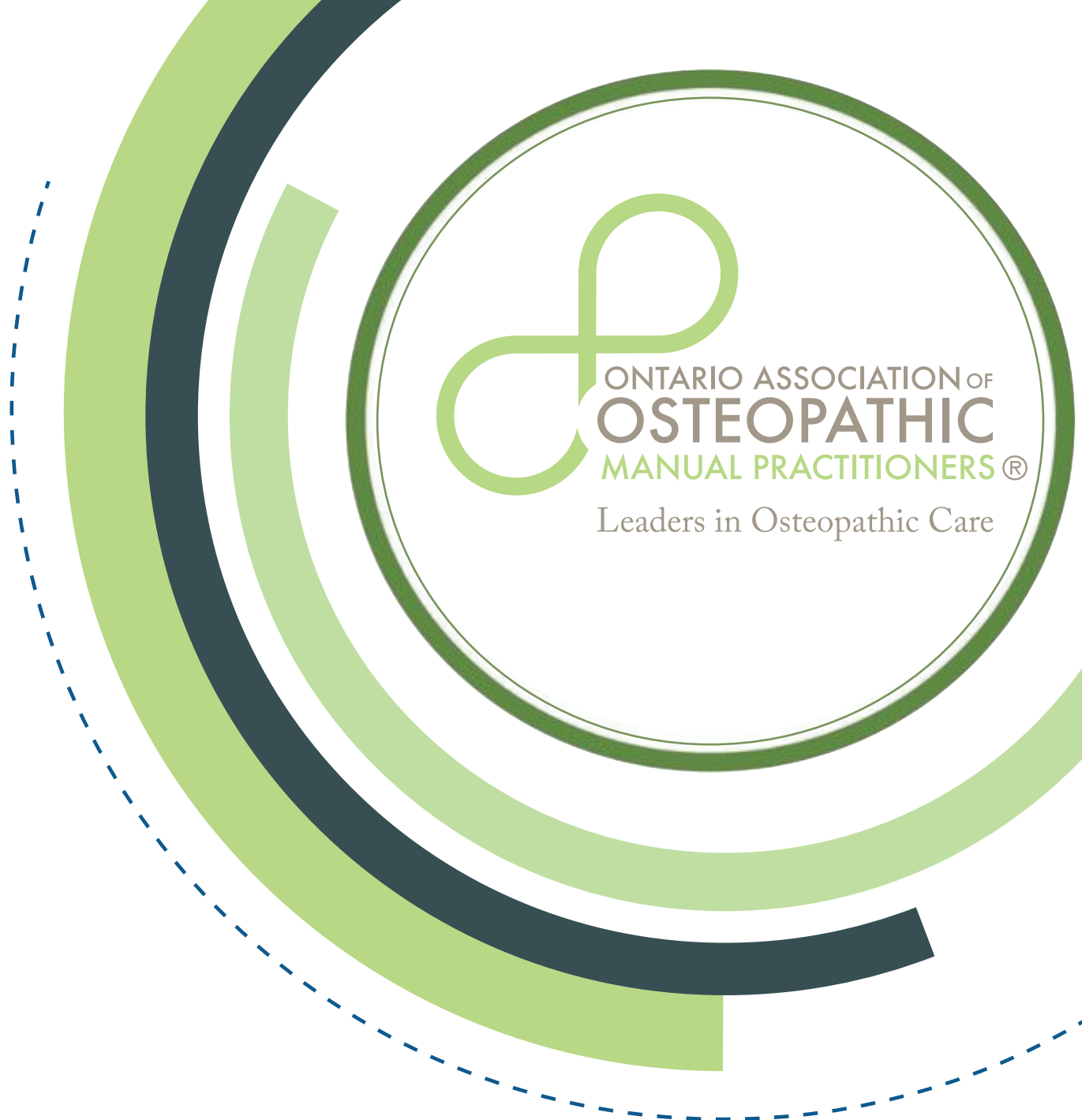


**Osteopathic
Manual
Practitioners**

Standards of Practice





Standards of Practice

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Standards of Practice

Introduction

All categories of membership in the Ontario Association of Osteopathic Manual Practitioners (OAO) hold themselves to high standards of professionalism in their practice, except where otherwise stated. They have extensive education and training in osteopathic practice that meet or exceed the benchmark standards published by the World Health Organization and are dedicated to promoting safe and effective osteopathic assessment and **treatment**.¹

The OAO has developed standards, which are intended to ensure that **patients** of OAO **members** receive safe and effective care, provided in an ethical manner.

