General Osteopathic Council

Osteopathic Practice Committee
13 October 2015
Common Classification System for recording and monitoring concerns about osteopathic practice – report on 2014 data findings

Classification	Public
Purpose	For discussion
Issue	This paper includes an independent analysis of the findings of data collected during 2013 and 2014 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths. A review of GOsC action relating to this collaborative initiative is also covered.
Recommendation	To consider the content of 2014 data report.
Financial and resourcing implications	Staff resources and costs relating to NCOR data analysis are accounted for in the current budget. Stakeholder engagement activities and learning resources derived from the data are accounted for in the current Communications budget.
Equality and diversity implications	None arising directly from this paper.
Communications implications	Findings outlined in the NCOR report, 'Types of concerns raised about osteopaths and osteopathic services in 2013 and 2014', will be widely shared with registrants and osteopathic organisations for educational purposes.
Annex	'Types of concerns raised about osteopaths and osteopathic services in 2013 and 2014'. National Council for Osteopathic Research (NCOR), 2015.
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Background

1. Public protection and maintaining high standards of osteopathic care requires a good understanding of the nature and prevalence of issues that cause patients and others to report concerns about osteopathic practice.

2. The GOsC leads a collaborative initiative with the professional association (the Institute of Osteopathy) and the principal providers of osteopathic indemnity insurance to collect and annually to pool information and 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 our organisations. At the end of each year, individual data sets are submitted by these organisations to the National Council for Osteopathic Research (NCOR) for collation and analysis of the aggregated data, from which an independent report is produced annually by NCOR.

3. The joint initiative is now in its third year, and its development has been the subject of reports to the Osteopathic Practice Committee, in May 2013 and February and October 2014.

4. The first annual report was published in 2014, an analysis of data collected in 2013. To this, data collected in 2014 has been added to produce NCOR's second annual report: *Types of concerns raised about osteopaths and osteopathic services in 2013 and 2014*. NCOR's analysis has been circulated to all participating organisations and the report is attached here at Annex A, for information and discussion.

Data collection and findings

5. In order to capture a full picture of the circumstances that provoke complaints/claims, participating organisations record the allegations at the point when a complaint/claim is first received, regardless of whether these result in a formal investigation. Several concerns may be raised by a single complainant; each concern is counted individually and classified accordingly.

6. In 2013-14 concerns were logged under one of four broad categories: conduct; clinical care; convictions; and complaints relating to adjunctive therapy. However, the classification system is reviewed annually by the participating organisations for further development and, in 2015, a further, fifth broad category has been added to capture concerns relating to the health of the practitioner. The 54 sub-categories have also been extended to include a further twelve that were felt to be lacking. This adjustment will be reflected in next year's report.

7. In 2014, 257 concerns were recorded, an increase on the 203 concerns recorded in 2013.

8. Most of the concerns (54% of the total) raised in the course of 2014 related to clinical care: Although this is a reversal of the 2013 data, when the majority of

concerns (55%) had related to practitioner conduct, the important fact to note is that nature of the concerns across all categories reflect broadly similar patterns over the two years. Persistent concerns include:

a. *Conduct-related concerns*
   - Failure to seek valid consent / no shared decision-making with patient
   - Failure to communicate effectively
   - Sexual impropriety
   - Communicating inappropriately
   - Business disputes
   - Failure to respect patient's dignity/modesty

b. *Clinical care concerns*
   - increased pain or injury
   - inappropriate or unjustified treatment
   - treatment administered incompetently
   - forceful treatment
   - no diagnosis/inadequate diagnosis
   - (not) value for money.

Discussion

9. This pooling of data is generating richer, more detailed information than that arising from GOsC fitness to practise processes alone. Although caution must be exercised when drawing on small data sets such as these, the persistence of some problems is to be noted and provides evidence for action: we are beginning to identify critical issues to be addressed by the profession. We are able also to distinguish between areas for improvement that can be led by the GOsC, and those outside the regulator's remit, e.g. business disputes. Furthermore, mapping against other research findings (e.g. the GOsC-commissioned Adverse Events projects[1]) is contributing to a more comprehensive understanding of risks that may be associated with osteopathic care.

10. The primary aim of this collaborative initiative is to use knowledge derived from these reports to improve the training of osteopaths, strengthen GOsC standards and guidance, and enhance the overall quality of osteopathic care. This information is an essential factor in the development and dissemination of guidance to osteopaths and osteopathic education providers.

