Osteopathy Canada

Standards of Practice for Membership

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Introduction

The *OSTCAN Standards of Practice for Membership* are composed of both the *Competencies* and the *Standards of Practice* for member Osteopathic Manual Practitioners (OMPs) of the association. This document presents all the standards and competencies required of member OMPs to promote patient health and wellbeing and to protect them from harm. The document outlines the safe, competent and ethical practice of manual osteopathy.

Format

In this document, the *Competencies* are the skills and attributes required for the safe practice of manual osteopathy. *The Standards of Practice for membership* outline the expectations and requirements for the conduct of members. The supporting *Guidance* outlines how these requirements may be achieved.

The standards and guidance are arranged in four main categories:

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, osteopathic manual practitioners are expected to comply. Failure to do so may put the osteopathic manual practitioner at risk of expulsion or discipline from OSTCAN.

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 osteopathic manual practitioners’ control that affect whether or how they comply with the guidance. The osteopathic manual practitioner must use their professional judgment to take a view, in light of the circumstances.

The term ‘may’ is used in the Guidance to indicate that osteopathic manual practitioners have a choice as to whether to carry out certain actions or not. The osteopathic manual practitioner must use their professional judgment to take a view, in light of the circumstances.

Scope of Practice

Recognize and work within the limits of your training, competence and the scope of practice of osteopathic manual therapy.

The Scope of Practice for Osteopathic Manual Therapy is as follows:

1. The practice of Osteopathy is a manual therapeutic science based upon verifiable knowledge of the structure and function of the human mechanism.

2. The goal of osteopathic treatment is to readjust the body by removing structural obstruction, restoring motion capacity and allowing neurovascular and lymphatic supply to function freely.

3. The practice of Osteopathy stands apart from the science of medicine which treats the symptoms of medical pathology. Diagnosis based on symptoms remains within the domain of medicine and not Osteopathic Manual Practice.

4. Osteopathic treatment follows an objective structural diagnosis by the practitioner.

5. Osteopathy applies this knowledge in practice through manual manipulation without the use of artificial stimulation or other adjunctive modalities.

GUIDANCE

1. You should never exceed the scope of practice when assessing and treating a patient. If a patient’s particular situation requires treatment that is outside of your scope of practice then you will have to tell the patient and refer him or her to the health professional who is qualified to treat the patient.

2. Even if the treatment of a particular patient does fall within the scope of practice for manual osteopathy you should still use your professional judgment to assess whether you have the training, skills and competence to treat a patient.

3. If not, you should consider:
    a. Seeking advice or assistance from an appropriate source to support your care for the patient.
    b. Working with other osteopathic manual therapists and healthcare professionals to secure the most appropriate care for your patient.
    c. Referring the patient to another osteopathic manual therapist or appropriate health care professional, if you reasonably believe that professional to be competent.

Category A: Communication and Patient Partnership

Standard 1 - Communication

COMPETENCY

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

You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient. Listen to patients and respect their concerns and preferences.

Your skills should include the ability to:

A. Sensitivity to the range and forms of communication.

B. Select effective forms of communication.

C. Move between different forms of communication for individual patients.

GUIDANCE

1. Poor communication is at the root of most complaints made by patients against osteopathic manual practitioners. 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 indicates 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 minimize interruptions while you are with a patient.

5. Good communication is especially important when you have to examine or treat intimate areas (i.e., breast tissue, face, abdomen, buttock). 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. Consent must be granted by the patient.

6. Before examining or treating a patient, you should ensure that they understand:

a. Their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.
b. What they can realistically expect from you as an osteopathic manual therapist or why their expectations may be unrealistic.

7. 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.

8. Using diagrams, models and non-technical language may help to explain particular treatments and risks.

9. 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.

10. Patients may refer to Osteopathic Manual Practitioners as a 'doctor' or 'physician' or 'osteopath' (which is a protected title in Alberta, British Columbia and Ontario). In these instances, the osteopathic manual practitioner should make the effort to clarify and communicate that we are not medical doctors or osteopathic physicians.

