



General
Osteopathic
Council

Osteopathic Practice Standards



CONSULTATION DOCUMENT
SEPTEMBER–NOVEMBER 2010

Introduction

The Osteopathic Practice Standards comprises both the *Standard of Proficiency* and *Code of Practice* for osteopaths. Producing them in one joint document avoids repetition of standards and guidance. This document presents all the standards of conduct and competence required of osteopaths to promote patients' health and wellbeing and to protect them from harm.

Section 13 of the Osteopaths Act 1993 (the Act) requires the General Osteopathic Council (GOsC) to determine the standard of proficiency required for the competent and safe practice of osteopathy.

Section 19 of the Act requires the GOsC to publish a *Code of Practice* laying down the standards of conduct and practice expected of osteopaths and giving advice in relation to the practice of osteopathy.

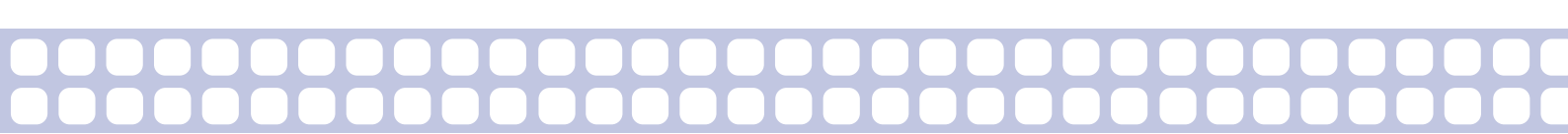
In this document, the standards that relate to the *Standard of Proficiency* appear in blue and those that relate to the *Code of Practice* are presented in purple.

The standards are arranged in four main themes:

- A Communication and patient partnership
- B Knowledge, skills and performance
- C Safety and quality in practice
- D Professionalism.

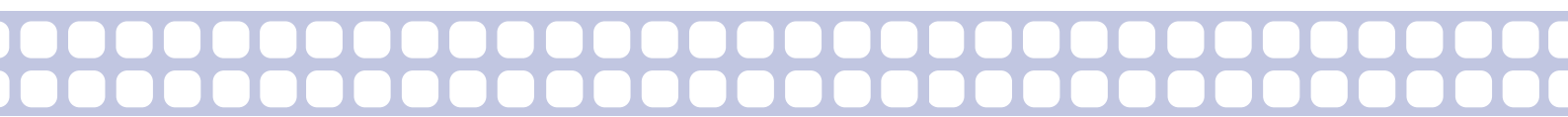
Throughout the document the standards appear in the left-hand column and supplementary guidance is provided in the right-hand column.

The standards play a central role in the requirements for osteopathic training and the achievement and retention of registration with the GOsC. Osteopaths must keep to all of the standards, and suggestions on how to do this have been laid out in the corresponding guidance.



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A Communication and patient partnership

The therapeutic relationship between osteopath and patient requires absolute trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.

STANDARD OF PROFICIENCY

STANDARDS	GUIDANCE
A1 You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.	<ol style="list-style-type: none"> 1. Your skills will include an ability to: <ol style="list-style-type: none"> 1.1. be sensitive to the range and forms of communication. 1.2. select effective forms of communication. 1.3. move between different forms of communication for individual patients.

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STANDARDS	GUIDANCE
A2 Listen to patients and respect their concerns and preferences.	<ol style="list-style-type: none"> 2. Poor communication is at the root of most complaints made by patients against osteopaths. Effective communication is a two-way process which involves not just talking but also listening. 3. You should be alert to patients' unspoken signals; for example, when a patient's body language indicates that they are nervous or experiencing discomfort. 4. You should be aware of the fact that some patients will have specific needs in relation to gender, ethnicity, disability, culture, religion or belief, sexuality, lifestyle, age, social status or language. You should be able to respond appropriately to these needs. 5. Your patients should have your undivided attention, and you should allow sufficient time to deal properly with their needs. 6. Good communication is especially important when you have to examine or treat intimate areas. You should first ensure you explain to the patient clearly and carefully what you need to do and why you need to do it. When you are sure the patient understands what you have said, ask whether they agree to the procedure. If the patient agrees, record that consent in the patient's records. 7. When proposing to undertake any vaginal or rectal examination or technique, you should schedule the procedure for another appointment. This will allow the patient time to understand what you propose and to ask any questions.