As Osteopathic Manual Practitioners are not currently self-regulated in Ontario, these standards apply to OAO members only. These standards are not set in regulation as they would be in the case of a self-regulated profession in Ontario; in which case, the standards would be subject to the *Regulated Health Professions Act, 1991, SO 1991, c 18 (RHPA)* or similar self-regulating legislation.² The OAO has taken the initiative to develop these standards for the benefit of members and their patients. Some members of the OAO may be registrants with a regulatory college or colleges and would therefore be subject to the standards set by that college or colleges.

This document sets out the acceptable professional standards that all Osteopathic Manual Practitioners, who have been accepted as members of the OAO, are expected to follow. OAO's *Standards of Practice* provide a shared understanding of how members of a profession are expected to conduct themselves.³ Members of the OAO are expected to consistently adhere to these standards in their osteopathic practice.

Much research, discussion and consideration has gone into the preparation of this document. An advisory group of OAO members was convened for the purpose of preparing this document. This document has been reviewed by the OAO Professional Practice and Standards Committee in July of 2021. The group reviewed international standards in Osteopathy and the standards of practice of several regulated and non-regulated professions within the province of Ontario. As well, this document draws from the OAO's *Code of Ethics*.⁴

¹ World Health Organization, 2010, Benchmarks for Training in Osteopathy

² Regulated Health Professions Act, 1991, SO 1991, C18

³ Ontario Association of Osteopathic Manual Practitioners, Standards of Practice, Revised September 2021

⁴ Ontario Association of Osteopathic Manual Practitioners, Code of Ethics, October 2013

Relevant stakeholders were consulted on the development of a draft document. The draft document was then vetted and approved by the OAO Board of Directors. This document sets out standards based on ten broad, professional categories or domains:

- 1.0 Professional Conduct & Boundaries
- 2.0 Record Keeping
- 3.0 Business Management
- 4.0 Informed Consent
- 5.0 Patient-Centered Care
- 6.0 Ongoing Professional Competence
- 7.0 Clinical Supervision and Research
- 8.0 Advertising

A Glossary of Terms contains all terms that are written in bold when first (but not subsequently) used in the document.

This is the second published *Standards of Practice* for Osteopathic Manual Practitioners in Ontario.⁵ It is anticipated that this document will continue to evolve and that it will be revised periodically to reflect changes in the health care sector or clinical setting and to address emerging issues.

The OAO may from time-to-time issue additional materials such as guidelines and educational collateral, to help its members interpret the standards, and to assist them in addressing issues in their practice or clinical setting.

These standards are an important component of the documents that guide the practice of the OAO members. These documents are complimented by the OAO's *Practice Guidelines Handbook* and OAO's *Code of Ethics*.⁶ In the event that any statement in this document conflicts with existing legislation, the legislation shall prevail.

⁵ OsteopathyBC (formerly known as the Society for the Promotion of Manual Practice Osteopathy), Professional Code of Conduct

⁶ Ontario Association of Osteopathic Manual Practitioners, Practice Guidelines Handbook, Version 1, 2021

Domain 1.0 – Professional Conduct & Boundaries

Osteopathic Manual Practitioners have both a professional and therapeutic relationship with their patients. They also have an ethical obligation to act in the best interests of their patients. It is important that patients feel safe, comfortable, and respected within the relationship.

It is important for the OAO members to practice within the limits of their knowledge. These limits may change as the OAO members continue to learn and develop their skills over the course of their careers. The OAO members should make referrals to other health care professionals when it is in their patient's best interest.