11. The communication of your practice and the materials used is also very important to be clear and correct. Any clinic materials (website, brochures, advertisements, etc.) should be very clear that osteopathic manual therapy is solely in a manual capacity. Keywords and acronyms that are

associated with Medical Doctors (MD), physicians, Osteopathic Physicians or Doctors of Osteopathy (D.O.) must not be used in your communication as these are protected titles.The title “Osteopath” must not be used in jurisdictions where it is a protected title and its use should be avoided in jurisdictions where the title is not protected to prevent confusion with a Doctor of Osteopathy.

12. When communicating to your patient about their complaint, do not convey the osteopathic assessment with reference to a medical condition or medical diagnosis. In some jurisdictions, making any medical diagnosis is a controlled act and therefore against the law. In jurisdictions where making a medical diagnosis is not a controlled act or otherwise impermissible, doing so should still be avoided as osteopathic manual therapy is not the practice of medicine. Members should avoid using the term “osteopathic diagnosis” and should use instead the term “assessment”.

Standard 2 - Informed Consent

COMPETENCY

You must obtain informed consent before examination and treatment.

GUIDANCE

1. For consent to be informed:

    a. the patient must have received the information that a reasonable person in the same circumstances would require in order to make a decision about the treatment;
    b. the patient must have received responses to his or her requests for additional information about those matters;
    c. the patient must be able to understand the information that is relevant to making a decision about the treatment; and
    d. the patient must be able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

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.

3. The type of information that needs to be provided to a patient in order to obtain his or her consent to treatment and it is as follows:

    a. The nature of the treatment;

    b. The expected benefits of the treatment;

    c. The material risks of the treatment;

    d. The material side effects of the treatment;

    e. Alternative courses of action; and

    f. The likely consequences of not having the treatment.

4. 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 disciplinary proceedings in accordance with the bylaws.

5. Where your structural assessment/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.

6. 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.

7. 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.

8. 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.

9. The law recognizes 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 comprehend the information and make an informed decision.

10. When an adult lacks mental capacity, decisions about their treatment must be taken in their best interests and in accordance with relevant legislation.

11. 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. In every province except Quebec (where the age for consent is established in the Civil Code as 14) there is no age of consent.

12. 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. 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.

13. 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 judgment in assessing the capacity of each patient under 16 years of age. You are strongly advised, wherever possible, to involve the child's parent or guardian when seeking consent.

14. If a child or young person with capacity gives their consent to treatment, a parent or guardian cannot override that consent.

15. If a child or young person lacks the capacity to consent, you should ask for their parent's or guardian's consent to treatment.

16. 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 judgment 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.

17. 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.

Standard 3 - Professional Partnership with Patient

COMPETENCY

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

2. 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.

3. The most appropriate treatment for patients will sometimes involve:
    a. Referring them to another osteopathic manual practitioner or other healthcare professional.
    b. Providing advice on self-care.
    c. Not treating them at all.

GUIDANCE

1. Supporting patients in caring for themselves includes:
    a. Encouraging them to inform their medical physician and other healthcare practitioners that they are receiving osteopathic treatment and asking them whether you may communicate with their physician on their behalf.

    b. Allowing them to make their own decisions about their care, even if you disagree with those decisions.

Standard 4 - Patient Records & Documentation

COMPETENCY

1. Document the essential information regarding initial assessment, treatment and any changes in patient health.

2. Practitioners shall provide copies of patient records if required by law.

GUIDANCE

1. Upon or prior to initial patient appointment, an *Initial Patient Intake Form* must be provided by the practitioner and completed by a new patient (or parent/guardian of a new patient).

2. In order to improve accuracy of patient records over time, practitioners should regularly ask patients if there have been changes to their health status and patients should also be encouraged to share these changes with their family physician.

3. Practitioners must indicate patient name, treatment date, fee for the treatment in the records. Practitioners should indicate the patient's' *Chief Complaint* & relevant notes reflecting treatment rendered. It is important to record any contraindications (relative or absolute) and/or red flags as these details will aid to ensure patient safety.