[1] See http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Adverse-events-studies/, including the CROaM Study 2012, http://www.osteopathy.org.uk/uploads/croam_summary_report_final.pdf.

11. Crucially, this work is encouraging a coordinated collegiate approach to raising standards and addressing problem areas in practice, involving the regulator, educators and the professional association. The current NCOR report has been published and promoted on the GOsC website and shared with key osteopathic organisations to inform their work. There has been discussion of the findings with osteopathic education providers at two GOsC-OEI meetings this year, March and September. The GOsC is further developing a series of articles for osteopaths that explore the findings and means for addressing persistent problems. After initial publication in *the osteopath* magazine (for example, see Oct-Nov 2015 issue), these articles are then adapted into online learning resources available to registrants via the **o** zone. Unsolicited feedback indicates that these resources are considered useful by both registrants and undergraduate/post-graduate education providers in identifying education and training needs. The data is used also by NCOR itself in resources provided on its website to assist osteopaths and patients in understanding risk and to support the consenting process.

12. In terms of policy development, these findings will be central to our imminent review of the *Osteopathic Practice Standards*, and the further development of targeted guidance for osteopaths. Already the revised CPD scheme for osteopaths proposes mandatory learning to support improved patient-practitioner communication and consenting skills.

Sharing good practice

13. The GOsC's work with the professional association and professional indemnity insurance providers to build a comprehensive understanding of the problems that arise in practice and associated risks to patients is unparalleled in healthcare regulation. As such, there has been considerable interest in this work, shown by other health regulators and the GOsC has been commended by the Professional Standards Authority (PSA) in its annual Performance Review report. The GOsC was invited by the PSA to present an overview of this project at its 2015 national research conference. A similar presentation was received with much interest by the members of the Forum for Osteopathic Regulation in Europe (FORE) at a meeting in Milan in May 2015, and at a meeting of the Osteopathic International Alliance (OIA) in Montreal in September 2015.

Next steps

14. A meeting of the GOsC, Indemnity Insurance providers and the Institute of Osteopathy in late September confirmed that all parties are keen to continue this data collection collaboration; there was clear consensus around the value of strengthening relations between diverse organisations with a shared interest in raising standards and reducing complaints. Feedback from undergraduate education providers suggested that it may be helpful to expand the data collection fields to collect and correlate with complaints demographic details of the registrants concerned – and potentially the complainants. It was agreed that from next year we should look to collecting data relating to the registrant's age, gender and date of graduation.

15. These data and their implications will also be considered in the context of a wider data analysis the GOsC has planned for early 2016 to inform our approach to revising the *Osteopathic Practice Standards*, identifying gaps in supporting guidance, and the need for further learning resources.

16. This on-going data collection initiative is dependent on cooperation, trust and collaboration between diverse stakeholder organisations and, as such, we will continue to carefully monitor progress and periodically reappraise the project. The Executive will report regularly on the development of this initiative.

Recommendation: to note the contents of this paper.

National Council for
NCOR
Osteopathic Research

Types of concerns raised about osteopaths and osteopathic services in 2013 and 2014

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Summary

In 2013, the principal providers of professional indemnity insurance to osteopaths, the General Osteopathic Council (GOsC) and the British Osteopathic Association (now the Institute of Osteopathy), agreed to collect data pertaining to concerns and complaints they received from both practitioners and patients about osteopaths and osteopathic services. They agreed to use a common system for classifying the complaints they received and managed, in order that the organisations' data could be pooled and analysed to assess prevalence and trends. This report presents data collected in 2013 and 2014.

Concerns were classified into four categories: conduct, clinical care, criminal convictions and adjunctive therapy.

In 2013, the participating organisations recorded 203 concerns or issues. In 2014, 257 were recorded. Some complaints comprised a number of concerns and each, individual concern was logged – thus, the number of contacts made to the participating organisations is less than the number of concerns classified.

The data was collated and analysed independently for the participating organisations by the National Council for Osteopathic Research (NCOR).

In 2013 most of the concerns raised related to matters of conduct (55%): particularly poor communication resulting in failure to obtain informed consent, and communicating inappropriately or ineffectively.

In 2014 most complaints (54%) were about clinical care: treatment causing new or increased pain or injury and inappropriate treatment or treatment not justified.

