National Council for NOTE OF THE SECONDERSITE OSTEOPATHIC Research

Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2022

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Summary

The pandemic during 2020 and 2021 significantly impacted osteopathic practices and also had an impact on both the number and nature of concerns and complaints raised. Osteopathic practices have reported being busier during 2022 as the effect of reduced capacity within the NHS has led to more patients seeking care elsewhere.

When reviewing data for 2022, 103 osteopaths had complaints made against them compared to 138 in 2021. This is equal to the number of complaints made during 2020, the year most affected by the COVID19 pandemic.

There were 126 concerns and complaints raised in 2022 (including false/misleading advertising complaints). This is the second lowest number of complaints made with 2020 being the lowest at 115 complaints.

Most complaints were reported about male osteopaths (64%). The age groups most strongly represented in complaints were 31-40 and 51-60 with male osteopaths represented more frequently in each age band. When examining years since qualification, the data show that osteopaths who have been qualified/graduated for 10 or more years have an increased number of complaints raised about them compared to those graduated prior to 10 years ago (61.3% vs 35.8%).

Notable areas of complaint during 2022 were:

- Inappropriate treatment or treatment not justified n=8
- Forceful treatment n=7
- Treatment causes new or increased pain or injury n=30
- Failure to communicate effectively n=8
- Sexual impropriety n=10

When the concerns and complaints were mapped against the Osteopathic Practice Standards (OPS) we can see that 'Quality and Safety' and 'Professionalism' remain the areas of most concern echoing the data from 2021.

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Introduction

Concerns and complaints made by patients, members of the public, health care sector workers and health care professionals about health care practitioners are crucial to understand in order to identify, and prevent future issues associated with poor clinical practice and patient management. We have been collecting data about concerns and complaints made by the general public about osteopaths and osteopathy since 2013. These data are analysed each year and inform policy, practice, and the education of osteopaths.

Stakeholders and interested parties contributing to this project are the osteopathic regulator, the General Osteopathic Council (GOsC), the osteopathic professional body, the Institute of Osteopathy (iO), and three insurance companies who provide cover for osteopaths.

Classification System

We use a modified version of the Healthcare Complaints Analysis Tool (HCAT)¹ to classify concerns and complaints. We collect raw frequency data only; we do not rate the concerns and complaints by severity of harm, or the problem raised.

There are six distinct categories we use to classify the concerns and complaints:

- 1. Clinical concerns and complaints sub-divided into Quality and Safety issues.
- 2. Management: Environment (Problems in the facilities, services, clinical equipment, and staffing levels), Business/Processes (Problems in bureaucracy, waiting times, and accessing care).
- 3. Relationships sub-divided into Communications, Humaneness/Caring and Patient rights.
- 4. Use of adjuvant therapies.
- 5. Criminal convictions and cautions
- 6. Regulation specific issues.

We used all the 36 subcategories recommended in the HCAT as these matched and mapped well onto the original classification system used between 2013 and 2018.

The classification system adopted in 2019 has subcategories that are more fully described so there is less potential for overlap.

1. Reader T, Gillespie A, Roberts J. Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Qual Safety*. 2014; 23:678-689

Methods

Data were collected from January 1st 2022 to December 31st 2022. Contributors include the regulator (General Osteopathic Council, GOsC), the osteopathic professional body (The Institute of Osteopathy, iO) and three insurers of osteopaths.

Data are logged and recorded directly once contributions have been received from stakeholders including patients, members of the public, health care sector workers and health care professionals informing the contributing organisations of a concern or complaint they would like to report. This can be contributed by telephone, email or letter correspondence. Concerns and complaints that are escalated to the regulator are only reported by the GOsC to limit duplication. We do not collect data about those making the complaints, only those that are complained about.

Data were collected from each contributing organisation using a standardised excel spreadsheet. All potentially identifiable data were removed, and the spreadsheets were submitted to the National Council for Osteopathic Research for independent analysis. Descriptive data are presented and year on year comparisons are made.

The data were analysed in two sections with details about the profile of those complained about and the types of concerns and complaints that were received over the specified 12-month period. Summary analysed data are provided and then more detailed analysed data by subcategories are given. Summary raw data are contained in Appendix 1. Subcategories have been mapped against the Osteopathic Practice Standards which can be found in Appendix 2.

Profile of osteopaths about whom complaints were made

Complaints were raised about 103 osteopaths during 2022.

Among the osteopaths complained about 37 (36%) were female and 66 (64%) male, representing 1.9% of all registered osteopaths.

