



Council of New South Wales

Examination and Treatment of Genitalia, Sensitive Areas and Internal Techniques Guidelines

Introduction

The Osteopathy Council of New South Wales (the Council) is responsible for the management of complaints about the conduct, professional performance, health and competence (fitness to practice) of osteopaths working in New South Wales (NSW) and osteopathy students in NSW. The Council is established by and functions in accordance with the *Health Practitioner Regulation National Law (NSW) No 86a* and the *Health Practitioner Regulation (New South Wales) Regulation 2010*. The paramount consideration of the Council is the protection of the health and safety of the public.

Scope

These guidelines set out the Council's position on appropriate consent procedures for osteopaths who utilise treatment techniques that involve:

- inserting anything into a body cavity (internal techniques); or
- the touching or treatment of genitalia or other sensitive body areas.

Compliance with these guidelines is not mandatory although courts, tribunals and other disciplinary or investigative bodies may take note of its contents when determining what constitutes acceptable standards of professional osteopathy practice.

Related policies and information

These guidelines should be read as an adjunct to the following publications of the Osteopathy Board of Australia:

- Code of Conduct
- Guidelines for Infection Control
- Informed Consent: Guidelines for Osteopaths (draft)
- Sexual and Professional Boundaries: Guidelines for Osteopaths (draft).

Background

It is the Council's experience that complaints from patients relating to internal techniques and treatment of sensitive areas constitute a significant and disproportionate number of notifications against osteopaths practising in NSW.¹

¹ 64% in 2011/2012. Source: Osteopathy Council of New South Wales Annual Report 2012

Purpose

Failure to obtain adequate and appropriate consent for these techniques and treatments can cause patients significant distress. Inadequate consent processes can also have potentially devastating consequences for the osteopath's career. With these considerations in mind, the Council has developed these guidelines to inform the profession on suitable consent processes that should be employed whenever a practitioner proposes to utilise internal techniques or other treatments involving the touching or examination of sensitive areas including, but not limited to, the genitalia, anus and breasts.

Recommended procedures

Where an osteopath is proposing the use of internal techniques or the examination or treatment of the genitalia or other sensitive areas, the following procedures are recommended:

1. The clinical justification for the particular technique or examination contemplated should be clearly explained to the patient and contemporaneously documented in the patient's treatment record.
2. If the consultation is the first time the osteopath has recommended the use of an internal technique or a treatment that involves examining or touching a sensitive area to the patient, the proposed technique or examination should be discussed, but not employed, on the day.

Instead, the technique or examination should be offered as an option for a subsequent consultation, allowing the patient the opportunity to carefully consider the matter and to seek a second opinion.

3. The patient should be advised by the osteopath that they have the right to bring a support person or chaperone, and should be encouraged to do so.
4. The osteopath must apply comprehensive infection control practices that comply with the Osteopathy Board of Australia's Guidelines for Infection Control, as updated from time-to-time. The use of comprehensive infection control practices also applies whenever the osteopath uses a treatment or technique that may involve the osteopath coming into contact with any mucous membrane, bodily fluid or secretion of the patient.
5. Sufficient draping should be used to ensure that the patient's dignity and modesty is maintained.
6. In all cases, the osteopath should seek written and signed consent particular to the proposed procedure. In circumstances where a patient declines to give written and signed consent, the practitioner should carefully consider whether or not to proceed with the planned technique, treatment or examination.

In circumstances where the patient has given clear verbal consent and a decision to proceed is made, the circumstances surrounding the obtaining of consent, and the patient's reasons for declining to give written consent, should be carefully and contemporaneously recorded in the patient's treatment record.

7. The Council recommends that osteopaths seek guidance from their professional association or professional indemnity insurer on the appropriate format for written consent.

Monitoring and review

The Council will continuously review these Guidelines in light of any codes and guidelines developed or adopted by the Osteopathy Board of Australia.

Document control

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