The OAO members must also recognize when personal issues may render them unable to practice. It is important that the OAO member respect the boundaries of the relationship, and not take advantage of their position as a professional to unduly influence their patients. Members should refer to the OAO's *Practice Guidelines – Sexual Abuse*.⁷

Members should also realize that they have the right to refuse to treat and/or terminate the provision of service to a patient (or their legal guardian or **substitute decision maker**) who is abusive, threatening, impaired, or if the practitioner deems it is no longer appropriate to continue treatment. They can also refuse treatment to a patient, including another member, in certain circumstances.

Members should be cautious about how they represent themselves and/or utilize their designations and titles. For example, the OAO members who have graduated from a private educational institution with a Diploma in Osteopathic (or Osteopathy) Manual Practice sometimes put D.O.M.P. after their names.

In Ontario and other regions, the term 'Osteopath' is a restricted title in legislation. In other jurisdictions, the title of 'Osteopath' is not restricted. The practitioner should confirm what title to use to replace the title 'Osteopath' based on where in Canada the practitioner is located.

In Ontario, legislation restricts the performance of certain controlled acts to regulated health professionals but only if they are qualified to do so. Currently there are fourteen controlled acts, but this list may be modified as more professions become regulated under the *RHPA* as self-regulated professions. For a complete list of controlled acts, see *section 27* in the *RHPA*.

Regulated health care professionals can delegate authority, under the *RHPA*, to perform a controlled act to an OAO member who is regulated or unregulated. The person delegating the authority is responsible for the actions of the person they are delegating the authority to. The OAO member must ensure they are comfortable with the delegation and that they understand the parameters of the act that has been delegated to them. Delegation often

⁷ Ontario Association of Osteopathic Manual Practitioners, *Practice Guidelines – Sexual Abuse*, May 2021

occurs in situations where there are extenuating circumstances, for example, where a person authorized to perform the act is not available, or the person requiring treatment lives in a remote area. It can also occur in team practice settings, where one team member who is authorized to perform the controlled act delegates to another member of the team. In many cases, the person delegating authority would provide coaching to the member.

OAO members also represent the OAO and the profession when they practice. Their actions reflect on the profession as a whole. It is important for members to interact in a professional manner with other members of the profession, colleagues, and stakeholders, and act within their scope of practice.

Overview of the Professional Conduct Standards

The OAO member shall adhere to standards of professional conduct as a means of building a positive relationship with patients, colleagues, and other members of the health care team.

The actions of the OAO member have an effect on individual patient outcomes and the profession as a whole. The OAO members must remain accountable for their actions to the public and the profession.

Standards

The OAO member has:

Responsibility to comply with legislation

- 1.1 Comply with all federal, provincial/territorial, and municipal laws and regulations relevant to their practice as an OAO Osteopathic Manual Practitioner.

Individual responsibilities

- 1.2 Practice within the limits of individual training/qualifications, knowledge, and skills in the field of Osteopathy.
- 1.3 Be accountable for their own actions.
- 1.4 Represent all professional qualifications, designations, and affiliations accurately, and correct misinterpretations of credentials by others immediately.
- 1.5 Refrain from osteopathic practice while impaired in any way.
- 1.6 Refer the patient to other health care providers, including other Osteopathic Manual Practitioners, when it is in the best interest of the patient.
- 1.7 Maintain professional boundaries with patients, students, and other health care professionals.
- 1.8 Can refuse to provide care should the member feel their safety is threatened or the patient is non-compliant with treatment protocols.

Responsibilities to patients

- 1.9 Provide treatment only when there is a reasonable expectation of therapeutic benefit and continue treatment when there is reasonable expectation of continuing benefit.
- 1.10 Practice in a manner that respects and promotes the diversity and equity of patients.
- 1.11 Advocate on behalf of patients for appropriate health care services.
- 1.12 Report actions or behaviour of an OAO member that pose a risk of harm to patients.

Responsibilities to other members and/or other health care professionals

- 1.13 Ensure comments about other Osteopathic Manual Practitioners or health care professionals are accurate and relevant.