Table 1. Number of people who had concerns and complaints raised against them andtheir gender

Year (number of GOsC registrants)	Total number of osteopaths complained about (% of register)	Males (% of total complaints) (% of registered males)	Females (% of total complaints) (% of registered females)
2016 (Total 5,200, Males 2,563 Females 2,637)	203	130	73
	(3.9%)	(64%) (5.1%)	(36%) (2.8%)
2017 (Total 5,288, Males 2,618 Females 2,670)	169	106	63
	(3.2%)	(63%) (4%)	(37%) (2.4%)
2018 (Total 5,334, Males 2,629, Females 2,705)	127	82	45
	(2.4%)	(65%)	(35%)
		(3.1%)	(1.7%)
2019 (Total 5,457, Males 2,684, Females 2,773)	113	78	35
	(2.1%)	(69%)	(31%)
		(2.9%)	(1.3%)
2020 (Total 5,443, Males 2,656 Females 2,787)	103	79	24
	(1.9%)	(76.7%)	(23.3%)
		(2.9%)	(0.9%)
2021 (Total 5,335, Males 2,599 Females 2,736)	138	89	49
	(2.6%)	(64%)	(36%)
		(3.4%)	(1.8%)
2022* (Total 5437, Males: 2629 and Females:	103	66	37
2808)	(1.9%)	(64%)	(36%)
		(2.5%)	(1.3%)

*This figure includes registrants on the GOsC database up to end of March, 2023.

Osteopaths practise in diverse areas of the globe. Most of the osteopaths about whom complaints are made practise in England, but this reflects the larger number of osteopaths based in England. The distribution of osteopaths and complaints is described in Table 2.

Country	Number of osteopaths about whom complaints were made about in 2022
England	94
Northern Ireland	1
Scotland	4
Wales	2
Other (non-UK)	0
Missing data	2

Table 2 Location of osteopaths about whom complaints were made

Gender and age

The age of osteopaths about whom complaints are made is shown in Table 3.

Age band	Number of osteopaths on GOsC register	Percentage of osteopaths on GOsC register	Number of osteopaths about whom complaints are made per age band	Percentage of osteopaths about whom complaints are made per age band
Up to 30	739	13.6%	13	1.8%
31-40	1174	21.6%	19	1.6%
41-50	1400	25.7%	20	1.4%
51-60	1436	26.5%	20	1.4%
61-70	595	10.9%	8	1.3%
71 years and over (7 osteopaths are aged over 80)	93	1.7%	3	3.2%
Missing data	0	0%	20	

Table 3. Age of osteopaths about whom complaints are made

The gender of osteopaths about whom complaints are made is shown in Table 4.

Gender	Number of osteopaths on GOsC register	Percentage of osteopaths on GOsC register	Number of osteopaths about whom complaints are made	Percentage of osteopaths about whom complaints are made per gender
Male	2629	48.3%	66	2.5%
Female	2808	51.7%	37	1.3%
Missing data	0	0%	0	0%

Table 4. Gender of osteopaths about whom complaints are made

Figure 1 shows the age and gender distribution of osteopaths about whom complaints are made.

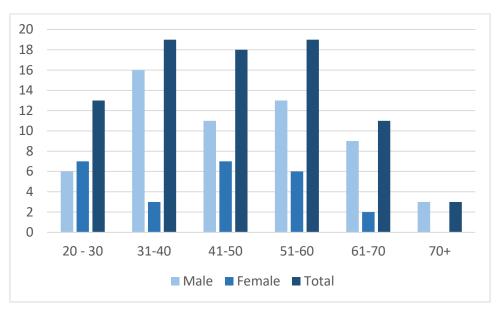


Figure 1. Age and gender distribution for osteopaths about whom complaints are made*

*20 data items were missing from the data provided

Figure 1 shows that male osteopaths in the 31-40 age group had more complaints made against them. More complaints have been made against male osteopaths but we do not have data to place practice within the context of numbers of patients seen per week for example.

Number of years post-qualification

Table 5 shows that osteopaths who have been qualified/graduated for 10 or more years have an increased number of complaints raised about them compared to those graduated prior to 10 years ago (61.3% vs 35.8%).

Characteristi cs	(% of	Number of osteopaths (% of total complained about by years since graduation)								
Years post- graduation	2016	2017	2018	2019	2020	2021	2022			
0-2	3 (1%)	8 (4%)	0	7 (6%)	10 (10%)	13 (9%)	9 (8.7%)			
3-5	38 (19%)	23 (13%)	22 (17%)	18 (16%)	15 (15%)	19 (14%)	9 (8.7%)			
6-10	31 (15%)	37 (20%)	11 (9%)	15 (14%)	17 (16.5%)	22 (16%)	19 (18.4%)			
>10	130 (63%)	89 (48%)	85 (67%)	71 (45%)	48 (47%)	79* (57%)	63 1 (61.3%)			
Missing data	3 (1%)	27 (15%)	9 (1%)	2 (2%)	23 (22%)	5 (4%)	2 (2.9%)			
Total	205	184	127	113	103	138	103			

Table 5. Distribution of complaints and practitioners' years of practice

*37/79 of the >10 years' experience had more than 21 years of experience post-registration #28/63 of the >10 years' post-graduation osteopaths had been qualified for 21 years or more.

These dates are represented graphically in Figure 2.

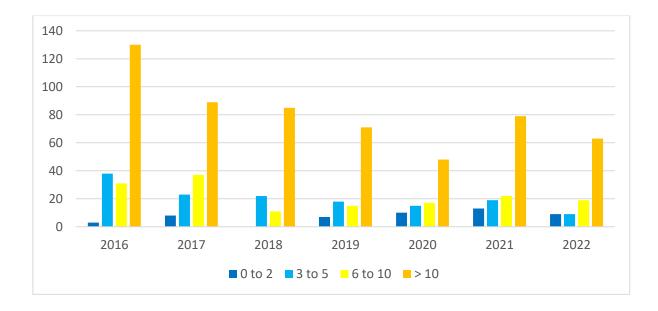


Figure 2. Distribution of complaints by years since graduation 2016 – 2022

Data were examined to identify the distribution of complaints when considering both gender and years since qualification. These are shown in Figures 3 and 4.