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| A3 Give patients the information they need in a way that they can understand. | <p>8. Before examining or treating a patient, you should ensure that they understand:</p> <p>8.1. their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.</p> <p>8.2. what they can realistically expect from you as an osteopath (and why their expectations may be unrealistic).</p> <p>8.3. the risks involved in the treatment you propose to administer.</p> <p>9. Using diagrams, models and non-technical language may help to explain particular treatments and risk.</p> <p>10. If you propose to examine or treat a patient who has difficulty communicating, you must take every reasonable step to assist him or her. For example, make use of an appropriate interpreter if the patient cannot speak your language or relies on signing for communication.</p> |
| A4 Receive valid consent before examination and treatment. | <p>11. 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. Receiving consent is a fundamental part of your practice and a legal requirement. If you examine or treat a patient without their consent, you may face criminal, civil or GOsC proceedings.</p> <p>12. 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 legal guardian. 'Specific' means that the patient consented to each distinct procedure and 'informed' means that a full explanation has been given and understood.</p> <p>13. Consent must be received before you start an examination or treatment. Patients are entitled to choose whether or not to accept your advice. 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 what you have proposed before they give their consent to it.</p> <p>14. Receiving consent is an ongoing process. Consent can only be obtained for a specific treatment at a specific point in time. 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.</p> <p>15. In a case where your diagnostic examination and treatment are carried out simultaneously, consent may be best obtained by explaining your approach, describing the types of treatment methods you might like to use and setting the parameters within which you will work. If the patient consents to you proceeding on this basis, you may do so. If the patient becomes concerned that you are going outside the agreed parameters at any time during the consultation, you must stop the treatment.</p> |

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16. It is particularly important to ensure that your patient understands and consents to the proposed examination or treatment of any intimate area before it is administered. Intimate areas include the mouth, groin, pubis, perineum, breast and anus, but this list is not exhaustive. Some patients may regard other areas of their body as 'intimate'.
17. For vaginal or rectal examinations or techniques, valid written consent must be received in all cases and on each occasion. It is advisable to receive valid written consent for the examination or treatment of other intimate areas.
18. The law recognises that some patients – because of illness or mental capacity – are not competent to give consent for an examination or treatment. This is because they may not be able to absorb or weigh up the information and make an informed decision.
19. If, in your opinion, a patient is not competent to give consent to an examination or treatment, you must discuss this 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.
20. Before you examine or treat a child or young person, you must ensure that you have valid consent.
21. Young people from the age of 16 are presumed to have the competence to give consent for themselves. Persons with parental responsibility cannot override that consent.
22. Some children under the age of 16 may be able to give consent. Under the Fraser Guidelines (which relate to what is known as 'Gillick competence'), a child who has sufficient maturity and intelligence to understand the nature and implications of a proposed examination or treatment has the capacity to consent.
23. It is your responsibility to assess whether the child you propose to examine or treat is sufficiently competent to give 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 legal guardian when seeking consent, wherever possible, to reduce the risk of allegations of abuse, assault or negligence. If the child declines to involve a parent or legal guardian, you will need to assess the risk to yourself of proceeding in the particular circumstances presented.
24. If a competent child provides consent, this cannot be overridden by a person with parental responsibility. However, if the child refuses to give consent, someone with parental responsibility may consent on the child's behalf. You should use your professional judgment to decide when it is appropriate to treat a child who withholds consent to treatment even though an adult with parental responsibility has consented on their behalf.

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A5 Work in partnership with patients to find the best treatment for them.

25. You should encourage patients to ask questions about their treatment and to take an active part in the treatment plan and any decisions that need to be made.

26. The best treatment for patients will sometimes involve referring them to other healthcare professionals, providing advice on self-care or not treating them at all.

A6 Support patients in caring for themselves to improve and maintain their own health.

27. Supporting patients in caring for themselves includes:

27.1. encouraging them to inform their GP that they are receiving osteopathic treatment and/or asking them whether you may communicate with their GP.

27.2. allowing them to make their own decisions about their care, even if you disagree with those decisions. However, you should explain their options for care and why you consider one option better than another, if that is the case.

B Knowledge, skills and performance

An osteopath must possess the relevant knowledge and skills required to function as a primary healthcare professional.

