Standard 2000)*: section J, paragraph 23, points J1 and J9.

References in the GOSc's *Code of Practice*: paragraph 6.

Case 2

Inadequate note taking contributed to the risk

Case history issues played a crucial role in another recent finding by the PCC of unacceptable professional conduct.

In this case, the Committee found a wide-ranging list of poor service by the registrant, including failure to adequately explore the onset of the patient's current episode, further information regarding relieving factors, progression of the condition since onset and associated signs and symptoms suffered by the patient. But it found the registrant's inadequate record keeping to be "of paramount importance" in the case.

According to the Committee ruling, the registrant's lack of adequate note taking made it difficult for him to demonstrate that he had taken an adequate case history and to justify his diagnosis and treatment plans. By his own admission, he had failed to record: the patient's case history; her presenting symptoms; his examination of her; his clinical findings; his diagnosis; the treatment plan; and details of the treatment administered.

In summing up, the Committee said the registrant's conduct had fallen below the standard of an osteopath. However, it also found that the practitioner had provided persuasive evidence that the practice concerned had been significantly improved since the events that had led to the complaint and hearing. The registrant had "produced a new record system," which the Committee said was "thorough and detailed and in accordance with the requirements of the *Code of Practice* for the delivery of safe and competent patient care".

The Committee was also impressed that the registrant had attended a one-to-one record keeping course at the beginning of this year. These mitigating factors contributed to the Committee handing down an admonishment.

Additional information

References in the GOC's *Standard of Proficiency (Standard 2000)*: section J, paragraphs 22 and 23, and K7.

References in the GOC's *Code of Practice*: paragraph 66 and 116.

Case 3

Clinical testing

Failing to keep a contemporaneous and full record of patient treatment and diagnosis again proved a crucial element of this third case heard by the PCC.

The registrant in this case admitted that he had failed to record a diagnosis as well as 'negative' or 'normal' results following clinical testing. Even though the Committee found no other allegations proved, the failures in relation to record keeping were enough to lead to a finding of unacceptable professional conduct. An admonishment was found to be a proportionate sanction in the circumstances of the case and the Committee stressed the importance of adequate record keeping in good patient care and professional practice.



Additional information

References in the GOC's *Code of Practice*: paragraph 116.

Patient complaints: addressing areas of bad practice

Based on a year of hearing cases of professional misconduct involving osteopaths, Professional Conduct Committee (PCC) Chair David Plank has pointed to a need to tackle poor patient communication and other practice failures.



David Plank, who became PCC Chair in February last year, says osteopaths are no worse than practitioners in other healthcare sectors, but they still need to avoid falling into bad habits, especially after years of practice. Communication skills, inadequate practice and poor record keeping are the three issues most likely to trip up osteopaths, Mr Plank warns.

Separation of powers

Mr Plank took over the role of PCC Chair following the establishment of new Fitness to Practise committees, completely separate from the GOsC Council. Previously, many members of the Council also sat on the PCC – an arrangement that was discontinued in favour of appointing independent members with specific skills, recruited through a national advertising campaign. A number of these members are osteopaths. As Mr Plank explains: “The purpose is to ensure that there is proper independent decision-making that is not influenced by specific Council interests – and it is something that is happening throughout the healthcare regulatory bodies and indeed elsewhere.”

This spring, Mr Plank produced a detailed report for the GOsC assessing the significant points emerging from PCC hearings. In it, he highlighted the three issues that registrants should be most aware of.

Valid consent

Issues of communication, including an osteopath’s failure to obtain valid consent from patients, accounted for one of the biggest concerns. Other communication problems centred on failures by osteopaths to explain intended treatments and proposed charges. Inadequate responses to complaints also featured.

The second area highlighted in Mr Plank’s April report concerned areas of inadequate practice, such as poor case-history taking, as well as problems with examinations and diagnosis. Failure to justify continued treatment and allegations of excessive treatment also posed problems, as did inadequate record keeping overall.

