Making boundaries meaningful: values, behaviours and responsibilities

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Professional Standards Authority Research Conference

17 October 2024

General Osteopathic Council

Key themes

- Changing context of osteopathic practice
- Recognising the need for multi-faceted approach especially role of professional bodies/employers as well as educators
- Understanding nuanced professional context of how boundary issues present
- Pre-registration training reinforced through (mandatory) CPD
- Encouraging/rewarding good behaviours and dealing robustly with poor practice

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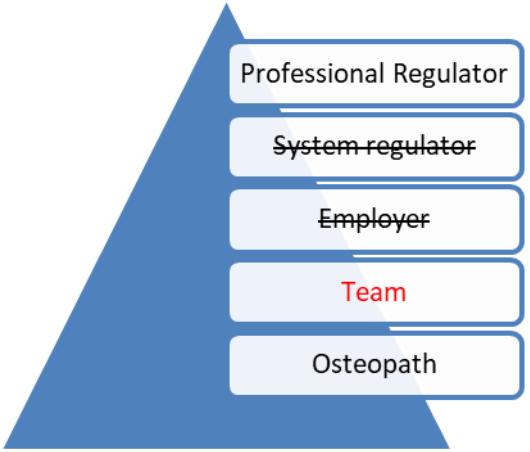
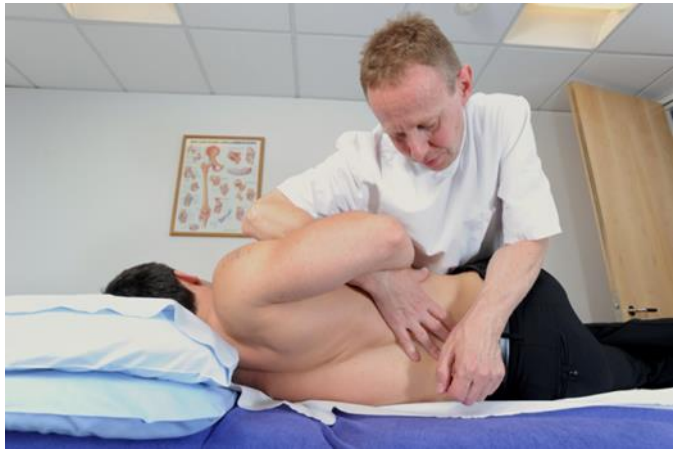
Changing context of practice





- c5500 registrants
- Sole practitioners
  - 56% in 2011
  - 1% in 2024
- NHS practice
  - 0.5% in 2011
  - 6% in 2024
- Average practice size is now 8 with around half being osteopaths

Source: KPMG (2011) How osteopaths practice
Source: Institute of Osteopathy 2024 Census

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First point of contact concerns