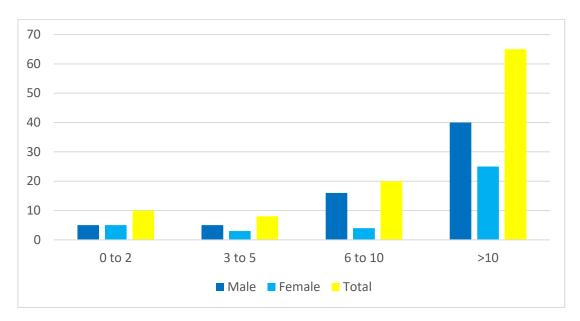


Figure 3. Numbers of males and females complained about by years of experience 2022 in summary

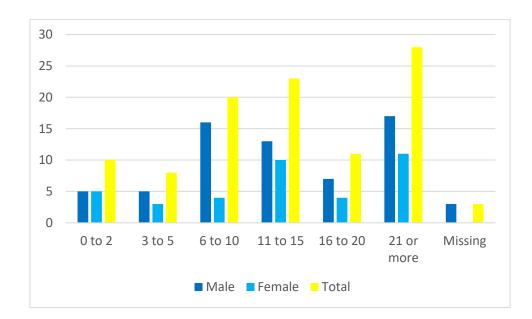


Figure 4. Numbers of males and females complained about by years of experience 2022 in detail

Types of concerns and complaints

The number of concerns raised in 2022 was 126, a reduction from the previous year of 150. The 2020 figures were low as a result of the COVID19 pandemic resulting in practice closures and two national lockdowns. During 2022 many practices re-opened and were extremely busy as the lasting effects of the pandemic on services in the National Health Service (NHS) became more pronounced. The 126 complaints reported in 2022 are the second lowest number recorded in 9 years.

Concerns raised about Clinical care issues (relating to quality and safety of clinical and osteopathic care provided) make up 53.1% increasing slightly from 49% in 2021. Relations issues (relating to the behaviour towards the patient or their family/friends) were the second most frequent cause of complaint at 21.4% representing a slight reduction from 2021. More information is shown in Table 6.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided)	83	137	104	128	97	71	70	33	74	67
Management Issues (relating to the environment and organisation within which healthcare is provided)	32	37	28	26	17	28	30	17	16	18
Relations Issues (relating to the behaviour towards the patient or their family/friends)	81	65	79	75	56	67	74	33	37	27
Adjuvant therapies / Professions	2	3	1	2	2	1	2	3	3	2
Criminal convictions / Police cautions	3	6	1	1	2	2	4	4	6	3
Regulation specific issues			0	1	17	15	34	17	13	7
Subtotal	200	248	213	233	191	184	214	107	149	124
False/misleading advertising*	3	9	156	177	80	4	5	8	1	2
Total	203	257	369	410	271	188	219	115	150	126

Table 6. Overall numbers of concerns and complaints raised each year by theme

Figure 5. shows the data from Table 6 in a graphical form. There is a slight increase in complaints relating to management issues and false/misleading advertising but the numbers of all other complaints have reduced.

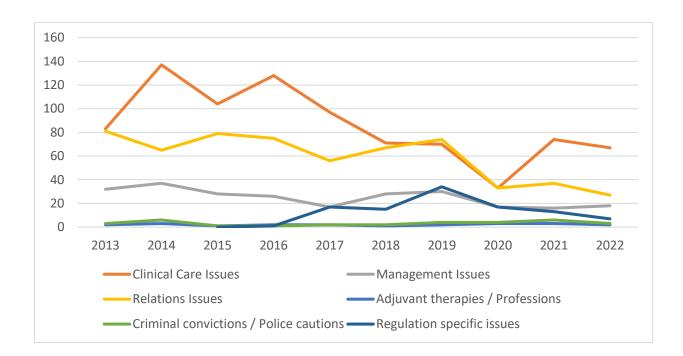


Figure 5. Overall numbers of concerns and complaints raised each year by theme

Table 7 shows the mean values of data from previous years and allows us to compare 2022 data with the average over the last 9 years for each theme and sub-theme. The data shows all figures are below the average with the exception of environment.

