

F  **R** **E**

FORUM FOR
OSTEOPATHIC REGULATION
IN EUROPE



EFCOP

EUROPEAN
FRAMEWORK FOR
**CODES OF
OSTEOPATHIC
PRACTICE**

“Improving patient safety will bring benefits in driving up standards and quality throughout Europe.

It will also help to improve the confidence of patients in healthcare wherever they are across the Union.”

Markos Kyprianou
European Commissioner for Health

Forum for Osteopathic Regulation in Europe

The Forum for Osteopathic Regulation in Europe (FORE) brings together national Registers and Competent Authorities for osteopathy across Europe.

FORE’s mission is to protect European patients, promote confidence in osteopathic professionals and be at the forefront of healthcare regulation.

As different countries are currently at various stages of recognition / regulation, the work of FORE is fundamental if the osteopathic profession is to successfully face increasing challenges in Europe. One such challenge is increasing mobility of professionals and patients across Europe¹. FORE welcomes increased freedom of movement, but this should not be at the expense of patient safety and quality of care.

For this reason FORE is working to improve information exchange and develop a consensus on standards of osteopathic education, training and practice across Europe.

¹ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications.



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Introduction to EFCOP

The development of European Codes of Practice is being actively encouraged by the European Commission: “Members States shall, in cooperation with the Commission, take accompanying measures to encourage the drawing up of codes of conduct at Community level ...”

[Article 39, Proposal for a Directive on Services in the Internal Market Directive, COM (2004) 2 final]

Whilst healthcare is not within the remit of the proposed Services in the Internal Market Directive², a healthcare services initiative is being developed by the European Commission. This proposal will potentially include reference to the development of Codes of Practice at European level.

Purpose

This European Framework for Codes of Osteopathic Practice is intended as a template, to inform national systems on a voluntary basis.

Whilst this Framework has no legal basis and is not designed to override national law, its aim is to:

- help the profession achieve recognition and regulation where this doesn't currently exist.
- provide patients with a standard of osteopathic care, no matter where they might seek treatment in Europe.

The contents of this document will be kept under review and revised as necessary. Where possible we have indicated if national requirements may provide for more or less stringent measures.

This document underpins the European Framework for Standards of Osteopathic Practice (EFSOP) and standards of education and training in osteopathy.

² Directive 2006/123/EC of the European Parliament and of the Council of 12 December 2006 on services in the internal market.

Underlying principles

Patients must be able to trust osteopaths. The following guiding principles represent the standards of osteopathic practice and care which patients deserve. Osteopaths should:

Make the care of patients the first concern:

- be honest and trustworthy;
- treat every patient politely and considerately;
- respect patients' dignity, individuality and privacy;
- provide appropriate care and treatment;
- never abuse their professional position.

Respect the rights of patients to be fully involved in decisions about care:

- listen to patients and respect their views;
- give patients full information and be sure they understand;
- obtain consent before examination or treatment of a patient;
- ensure patients are aware of their rights, particularly to stop an examination or treatment at any time and be accompanied by a chaperone.

Justify public trust and confidence in the Osteopathic profession:

- recognise and work within the limits of competence;
- maintain and develop knowledge and skills;
- ensure personal values and views do not prejudice patient care
- respond promptly and constructively to criticism and complaints;
- act quickly to protect patients from risk if there is good reason to believe that s/he or a colleague may not be fit to practise.
- respect the skills of other healthcare professionals, communicate and work in co-operation with them for the benefit of patients.

Maintain, respect and protect patient information:

- take full and accurate case histories;
- maintain full and accurate clinical records;
- keep patient information confidential;
- keep all patient records secure.



Trust above all

The guidance in this Framework for a Code flows from the principle that osteopathic practice, like all healthcare, is founded on trust:

- Between osteopaths and their patients
- Between osteopaths and their professional colleagues
- Between osteopaths and other healthcare professionals.

Patients must be able to trust osteopaths with their health and wellbeing. Osteopaths must be able to trust each other to co-operate and maintain the standards of the osteopathic profession. Other healthcare professionals must be able to trust osteopaths to practise to the high standards expected of an osteopath.

Relationships with patients

- 1** Trust is an essential part of the osteopath/patient relationship. An osteopath's professionalism and observance of the ethical standards laid down in national Codes and law will reinforce this trust.
- 2** Patients must be put first. Those seeking help may be anxious and vulnerable. They are unlikely to have an osteopath's professional knowledge and experience and they may have unrealistic expectations about osteopathic care.

