



**Policy Advisory Committee**

**9 October 2019**

**National Council for Osteopathic Research independent analysis of the concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2018**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	This paper includes an independent analysis of data collected annually between 2013 and 2018 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To consider the content of 2019 data report.</li><li>2. To agree the approach to dissemination and development of the response to the findings with the sector.</li><li>3. To agree to review and strengthen the methods of data collection.</li></ol>
<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 National Council for Osteopathic Research report, 'Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2018', will be published. But we also propose a dissemination event for our stakeholders to take stock of the findings over the past six years and to consider what further actions the sector may wish to consider to continue to reduce concerns and complaints and particular types of complaints.

**Annex**

'Types of concerns raised about osteopaths and osteopathic services in 2013 to 2018'.  
National Council for Osteopathic Research (NCOR),  
September 2019

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## Background

1. Over the past six years in partnership with the Institute of Osteopathy and leading providers of professional indemnity insurance to osteopaths, we have been working on a project to collect and merge data relating to concerns about care. Participating organisations apply a 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. This resulting report helps us to understand the matters that are concerning patients enough to report them to one of these bodies and provides an 'early warning system' about what actions we may take as a regulator to make osteopaths aware of these areas and to take action to try to reduce avoid these concerns.
4. NCOR has also published independently on the findings from the work.<sup>1</sup>
5. This paper presents the 2018 draft report for consideration by the Policy Advisory Committee (the Committee). We welcome the response of the Committee to the findings of the report and as we begin to consider what else we might do as a regulator to continue to reduce patient concerns and reduce areas of concern outlined in the report. This paper also makes suggestions for next steps to develop the usefulness of the report to the sector and to inform actions to support our regulatory objectives.

## Discussion

### *Data collection method*

6. Before we move into detailed discussion of the findings, it is worth highlighting both the successes and some potential limitations of the data collection. In terms of successes, the fact that we now have six years of data means that we can see trends and some potential impacts in terms of how our regulatory functions could be contributing to 'making a difference'. Headline figures such as a significant reduction in concerns are very positive.
7. However, we should also continue to exercise some caution in terms of the conclusions that we draw from the data. For example, the classification system was developed almost seven years ago through consensus methods with experts in their fields. Since then we have not reviewed the classifications and classifications are not supported by discussion between the data collectors (thus allowing for the possibility of divergence of views). There is therefore room for differing interpretations of the classification of the data which mean that it is a

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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)

good time to review the classifications and the definitions to strengthen the reliability of the findings moving forward.

8. Further, we know that other regulators have recently reviewed the way in which they classify their fitness to practise data. See for example the HCPC report at: <https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2018/july/enc-08---review-of-fitness-to-practise-case-classification/>. HCPC have noted potential challenges in their classifications including potential duplication of categories, no link to the HCPC standards, less detail than that in place in other regulators, and perhaps not reflecting the current pattern of fitness to practise concerns that they are receiving. We recognise some of these challenges in our own reflections on the classifications and we consider that now is a good time to review what other regulators are doing in more detail and to consider how we may enhance the accuracy of the categories and classifications.
9. However, notwithstanding the small numbers and the limitations above, the findings still provide avenues for further exploration as we continue to work with osteopaths to seek to embed standards and put patient safety and quality of care at the heart of what we do.

### *Findings*

10. The number of concerns recorded in 2018 reflects the lowest number since we began collecting the data:
  - 2018 – 186 (182 without advertising)
  - 2017 – 271 (191 without advertising)
  - 2016 – 410 (235 without advertising)
  - 2015 – 369 (213 without advertising)
  - 2014 – 257 (248 without advertising)
  - 2013 – 203 (200 without advertising)
11. This trend towards lower concerns reported against an increasing number of registrants is positive in that the implication is that patients are reporting fewer concerns about their experience with osteopaths, because they have fewer concerns overall.
12. However, of that lower number of concerns reported on total, there appears to be a higher proportion of concerns in the area of conduct (which includes communication and consent and no shared decision making). For example:
  - 2018 – 112 concerns (60% of the total)
  - 2017 – 91 concerns (48% of the total)
  - 2016 – 102 concerns (43% of the total)
  - 2015 – 102 concerns (48% of the total)
  - 2014 – 100 concerns (40% of the total)
  - 2013 – 109 concerns (55% of the total)

13. That said, the report also shows that the smaller number of and proportion of concerns classified as clinical care also appear to centre on communication and consent. The report states 'Concerns raised about clinical care by osteopaths have focused on 'treatment causes new or increased pain or injury' and 'inappropriate treatment or treatment not justified'. These could also be as a result of poor communication or poor management of expectations as we know from other research that around 30-50% of patients will experience transient mild to moderate worsening of symptoms after their treatment'. So this issue could simply be about classification, or it could represent a higher proportion of concerns being about communication and consent than in previous years.
14. Numbers of concerns raised about advertising have greatly reduced in 2018.
15. Concerns about failure to maintain professional indemnity insurance are at their highest level in the 2018 figures.
  - 2018 – 12
  - 2017 – 4
  - 2016 – 11
16. The report shows that there has been a 'small but continuing trend in concerns raised about 'sexual impropriety' and 'failure to protect the patient's dignity/modesty'. Indeed this finding is also supported in the GOsC fitness to practice report presented to Council in July 2019 (see <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-july-2019-item-7-fitness-to-practise-report/?preview=true>) which shows that in the first quarter of 2019, 'Of the 29 concerns: eight involved transgression of personal boundaries and/or sexual impropriety'.