STANDARD OF PROFICIENCY	
STANDARDS	GUIDANCE
B1 You must have an adequate understanding of osteopathic concepts and principles, and apply them critically to patient care.	<ol style="list-style-type: none"> 1. This will include: <ol style="list-style-type: none"> 1.1. a comprehensive understanding of the principles and concepts of osteopathy and how these inform and guide rational clinical decision-making. 1.2. the ability to use a range of osteopathic approaches to health, disease and illness. 1.3. the ability to consider the patient as a whole. 1.4. a critical appreciation of the highly skilled sense of touch, known as palpation.
B2 You must have sufficient knowledge and skills to support your work as an osteopath.	<ol style="list-style-type: none"> 2. Your knowledge and skills will be drawn from formal training, research and other sources. To be sufficient they should include: <ol style="list-style-type: none"> 2.1. a detailed knowledge of human structure and function to be able to differentiate between normal and abnormal anatomical structures and processes, and develop treatment and rehabilitative strategies. 2.2. the ability to recognise where a presenting problem may mask underlying pathologies. 2.3. knowledge of human disease sufficient to inform clinical judgment and to enable recognition of disorders not suitable for osteopathic treatment. 2.4. sufficient knowledge of human psychology and sociology to provide context for your clinical decision-making and patient management. 2.5. an understanding of the principles of biomechanics to assess the appropriateness of effective use of force when applying osteopathic techniques. 2.6. well-developed palpatory skills and an advanced knowledge of the palpatory characteristics of the normal and abnormal functioning of different body tissues and systems. 2.7. the ability to determine changes in tissues and joint movement by the appropriate use of observation, palpation and motion evaluation. 2.8. problem-solving and thinking skills in order to inform and guide the interpretation of clinical and other data, and to justify clinical reasoning and decision-making. 2.9. the ability to protect yourself physically and psychologically during interactions with patients to maintain your own health. 2.10. the ability to critically appraise osteopathic practice.

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B3 Recognise and work within the limits of your training and competence.

3. You should use your professional judgment to assess whether you have the training, skills and competence to treat a patient. If not, you should consider:

- 3.1. seeking advice or assistance from an appropriate source to support your care for the patient.
- 3.2. working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient.
- 3.3. referring the patient to another appropriate healthcare professional, where you reasonably believe that professional is competent.

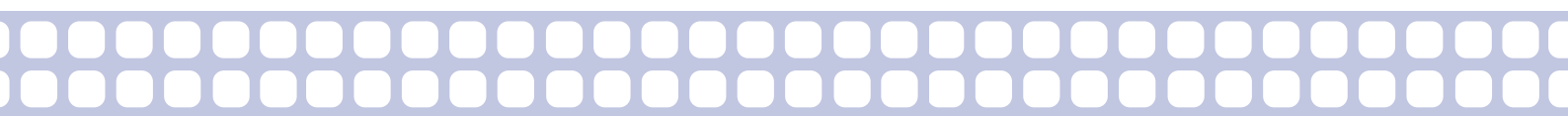
4. You also need to identify and work within your competence in the fields of education and research.

B4 Keep your professional knowledge and skills up to date.

5. You will keep your professional knowledge and skills up to date by:

- 5.1. committing to continuing professional development (CPD).
- 5.2. monitoring the quality of the osteopathic care you deliver and acting on the findings.
- 5.3. keeping up to date with contemporary advice related to osteopathic healthcare and integrate this into your clinical practice.

6. If you are a sole practitioner or part of a small practice, you may find it helpful to link up with other osteopaths (for example, through regional groups) to share good practice.



C Safety and quality in practice

Osteopaths must deliver high-quality, safe and effective healthcare through evaluation and considered treatment approaches, which are clearly explained to the patient. An osteopath is committed to maintaining and enhancing their practice to continuously deliver high-quality patient care.

STANDARD OF PROFICIENCY	
STANDARDS	GUIDANCE
C1 You must be able to conduct a sufficient osteopathic patient evaluation to make a diagnosis and formulate a treatment plan.	<ol style="list-style-type: none"> 1. This will include the ability to: <ol style="list-style-type: none"> 1.1. take and record a detailed case history of the patient and make an analysis of their presenting complaint. 1.2. adapt your case history to take account of the presenting complaint, the sensitivities of the patient or the patient's communication style. 1.3. recognise the relative importance of physiological, psychological and psychosocial factors in the patient's presenting complaint. 1.4. from the case history, select and conduct appropriate clinical investigations for your patient, taking into account the nature of their complaint and the results of the case history. 1.5. formulate appropriate diagnostic hypotheses to explain the patient's presenting complaint and, through a process of deduction, select the most likely diagnosis.
C2 You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.	<ol style="list-style-type: none"> 2. This will include the ability to: <ol style="list-style-type: none"> 2.1. select an appropriate range of osteopathic techniques and patient management approaches to ensure the care of your individual patient. 2.2. select, justify and undertake the most appropriate course of action based on: <ol style="list-style-type: none"> 2.2.1. the diagnosis. 2.2.2. your personal limits of competence. 2.2.3. the likely effects of osteopathic treatment (informed by current research, where available). 2.3. formulate a treatment plan, taking account of the wishes of the patient. 2.4. identify the indications and contraindications of using specific osteopathic techniques or a modified form of such techniques. 2.5. monitor the effects of treatment during and after its application. 2.6. adapt an osteopathic technique or treatment approach in response to findings from palpatory examination. 2.7. evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate. 2.8. recognise adverse reactions to osteopathic treatment and take appropriate action, including referral to another healthcare professional when appropriate.