The duty of care

- 3** It is fundamental to good osteopathic practice that patients are treated with respect. This, together with an osteopath's professionalism and observance of ethical standards, will earn patients' trust. An osteopath must never abuse this trust. When a patient consults an osteopath, their wellbeing must come first.
- 4** Osteopaths must never allow care to be prejudiced by their views about patients. This includes gender, ethnicity, disability, culture, beliefs, sexuality, lifestyle, age, social status, language difficulties or any other characteristic. An osteopath's own values, beliefs and attitudes must not come before the overriding interest of a patient's wellbeing.
- 5** If an osteopath proposes to examine or treat a patient who has difficulty communicating, s/he must make every reasonable effort to assist this patient. For example, make use of an appropriate interpreter if the patient speaks another language or relies on signing for communication.
- 6** Osteopaths are not under any obligation to accept or to continue to treat a patient. If an osteopath decides that s/he cannot continue treating a patient, they should promptly inform the patient of this decision and use reasonable endeavours to help the patient find an alternative source of care.
- 7** When an osteopath accepts someone as a patient, s/he has a duty to provide them with an appropriate consultation and good quality care. This includes a full case history, examination, investigation, treatment (which must be within the level of competence) and/or referral.
- 8** The patients receiving osteopathic care will rightly expect the osteopath, within reasonable limits, to make themselves available to the patient. Osteopaths should ensure that patients have clear information about practice arrangements. If the osteopath takes a break from practising, s/he should ensure, as far as possible, that their patients have access to another osteopath.
- 9** If an osteopath works in association with other osteopaths, or shares the care of patients with other healthcare professionals, s/he must ensure that there is clear communication with colleagues, and that effective handover procedures are in place.



The contract with the patient

- 10** When osteopaths agree to see a patient they enter into a contractual relationship, the terms of which must be clearly understood and accepted on both sides. It is the duty of the osteopath to ensure, to the best of their ability, during and after consultation, that the patient understands what they can and cannot offer.
- 11** The osteopath's contract with the patient is to take reasonable care, using their professional knowledge and skills to advise or treat. Osteopaths must also take every reasonable step to ensure that anyone assisting in the place of work is competent to carry out the duties delegated to them, aware of their responsibilities, properly trained and supervised where necessary.
- 12** Osteopaths must not delegate osteopathic care to anyone who is not competent to practice osteopathy.

Communicating with patients

- 13** Effective communication between osteopaths and their patients is the key to successful osteopathic practice. It is an osteopath's responsibility to make every reasonable effort to ensure that what they say to patients is heard and understood by them.
- 14** Patients should have osteopath's undivided attention. Osteopaths should make sufficient time available to deal properly with patients' needs. It is essential that osteopaths listen to patients and respect their views and values. Before an osteopath treats a patient, s/he should ensure that they know their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.
- 15** Osteopaths should do all they can to make sure patients know what they can realistically expect from an osteopath. When a patient has unrealistic expectations an osteopath should make this clear to them and explain why they are unrealistic.
- 16** Osteopaths should explain the risks and benefits associated with the particular treatment.
- 17** An osteopath should use their professional judgement to assess what information will most help patients understand their condition and the treatment options available. The use of non-technical language, diagrams and models will assist.
- 18** Osteopaths should encourage patients to ask questions if anything is not clear to them or if they require further information. Osteopaths should encourage patients to take an active part in any decisions that need to be made.

Undue influence on patients

- 19** Osteopaths should be aware that a patient seeking healthcare may be vulnerable and open to persuasive influences. Osteopaths must not exploit such a situation. This would be a serious breach of trust. Examples of this might be:
 - subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest
 - deliberately withholding necessary investigation, treatment or referral
 - prolonging treatment beyond what is appropriate
 - putting pressure on a patient to obtain other professional advice or to purchase a product that will bring financial reward
 - recommending any professional service or product solely for financial gain
 - charging unreasonable fees, or failing to provide information about fees and associated costs until these have been incurred
 - borrowing money, or any other benefit that brings financial gain, from patients.