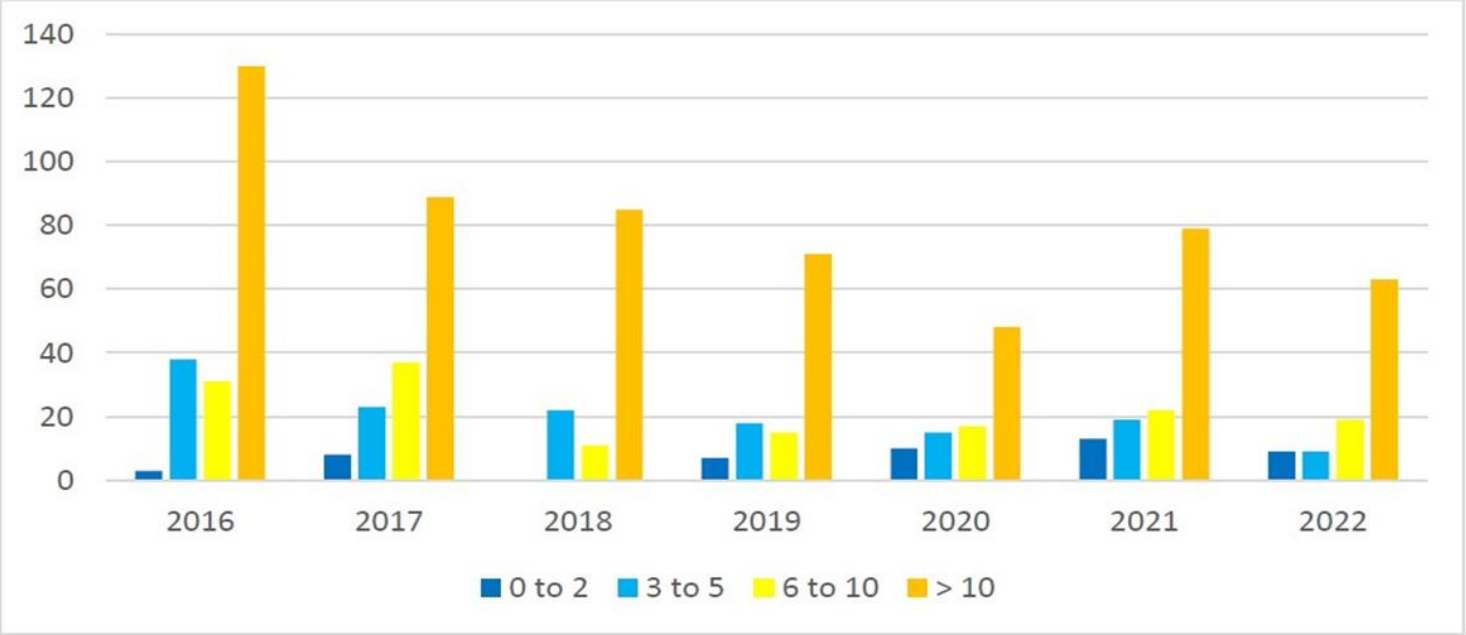

Figure 2. Distribution of complaints by years since graduation 2016 – 2022

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First point of contact concerns

