

Education Committee
13 June 2012
Osteopathic Practice Standards Implementation

Classification	Public
Purpose	For decision
Issue	The GOsC is currently undertaking a range of implementation activities in relation to the Osteopathic Practice Standards (OPS). Education Committee monitoring and expertise is required for the workstreams related to Educational Support and the GOsC Registration Assessment Review.
Recommendations	<ul style="list-style-type: none"> a. To note the progress made with the OPS Implementation Strategy. b. To agree the three members of the Education Committee who will be asked to sign off the assessment materials produced by the QAA.
Financial and resourcing implications	None from this paper.
Equality and diversity implications	None
Communications implications	None
Annex	<p>Annex A – Copy of learning resources article due for publication in The Osteopath in mid-June (not proofed or formatted).</p> <p>Annex B – Screen image of OPS support pages on registrants' website</p> <p>Annex C –OPS Professionalism Part 2 article due for publication in The Osteopath in mid June (not proofed or formatted).</p>
Author	Marcus Dye

Background

1. The GOsC published its new Osteopathic Practice Standards (OPS) on 1 July 2011; these will take effect on 1 September 2012. The intervening period is being used by the GOsC for an implementation strategy to ensure that all relevant stakeholders are aware of the new standards. The strategy also looks to support osteopaths, Osteopathic Educational Institutions (OEIs) and students in meeting the standards from 1 September 2012 onwards. Finally, the GOsC also needs to ensure that its policies and procedures, particularly registration assessments, are in line with the OPS by 1 September 2012.
2. A copy of the Implementation Strategy was endorsed by the Education Committee at its meeting of 14 March 2012 and is available on the GOsC website: http://www.osteopathy.org.uk/uploads/part_i_item_6_annex_a_-_osteopathic_practice_standards_implementation_update_-_implementation_strategy.pdf
3. This paper provides an update on the OPS Implementation work which has been carried out since 14 March 2012.

Educational support – quality assurance

4. All Osteopathic Educational Institutions (OEIs) have now reported that they are on track with mapping their curricula and learning outcomes to the new OPS by 1 September 2012. It is suggested that all OEIs are asked to provide an update in September 2012 on this work.
5. The Chief Executive, Head of Professional Standards and Professional Standards Manager are due to visit Swansea University on 22 June 2012. This will include a presentation to staff on the Osteopathic Practice Standards and how they will impact the delivery of educational courses.
6. One GOsC Recognised Qualification review took place in May/June 2012 using the new OPS as the basis. Initial feedback is positive, but we await the submission of the review report. A further review against the new OPS will commence on 1 June 2012.

GOsC Registration Assessment Review

7. On 18 April 2012, the Professional Standards Manager met with the QAA team appointed to review and map the GOsC Registration Assessments to the new OPS. The Team consists of the following members:
 - a. Barbara Edwards – Assistant Director, Reviews (QAA)
 - b. Jennifer Evans – Head of Business and Strategy Development (QAA)
 - c. Mary Rivers – Development Officer (QAA)
 - d. Sarah Wallace – osteopath and GOsC Review Visitor
 - e. Liza Adams – osteopath and GOsC Review Visitor

8. The team is currently collecting feedback on the registration processes from both registration assessors and the GOsC to inform its initial thinking. An electronic questionnaire has already been submitted to all assessors and an initial face to face meeting and teleconferences will take place with assessors on 1 June 2012.
9. At its meeting of 14 March 2012, the Education Committee agreed that prior to the delivery of training to GOsC Registration Assessors, the GOsC would need to review and agree the assessment materials produced by the QAA. The review would be undertaken by the Education Committee as a whole feeding into a smaller sub-group of three members who would meet to give final sign-off of the materials.
10. It is proposed that the small group comprises three assessment experts from the Committee. The assessment materials will be submitted to the GOsC the week commencing 30 July 2012. The Committee will have a week to submit comments on the materials prior to a meeting of the sub-group which will take place in the week commencing 6 August 2012. The Committee will be asked to agree three members with assessment expertise who are available to meet during this week. A separate request asking for availability during this two week period will be sent out prior to the meeting to use as a basis for selecting Committee members.