4. Patient records should be written in pen if recorded by hand or may be recorded by computer entry. Digital records may be prepared via software/program and retained by a secure server. Entries should reflect the date on which they are made.

5. To ensure confidentiality, physical records must be stored in a locked, safe place where they cannot be accessed by anyone other than the practitioner or his or her staff.

6. Records maintained by the practitioner should be retained for 10 years after treatment with the patient ceases. If the practitioner works as an employee or independent contractor of a clinic that maintains records on behalf of the practitioner, the practitioner should ensure that the clinic maintains the records while employed or otherwise affiliated with the clinic and shall take reasonable steps to ensure that the records are retained for 10 years after treatment with the patient ceases, even if the practitioner ceases to be employed or otherwise affiliated with the clinic.

Category B: Knowledge, Skills & Performance

Standard 5 - Professional Development

COMPETENCY

Keep your professional knowledge and skills current.

GUIDANCE

1. You should keep your professional knowledge and skills up to date by:
   a. Committing to and undertaking Continuing Education Units (CEU).
   b. Monitoring the quality of the manual osteopathic care you deliver and acting on the findings. This could be achieved through:
      i. Self-reflection
      ii. Feedback from patients
      iii. Feedback from colleagues
      iv. Case analysis or clinical audit
      v. Keeping up to date with contemporary advice related to osteopathic healthcare and integrating this into your clinical practice

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

3. It may also be helpful for sole practitioners to discuss critical incidents and complaints with other colleagues or through their professional organization, to aid learning.

Standard 6 - Declare Professional Continuing Education Units

OSTCAN requires 12 (CEU) hours per year as outlined in the by-laws.

GUIDANCE

Upon membership renewal, you should complete the form declaring your earned CEUs in order to renew your professional membership in good standing.

Standard 7 - Competency

COMPETENCY

Ethically an osteopathic manual practitioner must understand osteopathic concepts and principles, and apply them critically to patient care.

GUIDANCE

1. This should include:
    a. A comprehensive understanding of the principles and concepts of manual osteopathy to inform and guide rational clinical decision-making.
    b. The ability to use a range of osteopathic approaches to address a range of health issues.
    c. The ability to consider the patient as a whole.
    d. Highly skilled in palpation (touch).

2. Your knowledge and skills should be drawn from approved formal training, research and other sources such as self-reflection or feedback. To be sufficient they should include but not limited to:
    a. Knowledge of human structure and function sufficient to recognize and interpret clinical signs of dysfunction and develop appropriate treatment and rehabilitation strategies.
    b. The ability to recognize where a presenting problem may mask underlying pathologies.
    c. Knowledge of human disease sufficient to inform clinical judgment and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional.
    d. Sufficient knowledge of psychology and social determinants of health to provide context for your clinical decision-making and patient management.
    e. An understanding of the principles of biomechanics sufficient to apply osteopathic techniques safely and effectively.
    f. Advanced & well-developed palpatory skills.
    g. Understanding and 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.

h. The ability to determine changes in tissues and joint movement by the appropriate use of observation, palpation and motion evaluation.

i. 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.

j. The ability to protect yourself physically and psychologically during interactions with patients to maintain your own health.

k. The ability to critically appraise osteopathic practice. For example, this could be achieved through self-reflection

Category C: Safety & Quality in Practice

Standard 8 - Patient Care

COMPETENCY

Care, respect and understanding for your patients' health and undertake the responsibility and commitment to improve their health. Always be polite and considerate with patients and provide appropriate care and treatment.

GUIDANCE

1. Be cognisant 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. Strive to foster trust, and demonstrate professionalism by understanding the health circumstance.

2. Providing appropriate care and treatment includes:
    a. Taking a full case history.
    b. Conducting appropriate clinical investigations.
    c. Wearing clothing that does not restrict your ability to perform treatments.
    d. Formulating a working structural assessment
    e. Providing effective and efficient quality treatments

f. Referring patients' to other health professionals where appropriate depending on your professional judgment

Standard 9 - Patient Protection

COMPETENCY

Knowing what to do and how to act quickly to help patients and keep them from harm.

