



## **Types of concerns raised about osteopaths and osteopathic services in 2013 to 2016**

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### Introduction

This is the fourth report produced about concerns and complaints made against osteopaths in the UK<sup>1</sup>.

Data has been collected since 2012 by the primary organisations in the UK that manage concerns, complaints and claims about osteopaths and osteopathic care. The organisations involved are the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and the companies providing professional indemnity insurance for osteopaths. These organisations agreed a common system for classifying and describing concerns and complaints to explore: the nature and type of concerns, identify trends and provide information about behaviours and practice that initiate concerns and complaints, regardless of whether these resulted in a formal investigation.

This year additional data was collected about the profile of osteopaths against whom concerns and complaints were made. This data provides information to inform the profession about where training resources and continuing professional development initiatives should be targeted.

The aim of this report is therefore not only to describe the concerns relating to osteopaths and the services they provide, but also to profile the characteristics of those complained against.

### Methods

This report contains data about concerns and complaints reported during the period from January 2013 to December 2016. The definition of a 'concern' or 'complaint' was any report of dissatisfaction or disquiet made to any of the participating organisations by the general public, patients, osteopaths or other health care professionals, or others, about an osteopath.

### Participants

The GOsC, the Institute of Osteopathy (the professional association for osteopaths in the UK), and all providers of professional indemnity insurance for osteopaths, were invited to take part in the study. These organisations between them represent all osteopaths practising in the UK. Each organisation had the potential to receive complaints and concerns, recording and categorising information about their nature and type using a shared classification system.

### Data collection

Data was collected using a standardised classification system for recording concerns and complaints about osteopaths. The classification system was based on those used by other healthcare professions and the recommendations contained in a research

report to the GOsC, which had commissioned a series of studies on patient safety<sup>2, 3</sup>. The classification system was slightly modified in 2015, to add a new category: Health.

There are now five main descriptive categories for classifying concerns:

1. Conduct of osteopaths (their practice related behaviour, including communication, patient practitioner relationships and personal integrity).
2. Clinical care provided to patients (this included information about case history taking and record keeping, tests, examinations, referrals and treatment issues).
3. Criminal convictions and police cautions (ranging from murder to conspiracy to supply drugs).
4. Complaints relating to adjunct therapies given by osteopaths to their patients (this category captured information about complaints pertaining to other non-osteopathic therapeutic care, for example acupuncture).
5. Health (fitness to practise impairment, physical or mental).

These categories are divided into sub-categories reflecting types of concerns: for example, the category for clinical conduct has 34 sub-categories, including issues relating to communication, business conduct and conduct with patients. The full list of the sub-categories is shown in the tables of results.

All information was recorded and collected from verbal or written contact from patients, members of the public, osteopaths or other health care professionals.

Several concerns might be raised by a single complainant: each concern was therefore individually interpreted, classified and recorded on a standardised spreadsheet.

This year participating organisations also collected data about the osteopath who the concern or complaint was raised. This included: years post-graduation, sex and location (England, Wales, Scotland or Northern Ireland).

All data about concerns and complaints were anonymised and recorded as frequency data only. The participating organisations sent their spreadsheets individually to the author of this report, who acted as an independent third party<sup>5</sup>. The data were compiled into a single database so that no data could be identified as belonging to any one particular organisation or individual.

### **Duplication and quality of data**

The organisations contributing data recognised that between them there was a potential for duplication of data. For example, a complainant might pursue their

complaint with both the insurer and the regulator (the GOsC), and/or seek advice from the Institute of Osteopathy, the professional association. The participating organisations agreed that the Institute of Osteopathy and insurers would not include in their data those cases that had been reported to the GOsC. These cases were included in the GOsC data only.

Nevertheless, it is recognised that a small degree of data duplication is still possible and likely; thus the precision of the data should be regarded in this light.

Neither of these issues significantly detracts from the purpose or aims of this project, which is to establish the nature, type and range of concerns relating to osteopathic care, with a view to advising and educating the profession, and enhancing the quality and safety of osteopathic care.

### Results

This report compares data collected by four organisations over a four year period from 2013 to 2016 (three insurance companies, the iO and the GOsC).

### Summary data

In 2016 there were 410 complaints and concerns recorded, in 2015, there were 369; and 257 and 203 in in 2014, 2013 respectively.

