

**Osteopathic Practice Committee**  
**19 September 2013**  
**Public session**  
**Fitness to Practise Case Trends**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issues</b>	The Annexes to this paper provide an analysis of fitness to practise cases that have been closed between 1 June 2012 and 31 July 2013 and 1 January 2010 and 31 May 2012.
<b>Recommendation</b>	To note the content of the report.
<b>Financial and Resourcing Implications</b>	None arising directly from this paper.
<b>Equality and Diversity Implications</b>	None arising from this paper.
<b>Communications Implications</b>	The information will be disseminated to the Osteopathic Education Institutions so that it can inform the training they provide at both undergraduate and post-graduate level.
<b>Annexes</b>	<ul style="list-style-type: none"> <li>A. Fitness to Practise Statistics – 1 June 2012 to 31 July 2013</li> <li>B. Fitness to Practise Statistics – 1 January 2010 to 31 May 2012</li> <li>C. Osteopathic complaints and claims classification and data collection tool, version April 2013.</li> </ul>
<b>Author</b>	Kellie Green

## Background

1. The Osteopathic Practice Committee's (OPC) terms of reference requires it to take into account the decisions of fitness to practise, information from the PSA and other relevant sources, and external legal or other requirements in developing policy on professional practice.
2. This paper provides an analysis of cases that have been considered by the Fitness to Practise Committees and closed between 1 June 2012 and 31 July 2013 and more historical data from the cases closed between 1 January 2010 and 31 May 2012.

## Discussion

3. This fitness to practise report has been provided to the Education Committee on an annual basis since 2011. The final report presented on 13 June 2012, is provided at Annex B. This provides the data collected from the fitness to practise cases that were closed between 1 January 2010 and 31 May 2012.
4. The report at Annex A presents the data collected from the fitness to practise cases that were closed between 1 June 2012 and 31 July 2013. This data is presented using the categories from the newly established Common Classification System.

### *Common Classification System*

5. A Common Classification System has been established to capture data on complaints and claims that have been made about osteopaths. It has been developed and adopted by the GOsC, the British Osteopathic Association and providers of professional indemnity insurance to osteopaths. The data collection tool, provided at Annex C, provides the classification categories.
6. Since 1 January 2013, each of these organisations has been using the system to record the nature of the complaints and claims that it is receiving. This includes formal and informal complaints and claims. The data collected will be reported on annually beginning January 2014.
7. This standardised classification system has potential to improve the quality and accuracy of data collection, enable data linking, and generate a regular and comprehensive indication of trends in complaints and claims about osteopaths.
8. This data will provide quantitative evidence of the circumstances, practices and behaviours that cause people to complain about or make a claim against an osteopath. This should provide a better understanding of the nature and cause of complaints/claims, which could helpfully inform the training of students and the continuing professional development of osteopaths, the guidance and standards developed by the regulator for registrants, and the information provided to osteopathic patients and the public. It will provide evidence-based information to inform the development of targeted guidance and education for

the osteopathic profession with the aim of reducing the number of complaints and claims made about osteopaths.

*The Data at Annex A*

9. Although participating organisations only began to collect data using the agreed classification categories since 1 January 2013, the Executive, in preparing this paper, has chosen to provide this data from the cases closed between 1 June 2012 and 31 July 2013. Charts 1 to 5 at Annex A show the number of cases against each category and the decisions reached by the fitness to practise committees. This data is taken from a total of 30 cases.

*The Data at Annex B*

10. The report at Annex B was presented to the Education Committee in June 2012. It provides data from 68 cases, which were closed between 1 January 2010 and 31 May 2012. It uses old categories of complaint and was captured before the Common Classification System was developed. It does, however, provide a useful analysis of the cases closed during this time and comparison to the more recent data.

*Statistics and Trends Summary*

11. The data is taken from a very small number of cases and so should be viewed with some caution. In time, more meaningful data will be available, particularly when the reports include claims made to professional indemnity insurers.
12. The areas of practice that have caused most concern during 1 June 2012 to 31 July 2013, are (see Charts 1 to 5 at Annex A):
  - Failures to obtain valid consent
  - Inadequate case history
  - Inappropriate treatment or treatment not justified
  - Record Keeping.
13. The Executive will continue to collect data on an ongoing basis and a further report will be provided to the Committee next year.

**Recommendation:** to note the content of the report.

Charts 1, 2, 3 and 4 show the Common Classification System categories populated by data from the GOsC fitness to practise cases that were closed between 1 June 2012 to 31 July 2013. The data shows the total number of cases that featured in each category and the decisions that were reached by the Fitness to Practise Committees.