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C3 Care for your patients, understand their condition and do your best to improve their health.	<p>3. This overarching principle of good practice is at the heart of the relationship between osteopaths and their patients. Meeting the standards laid down in this document will help you achieve this.</p> <p>4. Trust is an essential part of the osteopath–patient relationship. Your professionalism and observance of the ethical standards laid down in this document will reinforce this trust.</p>
C4 Be polite and considerate with patients.	<p>5. Remember that those seeking your help may be anxious and vulnerable, and, even if they appear confident and assertive, they will appreciate the care and consideration you show them.</p>
C5 Acknowledge your patients' individuality in how you treat them.	<p>6. Patients will come to you with different experiences and expectations. You should try to accommodate their wishes as far as you can without compromising the care you provide.</p>
C6 Respect your patients' dignity and modesty.	<p>7. Modesty – patients will have different ideas on what is needed for them to maintain their dignity and modesty throughout a consultation, and you must be sensitive to those ideas.</p> <p>8. Some of these ideas may have been shaped by a patient's cultural or religious background, but it is unwise to make assumptions about any patient's ideas of modesty. You should respect your patients' dignity and modesty by:</p> <p>8.1. informing patients in advance of their first appointment that they may need to undress for examination and treatment.</p> <p>8.2. allowing a patient to undress, and get dressed again, without being observed.</p> <p>8.3. 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 about that, respect their wishes and find another way of establishing the clinical information you need.</p> <p>8.4. offering a suitable cover to a patient during examination or treatment, and covering parts of the body that do not need to be exposed for the examination or treatment.</p> <p>8.5. ensuring patients are only undressed to the level needed for the procedures being used at any given stage of the consultation and not left undressed for longer than necessary.</p> <p>9. Intimate areas – if you need your patient to remove underwear for an examination or treatment of an intimate area, you must 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.</p>

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	<p>10. Wherever possible, patients should be allowed to remove underwear by themselves. If it is genuinely necessary for you to assist them, you must have their permission to do so.</p> <p>11. Chaperones – you must offer a chaperone if:</p> <p>11.1. you examine or treat an intimate area.</p> <p>11.2. you are treating a patient under 16 years of age.</p> <p>11.3. you are treating an adult who lacks capacity.</p> <p>11.4. you are treating a patient at their home.</p> <p>12. A chaperone can be:</p> <p>12.1. a relative or friend of the patient.</p> <p>12.2. a suitable person from your practice but not your spouse or personal partner.</p> <p>13. If a chaperone is present, you should record this in the patient records. If a patient who falls into the categories at 11 above declines the offer of a chaperone, you should record that too and ask the patient to countersign the record.</p>
C7 Provide appropriate care and treatment	<p>14. Providing appropriate care and treatment includes:</p> <p>14.1. taking a full case history.</p> <p>14.2. conducting appropriate clinical investigations.</p> <p>14.3. formulating a diagnosis and treatment plan.</p> <p>14.4. providing good quality treatments (which must be within your level of competence).</p> <p>14.5. referring patients elsewhere when they need treatment which you cannot provide.</p> <p>15. Patients are entitled to expect professional care and treatment wherever you are treating them. When you are treating someone outside your usual consulting room, you should:</p> <p>15.1. note in your records where the consultation took place.</p> <p>15.2. continue to apply the same standards as in your normal practice environment.</p>
C8 Ensure your patient records are full, accurate and completed promptly.	<p>16. Records which are accurate, comprehensive and easily understood will help you provide good care to your patients. These records should include:</p> <p>16.1. the date of the consultation.</p> <p>16.2. your patient's personal details.</p> <p>16.3. any problems and symptoms reported by your patient.</p> <p>16.4. relevant medical, family and social history.</p> <p>16.5. your clinical findings.</p> <p>16.6. the information and advice you provide, whether this is provided in person or via the telephone.</p>