Other notable work

Development of the OPS support pages on the registrants' o zone website

11. The Professional Standards Manager has been working closely with the Website Manager to develop support pages for osteopaths on the registrants' website known as the o zone. These pages are split into the four themes of the OPS and contain material and learning resources linked to each theme. These areas will be added to over the forthcoming weeks and will include GOsC advice and guidance, links to learning resources from other healthcare regulators/organisations and GOsC developed learning resources.
12. The Professional Standards Manager has worked to develop a 'general revision' learning tool which explores the four themes of the standards and poses a number of scenario based questions. Upon answering the questions the individual will receive instant feedback messages linking the scenario back to the relevant section of the OPS. This tool had a soft launch at the beginning of May, but will be formally launched this month as part of an article in The Osteopath magazine (sent to all osteopaths), which focuses on the learning resources available on both the public and registrants' websites. A copy is attached at Annex A in advance of publication in mid-June.
13. For osteopath members, the support pages can be accessed at the following link: <https://www.osteopathy.org.uk/ozone/practice-guidance/Osteopathic-practice-standards/> . A screen image is included at Annex B.

14. The Professional Standards Manager and Professional Standards Administrator (Joanne Phillips) have been working with an external consultant to develop a more complex interactive learning tool which will be based on case scenarios linked to previous GOsC Fitness to Practice (FTP) Committee findings and the relevant sections of the OPS. This will close the loop between the identification of profession wide issue in FTP and feeding these into development/educational activities for osteopaths.

Meetings with Osteopathy Specialist organisations/postgraduate training providers

15. During March and April, the Professional Standards Manager, Chief Executive and Regulation Manager have met with a variety of osteopathy specialist organisations and post-graduate training providers to introduce the OPS and gather feedback from organisations. This has been extremely positive. Where areas of concern have been raised about application to specific groups of osteopaths, the GOsC will consider whether further advice is required through articles or e-learning.
16. The GOsC has also suggested to those institutions that offer Continuing Professional Development to link the learning outcomes of courses to the new OPS to promote the link to learning and to make it easier for osteopaths to provide the relevance for CPD activities on their annual declarations to the GOsC. This was generally accepted as a good idea to be taken forward with some organisations following up after the meeting for specific advice on how to achieve this.
17. The organisations consulted with during were:
- a. Foundation for Paediatric Osteopathy
 - b. Institute of Classical Osteopathy
 - c. Osteopathic Pelvic, Respiratory & Abdominal Association
 - d. Osteopathic Sports Care Association
 - e. The Perrin Clinic
 - f. Rollin E Becker Institute
 - g. Society for Osteopaths in Animal Practice
 - h. Sutherland Cranial College
 - i. Sutherland Society

Regional Conferences

18. Three Regional Conferences have been held during May in Edinburgh, Bristol and Bromsgrove (Birmingham). Approximately 285 osteopaths attended in total. Three of the presentations in the morning focus on the OPS and have been developed to focus on Theme A – Patient Partnership and Communication, particularly on gaining valid consent through the communication of risk. These presentations are as follows:
- a. *An Introduction to the OPS* – overview of OPS and GOsC implementation work given by Head of Regulation/Regulation Manager.

- b. *Risks and benefits – adverse events and outcomes in UK osteopathy* – a presentation of the findings of one of the GOsC funded research projects looking at risks, given by the research lead Steve Vogel (Vice Principal (Research and Quality) at the British School of Osteopathy).
- c. *Communicating benefits and risks effectively to patients* – presentation on practical ways in which osteopaths can communicate benefits and risks to patients led by Pippa Bark, Principal Research Fellow at University College London.

