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# Standard 2000

STANDARD OF PROFICIENCY MARCH 1999

'13. (1) The General Council shall from time to time determine the standard of proficiency which, in its opinion, is required for the competent and safe practice of osteopathy.

(2) The Council shall publish a statement of the standard of proficiency determined by it under this section.

(3) If the Council at any time varies the standard so determined it shall publish a statement of the revised standard, accompanied by a statement of the differences between that statement and the standard as it was immediately before the revision.

(4) No variation of the standard shall have effect before the end of the period of one year beginning with the date on which the Council publishes the statements required by subsection (3) in connection with that variation.' Osteopaths Act 1993 The following constitutes the statement required under section 13 of the Osteopaths Act indicating a variation in the Standard of Proficiency (subparagraph 3). It outlines the key differences between the first Standard of Proficiency published in April 1998 and that published in this document.

The key differences between the two Standards are:

#### **1. RAISED STANDARDS**

The first Standard was based on the King's Fund Working Party Report on Osteopathy published in 1991. All osteopaths registering with the General Osteopathic Council will be practising to this Standard. However, the osteopathic profession is now looking forward to its future role and responsibilities in healthcare as it enters the new millennium. In the second Standard therefore, the General Osteopathic Council provides the opportunity for the profession to prepare itself for these new roles and responsibilities and to raise the standard of care it will be providing for patients from the year 2000.

#### **2. ORGANISATION AND LAYOUT**

The first Standard consists of a number of statements related to the clinical practice of osteopathy under eleven headings of key areas of importance. The second Standard is structured using sixteen areas of capability. Each area of capability is described in its osteopathic context and then further considered under a number of outcome statements related where possible to osteopathic practice. The second Standard is therefore more comprehensive than the first and makes more explicit reference to the context as well as the content of modern osteopathic practice.

#### **3. CONTENT AND EMPHASIS**

Some areas are new or carry a new emphasis reflecting the greater significance of certain issues to the provision and delivery of modern healthcare. Such issues include accountability, practice context and practice development.

#### Accountability (Capabilities F, H, I)

The revised Standard attempts to recognise the need for osteopaths to view themselves as part of the wider healthcare community, particularly with the advent of state sanctioned self-regulation in the form of the Osteopaths Act. This carries with it considerable new responsibilities including the need for practitioners to acknowledge their legal and moral responsibilities to their patients. This also includes a commitment to maintaining competence and Continuing Professional Development and the adoption of a self-critical stance to professional work.

#### Practice Context (Capabilities G, O, P)

Osteopathy is no longer perceived to be working in isolation from other healthcare providers and the revised Standard recognises this by emphasising the need for interprofessional collaboration between practitioners within a practice interface as well as more structured commitment to helping patients maintain their health.

#### Practice Development (Capabilities A, B, C, D, E, J, K, L, M, N)

A number of changes and improvements have occurred in the delivery of osteopathy during the past decade. Some of the capability categories amplify and refine existing approaches to osteopathic practice whilst others attempt to recognise new developments.

### Framework of Standard 2000

Standard 2000 (S2K) has been arranged within 16 'Areas of Capability'.

**1.** Standard 2000 (S2K) has been arranged within 16 'Areas of Capability'. These reflect the model of competence which suggests that professional competence is an expression of the integration of professional knowledge, personal competences and occupational competences. However, the term capability is becoming increasingly used in preference to competence.

#### **AREAS OF CAPABILITY**

- A Knowledge relevant for the safe and competent practice of osteopathy
- B Concepts and principles of osteopathy
- C Therapeutic and professional relationships
- D Personal and individual skills
- E Communication skills
- F Information and data handling skills
- G Intra and interprofessional collaboration and co-operation
- H Professional identity and accountability, ethics and responsibilities
- I Professional self-evaluation and development by means of reflective practice
- J Identification and evaluation of the needs of the patient
- K Acquisition and enhancement of the skills of osteopathic palpation
- L Planning, justifying and monitoring osteopathic treatment interventions
- M Conducting osteopathic treatment and patient management
- N Evaluation of post treatment progress and change
- O Advice and support for the promotion and maintenance of healthy living
- P Managing an efficient and effective environment for the provision of osteopathic healthcare

**2.** Each area of capability is presented in two parts. The first part provides a description of the area in some detail including its significance for osteopathic practice. The second part takes the form of outcome statements indicating some of the key features of the area concerned.