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| | <ul style="list-style-type: none"> 16.7. a working diagnosis and treatment plan. 16.8. records of consent, including consent forms. 16.9. the investigation or treatment you undertake, and the results. 16.10. any communication with, about or from your patient. 16.11. copies of any correspondence, reports, test results, etc., about your patient. 16.12. clinical response to treatment and treatment outcomes. 16.13. the location of your visit if outside your usual consulting rooms. 16.14. whether a chaperone was present or not required. 16.15. whether a student or observer was present. |
| | <ul style="list-style-type: none"> 17. Your notes should be contemporaneous or completed promptly after a consultation (generally on the same day). |
| | <ul style="list-style-type: none"> 18. The information you provide in reports and forms or for any other purpose associated with your practice should be honest, accurate and complete. |
| | <ul style="list-style-type: none"> 19. You should keep patient records: <ul style="list-style-type: none"> 19.1. for a minimum of eight years after their last consultation. 19.2. if the patient is a child, until their 25th birthday. |
| | <ul style="list-style-type: none"> 20. You should make arrangements for records to continue to be kept safely after you finish practising, or in the event of your death. Patients should know how they can access their records in such circumstances. |
| C9 Act quickly to help patients and keep them from harm, whatever the cause. | <ul style="list-style-type: none"> 21. You must take steps to protect patients if you believe a colleague's or practitioner's conduct, health or professional performance poses a risk to them. You should consider whether any of the following courses of action are appropriate, keeping in mind that your objective is to protect the patient: <ul style="list-style-type: none"> 21.1. discussing your concerns with the colleague or practitioner. 21.2. reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer. 21.3. if the practitioner belongs to a regulated profession, reporting your concerns to his or her regulatory body (including the GOsC if the practitioner is an osteopath). 21.4. if the practitioner belongs to a voluntary council, reporting your concerns to that body. 21.5. where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police. 22. If you are the principal of a practice, you should ensure that systems are in place for staff to raise concerns about risks to patients. 23. You must comply with the law to protect children and vulnerable adults. |

D Professionalism

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

STANDARD OF PROFICIENCY	
STANDARDS	GUIDANCE
D1 You must consider the contributions of other healthcare professionals to ensure best patient care.	<ol style="list-style-type: none"> 1. To achieve this you will: <ol style="list-style-type: none"> 1.1. recognise the potential contributions of other healthcare professionals to the wellbeing of a patient. 1.2. understand current healthcare delivery with particular reference to primary healthcare, and the contribution of osteopathy within this. 1.3. evaluate critically the professional opinion of conventional and non-conventional healthcare professions relevant to your patients' care and how these relate to the practice of osteopathy. 1.4. understand the range and limitations of operational relationships between osteopaths and other healthcare professionals and have a knowledge of referral procedures. 1.5. effectively participate in the planning, implementation and evaluation of multi-professional approaches to healthcare, where such approaches are appropriate and/or available.
D2 You must respond effectively to requirements for the production of high-quality written material and data.	<ol style="list-style-type: none"> 2. To achieve this you will need to: <ol style="list-style-type: none"> 2.1. have sufficient competence in the use of information and communication technology for the effective and efficient management of an osteopathic practice. 2.2. develop mechanisms for storing and retrieving financial and other practice data to comply with legal requirements in relation to confidentiality, data storage and requests for information from patients or other authorised parties. 2.3. produce written reports and presentations suitable for referral and related purposes. 2.4. collect and analyse both quantitative and qualitative data to monitor the quality of your professional practice.
D3 You must be capable of retrieving, processing and analysing information as necessary.	

