



Policy Advisory Committee

16 June 2016

Common Classification System for recording and monitoring concerns about osteopathic practice – data collected between 2013 and 2015

Classification	Public
Purpose	For discussion
Issue	This paper includes an independent analysis of data collected annually between 2013 and 2015 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 2015 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 to 2015', will be widely shared with registrants and osteopathic organisations for educational purposes.
Annex	'Types of concerns raised about osteopaths and osteopathic services in 2013 to 2015'. National Council for Osteopathic Research (NCOR), June 2016.
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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 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 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 analysis of the aggregated data, from which an independent report is produced annually by NCOR.
3. The joint initiative is now in its fourth year: the first annual report was published in 2014, an analysis of data collected in 2013. To this baseline, data collected in subsequent years, 2014 and 2015, has been added. NCOR's third annual report: *Types of concerns raised about osteopaths and osteopathic services in 2013 to 2015* is attached here at the Annex, for information and discussion.

Data collection and findings

4. 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.
5. 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. To the original 54 sub-categories, a further 12 were added in 2015, to improve the classification process, and this is reflected in the current report.
6. The number of concerns recorded in 2015 reflects a steep rise above the totals for the preceding years, 2014 and 2013:
 - 2015 – 369
 - 2014 – 257
 - 2013 – 203
7. However, the significant rise in the number of concerns recorded in 2015 reflects an increase in complaints of 'false/misleading advertising': 156. In contrast, the number of complaints of this nature made in 2014 was nine, and in 2013 three. The complaints about advertising in 2015 differed from those received in previous years in so far as they originated from a single source, submitted

monthly to the GOsC in batches of 25. To assist the identification of year-on-year trends, the current report sets aside the data relating to complaints about 'False/misleading advertising' and this issue is discussed separately.

8. Discounting the advertising-related data, in 2015 there were 213 other concerns recorded, fewer than in 2014 (248) and slightly more than in 2013 (200).
9. Compared to previous years, 2015 saw a more even split than in previous years between concerns related to conduct (48%) and clinical care (51%). Concerns about clinical care dropped to 108 in 2015, from 139 in 2014, but this was an increase from 86 in 2013.
10. Points of note with regard to complaints about osteopaths' conduct include:
 - Some communication problems persist, specifically 'Failure to communicate effectively' (the number rising slightly year on year), and 'Communicating inappropriately'. Together this accounts for 29% of the concerns recorded in 2015.
 - 'Failure to protect the patient's dignity/modesty' has risen from 6% in 2014 to 11% in 2015.
 - There is evidence also of a rising number of complaints of 'sexual impropriety' (11% in 2013 to 14% in 2015).
 - Encouragingly, concerns relating to 'Failure to obtain valid consent – no shared decision-making with the patient' has decreased over the three years from 18% in 2013, to 14% in 2014, to 8% in 2015.
11. Clinical care complaints continue to be dominated by concerns that 'Treatment causes new or increased pain or injury' (39%) and complaints of 'Inappropriate treatment or treatment not justified' (17%).

Discussion

12. 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.
13. Increasingly, reference to the findings of this annual data analysis is informing the strategy of organisations across the sector, identifying priorities for education and development, assisting consistency in messages and advice to both practitioners and patients. The current report suggests that collaborative efforts made by the GOsC, the Osteopathic Educational Institutions and the National Council for Osteopathic Research (NCOR) to raise the awareness of osteopaths and patients about the significance of informed consent and patient-centred care may account in part for a steady decrease in complaints related to this aspect of practice. Conversely, this is an indicator of where more work is needed to firmly address aspects of practice where problems persist or are rising in number.

14. Public concern about the quality of osteopathic practice advertising warrants concerted effort by the GOsC, the Institute of Osteopathy and NCOR, and action to address this is described in the attached report, and will continue to be a priority.
15. 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. In terms of policy development, these findings will be central to our review of the *Osteopathic Practice Standards*, now underway, and the further development of targeted guidance for osteopaths. The revised CPD scheme for osteopaths anticipates the need to promote effective patient-practitioner communication and these finding will help CPD providers to shape CPD provision to meet the needs of osteopaths.

Next steps

16. In due course, the current NCOR report will be published and promoted on the GOsC website and shared with key osteopathic organisations to inform their work. As in previous years, we will use the findings to develop articles for *the osteopath* magazine, and then for adaptation into online learning resources available to registrants via the **o** zone. In a similar way, the Institute of Osteopathy uses the data to develop advice and resources for members. Findings are discussed with osteopathic education providers at GOsC/OEI meetings in the course of the year, and shared through the Regional Communications Network to shape local CPD provision.
17. The GOsC currently has a complementary piece of work underway that is exploring other elements of data we hold relating to our fitness to practise procedures and the demographics of registrants who have been involved in these processes. Both these sets of data have still to be further analysed and we anticipate a report on this work will be made to the November meeting of the Policy Advisory Committee.
18. The GOsC, indemnity insurance providers and the Institute of Osteopathy meet annually to review this collaborative data collection initiative and identify areas for improvement. A meeting in September 2015 discussed feedback from undergraduate education providers that suggested it may be helpful to expand the data collection fields to collect and correlate with complaints demographic details of the registrants concerned. It was agreed that from this year we should look to collecting data relating to the registrant's age, gender and date of graduation.

Conclusion

19. This collaborative project has revealed clear consensus around the value of strengthening relations between diverse organisations with a shared interest in raising standards and reducing complaints. As it is dependent on cooperation,

trust and collaboration between diverse stakeholder organisations, we are grateful to our partner organisations for their willingness to work with us, and we will continue to carefully monitor progress and periodically reappraise the project.

Recommendation: to consider the content of 2015 data report.