



**Policy Advisory Committee**

**12 June 2018**

**Boundaries literature review and next steps**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	Update on boundaries literature review and next steps.
<b>Recommendation</b>	<ol style="list-style-type: none"><li>1. To note the overview findings of the boundaries literature review.</li><li>2. To agree to hold a collaborative stakeholder workshop to scope out next steps.</li></ol>
<b>Financial and resourcing implications</b>	<p>Costs for the research into boundaries project paper were accounted for in the 2017-18 budget in the sum of £7,000. The General Chiropractic Council paid half of the costs of the literature review.</p> <p>The costs of a collaborative workshop are incorporated within the Professional Standards budget for 2018-19.</p>
<b>Equality and diversity implications</b>	Equality and diversity issues are an integral part of the literature review and will be reported on as part of the literature review and taken into consideration in the design of stakeholder engagement
<b>Communications implications</b>	These projects are periodically reported on to our stakeholders.
<b>Annex</b>	None
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## Background

1. 'Upstream' is a phrase used to target regulatory interventions at an earlier stage, before harm occurs to prevent that harm occurring. The thinking is that putting more resources into preventative measures may result in less harm to patients and therefore fewer fitness to practise cases.<sup>1</sup> The research into boundaries project is an 'upstream' regulatory activity.
2. 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.'
3. The purpose of the research into boundaries is to help us to better understand more specifically the implications of communication and particularly communication through touch taking place within manual therapies. This helps to ensure that we (and others in the sector) provide appropriate advice and guidance for clinicians and patients with the aim of reducing the instances of miscommunication and breaches of boundaries in the context of manual therapy. The outcome of the research should enable us to target our activities to be most effective and efficient to support patient safety and quality of care.
4. The boundaries project was presented to the Policy Advisory Committee during 2016 with the proposal to investigate and explore the implications of communication and touch in manual therapies both through a literature review and through qualitative and quantitative research in the current societal context and diverse cultures, and provide advice about the implications of the research for education, training, CPD guidance and communications for clinicians and patients. The Committee agreed that this was an important area in osteopathic practice, and held the view that there would be osteopathic literature to consult upon, which may render unnecessary, the need for any primary data collection to take place.
5. An invitation to tender for a literature review to enhance understanding of communication and miscommunication in manual therapies was advertised during July-August 2017 and interviews with prospective research teams took place on 11 September 2017. The literature review was jointly commissioned by the General Osteopathic Council and the General Chiropractic Council.
6. Prospective tenderers were informed that we were interested to understand the key messages from the literature which would:
  - Explore how touch is communicated and received by both patient and practitioner, in the context of touch based therapies.

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<sup>1</sup> See for example, Sparrow M, The Sabotage of Harms: An Emerging Art Form for Public Managers, 2012 available at <http://www.esade.edu/public/modules.php?name=news&idnew=759&idissue=62&newlang=english>

- Inform thinking about our over-arching goal to promote positive patient consultations and to reduce the negative impact of miscommunication, as far as possible, both through regulatory activities, but also through engagement and education throughout our respective sectors.
  - Explore any potential implications for those involved in education and practice including:
    - The GOsC and GCC
    - Educators, professional bodies and other groups
    - Practitioners
7. The funds for the literature review were up to a maximum of £7,000 (including full economic costs and VAT and any other project expenses).

## Discussion

### *Literature review*

8. A research team from the University of Huddersfield, (Dr Michael Corcoran and Sam Lidgely) was appointed to undertake the literature review on 18 September 2017.
9. A draft literature review was submitted to us in December 2017 entitled: '*How is touch communicated in the context of manual therapy? A literature review*'. The draft has been commented on, and a final version of the report was submitted in May 2018. We are able to share some key findings at this stage. Interestingly, the work resonates with a report recently published by the Professional Standards Authority, looking at sexual boundaries between health and care practitioners (<https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2018/05/08/does-sex-between-colleagues-put-patients-at-risk>).

### *Aims and research questions*

10. The aim of the literature review was to inform both the GOsC and GCC of current published information considering the essential aspects of person centred care in relation to communication and miscommunication of touch.
11. The literature review focuses on two research questions: (1) How is touch communicated and received by both patient and health care professionals (HCP) in the context of touch based therapies? (2) How does the literature inform the potential implications for the regulator, educational and professional bodies and other groups, and for health care professionals (HCPs)?

