



General  
Osteopathic  
Council

# > Osteopathic Practice Standards

Effective from 1 September 2012



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Section 13 of the Osteopaths Act 1993 (as amended) 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 Osteopaths Act 1993 (as amended) 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.

# Introduction

The *Osteopathic Practice Standards* comprise both the *Standard of Proficiency* and the *Code of Practice* for osteopaths. 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.

The *Osteopathic Practice Standards* play a central role in the requirements for osteopathic training and the achievement and retention of registration with the General Osteopathic Council. The document outlines the safe, competent and ethical practice of osteopathy.

## Format

In this document, the Standard of Proficiency appears in blue and the Code of Practice appears in purple.

The standards, which appear in the left-hand column, outline requirements. The supporting guidance, which is provided in the right-hand column, outlines how these requirements may be achieved. The guidance is not exhaustive.

The standards and guidance 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 terms 'will' and 'must' appear. Where these terms are used, osteopaths are expected to comply. Failure to do so may put the osteopath at risk of fitness to practise proceedings.

The term 'should' is used in the guidance to indicate how the standard can be met. It is also used where the relevant duty or principle will not apply in all situations or circumstances, or where there may be factors outside the osteopath's control that affect whether or how they comply with the guidance. The osteopath must use their professional judgement to take a view, in light of the circumstances.

The term 'may' is used in the guidance to indicate that osteopaths have a choice as to whether to carry out certain actions or not. The osteopath must use their professional judgement to take a view, in light of the circumstances.

# A Communication and patient partnership

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

## STANDARD OF PROFICIENCY

### STANDARDS

**A1 You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.**

### GUIDANCE

1. Your skills should include an ability to:
  - 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.

Note also: A2-A6

## CODE OF PRACTICE

### STANDARDS

**A2 Listen to patients and respect their concerns and preferences.**

### GUIDANCE

1. 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.
2. You should be alert to patients' unspoken signals; for example, when a patient's body language or the tone of their voice may indicate that they are nervous or experiencing discomfort.
3. You should be aware of the fact that some patients will have specific needs in relation to gender, ethnicity, disability, culture, religion or belief, sexual orientation, lifestyle, age, social status or language. You should be able to respond appropriately to these needs.
4. Your patients should have your full attention, and you should allow sufficient time to deal properly with their needs. If you are in sole practice, you will need to develop strategies to minimise interruptions while you are with a patient.
5. 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. The patient needs to understand the nature and purpose of the examination or treatment proposed. Intimate areas include the groin, pubis, perineum, breast and anus, but this is not an exhaustive list.

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## STANDARDS

## GUIDANCE

**A2 (continued)**

6. If you are proposing to undertake a vaginal or rectal examination or technique, you should offer to conduct the procedure at a subsequent appointment. Some patients may not have come prepared for such a procedure and may prefer to return at another time.

Note also: A1, A4, C5, C6, D4

**A3 Give patients the information they need in a way that they can understand.**

1. Before examining or treating a patient, you should ensure that they understand:
  - 1.1. Their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.
  - 1.2. What they can realistically expect from you as an osteopath (and why their expectations may be unrealistic).
2. You should inform your patient of any material or significant risks associated with the treatment you are proposing. If you are proposing no treatment, you should explain any risks associated with doing nothing. You should also explain any alternatives to the treatment. The information you provide should focus on the patient's individual situation and risk to them. You should check that the patient has understood the information you have given.
3. Using diagrams, models and non-technical language may help to explain particular treatments and risks.
4. If you propose to examine or treat a patient who has difficulty communicating, you should take all reasonable steps to assist them. For example, make use of an appropriate interpreter if the patient cannot speak your language or relies on signing for communication.

Note also: A1, A4, C7, C8

**A4 You must receive valid consent before examination and treatment.**

1. For consent to be valid, it must be given:
  - 1.1. Voluntarily.
  - 1.2. By an appropriately informed person.
  - 1.3. With the capacity to consent to the intervention in question.
2. The patient needs to understand the nature, purpose and risks of the examination or treatment proposed. The patient must then be free to either accept or refuse the proposed examination or treatment. Some patients may need time to reflect on what you have proposed before they give their consent to it.

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STANDARDS	GUIDANCE
A4 (continued)	<ol style="list-style-type: none"> <li data-bbox="540 293 1453 401">3. Gaining consent is a fundamental part of your practice and is both an ethical and legal requirement. If you examine or treat a patient without their consent, you may face criminal, civil or GOsC proceedings.</li> <li data-bbox="540 436 1453 684">4. 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 expresses concern that you are going outside the agreed treatment plan, you must stop the treatment.</li> <li data-bbox="540 718 1453 860">5. Before relying on a patient's consent, you should consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed. This is more important than how their consent is expressed or recorded.</li> <li data-bbox="540 895 1453 1003">6. Patients can give consent orally or in writing, or they may imply consent by complying with the proposed examination or treatment, for example, or by getting ready for the assessment or care.</li> <li data-bbox="540 1037 1453 1209">7. The validity of consent does not depend on the form in which it is given. Written consent may serve as evidence of consent but if the elements of voluntariness, appropriate information and capacity have not been satisfied, a signature on a form will not by itself make the consent valid.</li> <li data-bbox="540 1244 1453 1416">8. 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 groin, pubis, perineum, breast and anus, but this list is not exhaustive. Some patients may regard other areas of their body as 'intimate'.</li> <li data-bbox="540 1451 1453 1669">9. Valid consent does not always have to be in writing. However, if you are proposing a vaginal or rectal examination or technique, written consent should be obtained. You should ask the patient to provide their valid consent in writing, by signing a consent form. This form should be placed in the patient's records. You may also ask patients to provide their consent in writing for other procedures.</li> <li data-bbox="540 1703 1453 1845">10. 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.</li> <li data-bbox="540 1880 1453 2020">11. When an adult lacks mental capacity, decisions about their treatment must be taken in their best interests and in accordance with relevant legislation. Further details on the relevant legislation are provided in the GOsC guidance document <i>Obtaining Consent</i>.</li> </ol>

