General Osteopathic Council

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Policy and Education Committee
15 June 2023
Boundaries (a reading room paper presented in March 2023)

Classification	Public
Purpose	For discussion
Issue	To update the Committee on our thinking in relation to boundaries and to seek feedback.
Recommendation	To consider and provide feedback on the contents of the paper to inform future thinking about understanding the challenges and developing sector based approaches to support the establishment and maintenance of safe professional boundaries.
Financial and resourcing implications	Costs of activities undertaken and planned will be from planned budgets.
Equality and diversity implications	Equality, diversity and inclusion (EDI) issues continue to be considered in relation to communications strategies and accessibility of resources and events. For example, in the preparation of case scenarios, consideration is given to the characteristics of those included. Also we aim to deliver messages in a range of formats to assist with reach and accessibility issues. Further EDI implications relate to patient and practitioner characteristics in boundaries cases, which are not explored in this paper.
Communications implications	Communication activities in relation to boundaries are included in the paper.
Annex	None.
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Key messages

- This paper outlines our thoughts about how we might have a greater impact on establishing and maintaining safe professional boundaries over time in the profession.

- It explains that we have held a cross -organisational workshop to explore whether the Behaviour Change Wheel method might provide a different way to understand and think about the challenges. We concluded that it could provide different insights on the challenges and might form a useful structure to undertake a workshop with the sector.

- We also identified that we have a gap in our current implementation strategy related to the impact of breaches of boundaries on osteopaths and patients and is informing the development of a story about this so that we can begin to reflect how we might share this story in a variety of ways to support osteopaths.

Background

1. The Boundaries research undertaken by Julie Stone was agreed for publication by Council and was published with a news story on 3 August 2022.

2. Since then a number of activities have been undertaken to raise awareness of boundaries as an issue. Examples include:

    - Ongoing webinars during late 2022 and 2023 with students which have focussed on boundaries as part of the year 1 session
    - Ongoing promotion of our case studies resources on boundaries to enable osteopaths to discuss the scenarios and compare their approaches to those prepared by Steven Bettles to support reflection.
    - Educator seminar by Julie Stone to promote the findings from the report to raise awareness.
    - Face to face sessions with osteopaths as part of our work in professional judgement which has also included discussion of case studies on boundaries.
    - The UCO have also been undertaking a project in conjunction with Julie Stone to raise awareness of boundaries
    - Finalising the specification to begin the podcast interviews for the dissemination of the boundaries work.
    - Launch of our shared decision making resources to support osteopaths and patients to make more explicit what is important to them in the consultation to avoid assumptions and support clearer communication.

3. However, we have recently been rethinking our approach to supporting practitioners to establish and maintain safe professional boundaries. We know that concerns are persisting and often serious and so we are unclear about the impact of our extensive work to date.

4. This paper critically examines our approach and the challenges faced and proposes a new way forward. We welcome thoughts of Committee members and members with speaking rights by email to inform our thinking.

Discussion

5. On 22 February 2023, we facilitated a cross – organisational workshop to help us to better understand the problem, to consider whether there were any gaps in our approach and to consider next steps thinking more deeply and creatively about these.

6. In order to do this, we used the structure of the Behaviour Change Wheel method[1] . This method has been used by the National Institute for Health and Clinical Excellence (NICE) for public health interventions. However, we recognised that this was a prototype workshop and we wanted to explore whether this framework might support us to develop our thinking.

7. We began by trying to define 'what are professional boundaries'? This generated a wide discussion about whether we meant sexual boundaries or other types of boundaries. We noted that the OPS states '*Appropriate professional boundaries are essential for trust and an effective therapeutic relationship between osteopath and patient. Professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries*.' We noted that boundaries may be subjective and defined by individuals. We noted that publications in other areas of health define boundaries more, for example: *Relationship centred working may cause uncertainty for some about how to carry out their roles and responsibilities. Professional boundaries help us to make sense of this and can be described as the 'boundary between what is acceptable and unacceptable for a professional both at work and outside work*[2]*.* Other publications describe boundary breaches rather than boundaries in a positive sense.[3]

