

National Council for



Osteopathic Research

**Types of concerns and complaints raised about
osteopaths and osteopathic services in 2013 to
2018**

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Introduction

The osteopathic health care profession is a relatively small in the UK. There were 5,232 registered osteopaths at the end of December 2018, this is in contrast to, for example, the physiotherapists who had 21,156 practising registrants at March 2019 (1). As part of good practice and as a component of the Osteopathic Practice Standards, osteopaths must provide patients with information about how to express a concern or complaint about their care and or management. Patients can raise concerns and or make a complaint in five ways: directly to the osteopath concerned, to other members of the practice, to the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) or the osteopath's insurer.

To understand more about the nature of concerns and complaints raised against osteopaths the GOsC, the iO and the three major providers of professional indemnity insurance, initiated a collaborative project to track trends in concerns and complaints raised about osteopaths. From 2013 each of the organisations have collected data about complaints and claims made, as well as informal concerns raised about practice. This collaboration is unique to the osteopathic profession and provides valuable feedback for osteopaths, students and educational institutions (2).

The number of concerns and complaints raised about osteopaths have remained roughly constant over the last six years at around 0.3% of registered osteopaths.

The data from 2017 showed a fall in the number of concerns and complaints raised on each of the preceding four years with the total number of concerns – 191 in all – falling below the 200 recorded at the start of the project in 2013 despite the GOsC register growing by approximately 10% during this time period (from 4,816 to 5,232) (3).

Since the inception of data collection, the majority of concerns have related to conduct or clinical care (around 95%) with criminal convictions, complaints about adjunctive therapies and health matters only registering small numbers (4).

In relation to concerns about the conduct of osteopaths, the largest categories have related to communication in particular 'communicating inappropriately', followed by 'failure to obtain valid consent/no shared decision-making'.

There has been a small but continuing trend in concerns raised about 'sexual impropriety' and 'failure to protect the patient's dignity/modesty'. In some cases these concerns have arisen from a lack of effective communication between the osteopath and his or her patient and are avoidable, others are as a consequence of inappropriate behavior and remain unacceptable to practice.

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 (5).

In the last 2 years, we have been able to describe the characteristics of those who are subject to complaint or concern (4). There has been a higher proportion of complaints and

concerns about male osteopaths, and a higher proportion among those who have been in practice for ten or more years.

These data have guided the GOsC to focus on communication and consent as a compulsory feature of the new CPD scheme (6) and alerted the profession to the risks of complacency after around ten years of practice.

The aim of this report is therefore to describe the concerns relating to osteopaths and the services they provide, and also to profile the characteristics of those who are the subject of complaints or concerns.

Methods

This report contains data about concerns and complaints reported during the period from January 2013 to December 2018. 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, other health care professionals, or others, about an osteopath.

Participants

The GOsC (the UK regulator for osteopathy), the Institute of Osteopathy (the professional association for osteopaths in the UK), and all the major 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 were 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 (5, 7). The classification system was slightly modified in 2015, to add a new category, 'Health', to reflect concerns raised about osteopaths' practising while their own health was impaired or compromised.

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 (potentially ranging from murder to conspiracy to supply drugs).

4. Complaints relating to adjunctive 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 practice impairment, physical or mental health).

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, other health care professionals, or others (e.g. family/carers).

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

Participating organisations also collected data about the osteopath against whom the concern or complaint was raised. This included: years post-registration, sex and location of practice (England, Wales, Scotland, Northern Ireland or overseas).

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 (8). 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 five organisations over a six year period from 2013 to 2018 (three insurance companies, the iO and the GOsC).

Summary data

In 2018 there were 182 complaints and concerns recorded, compared to 271, 410, 369, 257, and 203 in the previous years from 2013 – 2017.

The sharp drop in the number of concerns and complaints recorded in 2017 and 2018, reflect the decrease in the number of concerns and complaints relating to osteopaths' advertising practice. The campaign against osteopaths' advertising that has largely been responsible for this increase has now been addressed: there has been a change in practise with osteopaths now much more aware of the issues relating to misleading advertising and making false claims. In 2018 there were only 4 complaints in this category.

If we set aside all the advertising complaint data in order to identify year-on-year trends, in 2018 there were 182 concerns recorded which is the lowest number recorded since we started collecting data. This compares with 191, 235, 213, 248 and 200 in previous years from 2013 – 2017 (Table 1 and Figure 1).