### *Method*

12. Following a steering process, appropriate search terms were established and four bibliographic databases were searched. Inclusion and exclusion criteria were used and Population, Intervention, Comparison, Outcome (PICO) criteria applied.

Two independent reviewers screened all abstracts and full text papers for suitability. Disagreements were resolved through deliberation. Extraction of qualitative data was performed and synthesised into a contextual narrative relating to the primary and secondary research questions.

13. Out of 711361 titles identified that contained the search words only 38 articles were thought to bear relevance to the research questions of this study. Eight of these articles had quantitative methods and 26 were qualitative. Four used a mixed methods approach. The papers identified were a mix of those from osteopathy or chiropractic, and from other healthcare professions including psychotherapy, physiotherapy, medicine, sociology, complementary therapy and dance and movement therapy (see below).
14. Although providing useful discursive and descriptive information, the studies do not fully identify with the research questions of this literature review. This demonstrated that there is not a vast amount of literature that enhances the understanding of communication and miscommunication in relation to touch and professional boundaries within osteopathy and chiropractic practice, but that there is exposure to some aspects of communication which are separate from this e.g. affective and cognitive reassurance found in other disciplines.

#### *Key findings*

15. Key messages from the papers directly related to either osteopathy or chiropractic include:
  - Education in manual therapies requires further development to optimise a positive outcome for the use of touch.
  - Touch is said to communicate hope, respect, trust, care and attention, along with personal attitude and competence.
  - The responsibility for a profession's identity is in the hands of educators.
  - Psychological and emotional implications of touch and movement were not recognised at the inception of osteopathy as they are now.
  - With some exceptions, few osteopaths engage with the broader academic community in thinking about touch and embodiment.
  - Values are fundamental and implicit in the osteopathic profession, but identifying differences between espoused and practiced values may be perceived as criticism.
  - There is a strong cultural element to touch in osteopathy and chiropractic practice (it's what the professions do, and what patients expect, and to a large extent enjoy). Teasing out these social/values based elements in terms of does it actually help or is it all part of a self-fulfilling cycle of patient expectation (or desire for hands-on therapy) and delivery is a complex process.

n	1st Author	Year	Country	Professional Setting	Key subject area context
1	Abbey	2008	UK	Osteopathy	Education and clinical competence
2	Barnett	2013	USA	Psychotherapy	Sexual and professional boundaries
3	Bates	2011	USA	Gynecology and obstetrics	Physical examination and dignity and anxiety
4	Belgrave	2009	USA	Music Therapy	Touch
5	Carnes	2016	UK	Osteopathy	Complaints
6	Consedine	2016	Aus	Osteopathy	Touch
7	Cooper	2008	Aus	Physiotherapy	Sexual and professional boundaries
8	Cross	2015	UK	Osteopathy	Patient expectations
9	Cushing	2015	UK	General Medicine	Communication and education
10	Delany	2010	Aus	Physiotherapy	Ethics and Education
11	Deveugele	2015	Belgium	Healthcare	Communication and education
12	Goldstein	2016	Israel	Psychology	Touch, Empathy and Pain
13	Hancock	2015	UK	Sociology	Touch and Phenomenology of perception
14	Hiller	2015	Aus	Physiotherapy	Communication
15	Johnson	2016	NZ	Physiotherapy	Patient perspectives on dignity
16	Jones	2014	UK	Psychology	Touch
17	Leach	2013	UK	Osteopathy	Patient expectations
18	Martin	2011	UK	Psychotherapy	Therapists experiences of sexual attraction
19	Moore	2017	Aus	Osteopathy	Clinical Education
20	McGlone	2017	UK	Osteopathy	Touch in manual therapies
21	McNulty	2013	UK	Psychotherapy	Therapists experiences of sexual attraction
22	Morris	2014	USA	Occupational Therapy	Touch
23	Orrock	2016	Aus	Osteopathy	Patient experiences
24	Parry	2009	UK	Physiotherapy	Communication and education
25	Popa	2010	Netherlands	Dance and Movement Therapy	Touch
26	Roberts	2007	UK	Physiotherapy	Communication
27	Schiff	2010	Israel	Complimentary Therapies	Touch boundaries
28	Sommer	2016	Switzerland	General Medicine	Education and skills assessment
29	Sommerfeld	2008	Austria	Osteopathy	Education
30	Soundy	2013	UK	Physiotherapy	Sexual and professional boundaries
31	Strutt	2008	UK	Osteopathy	Patient perceptions and satisfaction
32	Tyreman	2013	UK	Osteopathy	Principles of Osteopathy
33	Walker	2017	UK	Behavioural Sciences	Neurological Mediators and touch
34	Walker	2017	UK	Behavioural Sciences	Neurological Mediators and touch
35	Wallace	2008	UK	Osteopathy	Education
36	Westmoreland	2007	UK	Osteopathy	Patient views of GP as Osteopath
37	Williams	2007	UK	Osteopathy	Optimising the psychological benefits
38	Winterbottom	2015	Canada	Chiropractic	Consent