Theme	Mean 2013-2021 (range)	2022
Clinical Care Issues		
Quality of clinical practices	19.9	10
	(range 10-32)	
Safety of clinical practice	68.7	57
	(range 23-115)	
Management		
Environment	6.1	7
	(range 2-9)	
Business /Processes	19.2	11
	(range 12-28)	
Relationship Issues		
Listening and Communication	34.6	15
	(range 13-49)	
Respect and Patient rights	28.4	12
	(range 15-42)	
Adjuvant therapies / professions	2.1	2
	(range 1-3)	
Criminal convictions and Police	3.2	3
Cautions	(range 1-6)	
Regulation specific (2015-2019)	10.8	7
	(range 0-34)	

Table 7. Overall comparison with previous years

Table 8. Number of Concerns and complaints per year: 2013 to 2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Clinical Care Issues (re	lating to qu	ality and sa	afety of clin	ical and os	teopathic c	are provide	ed.			
Quality of clinical practices (Clinical standards of behaviour)	20	22	15	25	32	17	19	10	19	10
Safety of clinical practice (Errors, incidents, and staff competencies)	63	115	89	103	65	54	51	23	55	57
Management Issues (relating (e.g. admi	g to the envinistrative,		-			-	provided			
Environment (Problems in the facilities, services, clinical equipment, and staffing levels)	7	9	7	3	5	2	8	9	5	7
Business /Processes (Problems in bureaucracy, waiting times, and accessing care)	25	28	21	23	12	26	22	16	11	11
Relations Issues (rel	ating to the	behaviour	towards th	ne patient c	or their fam	ily/friends)				
Listening and Communication (Disregard	47	34	37	49	28	39	42	13	22	15

or do not acknowledge information from patients. Absent or incorrect communication to patients)										
Respect and Patient rights (Disrespect or violations of patient rights)	34	31	42	26	28	28	32	20	15	12
	Other									
Adjuvant therapies / Professions	2	3	1	2	2	1	2	3	3	2
Criminal convictions / Police cautions	3	6	1	1	2	2	4	4	6	3
Regulation specific issues			0	1	17	15	34	17	13	7
Subtotal	200	248	213	233	191	184	214	107	149	124
False/misleading advertising**	3	9	156	177	80	4	5	8	1	2
Total	203	257	369	410	271	188	219	115	150	126

Clinical Care

Clinical care issues relate to quality of clinical practice and safety of clinical practice.

Figure 6a shows an above average number of concerns about the lack or inadequacy of a treatment plan. Figure 6b shows high levels of complaints concerning new or increased pain, and delivery of forceful treatment consistent with previous data.

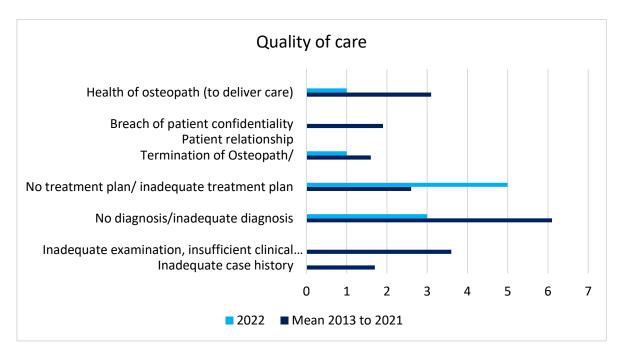


Figure 6a. Clinical Care Issues (relating to quality of clinical and osteopathic care provided).

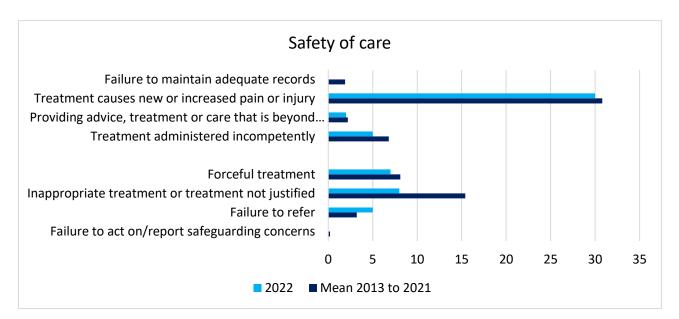
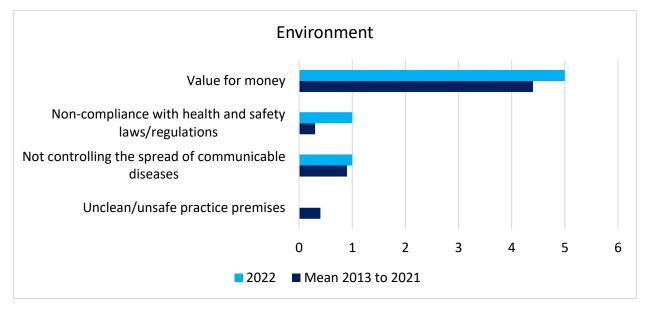


Figure 6b. Clinical Care Issues (relating to safety of clinical and osteopathic care provided).

Management

This theme records complaints about the practice environment such as problems in the facilities, services, clinical equipment, staffing levels, and business processes and procedures such as problems in bureaucracy, waiting times, and accessing care.

Complaints concerning not controlling the spread of communicable diseases were slightly above average, as were issues raised about value for money, and non-compliance with health and safety laws/regulation (Figure 7a).



Concerns about business practices and processes were very low.