Consent

- 20** Patients have a right to determine what happens to them and consent is their agreement to an osteopath to provide the care that s/he proposes. Obtaining consent is a fundamental part of osteopathic practice and is usually a legal requirement.
- 21** Before an osteopath examines or treats patients s/he must obtain their consent. For example, consent should be specific, informed and given by the patient or, in the case of children who are not competent to consent for themselves, by a parent or legal guardian.
- 22** Patients are entitled to choose whether or not to accept an osteopath's advice or treatment. Before going ahead, osteopaths should ensure, to the best of their ability, that the patient has understood what they have said and agrees to the examination or treatment. Consent must be voluntary and some patients may need time to reflect on the proposed treatment before they consent to it.
- 23** Obtaining consent is an ongoing process. Patients may change their mind and withdraw consent at any time. Do not assume that a patient has consented to a specific treatment just because they have consented to that treatment in the past.
- 24** It is particularly important to ensure that patients understand and consent to the proposed examination or treatment of any intimate area. Examples may include the mouth, groin, pubis, perineum, breast and anus, but this list is not exhaustive. Osteopaths should be aware that some patients, depending on different cultures and religious beliefs, may regard other areas of their body as 'intimate'.
- 25** Osteopaths may wish to gain written consent for vaginal and/or rectal examinations and techniques. In some jurisdictions, this would be a requirement. It is also advisable to obtain written consent for the examination and/or treatment of other intimate areas.
- 26** National jurisdictions recognise that some patients - because of illness or mental capacity - are not competent to give consent for their own examination or treatment. This is because they may not be able to absorb sufficient information, weigh it up and make an informed decision.
- 27** Osteopaths must discuss the examination and treatment of any adult patient who, in their opinion, is not competent to give consent, with a legal guardian who is involved in the patient's daily care. No adult can provide consent on behalf of another adult but they can indicate whether, in their opinion, the treatment proposed is in the patient's best interest.
- 28** Young people at a certain age (determined by national law) are presumed to be competent to consent for themselves. Persons with parental responsibility cannot override that consent.
- 29** Before an osteopath examines or treats a child, s/he must ensure that they have consent. It is an osteopath's responsibility to assess whether the child s/he proposes to examine or treat is sufficiently competent to provide consent. If s/he is in doubt, consent from a person with parental responsibility should be sought. Osteopaths are strongly advised to involve the child's parent or guardian when obtaining consent, wherever possible, to reduce the risks of allegations of abuse, assault or negligence.
- 30** If the child declines to involve a parent or legal guardian, osteopaths should encourage the child to attend with an adult chaperone.



Examining and treating intimate areas

- 31** Good communication is especially important when an osteopath has to examine or treat intimate areas, which include, but are not limited to, a patient's mouth, groin, pubis, perineum, breast and anus. Some patients may regard other areas of their body as 'sensitive' or 'intimate' and osteopaths should be alert to this.
- 32** Osteopaths should always explain to the patient, clearly and gently, what they need to do and why they need to do it. When an osteopath is sure the patient understands what s/he has said, they should ask whether they agree to the procedure and obtain their consent.
- 33** A chaperone should be offered each and every time an osteopath proposes to examine and/or treat an intimate area, as a patient who may have proceeded on a previous occasion without a chaperone may have reflected on that decision.
- 34** When proposing to undertake any vaginal or rectal examination or technique, osteopaths should schedule the examination and/or treatment for another appointment. This will allow the patient time to understand the procedure, consider the examination and/or technique advised and to raise questions, should they feel the need. This will also provide time for a chaperone to be arranged.
- 35** In all such situations osteopaths must be alert to patients showing unease, and be ready to respond sensitively. Osteopaths should refrain from making any comments that may be construed as inappropriate.
- 36** Osteopaths should respect patients' modesty and provide them with the opportunity to attend to hygiene requirements, both before and after the procedure.
- 37** If it has been necessary for the patient to remove their underwear for an examination or treatment of an intimate area, osteopaths should allow them to put their underwear back on at the conclusion of that particular examination or treatment and before continuing with any other procedure.
- 38** Disposable surgical gloves should be worn when examining or treating the mouth, genitalia, perineum and/or anus.

Patient modesty

- 39** Osteopaths should only ask patients to undress to the minimum level required to undertake an effective examination and/or treatment. An osteopath should always allow patients to dress and undress in private by providing an adequate screen or leaving the treatment room.
- 40** When it is necessary for patients to remain undressed during treatment, an appropriate cover should be provided, such as a towel or blanket. Patients will feel more comfortable and at ease if they are allowed to protect their modesty as far as possible. Osteopaths should not leave patients more exposed than is necessary to perform the procedure. This is particularly important when treating an intimate area.
- 41** The obligation to maintain patient modesty to a professional standard, as indicated in clauses 37 and 38, does not diminish for patients who have a low sense of modesty. It may, however, increase in relation to patients who have a heightened sense of modesty.
- 42** Personal experiences and cultural influences, among other things, will set the level of modesty required for each patient. Such issues may be readily apparent in some patients and not in others.