In his report, Mr Plank writes: “A general observation arising from these cases is that there may be a risk of some registrants becoming routinised in their practice and as a result not recognising that their habitual practice may fall short of the standard expected of an osteopath.”

It is a point, comments Mr Plank, that has “struck me and colleagues on the PCC – that people who may have been competent, if not excellent, practitioners earlier in their careers have perhaps not been sufficiently self-aware of how their practice has developed over time and not sufficiently aware of the need to reassess themselves and to take a long hard look at the way they are doing things.”

Good to talk

Mr Plank points out that registrants appearing before the PCC will often claim that they do talk to their patients as they conduct treatments. “Of course that may well be the case,” he says, “but the patients may not recognise it. They may not see that as being consulted about their condition and their treatment. They may just see that as the osteopath being nice. Therefore, if something goes wrong from their point of view, they may arrive at the conclusion – and not without some justification – that they haven’t been consulted about their treatment – that they haven’t been told what is going to happen.”



Patient complaints: addressing areas of bad practice > continued

Mr Plank attributes the problems to habits evolving that don't accord with acceptable professional standards. "The [GOsC's] standards require an osteopath – certainly at the first consultation – to do a full examination and to consult the patient about the treatment and to gain their explicit consent", he confirms.

Appearing before the PCC, while hardly a comfortable experience, can be beneficial for many of the registrants affected, according to Mr Plank. "Most are very chastened and they do reflect on their practice. There are one or two exceptions, but for the most part, the people who come before us are not neglectful, they are committed to their profession."

Improved performance

He also points out that going through the PCC process often triggers significant improvements in practitioner performance. "In a number of cases where consent has been an issue, the osteopath has – in light of what has happened at the hearing – developed a practice of obtaining written consent."

Overall, Mr Plank – who has considerable experience of regulatory matters in other sectors, including other healthcare fields – is impressed with osteopathic practice. "I've been struck by the high level of commitment by osteopaths. They are doing a good job for patients and improving their skills, and our work has to be seen against that background. We tend to see the worst part not the best."

David Plank's full report is available on the GOsC public [website](#).

Background

David Plank had vast experience of local government before taking his role as Chair of the Professional Conduct Committee. He was Director of Social Services in two London boroughs before becoming chief executive at two local authorities.

On retiring from permanent employment eight years ago, Mr Plank took up several interim management appointments, including the chief executive position at the UK's largest voluntary provider of adult education, the Workers' Educational Association, and deputy chief executive at the Museums, Libraries and Archives Council, a standards body that promotes best practice in that sector.

Mr Plank also has other healthcare and regulatory experience. From 2003 until last year, he was a panel chair of the Conduct Committee of the General Social Care Council (GSCC), the body responsible for dealing with allegations of misconduct against social workers, and is now a GSCC Council member.

He is also a member of the General Chiropractic Council ("I always have to wash my mouth out when using those words in the company of osteopaths", he jokes), and is Vice-Chair of the trustees at the Peace Hospice in Watford, a charitable organisation for the terminally ill in south-west Hertfordshire.

Check your publicity complies with the law

There continues to be public concern that osteopaths may be making claims in their publicity which is not supported by evidence. If you haven't done so already, check your website and advertising – both online and in print – to make sure that they comply with the Advertising Standards Authority's (ASA) requirements and the GOsC *Code of Practice*.

Not sure what's allowed?

The [o zone](#) has the information you need to check for compliance with the ASA's rules, which are incorporated into the *Code of Practice* (clauses 122 to 127). Also on the [o zone](#) is a recent [review of the best available evidence](#) for manual therapies which are frequently cited in osteopaths' publicity material, which we you hope you will find helpful in checking whether you can back up your claims.

A final word of warning: failure to comply with the relevant rules could lead to a complaint being made about you to the GOsC, resulting in fitness to practise proceedings.



**General
Osteopathic
Council**

The GOsC Fitness to Practise e-bulletin is produced by the Regulation Department. For further information contact regulation@osteopathy.org.uk.