Responsibilities to patients

- 1.14 Provide a clinical setting that is safe, accessible, and allows for the dignified provision of culturally appropriate care.
- 1.15 Ensure that **Standard Precautions**, including minimum infection prevention practices, are in place in the clinical setting.
- 1.16 Maintain professional liability insurance as required by the OAO.

Domain 2.0 – Record Keeping

The OAO members must keep accurate and secure records surrounding the provision of their services. Accurate and complete patient records act as a reference document and assist members to recall why decisions were made and to resolve disputes. The records can also be of assistance to other members of the patient's health care team. Members should refer to the OAO's *Practice Guidelines – Record Keeping*.⁸

When records are kept by the member, they are subject to the *Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A ("PHIPA")*.⁹ The **health information custodian** (HIC) is the person or organization who has custody or control of personal health information as a result of or in connection with performing the person's or organization's powers or duties or the work. If the member practices alone, then the member is the custodian of the records. If the member is an employee or a sub-contractor, then the management practices of the employer take precedence. If the employer's practices do not comply with *PHIPA*, the employee should make sure that their practices comply with *PHIPA*. Employers should also ensure that their employees are maintaining records in accordance with *PHIPA*.

In accordance with *PHIPA*, patients have the right to access their records and request that corrections be made to the records. Records should be easily accessible and well documented to permit patients to access records, if requested. It is also important to make entries into records in a timely and accurate manner.

The OAO member has an obligation to keep the patient's personal health information private or confidential, subject to legal limits. In general, members should only disclose a patient's personal health information with the consent of the patient (or authorized representative).¹⁰ Members may share information with other providers within the **circle of care**, without receiving express consent. Consent is implied in this circumstance. It is important that members only disclose necessary information within the circle of care.

There are certain circumstances where disclosure may be required without consent. Examples of such circumstances include: where the member believes that there may be risk of harm to the patient or to anyone else; as part of an investigation or legal proceedings; in an emergency situation where the patient may be at risk if the member does not act; or if a member feels that it is necessary to contact a relative to seek consent if the patient is unable to give consent themselves.¹¹

OAO members are also responsible for safely and securely storing patient records and when records are transferred or destroyed, this must be done in a secure fashion as well, in accordance with *PHIPA*. Records must be maintained for at least 10 years from the date of the last interaction with the patient, or for 10 years from the patient's 18th birthday,

⁸ Ontario Association of Osteopathic Manual Practitioners, *Practice Guidelines – Record Keeping*, September 2021

⁹ *Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A*

¹⁰ In Ontario: "No person other than a member shall use the titles 'osteopath', 'physician', or 'surgeon', a variation or abbreviation or an equivalent in another language" *Medicine Act, 1991, SO 1991, c 30, s. 9(1)*

¹¹ *Health Care Consent Act, 1996, SO 1996, c 2, Sch A*

whichever is later. Special circumstances may require records to be maintained for longer. Members should self-assess whether special circumstances are present in any particular case.

Overview of the Record Keeping Standards

The OAO member is responsible for maintaining accurate and secure records for the provision of patient care, in compliance with *PHIPA*.

Standards

The OAO member shall:

- 2.1 Ensure accurate record keeping of the provision of patient care.
- 2.2 Ensure the secure maintenance of all documentation of the provision of patient care.
- 2.3 Ensure the appropriate transfer or disposal of patient documentation.

Domain 3.0 – Business Management

The OAO members are expected to conduct their practice in a businesslike manner. They should promote their business with integrity and avoid situations that lead to **conflict of interest**, real or perceived.

If the OAO member has related business interests which they wish to offer to their patients, it is important to declare this. The nature of the business interest must be made clear to the patient, and the patient must have the ability to voluntarily accept or decline the goods or services as they wish. Members should not be receiving compensation for referrals to other health care professionals.

The OAO members are responsible for maintaining accurate financial records for their practice. It is important to keep an accurate record of the services provided and fees charged for these services, including date and time of the service performed. Receipts should be issued for services performed and should be accurate, reflecting the date and time of service. Members of a regulated health profession should refer to the business standards of their regulatory college to ensure they meet the requirements of their regulatory college as well.