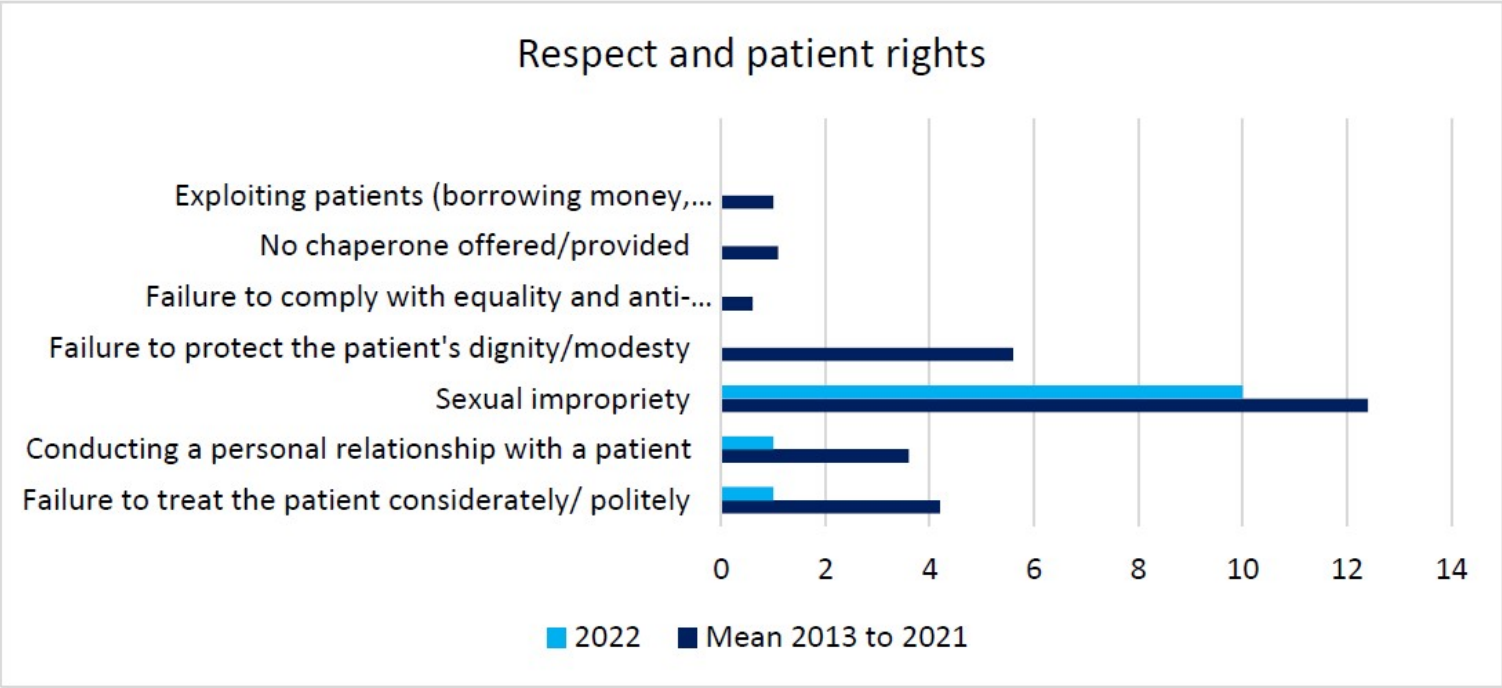

Figure 8b Respect and patient rights (Disrespect or violations of patient rights)

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First point of contact concerns

Criminal convictions and police cautions

These data show an increase in the number of sexual assaults this year (n=2). There is also a concern/complaint for the first time since 2013 relating to the possession of indecent images (n=1).

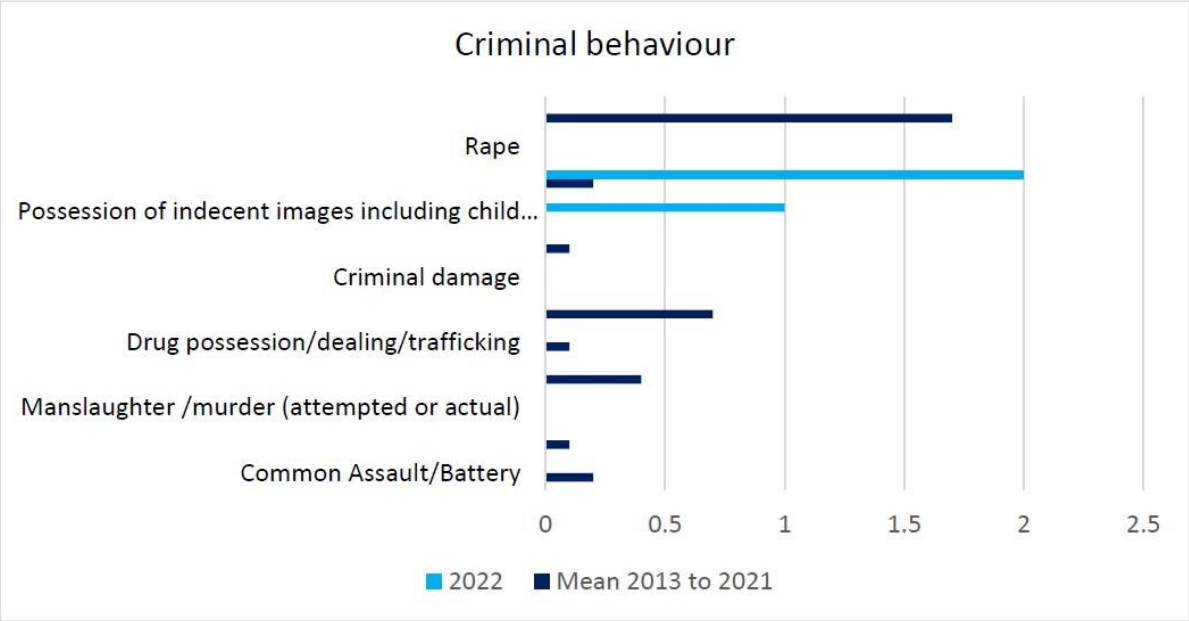

Figure 10. Criminal convictions and police cautions

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Fitness to practise data

- 2022/23 PCC Hearings
  - 11 substantive hearings
  - 3 related to breach of professional and / or sexual boundaries

