



**Council**  
**1 February 2017**  
**Research into boundaries**

**Classification** Public

**Purpose** For decision

**Issue** Collaborative commissioning of a literature review to support scoping of research into boundaries and evidence based policy making in this area.

**Recommendation** To agree to commission a literature review into boundaries to help us to scope our research objectives in this area.

**Financial and resourcing implications** We estimate that a budget of no more than £10,000 should be set aside for the initial part of the literature review. This would be paid jointly with the General Chiropractic Council at a cost of £5,000 to each organisation. Further funds may be available for subsequent research depending on the results of the literature review.

**Equality and diversity implications** Equality and diversity issues should form a part of the brief for any research in this area. The research ideas set out in this paper recognise that differing backgrounds and culture are crucial to the context within which touch is interpreted and hence, the research objectives should specifically incorporate these matters.

**Communications implications** None from this paper.

**Annexes** None

**Author** Fiona Browne

## Background

1. The GOsC Corporate Plan 2016-19 states that our aim as a regulator is: 'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.'
2. The Corporate Plan also describes high-level strategic objectives, including 'To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity.'
3. In December 2012, the General Osteopathic Council agreed an approach to commissioning research. The first limb of the approach was to 'Commission and/or conduct research that supports and informs policy development and decision making relating to osteopathic regulation (including testing the efficiency and cost-effectiveness of GOsC processes and services) to ensure that we conduct our activities to maintain and enhance patient safety and quality in a proportionate and effective way.'
4. This paper outlines work to be done to scope out potential research that would fall into a future Business Plan period in a key area related to patient safety and osteopathic regulation namely communication in the context of touch.
5. On 13 October 2016, the Policy Advisory Committee was asked to consider and feedback on a research proposal in relation to boundaries. The proposal incorporated a literature review and further qualitative and quantitative research to respond to key objectives.
6. Discussion at the Policy Advisory Committee included:
  - The distinction between miscommunication with touch and sexual impropriety. It was explained that the research should focus on communication and how patient and practitioner understanding could be better supported rather than looking at fitness to practise. The aim of the research was to explore and recognise that therapeutic touch could inadvertently give rise to miscommunication because of the way that messages are sent and received and differences in interpretation with different people with different experiences. In this context, what guidance, resources, or other interventions could the regulator and others put into place to reduce potential miscommunications between patient and practitioner and any negative impact of these on patients and practitioners. It was regarded as 'upstream' work rather than enhancing mechanisms to reveal fitness to practise issues.
  - It was advised that to protect the integrity of the research it should be detached from fitness to practice considerations.

- It would be helpful to include the Health and Care Professions Council (HCPC) and the General Chiropractic Council (GCC) and other relevant bodies in the research on a cross-disciplinary level.
- In summary the Chair acknowledged that this was an important area of work. It was noted that the research question and objectives required some refinement to ensure that they are sound. In order to produce the best outcome it was reiterated the research should be undertaken on a cross-disciplinary basis.
- The Committee agreed that there would be discussion on the research into boundaries with other regulators and interested parties to explore opportunities for collaboration.

## Discussion

7. At the outset of this discussion it is important to emphasise that it is intended that commissioning external research in this important area is aimed to enhance our understanding of miscommunications in manual therapy to help us develop guidance, resources or other policy interventions either ourselves or with others to reduce any negative impact of these on patients and practitioners.
8. Since 2013, the General Osteopathic Council has, in conjunction with the major professional indemnity insurers and the professional association, been collecting information about first point of contact concerns and complaints and using a common system to classify them to get a picture about where initial patient concerns are arising. The aim of this report is to describe the concerns relating to osteopaths and the services they provide, with a view to informing osteopathic practice, education and training, to enhance patient safety and care. Data has been collected in 2013, 2014 and 2015 and now the collated report shows the data from all three years.
9. These reports show that:

'If we set aside the advertising complaint data: in 2015 there were 213 other concerns recorded, which is fewer than in 2014 (248), and slightly more than in 2013 (200).