## CODE OF PRACTICE

## STANDARDS

## GUIDANCE

## A4 (continued)

12. You should involve children and young people as much as possible in discussions about their care, even if they are not able to make decisions on their own.
13. Before you examine or treat a child or young person, you should ensure that you have valid consent. Obtaining consent for treatment to be given to a child or young person is a complex issue: the guidance given below is a summary only and provides advice on the more common scenarios that present in practice. Further details are provided in the GOsC guidance document *Obtaining Consent*. Note that in the summary below a 'child' is a person under the age of 16 years and a 'young person' is a person aged 16 or 17 years.
14. A child may have the capacity to consent, depending on their maturity and ability to understand what is involved. You will need to use your professional judgement in assessing the capacity of each patient under 16 years. You are strongly advised, wherever possible, to involve the child's parent when seeking consent.
15. If a child with capacity gives their consent to treatment, a parent cannot override that consent.
16. If a child lacks the capacity to consent, you should ask for their parent's consent to treatment.
17. A young person can be treated as an adult and can be presumed to have the ability to make decisions about their own care. Nevertheless, you will need to use your professional judgement to assess whether the young person in fact has the maturity and ability to understand what is involved in the treatment you are proposing for them because, as with adults, consent must be valid (see A4, paragraph 1).
18. The position in relation to young people who lack capacity differs across the UK. In England, Wales and Northern Ireland parents may, in some circumstances, be able to give consent to treatment for their 16 or 17 year old son or daughter without capacity, while in Scotland young people without capacity are treated in the same way as adults who lack capacity. Further details are provided in the GOsC guidance document *Obtaining Consent*.
19. If a young person with capacity gives consent to treatment, that consent cannot be overridden by parents.
20. If a child or young person with capacity refuses treatment, that refusal may, in certain circumstances, be overridden. The need to override refusal of osteopathic treatment is likely to be rare, however, and in such an event you should refer to the GOsC guidance document *Obtaining Consent* and/or seek legal advice.

Note also: A1, A2, C1, C2, *Obtaining Consent* (GOsC)

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## STANDARDS

## GUIDANCE

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

1. 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.
2. The most appropriate treatment for patients will sometimes involve:
  - 2.1. Referring them to another osteopath or other healthcare professional.
  - 2.2. Providing advice on self-care.
  - 2.3. Not treating them at all.

Note also: A1, C1, C2, C5, D8

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

1. Supporting patients in caring for themselves includes:
  - 1.1. Encouraging them to inform their General Practitioner (GP) and other healthcare practitioners that they are receiving osteopathic treatment and asking them whether you may communicate with their GP.
  - 1.2. 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 to be better than another, if that is the case.

Note also: A1, C1, C2, C3, C5



## B Knowledge, skills and performance

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

### STANDARD OF PROFICIENCY

STANDARDS	GUIDANCE
<p><b>B1 You must understand osteopathic concepts and principles, and apply them critically to patient care.</b></p>	<ol style="list-style-type: none"> <li>1. This should include:               <ol style="list-style-type: none"> <li>1.1. A comprehensive understanding of the principles and concepts of osteopathy to inform and guide rational clinical decision-making.</li> <li>1.2. The ability to use a range of osteopathic approaches to health, disease and illness.</li> <li>1.3. The ability to consider the patient as a whole.</li> <li>1.4. A highly skilled sense of touch, known as palpation.</li> </ol> </li> </ol> <p>Note also: B4</p>
<p><b>B2 You must have sufficient knowledge and skills to support your work as an osteopath.</b></p>	<ol style="list-style-type: none"> <li>1. Your knowledge and skills should be drawn from formal training, research and other sources such as self-reflection or feedback. To be sufficient they should include:               <ol style="list-style-type: none"> <li>1.1. Knowledge of human structure and function sufficient to recognise and interpret clinical signs of dysfunction and develop appropriate treatment and rehabilitation strategies.</li> <li>1.2. The ability to recognise where a presenting problem may mask underlying pathologies.</li> <li>1.3. Knowledge of human disease sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional.</li> <li>1.4. Sufficient knowledge of psychology and social determinants of health to provide context for your clinical decision-making and patient management.</li> <li>1.5. An understanding of the principles of biomechanics sufficient to apply osteopathic techniques safely and effectively.</li> <li>1.6. Well-developed palpatory skills.</li> <li>1.7. Sufficient knowledge of the palpatory characteristics of the normal and abnormal functioning of different body tissues and systems to be able to interpret the findings of palpation.</li> <li>1.8. The ability to determine changes in tissues and joint movement by the appropriate use of observation, palpation and motion evaluation.</li> <li>1.9. 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.</li> <li>1.10. The ability to protect yourself physically and psychologically during interactions with patients to maintain your own health.</li> </ol> </li> </ol>

## STANDARD OF PROFICIENCY

STANDARDS	GUIDANCE
<b>B2 (continued)</b>	<p>1.11. The ability to critically appraise osteopathic practice. For example, this could be achieved through:</p> <ul style="list-style-type: none"> <li>1.11.1. Self-reflection.</li> <li>1.11.2. Feedback from patients.</li> <li>1.11.3. Feedback from colleagues.</li> <li>1.11.4. Case analysis or clinical audit.</li> </ul> <p>Note also: B4, C1, C2</p>