Articles in The Osteopath magazine

19. The Professional Standards Manager and the Regulation Manager have been working to produce a number of articles in The Osteopath magazine, offering advice and guidance in relation to the OPS. These articles help to raise awareness of the OPS with osteopaths and outline practical applications of the standards. The articles have focussed on the four themes.
- a. April/May 2012 – Professionalism Part 1: 'Handling patient complaints'; 'What do patients complain about?'; 'So what do you *really* think about your colleagues?'; 'What concerns should be raised with the GOsC'; 'Avoiding the pitfalls of a digital age'. These and previous articles are available on the GOsC website: <http://www.osteopathy.org.uk/resources/publications/the-osteopath/>
 - b. June/July 2012 - Professionalism Part 2: Equality and Diversity; Maintaining your health. An advance copy of the article to be published in Mid-June is available at Annex C (not proofed or formatted).

Recommendations:

- a. To note the progress made with the OPS Implementation Strategy.
- b. To agree the three members of the Education Committee who will be asked to sign off the assessment materials produced by the QAA.

Copy of learning resources article due for publication in The Osteopath in mid-June (not proofed or formatted).

GOsC Learning resources on the o zone

A wealth of resources is available to osteopaths on the **o** zone, our dedicated website for osteopaths. They are aimed at supporting you in your practice and your continuing professional development.

Testing your knowledge and understanding

We have a new section on the **o** zone devised to assist osteopaths in understanding and applying in practice the new *Osteopathic Practice Standards* (OPS) which comes into effect on 1 September 2012. Entitled 'Osteopathic Practice Standards', you will find this new section in the 'Practice guidance' area of the website.

Here, there is a separate page for each of the four themes of the OPS, and on each page you can draw on current advice, articles and resources related to each theme. There are also links to useful external resources relevant to your daily practice. On the introductory page of this OPS section, you will see a distinctive orange button. The button launches an e-learning tool that allows you to test your general knowledge of the standards. Work your way through a range of multiple choice questions that put the OPS into practice – on selecting your answer your answer, will be told straight away whether your answer was correct or not and to which of the practice standards it relates.

Don't worry – this is for your personal use only! Your answers are not stored and remain anonymous.

Further e-learning and guidance will be added to this area of the website throughout the year, culminating in a more complex case-based scenario learning activity, which will be launched when the OPS takes effect on 1 September 2012.

[Screenshot of the introductory page (www.osteopathy.org.uk/ozone/practice-guidance/Osteopathic-practice-standards/)]

Enhancing the quality of your practice

There are a range of ways in which healthcare professionals can systematically enhance the quality of their practice. As part of our current revalidation pilot we have drawn together a number of resources that we think could be useful for osteopaths and which may not have been readily accessible to you in the past. These are all available in the 'Revalidation' section of our website at 'My registration/Revalidation/Revalidation resources'.

The patient feedback templates have proved to be particularly popular with pilot participants, better equipping osteopaths to collect feedback directly from your patients on their experience of the service you provided. Not only can this be illuminating and represent solid evidence of the high standards of care you provide

(a very good marketing tool) but, of course, helps you also to identify those areas of practice that could be improved to enable you to deliver a better service.

Help to review and audit your practice

[Insert cover of *Introduction to clinical audit for practising osteopaths*]

Having determined the standards that you want for your practice, how do you know that you are consistently meeting them? The answer lies in the collection and review of data, commonly referred to in healthcare as clinical audit.

The National Council of Osteopathic Research (NCOR) has developed a clinical audit handbook to help osteopaths conduct clinical audits relevant to osteopathy. *An Introduction to Clinical Audit for Practising Osteopaths* is readily accessible on the ● zone in the 'Practice guidance' section.

Why not have a go at using one of these audit tools in an area that you would like to improve? Perhaps you want to audit your patient records or your treatment outcomes. Maybe you would like to find out how effective your advertising is. There are examples of all these options for audit, and more, in the handbook.

And NCOR would greatly appreciate your comments on how useful you found the handbook. This feedback will be used to refine the document with a view to publishing and possibly providing a copy to all osteopaths in 2013.

Continuing professional development resources

As well as being able to complete your CPD Annual Summary Form online, you will find an events diary containing details of the forthcoming CPD courses of which we have been informed. This is at 'Get involved/Events'.

A list of CPD providers and sources can also be found at 'My registration/My CPD/CPD resources'.