# **A** Knowledge relevant to the safe and competent practice of osteopathy

**3.** Knowledge of human dynamic functioning including an understanding of how and why this is reflected in individuals' anatomy and their interaction with the physical and social environments. This knowledge will be drawn from relevant modern scientific and other sources supported by a critical consideration of research evidence. Other sources will include aspects of psychology, sociology and other relevant disciplines.

**4.** This knowledge will form the basis of an integrated framework to facilitate the recognition and identification of disease and pre-pathological states. The osteopath must continuously refine this knowledge framework in order to inform clinical reasoning and decision-making activities and to guide the selection, application and evaluation of osteopathic treatment. There will be an expectation that the range, depth and inclusion of the selected knowledge can be justified, communicated and supported by research evidence wherever appropriate.

- A1 a detailed and integrated knowledge of human structure and function, with special emphasis on the neuro-musculoskeletal system, sufficient to recognise, identify and differentiate between normal and abnormal anatomical structures and processes in the living body
- A2 a knowledge of human disease sufficient to inform clinical judgement regarding palpatory and other clinical findings and to recognise disorders not amenable to osteopathic treatment
- A3 a knowledge of human psychology and sociology, relevant to the acquisition and maintenance of health, sufficient to provide a context for clinical decision-making and patient management
- A4 the use of the principles of biophysics sufficient to understand the effect of forces acting within living matter especially in the effective use of such forces in the application of osteopathic techniques
- A5 a secure understanding of why and how to enhance a personal understanding of human functioning throughout professional life

### **B** Concepts and principles of osteopathy

**5.** A critical and continuous application of the concepts and principles of osteopathy is an essential expression of osteopathic care and management of a patient by an osteopath. Osteopaths must be able to demonstrate a commitment to eliciting, evaluating and using clinical data from an individual patient within an osteopathic perspective.

- B1 a secure and critical understanding of principles and concepts of osteopathy and how these inform and guide rational clinical decision-making activities
- B2 an understanding of models of health, disease and illness and how these inform a critical consideration of practical patient care and management
- B3 a critical awareness of principles and practice of other relevant healthcare approaches
- B4 an understanding of how osteopathic principles are expressed and translated into action through a number of different osteopathic treatment and management approaches and how to select or modify techniques to meet the needs of an individual patient
- **B5** a commitment to considering the patient as a total being and recognising that the presenting problem may mask underlying health concerns
- **B6** a willingness to exchange and use critically the perspectives and approaches of other healthcare professions

**6.** The therapeutic relationship in osteopathy is characterised by many ethical challenges for the osteopath and for the patient. A key characteristic of osteopathy is the use of informed touch and this needs mutual trust and confidence between the patient and osteopath. Therefore osteopaths must be able to establish and maintain an ethically sound, sincere, caring, concerned and appropriately empathetic relationship with a patient.

7. The osteopath must also be able to enter into a negotiated and professional relationship with a patient to ensure that all actions and interventions are conducted in accord with the Code of Practice *Pursuing Excellence*. The practitioner must be able to demonstrate an understanding and commitment to equal opportunity issues including sensitivity to cultural and ethnic differences and to the special needs and requirements of disabled patients.

- C1 an awareness and understanding of ethical issues likely to confront a practitioner and to have justifiable and acceptable management strategies
- C2 an ability to deal with uncertainty effectively and efficiently without loss of professional self-confidence and the ability to manage the case
- C3 a range of integrated skills and self awareness sufficient to manage clinical challenges effectively in unfamiliar circumstances or situations
- C4 the tenacity and determination to maintain high standards of care in situations of personal incompatibility with a patient
- C5 a strong commitment to maintaining patient confidentiality and to act only with the informed consent of the patient in compliance with the Code of Practice *Pursuing Excellence*
- C6 an ability to maintain a high standard of professional effectiveness by adopting appropriate strategies for physical and psychological self-care during interactions with patients

8. Osteopaths must be self-aware and have a conscious, mature and realistic insight to their personal strengths and limitations. Critical self-reflection will be developed to a high level and used to guide the effective use of clinical reasoning skills, clinical problem-solving skills and decision-making skills, and to manage clinical uncertainty both ethically and effectively.

**9.** Osteopaths need to think and operate in three dimensions to ensure that the central principles of osteopathic care are expressed in patient care and management.