Overview of the Business Management Standards

The OAO member should promote their business with integrity and not enter into situations which result in a conflict of interest or could be perceived to be a conflict of interest.

The OAO member shall maintain accurate financial records and comply with municipal, provincial, and federal regulations relevant to the provision of osteopathic practice.

Standards

The OAO member shall:

- 3.1 Maintain accurate, clear, and up-to-date financial records, contracts, appointment records, and receipts.
- 3.2 Promote their business with integrity and avoid situations that lead to conflict of interest.
- 3.3 Not accept a significant benefit (such as a rebate, gift, or other compensation) from a supplier of health care products/services or from another health care professional to whom the member refers patients, as this is a conflict of interest.
- 3.4 Provide written notice to patients, and comply with all relevant legislation, if the member closes, sells, or relocates a practice.
- 3.5 Refrain from using their place of employment and/or institutional affiliation to recruit patients for their private practice.

- 3.6 Follow the *Public Health Guidance* for conducting business with respect to standard infectious disease control and enhanced standards during a public health emergency; and, remain informed regarding relevant local, provincial, and federal response plans.
- 3.7 Not make decisions about providing care based upon discriminatory reasons.
- 3.8 Ensure that their care and facilities comply with the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11*.¹²
- 3.9 Maintain a minimum of five-million-dollar annual liability insurance policy without deductible and with a liability limit of a minimum of five-million-dollar per incident without additional terms, conditions, or exclusions.
- 3.10 Can refuse to provide care should the member feel their safety is threatened or the patient is non-compliant with treatment protocols.

¹² Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11

Domain 4.0 – Informed Consent

As set out in the *Health Care Consent Act*, the OAO members must receive informed consent from their patients or their legal guardian or substitute decision maker (according to the ranking of the decision maker) before beginning an assessment or entering into treatment. Patients should understand the nature of the treatment, the risks, consequences, and the purpose of the treatment. They should also be aware of other treatment options.

Once results from an assessment are available to a patient, the OAO member should make sure those results are explained to the patient. It is important to note that informed consent is ongoing. Members are reminded that any written consent provided by the patient is out of date and therefore informed consent must be continuous throughout each appointment.

It is also important that members inform their patients that they may refuse treatment, or part of a treatment, at any point during a course of treatment. Patients may decide, after agreeing to a treatment at an earlier date, that they do not wish to move forward with the treatment. It is therefore important to continue to check with patients to ensure they are in agreement with a course of treatment as it moves forward. In accordance with the *Health Care Consent Act 1996, c 2, Sch A, S 11 (1)*,¹³ consent must relate to the treatment, must be informed, given voluntarily, and must not be obtained through misrepresentation or fraud.

Informed consent is required at all times, except in cases of emergency. Exceptions are made in cases of emergency because the patient may be at risk or in danger if the member does not take action. Members should use their professional judgment to determine if the situation is a case of emergency where an exception should be made.

Overview of the Informed Consent Standards

The OAO member shall ensure that each patient and/or their legal guardian or substitute decision maker are informed of rights, obligations, and treatment options before, during and after the provision of the OAO osteopathic practice.

Standards

The OAO member shall:

- 4.1 Honestly inform the patient (or legal guardian or substitute decision maker) of the services to be provided, risks, any associated costs, and any options for comparable treatment prior to entering into a patient-provider relationship.
- 4.2 Obtain informed consent from the patient that has the capacity to give consent (or legal guardian, or substitute decision maker) prior to commencing treatment.
- 4.3 Recognize and respect the patient's right to refuse part, or all, of the proposed treatment plan.

¹³ Health Care Consent Act, 1996, SO 1996, c 2, Sch A

- 4.4 Obtain consent from patients (or their legal guardian or substitute decision maker) prior to allowing the therapeutic session to be observed or electronically recorded.
- 4.5 Provide explanations to patients (or their legal guardian or substitute decision maker) prior to treatment about the nature and purpose of assessments and the specific use of the results.
- 4.6 Practitioners must obtain written consent from the patient before disclosing the patient's personal or medical information.