Chaperones

- 43** A chaperone is a person of the patient's choosing, who, with the patient's consent, will accompany the patient throughout the consultation. This could be a suitable person from the osteopath's practice (but should not be the osteopath's spouse), or a relative or friend of the patient.
- 44** If a chaperone is required and there is no suitable person available, another convenient appointment should be made.
- 45** Osteopaths should always offer the service of a chaperone when examining and/or treating intimate areas, treating a child under the age of 16 (depending on national legal requirements), or treating a patient in their home. If a patient requests a chaperone, an osteopath should allow one to be present, regardless of the type of treatment.
- 46** When a chaperone is present, osteopaths should record this on the consent form and/or the patient's osteopathic record. If the patient does not require a chaperone during examination or treatment per vaginum or per rectum, or of any intimate area, this should be recorded on the consent form and/or the patient's osteopathic records and the patient should be asked to sign the entry at the time the decision is made.

Professional standards

- 47** An osteopath's competence must be borne out by the standard of professional performance throughout their working life. Osteopaths must maintain the standards required by the regulatory / registering body by:
- Regularly and systematically reviewing professional practice in the light of
 - the Standards laid down by the regulatory / registering body
 - the Code of Practice laid down by the regulatory / registering body
 - supplementary guidance issued or approved by the regulatory / registering body
 - pursuing an active programme of relevant continuing professional development (CPD)
 - keeping up to date with changes in the law that affect the practice of osteopathy.
- 48** Osteopaths must always:
- respond promptly, fully and professionally to professional enquiries, such as requests for copies of patients' osteopathic records and to patient complaints
 - co-operate with the regulatory / registering body in the exercise of its functions
 - maintain professional courtesy at all times.

Personal standards

- 49** Proper personal standards are essential. Significant lapses may lead to fitness to practise proceedings by the regulatory / registering body. In some national jurisdictions for example, acts of dishonesty, indecency or violence, conviction in a court of law, drunkenness or drug abuse, may have serious consequences, even if not directly connected with an osteopath's professional practice.
- 50** Osteopaths must not practise if under the influence of alcohol or any other judgement-impairing drug or substance.



Patients' rights in teaching or research

- 51** If an osteopath wishes to undertake research involving patients, s/he may need the approval of a relevant research ethics committee. Osteopaths should, therefore, seek advice from the regulatory / registering body or the institution responsible for governing/overseeing your research. In some national jurisdictions, this would be a requirement.
- 52** An osteopath must obtain a patient's written consent before involving them in research. Osteopaths should give patients the opportunity to take away a written explanation of the research and what it entails. They must be allowed sufficient time to consider their involvement. They have a right to refuse to take part or to withdraw at any time if they so wish.
- 53** Osteopaths must not put any pressure on patients, colleagues, students, employees or anyone else to take part in research. Osteopaths must ensure that patient care is not compromised, whether or not a person takes part in your research. Patients must be put first at all times.
- 54** An osteopath must record research truthfully, keep adequate records and not make claims that s/he cannot substantiate.
- 55** Information used for teaching and research should be anonymised, where possible, and data should be published in an aggregated form concealing patients' identity. Osteopaths must tell the patients involved exactly how the information will be used, and secure their written consent before using confidential information for this purpose. Where patients withhold consent, osteopaths must respect their wishes.

Visual and audio recordings of patients

- 56** In some circumstances, an osteopath may find it helpful to take a visual or audio recording of a patient. Before doing so, the patient should be sufficiently informed of the reasons for this and must be content that the recording is made. The following guidance may assist in this:
- 57** Before taking any form of recording, osteopaths should obtain the patient's written consent, having first explained:
 - why the particular form of recording is necessary
 - the intention for its use
 - who will see and/or hear the recording
 - how and where the recording will be stored
 - how long the recording will be used and kept.
- 58** An osteopath should always use the least intrusive means of recording necessary to achieve the purpose. For example, still photography should be used rather than a video recording if it is not vital to record the patient's movements. Wherever possible, the patient's identity should be masked on photographs that are to be used for teaching or research purposes.
- 59** Osteopaths should ensure, as far as possible, that the storage and transportation of any recording is done securely, safe from loss, theft and unauthorised access.