In the first year of data collection there were more concerns and complaints raised about clinical conduct than clinical care. This was reversed between 2014 and 2016 with roughly the same in 2017. In 2018 there is a large change as there are nearly double the amount of concerns about clinical conduct compared to clinical care (60% vs 37%). **Table 1. Summary of concerns and complaints 2013-2018**

Type of concern	Number of concerns (% of total)*					
	2013	2014	2015	2016	2017	2018
Conduct	109 (55%)	100 (40%)	102 (48%)	102 (43%)	91 (48%)	112 (60%)
Clinical Care	86 (43%)	139 (56%)	108 (51%)	128 (54%)	90 (47%)	67 (37%)
Criminal convictions/ cautions	3 (2%)	6 (2%)	1 (<1%)	1 (<1%)	2 (1%)	0 (0%)
Adjunctive therapy	2 (1%)	3 (1%)	1 (<1%)	1 (<1%)	2 (1%)	1 (<1%)
Health	n/a	n/a	1 (<1%)	3 (1%)	6 (3%)	2 (1%)
Total	200	248	213	235	191	182

False/misleading advertising**	3	9	156	175	80	4
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** 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' have been set aside in these tables due to a concerted campaign and hence are considered separately to the remaining data.*

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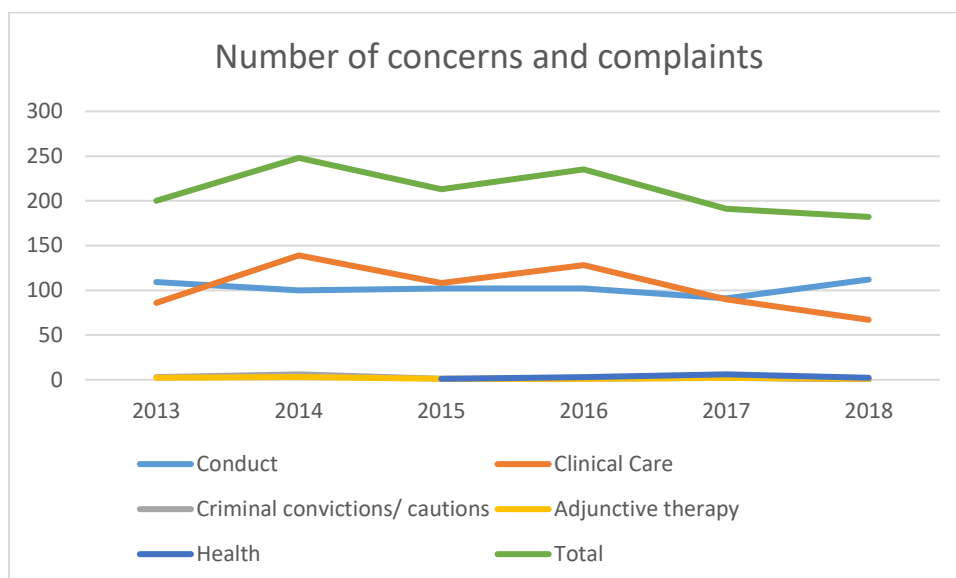


Figure 1. Graph showing total concerns and complaints 2013-18

All complaints and concerns raised were about 127 osteopaths in total, the lowest number to date. This represents 2.4% of the registered osteopaths in 2018 (127/ 5,232). For each of the 3 years we have collected data about sex most concerns and complaints are made about male rather than female osteopaths (average 64%:36%) (Table 2). From the register of osteopaths proportionately more males than females have complaints made against them (Figure 2).

Table 2. Number of complaints against males and females

Year	Total	Males	Females
2016	203	130 (64%)	73 (36%)
2017	169	106 (63%)	63 (37%)
2018	127	82 (65%)	45 (35%)