  GOsC, Fitness to Practise Annual Report 2022/23
- Q1 2024 concerns received
  - 23 concerns received (5 related to breaches of boundaries)
  - 4 formal concerns opened (1 related to breaches of boundaries)

  NB. Small numbers, but significant percentage

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Commissioned research

THEMATIC ANALYSIS OF BOUNDARIES EDUCATION AND TRAINING WITHIN THE UK'S OSTEOPATHIC EDUCATION INSTITUTIONS

A Report by Julie Stone commissioned by the General Osteopathic Council

March 2017

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SUPPORTING PROFESSIONALS, PROTECTING PATIENTS: SHIFTING THE NARRATIVE ON PROFESSIONAL BOUNDARIES IN OSTEOPATHY

Julie Stone

A Report for the General Osteopathic Council

May 2022

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Purpose

- 2017 - To establish a baseline of what was being taught, when and how, including assessment
- 2022 - To support an ongoing enhancement of standards, support learning and enhance quality across the sector pre-registration education
- Recognition that FtP is wrong end of the telescope to consider boundaries, and complaints are likely to be an under-representation of actual cases of unacceptable behaviours
- We need to encourage positive behaviours

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Education findings (1)

- HEIs are the primary source of teaching about professionalism
- Boundaries is an integrated part of teaching on communication, consent, touch and trust
- Gaps in undergraduate education include:
  - Taboos around discussion of sex and sexual attraction (including to and from patients)
  - abuse of power and breach of trust misunderstood and framed as ‘dating patients’
  - Need for trauma-informed education and support (students and others who have suffered trauma)

Education findings (2)

- ‘intergenerational, cultural and diversity gaps between students and tutors. ‘Me Too’, and Covid have opened up helpful conversation spaces about power, sexual harassment, and patient **and practitioner** vulnerability
- Involvement of patients in education could be enhanced
- Supporting the professionalism of classroom and clinic educators is key, as tutors have significant role in shaping student professionalism in practice. Achieve through ?formal teaching qualification requirements, peer review of teaching, two-hander teaching, whole Faculty training days, and ensuring all educators have an overview of the pre-registration curriculum

Education findings (3)

- HEIs have taken active steps to encourage '**Speaking Up'** and **reporting issues of concern**.
- Importance of role modelling good practice in employment within HEIs and **knowing how to report and deal with sexual harassment**. Ensuring tutors and colleagues **role model good boundaries**
- Actions include: 'policies, pastoral offering and 'open door' culture … providing **psychologically safe ways of raising problems and seeking support**
- Wider themes relating to regulation and the profession structure were also reported

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Education findings (4)

- Complexity of the subject matter, requiring:
  - a professionalism curriculum which embeds critical thinking, self-reflection and emotional intelligence, and which encourages students to seek support if struggling and to speak up if they have concerns
  - Effective integration of learning based on relationships, interdependencies, interconnections, structures, systems, individuals
  - No right answer and no single accountability
  - HEIs can only lay a foundation

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Ethics of touch: additional issues

- Touch as a vehicle for healing but also having potential to harm – most well-intentioned therapists do not consider the capacity of their intervention to harm, beyond specific treatment effects. But, as with non-specific benefits, so too, non-specific harms
- Touch supercharges boundary issues e.g. around practitioner self-disclosure
- For osteopaths/chiropractors/physiotherapists need to learn about the potency of touch, as experienced by patients (isolation of Covid heightened need for touch and issues of client dependence)

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Further research on education

- What to teach, when to teach it and how to assess
- Researching context – boundary issues manifest differently in every profession
- Relevance to the needs of learners
- Real life examples, including FtP cases, but balance positive (dos) and negative (don’ts)
- Small group discussions face to face to allow emotionally intelligent tutors to recognise signs of distress within the room
- CPD/safe reflective spaces
- ?Too soon for evaluation and metrics