## CODE OF PRACTICE

STANDARDS	GUIDANCE
<b>B3 Recognise and work within the limits of your training and competence.</b>	<ol style="list-style-type: none"> <li>1. You should use your professional judgement to assess whether you have the training, skills and competence to treat a patient.</li> <li>2. If not, you should consider: <ul style="list-style-type: none"> <li>2.1. Seeking advice or assistance from an appropriate source to support your care for the patient.</li> <li>2.2. Working with other osteopaths and healthcare professionals to secure the most appropriate care for your patient.</li> <li>2.3. Referring the patient to another osteopath or appropriate healthcare professional, if you reasonably believe that professional to be competent.</li> </ul> </li> <li>3. You may be able to expand your training and competence, as outlined in standard B4 or through research.</li> <li>4. You also need to identify and work within your competence in the fields of education and research.</li> </ol> <p>Note also: D1, D8, D9, D10</p>
<b>B4 Keep your professional knowledge and skills up to date.</b>	<ol style="list-style-type: none"> <li>1. You should keep your professional knowledge and skills up to date by: <ul style="list-style-type: none"> <li>1.1. Committing to and undertaking Continuing Professional Development (CPD).</li> <li>1.2. Monitoring the quality of the osteopathic care you deliver and acting on the findings. This could be achieved through: <ul style="list-style-type: none"> <li>1.2.1. Self-reflection.</li> <li>1.2.2. Feedback from patients.</li> <li>1.2.3. Feedback from colleagues.</li> <li>1.2.4. Case analysis or clinical audit.</li> <li>1.2.5. Keeping up to date with contemporary advice related to osteopathic healthcare and integrating this into your clinical practice.</li> </ul> </li> </ul> </li> </ol>

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STANDARDS	GUIDANCE
B4 (continued)	<ol style="list-style-type: none"><li>2. 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.</li><li>3. It may also be helpful for sole practitioners to talk about critical incidents and complaints with other colleagues or through a professional organisation, to aid learning.</li></ol> <p>Note also: A1, B1, B2, B3, C1, C2, D1, D2, D3</p>

## C Safety and quality in practice

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

### STANDARD OF PROFICIENCY

STANDARDS	GUIDANCE
<p><b>C1 You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.</b></p>	<ol style="list-style-type: none"> <li>1. This should include the ability to:               <ol style="list-style-type: none"> <li>1.1. Take and record a detailed case history of the patient and make an analysis of their presenting complaint(s).</li> <li>1.2. Adapt your case history to take account of the presenting complaint(s), the sensitivities of the patient or the patient's communication style.</li> <li>1.3. Recognise the relative importance of physiological, psychological and social factors in the patient's presenting complaint(s).</li> <li>1.4. Select and conduct appropriate clinical investigations for your patient, taking into account the nature of their complaint(s) and their case history.</li> <li>1.5. Formulate appropriate diagnostic hypotheses to explain the patient's presenting complaint(s) and use your osteopathic skills to develop a working diagnosis.</li> </ol> </li> </ol> <p>Note also: A4, C7, C8</p>
<p><b>C2 You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.</b></p>	<ol style="list-style-type: none"> <li>1. This should include the ability to:               <ol style="list-style-type: none"> <li>1.1. Select an appropriate range of osteopathic techniques and patient management approaches to ensure the care of your individual patient.</li> <li>1.2. Select, justify and undertake the most appropriate course of action based on:                   <ol style="list-style-type: none"> <li>1.2.1. The working diagnosis.</li> <li>1.2.2. The patient.</li> <li>1.2.3. Your personal limits of competence.</li> <li>1.2.4. The likely effects of osteopathic treatment (informed by current research, where available).</li> </ol> </li> <li>1.3. Formulate a treatment plan, taking account of the wishes of the patient.</li> <li>1.4. Identify the indications and contraindications of using specific osteopathic techniques or a modified form of such techniques.</li> <li>1.5. Monitor the effects of treatment during and after its application.</li> <li>1.6. Adapt an osteopathic technique or treatment approach in response to findings from palpatory examination.</li> <li>1.7. Evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate.</li> </ol> </li> </ol>

**STANDARD OF PROFICIENCY**

<b>STANDARDS</b>	<b>GUIDANCE</b>
<b>C2 (continued)</b>	<p>1.8. Recognise adverse reactions to osteopathic treatment and take appropriate action, including referral to another osteopath or other healthcare professional when appropriate.</p> <p>1.9. Recognise when errors have been made and take appropriate action to remedy these, taking account of what is in the best interests of the patient.</p> <p>Note also: A4, C7</p>

**CODE OF PRACTICE**

<b>STANDARDS</b>	<b>GUIDANCE</b>
<b>C3 Care for your patients and do your best to understand their condition and improve their health.</b>	<p>1. 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>2. 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> <p>Note also: A2–A6</p>
<b>C4 Be polite and considerate with patients.</b>	<p>1. 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>
<b>C5 Acknowledge your patients' individuality in how you treat them.</b>	<p>1. Patients will come to you with different experiences and expectations. You should try to accommodate their wishes as much as you can without compromising the care you provide. If you cannot accommodate their wishes you should explain why to the patient.</p> <p>Note also: A2, A6</p>
<b>C6 Respect your patients' dignity and modesty.</b>	<p>1. Patients will have different ideas as to what they need to maintain their dignity and modesty during a consultation, and you should be sensitive to those ideas.</p> <p>2. 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>2.1. Informing patients in advance of their first appointment that they may need to undress for examination and treatment.</p>

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## STANDARDS

## GUIDANCE

## C6 (continued)

- 2.2. Allowing a patient to undress, and get dressed again, without being observed.
- 2.3. Explaining why (if you consider it necessary or helpful for the purposes of diagnosis or treatment) you wish to observe them undressing. If the patient is unhappy with that, you should respect their wishes and find another way of establishing the clinical information you need.
- 2.4. Covering the parts of their body that do not need to be exposed for the examination or treatment. This can be achieved by providing the patient with an appropriate cover or allowing them to remain partially dressed. If you need to see the patient undressed to their underwear, you should explain this to the patient and ask them if they are comfortable with that.
3. If you need your patient to remove underwear for an examination or treatment, you should encourage them to put their underwear back on at the conclusion of that particular examination or treatment and before you continue with any other procedure.
4. Wherever possible, patients should be allowed to remove underwear by themselves. If it is genuinely necessary for you to assist them, you should have their permission to do so.
5. You should ask a patient if they would like a chaperone when:
  - 5.1. You examine or treat an intimate area.
  - 5.2. You are treating a patient under 16 years of age.
  - 5.3. You are treating an adult who lacks capacity.
  - 5.4. You are treating a patient at their home.
6. A chaperone can be:
  - 6.1. A relative or friend of the patient.
  - 6.2. A suitable person from your practice but not your spouse or personal partner.
7. If the patient wishes to have a chaperone and neither you nor the patient is able to provide one, you should offer to re-arrange the appointment.
8. If a chaperone is present, you should record this in the patient records. If a patient within one of the categories in paragraph 5 declines the offer of a chaperone, you should record that too.