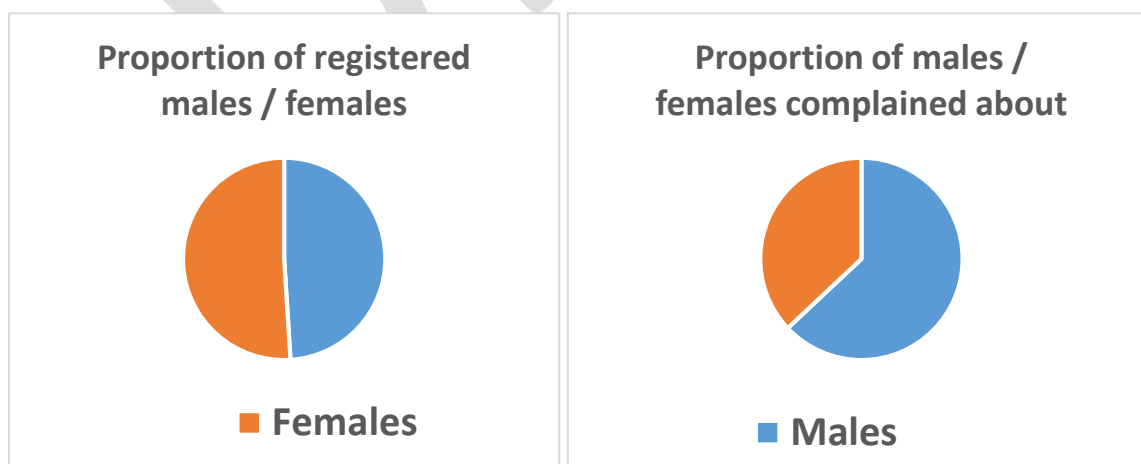


Figure 2. Male / female proportion registered and complained about

More concerns and complaints are made about both males and females with more experience (Figure 3). In 2018, 67% of the concerns were made against osteopaths with 10 or more years of experience, 84% of this group were male osteopaths (Table 3). The 3 years data consistently shows that relatively few concerns and complaints are raised about new graduates (practising for <2 years: range 0 - 4% of total complaints) (Table 3).

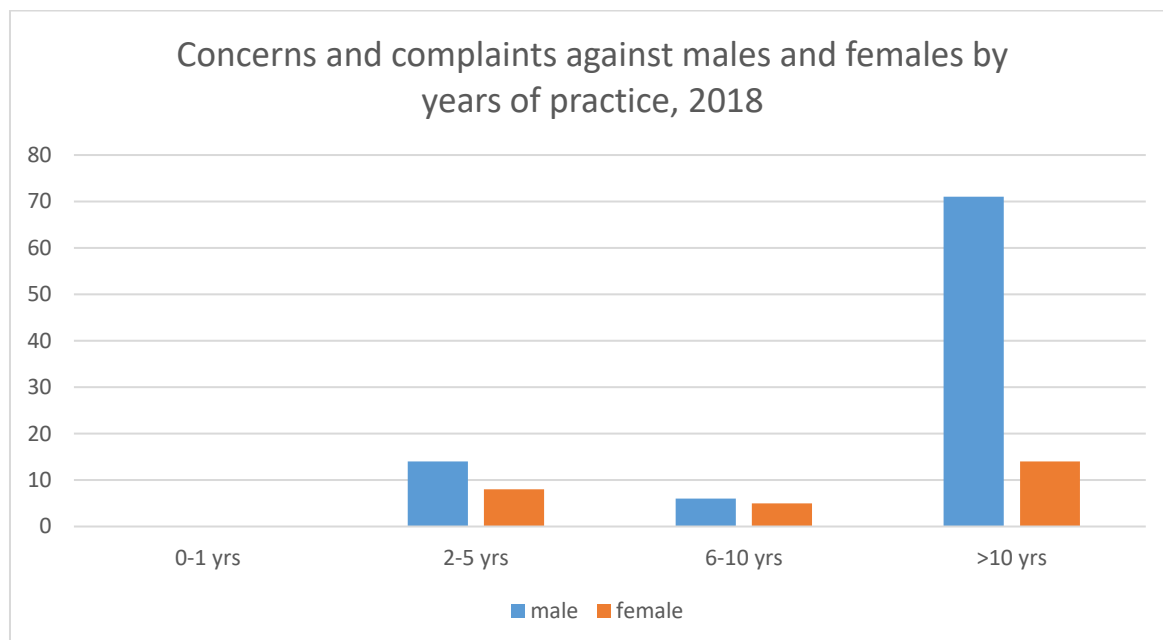


Figure 3. Graph showing total concerns and complaints by years of experience and sex

Table 3. Years of experience and sex 2016-2018

Characteristics	Number of osteopaths (% of total)			Male (% of total)			Female (% of total)		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Years post-graduation									
< 2	3 (1%)	8 (4%)	0	0	4 (50%)	0	3 (100%)	4 (50%)	0
2-5	38 (19%)	23 (13%)	22 (17%)	21 (55%)	16 (70%)	14 (64%)	17 (45%)	7 (30%)	8 (36%)
6-10	31 (15%)	37 (20%)	11 (9%)	13 (42%)	15 (41%)	6 (55%)	17 (55%)	22 (59%)	5 (45%)
>10	130 (63%)	89 (48%)	85 (67%)	96 (74%)	61 (69%)	71 (84%)	33 (25%)	28 (31%)	14 (16%)
Missing data	3 (1%)	27 (15%)	9 (1%)						
Total	205	184	127						

Most (67%) concerns and complaints are made against osteopaths practising in England reflecting that 85% of registered osteopaths work in England.