Figure 7a. Management Issues relating to the environment (excluding false advertising complaints (2022 n=2)

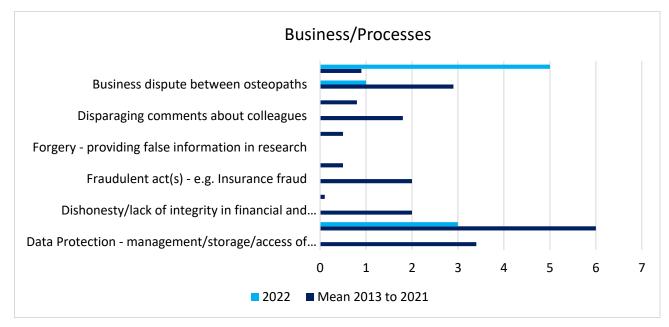


Figure 7b. Management Issues relating to the organisation within which healthcare is provided

Relations Issues (relating to the behaviour towards the patient or their family/friends)

This theme consists of two sub-themes:

- Listening and Communication such as disregarding or not acknowledging information from patients, and absent or incorrect communication to patients;
- Respect and patient rights such as disrespecting or violating patient rights.

There are 10 sub-categories in total.

There was one concern/complaint raised about consent and slightly fewer than average complaints about communicating inappropriately or ineffectively (Figure 8a).

Examples of inappropriate communication include rude remarks towards a patient about their weight, inappropriate/unjustified comments about pregnancy relating to the Covid vaccine and inappropriate comments construed as racist.

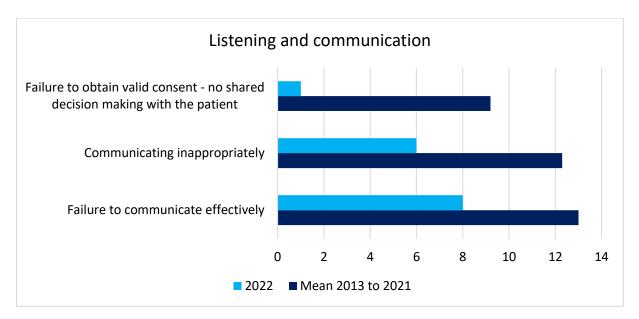


Figure 8a Listening and Communication (Healthcare staff disregard or do not acknowledge information from patients. Absent or incorrect communication from healthcare staff to patients)

Figure 8b shows that the numbers of concerns and complaints around sexual impropriety are slightly fewer than the 9-year average.

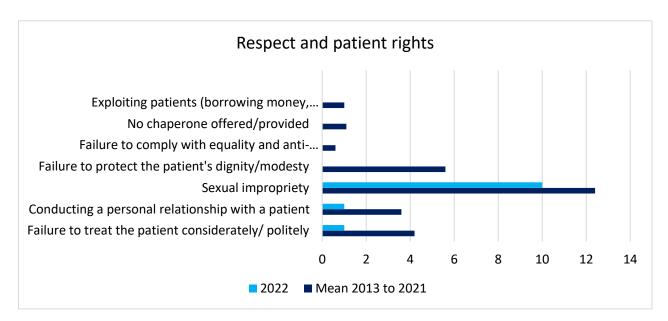


Figure 8b Respect and patient rights (Disrespect or violations of patient rights)

Adjuvant therapy

The number of concerns and complaints in this area remain very small and focuses on acupuncture and dry needling.

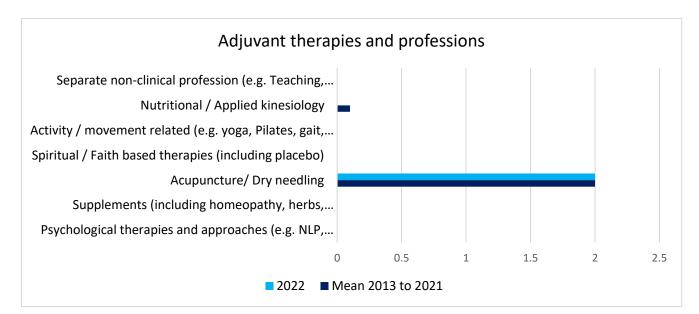


Figure 9. Adjuvant therapies and professions

Criminal convictions and police cautions

These data show an increase in the number of sexual assaults this year (n=2). There is also a concern/complaint for the first time since 2013 relating to the possession of indecent images (n=1).

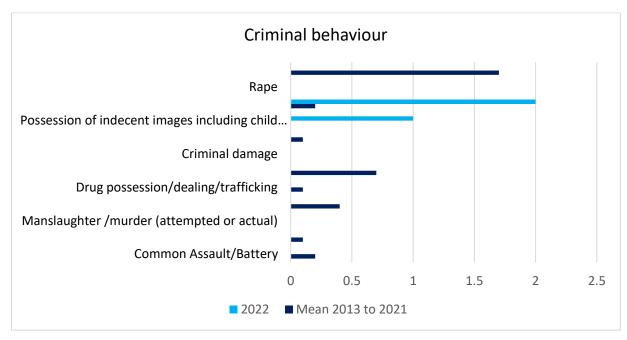


Figure 10. Criminal convictions and police cautions

Regulation specific

Although there are still complaints related to bringing the profession into disrepute (n=3), this is lower than the 9-year average (n=10.1). More complaints (n=4) were raised during 2022 under the category of "other". These concerns included careless driving, messaging under-age girl(s), receiving a restraining order, and fraudulent activity. This information is shown in Figure 11.