**Chart 1**

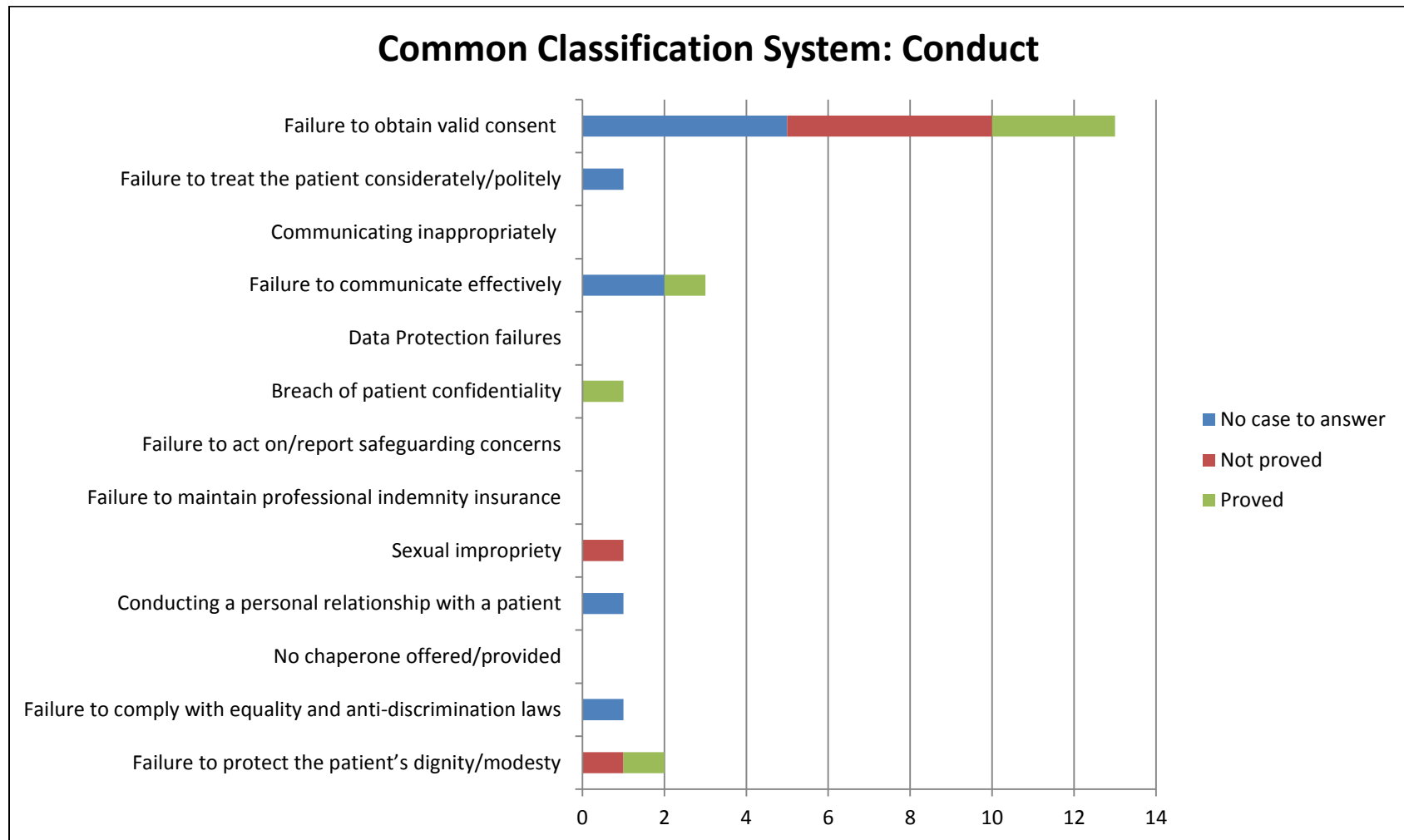


Chart 2