Table 4. Concerns and complaints by location

Location	2016	2017	2018
England	194 (95%)	141 (77%)	85 (67%)
Scotland	4 (<1%)	6 (3%)	0
Wales	3 (<1%)	4 (2%)	2 (2%)
N. Ireland	0	3 (2%)	1 (1%)
Overseas	2 (<1%)	12 (7%)	3 (2%)
Missing data	2 (<1%)	18 (10%)	35 (28%)
Total	205	184	127

Concerns about the clinical conduct of osteopaths

Concerns raised about osteopaths' clinical conduct still centre on communication: 'Failure to communicate effectively' (13%), 'Communicating inappropriately' (13%) and 'Failure to obtain valid consent/no shared decision-making with the patient' (8%). That is around one third (34%) of all clinical conduct complaints (range over the last six years 30% - 47%).

The number of complaints made about 'Conducting a personal relationship with a patient', 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' is the lowest recorded at 17% of all complaints. The range over the last 6 years is 17% - 30% (Table 3).

The number of concerns raised about osteopaths' 'Failure to maintain professional indemnity insurance' in 2016 was 11. This reduced to 4 in 2017 and rose to 12 (10%) again in 2018, the highest level to date.

In the last 2 years there have been more concerns and complaints raised about practitioners bringing the profession into disrepute, 14% in 2017 and 8% in 2018.

As in previous years, concerns raised about other aspects of clinical conduct were low in number, with no more than 5% for any single category.

Table 5. Concerns about the conduct of osteopaths

Type of concern about conduct	Number of concerns (% of total)*					
	2013	2014	2015	2016	2017	2018
Failure to communicate effectively	12 (11%)	15 (15%)	17 (17%)	18 (18%)	5 (5%)	15 (13%)
Communicating inappropriately	15 (14%)	5 (5%)	12 (12%)	18 (18%)	14 (15%)	15 (13%)
Failure to treat the patient considerably/politely	3 (3%)	3 (3%)	4 (4%)	7 (7%)	8 (9%)	8 (7%)
Failure to obtain valid consent – no shared decision-making with the patient	20 (18%)	14 (14%)	8 (8%)	13 (13%)	9 (10%)	9 (8%)
Breach of patient confidentiality	3 (3%)	4 (4%)	0	0	3 (3%)	4 (3%)
Data Protection – management/ storage/access of confidential data	4 (4%)	3 (3%)	2 (2%)	2 (2%)	2 (2%)	6 (5%)
Failure to maintain professional indemnity insurance	0	2 (2%)	6 (6%)	11 (11%)	4 (4%)	12 (10%)
Failure to act on/report safeguarding concerns	0	1 (1%)	0	0	0	0
Conducting a personal relationship with a patient	5 (5%)	6 (6%)	5 (5%)	4 (4%)	2 (2%)	3 (3%)
Sexual impropriety	12 (11%)	13 (13%)	14 (14%)	7 (7%)	11 (12%)	12 (10%)
Failure to protect the patient's dignity/modesty	10 (9%)	6 (6%)	11 (11%)	5 (5%)	6 (6%)	4 (3%)
Failure to comply with equality and anti-discrimination laws	0	0	4 (4%)	1 (1%)	0	0
No chaperone offered/provided	3 (3%)	1 (1%)	3 (3%)	0	1 (1%)	1 (1%)
Dishonesty/lack of integrity in financial and commercial dealings	1 (<1%)	2 (2%)	5 (5%)	4 (4%)	1 (1%)	1 (1%)
Dishonesty/lack of integrity in research	0	1 (1%)	0	0	0	0