Domain 5.0 – Patient-Centered Care

Patients should be at the centre of the care provided by the OAO member. It is important that patients are involved in the development of their proposed treatment plans, and in their ongoing treatment. Good communication is important to ensure that patients understand their treatment plans and that they are able to contribute effectively to the development of their plans. It is an important component of the member's relationship with the patient.

As well, communication is an important component of **interprofessional collaboration**. Members should communicate with their patient's other health care providers within the circle of care, as appropriate. Successful collaboration can enhance the dissemination of information for patients and concerned health care professionals. It can also facilitate learning among patients and other professionals.

Overview of the Patient-Centered Care Standards

The OAO member uses a patient-centered approach to the provision of care in osteopathic practice.

Standards

The OAO member shall:

- 5.1 Use effective oral and written interpersonal communication skills.
- 5.2 Seek feedback from patients and respond professionally.
- 5.3 Educate patients and/or their caregivers to facilitate continued progress.
- 5.4 Facilitate teamwork and **interprofessional collaboration** in the provision of patient-centered care.
- 5.5 Practice in a manner that respects diversity and promotes equality.

Domain 6.0 – Ongoing Professional Competence

Osteopathic Manual Practitioners are committed to continuing professional development and to continually increasing their knowledge base. Members self-assess to determine opportunities to enhance their knowledge and should maintain currency with developments in the profession. The OAO has developed a Continuing Professional Development (CPD) Policy to support, enhance, and promote the importance of ongoing education in the profession.

Overview of the Ongoing Professional Competence Standards

The OAO member is responsible to ensure ongoing professional competence in osteopathic practice and related requirements through life-long learning.

Standards

The OAO member shall:

- 6.1 Maintain awareness of relevant developments in osteopathic practice and related requirements.
- 6.2 Draw upon the expertise of others to enhance osteopathic practice and personal proficiency.
- 6.3 Regularly self-assess knowledge and skills to develop a plan for professional development needs.
- 6.4 Adhere to the CPD policy as determined by the OAO.

Domain 7.0 – Clinical Supervision and Research

From time to time, the OAO members are asked to provide training and education to students and/or other health care professionals. It is important that the OAO members only provide training and education in the areas in which they are competent. The OAO members should also understand that they are responsible for the actions of students under their supervision. Students should understand their responsibilities and the objectives of the training and education and how they will be evaluated.

There is an awareness of the importance of research to enhance the profession. It is important to ensure that research is conducted ethically. Members should refer to PHIPA in the design, implementation, interpretation, and dissemination of research.

Overview of the Clinical Supervision and Research Standards

The OAO member may be asked to provide training and education to students of Osteopathy and/or other health care professionals. The OAO member may also conduct or participate in evidence-based research.

Standards

The OAO member shall:

- 7.1 If offered, train and educate students and other health care professionals only in areas for which they are competent.
- 7.2 Ensure students have knowledge of the learning objectives and are aware of the methods of evaluation prior to commencing their supervised clinical education and training.
- 7.3 Provide timely and specific feedback to students under their supervision.
- 7.4 Be responsible and accountable for the actions of students while under their supervision.
- 7.5 Recognize and acknowledge students' and other health care professionals' contributions to a member's research efforts.
- 7.6 Ensure an ethical process is used to evaluate research design including the eligibility and recruitment of study subjects, data collection methods, and use of results.

Domain 8.0 – Advertising

Advertising can be described as providing a message to the public which is intended to influence an individual's decision to choose a service or product. If members choose to advertise, they must make sure that information contained in the advertisement is factual, accurate and verifiable. It should not be false, misleading, or deceptive, for example, by including improper information or omitting important information. It should be clear and be easily understood by the general public.

Members may advertise as having a focus or special interest in a specific area of practice. However, members should not refer to themselves as an Osteopathic Manual Practitioner with a specialty, expertise, or certification. Advertising can become problematic if the practitioner makes claims that cannot be substantiated. Testimonials, comparative statements, or superlative statements are to be avoided because, for example, an approach that works for one patient may not work for another. It is also problematic if an advertisement indicates a guarantee of success.