Note also: A2, C5, D4, D5

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STANDARDS	GUIDANCE
<p><b>C7 Provide appropriate care and treatment.</b></p>	<ol style="list-style-type: none"> <li>1. Providing appropriate care and treatment includes:               <ol style="list-style-type: none"> <li>1.1. Taking a full case history.</li> <li>1.2. Conducting appropriate clinical investigations.</li> <li>1.3. Formulating a working diagnosis and treatment plan.</li> <li>1.4. Providing good quality treatments (which must be within your level of competence).</li> <li>1.5. Referring patients elsewhere when they need treatment which you cannot provide.</li> </ol> </li> <li>2. Patients are entitled to expect professional care and treatment wherever you are treating them. When you are treating someone outside your usual consulting rooms, you should:               <ol style="list-style-type: none"> <li>2.1. Note in your records where the consultation took place.</li> <li>2.2. Where possible, apply the same standards as in your normal practice environment.</li> </ol> </li> </ol> <p>Note also: B4, C1, C2</p>
<p><b>C8 Ensure that your patient records are full, accurate and completed promptly.</b></p>	<ol style="list-style-type: none"> <li>1. Records which are accurate, comprehensive and easily understood will help you provide good care to your patients. These records should include:               <ol style="list-style-type: none"> <li>1.1. The date of the consultation.</li> <li>1.2. Your patient's personal details.</li> <li>1.3. Any problems and symptoms reported by your patient.</li> <li>1.4. Relevant medical, family and social history.</li> <li>1.5. Your clinical findings, including negative findings.</li> <li>1.6. The information and advice you provide, whether this is provided in person or via the telephone.</li> <li>1.7. A working diagnosis and treatment plan.</li> <li>1.8. Records of consent, including consent forms.</li> <li>1.9. The investigation or treatment you undertake and the results.</li> <li>1.10. Any communication with, about or from your patient.</li> <li>1.11. Copies of any correspondence, reports, test results, etc. about your patient.</li> <li>1.12. Clinical response to treatment and treatment outcomes.</li> <li>1.13. The location of your visit if outside your usual consulting rooms.</li> <li>1.14. Whether a chaperone was present or not required.</li> <li>1.15. Whether a student or observer was present.</li> </ol> </li> <li>2. Your notes should be contemporaneous or completed promptly after a consultation (generally on the same day).</li> </ol>

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STANDARDS	GUIDANCE
C8 (continued)	<p>3. The information you provide in reports and forms or for any other purpose associated with your practice should be honest, accurate and complete.</p> <p>Note also: A4, A6, D2, D3, D6</p>
C9 Act quickly to help patients and keep them from harm.	<ol style="list-style-type: none"> <li>1. You should take steps to protect patients if you believe that a colleague's or practitioner's health, conduct or professional performance poses a risk to them. You should consider one of the following courses of action, keeping in mind that your objective is to protect the patient:             <ol style="list-style-type: none"> <li>1.1. Discussing your concerns with the colleague or practitioner.</li> <li>1.2. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer.</li> <li>1.3. 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).</li> <li>1.4. If the practitioner belongs to a voluntary council, reporting your concerns to that body.</li> <li>1.5. Where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.</li> </ol> </li> <li>2. 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.</li> <li>3. You must comply with the law to protect children and vulnerable adults.</li> </ol>



## 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
<p><b>D1 You must consider the contributions of other healthcare professionals to ensure best patient care.</b></p>	<p>1. To achieve this you should:</p> <ol style="list-style-type: none"> <li>1.1. Recognise the potential contributions that other healthcare professionals can make to the wellbeing of a patient.</li> <li>1.2. Understand the contribution of osteopathy to healthcare as a whole, with particular reference to primary healthcare.</li> <li>1.3. Critically evaluate the professional opinion of other healthcare professions (both conventional and non-conventional) and consider how these relate to your own practice of osteopathy, where this is relevant to your patients' care.</li> <li>1.4. Understand the range and limitations of working with other healthcare professionals and have a knowledge of referral procedures.</li> <li>1.5. Effectively participate in the planning, implementation and evaluation of inter-professional approaches to healthcare, where such approaches are appropriate and available.</li> </ol> <p>Note also: B3, D8, D9</p>
<p><b>D2 You must respond effectively to requirements for the production of high-quality written material and data.</b></p>	<p>1. To achieve this you will need to:</p> <ol style="list-style-type: none"> <li>1.1. Have sufficient competence in the use of information and communication technology for the effective and efficient management of an osteopathic practice.</li> <li>1.2. 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.</li> </ol>
<p><b>D3 You must be capable of retrieving, processing and analysing information as necessary.</b></p>	<ol style="list-style-type: none"> <li>1.3. Produce written reports and presentations suitable for referral and related purposes.</li> <li>1.4. Collect and analyse both quantitative and qualitative data about professional practice.</li> </ol>