The data highlights the importance of appropriate training and on-going continuing professional development, patient-centred care, and patient and practitioner communicating skills.

Introduction

Background

In 2005, the General Osteopathic Council, the statutory regulator of osteopathy in the United Kingdom, commissioned four research projects to investigate and increase knowledge about adverse events associated with osteopathic practice.

One of these studies was an analysis of professional indemnity insurance claims made against osteopaths, considered together with complaints made to the professional regulator [Leach *et al* 2011]. The aim of the study was to establish the frequency and character of complaints/claims, to better our understanding of the circumstances that give rise to complaints or concerns relating to osteopathic care. A key recommendation of this study initiated a collaborative process to collate and analyse information, on an annual basis, about concerns raised by the general public, osteopaths and others regarding UK-registered osteopaths and osteopathic services.

In 2012, the primary organisations in the UK that manage concerns, complaints and claims relating to osteopaths and osteopathic care, agreed a common system for classifying concerns and complaints so that data could be pooled and analysed on an annual basis to establish prevalence and identify trends.

This report shows data collected between January and December 2013 and between January and December 2014. The data is based on concerns raised and received by the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO), and providers of professional indemnity insurance for osteopaths. The GOsC data covers all UK-registered osteopaths; the iO represents around 70% of UK-registered osteopaths, and the participating professional indemnity insurance providers, we estimate, represent over 85% of practising UK osteopaths.

‘Concerns’ or ‘complaints’ are any reports of dissatisfaction or concern about an osteopath made by the general public, patients, osteopaths or other healthcare professionals.

This report provides information about the types of behaviours and practice that initiate concerns and complaints, regardless of whether they result in a formal investigation.

The aim of this report is to describe the causes of concern/complaints/claims relating to osteopaths and the services they provide, with a view to of informing osteopathic practice standards, education and training, and enhancing patient safety and care.

Methods for collection of data

Participating organisations

We estimate that the participating insurance providers represent over 85% of osteopaths practising in the UK. Data from individual organisations are not presented in this report, as the data is business sensitive. The only attributable data is that provided by the General Osteopathic Council, as this data is available in the public domain.

Classification of complaints

The agreed classification system for recording concerns and complaints currently has four main categories:

1. Conduct
2. Clinical care
3. Convictions
4. Complaints relating to adjunct therapies

These categories are divided into sub-categories reflecting types of concerns, e.g. for convictions, the sub-categories include drink driving, sexual assaults, conspiracy to supply, etc. The full list is shown in the tables of results.

Several concerns may be raised by a single complainant: each concern is therefore counted individually and classified accordingly.

Duplication of data

Contributors recognised that there was a potential for duplication of data between the insurance providers, the iO and the GOsC. For example, a complainant may pursue their complaint with both the insurer and the GOsC, and/or seek advice from the iO. The iO and insurers agreed not include data from cases that they knew had been reported to and considered by the GOsC; these data were included in the GOsC data only.

Nevertheless, it is recognised that a small degree of data duplication is still possible and likely; the precision of the data should be regarded in this light. This does not significantly affect the purpose or aims of this project, which is to establish the nature, range and prevalence of concerns relating to osteopathic care.

Results

Overall data

Participating organisations together reported 203 concerns in 2013 and 257 in 2014. A concern may feature as part of or as a whole complaint (Table 1).

The majority of concerns, over the last two years, were raised about conduct and clinical care.

Table 1. Summary of concerns	Total 2013	% of total 2013	Total 2014	% of total 2014
Conduct	112	55%	109	42%
Clinical care	86	42%	139	54%
Criminal convictions	3	1%	6	2%
Complaints about adjunctive therapy	2	<1%	3	1%
Total	**203**		**257**	

Conduct

Concerns about conduct in 2013 and 2014 follow broadly similar patterns. Most concerns were about conduct in relation to failure to seek valid consent, communicating inappropriately, and failure to communicate effectively. There are two areas of difference between 2013 and 2014: there was an increase in concerns raised associated with disputes between osteopaths (4 to 13 concerns) and a reduction in complaints about communicating inappropriately (13 concerns reduced to 5) (Table 2).