Learning through research

The National Council for Osteopathic Research (NCOR) has been working to establish a research base for osteopathy, through research projects funded by the GOsC and others. Much of this research is collected on our own website (In the 'Resources/Research' section) as well as that of NCOR at www.ncor.org.uk

In addition, the GOsC currently provides you with free access to a number of research journals relevant to your practice, including:

- *International Journal of Osteopathic Medicine*
- *Clinical Biomechanics*
- *Journal of Bodywork and Movement Therapies*
- *Journal of Manipulative and Physiological Therapeutics*
- *Manual Therapy*
- *Medicine*
- *Spine Journal*.

These journals can be accessed through the ● zone from the 'Resources/Research/Research journals' section.

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Osteopathic practice standards

The new *Osteopathic Practice Standards* sets out the standards required of osteopaths to ensure the quality of care that patients are entitled to receive from osteopaths and to protect them from harm.

The standards will take effect from 1 September 2012; until then the standards in force are contained in *the Standard 2000 – Standard of Proficiency and Code of Practice*. There is further information about these standards on the page [Standard of Proficiency and Code of Conduct](#).

Between now and September 2012, osteopaths will need to familiarise themselves with the new standards and undertake any continuing professional development (CPD) that may be necessary. To help you do this, we have created support and learning resources.



Support and learning

The Osteopathic Practice Standards outlines the safe, competent and ethical practice of osteopathy and is divided into four themes.

Test your knowledge of the standards

Find out how well you understand the *Osteopathic Practice Standards* by answering our questions. To start click on the orange launch button below.

Launch ▶

Please note: your answers are confidential; we do not know what they are and they are not stored.

The four themes

On the other pages in this section we offer guidance and learning resources to assist you to familiarise yourself with the standards in each of the four themes. Click on the name of the theme below to go to the relevant page.

- ▶ [Communication and patient partnership page](#)
- ▶ [Knowledge, skills and performance page](#)
- ▶ [Safety and quality in practice](#)
- ▶ [Professionalism page](#)

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Annex C

OPS Professionalism Part 2 article due for publication in The Osteopath in mid June (unproofed or formatted).

Osteopathic practice standards

Professionalism

This month we will continue our look at Theme 4 of the *Osteopathic Practice Standards* – professionalism. 'Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner'. This incorporates the following standards:

D1 You must consider the contributions of other healthcare professionals to ensure best patient care.

D2 You must respond effectively to requirements for the production of high-quality written material and data.

D3 You must be capable of retrieving, processing and analysing information as necessary.

D4 Make sure your beliefs and values do not prejudice your patients' care.

D5 You must comply with equality and anti-discrimination laws.

D6 Respect your patients' rights to privacy and confidentiality.

D7 Be open and honest when dealing with patients and colleagues and respond quickly to complaints.

D8 Support colleagues and cooperate with them to enhance patient care.

D9 Keep comments about colleagues or other healthcare professionals honest, accurate and valid.

D10 Ensure that any problems with your own health do not affect your patients.

D11 Be aware of your role as a healthcare provider to promote public health.

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.

D15 Be honest and trustworthy in your financial dealings, whether personal or professional.

D16 Do not abuse your professional standing.

D17 Uphold the reputation of the profession through your conduct.

D18 You must provide to the GOsC any important information about your conduct and competence.

In the April/May issue of *The Osteopath*, we focussed on complaint handling and how to provide feedback to colleagues. We will now turn our attention to personal health and equality and diversity.

Maintaining your health – Standard D10

Being a healthcare professional is one of the most challenging and demanding roles in our society. It may involve long hours, stressful situations and high-stakes decision making, all of which can take a toll on your own personal health and wellbeing. It is recognised that healthcare professionals are special in that they face particular challenges and that their work is demanding, that they give their all to their patients and can often neglect their own health needs. So it is of particular important for these professionals to put in place prevention measures to protect themselves.

The Department of Health commissioned a report to look at the health of a range of healthcare professionals, including osteopaths. The report, *Invisible Patients – the health of healthcare professionals*, was published in January 2010 (see: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113540).

It concludes that:

‘Ill health in health professionals may remain hidden, leading to worsening of their condition and to possible adverse effects on the quality of care provided to their patients.’