## CODE OF PRACTICE

STANDARDS	GUIDANCE
<p><b>D4 Make sure your beliefs and values do not prejudice your patients' care.</b></p>	<ol style="list-style-type: none"> <li>1. The same quality of service should be provided to all patients. It is illegal to refuse a service to someone on the grounds of their gender, ethnicity, disability, religion or belief, sexual orientation, transgender status, age or marital status.</li> <li>2. If carrying out a particular procedure or giving advice about it conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see or be referred to another osteopath.</li> <li>3. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient.</li> <li>4. 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 osteopath. Good reasons for not accepting someone as a patient or declining to continue their care might arise where:               <ol style="list-style-type: none"> <li>4.1. They are or become aggressive.</li> <li>4.2. They seem to have no confidence in the care you are providing.</li> <li>4.3. They appear to have become inappropriately dependent on you.</li> </ol> </li> </ol> <p>Note also: A2, C5, C6, D5</p>
<p><b>D5 You must comply with equality and anti-discrimination laws.</b></p>	<ol style="list-style-type: none"> <li>1. You should be familiar with the requirements that are placed on you by equality and anti-discrimination legislation, such as the Equality Act 2010.</li> </ol> <p>Note also: A2, C5, C6, D4</p>
<p><b>D6 Respect your patients' rights to privacy and confidentiality.</b></p>	<ol style="list-style-type: none"> <li>1. 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:               <ol style="list-style-type: none"> <li>1.1. Keeping confidential your patients' identity and other personal information, and any opinions you form about them in the course of your work.</li> <li>1.2. Ensuring that your staff keep such information confidential.</li> <li>1.3. Ensuring that the information is kept confidential even after the death of a patient.</li> <li>1.4. 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.</li> </ol> </li> </ol>

CODE OF PRACTICE	
STANDARDS	GUIDANCE
D6 (continued)	<p>1.5. Ensuring that such information is securely protected against loss, theft and improper disclosure.</p> <p>2. Patients are entitled to see their notes and you should assist them with this if such a request is made.</p> <p>3. You should have adequate and secure methods for storing patient information and records. Patient records should be kept:</p> <p>3.1. For a minimum of eight years after their last consultation.</p> <p>3.2. If the patient is a child, until their 25th birthday.</p> <p>4. 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.</p> <p>5. 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> <p>6. 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>6.1. Explain to the patient the circumstances in which you wish to disclose the information 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>6.2. Allow them to withhold permission if they wish.</p> <p>6.3. If they agree, ask them to provide their consent in writing or to sign a consent form.</p> <p>6.4. Advise anyone to whom you disclose information that they must respect the patient's confidentiality.</p> <p>6.5. 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>7. In general, you should 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>7.1. 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>7.2. 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>

## CODE OF PRACTICE

STANDARDS	GUIDANCE
<b>D6 (continued)</b>	<p>7.3. If it is necessary, in the interests of the patient's health, to share the information with their medical adviser, legal guardian or close relatives, and the patient is incapable of giving consent.</p> <p>8. If you need to disclose information without your patient's consent, you should inform the patient, unless you are specifically prohibited from doing so (for example, in a criminal investigation) or there is another good reason not to (for example, where a patient may become violent).</p> <p>9. Any disclosures of information should be proportionate and limited to the relevant details.</p> <p>Note also: C8</p>
<b>D7 Be open and honest when dealing with patients and colleagues and respond quickly to complaints.</b>	<p>1. 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>2. You may wish to provide information to patients about how they can make comments, including compliments, about the service they have received.</p> <p>3. 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> <p>4. 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>5. A complaint is an opportunity to reflect on the communication and 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> <p>6. You should inform your professional association and professional indemnity insurers immediately if you receive a complaint.</p> <p>7. 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.</p>
<b>D8 Support colleagues and cooperate with them to enhance patient care.</b>	<p>1. 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>

## CODE OF PRACTICE

STANDARDS	GUIDANCE
D8 (continued)	<ol style="list-style-type: none"> <li data-bbox="558 293 1437 769">2. 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:               <ol style="list-style-type: none"> <li data-bbox="602 445 932 477">2.1. Patient confidentiality.</li> <li data-bbox="602 486 1013 518">2.2. Retention of medical records.</li> <li data-bbox="602 528 1390 596">2.3. Relationships with patients, colleagues and other healthcare professionals.</li> <li data-bbox="602 606 802 638">2.4. Complaints.</li> <li data-bbox="602 647 938 679">2.5. The work environment.</li> <li data-bbox="602 688 873 720">2.6. Health and safety.</li> <li data-bbox="602 730 841 762">2.7. Equality duties.</li> </ol> </li> <li data-bbox="558 805 1437 1012">3. If you are responsible for an associate or assistant, you should provide professional support and adequate resources for them so that they are able to offer appropriate care to their patients. You should not put them under undue pressure, or expect them to work excessive hours. You should not expect them to provide treatment beyond their competence.</li> <li data-bbox="558 1051 1411 1157">4. If your practice employs support staff, you should ensure that they are effectively managed and are aware of any legal obligations necessary to fulfil their role.</li> <li data-bbox="558 1196 1443 1301">5. If you train junior colleagues, you should make sure that their care of patients is properly supervised and that adequate professional indemnity insurance is in place.</li> <li data-bbox="558 1340 1406 1409">6. If you have special responsibilities for teaching, you should ensure that you develop effective teaching skills.</li> <li data-bbox="558 1448 1448 2031">7. 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:               <ol style="list-style-type: none"> <li data-bbox="602 1556 1437 1731">7.1. Whilst students may approach you independently to observe practice in your clinic, you must have a prior agreement with a GOsC-recognised Osteopathic Educational Institution to allow its students to examine, treat or advise your patients as part of a clinical placement.</li> <li data-bbox="602 1740 1422 1809">7.2. The student should be fully supervised by you while they carry out any osteopathic examination, treatment or advice.</li> <li data-bbox="602 1818 1406 1924">7.3. 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.</li> <li data-bbox="602 1933 1437 2031">7.4. The patient must be made aware of the student’s status and consent to their presence before the start of any consultation or treatment.</li> </ol> </li> </ol>

## CODE OF PRACTICE

## STANDARDS

## GUIDANCE

**D8 (continued)**

8. 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 or osteopathy student. You should satisfy yourself that the observer is a suitable person to attend the consultation or treatment and you should not allow the observer to examine or treat a patient.
9. If an osteopathy student or an observer is present, you should record in the patient's records:
  - 9.1. The observer or student's presence, status and identity.
  - 9.2. The patient's consent to the observer or student being present.
  - 9.3. Details of any examination carried out by the student.
  - 9.4. Details of any treatment administered by the student.
  - 9.5. The patient's consent to such examination or treatment.