Implications for meeting Osteopathic Practice Standards (OPS)

In terms of the OPS, Safety and Quality (Theme C) is the area where most concerns and complaints have been reported over the last nine years. Theme D: Professionalism includes 'Bringing the profession into disrepute' and 'Respect and patient rights', complaints in both these areas persist (Table 9 and Figure 12) although they have reduced during 2022.

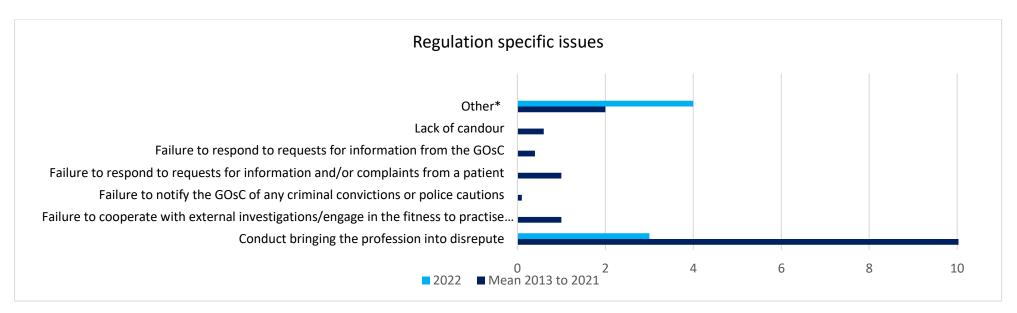


Figure 11. Regulation specific concerns and complaints

Theme C: Safety and Quality

Theme D: Professionalism

Osteopathic Practice Standards	2013	2014	2015	2016	2017	2018	2019	2020	2021
Theme A: Communication and Patient partnership	47	34	37	49	28	39	42	13	22
Theme B: Knowledge skills and experience	4	28	21	19	12	14	9	4	8

Table 9. Concerns and complaints mapped against the OPS

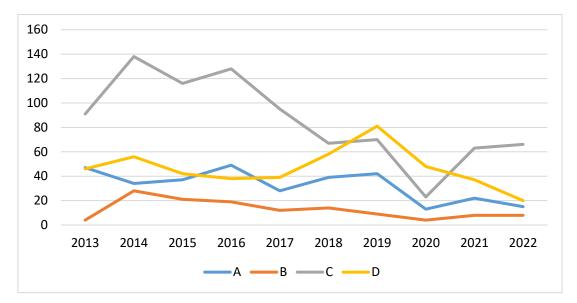


Figure 12. Number of concerns and complaints by OPS categories 2013 -2021

- A: Communication and patient partnership
- B: Knowledge skills and experience
- C: Safety and Quality
- D: Professionalism

Discussion and Conclusions

Summary of key findings

The number of concerns and complaints recorded for 2022 (n=126) was only slightly higher than 2020 which was artificially low because of the COVID19 pandemic and subsequent clinic closures and lockdowns. Concerns/complaints about osteopaths controlling the spread of communicable disease, have persisted in small numbers during 2022 but this may be due to patients heightened vigilance to clean and safe practices remaining from the pandemic.

Although there was one complaint related to consent, this is a significant change to the 20 complaints made about this area of practise in 2013.

Issues related to communication with patients continue to be raised with eight complaints focussing upon the failure to communicate effectively. This compares with a high of 49 complaints of this nature in 2016. The concerns about 'Bringing the profession into disrepute' have reduced (n=3) compared to previous years where many complaints were related to issues related to the Covid pandemic.

Safety in clinical practice remains an area for concerns/complaints with issues raised concerning inappropriate treatment or treatment not justified (n=8), forceful treatment (n=7), and treatment causing new or increased pain or injury (n=30). While there may be technical considerations associated with these concerns/complaints, they could also highlight failure of communication around delivery of care.

The data for 2022 shows 10 complaints about sexual impropriety compared with 12 complaints in 2021. Further analysis revealed that all 10 of the osteopaths were male. Of these, six were under 50 years old and four were over 50. Four of the osteopaths had more than 10 years' experience, and six under 10 years. Although this slight reduction in concerns/complaints in this area is welcome, any concerns of this nature represent a betrayal of a trust in a healthcare professional.

Future research

More detailed analysis will be now possible as we have data from 4 years that includes characteristics of those complained about associated with each complaint. The dataset is now large enough to look for trends and associations between the characteristics of those complained about and the nature of the complaints about them. This more detailed analysis will enable us to determine any statistical associations enabling us to be more certain about our findings. A review of the nature of complaints may also give more insight into common complaints and how to avoid them.

In addition, it would be useful to reflect upon all of the concerns and complaints data within the context of other changes that have taken place within the profession to evaluate their impact against the concerns and complaints data. For example, the education and training initiatives focussing on consent from 2012 to 2018, the implementation of the new GOsC Continuing Professional Development (CPD) scheme which has now undergone one complete cycle, and other regulatory and professional initiatives. Further activities including ongoing work relating to touch and boundaries and the outputs from this research could have an impact on the number and nature of concerns and complaints. This research could be valuable in determining the effect and impact of regulation on practice and be developed into appropriate CPD training activities.

