20 July 2017

An invitation to tender for a comprehensive literature review to enhance understanding of communication and miscommunication in manual therapies

Purpose

1. This document invites proposals to undertake a comprehensive literature review in communication (and miscommunication) in the context of touch and manual therapy. This literature review is commissioned by the General Osteopathic Council, the statutory regulator for osteopaths and the General Chiropractic Council, the statutory regulator for chiropractors.

2. As regulators, we are interested to ensure that we provide all support, guidance and resources or other policy interventions to both support effective and positive communication and reduce miscommunication and the negative impact of miscommunication in the context of touch for the benefit of patients and practitioners. A full review of the literature about the particular challenges of communication in the context of touch will assist us to identify challenges, to begin to explore policy options and agree next steps within our sectors.

What is the issue?

3. Touch is an important part of manual therapy both diagnostically and therapeutically. Yet the context of touch also provides potential for misinterpretation and perceived or real breaches of professional/practitioner boundaries.

4. We are interested to understand the key messages from the literature which explore how touch is given and received between patient and practitioner and any implications for practice, for what we do as a regulator, what others in the sector, educators, professional bodies and smaller groups do and for practitioners themselves.

What do we know?

5. We know that a significant proportion of patient concerns/complaints relate to communication matters.

What is the impact of breaches of boundaries for patients?

6. 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, now renamed 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 /

7. 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'

8. Breaches will often affect the professional's judgement impacting on patient care. 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.

9. The McGivern report[1] in relation to osteopathic practice, shows us that relational regulation is a key component of compliance with standards. When osteopaths understand the 'why' not just the 'what' of standards 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.

10. 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.

11. 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

[1] 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.

collected in 2013, 2014 and 2015 and now the collated report shows the data from all three years.

12. 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).[2]

13. 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.[3]

14. The General Chiropractic Council 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

[2] 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.
[3] 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.

and obtaining consent, maintaining professional boundaries, and privacy and dignity.'

15. Building on its review of fitness to practise cases the GCC produced a guidance note on maintaining sexual boundaries to accompany its Code of Practice.

16. The GCC has also undertaken research into professionalism with its education providers and students and recently disseminated the findings to each of its providers to act as a learning tool with students.

17. Feedback obtained as part of our own *Osteopathic Practice Standards* review also shows that specific guidance in the area of 'boundaries' would be helpful for osteopaths. As a result of this we have enhanced our draft guidance around professional boundaries (to include more information about emotional and physical boundaries as well as sexual boundaries) for osteopaths for consultation.[4]

18. We have also recently published a Thematic Review on Boundaries in osteopathic education[5]. The review showed a lot of good practice in relation to the teaching of boundaries in osteopathic education. However, a number of insights were generated which may inform this literature review. For example:

    - What do we mean by professional boundaries in the context of diagnostic and therapeutic touch?
    - How are boundaries identified and defined in context?
    - Complex questions about the embodiment of professionalism and appropriate boundaries
    - What is best practice in the teaching and learning of boundaries in the context of osteopathy and chiropractic?

What do we want to know?

19. We are interested to understand the key messages from the literature which:

    - Explore how touch is communicated and received by both patient and practitioner, in the context of touch based therapies.
    - Explore any potential implications for education and practice including.
        - the implications for what we do as regulators.
        - the implications for others in the sectors including educators, professional bodies and other groups
        - the implications for practitioners themselves.

20. Our goal is 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.

[4] See OPS Draft Paper July 2017, on the GOsC Website available at: http://www.osteopathy.org.uk/about-us/the-organisation/meetings/

[5] http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/

What are the next steps?

21. The General Osteopathic Council and the General Chiropractic Council are interested to ensure that they are fully aware of all relevant literature in this area to ensure that our policy development is informed and robust.

About osteopathy and chiropractic

22. Osteopaths and chiropractors are primary healthcare practitioners. This means that they are able to undertake a consultation with any patient without the need for referral from another healthcare professional. This includes:

    - taking a case history.
    - performing an examination of the patient (Osteopaths observe the patient perfoming movements, discuss and also use their hands to find areas of weakness, tenderness, restriction or strain. Patients usually need to remove some clothing for examination).
    - formulating a differential diagnosis and discussing treatment options.
    - undertaking agreed treatment where appropriate (again, treatment usually involves the osteopath using their hands directly on the patients body to provide treatment. Again, patients usually need to remove clothing on parts of their body for treatment).