The sharp rise in the number of concerns and complaints recorded in 2016 and 2015 reflected the increase in concerns and complaints relating to osteopaths' advertising practice. There were 175 complaints of 'false/misleading advertising' made by one organisation in 2016 and 156 by the same organisation in 2015. This is in contrast to three concerns raised about advertising made by other complainants in 2016.

If we set aside the advertising complaint data: in 2016 there were 235 concerns recorded, this compares with 213 in 2015, 248 in 2014 and 200 in 2013 (Table 1 and Figure 1).

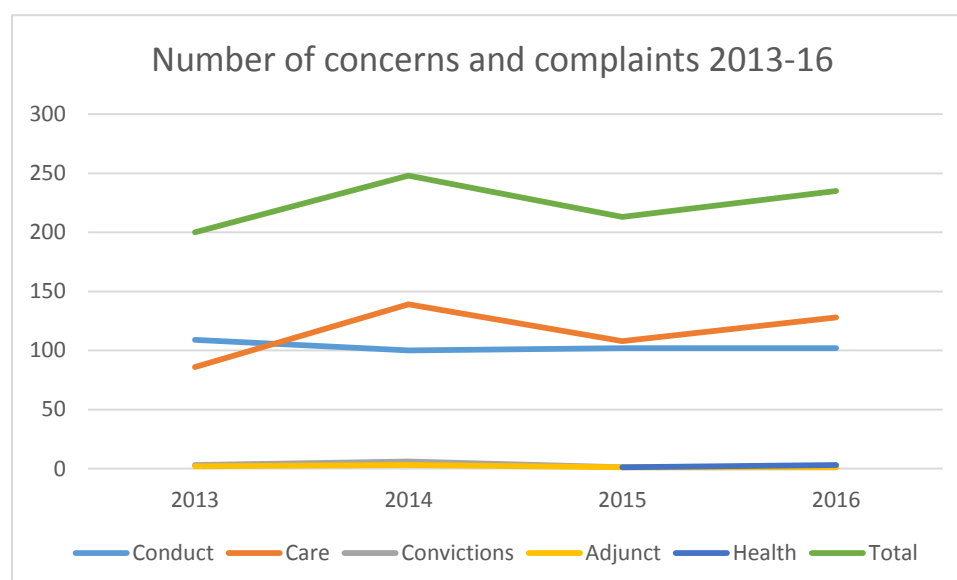
With a few exceptions, the distribution of non-advertising types of concerns and complaints remains fairly similar over the four years. The highest number of complaints was recorded in 2014 (248) and the lowest in 2013 (200).

**Table 1. Summary of concerns 2013-2016**

Type of concern	Number of concerns (% of total)*			
	2016	2015	2014	2013
Conduct	102 (43%)	102 (48%)	100 (40%)	109 (55%)
Clinical Care	128 (54%)	108 (51%)	139 (56%)	86 (43%)
Criminal convictions	1(<1%)	1 (<1%)	6 (2%)	3 (2%)
Adjunctive therapy	1(<1%)	1 (<1%)	3 (1%)	2 (1%)
Health	3 (1%)	1 (<1%)	n/a	n/a
<b>Total</b>	<b>235</b>	<b>213</b>	<b>248</b>	<b>200</b>
False/misleading advertising**	175	156	9	3

\* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%

\*\* To assist the identification of year-on-year trends, the data relating to complaints about 'False/misleading advertising' has been set aside in these tables and is considered separately in this report.

**Figure 1. Graph showing total complaints 2013-16**

The profile characteristics of the osteopaths that concerns and complaints were made about were mostly male (63%) and those with extensive post graduate experience, that is, more than 10 years (63%). Only 1% of concerns and complaints were raised about new graduates (practising for < 2 years). Around equal numbers

of concerns and complaints were made about males and females who had been practising between 2 and 10 years: 49% male vs females 51%. But, for osteopaths with over 10 years of experience, more concerns and complaints were raised against male osteopaths (74%) than female osteopaths (25%). Most concerns and complaints were made about osteopaths practising in England. See table 2.