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D4 Make sure your beliefs and values do not prejudice your patients' care.	3. This will include the views you hold about your patients' gender, ethnicity, disability, culture, religion or belief, sexuality, lifestyle, age, social status or language.
D5 You must comply with equality and anti-discrimination laws.	<p>4. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient.</p> <p>5. You are not obliged to accept any individual as a patient, but if having done so, you feel you cannot continue to give them the good quality care to which they are entitled, you may decline to continue treating them. In that case you should try to refer them to another practitioner. Good reasons for not accepting someone as a patient or declining to continue their care might arise where:</p> <p>5.1. they are or become aggressive.</p> <p>5.2. they seem to have no confidence in the care you are providing.</p> <p>5.3. they appear to have become inappropriately dependent on you.</p>
D6 Respect your patients' rights to privacy and confidentiality.	<p>6. During your work, you will acquire personal and sensitive information about patients. Patients rightly expect you to hold it in confidence. If they cannot trust you to do so, they may be reluctant to give you the information you need to provide good care. Maintaining patient confidentiality includes:</p> <p>6.1. keeping confidential your patients' identity and other personal information, and any opinions you form about them in the course of your work.</p> <p>6.2. ensuring that your staff keep such information confidential and that you have adequate and secure methods of storing it.</p> <p>6.3. ensuring that the information is kept confidential even after the death of a patient.</p> <p>6.4. not releasing or discussing medical details or information about the care of a patient with anyone, including their spouse, partner or other family members, unless you have the patient's valid consent to do so.</p> <p>6.5. ensuring that such information is securely protected against loss, theft and improper disclosure.</p> <p>7. You must comply with the law on data protection. For further information on data protection, please refer to the website of the UK Information Commissioner's Office.</p>

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	<p>8. Disclosures with consent – there may be times when you want to ask your patient if they (or someone on their behalf) will give consent for you to disclose confidential information about them; for example, if you need to share information with another healthcare professional. In that case, you should:</p> <p>8.1. explain to the patient the circumstances in which you wish to disclose the information to other people and make sure they understand what you will be disclosing, the person you will be disclosing it to, the reasons for its disclosure and the likely consequences.</p> <p>8.2. allow them to withhold permission if they wish.</p> <p>8.3. if they agree, ask them to provide their consent in writing or to sign a consent form.</p> <p>8.4. advise anyone to whom you disclose information that they must also respect the patient's confidentiality.</p> <p>8.5. consider whether it is necessary to disclose all the information you hold on the patient: for example, does the recipient need to see the patient's entire medical history, or their address, or other information which identifies them.</p>
	<p>9. Disclosures without consent – in general, you must not disclose confidential information about your patient without their consent, but there may be circumstances in which you are obliged to do so; for example:</p> <p>9.1. if you are compelled by order of the court, or other legal authority. You should only disclose the information you are required to under that order.</p> <p>9.2. if it is necessary in the public interest. In this case, your duty to society overrides your duty to your patient. This will usually happen when a patient puts themselves or others at serious risk; for example, by the possibility of infection, or a violent or serious criminal act.</p> <p>9.3. if it is necessary, in the interests of the patient's health, to share the information with his or her medical adviser, legal guardian or close relatives, and the patient is incapable of giving consent.</p>
D7 Respond quickly to complaints.	<p>10. If you meet the standards in this document, you should be able to practise osteopathy safely, competently and ethically. From time to time, however, patients may be dissatisfied with the care they receive.</p> <p>11. You should operate a procedure for considering and responding to any complaints about your practice. You should make sure that staff are familiar with this procedure and know to whom to direct any patient complaint.</p>

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| | <p>12. You should ensure that anyone making a complaint knows that they can refer it to the GOsC and you should cooperate fully with any external investigation. If you act constructively, allow patients the opportunity to express their dissatisfaction and provide sensitive explanations of what has happened and why, you may prevent the complaint from escalating.</p> <p>13. You should inform your professional association and professional indemnity insurers immediately if you receive a complaint.</p> <p>14. 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. A complaint which is handled well can also result in a stronger bond of trust between you and your patient, leading to improved patient care.</p> |
| D8 Support colleagues and cooperate with them to enhance patient care. | <p>15. Where the care of patients is shared between professionals, you should consider the effectiveness of your handover procedures. Effective handovers can be done verbally, but it is good practice to make a note of the handover in the patient's osteopathic records.</p> <p>16. You are responsible for all the staff you employ in your clinic (including administrative staff) and for their conduct, and any guidance or advice they give to patients. You should make sure that staff understand the importance of:</p> <ul style="list-style-type: none"> 16.1. patient confidentiality. 16.2. retention of medical records. 16.3. relationships with patients, colleagues and other healthcare professionals. 16.4. complaints. 16.5. the work environment. 16.6. health and safety. 16.7. equality duties. <p>17. If you are responsible for an associate or assistant, you must provide professional support and adequate resources for them so that they are able to offer appropriate care to their patients. You must not put them under undue pressure, expect them to work excessive hours or to provide treatment beyond their competence.</p> <p>18. If your practice employs support staff, you must ensure that they are effectively managed and aware of any legal obligations necessary to fulfil their role.</p> |