8. We noted in our discussion that it was difficult to frame a boundary in a positive sense describing what it is rather than what is isn't. For example, we noted that boundaries might be defined differently by a particular patient and a particular osteopath (we can see this in some of our boundary scenarios). We asked who defines an acceptable boundary it is only the particular patient and professional or others. We noted the challenges of boundaries being part of a therapeutic relationship and a journey and ever changing, what is the role of the regulator and the profession in defining positively what a boundary is and is not and how might we best implement this, recognising that a boundary is being held in a dynamic context in a therapeutic relationship. We also noted that the OPS has

[1] Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing. www.behaviourchangewheel.com

[2] See for example: https://socialcare.wales/cms-assets/documents/Professional-boundaries-A-resource-for-managers.pdf

[3] See, for example, Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals, CHRE, 2008

been referred to in Julie Stone's report as being less clear about the positive description of a boundary stating that the principles in the OPS could be interpreted as providing a 'workaround' for dating patients, as long as they are no longer in active treatment, and providing any necessary referral on is made.'

9. We also recognised that a number of cases involved first time patients and possible miscommunications about what was happening before during or after the treatment and so recognised the integral link between boundaries and communication and consent.

10. We were clear though, that the impact of breaches of boundaries on both patients and practitioners was profound and would have an impact on the reputation of the profession.

11. We went on to explore the kinds of specific behaviours that might encourage the establishment of safe professional boundaries for patients and practitioners. These included:

    - For osteopaths: to provide information to a patient in a way that they can understand prior to an appointment about what to expect, providing accessible information about when treatment may not be able to continue. For example, counselling contracts explain that treatment may not be able to continue due to conflict of interest or issues that may affect ethical boundaries[4]; explaining everything before and during treatment (including the why of doing something); checking during treatment, explaining and encouraging shared decision making and seeking informed consent; agrees with patient that consent can be withdrawn at any time and how this will be communicated; acts on physical, verbal and non-verbal cues, for example, by checking understanding, comfort etc. making patients aware of the complaints process or where to seek a second opinion or where to leave anonymous feedback.

    - For patients: accessing information prior to an appointment about what to expect; accessing information about standards and ethics in osteopathy or behavioural expectations (e.g. counselling contracts may include information about when treatment may not be able to continue due to for example, conflict of interest or issues that may affect ethical boundaries)[5], asking questions about treatment and what to expect; participating in shared decision making and giving informed consent; clearly indicates when consent is withdrawn; providing feedback to the osteopath; seeking a second opinion or raising concerns with GOsC.

    - In relation to challenging ethical or boundary breaches that may take place outside of the patient practitioner relationship, how to ensure that

[4] See for example: https://nationalcounsellingsociety.org/blog/posts/the-importance-of-a-counselling-contract
[5] See for example: https://nationalcounsellingsociety.org/blog/posts/the-importance-of-a-counselling-contract

osteopaths were able to challenge sharing of inappropriate information about maintaining safe professional boundaries (e.g. 'dating patients' is the phrase used in the Julie Stone report) , for example on social media. Ensuring that patients knew that osteopaths were regulated by GOsC and how to raise concerns or discuss conduct that had made them feel uncomfortable.

12. However, we recognised in asking the question about what specific behaviours would support the ongoing maintenance of safe and professional ethical boundaries, that this was a complex question which would require further work with patients and osteopaths, students and other sector organisations and perhaps others outside of the osteopathy sector too.

13. We considered the areas which might support osteopaths and patients establish and maintain safe, therapeutic professional boundaries (recognising that there is a detailed list of specific behaviours and context that will contribute to this) in the COM-B model promoted by the Behaviour Change Wheel.
    a. Capability – What physical strength, stamina, knowledge and skills, cognitive and interpersonal skills, memory, attention and decision processes, behavioural regulation are needed and when to support safe professional boundaries?
    b. Opportunity – How can we make the physical (for example, clinic space and the environment pre and post consultation) and social environment (.g social influences and what is or is not socially acceptable?
    c. Motivation (more motivated to do rather than not do a behaviour) – What motivates osteopaths and patients to establish and maintain safe professional boundaries? For example, this might include: common understanding of professional identity and what this means in this context, understanding of the social role, beliefs about capabilities, common understanding of the impact of breaches of boundaries on both osteopaths and patients, emotion (and clear actions when there are red flags in the journey to boundaries being breached).

