



Council

22 November 2023

National Council of Osteopathic Research Report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2022

Classification	Public
Purpose	For discussion
Issue	Consideration and reflection on the findings from the NCOR concerns and complaints report 2013 to 2022.
Recommendation	<ol style="list-style-type: none">1. To consider the implications of the NCOR concerns and complaints report 2013-2022.2. To agree to publish the NCOR concerns and complaints report 2013-2022.
Financial and resourcing implications	The cost of compiling the report is c.£1,100 and is included within the budgets approved annually by Council.
Equality and diversity implications	<p>The report provides information about specific demographic information linked to concerns. This year we are beginning a pilot project to collect more detailed data about protected characteristics from complainants to help provide further insight into specific issues that might arise.</p> <p>Part of our EDI work is looking to promote resources to better understand the experiences of people with specific protected characteristics in health care to continually enhance osteopaths' communication with patients.</p>
Communications implications	The report will be published on the GOC website in a new section being created for the NCOR reports. We communicate publication of the report but also use the findings about current trends to provide targeted advice aimed at explaining and supporting osteopaths to reduce occurrence of known areas where issues arise.
Annex	Report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2022
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Key messages from paper:

- Every year the National Council for Osteopathic Research (NCOR) produce a report on the type of concerns and complaints made against osteopaths and osteopathic services. The report for 2013-2022 is annexed to this paper.
- The report brings together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.
- The updated data collection took place during January to December 2022, Key findings include:
 - Reduced number of concerns about osteopaths overall (second lowest since data collection began)
 - Areas of focus for this year should include:
 - Inappropriate treatment or treatment not justified n=8
 - Forceful treatment n=7
 - Treatment causes new or increased pain or injury n=30
 - Failure to communicate effectively n=8
 - Sexual impropriety n=10 (NB data from other categories also shows an increase in sexual offences. This mirrors data from our own fitness to practise data which show that concerns around boundaries are becoming more serious) – although overall numbers appear to have reduced slightly this year
 - There is data to suggest that further exploration of concerns for those over 71 and those 0-2 years qualified may benefit from further analysis to see if there is further support we might be able to provide for these groups.
 - Professionalism and Safety and Quality in Practice are the dominant themes in relation to concerns echoing the findings in 2021.
- We continue to use this report to ensure we are focussing on practice in accordance with the Osteopathic Practice Standards with particular communications and policy priorities covering the areas of concern outlined in the report.

Background

1. This cover paper highlights key findings in the NCOR report and our progress on these issues.

Discussion

NCOR Report 2013-2022: key findings

2. The NCOR Report at Annex A sets out a number of key findings. These include:
 - 'The pandemic during 2020 and 2021 significantly impacted osteopathic practices and also had an impact on both the number and nature of concerns and complaints raised. Osteopathic practices have reported being busier during 2022 as the effect of reduced capacity within the NHS has led to more patients seeking care elsewhere.'
 - 'When reviewing data for 2022, 103 osteopaths had complaints made against them compared to 138 in 2021. This is equal to the number of complaints made during 2020, the year most affected by the COVID19 pandemic. There were 126 concerns and complaints raised in 2022 (including false/misleading advertising complaints). This is the second lowest number of complaints made with 2020 being the lowest at 115 complaints.'
 - 'Notable areas of complaint during 2022 were:
 - Inappropriate treatment or treatment not justified n=8
 - Forceful treatment n=7
 - Treatment causes new or increased pain or injury n=30
 - Failure to communicate effectively n=8
 - Sexual impropriety n=10
 - When the concerns and complaints were mapped against the Osteopathic Practice Standards (OPS) we can see that 'Quality and Safety' and 'Professionalism' remain the areas of most concern echoing the data from 2021.
 - Specific demographic data is also set out in the report.
3. Other points of interest in the report include:
 - a. Demographic data has remained fairly consistent since 2013 (aside from 2020) with c 2/3 of males and 1/3 of females forming the subject of the concerns.
 - b. The rate of concerns raised about osteopaths is roughly consistent when compared to the numbers of osteopaths in each of the four countries ranging from 1% to 3% (when compared to registrant numbers as of March 2022).