GUIDANCE

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:
    a. Discussing your concerns with the colleague or practitioner.
    b. Reporting your concerns to other colleagues or the principal of the practice, if there is one, or to an employer.
    c. If the practitioner belongs to a regulated profession, reporting your concerns to his or her regulatory body.
    d. If the practitioner belongs to a voluntary association, reporting your concerns to that body.
    e. Where you have immediate and serious concerns for a patient, reporting the colleague to the police.
    f. In cases where a patient has been harmed or may be harmed by the conduct of a member, you must report this to OSTCAN. This includes but is not limited to sexual and/or physical abuse by the member of the patient, incompetence and incapacity of the member due to drugs, alcohol or mental condition or disorder.

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.

3. You must comply with the provincial laws in your province regarding the reporting of suspected child abuse, harm or neglect.

4. You must report cases of abuse, harm or neglect of vulnerable adults (adults with physical or mental disabilities, or the elderly) to the police.

Standard 10 - Controlled/Authorized Acts or Restricted acts/activities

COMPETENCY

Controlled/ authorized acts or restricted acts/ activities must not be performed at any time.

GUIDANCE

1. Controlled/authorized acts or restricted acts/activities

Osteopathic manual practitioners are not regulated professionals and accordingly cannot under any circumstances perform acts that are reserved to regulated health professionals under provincial law. Depending on the jurisdiction, these are referred to as controlled acts, authorized acts, restricted acts or restricted activities. Osteopathic manual practitioners who perform these acts or activities will be breaking the law and may be prosecuted, fined or have injunctions brought against them by regulators.

2. Use of Titles

Osteopathic manual practitioners must not refer to themselves as “Doctors”, “Doctors of Osteopathy”,or “D.O.s”. These titles are reserved by law for particular regulated health professions such as medicine and dentistry. In Alberta, British Columbia and Ontario they cannot refer to themselves as “Osteopaths”. It is recommended however, that practitioners in the jurisdictions where the title “Osteopath” is not protected refrain from using this title to avoid being confused with a doctor of osteopathy.

All members are required to comply with the law in the jurisdiction in which they reside and /or practice. Osteopathy Canada does not grant licenses. Osteopathic manual practitioners can only identify themselves as *Osteopathic Manual Practitioners* or *Osteopathic Manual Therapists*. Using any of the titles referred to above may result in the following consequences:

1. Provincial prosecution by a regulatory college;

2. Civil proceedings by a college for an injunction;

3. Payment of fines and legal fees; and

4. Expulsion from the provincial association.

CATEGORY D: Professionalism

Standard 11 - Professional Ethical Boundaries

COMPETENCY

Make sure your beliefs and values do not prejudice your patients' care. You must comply with equality and anti-discrimination laws.

GUIDANCE

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.

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 osteopathic manual practitioner.

3. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient.

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 must make your best efforts to transfer their care to another osteopathic manual practitioner. Examples of cases where members may refuse to accept someone as a patient or declining to continue their care
   are as follows:

   a. They are or become aggressive.
   b. They behave or have behaved inappropriately with you such as touching you, using inappropriate language or engaging in inappropriate conversation.
   c. They do not have confidence in the care you are providing.
   d. They appear to have become inappropriately dependent on you and do not respect the practitioner/ patient boundaries.

5. You should be familiar with the requirements that are placed on you by equality and anti-discrimination legislation.

Standard 12 - Patient Privacy & Confidentiality

COMPETENCY

Provide safety and trust for patients to share personal and sensitive information with the practitioner.

GUIDANCE

Respect your patients' rights to privacy and confidentiality.

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:

a. Keeping confidential your patients' identity and other personal information, and any opinions you form about them in the course of your work.

b. Ensuring that your staff/colleagues keep such information confidential.

c. Ensuring that the information is kept confidential even after the death of a patient.

d. 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.

e. Ensuring that such information is securely protected against loss, theft and improper disclosure.

2. Patients are entitled to see their records and you should assist them with this if such a request is made.

3. You should have adequate and secure methods for storing patient information and records. Patient records should be kept:
   a. For a minimum of ten years after their last consultation.
   b. If the patient is a child, ten years after their eighteenth birthday.