- D1 a level of spatial awareness and critical self-awareness compatible with the delivery of high standards of osteopathic care
- D2 a developed and refined appreciation of personal and professional strengths and limitations sufficient to promote a commitment to active and planned self-development
- D3 evidence of problem-solving and thinking skills to a level that informs and guides the interpretation of clinical and other data and contributes to effective clinical reasoning and decision-making
- D4 a commitment to engage in self-directed learning activities as an integral part of professional osteopathic practice
- D5 a willingness to assist colleagues and others in personal change and development activities
- D6 an awareness and understanding of the practical application of theories and models of the processes associated with making professional judgements
- D7 an ability to care for him/herself and to operate with an appropriate degree of self protection consistent with maintaining an acceptable standard of care for a patient

**10.** Effective and efficient communication is a key requirement for the delivery of high quality osteopathic care. It is primarily, but not entirely, confined to interactions between the patient and an osteopath. The quality of patient care may also be dependent upon the quality of communication between osteopathic colleagues and with other healthcare professionals.

**11.** Osteopaths must have highly developed interpersonal skills. They must be able to communicate effectively with patients from diverse ethnic and cultural backgrounds and from a wide age range and from a spectrum of willingness to disclose clinical information. Osteopaths must be able to tolerate and communicate with a companion or chaperone accompanying a patient. Highly refined non-verbal skills including palpation, auditory and visual recognition must complement good oral and written communication skills. Such non-verbal communication is used to amplify, confirm or challenge data, information and insight gained from the case history.

**12.** Osteopaths must be able to communicate with diverse groups of individuals about the claims, aspirations, strengths and limitations of osteopathy and its practice, based upon a sound and informed perspective of relevant published research. This is particularly important as interest grows for the use of osteopathy within healthcare approaches funded by the National Health Service (NHS).

- E1 an appreciation of the range and forms of human communication and their strengths and limitations in specific clinical encounters
- E2 the ability to select and move between different forms of communication with patients and colleagues whilst maintaining a commitment to ethical values and considerations
- E3 skill in relating, integrating and responding to information and data acquired by verbal and non-verbal means
- E4 an ability to speak from an informed perspective about osteopathy, its limitations, strengths and potential
- E5 the ability to discuss and critically evaluate research and other findings concerning the efficacy and application of osteopathic interventions to specific patient problems and the therapeutic claims of other healthcare disciplines

**13.** To deliver high quality healthcare, it is no longer sufficient for the osteopath to just interact with a patient. Osteopaths must be able to record their findings accurately, and when appropriate, exchange information with other healthcare professionals. In addition, osteopaths must be capable of locating, selecting, acquiring, retrieving and manipulating information as necessary.

**14.** Osteopaths must be able to respond effectively to increasing demands and expectations from various stakeholders for the production and presentation of high quality written material and organised data. This may include the need to supply evidence of compliance with the requirements of the statutory body or to use and interpret data (both qualitative and quantitative) for the support of claims for the purchase of osteopathic care. The production and use of meaningful information may also be required to support written evidence in response to litigious challenges as osteopathy continues to become a popular and high profile form of healthcare.

- F1 a level of skill in the use of information technology consistent with the effective and efficient management of a modern osteopathic practice including the ability to interact with other healthcare professionals
- F2 a basic standard of word-processing skills consistent with the production of written reports and presentations of high quality for referral and related purposes
- F3 an awareness of the principles of using spreadsheets and databases for research and related purposes
- F4 an awareness of managing and presenting financial and other data needed for compliance with legal requirements
- F5 an awareness of the manipulation of quantitative and qualitative data for audit and related purposes
- F6 effective use of data access and retrieval facilities necessary for subsequent qualification activities including Continuing Professional Development (CPD) and related purposes

**15.** Osteopathy can no longer operate in isolation from other healthcare professions. However, it can, and does make claim for independent practitioner status and most osteopaths are willing to interact with a patient before they have visited a medical practitioner. Many osteopaths are receiving a growing number of referrals from GPs and a substantial number are working with the NHS and the local community.

**16.** This implies a need for enhanced mutual regard between professions for their respective potential contribution to the well being of an individual patient. It also implies the need for individual osteopathic practitioners to be able to, and be willing to critically evaluate the claims of their chosen profession. The survival, development and potential of osteopathy will only be realised if all osteopaths become sufficiently informed and critically aware to describe the potential benefits and limitations of their chosen profession.