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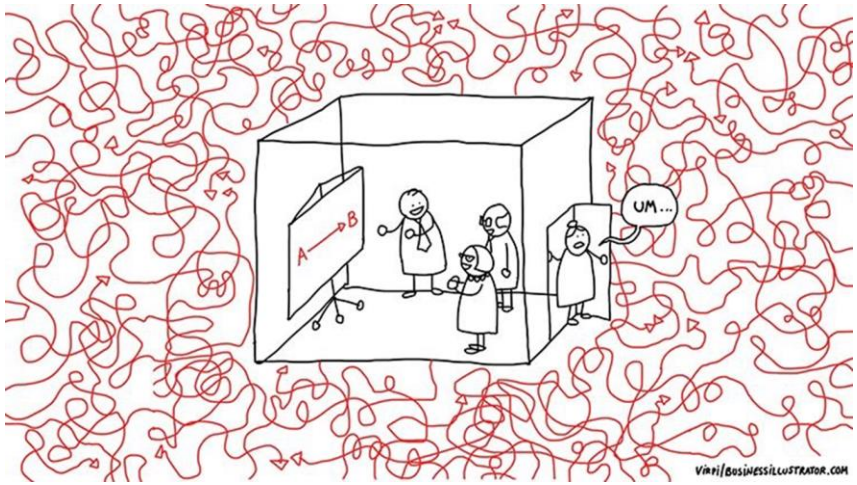
CPD and/or ‘safe, reflective spaces’ (1)

- Awareness of professional boundaries become more of an issue when practitioners leave relative safety of education.
  - need to attract and retain a client base
  - may face challenges in practices where boundaries/ethics breached)



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CPD and/or ‘safe, reflective spaces’ (2)

- Creating safe spaces for practitioners to reflect on uncomfortable situations (including: ‘Can we be friends’, strong likes/dislikes from and towards patients, and creating opportunities to discuss how to manage patient’s erotic transference/sexualisation of space)
- Acknowledging that abuse of power not necessarily experienced as such by young/newly qualified practitioners who themselves feel vulnerable, and may be more likely to look to clients for social relationships

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Whole system approach

- Although the report focused on undergraduate education – it became clear from the discussions and the recommendations that a wider systems approach was necessary because :
  - Isolation and lack of support post-graduation was a red flag
  - Boundary issues become ‘real’ in autonomous practice and mechanisms for support may be lacking. No recommended or mandated ‘supervision’ cf psychotherapy
  - Importance, for patients, of a standardised approach across professions of what they can expect

Eliminating serious boundary breaches

- Not impactful:
  - Messaging: ‘Don’t have sex with patients’ – is not working
  - Knowledge: Professionals are not unaware that boundaries violations are a breach of professional duties
  - Regulatory standards and Codes have limited impact on professional behaviour
  - Fitness to practise interventions are a blunt and retrospective tool

Eliminating serious boundary breaches

- Prevention is key
  - Undergraduate education primary opportunity but crowded curriculum
  - Multi-faceted preventive approach required of regulators, educators, employers, police and CPS – recognising broader societal context of sexual harms, including in school and college education
  - Professionalism, ethics, law, clinical skills and training in allyship/speaking up
  - Building moral courage

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Synthesis and conclusions

- All parts of regulation come into play. Fitness to practise is not a learning tool or deterrent for osteopaths – efforts need to be put into upstream collaborative interventions
- Regulators need to work in concert with others
- Safe reflective spaces, buddying and mentoring might help professionals who don't have a supervision requirement
- Persistent offenders may not be able to be deterred

Who is responsible for what? (1)

- Regulatory reach limited, and interventions should be upstream
- Professional bodies/membership organisations
- Trade union/indemnity organisations
- Educators (including school, as sexualisation/assault endemic within education)

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Who is responsible for what? (2)

- In the context of employed practitioners, role of line managers, HR, FTSU guardians and Boards (boundary violations as a ‘red risk’)
- New workers’ protection legislation to protect from harassment from October 2024
- If FtP, consider moving towards sexual harassment allegations, rather than ‘sexual motivation’
- Implement trauma-informed FtP proceedings, including upskilling panel members

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Weeding out sexual harassment/assault

- Offender management v removal from register (removed practitioners do not cease to be a sexual risk, they just become a risk elsewhere)
- Robust use of erasure where appropriate, and not being swayed by testimonials or perceived need to retain clinicians in practice
- Early identification and robust responses e.g. to unacceptable student behaviour
- Consideration of psychological approaches for 'lesser' offenders – a supportive, practitioner-oriented approach – with early intervention, e.g. as part of rehabilitative conditions