‘There is evidence for higher rates of depression, anxiety and substance misuse in health professionals than in other groups of workers’

‘In terms of the impact of ill-health on the quality of care, there is evidence for the impact of depression on doctors’ performance, and working under the influence of drugs or alcohol increases the chance that health care workers will make mistakes and communicate poorly with colleagues and patients. Lower levels of productivity and quality of care from sick health professionals may increase workload and stress among their colleagues, leading to lower morale and motivation, poor communication and adverse effects on the quality of care.’

It is important that you are able to identify problems with your own health and have access to appropriate coping mechanisms for your own benefit as well as that of your patient.

So how do you know when you are fit enough to treat a patient? There is no simple answer to this question, but as a professional, you will be able to employ your own judgement and knowledge to the situation. Some things to consider are as follows:

- **Take precautions** – register with a GP and access vaccinations against prevalent infections, i.e. the annual influenza vaccine available to healthcare professionals. Try to maintain a work/life balance as far as possible and learn to recognise when you might be under particular pressure/stress, i.e. when you have a particularly challenging patient, so that you are better able to deal with these situations more effectively.
- **Recognise/acknowledge when there are problems and seek help** – sometimes we feel that admitting to problems with our own health, especially in relation to mental health, is a sign of weakness. We may feel that we are letting down our patients and colleagues or our career will be stigmatised as a result. It may simply be that we don't have enough time to do so as there are more urgent things to do. In fact, as a healthcare professional, identifying health problems and seeking help when appropriate is more indicative of a strong professional ethic to ensure that your own health doesn't adversely affect that of your patients. Don't feel embarrassed or ashamed to consult a fellow healthcare professional such as your GP or another osteopath. They can offer sound and confidential advice in relation to your illness or condition and how you can manage it. Alternatively, there are other organisations that offer advice and guidance, including:

Alcoholics Anonymous/Narcotics Anonymous: A network of support groups for those with alcohol or narcotic addictions (visit: www.alcoholics-anonymous.org.uk or call 0845 769 7555. Visit: www.ukna.org or call 0300 999 12 12).

Department of Health: Offers advice and guidance on general public health issues and specific advice to healthcare professionals (www.dh.gov.uk).

Mind: Provides advice and support on mental health problems (visit: www.mind.org or call 0300 123 3393).

Relate: Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through this website (visit: www.relate.org.uk or call 0300 100 1234).

Samaritans: A confidential emotional support service for anyone in the UK and Ireland (visit: www.samaritans.org or call 08457 90 90 90).

COSSET - Confidential Osteopathic Support for Emotional Trauma: support line for members of the British Osteopathic Association

Have you thought about establishing your own support network of colleagues who will understand the pressures you face and will be able to share experiences and provide support and counselling if necessary?

- **Don't delay** – if you do not deal with your health problems quickly and effectively then the problem can build until it becomes overwhelming. This may end up blighting your own life and that of your family and friends, as well as having an adverse effect on your patient care.
- **Managing short-term, minor illness** – you should ensure that even with minor illnesses you are not putting your patients in danger, i.e. treatment of patients with compromised immune systems. Ensure for your own safety that you are fit and well enough to work. Even minor illnesses can sometimes leave you exhausted. Use your professional judgement and don't go into work if you have any concerns.
- **Managing long-term/degenerative illnesses** – if you are diagnosed with a long-term or degenerative illness or condition, it is important to be aware of the onset of symptoms over time, so that you can adjust your practice. Plan in advance the point at which you will no longer be able to continue your practice. Reassess your situation at regular intervals to continue to assure patient safety. It may be important to inform a professional colleague or friend, so that they can also track the progress of your illness and alert you if necessary to any changes in your condition.
- **Maintain your practice** – if you know that you will be unwell for a period of time, then consider employing a locum to cover your practice and to ensure that your patients continue to receive the care that they need. This will also mean that when you are well enough to return to practice you will have retained your patients and not be subject to a backlog – especially important if you need to ease yourself back into work.
- **Are you covered?** You may want to consider taking out insurance in the event of illness particularly if you are self-employed. This could provide an income for you should you become ill and could be used to employ a locum to cover your practice.
- **Look out for your fellow colleagues** – it is important that a profession as a whole is supportive of its members. With a large percentage of people working in busy sole practices, either from home or from rented rooms within a large practice, it can be all too easy to focus on our own busy work schedules and overlook the signs of when a colleague may need help. You should try to be supportive of your colleagues and talk to them early on if you have concerns about their health. You may feel uncomfortable about doing this, but it is important for the sake of your colleague that any health concerns are addressed straight away. If health problems persist and are not addressed this may eventually lead to a professional obligation to report an osteopath to the GOSc. It is much better for health issues to be identified