Home/domiciliary visits

- 60** The guidance in a Code of Practice is particularly important when examining or treating a patient in their own home. An osteopath should take a suitable treatment table and refrain from treating patients on their bed whenever possible. The same level of professional care and delivery in a practice environment is expected. A reference to the home visit should be made in the patient's osteopathic records.

Osteopathic records

- 61** Osteopaths must keep accurate, comprehensive, easily understood, contemporaneous, signed (initialled entries if computerised records) and dated case notes. These notes should be in a form that cannot be amended without it being obvious that changes have been made or can be tracked. The record should at least include:
- the patient's personal details
 - any problems and symptoms reported by the patient
 - relevant medical and family history
 - the osteopath's clinical findings
 - the information and advice provided by the osteopath
 - actual advice given to the patient regarding the risks associated with any proposed examination or treatment
 - the decisions made
 - records of consent and/or consent forms
 - the investigation and treatment provided or arranged, and their results
 - any additional communication in any form with, about or from the patient
 - copies of any correspondence, reports, test results, etc. about the patient
 - reaction to treatments/treatment outcomes
 - reference to any home/domiciliary visit
 - if a chaperone was present or was not required
 - whether a student/observer was present.
- 62** Osteopaths are responsible for the safe keeping of osteopathic notes. Retention of records will be dictated by national requirements.
- 63** There may be legal limitations on the time available for a person to pursue a claim against an osteopath. Retention requirements outlined above should, therefore, be sufficient, even if the osteopath is aware of the possibility of legal action being taken. In such circumstances, however, osteopaths may wish to consult with their professional indemnity insurers and professional association before destroying the records.
- 64** When writing reports, completing forms or otherwise providing any information, osteopaths must always be honest and accurate. Osteopaths must take reasonable steps to verify the information they provide and not mislead by omitting relevant information.



Personal relationships with patients

- 65** Osteopaths must not abuse their professional position by pursuing a close personal or sexual relationship with a patient or someone close to them. This is bound to harm the trust that is crucial between an osteopath and a patient, and may impair clinical judgement and practise.
- 66** It is an osteopath's professional duty not only to avoid putting themselves in such a position, but also to avoid any form of conduct that may be construed as a willingness to enter such a relationship.
- 67** If an osteopath thinks, or there are any signs to suggest, that a close personal or sexual relationship with a patient is developing, s/he must stop treating the patient and end the professional relationship immediately.
- 68** When an osteopath ends the professional relationship, s/he should use reasonable endeavours to help the patient find another osteopath. The osteopath should, with the patient's consent, offer to provide a copy of the patient's osteopathic records to the other osteopath as soon as s/he reasonably can.
- 69** The closer an osteopath's relationship with a person, the more likely their ability to provide objective treatment to them will be compromised. However, it is difficult to make rules about the treatment of friends, particularly for osteopaths who practise within small communities.
- 70** It is an osteopath's duty to maintain clear professional boundaries in relation to the treatment of patients, particularly to ensure that clinical judgement is objective, that s/he is able to obtain all the information s/he needs to make a proper diagnosis, and that s/he makes full and accurate records.

If trust breaks down

- 71** It is an osteopath's responsibility to make every effort to ensure that professional relationships with patients work well. If, for whatever reason, trust breaks down so that the osteopath can no longer offer an appropriate standard of care, s/he or the patient may end the relationship.
- 72** If this happens, the osteopath must use reasonable endeavours to help the patient find an alternative source of osteopathic or other care. With the patient's consent, s/he should provide the new osteopath or healthcare practitioner with sufficient information to take over responsibility for the patient's care without delay.

Complaints

- 73** If an osteopath meets the requirements of the standards of training and practice laid down by the regulatory / registering body, s/he should be able to practise osteopathy safely, competently and ethically. From time to time, however, patients may be dissatisfied with the care they have received.
- 74** Osteopaths should operate a procedure for considering and responding to any complaints against their practice. All staff should be familiar with the procedures adopted and know to whom to direct any complaint.
- 75** Dealing with such matters quickly and effectively will minimise the stress and anxiety for all concerned.
- 76** Osteopaths should ensure that anyone making a complaint knows that they can refer it to the regulatory / registering body and they should co-operate fully with any external investigation. By acting constructively, by allowing the patients opportunity to express their dissatisfaction and by providing sensitive explanations of what has happened and why, the osteopath may prevent the complaint from escalating.
- 77** Osteopaths should inform their professional association and professional indemnity insurers immediately if they receive a complaint.
- 78** A complaint is an opportunity to reflect on the standard of care that was given and it may highlight areas of practice that could be improved.