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Next steps

- Less reinventing the wheel and more action
- Largely NOT requiring legislative change
- Education – pre-reg and mandatory CPD and upskilling tutors
- Boundaried and trauma-informed training environments
- Ensuring that quality of prosecution matches that of defence
- Time to review PSA Sexual Boundaries guidance and recommend harmonisation/consistency of Codes and sanctions across professions

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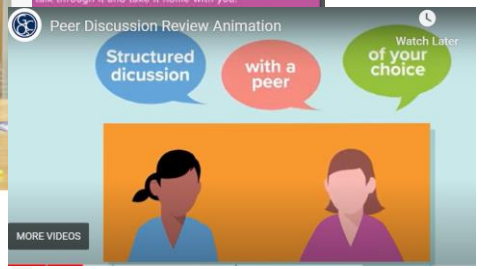
Where is GOsC now?

- Strengthened guidance
- CPD - all osteopaths to have a peer to discuss CPD and practice
- Patient and Osteopath resources to support expectations and shared decision-making
- Ongoing webinars and expert seminars -interactive discussion and case studies
- Promotion of our case studies resources on boundaries



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Values

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Encouraging Behaviour Change

- What are professional boundaries?
- What are the specific behaviours that can support establishing and maintaining professional boundaries for osteopaths, patients and those around them?
- What can we do to ensure:
  - The right knowledge and skills
  - The right environment
  - The right motivation to give the best chance for osteopaths to establish and maintain professional boundaries

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Intervention function	Definition	Example (from osteopathic context)
Education	Increase knowledge or understanding	Signpost and adapt OPS guidance / resources, possible focus on professional boundaries as part of patient feedback, resources about application of guidance in practice (spotting early signs of breaches + actions), recognising early signs, traumatised patients, colleagues who are breaching boundaries and taking action
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Impact on patients and impact on osteopaths, social and emotional consequences. Consider how issuing soft guidance might drive change in sector recognising more 'employers' than previously
Incentivisation	Creating an expectation of reward	Keeping relationships professional and reducing risks of complaints
Coercion	Creating expectation of punishment or cost	Impact of FTP – but in context of better understanding and tone to reduce fear - but also recognising public confidence
Training	Imparting skills	Resources and CPD cascading approach through sector
Restriction	Using rules to reduce opportunity for competing behaviours	Could do this through increased focus on chaperones or requirements around info to patients
Environmental restructuring	Changing physical or social context	More voices on social media calling out inappropriate dating of patients type posts, bystander training, putting right messages in osteopaths space. Reimagining roles and responsibilities through soft guidance

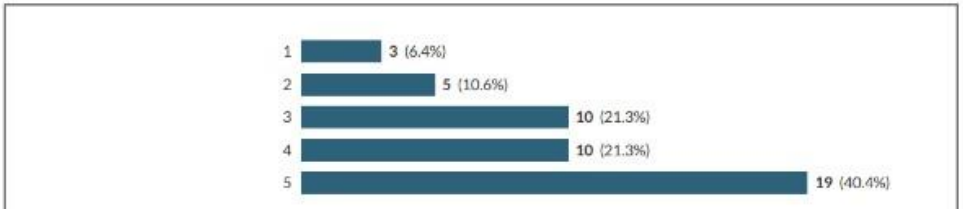
Proposals for action

- Amend CPD scheme to include mandatory CPD on boundaries in conjunction with communication and consent and EDI
- Consider softer powers of issuing guidance to support better standards as osteopaths transit into practice. This includes exploration of:
  - Guidance for newly qualified osteopaths about content, structure and networks to encourage stronger networks
  - Guidance about what good looks like in a practice
  - Guidance to support development of education and leadership – culture on practice for employers
- Explore how other organisations may lead on or collaborate in these areas to create more systems like clinical governance
- Designing case studies to support exploration of cases