Note also: B3, C8, D9, D1

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

1. All comments about colleagues or other healthcare professionals should be appropriate and justified. This will help to ensure that patients retain confidence in their healthcare team.

Note also: D1, D8

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

1. 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, consider whether you should:
  - 1.1. Seek and follow appropriate medical advice on whether, and if so how, you should modify your practice.
  - 1.2. If necessary, stop practising altogether until your medical adviser judges you fit to practise again.
  - 1.3. Inform the GOsC so that your registration details can be amended.
  - 1.4. 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 should take all necessary precautions to prevent transmission of the condition to patients.

Note also: B3, D10

## CODE OF PRACTICE

STANDARDS	GUIDANCE
<b>D11 Be aware of your role as a healthcare provider to promote public health.</b>	1. Promoting public health includes being aware of the following:
<b>D12 Take all necessary steps to control the spread of communicable diseases.</b>	1.1. Your practice premises should be clean, safe, hygienic, comfortable and appropriately equipped. You should ensure that you have appropriate procedures in place in the event of a medical emergency.
<b>D13 Comply with health and safety legislation.</b>	1.2. 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. 1.3. You should have adequate public liability insurance.
<b>D14 Act with integrity in your professional practice.</b>	<p>1. Acting with integrity means acting with honesty and sincerity. A lack of integrity in your practice can adversely affect patient care. Some examples are:</p> <p>1.1. Putting your own interest above your duty to your patient.</p> <p>1.2. Subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest.</p> <p>1.3. Deliberately withholding a necessary investigation, treatment or referral.</p> <p>1.4. Prolonging treatment unnecessarily.</p> <p>1.5. Accepting referral fees.</p> <p>1.6. Putting pressure on a patient to obtain other professional advice or to purchase a product.</p> <p>1.7. Recommending a professional service or product solely for financial gain.</p> <p>1.8. Borrowing money from patients, or accepting any other benefit that brings you financial gain.</p> <p>2. Allowing misleading advertising and information about you and your practice. You should make sure that:</p> <p>2.1. Your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to the current guidance, such as the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code).</p> <p>2.2. 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>2.3. 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 or other doctorate and it is clear that the title relates to this.</p> <p>2.4. 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>

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## STANDARDS

## GUIDANCE

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

1. You should charge fees responsibly and in a way which avoids bringing the profession into disrepute.
2. 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.
3. You may recommend products or services to patients only if, in your professional judgement, they will benefit the patient.
4. You should declare to your patients any financial or other benefit you receive for introducing them to other professional or commercial organisations. You should not allow such an organisation to use your name for promotional purposes.
5. You should maintain sound financial records for your practice.

**D16 Do not abuse your professional standing.**

1. Abuse of your professional standing can take many forms. The most serious is likely to be the failure to establish and maintain appropriate boundaries, whether sexual or otherwise.
2. The failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on patients, could lead to your removal from the GOsC Register and is likely to bring the profession into disrepute.
3. When establishing and maintaining sexual boundaries, you should bear in mind the following:
  - 3.1. Words and behaviour, as well as more overt acts, may be sexualised, or taken as such by patients.
  - 3.2. You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship.
  - 3.3. Physical contact for which valid consent has not been given can amount to an assault leading to criminal liability.
  - 3.4. It is your responsibility not to act on feelings of sexual attraction to or from patients.
  - 3.5. If you are sexually attracted to a patient, you should seek advice on the most suitable course of action from, for example, a colleague. If you believe that you cannot remain objective and professional, you should refer your patient to another healthcare practitioner.
  - 3.6. You should not take advantage of your professional standing to initiate a relationship with a patient. This applies even when they are no longer in your care.



## CODE OF PRACTICE

## STANDARDS

## GUIDANCE

**D16 (continued)**

4. Osteopaths who practise in small communities may find themselves treating friends or family. In such cases, establishing and maintaining clear professional boundaries will help you ensure that your clinical judgement is objective and that you can provide the treatment your patients need.

**D17 Uphold the reputation of the profession through your conduct.**

1. The public's trust and confidence in the profession, and the reputation of the profession generally, can be undermined by an osteopath's professional or personal conduct. You should have regard to your professional standing, even when you are not acting as an osteopath.
2. Upholding the reputation of the profession may include:
  - 2.1. Acting within the law at all times (criminal convictions may be evidence that an osteopath is unfit to practise).
  - 2.2. Not abusing alcohol or drugs.
  - 2.3. Not behaving in an aggressive or violent way in your personal or professional life.
  - 2.4. Showing compassion to patients.
  - 2.5. Showing professional courtesy to those with whom you work.
  - 2.6. Not allowing professional disputes to cause you to fall below the standards expected of you.
  - 2.7. Not falsifying records or other documents.
  - 2.8. Behaving honestly in your personal and professional dealings
  - 2.9. Maintaining the same standard of professional conduct in an online environment as would be expected elsewhere.

Note also: [D10](#), [D18](#)

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

1. You should tell the GOsC, straight away, if you:
  - 1.1. Are charged, anywhere in the world, with an offence relating to:
    - 1.1.1. Violence.
    - 1.1.2. Sexual offences or indecency.
    - 1.1.3. Dishonesty.
    - 1.1.4. Alcohol or drug abuse.
  - 1.2. Are convicted of a criminal offence, anywhere in the world.
  - 1.3. Receive a conditional discharge for an offence.
  - 1.4. Accept a police caution.
  - 1.5. Are disciplined by any organisation responsible for regulating or licensing a healthcare profession.
  - 1.6. Are suspended or placed under a practice restriction by your employer or a similar organisation because of concerns about your conduct or competence.