and managed at a local level, than having to go through formal proceedings with the GOsC, so be brave and approach your colleagues if you have a concern.

- **Inform the GOsC when appropriate** – whilst in the majority of circumstances, personal health conditions can be managed within your practice, there are times when it will become necessary for you to report these to the GOsC. This is when your health has deteriorated to the point where you are no longer fit to practise. You are asked about this on your annual renewal of registration forms, but it is important to inform the GOsC as soon as possible if your health condition means that you are no longer fit for practise.

Equality and diversity in practice – Standards D4 and D5

As providers of public services, osteopaths are reminded that Standard D5 of the new *Osteopathic Practice Standards* (OPS) requires you to comply with current equality and anti-discrimination laws. Below we explore some aspects of the new Equality Act 2010 and some implications for your practice.

More specifically, Standard D4 of OPS cautions osteopaths to ensure you never allow your personal beliefs and values to prejudice your patients care. The guidance offered in the OPS expands on this principle, specifying that it is illegal to refuse a patient treatment on the grounds of their gender, ethnicity, religion, sexual orientation, transgender status, age or marital status.

If you think that your own beliefs may affect the treatment or advice you provide, you must explain this to your patient and tell them they have the right to see or be referred to another patient.

The new Equality Act 2010 – what it means for you

The new Equality Act 2010 (the Act) came into force in October 2010. This replaces previous anti-discrimination laws with a single Act, seeking to simplify and strengthen equality legislation in the UK.

In relation to those who provide public services, including osteopaths, the Act enshrines standards that aim to ensure that all service users (such as patients, their carers and family) are treated equally and with dignity and respect. The Act guides health practitioners to provide a service that treats all patients fairly, and in no way (intentionally or unintentionally) discriminates against any patient or group on the grounds of the following “protected characteristics”:

- Age.
- Race (this includes ethnic or national origins, colour and nationality).
- Disability.
- Sex.
- Religion or belief.

- Gender reassignment status.
- Marriage and civil partnership status.
- Sexual orientation.
- Pregnancy and maternity.

Unlawful discrimination

In a healthcare setting, unlawful discrimination can take a number of different forms, and examples of these are given below. Don't forget that employers are also subject to similar duties not to discriminate, and some examples of discrimination in an employment context are also given.

- **Direct discrimination**, where a patient receives less favourable treatment compared to other patients, on the basis of any of the characteristics listed above – for example, their sexual orientation.
- **Indirect discrimination** occurs when a particular rule, policy or practice that applies to everyone causes a disadvantage to a person or group of people characterised by one of the categories listed above. For example, an osteopath advertises for an associate to work in their practice, specifying that only female osteopaths should apply.
- **Discrimination by association** occurs when a person receives less favourable treatment compared to other patients because of someone they know or are related to. For example, an osteopath refuses a patient treatment because he fears the patient's young child, who has ADHD, would be disruptive in the practice.
- **Discrimination by perception** occurs when an individual is treated unfairly they are perceived (even mistakenly) to belong to a particular group. For example, an osteopath refuses to allow a patient into the practice at the same time as other patients because it is believed the patient may have mental health problems.
- **Victimisation** occurs when a person is treated unfairly because they have complained or spoken up about something. For example, an osteopath refuses to treat an elderly patient because the patient has complained of age discrimination by another osteopath in the area.
- **Harassment** occurs when a person is picked on purposely. The perceptions of the recipient of the harassment are very important and harassment can be deemed to have occurred even if the intention was not present, but the recipient felt they were being harassed. For example, an Associate who is dyslexic is upset by his Principal's persistent teasing about spelling mistakes.