- G1 a critical appreciation of the context and contribution of osteopathy to healthcare provision in the UK and overseas
- G2 an appreciation of the evolution and the current development of the NHS with particular reference to the primary healthcare arena
- G3 a critical awareness of the specific claims of a range of conventional and non-conventional healthcare professions and how these relate to the practice of osteopathy
- G4 a critical evaluation of the current claims of osteopathic practice in the UK and overseas
- G5 an understanding of the range and limitations of operational relationships between osteopaths and other healthcare professionals including referral procedures
- G6 an awareness of the need to participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare

### H Professional identity, accountability, ethics and responsibilities

**17.** Osteopathy has the privilege, in the UK, of operating as a statutory self-regulated profession. This places responsibilities on every individual osteopath for the delivery of ethical, competent and safe osteopathic care for all patients. This is consistent with the claim by osteopathy to be a profession, which is characterised in general terms by the demonstrable possession of unique expertise, moral integrity, confidentiality and protection from political abuse. Such criteria may shape the means by which entrants to the profession are selected, prepared and assessed.

**18.** Recognised professional status demands a total commitment to the maintenance and development of high standards of osteopathic care for patients. Such standards must incorporate the recognition of the primacy of the healthcare needs of a patient thus reflecting the principles of osteopathic care and management. Osteopaths must appreciate the role of professional self-evaluation and development in maintaining standards of care in accord with the Code of Practice *Pursuing Excellence*.

- H1 an appreciation of the concept and significance of professional self-regulation authorised by Parliament
- H2 an appreciation of the significance of the personal professional role in terms of the expectation to practise osteopathy safely, competently and lawfully
- H3 a critical understanding of the legal responsibilities and commitments as an osteopath
- H4 a commitment to abide by the ethical and other standards stated in the published Code of Practice *Pursuing Excellence*
- H5 a justification of actions to all individuals when appropriate
- H6 a commitment to maintaining the integrity of the profession and not bringing it into disrepute by claiming qualifications, skills, experience or knowledge not possessed or with no right to use

### I Professional self-evaluation and development by means of reflective practice

**19.** All osteopaths must be committed to the need for Continuing Professional Development (CPD) and Continuing Osteopathic Education (COE) activities based upon the honest and conscious recognition of their identified limitations of osteopathic knowledge, skills and experience. Osteopaths will be committed to documenting a continuous evaluation of all aspects of their osteopathic practice and using this to plan and develop personal professional action plans to maintain and enhance their osteopathic capability.

**20.** Osteopaths must appreciate the need for Continuing Professional Development as an integral aspect of their working life. This process will be on-going and may be used by the profession as one aspect of ensuring the retention of registered status. It may also form the basis for personal scholarly activities relevant to the advancement of the profession.

- I1 an appreciation of the need to comply with CPD requirements to maintain registered status
- **12** an effective means of recording the outcome of self-monitoring and reflection on their clinical activities
- 13 an awareness of the need to be able to participate in, and contribute to, structured courses and conferences in relevant professional areas
- I4 an awareness of the need to be able to organise and participate in group activities relevant to the development and enhancement of osteopathy as a profession
- **15** an appreciation of the need to generate and submit self-audit reports to the standard required by the statutory body from time to time
- I6 an awareness of the need to contribute to research and other scholarly activities to promote personal professional development and that of osteopathy

### J Identification and evaluation of the needs of the patient

**21.** Osteopaths must be able to operate within an efficient and high standard practice environment conducive to establishing an effective and secure therapeutic relationship with each patient.

**22.** Osteopaths must be sensitive to the concerns of the patient and be able to identify the needs of a patient by the elicitation of a comprehensive and relevant case history and to record the key findings accurately with appropriate detail. Osteopaths must also be able to conduct a thorough and detailed physical examination of the patient using observational, palpatory, and other relevant skills to inform clinical reasoning and to guide the formulation of possible osteopathic diagnoses.

**23.** Osteopaths should be able to accurately record their findings and prognoses and justify possible courses of action reflecting the critical interpretation of clinical findings and other relevant information.