Overview of the Advertising Standards

The OAO member shall advertise their services to the public, the patient and other health care professionals accurately and honestly.

Standards

The OAO member shall:

- 8.1 Advertise professional services clearly and accurately.
- 8.2 As a practicing practitioner, only refer to themselves using the appropriate title based upon their region. In Ontario, the practicing title is 'Osteopathic Manual Practitioner'.
- 8.3 Only use the trademarked OAO logo with the express written permission of the OAO.
- 8.4 Promote their business with integrity and avoid situations leading to conflict of interest.

Resources

Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11:

<https://www.ontario.ca/laws/statute/05a11>

CEN/TC 414 N90, Osteopathic healthcare provision – Main Element – Complementary Element, October 2014: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-may-2015-item-15a-annex-a-final-draft-cen-standard/>

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September – November 2010: <https://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards-consultation-document/>

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Ontario Association of Osteopathic Manual Practitioners, Code of Ethics, October 2013

Ontario Association of Osteopathic Manual Practitioners, Continuing Professional Development Policy, Revised April 2019

Ontario Association of Osteopathic Manual Practitioners, Practice Guidelines Handbook, 2021

Ontario Association of Osteopathic Manual Practitioners, Practice Guidelines – Record Keeping, September 2021

Ontario Association of Osteopathic Manual Practitioners, Practice Guidelines – Sexual Abuse, May 2021

Ontario Association of Osteopathic Manual Practitioners, Standards of Practice, Revised September 2021

Ontario College of Social Workers and Social Service Workers, Code of Ethics and Standards of Practice Handbook. Second Edition 2008: <https://www.ocswsw.org/professional-practice/code-of-ethics/>

Osteopathic Council New Zealand, Capabilities for Osteopathic Practice, 2009: https://osteopathiccouncil.org.nz/common/Uploaded%20files/Publications/Policies%20and%20Guidelines/Capabilities_April52013.pdf

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<https://apps.who.int/iris/handle/10665/44356>

World Health Organization, WHO Guidelines on basic training and safety in osteopathy:

<https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf>

Legislation

All provincial statutes and regulations can be found at www.e-laws.gov.on.ca:

Accessibility for Ontarians with Disabilities Act <https://www.aoda.ca>

Please refer to the Health Care Consent Act for a full description of consent, and situations where consent may not be required <https://www.ontario.ca/laws/statute/96h02>

Medicine Act, 1991, SO 1991, c 30, s. 9(1), in Ontario: "No person other than a member shall use the titles 'osteopath', 'physician', or 'surgeon', a variation or abbreviation or an equivalent in another language" <https://www.ontario.ca/laws/statute/91m30>

Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A
https://www.health.gov.on.ca/english/providers/project/priv_legislation/overview_leg.pdf

Regulated Health Professions Act, 1991, SO 1991, C18
<https://www.health.gov.on.ca/en/pro/programs/hhrsd/about/rhpa.aspx>

Glossary of Terms

Circle of Care – A term used by the privacy commissioner’s office to describe those health information custodians who are collecting, using or disclosing personal health information for the purpose of providing health care to a designated patient.

Conflict of Interest – Occurs when a person in a position of trust has primary interests or obligations that require professional judgement, as well as a secondary interest sufficient to influence or appear to influence the objective discharge of their primary interest (professional duties).

Health Information Custodian – An individual or organization that, as a result of their or its power or duties, has custody or control of personal health information.

Interprofessional Collaboration - The provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting.

Member - An Active or Affiliate member of the Ontario Association of Osteopathic Manual Practitioners.

Patient – A person that uses the professional services of an OAO Osteopathic Manual Practitioner.

Standard Precautions - The minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

Substitute Decision Maker – A substitute decision maker is an individual who is legally appointed to make decisions on behalf of an individual who has been found incapable of making decisions for him or herself. The province of Ontario has legislation that governs the appointment and responsibilities of a substitute decision maker. If the person has not appointed a substitute decision maker, legislation allows the government to make an appointment on the person’s behalf.

Treatment – Anything done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health related purpose.

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Standards of Practice