Table 2 Concerns about Conduct	Total 2013	% of total 2013	Total 2014	% of total 2014
Failure to communicate effectively	12	11%	15	14%
Communicating inappropriately	15	13%	5	5%
Failure to treat the patient considerately/politely	3	3%	3	3%
Failure to obtain valid consent – no shared decision-making with the patient	20	18%	14	13%
Breach of patient confidentiality	3	3%	4	4%
Data Protection – management/storage/access of confidential data	4	4%	3	3%
Failure to maintain professional indemnity insurance	0	0%	2	2%
Failure to act on/report safeguarding concerns	0	0%	1	1%
Conducting a personal relationship with a patient	5	5%	6	6%
Sexual impropriety	12	11%	13	12%
Failure to protect the patient's dignity/modesty	10	9%	6	6%
Failure to comply with equality and anti-discrimination laws	0	0%	0	0%
No chaperone offered/provided	3	3%	1	1%
Dishonesty/lack of integrity in financial and commercial dealings	1	1%	2	2%
Dishonesty/lack of integrity in research	0	0%	1	1%
Fraudulent act(s) – e.g. insurance fraud	4	4%	1	1%
Exploiting patients – e.g. borrowing money, encouraging large gifts, charging inappropriate fees, pressurising patients to obtain services for financial gain	1	1%	2	2%
Forgery – providing false information in reports	2	2%	1	1%
Forgery – providing false information in research	0	0%	0	0%
Forgery – providing false information in patient records	0	0%	0	0%

False/misleading advertising	3	3%	9	8%
Disparaging comments about colleagues	2	2%	3	3%
Business dispute between principal and associate osteopaths	2	2%	0	0%
Business dispute between osteopaths	5	4%	14	13%
Business dispute between osteopath and other	5	4%	1	1%
Unclean/unsafe practice premises	0	0%	1	1%
Not controlling the spread of communicable diseases	0	0%	0	0%
Non-compliance with health and safety laws/regulations	0	0%	1	1%
Total	**112**		**109**	

Clinical Care

There was a rise in the number of concerns about clinical care between 2013 and 2014. There were a similar proportion of concerns raised about inappropriate treatment or treatment not justified and treatment that caused new or increased pain or injury. There was an increase in concerns about treatment administered incompetently (1% to 16%) (Table 3).

Table 3 Concerns about clinical care	**Total 2013**	**% of total 2013**	**Total 2014**	**% of total 2014**
Inadequate case history	2	2%	2	1%
Inadequate examination, insufficient clinical tests	2	2%	3	2%
No diagnosis/inadequate diagnosis	10	11%	6	4%
No treatment plan/inadequate treatment plan	1	1%	5	3%
Failure to refer	5	6%	4	3%
Inappropriate treatment or treatment not justified	15	17%	27	20%
Forceful treatment	4	5%	14	10%
Treatment administered incompetently	1	1%	22	16%
Providing advice, treatment or care that is beyond the competence of the osteopath	0	0%	3	2%
Treatment causes new or increased pain or injury	34	39%	42	30%
Failure to maintain adequate records	4	5%	2	1%
Value for money	7	8%	7	5%
Termination of osteopath-patient relationship	2	2%	2	1%
Total	**87**		**139**	

Criminal convictions

There was a small rise in concerns about criminal convictions (Table 4).

Table 4 Complaints about criminal convictions	**Total 2013**	**% of total 2013**	**Total 2014**	**% of total 2014**
Common assault/battery	0	0%	1	16%
Actual/Grievous bodily harm	0	0%	1	16%
Public order offence (e.g. harassment, riot, drunken and disorderly and racially aggravated offences)	1	33%	1	16%
Manslaughter/ Murder (attempted or actual)	0	0%	0	0%
Driving under the influence of alcohol or drugs	1	33%	1	16%
Drug possession/dealing/trafficking	0	0%	1	16%
Conspiracy to supply	0	0%	0	0%
Sexual assaults	1	33%	1	16%
Child pornography	0	0%	0	0%
Rape	0	0%	0	0%
Total	**3**		**6**	

Adjunctive therapy

There were few concerns relating to an adjunctive therapy, and these related to acupuncture treatment.

Table 5 Complaints relating to adjunctive therapy	**Total 2013**	**% of total 2013**	**Total 2014**	**% of total 2014**
Acupuncture	2	100%	3	100%
Applied kinesiology	0	0%	0	0%
Naturopathy	0	0%	0	0%
Total	**2**		**3**	

Discussion

Summary

In 2013, 55% of all concerns related to osteopath conduct (112/203) and 42% were about clinical care (87/203). This was all but reversed in 2014, when the majority of concerns raised were about clinical care. The clinical care concerns were about adverse, untoward or unwanted events caused by increased or new pain or injury, inappropriate treatment or treatment not justified.