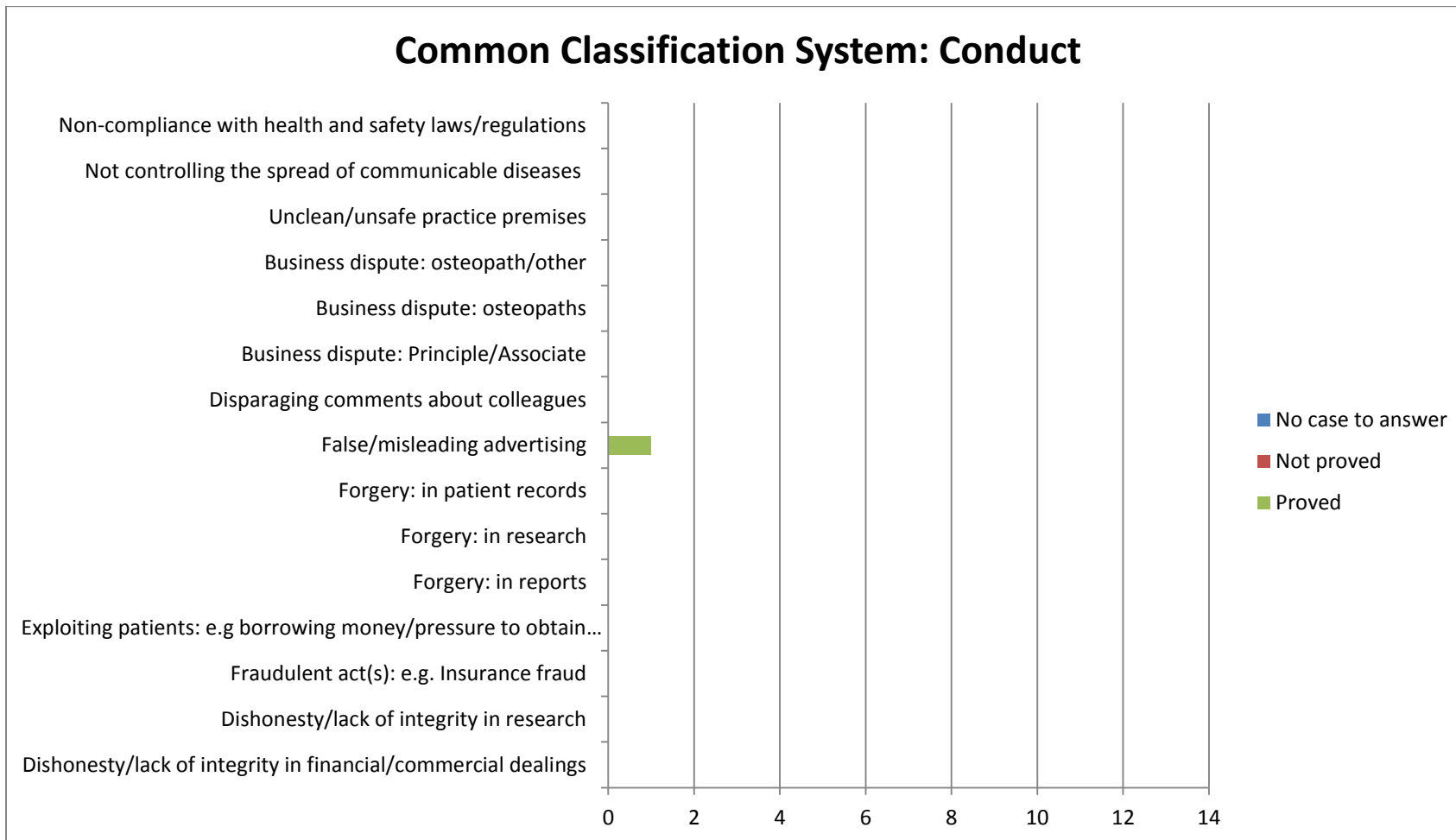


Chart 3

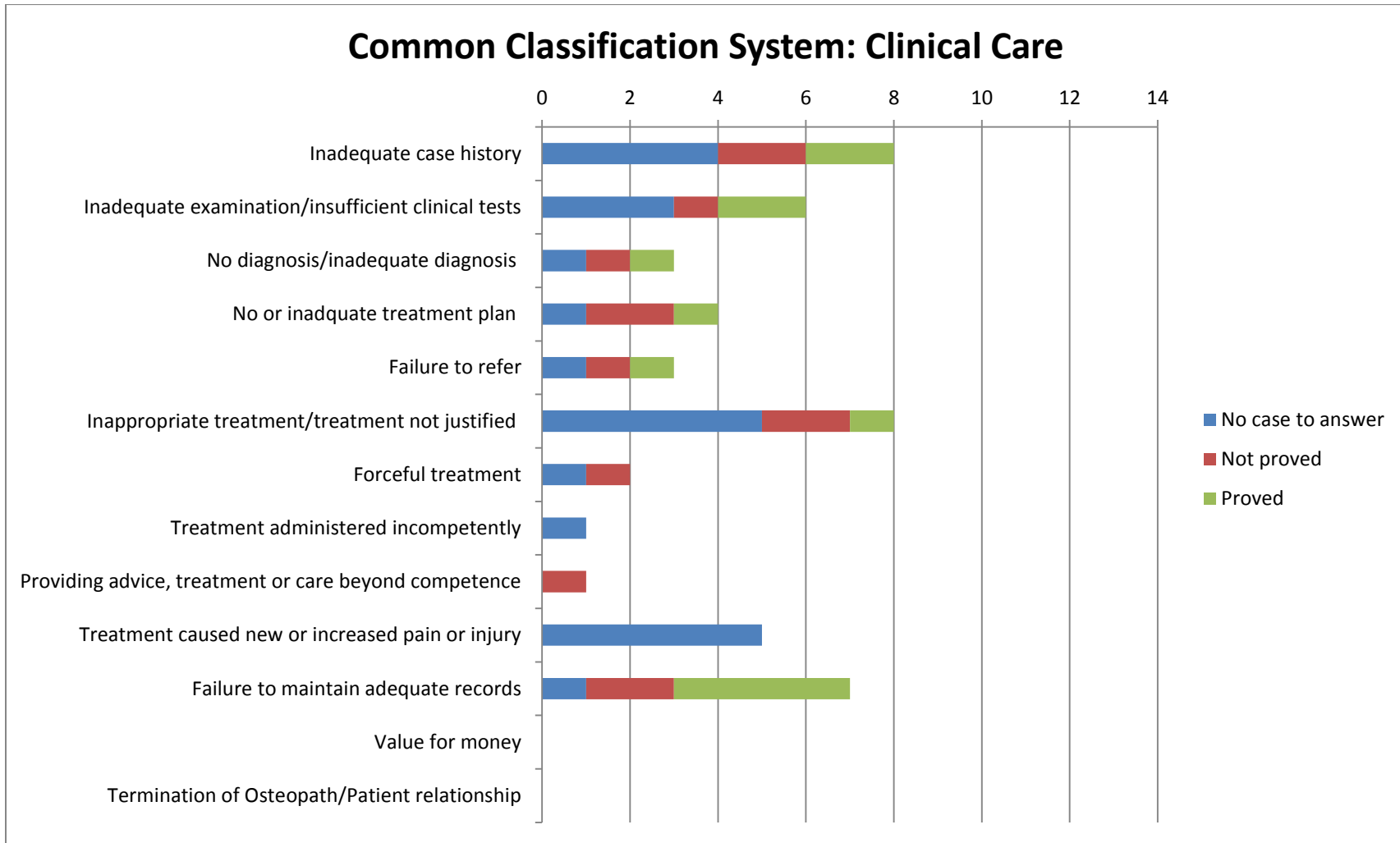