14. We thought about the answers to the questions from the perspective of an osteopath or a patient to help us to help us to articulate desired outcomes in relation to supporting osteopaths to establish and maintain safe professional boundaries.
    - To [do / not do the desired behaviour]
    - What are the enablers and barriers to these behaviours?
    - As an osteopath / patient I would have to:
    - Capability – know more about how to do it or have the skills to do it / over a period of time
    - Opportunity – have more time to do it, have more people around me doing it
    - Motivation – feel that I need to do it enough or more, believe that it would be a good thing to do (for example, because of the impact on others).

15. Finally, we reflected on the routes that were available to us to strengthen the support available to osteopaths and patients.
    - Education – how might we increase the required knowledge and understanding? Early thoughts included the possibility of adapting specific guidance around boundaries perhaps focussing on the journey and spotting early signs of breaches
    - Persuasion – how might we stimulate positive or negative feelings or stimulate action? Early thoughts included how we might raise awareness of the real impact on patients and osteopaths including emotional and social consequences.
    - Incentivisation – how might we create a reward? Early thoughts included a clear message about how the actions and resources might reduce the chances of complaints
    - Coercion or deterrence – how might we deter people from breaching boundaries? Early thoughts included raising awareness of fitness to practice proceedings, cases and impact
    - Training – how might we impart skills? Early thoughts included incorporating specific webinars either ourselves or others with case studies about boundaries where different information was given at different points in the training to support better understanding of how to avoid boundary breaches at different stages of the therapeutic relationship
    - Restrictive – how might we use rules to reduce the chances of boundaries breaches? Early thoughts – we wondered if thinking about chaperones might support here.
    - Environmental restructuring – how might we change the physical and social environment to reduce boundaries breaches? We could have more voices on social media calling out inappropriate posts, bystander training and putting the right messages about professional identity and approach in osteopathic spaces.
    - But we also recognised that how we engage the profession as part of the solution, rather than making them feel as if they are doing something wrong was critically important. It will be important to ensure that we do not make assumptions and work in partnership with the profession to deliver change in this area. Most won't be, so rather than them seeing this as not something they need worry about, as they are very clear about what's expected, encourage them to consider how they would challenge inappropriate behaviours in others.

16. However, these are just early thoughts to help us to test out whether this model might provide a way forward for the sector to think more deeply and creatively about supporting the establishment and maintenance of professional boundaries. We realised that there might be gaps in our knowledge and understanding particularly in terms of current students and younger osteopaths as identified in Julie Stone's research. Some of these gaps may be supported by the Julie Stone research, but others may need exploring further with stakeholders.

Next steps

17. The group concluded that the behaviour change wheel did help us to think more deeply and creatively about supporting the ongoing establishment and maintenance of safe professional boundaries.

18. One point that we did reflect on was that there was little in the public domain about the impact of boundaries breaches on patients and osteopaths. We felt that it was important to progress the development of resources to support a better and clearer understanding of the impact of breaches of boundaries on both parties. We have established a project group which is developing a storyline as a first step.

19. In relation to the wider points, it is our intention to convene a stakeholder event in the next couple of months to a. disseminate the findings of Julie Stone's research and b. to run a similar workshop for the sectoral organisations and key interested parties (perhaps also involving case studies to draw out some of the answers to the complex questions identified above). It is hoped that with the wider sector input, this will help us to begin to get more traction in reducing concerns and the impact of boundaries breaches on osteopaths and patients. We are also convening a project group to oversee the development of this work with a desired outcome of being able to demonstrate impact of our work for osteopaths and patients. We will develop this outcome further during a scoping phase.

20. We welcome feedback from the Committee and observers with speaking rights about the contents of this paper to inform our future thinking.

Recommendation: To consider and provide feedback on the contents of the paper to inform future thinking about understanding the challenges and developing sector based approaches to support the establishment and maintenance of safe professional boundaries.