In summary, as a health professional you must recognise and respect the different backgrounds and circumstances of your patients and any members of the public that come into contact with you. You must provide the same quality of service to everyone, never unfairly discriminating against any patient by allowing your personal views to adversely affect the treatment you provide.

Duty to make reasonable adjustments

Equality law recognises that ensuring disabled people enjoy services of the same standard as anyone else may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers. As service providers, osteopaths are duty bound to make “reasonable adjustments” to your practice to aid those with special needs who may wish to access your care. You must not wait until a person with a disability wishes to use your service, but should at all times be alive to what assistance is needed across a range of impairments – such as mobility impairments, visual impairments, hearing impairments or a learning disability – and proactively take steps to remove or prevent potential obstacles.

What is reasonable?

You are required by law to make “reasonable adjustments” to your practice to assist patients with disabilities, but what is ‘reasonable’? This depends on, amongst other factors, the size and nature of your practice and the nature of the goods, facilities or services you provide, how effective the change will be in assisting disabled people, the cost of making the adjustment, and whether it is actually within your power to make the adjustments. In this, the Act seeks to be fair to the service provider – you are not required to do more than is reasonable.

As well as meeting your legal obligations, making reasonable adjustments will encourage a wider range of people to use your services. Once you have made an adjustment to your practice, tell people about it. For example, put up a notice in the practice, include details in patient information (providing this in alternative formats, where possible) and give details on your website.

Examples of reasonable adjustments could be:

- Adding a ramp to steps within or at the entrance of your practice, and/or fitting a handrail by the steps, to aid those with more limited mobility.
- Providing larger, well-defined signage for people with impaired vision.
- For patients with hearing impairments, using written notes to give information and encouraging all those working in your practice to look straight at customers and not cover the mouth when they are speaking to them. This will benefit in particular people who use any level of lip reading.
- Taking more time to explain what you are doing to a patient with a learning disability

Take time to talk to and gain feedback from patients who are disabled to find out what you can do to better help them use your service.

Be conscious that the legal requirement to make reasonable adjustments is an ongoing duty and you must regularly review your practice, your premises, and your

policies, to ensure that none of these facilities in any way substantially disadvantage a disabled person.

Who pays for reasonable adjustments?

If the adjustment is reasonable, you must pay for it. You cannot ask a disabled person to pay for the adjustment, even if they have requested it.

Your responsibility for what others do

Not only can you be held legally responsible for your own conduct, but be aware always that you can also be held legally responsible if a worker that you employ does something, in the course of their employment, that amounts to unlawful discrimination, harassment or victimisation.

You can also be held legally responsible if a person who is carrying out your instructions (also known as your 'agent') does something that is considered unlawful discrimination, harassment or victimisation. It does not matter whether or not you knew about or approved of their acts.

So what steps can you take to reduce the risk of being held legally responsible for the actions/behaviour of others?

To minimise this risk, you can pro-actively undertake to provide them with information and/or training. You may not be held liable for the behaviour of your workers and agents if you can show that you have taken all reasonable steps to prevent a worker employed by you from acting unlawfully, or that an agent has acted outside the scope of your authority. If this situation arises in practice, we advise that you contact your professional indemnity insurers and/or seek independent legal advice.

Develop an equality policy for your practice so that all staff understand what is expected of them and of the practice. Ensure you and your staff are familiar with the Codes of Practice published by the Equality and Human Rights Commission (see below).

Further information

The Equality and Human Rights Commission publish Codes of Practice that provide detailed explanations of the provisions in the Act and how these legal concepts apply to everyday situations. These include Codes of Practice for Employment, for Services and for Equal Pay. See: www.equalityhumanrights.com.

If you wish to further enhance your knowledge and that of your staff, you may find useful the e-learning provided by Skills for Health, which cover a number of subjects, including Equality and Diversity – see: www.skillsforhealth.org.uk.