- J1 effective and efficient completion of a detailed case history of the patient and an analysis of the patient's presenting complaint
- J2 a recognition of the relative importance of the psychosocial context of the patient's presenting complaint
- J3 the appropriate arrangement for specific clinical investigations as required for a patient
- J4 the ability to conduct an effective static and passive biomechanical assessment of the patient
- J5 the ability to undertake a thorough, sensitive and appropriately detailed palpatory evaluation
- J6 the ability to generate a number of hypotheses to explain the patient's presenting complaint to aid the formulation of a treatment plan or onward referral
- J7 the sensitivity and ability to consult effectively with the patient at all stages of the evaluation
- J8 an ability to recognise the characteristics and consequences of non-verbal communication and issues of ethnicity, gender, religious beliefs and socio-economic status as they may impact on the patient's health
- J9 the ability to generate complete and accurate records of the outcomes of the patient evaluation
- J10 an ability to generate and discuss the content of referral letters and other forms of communication with professional colleagues

### **K** Acquisition, use and enhancement of the skills of osteopathic palpation

**24.** A defining characteristic of osteopaths is their effective use of a highly developed and refined skill of palpation. Palpation may be considered to be one of the primary communication channels for most osteopaths in undertaking their professional interactions with patients in terms of diagnosis, treatment and evaluation. They should be able to detect and respond to minute alterations of physiological and structural changes at all levels in the body of a patient and to monitor subtle changes.

- K1 a critical appreciation of the therapeutic value of touch and palpation
- K2 the use of relevant knowledge to recognise and understand the structure and function of the tissues during palpation
- K3 an advanced knowledge of the palpatory characteristics of the normal and abnormal functioning of discrete body tissues and systems
- K4 a commitment to use palpation selectively as part of the evaluation process
- K5 the ability to use palpation effectively both as a diagnostic and therapeutic medium
- K6 a high level of palpatory skill
- K7 the ability to make accurate and appropriate records of palpatory findings
- K8 the ability to use palpation in conjunction with other evaluation methods before forming a diagnostic hypothesis
- K9 the effective use of palpation as a means of continuously monitoring the effects of treatment

### L Planning, justifying and monitoring osteopathic treatment interventions

**25.** Osteopaths must be able to formulate a justifiable osteopathic treatment plan or an alternative course of action including referral to an appropriate healthcare professional if considered necessary. This will be based upon the professional judgement of the osteopath informed by a critical consideration of all of the facts and findings derived from the case history, clinical examination and other relevant information including tests from external sources when applicable. Differential thinking and clinical reasoning informed by the application of osteopathic principles will guide this judgement.

**26.** Osteopaths must be committed to preserving the safety and well being of the patient by being sensitive to the presence of possible underlying pathology or pre-pathological processes including the recognition of conditions contra-indicating the use of certain osteopathic interventions. The proposed course of action must be planned within the context of the anticipated outcomes, the expectations of the patient and with their informed consent.

27. Osteopaths must be able to gain the co-operation of the patient by the effective use of explanations and responses to questions using appropriate levels of detail and suitable non-technical vocabulary and incorporating recognition of the patient's own level of expectation. Referral procedures, if instituted, must be presented in the terminology and detail consistent with the expectations and requirements of a professional healthcare colleague.

- L1 a detailed analysis and reflection on information gathered during patient history taking and evaluation
- L2 the generation and justification of a number of hypotheses for the aetiology of the patient's presenting complaint
- L3 the selection of an appropriate course of action based on a rational decision-making process which includes a critical consideration of personal limits of competence, the likely effects of osteopathic treatment and the patient's wishes
- L4 whether or not to treat the patient and if not, select the most appropriate course of action
- L5 the formulation of a treatment plan and prognosis
- L6 the means by which to inform the patient of findings and intended course of action
- L7 ability to enter into a formal therapeutic contract with the patient
- L8 an ability to identify and reflect on the obstacles to progress and to plan and take appropriate action

**28.** Osteopaths must be able to justify the selection and use of any form of osteopathic technique or its modification and to only treat with the consent of the patient. Osteopaths must be able to monitor responses to treatment by means of palpation, clinical examination and report from the patient.

**29.** The patient must be fully informed of the reasons for the treatment and as to the likely experiences during and following the intervention. Osteopaths should inform the patient of any likely outcomes following treatment and the course of action to take if expectations are not realised. Osteopaths must undertake the effective recording of their course of action in the case notes for possible future use.

**30.** Osteopaths must be able to recognise the factors and moments where a specific form of osteopathic intervention is absolutely contra-indicated and to adopt alternative and effective approaches.