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	<p>19. 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.</p> <p>20. If you have special responsibilities for teaching, you should ensure that you develop effective teaching skills.</p> <p>21. If you have an osteopathic student – a person enrolled on a pre-registration course recognised by the GOsC – at your clinic, you should bear in mind that:</p> <p>21.1. the student should be fully supervised by you whilst they carry out any osteopathic examination, treatment or advice.</p> <p>21.2. you are responsible for the student's conduct and for ensuring that adequate professional indemnity insurance is in place to cover the student's activities.</p> <p>21.3. the patient must be made aware of the student's status before the start of any consultation or treatment.</p> <p>22. You may also 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 should satisfy yourself that the observer is a suitable person to attend the consultation or treatment and you must not allow the observer to treat a patient.</p> <p>23. If an osteopathic student or an observer is present, you should record in the patient's osteopathic records:</p> <p>23.1. the observer or student's presence, status and identity.</p> <p>23.2. the patient's consent to the observer or student being present.</p> <p>23.3. details of any examination carried out by the student.</p> <p>23.4. details of any treatment administered by the student.</p> <p>23.5. the patient's consent to such examination or treatment.</p>
D9 Keep comments about colleagues or other healthcare professionals honest, accurate and valid.	24. All comments about fellow health professionals should be appropriate and justified. This will help to ensure that patients retain confidence in their healthcare team.

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D10 Be aware of your role as a healthcare provider to promote public health.	<p>25. Promoting public health includes being aware of the following:</p> <p>25.1. if you are exposed to a serious communicable disease and you have reason to suspect you are a carrier, you should immediately stop practising until you have obtained advice from an appropriate medical adviser. You should follow any advice you are given about suspending or modifying your practice. You must take all necessary precautions to prevent transmission of the condition to patients.</p> <p>25.2. your practice premises should be clean, safe, hygienic, comfortable and appropriately equipped. You must ensure that you have appropriate procedures in place in the event of a medical emergency.</p> <p>25.3. there are detailed requirements in law for health and safety in the workplace. Further details can be found on the website of the UK Health and Safety Executive.</p> <p>25.4. you must have adequate public liability insurance.</p>
D11 Ensure that any problems with your own health do not affect your patients.	
D12 Take all necessary steps to control the spread of communicable diseases.	
D13 Comply with health and safety legislation.	
D14 Act with integrity in your professional practice.	<p>26. Acting with integrity means acting in an upright way, with honesty and sincerity. A lack of integrity in your practice can adversely affect patient care. Some examples are:</p> <p>26.1. putting your own interest above your duty to your patient.</p> <p>26.2. subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest.</p> <p>26.3. deliberately withholding necessary investigation, treatment or referral.</p> <p>26.4. prolonging treatment unnecessarily.</p> <p>26.5. accepting referral fees.</p> <p>26.6. putting pressure on a patient to obtain other professional advice or to purchase a product that will bring you financial reward.</p> <p>26.7. recommending a professional service or product solely for financial gain.</p> <p>26.8. charging unreasonable fees, or failing to provide information about fees and associated costs until these have been incurred.</p> <p>26.9. borrowing money from patients, or accepting any other benefit that brings you financial gain.</p> <p>27. Continuing to practise if you know or suspect your physical or mental health to be impaired in such a way that it affects the care you give your patients. In such a situation, consider whether you should:</p> <p>27.1. seek and follow appropriate medical advice on whether, and if so how, you should modify your practice.</p> <p>27.2. if necessary, stop practising altogether until your medical adviser judges you fit to practise again.</p> <p>27.3. inform the GOsC so that your registration details can be amended.</p>

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| | <p>28. Allowing misleading advertising and information about you and your practice. You should make sure that:</p> <p>28.1. your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority and conforms to the current guidance, such as the British Code of Advertising, Sales Promotion and Direct Marketing (CAP Code).</p> <p>28.2. the information you provide about your professional qualifications, practice arrangements and the services you provide is of a high standard and factually accurate.</p> <p>28.3. you do not use any title that implies you are a medical practitioner (unless you are a registered medical practitioner), though 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.</p> <p>28.4. you do not generate publicity so frequently or in such a manner that it becomes a nuisance or puts those to whom it is directed under pressure to respond.</p> |
| <p>D15 Be honest and trustworthy in your financial dealings, whether personal or professional.</p> | <p>29. You should charge fees responsibly and in a way which avoids bringing the profession into disrepute.</p> <p>30. It will help you avoid disputes about fees if you make information available, in advance of consultations and treatments, about the fees you charge, indicating what each fee covers. Any supplements should be proportionate and transparent.</p> <p>31. You may recommend products or services to patients if, in your professional judgment, they will benefit the patient. You must, at the time of recommendation, declare any financial benefit you receive for this.</p> <p>32. You should declare to your patient any financial or other benefit you receive for introducing them to other professional or commercial organisations. You must not allow such an organisation to use your name for promotional purposes.</p> <p>33. You must maintain sound financial records for your practice.</p> |
| <p>D16 Do not abuse your professional standing.</p> | <p>34. Abuse of your professional standing can take many forms. The most serious is likely to be the failure to maintain appropriate boundaries, whether sexual or otherwise.</p> <p>35. The failure to maintain sexual boundaries may, in particular, have a profoundly damaging effect on patients, could lead to your removal from the Register and is likely to bring the profession into disrepute.</p> |