- c. Concerns from under 30 to 70 years of age range from 1.3 to 1.8%. However, concerns for 71 years and over (93 registrants) are at 3.2%. It might be useful to explore patterns of concerns for this age group to understand if there is specific support that could be provided for them.
 - d. Males are more likely to be complained about than females. (2.5% and 1.3% respectively). This differential seems to be more evident from 3 years qualified plus.
 - e. Osteopaths qualified for 10 years or more are more likely to be complained about. This potentially emphasises the importance of peers for this group to ensure that they are connected to a community of osteopaths and osteopathic and societal norms around practice rather than being professionally isolated.
 - f. Osteopaths qualified 0-2 years make up 8.7% of the overall concerns raised. This compares to 1% in 2016, 4% in 2017, 0% in 2018, 6% in 2019 and 10% in 2020 and 9% in 2021. It may be helpful to explore patterns of concerns for this group to understand if there is specific support that could be provided for them.
 - g. Table 7 shows the overall concerns received in 2022 compared to the mean in 2013 to 2021. Those areas at the higher end of the range and above the mean are: Clinical care issues: safety of clinical practice and Management: environment.
4. Specific categories of interest include:
- a. **Clinical care:** 'Clinical care issues relate to quality of clinical practice and safety of clinical practice.'
- In relation to these areas: 'Figure 6a shows an above average number of concerns about the lack or inadequacy of a treatment plan. Figure 6b shows high levels of complaints concerning new or increased pain, and delivery of forceful treatment consistent with previous data.'
- This suggests that a focus on our communications in terms of being clear about outlining the benefits and risks of treatment and being clear about how patients may experience treatment is very important. Our case studies in relation to communication and consent at present focus more on indirect communication misunderstandings. It may be helpful to refocus some of our communication case studies on these areas of side effects related to new and increased pain and forceful treatment and to be clear about treatment plans to try to support clinical communication in these areas.
- b. **Management:** 'This theme records complaints about the practice environment such as problems in the facilities, services, clinical equipment,

staffing levels, and business processes and procedures such as problems in bureaucracy, waiting times, and accessing care.'

In relation to these areas: 'Complaints concerning not controlling the spread of communicable diseases were slightly above average, as were issues raised about value for money, and non-compliance with health and safety laws/regulation (Figure 7a).'

Clarity and re-promoting our infection control guidance which includes health and safety and the importance about being clear about costs could be areas that we could consider re-promoting for osteopaths. Again further case studies in this area could help to support osteopaths as to how to reflect further in these areas.

- c. **Relations Issues (relating to the behaviour towards the patient or their family/friends):** 'This theme consists of two sub-themes: Listening and Communication such as disregarding or not acknowledging information from patients, and absent or incorrect communication to patients; Respect and patient rights such as disrespecting or violating patient rights.'

'There was one concern / complaint raised about consent and slightly fewer than average complaints about communicating inappropriately or ineffectively (Figure 8a). 'Examples of inappropriate communication include rude remarks towards a patient about weight, inappropriate / unjustified comments about pregnancy relating to the COVID vaccine and inappropriate comments construed as racist.'

Whilst concerns in this area are well below the mean for 2013 to 2021, they provide examples of behaviour that can harm patients and the profession's reputation and again, case studies in these areas may be helpful for a small group of osteopaths to illustrate how personal beliefs must not intrude into patient care.

'Figure 8b shows that the numbers of concerns and complaints around sexual impropriety are slightly fewer than the 9-year average.' Demographics for these concerns show '10 complaints about sexual impropriety compared with 12 complaints in 2021. Further analysis revealed that all 10 of the osteopaths were male. Of these, six were under 50 years old and four were over 50. Four of the osteopaths had more than 10 years' experience, and six under 10 years.' However also note **Criminal Convictions and Cautions** which show 'an increase in the number of sexual assaults (n=2) this year. There is also a concern / complaint for the first time since 2012 relating to the possession of indecent images (n=1). Note also there are concerns in 'regulation specific' including messaging underage girls and a restraining order. Taken together, these fit with the patterns of concerns that we have noticed in our fitness to practise data which shows that sexual concerns are more serious and more involving the police.

The impact of harm to the patient is significant and boundaries forms a key area of work for the GOsC over the next year to continue to help drive down this figure for sexual impropriety through detailed work with the sector.

- d. **Adjuvant Therapy:** The number of concerns and complaints in this area remain very small and focus on acupuncture and dry needling.

Whilst areas of concern here are very low, we understand that data is beginning to show an increased usage of adjunctive therapies in osteopathic practice. We are intending to discuss this with insurers at our GOsC / Insurer meeting which is due to take place later this year.

- e. **Regulation specific:** Most of these concerns have been dealt with in the boundaries section, but they also include careless driving and fraudulent activity.

Conclusions

5. The report does imply that our regulatory activities can influence the reduction of concerns in specific areas. It is of note that this year there are areas that we can focus new case studies on to support osteopaths to continue to meet the Osteopathic Practice Standards as outlined in paragraph 2 above. We know that osteopaths find our case study approach particularly helpful to support learning.
6. We will continue to promote and disseminate the findings of this report to osteopaths and educators and students to support them to focus on areas that lead to concerns and complaints from and with regard to patients.

Recommendation:

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2. To agree to publish the NCOR concerns and complaints report 2013-2022.