**Table 2. Profile of osteopath characteristics (N=205)**

<b>Characteristic</b>	<b>Number (% of total)</b>	<b>Male</b>	<b>Female</b>
Sex	203 (99%)	130 (63%)	73 (36%)
Missing data	2 (1%)		
<b>Years post-graduation</b>			
<2	3 (1%)	0	3 (100%)
2 – 5	38 (19%)	21 (55%)	17 (45%)
6 – 10	31 (15%)	13 (42%)	17 (55%)
>10	130 (63%)	96 (74%)	33 (25%)
Missing data	3		
<b>Location</b>			
England	194 (95%)		
Scotland	4 (<1%)		
Wales	3 (<1%)		
N. Ireland	0		
Abroad	2 (<1%)		
Missing data	2 (<1%)		

### Concerns about the clinical conduct of osteopaths

Concerns raised in 2016 about osteopaths' clinical conduct still centre on communication: 'Failure to communicate effectively' – 18 (18%) and 'Communicating inappropriately' – 18 (18%). Combined they represent 36% of all the complaints about conduct, the highest number of complaints to date for these two concerns (Table 3). The number in previous years were 29 (29%), 30 (30%) and 27 (25%) respectively.

## Annex to 5

There were 13 concerns about 'Failure to obtain valid consent – no shared decision-making with the patient': a rise from 2015 (8), but still not as many as in 2013 (20) (Table 3).

The number of complaints made about 'Conducting a personal relationship with a patient', 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' have reduced to 16 (16%) of all complaints about conduct, this compares with 30 (30%) in 2015, 25 (25%) in 2014 and 27 (27%) in 2013 (Table 3).

There were 11 'Failure to maintain professional indemnity insurance' concerns raised in 2016, the highest level to date.

Other concerns raised about conduct are low in number, no more than 4 for any 1 category.

**Table 3. Concerns about the conduct of osteopaths**

Type of concern about conduct	Number of concerns (% of total)*			
	2016	2015	2014	2013
Failure to communicate effectively	18 (18%)	17 (17%)	15 (15%)	12 (11%)
Communicating inappropriately	18 (18%)	12 (12%)	5 (5%)	15 (14%)
Failure to treat the patient considerately/politely	7 (7%)	4 (4%)	3 (3%)	3 (3%)
Failure to obtain valid consent – no shared decision-making with the patient	13 (13%)	8 (8%)	14 (14%)	20 (18%)
Breach of patient confidentiality	0	0	4 (4%)	3 (3%)
Data Protection – management/storage/ access of confidential data	2 (2%)	2 (2%)	3 (3%)	4 (4%)
Failure to maintain professional indemnity insurance	11 (11%)	6 (6%)	2 (2%)	0
Failure to act on/report safeguarding concerns	0	0	1 (1%)	0

## Annex to 5

Conducting a personal relationship with a patient	4 (4%)	5 (5%)	6 (6%)	5 (5%)
Sexual impropriety	7 (7%)	14 (14%)	13 (13%)	12 (11%)
Failure to protect the patient's dignity/modesty	5 (5%)	11 (11%)	6 (6%)	10 (9%)
Failure to comply with equality and anti-discrimination laws	1 (1%)	4 (4%)	0	0
No chaperone offered/provided	0	3 (3%)	1 (1%)	3 (3%)
Dishonesty/lack of integrity in financial and commercial dealings	4 (4%)	5 (5%)	2 (2%)	1 ( $<1\%$ )
Dishonesty/lack of integrity in research	0	0	1 (1%)	0
Fraudulent act(s) – e.g. insurance fraud	4 (4%)	3 (3%)	1 (1%)	4 (4%)
Exploiting patients – e.g. borrowing money, encouraging large gifts, charging inappropriate fees, pressuring patients to obtain services for financial gain	2 (2%)	1 ( $<1\%$ )	2 (2%)	1 ( $<1\%$ )
Forgery – providing false information in reports	0	1 ( $<1\%$ )	1 (1%)	2 (2%)
Forgery – providing false information in research	0	0	0	0
Forgery – providing false information in patient records	1 (1%)	1 ( $<1\%$ )	0	0
Disparaging comments about colleagues	1 (1%)	1 ( $<1\%$ )	3 (3%)	2 (2%)
Business dispute between principal and associate osteopaths	0	0	0	2 (2%)
Business dispute between osteopaths	0	1 ( $<1\%$ )	14 (14%)	5 (5%)
Business dispute between osteopaths and other	0	1 ( $<1\%$ )	1 (1%)	5 (5%)