4. You should make arrangements for records to continue to be kept safely after you finish practicing, or in the event of your death. Patients should know how they can access their records in such circumstances.

5. You must comply with the law in your province on data protection.

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:

a. 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.
b. Allow them to withhold permission if they wish.
c. If they agree, ask them to provide their consent in writing or to sign a consent form.
d. Advise anyone to whom you disclose information that they must respect the patient's confidentiality.
e. 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?

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:
   a. 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.
   b. 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.
   c. 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.

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). You must immediately disclose any information regarding allegations or findings of criminal offences, professional misconduct and/or incompetence to OSTCAN.

9. All applicants for membership and for members renewing their membership must submit a “CLEAR” Vulnerable Sector Check (VS Check) with their application or application for renewal. The VS check will be completed every 3 years starting from 2018. i..e. 2021, 2024, 2027 and so on. New members will complete the VS Check as part of the application process to OSTCAN and again on the next set VS Check year date regardless of when the initial check was completed. A Canadian Police Information Centre (CPIC) check is not acceptable.

10. Any disclosures of information should be proportionate and limited to the relevant details.

Standard 13 – Practitioner Health & Patient Care

COMPETENCY

Ensure that your own health conditions do not affect your patients.

GUIDANCE

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:
    a. Seek and follow appropriate medical advice on whether, and if so how, you should modify your practice.
    b. If necessary, stop practicing altogether until your medical adviser judges you fit to practice again.
    c. If you are exposed to a serious communicable disease and you have reason to suspect you are a carrier, you should immediately stop practicing 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.

Standard 14 – Compliance with Health & Safety Legislation

COMPETENCY

Practices to ensure compliance with health and safety legislation.

GUIDANCE

Promoting public health includes being aware of the following:

1. Your practice premises should be clean, safe, hygienic, comfortable and appropriately equipped.

2. There are detailed requirements in law for health and safety in the workplace.

3. You should have adequate professional liability insurance of no less than $3,000,000.

Standard 15 – Declaration of Professional Misconduct & Completion Vulnerable Sector Check

COMPETENCY

GUIDANCE

1. A VS Check is an enhanced criminal record check that provides more information than CPIC check. It includes a check of national databases maintained by the RCMP and local police records where the applicant lives.

2. Positive VS Check: In the event that the VS Check reveals information, allegations or convictions about the report will be referred to the Board of Directors to be assessed. The assessment will consider the amount of time that has passed since the conduct occurred, the age of the applicant at the time, the nature and seriousness of the conduct and its relevance to the profession of osteopathic manual therapy, and any mitigating circumstances and conduct since the conduct occurred.

3. You must immediately inform OSTCAN as soon as any of the following occurs:
    a. You are charged, anywhere in the world, with an offence relating to:
        i. Violence.
        ii. Sexual offenses or indecency.

iii. Dishonesty.

iv. Alcohol or drug abuse.

b. You are convicted of a criminal offence, anywhere in the world.

c. You receive a conditional discharge for an offence.

d. You accept a police caution.

e. You are disciplined by any body responsible for regulating or licensing a healthcare profession nationally or internationally.

f. You resign from a regulatory body in the face of allegations of professional misconduct or incapacity.

g. You are suspended or placed under a practice restriction by your employer or a similar organization because of concerns about your conduct or competence.

h. You are successfully sued for malpractice.

Note: The information reported may be cause for temporary suspension of your professional membership and/or permanent revocation of membership and shall be assessed on a case by case basis by the association's Professional Conduct Committee.

Standard 16 – Integrity in Patient Care

COMPETENCY

Behave with integrity in your professional practice. Do not abuse your professional standing.

GUIDANCE

Acting with integrity means acting with honesty and sincerity. A lack of integrity in your practice can adversely affect patient care. Be honest and trustworthy in your financial dealings, whether personal or professional.