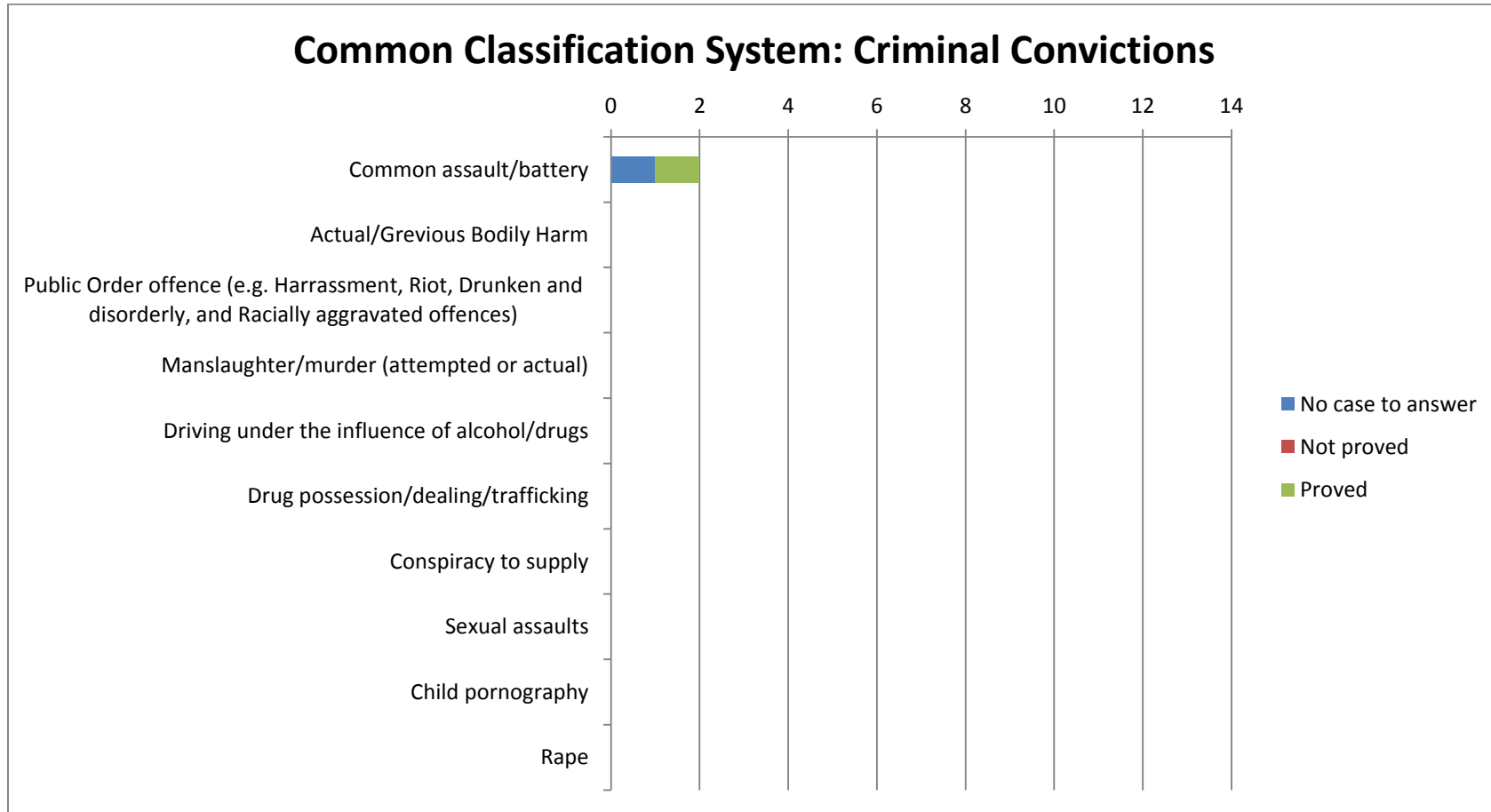
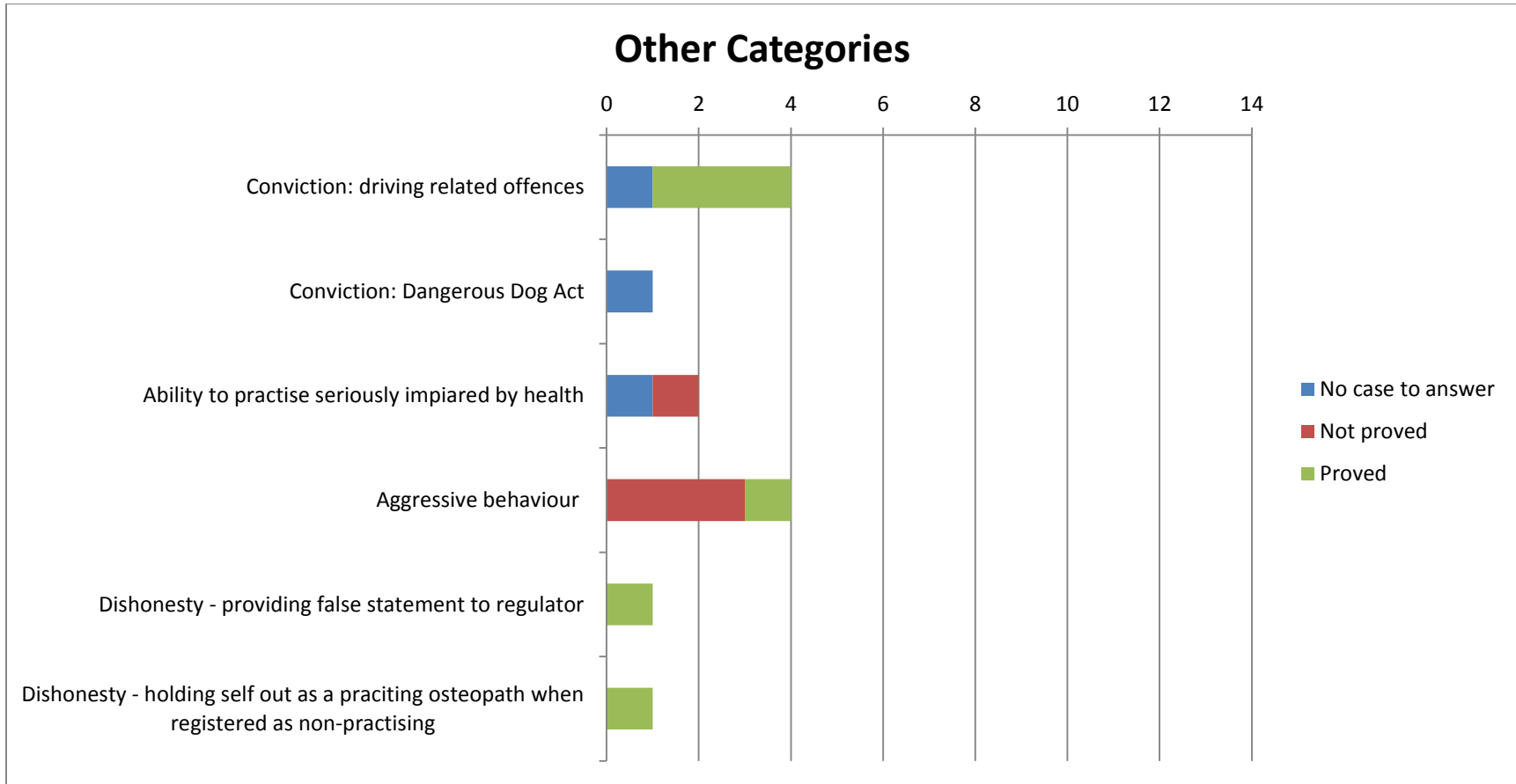