	2013	2014	2015	2016	2017	2018
Fraudulent act(s) – e.g. insurance fraud	4 (4%)	1 (1%)	3 (3%)	4 (4%)	0	0
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%)	2 (2%)	0	0
Forgery – providing false information in reports	2 (2%)	1 (1%)	1 (<1%)	0	0	0
Forgery – providing false information in research	0	0	0	0	0	0
Forgery – providing false information in patient records	0	0	1 (<1%)	1 (1%)	0	1 (1%)
Disparaging comments about colleagues	2 (2%)	3 (3%)	1 (<1%)	1 (1%)	4 (4%)	3 (3%)
Business dispute between principal and associate osteopaths	2 (2%)	0	0	0	0	2 (2%)
Business dispute between osteopaths	5 (5%)	14 (14%)	1 (<1%)	0	1 (1%)	1 (1%)
Business dispute between osteopaths and other	5 (5%)	1 (1%)	1 (<1%)	0	0	0
Unclean/unsafe practice premises	0	1 (1%)	1 (<1%)	0	1 (1%)	0
Not controlling the spread of communicable diseases	0	0	1 (<1%)	0	0	0
Non-compliance with health and safety laws/regulations	0	1 (1%)	0	0	2 (2%)	0
Lack of candour	n/a	n/a	0	0	1 (1%)	2 (2%)
Conduct which brings the profession into disrepute	n/a	n/a	0	1 (1%)	13 (14%)	9 (8%)
Failure to respond to requests for information and/or complaints from a patient	n/a	n/a	0	0	1 (1%)	3 (3%)
Failure to respond to requests for information from the GOsC	n/a	n/a	0	0	1 (1%)	0
Failure to notify the GOsC of any criminal convictions or police cautions	n/a	n/a	0	0	0	0
Failure to co-operate with external investigations/	n/a	n/a	0	0	1 (1%)	1 (1%)

engage with the fitness to practice process						
Totals	109	100	102	102	91	116

Concerns about the clinical care given by osteopaths

The number of concerns about clinical care in 2018 were the lowest ever recorded 67 (range prior to 2018 was 87-128). Of those recorded they were still dominated by concerns about 'Treatment causes new or increased pain or injury' 29 (43%) followed by 'Forceful treatment' 12 (18%), both the highest recorded since 2013. In contrast there was a reduction in concerns and complaints made about 'Inappropriate treatment or treatment not justified' 6 (9%) and 'Treatment administered incompetently' 1 (1)%, the lowest recorded. (Table 6).

Table 6. Concerns about clinical care of osteopaths

Type of concern	Number of concerns (% of total)*					
	2013	2014	2015	2016	2017	2018
Inadequate case history	2 (2%)	2 (1%)	2 (2%)	4 (3%)	3 (3%)	1 (1%)
Inadequate examination, insufficient clinical tests	2 (2%)	3 (2%)	4 (4%)	8 (6%)	7 (8%)	3 (4%)
Diagnosis/inadequate diagnosis	10 (11%)	6 (4%)	4 (4%)	4 (3%)	9 (10%)	4 (6%)
No treatment plan/ inadequate treatment plan	1 (1%)	5 (3%)	3 (3%)	4 (3%)	4 (4%)	0
Failure to refer	5 (6%)	4 (3%)	2 (2%)	3 (2%)	4 (4%)	0
Inappropriate treatment or treatment not justified	15 (17%)	27 (19%)	18 (17%)	29 (23%)	16 (18%)	6 (9%)
Forceful treatment	4 (5%)	14 (10%)	9 (8%)	15 (12%)	5 (6%)	12 (18%)
Treatment administered incompetently	1 (1%)	22 (16%)	11 (10%)	10 (8%)	3 (3%)	1 (1%)
Providing advice, treatment or care that is beyond the competence of the osteopath	0	3 (2%)	6 (6%)	2 (2%)	1 (1%)	5 (7%)
Treatment causes new or increased pain or injury	34 (39%)	42 (30%)	42 (39%)	40 (31%)	34 (38%)	29 (43%)
Failure to maintain adequate records	4 (5%)	2 (1%)	1 (1%)	4 (3%)	2 (2%)	1 (1%)
Value for money	7 (8%)	7 (5%)	5 (5%)	3 (2%)	2 (2%)	2 (2%)

Termination of osteopath-patient relationship	2 (2%)	2 (1%)	1 (1%)	2 (2%)	0	3 (4%)
Total	87	139	108	128	90	67

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

Criminal convictions and cautions.

Table 7 shows data relating to criminal convictions and cautions. Concerns recorded in these categories remain very small.