16. Key messages from the non-osteopathic and chiropractic articles include:

- Not managing boundaries can harm patients and there is a clear message for policy development to support this.
- Collaboration with the patient can improve the comfort of physical touch therapy.
- Educational institutions profoundly influence the development of healthcare professionals
- Communication skills training is not always well enough integrated into healthcare curricula.

- Minor boundary crossing is viewed as a precursor of more serious transgressions.
  - Some therapeutic relationships develop with the therapist in a 'hero' role.
  - Touch can promote a sense of inclusion and acceptance, uncover emotions and memories, and stimulate imagination and sensuality.
17. Some suggestions arising as a result of the study:
- Essential that manual therapy professions in the UK gain greater insight into these issues, and the attitudes and behaviours of healthcare professionals on this subject.
  - Sexual boundary violations could be further explored using anonymous surveys, aimed at generating offender typologies.
  - Clear guidance essential in relation to management of complaints (evidence suggests that an 'explanation and apology' was the most frequently cited action which might have prevented litigation).
  - Continuing professional development requirements may need to be more stringent and targeted to ensure that good communication, effective therapeutic relationships and good, ethical practice are supported (activities in communication and consent will be a mandatory element of our new CPD scheme).
  - Students should reflect on case studies or vignettes, reflectively and critically in a shared learning environment. Communication sessions could be made compulsory. (To an extent, this may already be the case in the curricula delivered by osteopathic educational institutions)
  - Educational institutions should consider innovative ways of developing communication issues (use of video, online applications and webinars, for example).
  - Students may benefit from carrying out clinical placements with healthcare professionals working in the private sector (most osteopaths and chiropractors do work in the private sector, of course but perhaps a wider variety of contexts may also be beneficial).
  - Specific guidance around supporting a positive and effective initial contact with a patient may be helpful.
18. Key gaps that were identified by the literature review:
- There is a paucity of literature available to give a complete picture of how communication of touch is carried out within manual therapies.
  - Further research is needed to inform the complexity of how therapeutic relationships can be more effectively managed.
  - There seems to be a tacit acceptance of the complexities of therapeutic relationships, but poor evidence to support the theoretical development of this concern.
19. Suggestions for further exploration arising from the study include:
- Specific studies on how touch is communicated and received between healthcare professionals and patients in the context of osteopathy and chiropractic. Consider positive as well as potential negative aspects, and how communication can be enhanced.

- Review how communication and touch is taught and assessed in OEIs, and explore and promote innovation in this.
- Develop resources to support healthcare professionals in optimising and their appearance and environment to promote effective boundaries with patients.
- Develop resources to support healthcare professionals manage situations where they experience sexual attraction towards a patient or patient-initiated sexual behaviour.

### *Next steps*

20. Feedback has been provided on the draft review, and a final version of this is being prepared ahead of our meeting with the researchers on 5 June 2018.
21. We are aiming to publish the report and will discuss the timing of this, at our meeting with the researchers on 5 June 2018.
22. The literature review naturally raises the question of what next and who and how can these research gaps be filled. As well as the publication details, we will discuss with the researchers about the possibility of holding a dissemination workshop with key stakeholders (patients, across the two professions and possibly more broadly) to promote the literature review findings, and to consider the educational implications, the implications for both osteopaths/ chiropractors and patients, impact, further research questions and opportunities in this area.
23. Initial thoughts amongst the research steering group at this stage are that after the dissemination workshop next steps may include gathering of qualitative data regarding patients' views and experiences.

### **Recommendations:**

1. To note the overview findings of the boundaries literature review.
2. To agree to hold a collaborative stakeholder workshop to scope out next steps.