Chart 4



**Chart 5**

Other categories, not included in the Common Classification System, populated by data from the GOsC fitness to practise cases that were closed between 1 June 2012 to 31 July 2013. The data shows the total number of cases that featured in each category and the decisions that were reached by the Fitness to Practise Committees.





Charts 6 and 7 chart the type and number of allegations found proved by the PCC against the year of graduation for the osteopaths concerned. To aid comparison, the Register, as at 9 September 2013, showed the total number of registrants for the years of graduation as:

<b>Year</b>	<b>No of registrants</b>
1960-69	42
1970-79	132
1980-89	683
1990-99	1202
2000-09	1853

**Chart 6**

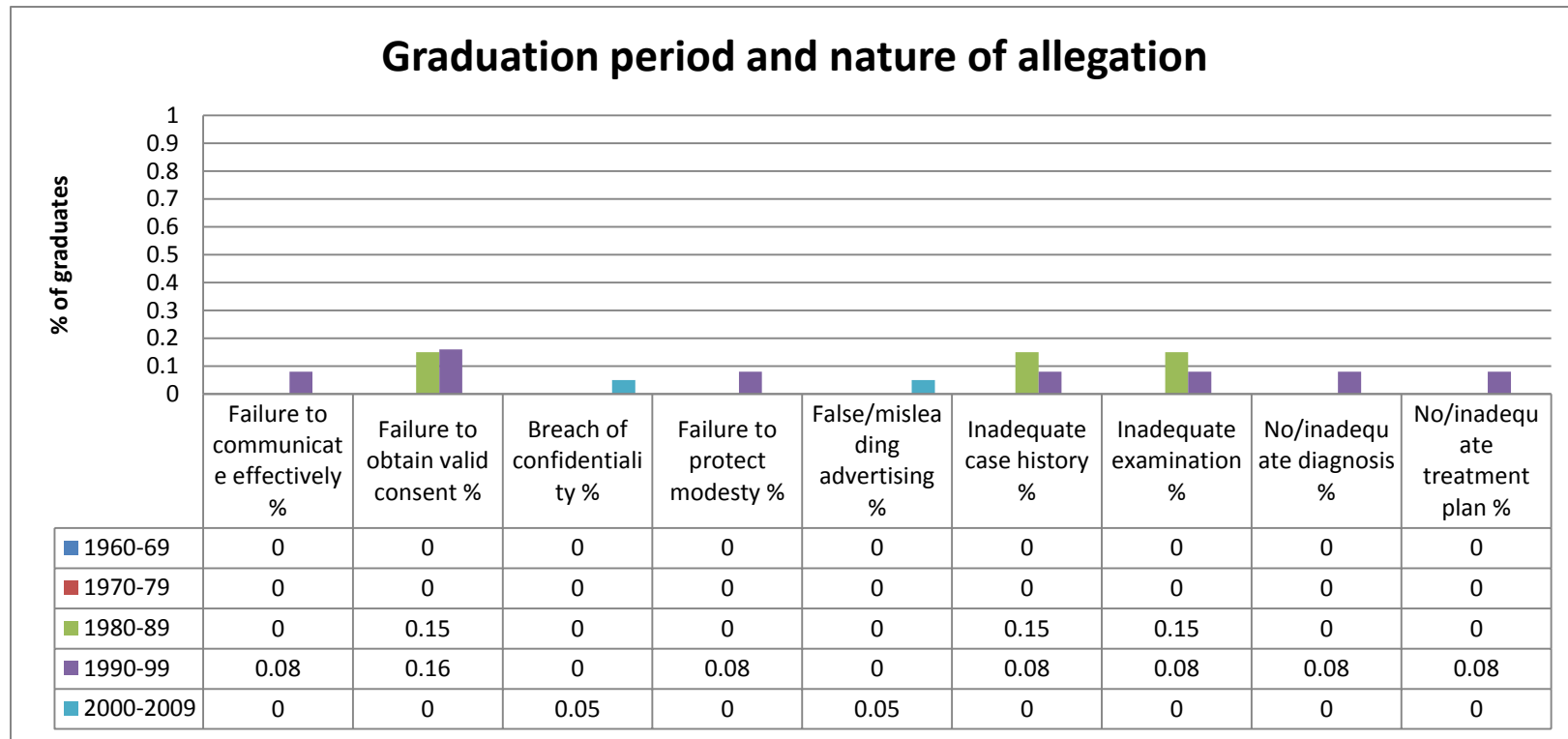
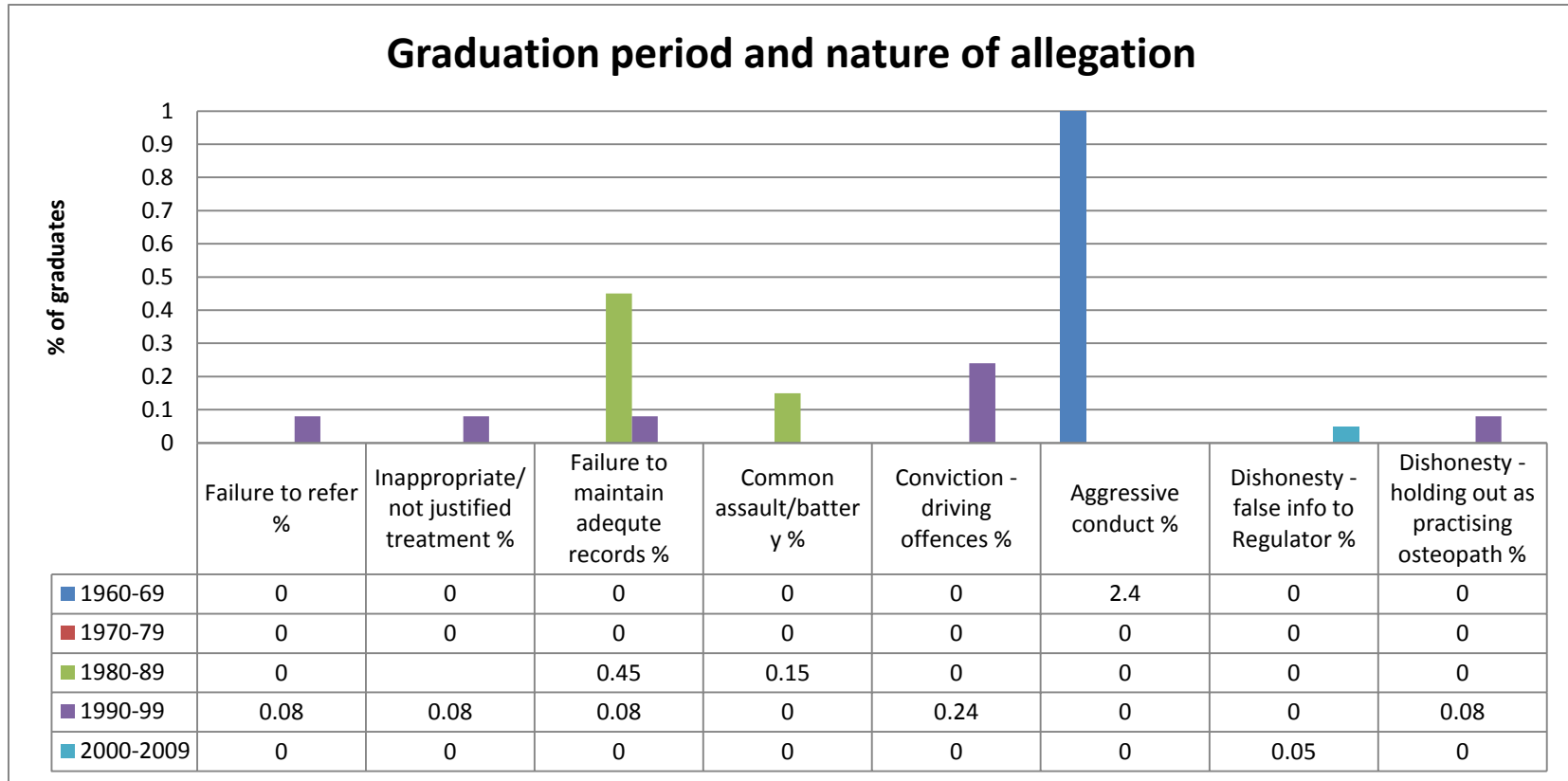