23. Osteopaths and chiropractors are trained to refer patients to appropriate healthcare professionals where they are unable to provide a diagnosis or treatment for an underlying condition themselves (although they may still provide treatment in addition to the referral).

24. Osteopaths treat patients exhibiting a wide range of symptoms. Osteopathic therapeutic approaches tend to emphasise the use of osteopathic manipulative treatment, supported by lifestyle advice and the prescription of remedial exercises where appropriate. Treatment is tailored to the individual patient includes a diverse range of manual therapeutic methods. Some osteopaths may also choose to use adjunct treatments such as western medical acupuncture.

25. Chiropractors (practitioners of chiropractic) use their hands to treat disorders of the bones, muscles and joints. Chiropractors use a range of techniques, with an emphasis on manipulation of the spine. They may also offer advice on diet, exercise and lifestyle, and rehabilitation programmes that involve exercises to do in your own time. Some chiropractors may also offer other alternative treatments, such as acupuncture.

26. Osteopaths and chiropractors work primarily outside the NHS and primarily independently without an employer or teams immediately available. Osteopaths and chiropractors can work from home.

Regulation by the General Osteopathic Council and the General Chiropractic Council

27. The primary purpose of the regulation of health professions is to ensure patient safety. All health professional regulators have statutory objectives as follows:

    - The over-arching objective of the General Council in exercising its functions is the protection of the public.
    - The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives—
        a. to protect, promote and maintain the health, safety and wellbeing of the public;
        b. to promote and maintain public confidence in the profession of osteopathy; and
        c. to promote and maintain proper professional standards and conduct for members of that profession.

28. Osteopaths are regulated in law by the General Osteopathic Council, whose powers were established by The Osteopaths Act 1993. Chiropractors are regulated in law by the General Chiropractic Council, whose powers were established by the Chiropractors Act 1994. All osteopaths and chiropractors must be registered in order to practice in the UK.

29. The GOsC and the GCC promote patient safety by:

    - Keeping the Registers of all those permitted to practise osteopathy or chiropractic in the UK.
    - Setting, maintaining and developing standards of practice and conduct.
    - Assuring the quality of undergraduate and pre-registation education
    - Assuring that all registrants keep up to date and undertake continuing professional development.
    - We help patients with any concerns or complaints about registrants and have the power to remove from the Register any registrants who are unfit to practise.

Current policy interventions to support registrants and patients

30. The GOsC is 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 are being 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.
- Case studies and resources in the area of consent and communication and boundaries.
- Joint work with the General Dental Council around values – and understanding how to make what's important to the patient and what's important to the practitioner more explicit during the consultation.

31. Further information about these activities is available on request from Fiona Browne at fbrowne@osteopathy.org.uk

Deliverables of the Project

32. The aim of the literature review is to provide a comprehensive overview of research relevant to communication in the context of manual therapy. It may be based in the fields of osteopathy and chiropractic or in other fields (for example physiotherapy, acupuncture etc). The literature should include teaching and learning about communication in the context of manual therapy as well as findings from practice – even if small scale).[6]

33. The literature review should:
    - Be comprehensive
    - Cover a range of fields and approaches
    - Should contain a detailed narrative, a comprehensive summary, any limitations and recommendations for further research and consideration of the findings in relation to existing policy development for bodies in the sector.

34. There are limited funds for the literature review up to a maximum of £7000 (including full economic costs and VAT and any other project expenses).

35. The deliverables for the research should include:

[6] See for example, Kordahl HL and Fougner M, Facilitating awareness of philosophy of science, ethics and communication through manual skills training in undergraduate education. Physiotherapy Theory and Practice Vol. 33 , Iss. 3,2017, Knowing hands converse with an expressive body – An experience of osteopathic touch Consedine S, Standen C and Niven E, International Journal of Osteopathic Medicine, Vol 19, Mar 2016, pp 3 – 12, Kirsha LP et al, Reading the mind in the touch: Neurophysiological specificity in the communication of emotions by touch. Neuropshychologia, Vol 103, 2017, in press

a. An agreed approach to the literature review (this will be the tender document with minor amendments as agreed.)
b. A final report (including the methods used) outlining the literature review. This should include:
    i. A summary of the key findings
    ii. Detailed narrative about the key findings from the research and implications for osteopathic and chiropractic practice in the UK.
    iii. Identification of key gaps in the literature.
    iv. Consideration of the policy implications of the findings from the research for the regulators and other bodies in the sectors.
    v. Consideration of the equality and diversity implications.