## Annex to 5

Unclean/unsafe practice premises	0	1 ( $<1\%$ )	1 (1%)	0
Not controlling the spread of communicable diseases	0	1 ( $<1\%$ )	0	0
Non-compliance with health and safety laws/regulations	0	0	1 (1%)	0
Lack of candour	0	0	n/a	n/a
Conduct which brings the profession into disrepute	1 (1%)	0	n/a	n/a
Failure to respond to requests for information and/or complaints from a patient	0	0	n/a	n/a
Failure to respond to requests for information from the GOsC	0	0	n/a	n/a
Failure to notify the GOsC of any criminal convictions or police cautions	0	0	n/a	n/a
Failure to co-operate with external investigations/ engage with the fitness to practice process	0	0	n/a	n/a
<b>Totals</b>	<b>102</b>	<b>102</b>	<b>100</b>	<b>109</b>

*\* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%*

### Concerns about the clinical care given by osteopaths

The majority of concerns about clinical care in 2016 were again dominated by 'Treatment causes new or increased pain or injury': 40 (40%). If we look at all the concerns about the way treatment is delivered: 'Inappropriate treatment or treatment not justified', 'Forceful treatment', 'Treatment administered incompetently' and 'Treatment causes new or increased pain or injury', there were a total of 94 concerns, these represent nearly all (94%) of the concerns made about care (Table 4).

**Table 4. Concerns about clinical care of osteopaths**

Type of concern	Number of concerns (% of total)*			
	2016	2015	2014	2013
Inadequate case history	4 (3%)	2 (2%)	2 (1%)	2 (2%)
Inadequate examination, insufficient clinical tests	8 (6%)	4 (4%)	3 (2%)	2 (2%)
Diagnosis/inadequate diagnosis	4 (3%)	4 (4%)	6 (4%)	10 (11%)
No treatment plan/inadequate treatment plan	4 (3%)	3 (3%)	5 (3%)	1 (1%)
Failure to refer	3 (2%)	2 (2%)	4 (3%)	5 (6%)
Inappropriate treatment or treatment not justified	29 (23%)	18 (17%)	27 (19%)	15 (17%)
Forceful treatment	15 (12%)	9 (8%)	14 (10%)	4 (5%)
Treatment administered incompetently	10 (8%)	11 (10%)	22 (16%)	1 (1%)
Providing advice, treatment or care that is beyond the competence of the osteopath	2 (2%)	6 (6%)	3 (2%)	0
Treatment causes new or increased pain or injury	40 (31%)	42 (39%)	42 (30%)	34 (39%)
Failure to maintain adequate records	4 (3%)	1 (1%)	2 (1%)	4 (5%)
Value for money	3 (2%)	5 (5%)	7 (5%)	7 (8%)
Termination of osteopath-patient relationship	2 (2%)	1 (1%)	2 (1%)	2 (2%)
<b>Total</b>	<b>128</b>	<b>108</b>	<b>139</b>	<b>87</b>

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**Criminal convictions and cautions.**

Tables 5 show data relating to criminal convictions and cautions. Concerns recorded in these categories remain very small.

**Table 5. Summary of concerns about criminal convictions and police cautions.**

Type of concern	Number of concerns (% of total)*			
	2016	2015	2014	2013
<b>Criminal convictions</b>				
Common assault/battery	0	0	1 (16%)	0
Actual/grievous bodily harm	0	0	1 (16%)	0
Public order offence (e.g. harassment, riot, drunken and disorderly and racially aggravated offences)	1	0	1 (16%)	1 (33%)
Manslaughter/Murder (attempted or actual)	0	0	0	0
Driving under the influence of alcohol or drugs	0	1 (100%)	1 (16%)	1 (33%)
Drug possession/dealing/trafficking	0	0	1 (16%)	0
Conspiracy to supply	0	0	0	0
Sexual assaults	0	0	1 (16%)	1 (33%)
Child pornography	0	0	0	0
Rape	0	0	0	0
<b>Police Cautions</b>				
Common Assault/ battery	0	0	n/a	n/a
Drug possession/dealing/trafficking	1	0	n/a	n/a
Criminal damage	0	0	n/a	n/a
Theft	0	0	n/a	n/a
Procession of indecent images	0	0	n/a	n/a
<b>Total</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>3</b>

*\* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%*

### Concerns about adjunctive therapies

The number of concerns raised about adjunctive therapies, acupuncture, kinesiology and naturopathy remain very small in number.