Chart7



**Fitness to Practise Statistics – 1 January 2010 to 31 May 2012  
Presented to the Education Committee on 13 June 2012**

**Chart 1**

A breakdown of the different areas of practice that formed allegations in each of the cases closed by the IC and PCC (total 68 cases) are set out in the Areas of Practice chart. This includes proved and not proved allegations. A description of each of these areas of practice is contained in Annex B.

It is usual for more than one area of practice to feature in any one case. For example, it is not uncommon for a case to involve allegations that an osteopath has failed to conduct an adequate clinical evaluation of the patient and failed to formulate an adequate treatment plan.

\*Please note: one case has been included in Sexual Boundaries. The case involved an allegation that the osteopath breached professional boundaries – there was no allegation of a sexual relationship or sexual misconduct.

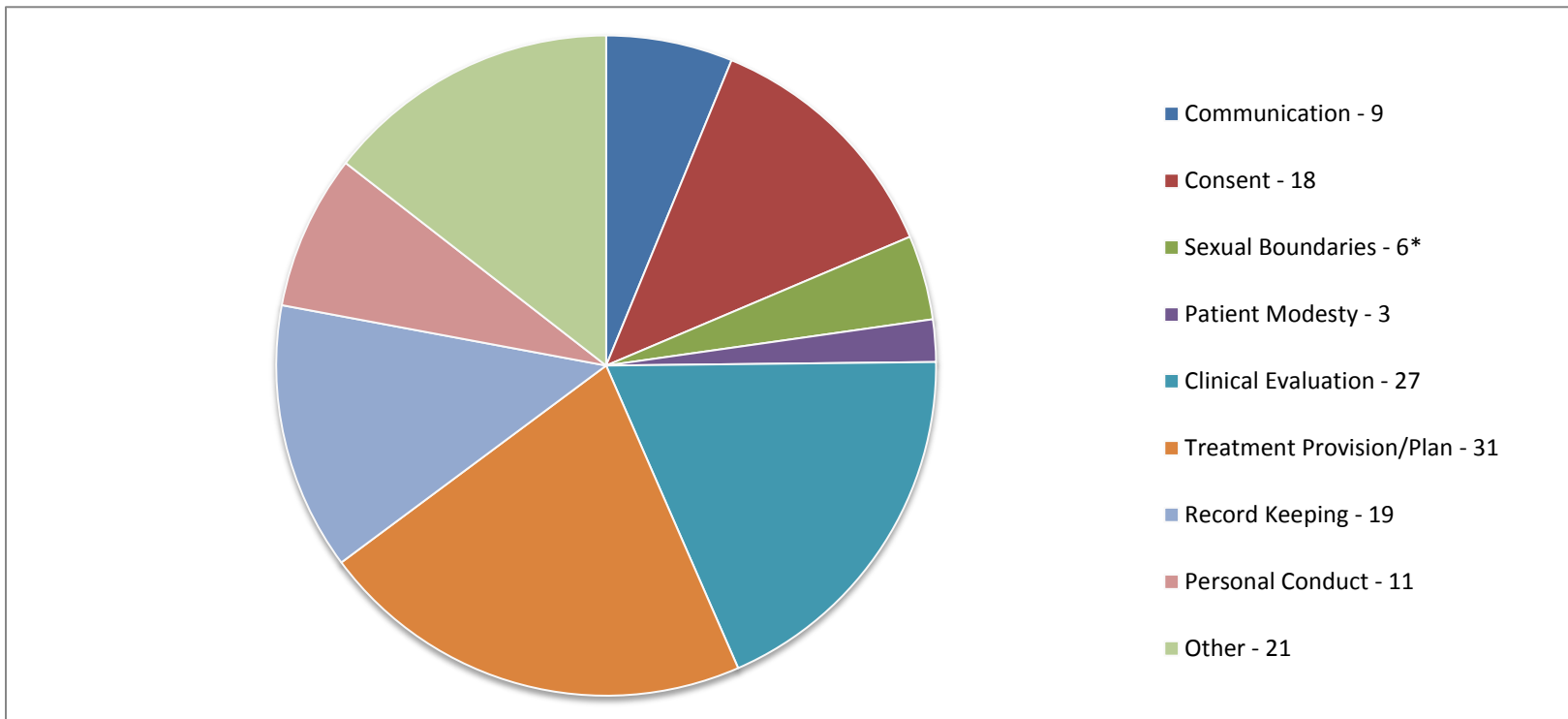


Chart 2

This chart identifies the outcome of the cases featured (68 cases) for each Area of Practice identified.