Table 7. Summary of concerns about criminal convictions and police cautions.

Type of concern	Number of concerns (% of total)*					
	2013	2014	2015	2016	2017	2018
Criminal convictions						
Common assault/battery (patient or other)	0	1 (16%)	0	0	0	0
Actual/grievous bodily harm (patient or other)	0	1 (16%)	0	0	0	0
Public order offence (e.g. harassment, riot, drunken and disorderly and racially aggravated offences)	1 (33%)	1 (16%)	0	1	0	0
Manslaughter/Murder (attempted or actual)	0	0	0	0	0	0
Driving under the influence of alcohol or drugs	1 (33%)	1 (16%)	1 (100%)	0	2 (100%)	0
Drug possession/dealing/trafficking	0	1 (16%)	0	0	0	0
Conspiracy to supply	0	0	0	0	0	0
Sexual assaults	1 (33%)	1 (16%)	0	0	0	0
Child pornography	0	0	0	0	0	0
Rape	0	0	0	0	0	0
Police Cautions						
Common Assault/ battery	n/a	n/a	0	0	0	0
Drug possession/dealing/trafficking	n/a	n/a	0	1	0	0
Criminal damage	n/a	n/a	0	0	0	0
Theft	n/a	n/a	0	0	0	0
Possession of indecent images	n/a	n/a	0	0	0	0

Total	3	6	1	2	2	0
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** 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, *e.g.* acupuncture, kinesiology and naturopathy remain very small in number.

Table 8. Concerns about adjunctive therapies given by osteopaths

Type of concern	Number of concerns (% of total*)					
	2013	2014	2015	2016	2017	2018
Acupuncture	2 (100%)	3 (100%)	1 (100%)	1 (50%)	2 (100%)	1 (100%)
Applied kinesiology	0	0	0	1 (50%)	0	0
Naturopathy	0	0	0	0	0	0
Total	2	3	1	2	2	1

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

Concerns about health and fitness to practise

This category was added in 2015 to capture concerns raised about the mental and physical health of osteopaths and their ability to practise. One concern was raised about an osteopath's health in 2015, 3 in 2016, 6 in 2017 and 2 in 2018.

Discussion

In summary, the number of complaints has fallen despite the register increasing. However, the nature of complaints remain fairly constant. The notable difference in 2018 was that there were proportionately more complaints about conduct rather than care. In previous years, complaints have been roughly equally split between conduct and care.

The profile of those complained about is similar to the previous 2 years strengthening the argument that the longer osteopaths are in practice the more likely they are to have a complaint or concern raised against them.

Since the last report there has been a paper published describing the differences in the frequency and nature of formal complaints made about chiropractors, osteopaths and

physiotherapists in Australia (9). The authors used regulator records between 2011 and 2016 to determine the nature and type of complaints in three domains: performance, professional conduct and health. They found that professional conduct complaints made up over 50% of the total complaints made, these included complaints about advertising / titles, sexual boundaries, fees / honesty, interpersonal behaviour, records / reports and 'other'. They also found that <10% of practitioners from all the professions received complaints. No complaints were made against 97.1% of osteopaths, 92.3% of chiropractors and 98.5% of physiotherapists. Our data shows that 97.6% of osteopaths had no complaints or concerns raised about them. The authors also found that males were 2.4 times more likely to be complained about than females and practitioners aged 66 years or older were 2.28 times more likely to be complained about than practitioners aged 35 years or younger. They also found that over half of the complaints resulted in no further action.

In 2018 there were 38 osteopaths who were investigated by the GOsC, this represented 30% (38/127) of the complained about osteopaths, meaning that 70% who had concerns and complaints raised against them had no further action. In 2017 this figure was 32% (59/184) and in 2016 11% (22/205).

The shift in complaints to more conduct than care is difficult to explain. Increases were seen in three areas: failure to communicate effectively (5% to 13%); ensuring data protection (2% to 5%) possibly due to new legislation around data protection with the General Data Protection Act and heightened awareness; and failure to maintain professional indemnity insurance (4% to 10%). Another area of note is the rise in concerns about forceful treatment up from 6% in 2017 to 18% in 2018.

Conclusion

Overall, the number of concerns and complaints are small, but vigilance and monitoring remains important for the profession especially as one of many useful indicators for measuring the impact of the new continuing professional development initiatives now implemented by the GOsC.

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