National Council for Osteopathic Research

Types of concerns raised about osteopaths and osteopathic services in 2013 to 2015

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Introduction

In 2005, the General Osteopathic Council (GOsC) [1], the statutory regulator of osteopathy in the UK, commissioned four research projects to investigate and increase knowledge about adverse events associated with osteopathic practice[2]. One of these studies was an analysis of professional indemnity insurance claims made against osteopaths, considered together with complaints made to the professional regulator[3]. The aim of the study was to establish the frequency and character of complaints/claims, to better understand the circumstances that give rise to complaints or concerns relating to osteopathic care. A key recommendation was to initiate an ongoing collaborative process to collate and analyse information about concerns raised by the general public, by osteopaths and other healthcare professionals, and others, regarding UK-registered osteopaths and osteopathic services.

In 2012, the primary organisations in the UK that manage concerns, complaints and claims about osteopaths and osteopathic care, agreed a common system for classifying and describing concerns and complaints. This system was established so that data could be uniformly collected, pooled and analysed on an annual basis, thereby 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 result in a formal investigation.

The aim of this report is to describe the concerns relating to osteopaths and the services they provide, with a view to informing osteopathic practice, education and training, to enhance patient safety and care.

Methods

This was a prospective review of data about concerns and complaints reported during the period from January 2013 to December 2015. 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[4] (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[2, 3]. The classification system has been slightly modified from year to year, adding new classifications and one new main category (Health), as required to improve the system's utility:

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 are shown in the tables of results.

Each organisation gathering data had different mechanisms for recording and collecting complaint information. However, in all cases information was gained 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.

All data about concerns and complaints are anonymised and recorded as frequency data only. The participating organisations send their spreadsheets individually to the author of this paper, who acted as an independent third party [5]. The data are compiled into a single database so that no data could be identified as belonging to any one particular organisation.

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 three year period from 2013 to 2015.

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

The sharp rise in the number of concerns recorded in 2015 reflects an increase in complaints relating to osteopaths' advertising practice: 156. In contrast, the number of complaints of 'false/misleading advertising' made in 2014 was nine, and in 2013 – three.

If we set aside the advertising complaint data: in 2015 there were 213 other concerns recorded, which is fewer than in 2014 (248), and slightly more than in 2013 (200) (Table 1).

With a few exceptions, the distribution of non-advertising types of concerns and complaints remains similar over the three years.

Concerns raised in 2015 about osteopaths' **conduct** still centre on communication: 'Failure to communicate effectively': 17 (17%) and 'Communicating inappropriately': 12 (12%) (Table 2).

'Failure to obtain valid consent – no shared decision-making with the patient' has decreased over the three years from 20 (18%) in 2013, to 14 (14%) in 2014, to 8 (8%) in 2015 (Table 2).

The number of complaints made about 'sexual impropriety' has increased slightly: 2013 – 12 (11%); 2014 – 13 (13%); 2015 – 14 (14%) complaints (Table 2) and concerns about 'Failure to protect the patient's dignity/modesty' have risen from 6 (6%) in 2014 to 11 (11%) in 2015.

The majority of concerns about **clinical care** in 2015 is again dominated by 'Treatment causes new or increased pain or injury': 42 (39%) and 'Inappropriate treatment or treatment not justified': 18 (17%) (Table 3).

Tables 4 and 5 show data relating to criminal convictions and the practise of adjunctive therapies. Concerns recorded in these categories remain very small.

Table 6 reflects a new main category (added to the shared classification system in 2015): 'Concerns about health – Fitness to practise impaired due to physical and/or mental ill-health'. One concern for this was recorded in 2015.

Table 1. Summary of concerns 2013-2015

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

Table 2. Concerns about the conduct of osteopaths

Type of concern about conduct	2015 Number of concerns (% of total)*	2014 Number of concerns (% of total)*	2013 Number of concerns (% of total)*
Failure to communicate effectively	17 (17%)	15 (15%)	12 (11%)
Communicating inappropriately	12 (12%)	5 (5%)	15 (14%)
Failure to treat the patient considerately/politely	4 (4%)	3 (3%)	3 (3%)
Failure to obtain valid consent – no shared decision-making with the patient	8 (8%)	14 (14%)	20 (18%)
Breach of patient confidentiality	0	4 (4%)	3 (3%)
Data Protection – management/storage/ access of confidential data	2 (2%)	3 (3%)	4 (4%)
Failure to maintain professional indemnity insurance	6 (6%)	2 (2%)	0
Failure to act on/report safeguarding concerns	0	1 (1%)	0
Conducting a personal relationship with a patient	5 (5%)	6 (6%)	5 (5%)
Sexual impropriety	14 (14%)	13 (13%)	12 (11%)
Failure to protect the patient's dignity/modesty	11 (11%)	6 (6%)	10 (9%)
Failure to comply with equality and anti-discrimination laws	4 (4%)	0	0
No chaperone offered/provided	3 (3%)	1 (1%)	3 (3%)
Dishonesty/lack of integrity in financial and commercial dealings	5 (5%)	2 (2%)	1 (<1%)
Dishonesty/lack of integrity in research	0	1 (1%)	0
Fraudulent act(s) – e.g. insurance fraud	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	1 (<1%)	2 (2%)	1 (<1%)
Forgery – providing false information in reports	1 (<1%)	1 (1%)	2 (2%)
Forgery – providing false information in research	0	0	0