With a few exceptions, the distribution of non-advertising types of concerns and complaints remains similar over the three years. Concerns raised in 2015 about osteopaths' conduct still centre on communication:

- Failure to communicate effectively – 17 (17%)
- Communicating inappropriately – 12 (12%)

- Failure to obtain valid consent/no shared decision-making with the patient – has decreased over the three years from 20 (18%) in 2013, to 14 (14%) in 2014, to 8 (8%) in 2015
  - The number of complaints made about 'sexual impropriety' has increased slightly, 2013 – 12 (11%); 2014 – 13 (13%); 2015 – 14 (14%)
  - Concerns about 'Failure to protect the patient's dignity/modesty' have risen from 6 (6%) in 2014 to 11 (11%) in 2015. Failure to protect the patient's dignity/modesty has risen from 6% in 2014 to 11% in 2015. There is evidence also of a rising number of complaints of 'sexual impropriety' (11% in 2013 to 14% in 2015).<sup>1</sup>
10. A considerable proportion of concerns relating to patient modesty and dignity and/or transgressing sexual boundaries; also feature in our fitness to practise proceedings setting aside clinical and advertising complaints.<sup>2</sup>
11. Because of the data outlined above, we are currently undertaking a range of 'upstream' activities to support greater awareness of the particular challenges of communication in the context of touch. For example:
- CPD in communication and consent forms a mandatory part of our new CPD scheme.
  - CPD 'programmes' (comprising 3 or 4 'bite-size' sessions across a period of a few months) in the area of communication and consent will be delivered to early adopters as part of our drive to support them to undertake the new features of the CPD scheme.
  - Undergraduate sessions facilitated for students and for faculty, support peer learning, in the area of professionalism with a particular focus on boundaries.
  - Our education quality assurance pilot thematic review 2016-17 aims to enhance practice in this area by examining the teaching on boundaries and associated areas across the sector and further afield in this important area in order to describe what 'good looks like' to support learning and the enhancement of quality across the sector.
  - Fitness to practise e-bulletins with learning points in the areas of consent and communication and boundaries.

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<sup>1</sup> See National Council for Osteopathic Research, 2016, available at <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/types-of-concerns-raised-about-osteopaths-and-services/> and accessed on 1 August 2016.

<sup>2</sup> See GOsC Council Paper, 2015, Fitness to Practise Report available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2015-item-6-fitness-to-practise-report/?preview=true> and accessed on 1 August 2016.

- Case studies and resources in the area of consent and communication and boundaries.
12. The General Chiropractic Council told us that they commissioned an independent review of their fitness to practise cases between 2010 and 2013, with the objective of understanding the themes arising from allegations made about chiropractors. Findings included that almost 50% of the allegations involved during this time period involved 'relationships with patients, including issues around communication and obtaining consent, maintaining professional boundaries, and privacy and dignity.'<sup>3</sup>
  13. The report recommended that the GCC publish specific guidance about Maintaining Sexual Boundaries and this was published in 2016<sup>4</sup>. Implementation mechanisms are ongoing. It is of note, that our own *Osteopathic Practice Standards* review also shows that specific guidance in this area would be helpful for osteopaths. We will take this forward as part of the review.
  14. But knowing whether our 'upstream' measures are the right ones to reduce the numbers of instances where a miscommunication arises and whether they are effective is difficult to measure without a greater understanding of the wider literature in this area.

*What are professional boundaries?*

15. Features of a professional healthcare relationship can begin to demarcate boundaries. For example:
  - Patient vulnerability
  - Trust
  - Putting the patient first
  - Ethics
  - Integrity.
16. Behaviour which begins to compromise any of these areas can be a breach of professional boundaries. Further detail about this is provided in the CHRE reports.

*What is the impact of breaches of boundaries for patients?*

17. The impact of breaches of boundaries on patients can be significant. One might also expect that the impact for practitioners of a miscommunication may be significant too. The Council for Healthcare Regulatory Excellence (CHRE and now

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<sup>3</sup> See General Chiropractic Council, 2014, Independent Review of General Chiropractic Council Fitness to Practise Cases 2010 – 2013, available at <http://www.gcc-uk.org/UserFiles/Docs/Thematic%20review%20of%20ftp%20cases%202010-2013%20PUBLIC%20FINAL.pdf> and accessed on 1 September 2016.