Note also: [D17](#)

# Glossary

<b>Associate</b>	An osteopath employed or contracted to work within a practice, who is not the practice principal.
<b>Case history</b>	Relevant facts elicited about a patient to inform an osteopathic examination and treatment.
<b>Case analysis</b>	A shared review and discussion of individual clinical cases to assist in the osteopath's own professional development.
<b>Chaperone</b>	An adult who accompanies a patient during their consultation and/or treatment. This may be a relative or friend of the patient or a suitable person from the osteopath's practice.
<b>Clinical audit</b>	A structured approach to systematically reviewing an osteopath's practice and the care provided. The aim is to improve the quality of patient care.
<b>Communicable disease</b>	An infectious disease that can be transmitted from one individual to another either directly by contact or indirectly through other pathways. Serious communicable diseases include Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C and Tuberculosis (TB).
<b>Critical incident</b>	An incident which in some way has had a significant impact on an osteopath's personal and/or professional learning. Generally, it is an event that causes the osteopath to stop, think and reflect.
<b>May</b>	Reflects that practitioners have a choice whether to carry out certain actions or not. The term 'may' is most often used to introduce the range of approaches from which an osteopath might select. See also 'must'.
<b>Mental capacity</b>	A person lacks capacity in relation to a matter if at the material time they are unable to make a decision for themselves in relation to that matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary.
<b>Must</b>	Means that the osteopath is obliged to comply with the requirement.
<b>Palpation/palpatory skills</b>	A highly skilled sense of touch, employed by osteopaths in examination and treatment of patients.
<b>Patient</b>	A person who has been given advice, assessment and/or care by an osteopath.
<b>Patient records</b>	A contemporaneous paper or electronic record of a patient's care, which should include the information set out in the guidance supporting standard C8.
<b>Products</b>	Items that might be sold or loaned to patients by an osteopath.

<b>Self-reflection</b>	Serious thought about one's knowledge, skills, character, actions, and motives in relation to osteopathic practice.
<b>Should</b>	Indicates how a standard can be met. It is also used where the relevant duty or principle will not apply in all situations or circumstances, or where there may be factors outside the osteopath's control that affect whether or how they comply with the guidance.
<b>Student</b>	An osteopathy student is a person enrolled on a pre-registration GOsC-recognised osteopathy course, which leads to the award of a Recognised Qualification (RQ) and allows the graduate to apply for registration with the GOsC. A potential student of osteopathy is a person who is considering a career in osteopathy.
<b>Undress/undressed</b>	The removal of clothing to expose parts of the body. This will include the removal of a top to expose the mid/upper back and shoulders or the removal of trousers to expose upper thigh/hips. It will also include the removal of clothing worn for religious or cultural reasons and the removal of underwear.

## Abbreviations

<b>ASA</b>	Advertising Standards Authority
<b>CAP</b>	Committee of Advertising Practice
<b>CPD</b>	Continuing Professional Development
<b>GOsC</b>	General Osteopathic Council
<b>PhD</b>	Doctor of Philosophy

# Statement of changes

**Under section 13(3) of the Osteopaths Act 1993 (as amended), the GOsC must 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 be prepared to meet 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: [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

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

- > Capability A is now incorporated in Section B with amended text incorporated at B2.
- > Capability B is now incorporated in Section B with amended text incorporated at B1.
- > Capability C has generally been removed as it is covered by the Code statements under each Section.
- > Capability D has been distributed between Sections B and D, with most statements being covered in the amended Code wording at B3, B4, D8 and D10. References to physical requirements have been removed to avoid discrimination.
- > Capability E is now incorporated in Section A.
- > Capability F is now incorporated in Section D under D2 and D3.
- > Capability G is now incorporated in Section 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 Sections 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 Section C, although not specifically referred to.
- > Capability L is covered by statements under Section C.
- > Capability M is covered by statements under Section C.
- > Capability N is covered by statements under Section C.
- > Capability O is covered by statements under Section C.
- > Capability P is covered by Code statements under C8, D2, D3, D5, D6, D8, D10, D11, D12, D13, D14 and D15.

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Diseases, communicable	<b>D10(1.4)</b> , <b>D12</b>	Information	
Doctor, use of title	D14(2.3)	accuracy	C8(3), D14(2)
Emergency, medical	D11(1.1)	clinical	C6(2.3)
Endorsement	D15(3-4)	confidentiality of	<b>D2-D3</b> , <b>D6</b>
Equality		consent to disclose	<b>D6(6)</b>
Equality Act 2010	<b>D5</b>	disclosure of	<b>D6</b>
Equality and diversity	A2(3), D4(1-2), <b>D5</b> , D8(2.7)	practice	D7(2)
Evaluation	B2(1.8), C1, D1(1.3, 1.5)	systems	<b>D2-D3</b>
Examining/treating	<b>A2-A5</b> , B2, B3, <b>C1</b> , <b>C2</b> , <b>C3-C7</b> , D4, <b>D8-D16</b>	technology	<b>D2-D3</b>
chaperone, use of	A3(1.1), <b>C6(5-8)</b> , C8(1.14)	Information Commissioner's Office	<b>D6(5)</b>
children and young people	<b>A4(12-20)</b> , C6(5.2)	Insurance	
consent to	<b>A4</b>	professional indemnity	D7(6), D8(5)
consent, without	A4(3)	public liability	D11-D13(1.3)
family and friends	D16(4)	Integrity, professional	<b>D14</b>
intimate areas	<b>A2(5-6)</b> , <b>A4(8-9)</b> , C6(5.1)	Interpreter	A3(4)
written consent	A4(8, 9)	Knowledge and skills	
rectal	A2(6), A4(9)	osteopathic	<b>B1-B4</b>
vaginal	A2(6), A4(9)	up-to-date	<b>B4</b>
Feedback		Legal requirements	A4(3), A4(10-11), C9(3), D2(1.2), <b>D5</b> , D8(4), D13
colleagues and patients, from	B2(1.11), B4(2, 3)	<i>Obtaining Consent</i> (GOsC leaflet)	A4(11, 13, 18, 20)
Fees	D14(1.5), D15(1, 2)	Observer, at consultations	C8(1.15), <b>D8(7-9)</b>
Financial		<i>Patient confidentiality</i> – see <i>Confidentiality</i>	
activities	D14(1.5-1.8), <b>D15</b>	<i>Patient records</i> – see <i>Records</i>	
data	D2(1.2)	Patients	
gain	D14(1.5-1.8), D15(3-4)	accepting/declining	D4(4)
records	D2(1.2), D15(5)	age	A2(3), D4(1)
Fitness to practise	<b>D18</b>	aggressive	D4(4.1)
GOsC	A4(3, 11, 13, 18, 20), C9(1.3), D7(7), D8(7), D10(1.3), <b>D18</b>	beliefs	A2(3), A4(8), D4(1)
GPs, communication with	A6(1.1)	consent	<b>A4</b> , <b>D6(6-8)</b>
Handover procedures	D8(1)	capacity to	A4(7), A4(10-11), C6(5.3), D6(7.3)
Health		to disclose information	<b>D6(6-9)</b>
colleagues	B1(1.2)	to release records	D6(1-4), <b>D6(6)</b>
own	C9(1)	to students/observers	D8(7.4), D8(9.2)
public	B2(1.10), <b>D10</b> <b>D10(1.4)</b> , <b>D11-D12</b>	culture	A2(3), C6(2)
Health and safety	D8(2.6), <b>D13</b>	decisions	A5, A6(1.2)
		disability	A2(3), D4(1)
		ethnicity	A2(3), D4(1)
		evaluation of	<b>C1-C2</b>
		expectations	A3(1.2), C5, C7(2)
		feedback from	B2(1.11.2), B4(1.2.2)
		gender	A2(3), D4(1)