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| D17 Uphold the reputation of the profession through your conduct. | <p>36. When maintaining sexual boundaries, you should bear in mind the following:</p> <ul style="list-style-type: none"> 36.1. words and behaviour, as well as more overt acts, may be sexualised, or taken as such by patients. 36.2. you should avoid any behaviour which may be construed by a patient as inviting a sexual relationship. 36.3. that physical contact to which valid consent has not been given can amount to an assault leading to criminal liability. 36.4. that it is your responsibility not to act on feelings of sexual attraction to patients. 36.5. 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 healthcare provider. 36.6. you should not take advantage of your professional standing to initiate a relationship with a patient. This applies even after they are no longer in your care. <p>37. Osteopaths who practice in small communities may find themselves treating friends or family. In such cases, maintaining clear professional boundaries will help you ensure that your clinical judgment is objective and that you can provide the treatment your patients need.</p> <p>38. Public confidence in the profession, and the reputation of the profession generally, can be undermined by an osteopath's professional or personal misconduct.</p> <p>39. Upholding the reputation of the profession includes:</p> <ul style="list-style-type: none"> 39.1. acting within the law at all times (criminal convictions may be evidence that an osteopath is unfit to practise). 39.2. not abusing drugs or alcohol. 39.3. not behaving in an aggressive or violent way in your personal or professional life. 39.4. showing compassion to patients. 39.5. showing professional courtesy to those with whom you work. 39.6. not allowing professional disputes to cause you to fall below the standards expected of you. 39.7. not falsifying records or other documents. 39.8. behaving honestly in your personal and professional dealings. <p>40. You must notify the GOsC if:</p> <ul style="list-style-type: none"> 40.1. you are charged with a criminal offence. 40.2. civil proceedings are issued against you in relation to your practice of osteopathy. 40.3. you are subject to any investigation or adverse decision by a professional body, whether in healthcare or otherwise. |

Statement of changes

The GOsC will always widely publicise any changes made to the *Standard of Proficiency* and provide a minimum of one year's notice before those changes take effect. This allows osteopaths to meet any new standards through continuing professional development.

For comparison, the current standards are contained in *Standard 2000 – Standard of Proficiency* and the *Code of Practice*, published in May 2005. Both documents are available on the GOsC public website at: <http://www.osteopathy.org.uk/information/standards-of-training-practice/>.

Your attention is drawn to the following specific changes to the *Standard of Proficiency*:

- > Capability A is now incorporated in Key Area B with amended text incorporated at B2.
- > Capability B is now incorporated in Key Area B with amended text incorporated at B1.
- > Capability C has been removed in general as it is covered by the Code statements under each key area of practice.
- > Capability D has been distributed between the Key Areas B and D with most statements being covered in the amended Code wording at B3, B4, D8 and D14. References to physical requirements have been removed to avoid discrimination.
- > Capability E is now incorporated in Key Area A.
- > Capability F is now incorporated in Key Area D under D2 and D3.
- > Capability G is now incorporated in Key Area D under D1 and the Code statements D8 and D9.
- > Capability H is now covered by statements under D1 and the Code statements in general.
- > Capability I is now covered by statement B4.
- > Capability J is now covered by the statements under Key Areas A and C and Code statements D3 and D4.
- > Capability K – the focus on palpation – has been removed as this forms part of the evaluation and treatment delivered by an osteopath. It is therefore covered by statements under Key Area C, although not specifically referred to.
- > Capability L is covered by statements under Key Area C.
- > Capability M is covered by statements under Key Area C.
- > Capability N is covered by statements under Key Area C.
- > Capability O is covered by statements under Key Area C.
- > Capability P is covered by Code statements under C8, D8, D10, D11 and D12.



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