Some examples are:

1. Putting your own interest above your duty to your patient.
    a. Subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest.
    b. Deliberately withholding a necessary investigation, treatment or referral.
    c. Prolonging treatment unnecessarily.
    d. Accepting referral fees.
    e. Putting pressure on a patient to obtain other professional advice or to purchase a product.
    f. Recommending a professional service or product solely for financial gain.
    g. Borrowing money from patients, or accepting any other benefit that brings you financial gain.

2. Allowing misleading advertising and information about you and your practice. You should make sure that:
    a. Your advertising is factual, accurate and verifiable.
    b. The information you provide about your professional qualifications, practice arrangements and the services you provide is of a high standard and factually accurate.
    c. You comply with the permitted titles
    d. 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.

3. You should maintain accurate financial records for your practice.

4. You must not abuse your professional standing. This can take many forms and the most serious is likely to be the failure to establish and maintain appropriate boundaries, whether sexual or otherwise.

5. The failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on patients. This could lead to your expulsion from the Association and is likely to bring the profession into disrepute.

6. When establishing and maintaining sexual boundaries, you should bear in mind the following:
    a. Practitioners must not engage in any sexual conduct or have any sexual contact with their patients.
    b. Practitioners must not date their patients.
    c. Words and behaviour, as well as more overt acts, may be sexualized, or taken as such by patients. For example, you must never communicate in a sexual or flirtatious manner with your words or gestures with a patient whether it is in person, via email, text or social media.
    d. You should avoid any behaviour which may be construed by a patient as inviting a sexual relationship.
    e. Therapeutic physical contact for which valid consent has not been given can amount to an assault leading to criminal liability.
    f. It is your responsibility not to act on feelings of sexual attraction to or from patients.
    g. If you are sexually attracted to a patient you must terminate your professional relationship with him or her and refer your patient to another healthcare practitioner.
    h. 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.

7. Osteopathic manual practitioners who practice 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 judgment is objective and that you can provide the treatment your patients need.

Standard 17 – Respect & Loyalty to Osteopathy

COMPETENCY

Members must uphold the reputation of the profession through their conduct.

GUIDANCE

1. The public's trust and confidence in the profession, and the reputation of the profession generally, can be undermined by an osteopathic manual practitioner's professional or personal conduct. You should have regard to your professional standing, even when you

   are not acting as an osteopathic manual practitioner.

2. Upholding the reputation of the profession may include:
   a. Acting within the law at all times (criminal convictions may be evidence that an osteopathic practitioner is unfit to practice).
   b. Not abusing alcohol or drugs.
   c. Not behaving in an aggressive or violent way in your personal or professional life.
   d. Showing compassion to patients.
   e. Showing professional courtesy to those with whom you work.
   f. Not allowing professional disputes to cause you to fall below the standards expected of you.
   g. Not falsifying records or other documents.
   h. Behaving honestly in your personal and professional dealings.
   i. Maintaining the same standard of professional conduct in an online/digital environment as would be expected elsewhere.

Standard 18 – Respect for Colleagues

COMPETENCY

Support colleagues and cooperate with them to enhance patient care. Keep comments about colleagues or other healthcare professionals honest, accurate and valid.

GUIDANCE

1. Where the care of patients is shared between professionals, you should consider the effectiveness of your transfer procedures. Effective transfers can be done verbally, but it is good practice to make a note of the transfer in the patient's osteopathic records.

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:
    a. Patient confidentiality.
    b. Retention of medical records.
    c. Relationships with patients, colleagues and other healthcare professionals.
    d. Complaints.
    e. The work environment.
    f. Health and safety.
    g. Equality duties.

3. If your practice employs support staff, you should ensure that they are effectively managed and are aware of any legal obligations necessary to fulfill their role.

4. 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.

5. If you have special responsibilities for teaching, you should ensure that you develop effective teaching skills.

6. If you have an osteopathic student at your clinic, you should bear in mind that:
    a. The student should be fully supervised by you while they carry out any manual osteopathic examination, treatment or advice.
    b. 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.
    c. The patient must be made aware of the student's status and consent to their presence before the start of any consultation or treatment.

7. 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 osteopathic manual practitioner or a student of manual osteopathy.