Instructions to tenderers

36. We are inviting any interested party to submit a proposal (the 'Tender Proposal') to undertake research into the effectiveness of osteopathic regulation.

37. The tender proposal should clearly identify:

    a. Previous relevant experience and professional information set out in a concise academic CV for each member of the team. The CVs should also include publication information and other research activities.
    b. Background understanding of the literature review, the purpose of the review and the context within which it is taking place.
    c. The proposed methods to be to ensure that the literature review is comprehensive. This should include an indication of how the researcher will find out more about osteopathy and chiropractic, educational and practice environments as well as an indication of the planned framework for undertaking the research.
    d. A detailed work plan with milestones and schedules (including dates).
    e. The basis of the budget.
    f. A single point of contact for all correspondence relating to the project.

Submission instructions

38. The specifications for the tender, budget and contract are set out in this document.

39. The tender must be received in a sealed envelope on or before Tuesday 15 August 2017 at midday. One electronic copy of the tender is required.

40. This invitation to tender does not represent an offer, representation or agreement and does not imply that agreement will be entered into.

41. The General Osteopathic Council will not pay for any expenses or losses incurred in the preparation of the tender proposal.

42. The General Osteopathic Council will not bind itself to accept the lowest tender.

43. No tender will be deemed to have been accepted until such acceptance has been notified to the Tenderer in writing.

44. The General Osteopathic Council does not warrant that the information in this document is accurate, complete or updated. However it will take reasonable steps to ensure that it is.

45. The Tenderers shall assist and co-operate with the General Osteopathic Council (at their sole expense) to enable the General Osteopathic Council to comply with any information disclosure requirements contained in the Freedom of Information Act 2000 and any other relevant information.

46. The General Osteopathic Council will determine at its absolute discretion whether any information in connection with this Tender (including commercially sensitive information) is exempt from disclosure in accordance with the provisions of relevant legislation.

47. In carrying out the research the successful tender research team and anyone acting on its behalf, must comply with the law for the time being in force in the United Kingdom. Attention is drawn in particular to the need to avoid committing any act of discrimination rendered unlawful by Equality Act 2010. Attention is also drawn to the obligations under the Data Protection Act 1998 and the Human Rights Act 1998.

48. The Tenderers should also note that any liability incurred under health and safety legislation, or liability for redundancy or unfair dismissal under employment legislation, will be their responsibility. If there is any doubt over any of the above mentioned matters, legal advice should be sought.

Budget

49. There are limited funds for the literature review up to a maximum of £7000 (including full economic costs and VAT and any other project expenses). This sum of money will be paid on delivery of the satisfactory final report meeting the deliverables in this tender.

Evaluation of the Tender

50. The tender proposal will be evaluated using the following criteria:

    a. Background and experience of researcher or team. Does the researcher or team possess the knowledge, skills and capability to deliver the project? Does the team have a track record of undertaking similar work? Does the team have capacity to undertake the work? In undertaking the elements of this project, it

is likely that a variety of people with a variety of skills and disciplines will be helpful.

b. Evidence that the tenderer understands the project.
c. Goals/objective: will the tender proposal deliver the requirements?
d. Are appropriate methods and disciplines used?
e. Are the timescales proposed timely and sufficient to ensure that
   vi. the quality of work is not compromised?
   vii. the work is delivered within a reasonable period of time?
f. Does the proposed tender demonstrate value for money?
g. Does the tender demonstrate a commitment to equality and diversity?
h. Is there an indication of the ability to comply with our terms and conditions?

Contract timetable

51. The tender proposal should set out a detailed preliminary schedule that indicates realistic and final deadlines for the research project.

52. The planned timescale for appointment is as follows:

Issue of invitation to tender	21 July 2017
Return of Tenders	15 August 2017 at 12:00
Interviews	Interviews in London on 11 September 2017
Preferred Tenderer Appointment confirmation and contract agreement	18 September 2017
Final literature review to be delivered by	2 October 2017