<sup>4</sup> See General Chiropractic Council, Guidance on Maintaining Sexual Boundaries, 2016, available at: <http://www.gcc-uk.org/UserFiles/Docs/Guidance/Guidance%20on%20maintaining%20Sexual%20Boundaries-final.pdf> and accessed on 1 September 2016.

the Professional Standards Authority) published a series of research-informed papers about boundaries transgressions and much of the content in this paper is based on that research. The suite of papers is available at: [http://www.professionalstandards.org.uk/publications/detail/clear-sexual-boundaries /](http://www.professionalstandards.org.uk/publications/detail/clear-sexual-boundaries/)

18. The CHRE report *Learning about sexual boundaries between healthcare professionals and patients: a report on education and training*, 2008 explains that the literature review showed that patients can suffer 'significant and enduring harm' as a result of sexualised behaviour being displayed towards them. These harms can include:
- post traumatic stress disorder and distress
  - major depressive disorder
  - suicidal tendencies and emotional distrust
  - high levels of dependency on the offending
  - professional, confusion and dissociation
  - failure to access health services when needed
  - relationship problems
  - disruption to employment and earnings
  - use and misuse of drugs and alcohol'
  - Breaches will often affect the professional's judgement thus impacting on patient care.
19. Thus, having the right guidance in place, and identifying appropriate education and training and support and ensuring that these are effective are vital for patient safety.
20. The McGivern report<sup>5</sup> shows us that relational regulation is a key component of compliance with standards. When osteopaths understand the 'why' not just the 'what' they are more likely to comply. We need to explore further whether we are doing the right type of 'upstream activities' to support osteopaths and patients in this difficult area, whether what we are doing is effective, and what else we could be doing to be more effective in this area. We currently do not have data on this.
21. However, it is not just about what we do as a regulator; relationships with our stakeholders in this area are also important. Appropriate organisations both within the osteopathic environment and in the healthcare environment more broadly may also have a role to play to support patient safety and good care in this area.

#### *Commissioning research and policy recommendations*

22. As this is such an important area for patient safety and well-being, we would like to explore the possibility of commissioning research to help us to understand the

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<sup>5</sup> See McGivern G et al, Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice, 2015 available at: <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/> and accessed on 5 October 2016.

issues that arise in communication and boundaries in the context of manual therapy more clearly and to help us to form policy recommendations to better support patient safety, well being and the quality of care and also to evaluate the effectiveness of these.

23. We suggest that the ultimate objectives of the research may include the following:
- To get a better understanding of the current context, cultural environment, societal views, professional views and public views about communication, touch and boundaries to help us to determine what more regulators and other stakeholders could be doing in this area to protect patients (as touch is so culturally and context specific, we think that a more in depth exploration in this area is important to help us to understand more clearly the lenses through which touch is construed).
  - To demonstrate what activities are effective in supporting communication between individual patient and clinician.
  - To consider what further actions might be taken – either ourselves as a regulator – or in partnership with others to protect patients (for example, actions may include the production of guidance or revision of existing guidance, but also need to focus particularly on effective mechanisms for implementation both for practitioners and patients. In this context, consideration should be given to the findings of the McGivern report).
  - To consider mechanisms for helping us to understand how will we know whether any action that we take has been effective in achieving our goal (for example, is a decrease in fitness to practise cases reported a success or a failure in this area?).
24. It is expected that the ultimately researchers would propose precise research questions to deliver the objectives of our research using an appropriate theoretical framework and proposing proper methodologies to ensure academic independence and integrity in the work (for example, we would expect a mixture including a literature review, and qualitative and quantitative methodologies to explore the research questions appropriately).
25. It will be important that the research is academically robust but also that it translates into practical advice and recommendations to regulators and others about how to achieve our objectives along with advice about how we might measure the success of achieving our objectives.
26. In order to ensure the cross-disciplinary nature of this research we have approached other regulators to explore whether this research may be helpful in their own capacity. The General Chiropractic Council have agreed to work together with us to commission and fund a preliminary step namely a literature

review jointly. The Health and Care Professions Council have offered to become involved in an advisory capacity in relation to the research.

27. Commissioning a literature review to help us to refine and ground our research objectives before commencing a larger piece of work will help us to be fully aware of all the relevant research already undertaken in this complex area which will help us both with the purpose of our research but will also help us to understand more fully the potential nature of a larger research proposal at a later stage and how it will further support our objectives as outlined above.
28. It is envisaged that such a literature review would be considered by the Policy Advisory Committee to inform the scope of further research in this area.

**Recommendations:** to agree to commission a literature review into boundaries to help us to scope our research objectives in this area.