information	<b>A3</b> , A4(5), C8(1.6), D6(1,3), D7(2)	Rectal examinations/treatment	A2(6), A4(9)
language	A2(2,3), A3(3,4)	Referral	
marital status	D4(1)	fees	D14(1.5)
mental capacity	A4(10-11, 16, 18)	to other healthcare professionals	A5(2.1), B2(1.3), B3(2.3), C2(1.8), C7(1.5), D1(1.4), D4(2, 4), D16(3.5)
modesty	<b>C6</b>	Relationships	
needs	<b>A2(3-4)</b> , D16	colleagues	<b>D7-D9</b>
partnership with	A5	healthcare professionals, other	D8(2.3)
preferences	<b>A2</b>	patients, with	<b>C3</b> , D8(2.3), <b>D16</b>
problems with	D4(4)	Research	B2(1), B3(3, 4), C2(1.2.3)
protection	<b>C9</b>	Response to treatment	<b>C2(1.5-1.8)</b>
refusal of treatment	A4(20)	Risk, communication of	<b>A3(2-3)</b>
religion	A2(3), C6(2), D4(1)	Self-reflection	B2(1.11.1), B4(1.2.1)
rights	A3(1.1), <b>D6</b>	Sexual relationships with patients	<b>D16(1-3)</b>
safety	<b>C9</b>	Staff	<b>D8(2-5)</b>
sexual orientation	A2(3), D4(1)	Students of osteopathy	C8(1.15), D8(7-9)
understanding		Support from	
of risk	A3(2-3)	colleagues	B3(2), B4(2-3)
of treatment	A2(5), A3, A4(2, 5, 8, 10, 14)	professional association	B4(3)
violent	D6(7.2, 8), D17(2.3)	Teaching	D8(6)
vulnerable	<b>A4(10-20)</b> , C4, C6(5)	<i>Treating – see Examining/treating</i>	
Practice		Treatment	
data	<b>D2(1.2)</b>	alternatives to	A3(2), A6(1.2), B2(1.3), C2(1.8)
environment	C7(2), D8(2.5), <b>D11-13</b>	consent to	<b>A4</b> , C8(1.8)
health and safety	D8(2.6), <b>D11-13</b>	consent, without	A4(3)
information	C8(3), <b>D2-3</b> , <b>D14(2)</b> , D15(2)	discontinuing	D4(4)
management	D2-3	effects of	C2(1.2.4, 1.5)
small	B4(2)	plan	A4(4), A5(1), <b>C1-C2</b> , C7(1.3), C8(1.7)
Presenting complaint	C1(1.1)	post-treatment response	C2(1.7)
Products, selling/recommending	D14(1.6-1.7), <b>D15(3-4)</b>	refusal of	A4(20)
Professional		understanding of	A3, <b>A4 (2, 5, 8, 10, 11, 14, 17)</b>
association	B4(3), D7(6)	unnecessary	D14(1.2, 1.4)
boundaries	<b>D16</b>	withholding	D14(1.3)
integrity	<b>D14</b> , <b>D15</b>	Trust	<b>C3(2)</b> , D7(5), D17(1)
judgement	A4(14, 17), B3(1), D15(3)	Vaginal examinations/treatment	A2(6), A4(9)
manner	D4(3)	Work environment	D8(2)
position	<b>D16</b> , <b>D17</b>		
Professionalism	<b>D1-18</b>		
Public health, promoting	<b>D11</b>		
<i>Publicity – see Advertising and publicity</i>			
Records	A4(9), C6(8), C7(2.1) <b>C8</b> , <b>D6(3-4)</b> , <b>D8(1, 2.2, 9)</b> , <b>D17(2.7)</b>		
access to	<b>D6(2)</b>		
data protection	<b>D6(5)</b>		
financial	D15(5)		
handover of care	<b>D8(1)</b>		
recording advice given	C8(1.6)		
recording chaperone in	C8(1.14)		
recording consent in	A4(9), C8(1.8), D8(9.5)		
recording student/observer in	<b>D8(9)</b>		
retention of	<b>D6(3-4)</b> , D8(2.2)		
security of	<b>D6(1, 3-4)</b>		



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