Conclusions

These data continue to allow us to evaluate practice from many perspectives but most notably that of the patient. The data provide us with a unique insight into the care delivered by osteopaths. Overall, the number of concerns and complaints are low as are the numbers of osteopaths who have concerns and complaints raised about them. Disseminating this work to educators and the wider profession has the potential to focus clinical and professional training at pre- and post-registration levels.

Appendix 1

Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Inadequate case history	2	2	2	4	3	1	0	0	1	0
Inadequate examination,										
insufficient clinical tests	2	3	4	8	7	3	3	1	2	0
No diagnosis/inadequate										
diagnosis	10	6	4	4	9	4	4	3	11	3
No treatment plan/										
inadequate treatment plan	1	5	3	4	4	0	4	1	1	5
Termination of Osteopath/ Patient relationship	2	2	1	2	0	3	2	1	1	1
Breach of patient confidentiality	3	4	0	0	3	4	3	0	0	0
Health of osteopath (to deliver care)			1	3	6	2	3	4	3	1
Totals	20	22	15	25	32	17	19	10	19	10

Table A1. Quality of clinical practices (Clinical standards of behaviour)

Mean total number of complaints 2013-2021: 19.9 (range 10-32)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Failure to act on/report safeguarding concerns	0	1	0	0	0	0	0	1	0	0
Failure to refer	5	4	2	3	4	0	2	0	9	5
Inappropriate										
treatment or treatment not justified	15	27	18	29	16	6	15	3	10	8
Forceful treatment	4	14	9	15	5	12	8	2	4	7
Treatment administered incompetently	1	22	11	10	3	1	4	2	7	5
Providing advice, treatment or care that is beyond the competence of the osteopath	0	3	6	2	1	5	2	1	0	2
Treatment causes new or increased pain or injury	34	42	42	40	34	29	20	11	25	30
Failure to maintain adequate records	4	2	1	4	2	1	0	3	0	0
Totals	63	115	89	103	65	54	51	23	55	52

 Table A2. Safety of clinical practice (Errors, incidents, and staff competencies)

Mean total number of complaints 2013-2021: 68.7 (range 23-115)

Management Issues (relating to the environment and organisation within which healthcare is provided (e.g. administrative, technical, facilities and management of staff)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Unclean/unsafe practice premises	0	1	1	0	1	0	0	0	1	0
Not controlling the spread of communicable diseases	0	0	1	0	0	0	0	6	1	1
Non-compliance with health and safety laws/regulations	0	1	0	0	2	0	0	0	0	1
Value for money	7	7	5	3	2	2	8	3	3	5
Totals	7	9	7	3	5	2	8	9	5	7

Table A3. Environment (Problems in the facilities, services, clinical equipment, and staffing levels)

Mean total number of complaints 2013-2021: 6.1 (range 2-9)

Table A4. Business /Processes (Problems in bureaucracy, waiting times, and accessing care)

	2013	2014	2015	2016	2017	2018	2019	2021	2022
Data Protection - management/storage/access of confidentiality data	4	3	2	2	2	6	6	2	0
Failure to maintain professional indemnity insurance	0	2	6	11	4	12	7	6	3
Dishonesty/lack of integrity in financial and commercial dealings	1	2	5	4	1	1	2	0	0
Dishonesty/lack of integrity in research	0	1	0	0	0	0	0	0	0
Fraudulent act(s) - e.g. Insurance fraud	4	1	3	4	0	0	4	0	0
Forgery - providing false information in reports	2	1	1	0	0	0	0	0	0
Forgery - providing false information in research	0	0	0	0	0	0	0	0	0
Forgery - providing false information in patient records	0	0	1	1	0	1	1	0	0
False/misleading advertising*	(3)	(9)	(156)	(177)	(80)	(4)	(5)	(1)	(2)
Disparaging comments about colleagues	2	3	1	1	4	3	0	0	0

Business dispute between Principal and Associate osteopaths	2	0	0	0	0	2	1	1	0
Business dispute between osteopaths	5	14	1	0	1	1	1	0	1
Business dispute between osteopath and other	5	1	1	0	0	0	0	0	5
Totals	25	28	21	23	12	26	22	16	9

*excluded

Mean total number of complaints 2013-2021 (excluding false misleading advertising): 19.2 (range 12-28)

Relations Issues (relating to the behaviour towards the patient or their family/friends)

Table A5. Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Failure to communicate effectively	12	15	17	18	5	15	20	8	7	8
Communicating inappropriately	15	5	12	18	14	15	14	3	15	6
Failure to obtain valid consent - no shared decision making with the patient	20	14	8	13	9	9	8	2	0	1
Totals	47	34	37	49	28	39	42	13	22	15

Mean total number of complaints 2013-2021: 34.6 (range 13-49)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Failure to treat the patient considerately/ politely	3	3	4	7	8	8	3	1	1	1
Conducting a personal relationship with a patient	5	6	5	4	2	3	2	5	0	1
Sexual impropriety	12	13	14	7	11	12	17	14	12	10
Failure to protect the patient's dignity/modesty	10	6	11	5	6	4	7	0	1	0
Failure to comply with equality and anti- discrimination laws	0	0	4	1	0	0	0	0	0	0
No chaperone offered/provided	3	1	3	0	1	1	1	0	0	0
Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)	1	2	1	2	0	0	2	0	1	0
Totals	34	31	42	26	28	28	32	20	15	12