The number of concerns relating to sexual impropriety, failure to protect patient dignity and/or modesty, no chaperone offered or provided, and sexual assault remain relatively unchanged.

Context

Leach *et a!* conducted a study using a slightly different classification system between 2004– 2008, the pattern of concerns by type showed that the most frequent concerns related to clinical care (68%), of which a large proportion were adverse events. The second most frequent type of concern related to conduct and communications (21%) [Leach *et a!* 2011]. The pattern of our data in 2013 showed that more concerns were raised about conduct and communication, whereas the majority of 2014 data related to clinical care, similar to that from 2004–8.

Strengths and limitations

This is the second year of data collected prospectively by organisations that deal with concerns relating to osteopathic practice in the UK. We have collated data about ALL concerns raised with participating organisations, regardless of whether in due course these qualified as formal complaints.

We are unable to draw comparisons with data from other organisations and professions because either the information is not collected, is not available in the public domain, or is not collected and classified in the same way as our data. To our knowledge, no other professional bodies in the healthcare industry collect and pool complaints and claims data collaboratively in this way, which diminishes the opportunity for healthcare practitioners to learn from the concerns raised by others.

In this report, we have counted as far as possible all recorded concerns and complaints, minor to major. By presenting a full picture, it is hoped this data will inform osteopathic learning and enhance the quality of practice.

The classification of concerns will inevitably be subject to some problems in terms of interpretation and overlap, but the significance of this is not great, given that the intended

outcome is to provide the osteopathic profession with a general indication and better understanding of the root causes of complaints, in order that these deficiencies can be addressed in education and training.

Implications and recommendations

Conduct issues centre on communication and unprofessional behaviour. Osteopathic educational institutions might consider focusing more training on patient-practitioner communication, particularly with regard to managing expectations, seeking valid consent and communicating with patients in a professional manner about the treatment they receive and why. Bringing patient-centred care and communication skills to the fore in training may reduce the potential for complaints in the future.

Developing and maintaining an effective patient-practitioner relationship is fundamental to any consultation, and part of this is the process of obtaining valid consent. The data indicates that this represents a challenge for some practitioners. Communicating effectively with patients about both the benefits and risks associated with osteopathy and about the techniques used by osteopaths has been a topic of professional priority, and information to assist osteopaths is now being disseminated widely by the National Council for Osteopathic Research.

The clinical care concerns focus on practice delivery. Clinical skills training and assessment with regard to developing and communicating diagnoses and treatment decisions occur mainly at an undergraduate level; continuing professional development in these areas relies on individual registrant choice. More, accessible post-graduate training to encourage practitioners to maintain and develop their diagnostic skills may be helpful, underpinned by a culture of continuous learning. Improved communication skills and managing expectations about the after-effects of treatments may also play a role in reducing patient concerns and complaints.

Over the course of 2015, the National Council for Osteopathic Research is launching a national data collection service for patient reported outcomes. Osteopaths who engage their patients in this service will be able to obtain valuable information about the effects of their treatment on their patients. This will enable osteopaths to reflect on their practice, inform their treatment protocols and could potentially enhance the quality of engagement they have with their patients.

Conclusion

This data suggests a need for renewed focus both at undergraduate level and in osteopathic Continuing Professional Development. Education aimed at improving technique and clinical

judgement may reduce concerns in this area. Promoting patient-centred care and patient-practitioner communication remains an area of focus, particularly in relation to managing expectations, seeking informed consent and communicating with patients professionally about the treatment they receive and why.

Relevant references

Leach J, Fiske A, Mullinger B, Ives R, Mandy A, The CONDOR research team. Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004–2008 and a qualitative exploration of patients' complaints 2011 http://www.osteopathy.org.uk/uploads/complaintsandclaimsagainstosteopaths2004-2008public.pdf [accessed 21.2.14]

Other useful sources of information

National Council for Osteopathic Research (NCOR) www.ncor.org.uk

General Osteopathic Council (GOsC) www.osteopathy.org.uk

Institute of Osteopathy (iO formerly British Osteopathic Association) www.osteopathy.org