## Findings and next steps

17. The findings overall, present a picture of reduced concerns, but still areas to continue to work on including communication and consent, boundaries and professional indemnity insurance.
18. We undertake a range of activities to raise awareness of the importance of communication and consent. These activities include the following:
  - Communication and consent is a key focus of our CPD scheme, the subject of a dedicated workbook highlighting research and other resources to support good communication as well as communication and consent being a key focus of many of the other workbooks including case based discussion, patient feedback and peer observation.
  - Enhanced guidance in the Osteopathic Practice Standards about communication and consent.
  - A thematic review on recording consent and also a good practice meeting with the osteopathic educational institutions in 2018.

- Communication and consent is the key theme of the November / December edition of the Osteopath.
  - In addition, the Institute of Osteopathy have been running workshops on communication and consent around the country as part of their regional roadshows in 2019.
  - Most of our engagement activities with students, faculty and osteopaths (both in person and also through our webinar series) focus on communication and consent as a key part.
  - In addition, later this year we will be launching our values resources to support patients and practitioner make more explicitly what it important to them in a consultation to enhance the possibility of a positive consultation.
19. We would therefore hope to see a reduction in the numbers of concerns recorded in this area in the 2019 figures due next year. We set out below, further work that we might undertake to raise awareness of this key focus for patient concerns.
  20. Conversely, complaints about clinical care have also greatly reduced from 128 in 2016, 90 in 2017 and 67 in 2018. As indicated in the data findings section above, we know that many of these concerns relate to communication and consent.
  21. Early in 2019, we commissioned a thematic review of fitness to practise determinations from Dr Moira Kelly, Queen Mary University, to see if we had any further information about the factors involved in cases heard and determined by the Professional Conduct Committee. A copy of this report is available on request from Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk). What is interesting in this report is that the cases of patient care analysis showed that 'inadequate assessment, poor communication, and lack of ongoing consent were key issues. These all link to the Osteopathic Practice Standard of communication and patient partnership'. Therefore this report also suggests that communication and consent also forms an important part of concerns which may be classified as clinical rather than conduct cases. The thematic analysis noted that one area for further work may include 'the need to consider consent to be an ongoing process and that patients may withdraw consent during treatment. It needs to be made clear to patients how they can withdraw their consent during treatment.' This is something that we can focus on further throughout 2019 and 2020 through additional resources.
  22. In relation to the potential increase of concerns around boundaries, this year, we published a literature review about communication and miscommunication in the context of touch which highlighted the lack of language in this area as well as therapeutic benefits of touch. We held a workshop in spring 2019 which showed that there was a great appetite and interest to develop and scope this work further. A discussion paper is being developed and we hope this will be considered by the Committee in due course.

23. We are continuing to work on our communications about professional indemnity insurance and the confusion over the implications of even perceived 'administrative failures' for patients. A guidance note on this has been considered by the Policy Advisory Committee and will be considered by Council in due course.
24. So whilst we are working on all areas of concern as identified by the NCOR report, we cannot be complacent.

#### *Next steps*

25. As the CPD scheme rolls out, we recognise that influences on osteopaths are not just from GOsC, but increasingly as osteopathic communities continue to develop, it will be important thread a focus on these themes throughout the osteopathic sector, the CPD providers, the regional groups (and other local groups of osteopaths) and postgraduate CPD providers and organisations as well as the osteopathic educational institutions and the educators.
26. It is therefore important that as a sector we reflect on these findings alongside patients and consider what more should we do to reduce concerns in some of these critical areas.
27. We intend to bring together our key stakeholders including insurers, the Institute of Osteopathy, the osteopathic educational institutions, regional groups, postgraduate providers, patients and others to help us to reflect together on these findings and consider further what we should do to support osteopaths and patients in more effective communication and avoiding miscommunication.
28. Further, we intend to undertake a review of the classifications used by other regulators so that we can review and refresh our own so that they are appropriate to the context to enable us to strengthen our methodology and perhaps the reliance we can place on these findings moving forward.

#### **Recommendations:**

1. To consider the content of 2019 data report.
2. To agree the approach to dissemination and development of the response to the findings with the sector.
3. To agree to review and strengthen the methods of data collection.