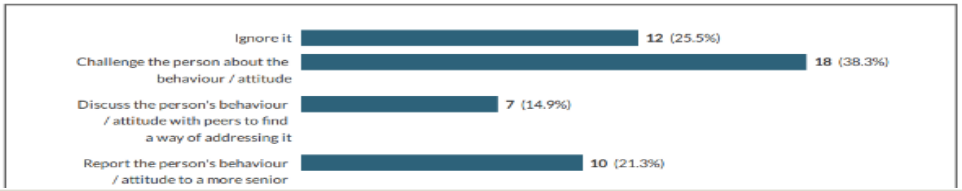
Proposals for action

45 A fellow student engages in a social media 'friendship' relationship with a patient or carer

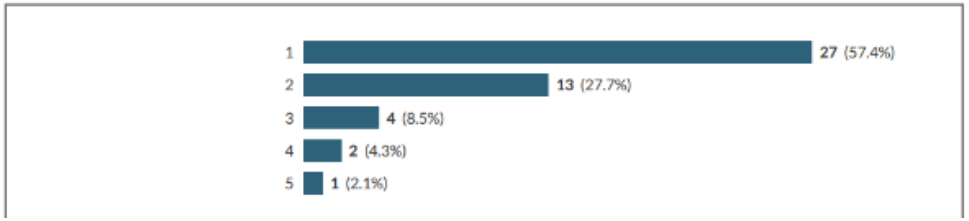
45.a How wrong do you think this behaviour / attitude is? (1 = not very wrong, 5 = very wrong)



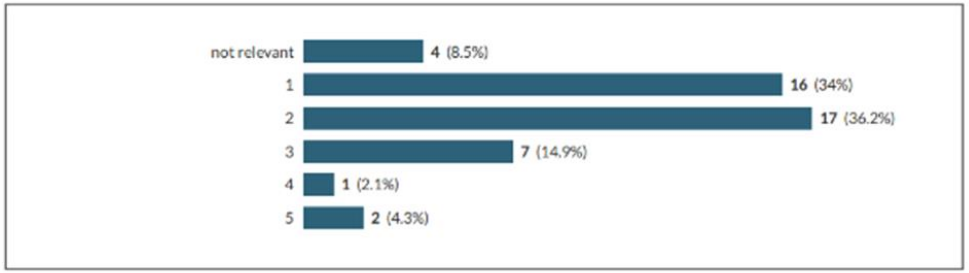
45.b If a student becomes aware of this behaviour / attitude should they in the first instance



45.c How frequently do you think this behaviour / attitude occurs among osteopathy students?



45.d How frequently do you think this behaviour / attitude occurs among qualified osteopaths? (not relevant or 1 = not at all frequently, 5 = very frequently)



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Implementation and evaluation

- Attitude surveys and influencers feedback
- How we assess culture change in speaking up in education and more widely
- Measuring complaints and concerns when we implement the new mandatory CPD for Boundaries in 2025.
- Consider whether we have passed the point where we should be celebrating more reporting as evidence of preparedness to speak up

Non-statutorily regulated professionals

- Comparable safeguards required as no statutory regulator to complain to and no protection of title for people harming patients whilst holding themselves out as qualified
- Risk-based regulation if serious boundary violations e.g. by unregistered ‘therapists’. Prompt to reconsider statutory status?
- Better brand recognition of PSA accreditation – only use registered practitioners (funded by whom? - discuss)
- Consider an amendment to Sexual Offences Act, akin to additional offences if against a vulnerable person, a sexual offence carried out under the guise of ‘treatment’/whilst holding self out as a trained/registered practitioner

Reflections

- Nuance and context of professional setting all important to ensuring education and training lands
- Recognising most practitioners don't think like regulators, and 'breach of trust/abuse of power' alien concepts
- Need to build on core ethical foundations
- Continuous checking in with what patients and practitioners expect. Authenticity of relationships also valued. Views on gift giving and receiving and treating friends not necessarily slippery slopes to boundary violations?

Questions for Discussion

- How does this reflect your experiences of working to prevent breaches of boundaries?
- Are there other ways we could be incorporating patient voices?
- What gaps are there in our knowledge?
- Is there a preparedness to accept remediation approaches to FtP sanctioning?
- How can we assess implementation and impact effectively in education and practice?

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