- M1 the ability to select and use a wide range of osteopathic techniques and patient management approaches
- M2 a thorough and critical understanding of the theory, principles and practice of osteopathy
- M3 an awareness of the indications and contra-indications of using specific osteopathic techniques or their modification
- M4 an ability to justify the selection and mode of use of an osteopathic treatment or approach for the care of an individual patient
- M5 commitment and ability to monitor stringently the effect of treatment during and after its application
- M6 the ability to adapt an osteopathic technique and justify its use in relation to the palpatory feedback received from the patient's tissues

**31.** Osteopaths must be committed to continuous self-evaluation of their professional actions and activities. This is especially relevant to their assessment of the health status of a patient following a planned osteopathic intervention. Osteopaths need to maintain an honest and thoroughly accountable approach to the evaluation of the level of outcome experienced by the patient. This must include the accurate recording of factual evidence derived from evaluation of the patient.

**32.** Osteopaths must also be able to recognise and deal with unexpected and possibly damaging changes and to incorporate their evaluation of these into a revised form of intervention negotiated with the patient.

- N1 the ability to gather and organise a comprehensive range of qualitative and quantitative data and evidence relevant to the response of an individual patient to an osteopathic intervention
- N2 a justification for the decision to continue, modify or cease osteopathic treatment based upon the critical consideration of the evidence acquired during the evaluation of the patient and any other relevant factors
- N3 the ability to recognise adverse reactions to osteopathic treatment and to initiate appropriate responses including referral when appropriate
- N4 an open minded approach and acceptance of treatment outcome that does not conform to expectations but may offer deeper insight to the clinical meaning of the patient's presenting problems
- N5 the ability and commitment to record evaluation findings and their interpretation accurately and accessibly in the case notes of an individual patient
- N6 a commitment to continuous and deliberate self-monitoring to identify the potential influence of unintended effects whilst conducting a treatment intervention

# **O** Advice and support for the promotion and maintenance of healthy living

**33.** A guiding principle of osteopathy is to ensure that the patient's body regains as much of its inherent structural integrity and function as possible. For many patients this will mean a commitment to individual exercise or prophylactic routines as well as making use of local healthcare facilities.

**34.** Osteopaths must be able to offer constructive and realistic advice and guidance to individual patients to help them to consolidate and, where possible, enhance their health status following osteopathic intervention.

- O1 a critical appreciation of the key concepts and organisation of health education and health promotion used in the UK and overseas
- O2 an understanding of the significance and potential effect of psychosocial and economic factors in helping patients to make informed choices about their personal healthcare maintenance
- O3 the ability to assist patients to undertake and become committed to self-care activities including exercise and life style adjustments
- O4 the ability to offer realistic advice concerning the location and effective use of local healthcare promoting activities consistent with cultural and ethnic differences
- O5 an understanding of the importance for the practitioner to maintain health and care for themselves as an exemplar of health and well being
- O6 an awareness of the potential benefits and limitations of referring an individual patient to other healthcare practitioners

### **P** Operating an efficient and effective environment for the provision of osteopathic healthcare

**35.** Osteopaths must be able to manage and organise an osteopathic practice efficiently and effectively to ensure that only high standards prevail for patient care. This will include the need to be able to recruit and manage osteopathic colleagues, support staff and other relevant personnel. Osteopaths must also be accountable and responsible for the effective keeping of patient and other records in full compliance with statutory regulations, external contractual obligations, legal requirements and their contract of confidentiality with patients, (and employees if relevant) including an awareness of the relevant Acts of Parliament.

**36.** Osteopaths must be alert to the characteristics and operational aspects of clinical audit and monitoring and be willing to conduct such processes as necessary and monitor the adherence to Health and Safety regulations.

**37.** Osteopaths must also be able to communicate appropriately with professional colleagues and other interested parties. They must be able to act as effective team members depending on circumstance and context.

- P1 an awareness of the need to comply with the legal requirements of operating a modern osteopathic practice with the necessary facilities for patient and staff comfort
- P2 an awareness of the need to maintain financial and other practice operation details in accordance with legal and ethical requirements
- P3 an awareness of the need to monitor the quality of practice and the ability to contribute to the generation of operational and strategic plans
- P4 an awareness of the need to manage professional and support staff effectively and efficiently and in accordance with identified practice needs and in compliance with legal requirements
- P5 the effective maintenance of patient records and information in compliance with legal and ethical requirements of confidentiality and peer support
- P6 an awareness of the need to generate effective and high standards of contact with external agencies including other healthcare professionals, insurance companies and public service organisations

#### FOR FURTHER COPIES OF THE STANDARD OF PROFICIENCY

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