Problems with health

- 79** If an osteopath knows or suspects their physical or mental health to be impaired so that it affects their ability to practise, s/he must:
- if necessary, stop practising altogether until their medical adviser judges them fit to practise again
 - seek and follow appropriate medical advice on whether, and if so how, s/he should modify their practice
 - inform the regulatory / registering body.
- 80** If osteopaths are exposed to or have any reason to suspect they are carrying a serious communicable condition, they should immediately stop practising and seek advice from an appropriate medical adviser. They should accept and follow any advice that they are given about suspending or modifying their practice. Osteopaths must take all precautions necessary to prevent its transmission to patients.

Relationships with colleagues

- 81** In modern healthcare, professionals often practise in association with others. Patients rightly expect to receive advice or treatment from the practitioner most suited to their needs. Osteopaths should work in co-operation with other osteopaths and healthcare professionals to secure the best care for each individual patient.
- 82** Sole practitioners, in particular, should establish and maintain an effective network of osteopaths and other healthcare practitioners.
- 83** When an osteopath refers a patient to another practitioner s/he must ensure, as far as reasonably possible, that the person to whom they are referring is competent to meet their needs and has professional indemnity insurance. Osteopaths should provide the practitioners whom they are referring the patient with relevant information about the patient, having first obtained the patient's consent to do so.
- 84** Depending on national law, an osteopath may not enter into any relationship to provide osteopathic care with anyone who is not a registered osteopath.



Comments about colleagues

- 85** If an osteopath has justified concerns that a colleague's conduct, health or professional performance poses a threat to patients, s/he has a number of responsibilities in the interests of patients. Osteopaths' duty is to protect patients. If necessary they should, in confidence, inform an employer, the regulatory / registering body or a relevant authority.
- 86** Any comments made about a colleague or other healthcare professional must be honest, accurate and sustainable.

Relationships with patients' medical doctors

- 87** Osteopaths should encourage patients to inform their doctor that they are receiving osteopathic treatment and may wish to communicate directly with a patient's doctor, having first obtained the patient's consent to do so.
- 88** An osteopath should always obtain a patient's consent to request or release information held about them. This might include:
- the osteopath's diagnosis
 - the treatment provided by the osteopath
 - the patient's response to treatment
 - a request for investigations or results of tests already carried out by the doctor
- 89** Any communication should be undertaken in a professional manner and recorded in the patient's osteopathic records.

The principles of confidentiality

- 90** Patients have a right to expect that osteopaths will observe principles of confidentiality and any relevant rules laid down by the regulatory / registering body. Unless osteopaths do so, patients will be reluctant to give the information needed to provide good care.
- 91** In normal circumstances, an osteopath should keep confidential patients' identities and other personal information s/he learns and records, along with the opinions the osteopath forms in the course of their professional work. This duty extends to the osteopath's staff and survives the death of any patient.
- 92** Similarly, osteopaths should not release or discuss the personal information, medical details or care of a patient with their partner or family members unless they have the patient's consent to do so.
- 93** Osteopaths must ensure that the confidential information for which they are responsible is at all times secure against loss, theft and improper disclosure.
- 94** An osteopath may release confidential information if a patient, or someone appointed on their behalf, gives specific permission, in writing, to disclose it. It may not always be necessary to disclose all the information held on a patient. When seeking a patient's consent to disclose information about them, the osteopath must make sure they understand the extent of what they will be disclosing, the reasons for doing so and the likely consequences.
- 95** Osteopaths must explain to patients the circumstances in which information about them is likely to be disclosed to others in the workplace and involved in their healthcare. Osteopaths should allow them to withhold permission for this if they wish. Osteopaths must advise healthcare workers to whom you disclose information that they must also respect the patient's confidentiality.