**Table 6. Concerns about adjunctive therapies given by osteopaths**

Type of concern	Number of concerns (% of total*)			
	2016	2015	2014	2013
Acupuncture	1	1 (100%)	3 (100%)	2 (100%)
Applied kinesiology	1	0	0	0
Naturopathy	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>

*\* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%*

### Concerns about health and fitness to practice

This category was added in 2015 to capture concerns raised about the mental and physical health of osteopaths and their ability to practice. One concern was raised about an Osteopath's health in 2015 and 3 in 2016.

### Discussion

The nature, type and number of concerns raised in 2016 were similar to previous years.

### ***Profile of osteopaths who have concerns and complaints raised about them***

This year present data collected on the profile characteristics of those osteopaths who had complaints and concerns raised about them. More males were complained about than females (63% male) and the majority had been practising 10 years or more (63%) indicating that the older generation of osteopaths rather than the more newly trained were the ones who had concerns or complaints made against them. This was also reflected in a report produced by the GOsC on the profile of osteopaths who have presented at fitness to practice hearings<sup>4</sup>. The number of male osteopaths practicing in the UK is around 52%<sup>5</sup> and those practising for more than 10 years is 34%<sup>5</sup>, so the 63% of males and those with more than 10 years experience represents a disproportionate amount of osteopaths who are complained about in these groups. Most complaints and concerns were made about osteopaths in

England (95%), this reflects the overall distribution of practicing osteopaths (93% England<sup>5</sup>).

To date we have no information about the characteristics of the complainants but the Australian equivalent of the GOsC collected data about who makes the complaints, they reported this year that over 7 years, 60% of all complaints made against osteopaths were made by either the patient or a relative, 23% by the insurance companies, 12% by fellow practitioners and 5% by employers of osteopaths<sup>6</sup>. It would be interesting to review the complainant profile in addition to the practitioner profile in the future.

### ***Concerns about osteopaths' advertising***

The number of concerns recorded in 2016 about osteopath's advertising, continued to increase due to an on-going campaign by a motivated group of individuals who have concerns about unsubstantiated advertising claims made by complementary and alternative health care practitioners: 175 concerns were raised by this one group in 2016 alone compared to the 156 complaints raised by the same group in 2015. This continued campaign to expose inappropriate advertising illustrates that the concerns and complaints surrounding advertising still exist. We cannot comment from this data on the severity and gravity of the concerns raised but this data illustrates that some osteopaths are still not observing the UK Advertising Standards Authority (ASA) Code of Advertising Practice<sup>8</sup> or the guidance from the GOsC and the iO who actively campaign to raise awareness within the profession of good advertising practice and ASA standards. Public concern about the quality of practice advertising remains a serious challenge to be addressed by the osteopathic profession.

### ***Concerns about Treatment delivery***

The majority of concerns about conduct were again dominated by treatment delivery 'Treatment causes new or increased pain or injury' and 'Inappropriate treatment or treatment not justified' represented 94% of all concerns and complaints made. We surmise that the demographic age of osteopathic patients will increase in-line with the changing UK demographic, osteopaths can expect to see more patients with complex and long term conditions meaning that treatment protocols and delivery may become more demanding. It may be prudent that education institutions and continuing professional development courses target training in this area.

### ***Other areas for improvement***

'Failure to obtain valid consent' and 'No shared decision-making with the patient' went from 8 in 2015 to 13 in 2016 representing an increase rather than the steady

decline we had witnessed in the previous three years. This indicates that we need to continue efforts in educating UK osteopaths about taking consent.

The number of concerns and complaints made about 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' (12) were less in 2016 but this reflects the increased number made in 2015 (25). Continued vigilance is required in this area and recent commissioned research into touch and boundaries by the GOsC will help our understanding of the nature of these concerns and complaints<sup>7</sup>.

### **Conclusions**

The new data about the profile of osteopaths about whom concerns and complaints are raised suggests a need to promote effective continued professional development for those osteopaths who have been practising for a long time. Ethical advertising remains a concern as does treatment delivery.

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