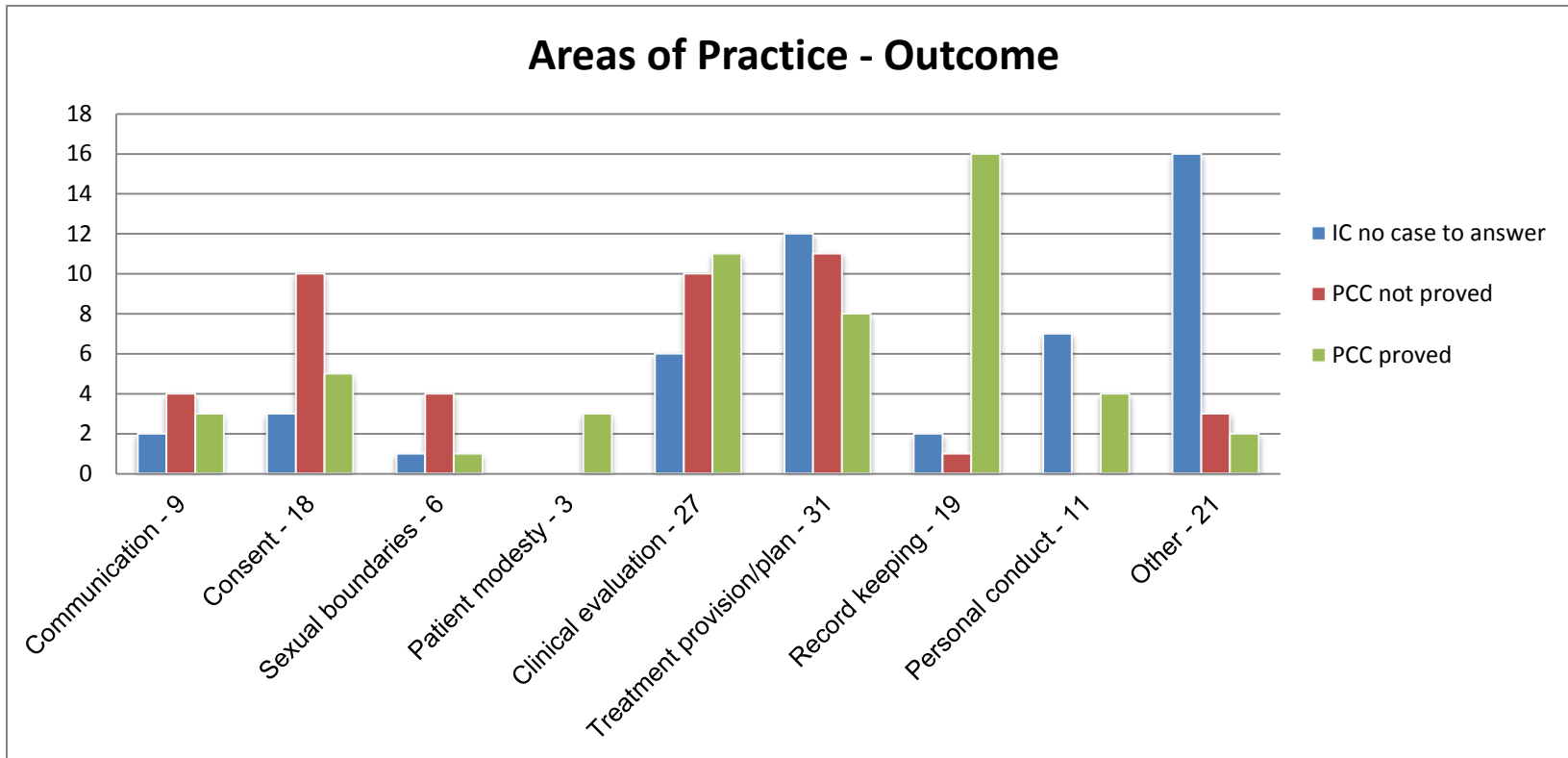
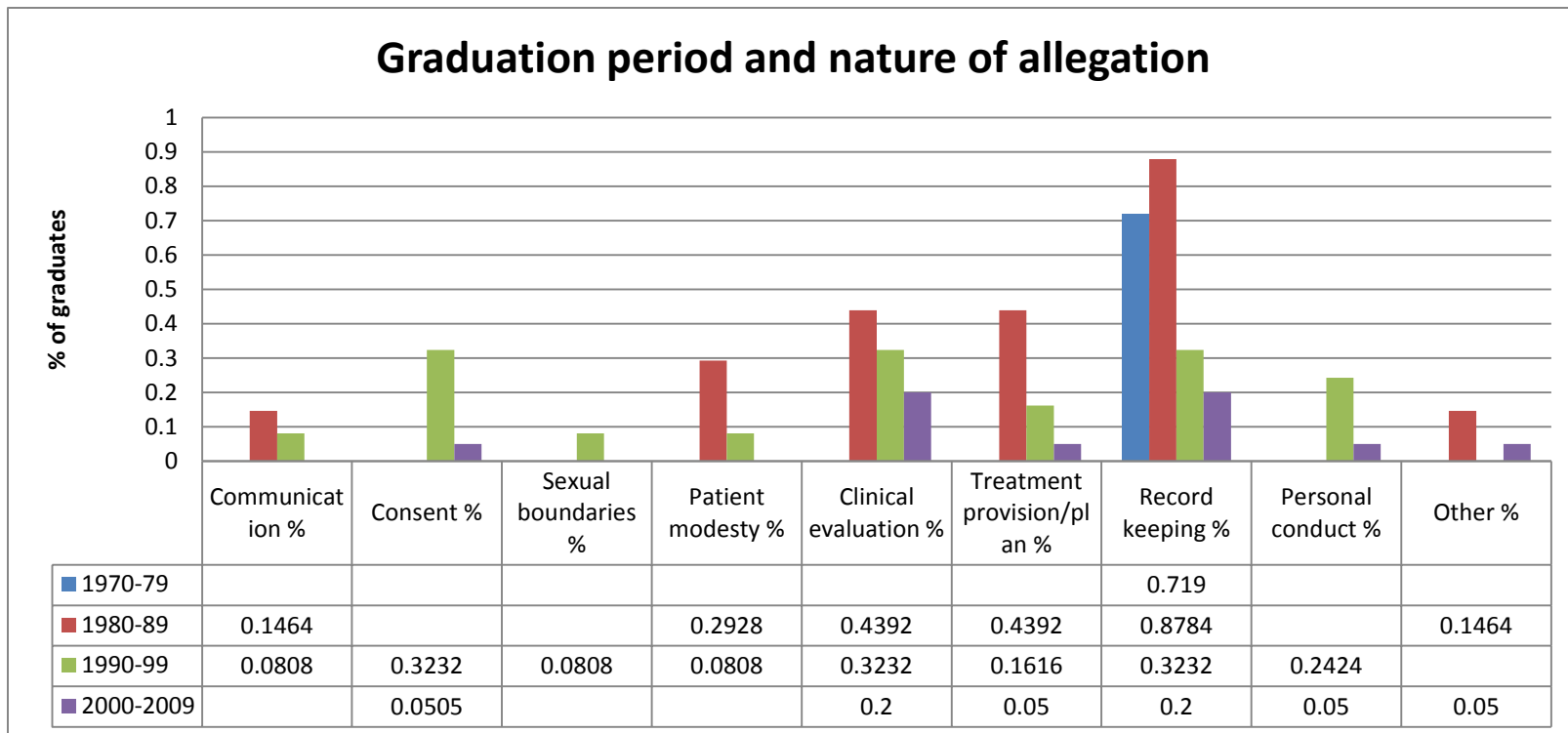