Disclosures without consent

- 96** Osteopaths must not disclose confidential information about the patient without their consent, unless compelled to do so by order of the court or other legal authority or in the public interest.
- 97** Disclosures without consent may be necessary in the public interest - when duty to society overrides duty to the patient. This will usually happen when a patient puts themselves or others at serious risk, for example by the possibility of infection, or violent or serious criminal act.
- 98** An osteopath may at times, in the interests of patient's health, need to share confidential information with the patient's medical adviser, legal guardian, or close relatives. In exceptional circumstances osteopaths may do this without consent; for example, if the patient is incapable of giving consent or unreasonably refuses, or if it is undesirable on medical or other grounds to seek consent. If this situation occurs, osteopaths are advised to seek guidance from their professional association, professional indemnity insurers or the regulatory / registering body prior to disclosure.
- 99** If an osteopath decides to disclose information without consent, s/he should disclose the minimum amount of information necessary in the circumstances. But before doing so, they should, if possible, make every reasonable effort to advise the patient what action is proposed and explain the reasons for it. Osteopaths may wish to first take legal advice and should record carefully in the patient's osteopathic records the information disclosed, to whom it was disclosed and the reasons for disclosure. The osteopath must be able, if necessary, to justify their actions.
- 100** A court of law may order an osteopath to disclose information without the consent of the patient. If this happens s/he should only release the information requested. Osteopaths may wish to take legal advice in these circumstances.
- 101** An osteopath may need to allow an Inspector of Taxes to see their practice financial records. To protect patients' confidentiality, financial information should be kept separate from clinical notes.

Data protection

- 102** Any patient records that an osteopath keeps are likely to be subject to data protection legislation. The osteopath may have to register with an appropriate body as a result.

Access to records

- 103** Patients have the right of access to information in their healthcare records held by professionals such as osteopaths. This right extends to people appointed by or on behalf of a patient, and to duly authorised representatives of deceased patients. The method and timescales for disclosure will be governed by national legislation.



What the law requires

104 Osteopaths must act within the national law at all times. The national law properly provides a number of safeguards to protect the interests of patients consulting healthcare professionals. It is an osteopath's responsibility to ensure that s/he understands their legal obligations and to keep up to date with any changes that may affect their practice. If an osteopath is ever in doubt, they should take legal advice and/or consult their professional association. This framework document is intended as outline guidance and is no substitute for the full legal advice osteopaths may sometimes need to obtain.

The right to practise

105 In some European countries, osteopathy is a regulated profession with a protected title only qualified and registered practitioners can use.

106 In those Member States currently seeking regulation status, whilst the title 'osteopath' is not protected, registration with a voluntary osteopathic body is considered best practice. This provides patients with a reassurance of osteopaths' standards of training and practice.

107 Osteopaths wishing to practise outside their national jurisdiction should first check the legal requirements for doing so. These may vary from one country to another.

Criminal convictions

108 Osteopaths may be required to notify their regulatory / registering body if convicted of a criminal offence. This will be dictated by national criminal law and osteopaths will need to follow the professional requirements in that particular country.

Civil proceedings

109 If court proceedings are issued against an osteopath in relation to the practice of osteopathy, they should notify the regulatory / registering body. This procedure will be dictated by national requirements.

Other professional bodies

110 If osteopaths are subject to any investigation or adverse decision by a professional body, whether in healthcare or otherwise, they must notify the regulatory / registering body.

Professional indemnity insurance

111 Osteopaths should have adequate professional indemnity insurance. Failure to maintain professional indemnity insurance may be considered to constitute unacceptable professional conduct by the regulatory / registering body.

Legal limitations on what an osteopath can do

112 National laws may prohibit or restrict osteopaths from doing a number of things, depending on the particular country. These may include:

- advertising treatments for certain conditions
- performing certain procedures (e.g. procedures during childbirth)
- prescribing, providing or administering prescription-only medicines
- signing certificates that require the signature of a medical doctor
- treating animals, except on a referral by a veterinary surgeon.

113 Osteopaths may practise as a member of another healthcare profession only if they are recognised by that profession as competent to do so, are registered with an appropriate body and hold adequate professional indemnity insurance.

Financial and commercial activities

114 In all financial and commercial activities osteopaths must be honest and reliable. Business affairs must not influence osteopaths' attitudes towards patients or compromise the care they provide.

115 Where national law permits, osteopaths may recommend products or services to patients but must, at the time of recommendation, declare to the patient any financial benefit s/he may receive for this. An osteopath must only recommend products or services that will, in their professional judgement, benefit patients.

116 Osteopaths should declare to patients any financial or other benefit they receive for introducing their patient to other professionals or commercial organisations. An osteopath must not allow such an organisation to use his/her name for promotional purposes.

Insolvency

117 Depending on the national jurisdiction, osteopaths may be required to notify their regulatory / registering body if they:

- are or have been declared bankrupt or a bankruptcy petition has been filed against them
- have entered a voluntary agreement with creditors
- are a director or major shareholder in an insolvent company or one against which a winding-up petition has been filed, or a former director of one that has been wound-up on grounds of insolvency
- are a partner in an insolvent partnership
- have a court judgment against them for the recovery of a debt.