Mean total number of complaints 2013-2021: 28.4 (range 15 – 42)

Table A7. Adjuvant therapies / professions

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Psychological therapies and approaches (e.g. NLP, Mindfulness, CBT, Counselling)							0	0	0	0
Supplements (including homeopathy, herbs, vitamins etc)							0	0	0	0
Acupuncture/ Dry needling	2	3	1	1	2	1	2	3	3	2
Spiritual / Faith based therapies (including placebo)							0	0	0	0
Activity / movement related (e.g. yoga, Pilates, gait, analyses, podiatry (insoles)							0	0	0	0
Nutritional / Applied kinesiology	0	0	0	1	0	0	0	0	0	0
Separate non-clinical profession (e.g. Teaching, Building, Sales, Research)							0	0	0	0
Total	2	3	1	2	2	1	2	3	3	2

Mean total number of complaints 2013-2021: 2.1 (range 1-3)

Table A8. Criminal convictions and Police Cautions

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Common Assault/Battery	0	1	0	0	0	0	1	0	0	0
Actual/Grievous Bodily Harm	0	1	0	0	0	0	0	0	0	0
Manslaughter /murder (attempted or actual)	0	0	0	0	0	0	0	0	0	0
Public Order Offence (e.g. Harassment, Riot, Drunken and disorderly, and racially aggravated offences	1	1	0	1	0	0	1	0	0	0
Drug possession/dealing/trafficking	0	1	0	0	0	0	0	0	0	0
Driving under the influence of alcohol/drugs	1	1	1	0	2	0	0	1	0	0
Criminal damage			0	0	0	0	0	0	0	0
Theft			0	0	0	0	0	0	1	0
Possession of indecent images including child pornography	0	0	0	0	0	0	0	0	0	1
Sexual assaults	1	1	0	0	0	0	0	0	0	2
Rape	0	0	0	0	0	0	0	0	0	0
Other			0	0	0	2	2	3	5	0
Total	3	6	1	1	2	2	4	4	6	3

Mean total number of complaints 2013-2021: 3.2 (range 1-6)

Table A9. Regulation Specific

	2015	2016	2017	2018	2019	2020	2021	2022
Conduct bringing the profession into disrepute	0	1	13	9	22	13	13	3
Failure to cooperate with external investigations/engage in the fitness to practise process	0	0	1	1	5	0	0	0
Failure to notify the GOsC of any criminal convictions or police cautions	0	0	0	0	1	0	0	0
Failure to respond to requests for information and/or complaints from a patient	0	0	1	3	3	0	0	0
Failure to respond to requests for information from the GOsC	0	0	1	0	2	0	0	0
Lack of candour	0	0	1	2	1	0	0	0
Other*						4	0	4
Total	0	1	17	15	34	17	13	7

Mean total number of complaints 2013-2021: 10.8 (range 0-34)

* "Other" includes:

Other - conviction for careless driving

Other - messaging under age girl(s)

Other - received restraining order

Other - fraudulent activity

Appendix 2

Concerns and complaints mapped onto osteopathic practice standards

Theme A – Communication and patient partnership

Listening and communication

- Failure to communicate effectively,
- Communicating inappropriately,
- Failure to obtain valid consent-no shared decision-making with patient

Theme B – Knowledge, skills and performance

Safety of clinical practice (errors/ incompetence)

- Treatment administered incompetently
- Failure to treat patient considerably/politely
- Providing advice, treatment or care that is beyond the competence of osteopathy

Theme C- Safety and quality

Quality clinical practice (standards of healthcare)

- No treatment plan/inadequate treatment plan
- No diagnosis/inadequate diagnosis
- Inadequate examination/insufficient clinical tests

Safety of clinical practice (errors/ incompetence)

- Inappropriate treatment or treatment not justified
- Treatment causes new or increased pain or injury
- Forceful treatment
- Failure to refer
- Failure to maintain patient records

Respect and patient's Rights

- Failure to protect patient's dignity/modesty
- No chaperone offered/provided

Theme D - Professionalism

Quality clinical practice (standards of healthcare)

• Breach of patient confidentiality

Business/processes

- Failure to maintain professional indemnity insurance
- Data protection-management/storage/ access of confidentiality data
- False/misleading advertising

- Fraudulent acts e.g. Insurance fraud
- Business dispute between osteopaths
- Dishonesty/lack of integrity in financial and commercial dealings
- Forgery providing false information in patient records

Respect and patient's Rights

- Sexual impropriety
- Conduct a personal relationship with the patient
- Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)

Criminal convictions

- Common Assault/Battery
- Public Order Offence (e.g. harassment, riot, drunken and disorderly, and racially aggravated offences

Regulation Specific

- Conduct bringing the profession into disrepute
- Lack of candour
- Failure to respond to requests for information and/or complaints from patients
- Failure to cooperate with external investigations/engage in fitness to practice process
- Failure to notify the GOsC of any criminal convictions or police cautions

References

General Osteopathic Council. Osteopathic Practice Standards https://standards.osteopathy.org.uk/