Forgery – providing false information in patient records	1 (<1%)	0	0
Disparaging comments about colleagues	1 (<1%)	3 (3%)	2 (2%)
Business dispute between principal and associate osteopaths	0	0	2 (2%)
Business dispute between osteopaths	1 (<1%)	14 (14%)	5 (5%)
Business dispute between osteopaths and other	1 (<1%)	1 (1%)	5 (5%)
Unclean/unsafe practice premises	1 (<1%)	1 (1%)	0
Not controlling the spread of communicable diseases	1 (<1%)	0	0
Non-compliance with health and safety laws/regulations	0	1 (1%)	0
Lack of candour	0	n/a	n/a
Conduct which brings the profession into disrepute	0	n/a	n/a
Failure to respond to requests for information and/or complaints from a patient	0	n/a	n/a
Failure to respond to requests for information from the GOsC	0	n/a	n/a
Failure to notify the GOsC of any criminal convictions or police cautions	0	n/a	n/a
Failure to co-operate with external investigations/ engage with the fitness to practice process	0	n/a	n/a
Totals	**102**	**100**	**109**

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

Table 3. Concerns about clinical care of osteopaths

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

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Table 4. Summary of concerns about criminal convictions and police cautions

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

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

Table 5. Summary of concerns about adjunctive therapies

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

Table 6. Summary of concerns about health

Type of concern	2015 Number of concerns (% of total)	2014 Number of concerns (% of total)	2013 Number of concerns (% of total)
Fitness to practise impaired due to physical and/or mental health	1 (100%)	n/a	n/a
Total	**1**		

Discussion

Concerns about osteopaths' advertising

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

Of the 369 concerns recorded in 2015, 156 were classified as 'False/misleading advertising. The number of concerns in this category in 2014 was 9 and in 2013, 3. 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 General Osteopathic Council, the regulator, in batches of 25.

Public concern about the quality of practice advertising represents a serious challenge that must be addressed with urgency by the osteopathic profession. Osteopaths, in common with other health professionals, are expected to ensure their

advertising complies with the requirements of the UK Advertising Standards Authority (ASA) Code of Advertising Practice.

Osteopathic regulatory and representative organisations have actively campaigned to raise awareness within the profession of good advertising practice and ASA standards. Osteopaths are expected to regularly check that their promotional material complies with the ASA Code. Advice and guidance is provided by leading organisations in the sector, including the General Osteopathic Council[1], the Institute of Osteopathy[4,] the National Council for Osteopathic Research[5,] the Osteopathic Alliance[7], and the osteopathic training providers.

The ASA requires the advertising of health services to be underpinned by high quality, published evidence of efficacy. The concerns raised about osteopathic advertising highlight a clear need within osteopathy for systematic data collection and well-designed studies that produce robust effectiveness evidence. This is recognised as a priority for the development of osteopathic practice, as is increasing the general level of research awareness and critical thinking among practising osteopaths.

The benefit to the public and the profession of working closely with the ASA to develop clearer advertising guidelines for healthcare practitioners is also a useful outcome arising from these concerns. The gold standard for evidence of effectiveness is seen as the randomised controlled trial (RCT), but in the absence of RCT evidence, data produced using other research methodologies can be equally informative. Persuading the ASA to take account of the wider range of available evidence is crucial for osteopathy and other health practices widely used by patients.

In this regard, osteopaths need to recognise the value of collecting information (data) from patients about their outcomes from osteopathic treatment, as this is an important source of evidence. The National Council for Osteopathic Research (NCOR) is currently training osteopaths to engage their patients in completing a patient reported outcome measure (PROM) [8], accessed online, with a view to creating a national database of independently-compiled outcomes data for use by the profession and the public/ASA alike.

Other areas for improvement

Our annual analysis of concerns recorded between 2013 and 2015 has noted previously that patient consent continues to be an area of practice that needs improvement. This is reflected in the data relating to: 'Failure to obtain valid consent' and 'No shared decision-making with the patient'. In recent years, this has frequently been the focus of wide discussion within the profession. It is encouraging, therefore, to note a decrease over the three years of concerns in these areas of practice. We

hope that this reduction may in part be due to the efforts made by the General Osteopathic Council, the Osteopathic Educational Institutions and the National Council for Osteopathic Research, in disseminating information that informs the patient consent process and raises the awareness of osteopaths and patients about the significance of informed consent and patient-centred care.

Regrettably, the number of complaints made about 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' totalled 25 in 2015, this amounts to 25% of all complaints about conduct. These complaints could represent sexual impropriety of a predatory nature or, at the other end of the spectrum, failure to communicate to the patient about the nature and type of procedures used by osteopaths to examine and treat. In either case, complaints of this nature are a very serious concern to the profession and identifying steps to address this should be a priority.

The majority of concerns about conduct were dominated by 'Treatment causes new or increased pain or injury' and 'Inappropriate treatment or treatment not justified'. These complaints may be a product of poor communication and not managing patient expectations but equally they could also be about a need for more training and/or lack of experience on the part of the osteopath. This might be particularly relevant with patients who have long-term complex, multi-morbid conditions.

Conclusions

These data continue to suggest a need to promote patient (person)-centred care and clear, effective patient-practitioner communication. Areas of focus for improved guidance, education and training should include: communicating with patients professionally about the treatment they receive and why; managing patient expectations; the consenting process; maintaining appropriate professional boundaries, and ethical advertising. Coupled with competent technique application and sound clinical judgement, improving the quality of practice in these areas may significantly reduce the level and types of concerns reported.

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