



**Policy Advisory Committee**  
**19 October 2017**  
**NCOR complaints data analysis 2016-17**

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| <b>Classification</b>                        | Public   |
| <b>Purpose</b>                               | For discussion   |
| <b>Issue</b>                                 | This paper includes an independent analysis of data collected annually between 2013 and 2016 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths.          |
| <b>Recommendation</b>                        | To consider the content of 2016 data report.   |
| <b>Financial and resourcing implications</b> | None.  |
| <b>Equality and diversity implications</b>   | None arising directly from this paper.   |
| <b>Communications implications</b>           | Findings outlined in the NCOR report, 'Types of concerns raised about osteopaths and osteopathic services in 2013 to 2016', will be widely shared with registrants and osteopathic organisations for educational purposes. |
| <b>Annex</b>                                 | 'Types of concerns raised about osteopaths and osteopathic services in 2013 to 2016'.<br>National Council for Osteopathic Research (NCOR),<br>September 2016.  |
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## Background

1. Over the past four years the GOsC has been working in partnership with the Institute of Osteopathy and leading providers of professional indemnity insurance to osteopaths on a project to collect and merge data relating to concerns about care. Participating organisations apply a common system for classifying and counting the range of concerns identified in complaints and claims reported to them.
2. At the end of each year, individual data sets are submitted by these organisations to the National Council for Osteopathic Research (NCOR) for analysis of the aggregated data, from which an independent report is produced by NCOR.
3. NCOR has also published independently on the findings from the work.<sup>1</sup>
4. This year additional data has been collected about the demographics of the individual osteopaths about whom a complaint or concern has been raised.
5. Collection and analysis of data in this way appears to be unique to the UK osteopathy profession among any healthcare profession worldwide.

## Data collection and findings

6. The number of concerns recorded in 2016 reflects a further rise above the totals for the preceding years:
  - 2016 – 410
  - 2015 – 369
  - 2014 – 257
  - 2013 – 203
7. However, the significant rise in the number of concerns continues to reflect an increase in complaints of 'false/misleading advertising'. Discounting the advertising-related data – which emanates from a single source – the figures were as follows:
  - 2016 – 235
  - 2015 – 213
  - 2014 – 248
  - 2013 – 200
8. Complaints about conduct appear to be stable with an increase in concerns about clinical care (up from 108 to 128 from 2015 to 2016) although these are at a lower level than reported in 2014.
9. In relation to concerns about conduct the highest numerical categories continue to be:

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<sup>1</sup> [http://www.journalofosteopathicmedicine.com/article/S1746-0689\(16\)30050-5/pdf](http://www.journalofosteopathicmedicine.com/article/S1746-0689(16)30050-5/pdf)

- a. Failure to communicate effectively (18)
  - b. Communicating inappropriately (18)
  - c. Failure to obtain valid consent/no-shared decision making with patient (18)
10. The category that has shown the largest increase from 2015 to 2016 has been failure to maintain professional indemnity insurance (up from 6 to 11 instances).
  11. In the past year there has been a notable decrease in concerns about sexual impropriety and failure to protect the patient's modesty/dignity (down from 14 to 7 and 11 to 5 respectively).
  12. In relation to clinical care the highest numerical categories continue to be:
    - a. Treatment causes new or increased pain or injury (40)
    - b. Inappropriate treatment or treatment not justified (29)
  13. The third category in 2016 was 'Forceful treatment' (15) which emerged as the third most common ahead of that in 2015 ('treatment administered incompetently').
  14. As has been noted previously, all four of these categories may have some element of poor communication or lack of shared decision-making associated with them.
  15. The demographic data collected this year indicates a male/female split of 63% and 36% respectively, and with 63% of osteopaths subject to a complaint or concern having been in practice 10 or more years. Interestingly, the male/female ratio was wider for these osteopaths who had been longer in practice (74% to 25%).
  16. This demographic data is consistent with the finds of the GOsC's own analysis of fitness to practise data presented to the Committee last year<sup>2</sup>.

## Discussion

17. It has already been noted in previous reports that caution must be exercised when drawing on small data sets such as these, nevertheless as we build the data set year on year, it becomes clearer where there is a persistence of some problems and we have more certain evidence for action.
18. The continuing preponderance of complaints and concerns about communication and consent issues supports our ongoing work on CPD, standards and supporting shared decision making. This includes:

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<sup>2</sup> <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-9a-data-report?preview=true>

- a. The requirement in the new CPD scheme for compulsory activities relating to communication and consent and the provision of resources for osteopaths in these areas.
  - b. Revisions to the draft revised *Osteopathic Practice Standards* which make the requirements around communication and consent clearer to osteopaths.
  - c. Our joint work with the General Dental Council on the development of tools to support shared decision-making which aim to make more explicit differing values between patients and practitioners.
19. The demographic data continues to suggest that we are right to focus much of our effort on established practitioners rather than look to undergraduate education as the solution to these concerns.
  20. One area that is of particular concern is the growth in cases where individuals have failed to maintain proper professional indemnity insurance. These are also sometimes compounded when an individual attempts to cover up what was an honest mistake in failing to renew insurance. We are in discussions with the insurance providers about how we can seek to reduce instances of uninsured practice.
  21. As has been noted above, complaints raised about advertising have almost entirely emanated from one source and can not be considered to be patient complaints. Nevertheless, these concerns should not be discounted. In the period under review the GOsC and the iO undertook joint work with the Advertising Standards Authority and we continue to promote compliance with the Code of Advertising Practice among osteopaths.

### **Conclusion**

22. This report will be disseminated widely within the profession and used to support our ongoing work on CPD and standards. We also intend, if possible, to bring together the contributors to the report to explore further ways to use the findings from the work.
23. A further data report will be produced for 2017.

**Recommendation:** to consider the content of 2016 data report.