8. Social Media conduct: Maintaining professional boundaries in all forms of communication, technology-related or not, is vital to maintaining the public trust and appropriate professional relationships with the public, colleagues and other health professionals.

9. Electronic messages are not anonymous. They can be tracked, misdirected, and live forever on the internet.
    a. Practitioners can be vulnerable to unintended misuses of electronic communication.
    b. Online identities and actions are visible to the public and can result in serious repercussions or embarrassment personally and professionally.
    c. The consequences with OSTCAN may include membership suspension or permanent revocation of your membership.

Standard 19 - Respect for Other Health Professionals

COMPETENCY

You must consider and respect the contributions of other healthcare professionals outside of manual osteopathy to ensure best patient care.

GUIDANCE

1. To achieve this you should:
    a. Recognize the potential contributions that other healthcare professionals can make to the wellbeing of a patient.
    b. Understand the contribution of manual osteopathy to healthcare as a whole, with particular reference to primary health care.
    c. Critically evaluate the professional opinion of other healthcare professions (both conventional and non-conventional) and consider how these relate to your own practice of manual osteopathy, where this is relevant to your patients' care.

d. Understand the range and limitations of working with other healthcare professionals and have knowledge of referral procedures.

e. Social Media conduct: Maintaining professional boundaries in all forms of communication, technology-related or not, is vital to maintaining the public trust and appropriate professional relationships with the public, colleagues and other health professionals.

   i. Electronic messages are not anonymous. They can be tracked, misdirected, and live forever on the internet.

   ii. Practitioners can be vulnerable to unintended misuses of electronic communication.

   iii. Online identities and actions are visible to the public and can result in serious repercussions or embarrassment personally and professionally. iv. The consequences with OSTCAN may include membership remediation, suspension or permanent revocation of your membership.

2. Effectively participate in the planning, implementation and evaluation of interprofessional approaches to healthcare, where such approaches are appropriate and available.

Standard 20 – Appropriate Use of Social Media

COMPETENCY

Your social media communications must be professional, honest, and respectful.

GUIDANCE

Members who fail to comply with this standard may be disciplined and have their membership in OSTCAN suspended or revoked.

Standard 21 - Zero Tolerance for Fraud

COMPETENCY

Conduct must be of utmost honesty and integrity in your professional practice when receiving compensation for services rendered. Breach of Standard 21 may result in the initiation of the OSTCAN investigation process and may result in temporary membership suspension and/or permanent membership revocation.

GUIDANCE

1. Members who are qualified to practice another profession(s) i.e. Registered Massage Therapy, Physiotherapy, Chiropractic, Athletic Therapy, Naturopathic Medicine, Kinesiology, in addition to manual osteopathy must choose ONE of their professions for billing purposes for each treatment. In other words, members shall not “double-dip” and bill more than once for one particular treatment.

2. Members who are qualified to practice another profession(s) i.e. Registered Massage Therapy, Physiotherapy, Chiropractic, Athletic Therapy, Naturopathic Medicine, Kinesiology, in addition to manual osteopathy may NOT use Osteopathic Manual Therapy as a vehicle for billing other modalities. These modalities include but are not limited to KT taping, shock therapy, ultrasound therapy, laser therapy.

3. If a patient is charged for a missed appointment, the practitioner must clearly mark the receipt with “Missed Appointment/Not Reimbursable by Insurance”. The patient may not claim a missed appointment as though service was rendered and therefore falsely claim compensation through their insurance plan.

4. Members must not allow patients to substitute other family members for their own session and under their name as this would result in a false sharing of coverage which is fraud.

Standard 22- Disclose All Regulated or Unregulated Professional Designations and Modalities to OSTCAN

COMPETENCY

To be transparent and bare the utmost honesty and integrity in your practice.

GUIDANCE

1. Members who are qualified to practice in other professions and modalities must practice these other professions completely separately from their osteopathic practice.
2. All professional practices and modalities must be documented separately and independently from your osteopathic practice.
3. Invoicing and billing must be documented separately for each profession.
4. The clinical practice of osteopathy must be practiced independent of other professions and modalities.