Practice information

- 118** All advertising must be legal, decent, honest and truthful and must conform to the current guidance, provided by the regulatory / registering body and official national advertising guidelines.
- 119** Osteopaths should provide good quality, factual information about their professional qualifications, practice arrangements and the services provided.
- 120** An osteopath may indicate that s/he has a special interest and that their practice is wholly or mainly devoted to that special interest.
- 121** Osteopaths should not make claims of superiority or disparage professional colleagues or other professionals.
- 122** Osteopaths should not make use of professional titles that they are not qualified to use.
- 123** Provided an osteopath controls the content of their practice information in the ways described above, s/he may publish and distribute the information freely. Publicity should not, however, be generated so frequently or in such a manner as to cause nuisance or put those to whom it is directed under pressure to respond.

Fees

- 124** All osteopaths should charge fees responsibly and in a way that avoids bringing the profession into disrepute. Osteopaths should ensure patients are aware, in advance of consultations and treatments, of the fees charged, indicating what each fee covers. The fee rate should relate to the treatment the osteopath provides and should not be inflated in respect of patients whose treatment will be paid for by an insurance company or other third party.

Staff

- 125** Osteopaths are responsible for all the staff they employ in their clinic, their conduct, and any guidance or advice they give to patients. This includes administration and housekeeping staff. Osteopaths should ensure they understand and comply with the requirements of their national Code, in particular those that relate to:
 - patient confidentiality
 - retention of medical records
 - relationships with patients, professional colleagues and other healthcare professionals
 - complaints
 - the work environment
 - health and safety
 - disability and race discrimination plus any other relevant legislative requirements.

The work environment

- 126** An osteopath's practice premises should be clean, safe, hygienic, comfortable and appropriately equipped. S/he should ensure that the environment is conducive to effective osteopathic treatment and to the comfort, privacy and dignity of patients.

Disability and race discrimination

127 Depending on national jurisdictions, osteopaths and osteopathic practices may need to comply with legal requirements specifically relating to race and disability discrimination.

Health and safety legislation

128 Depending on national jurisdictions, osteopaths and osteopathic practices may need to comply with relevant health and safety requirements.

Students and junior colleagues

129 If an osteopath is responsible for an associate or assistant, s/he must provide professional support and adequate resources to them so that they are able to offer appropriate care to their patients. The osteopath must not put them under any undue pressure or expect them to work excessive hours or to provide treatment beyond their competence. If an osteopath has special responsibilities for teaching s/he should ensure that s/he develops effective teaching skills.

130 Osteopaths may 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. Osteopaths must not allow such an observer to treat a patient.

131 If an osteopath has an osteopathic student - a person enrolled on a pre-registration course recognised by the regulatory / registering body - at his/her practice, the osteopath has a number of responsibilities:

- the student should be fully supervised by the osteopath during any osteopathic examination, treatment or advice that they give
- the osteopath is responsible for the student's conduct and for ensuring that adequate professional indemnity insurance is in place to cover the student's activities
- the osteopath should ensure that the patient is fully aware of the student's status.

132 Osteopaths should record in the patient's osteopathic records:

- the fact of the observer's/student's presence
- the observer's/student's status and identity
- the patient's consent to the observer/student being present
- details of any examination carried out by the student
- details of any treatment administered by the student
- the patient's consent to such examination or treatment.

133 Similarly, if an osteopath trains junior colleagues s/he must make sure that their care of patients is properly supervised and that adequate professional indemnity insurance is in place.

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This document was ratified by the following FORE organisations on 29 October 2006 in Helsinki:

Associação de Portuguese de Osteopatas (P)
Association of Osteopaths in Ireland (IRL)
Associazione Medici Osteopati Italiani (I)
Danske Osteopater (DK)
European Federation of Osteopaths
Federazione Sindacale Italiana Osteopati (I)
General Osteopathic Council (UK)
Irish Osteopathic Association (IRL)
Nederlandse Vereniging voor Osteopathie (NL)
Norsk Osteopat Forbund (N)
Österreichische Gesellschaft für Osteopathie (A)
Registre des Ostéopathes de France (F)
Registro de Osteópatas de España (E)
Russian Register of Osteopaths (R)
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© Forum for Osteopathic Regulation in Europe 2007
c/o Osteopathy House
176 Tower Bridge Road
London SE1 3LU
United Kingdom
Email: foresecretariat@osteopathy.org.uk
Website: www.forewards.eu