

14th February 2013

Dr. Robert Fendall
Chair
Osteopathy Board of Australia

osteoboardconsultation@ahpra.gov.au

Dear Dr. Fendall,

**Re: Consultation Paper - Draft Sexual and Professional Boundaries:
Guidelines for osteopaths**

The Chiropractic & Osteopathic College of Australasia (COCA) wishes to thank the Osteopathy Board of Australia (OBA) for the opportunity to review and comment on the Consultation Paper - Draft Sexual and Professional Boundaries: Guidelines for osteopaths.

In general, COCA would like to congratulate the Board on the drafting of a comprehensive and well-structured document, relating to an extremely important and often not well understood part of clinical practice and professional conduct. In our view, clear and unambiguous guidelines on this topic are essential, in order to educate registered osteopaths on what is and is not an appropriate relationship between practitioners and their patients'.

COCA, in principle endorses the proposed guidelines; however we are of the opinion that certain sections require amendment to more clearly define acceptable boundaries and relationships in this complex sphere of clinical practice. COCA also notes a number of minor typographical, grammatical and phrasing errors.

Recommendations:

1. Introduction:

The final paragraph of this section attempts to describe a difference between the setting of osteopathic treatment and that of other health practitioner and uses the phrase, "the treatment is for a longer appointment behind closed doors with one osteopath rather than a team." The sentence is nonsensical and should be removed, as should the sentence, "In this context, osteopathic treatment has the potential to be perceived as crossing physical boundaries or sexual boundaries."

Most health professional consultations occur "behind closed doors" and with a single practitioner, as opposed to a team and often involve a patient disrobing. Therefore, the inference that consultations of this type may cross physical or sexual boundaries cannot be justified. Similarly, it is erroneous to imply that the length of a consultation has the potential to be perceived as crossing physical boundaries or sexual boundaries.

The duration of many health professional consultations vary in length from minutes to hours, as with a psychological or psychiatric consultation or for that matter a medical practitioner dealing with a complex case and in such cases we are unaware of any perceived crossing of physical or sexual boundaries.”

2. *Summary of these guidelines:*

COCA suggests in the first sentence of this section should read, “Good osteopathic practice relies on trust between osteopaths and their patients and families.” and not, “Good osteopathic practice relies on trust between osteopaths and patients and their families.

The second sentence of this section does not adequately define the reasons for the inequality in the relationship between an osteopath and a patient. There are many reasons, other than care seeking, as to why a the relationship between a patient and an osteopath may not be perceived by the patient as being equal. Such issues as socioeconomic status, education, ethnicity etc. all may contribute to a perception of inequality and as such should be included in this context.

3. *Understanding and defining sexual boundaries:*

The first paragraph states, “Criminal offences will be referred for investigation by the police.” COCA is of the opinion, that only a court of law can determine whether a criminal offence has occurred. COCA suggests that this sentence be replaced with, “Sexual misconduct which may constitute a criminal offence will be referred for investigation by the police or appropriate authority. “

This section of the guidelines also states that Sexual Misconduct includes, “engaging in sexual activity with a person who is closely related to a patient under the osteopath’s care”. While COCA understands the intent of such a definition, such a broad ranging statement fails to give due consideration to a situation where sexual partners then become patients of osteopaths.

COCA suggests, as per our previous submission on this guidelines, that the guidelines be amended to more clearly define what constitutes sexual misconduct between practitioners and close relatives of a patient.

The second last paragraph of this section, states, “If proven, sexual assault is a criminal offence.” COCA suggests that “sexual assault” by definition is a criminal offence and the words “If proven” should be deleted.

5. *Sexual relationships with former patients:*

The last bullet point of this section is nonsensical and should be replaced with the words, “If the osteopath practices in a small community.”

6. *Professional standards in examinations and treatment*

Bullet point 7, the word “leaves” should be replaced with the word “leaving”.

Use of chaperones when conducting intimate examination or treatment

In the opening sentence the word “in” should be inserted after the word “respond”.

7. Warning signs and risk management:

Paragraph 6 – COCA suggests that the sentence, “Where a breach of the professional boundary occurs as a result of the behaviour of the patient, but not of the osteopath, the osteopath should seek the opinion of a practitioner with similar ethics bound to keeping the confidentiality of the patient:” is confusing.

COCA suggests that the sentence be amended to state that in such circumstances the osteopath should seek opinion from a respected practitioner who is familiar with and follows the Board’s guidelines on Sexual and Professional Boundaries and confidentiality.

It is also suggested, as a matter of risk management that in such circumstances the osteopath should report such incidents to and seeks advice from his or her professional indemnity insurer.

8. Treating family members and close friends:

COCA suggests that this section also includes reference to Section 3., noting the situation where a sexual relationship predates clinical care.

We thank the Board for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Board in the development of this guideline.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John W Reggars', written in a cursive style.

Dr John W Reggars DC, MChiroSc.
CEO/Vice President