Chart 4

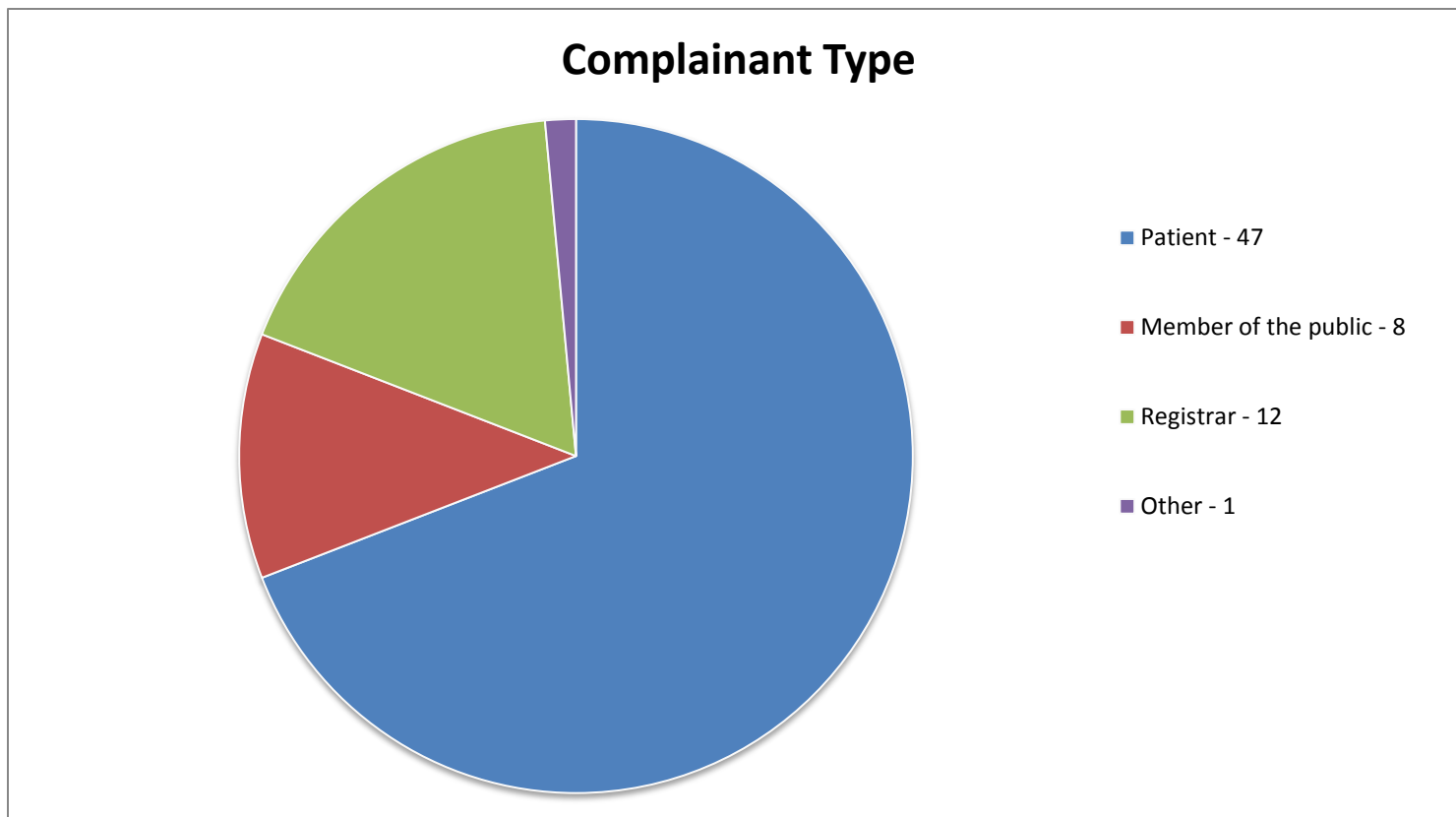
This chart sets out the type and number of allegations found proved by the PCC (27 cases) against the year of graduation for the osteopaths concerned. To aid comparison, the Register, as at 1 June 2012, showed the total number of registrants for the years of graduation as:

Year	No. of registrants
1970-79	139
1980-89	683
1990-99	1237
2000-09	1927



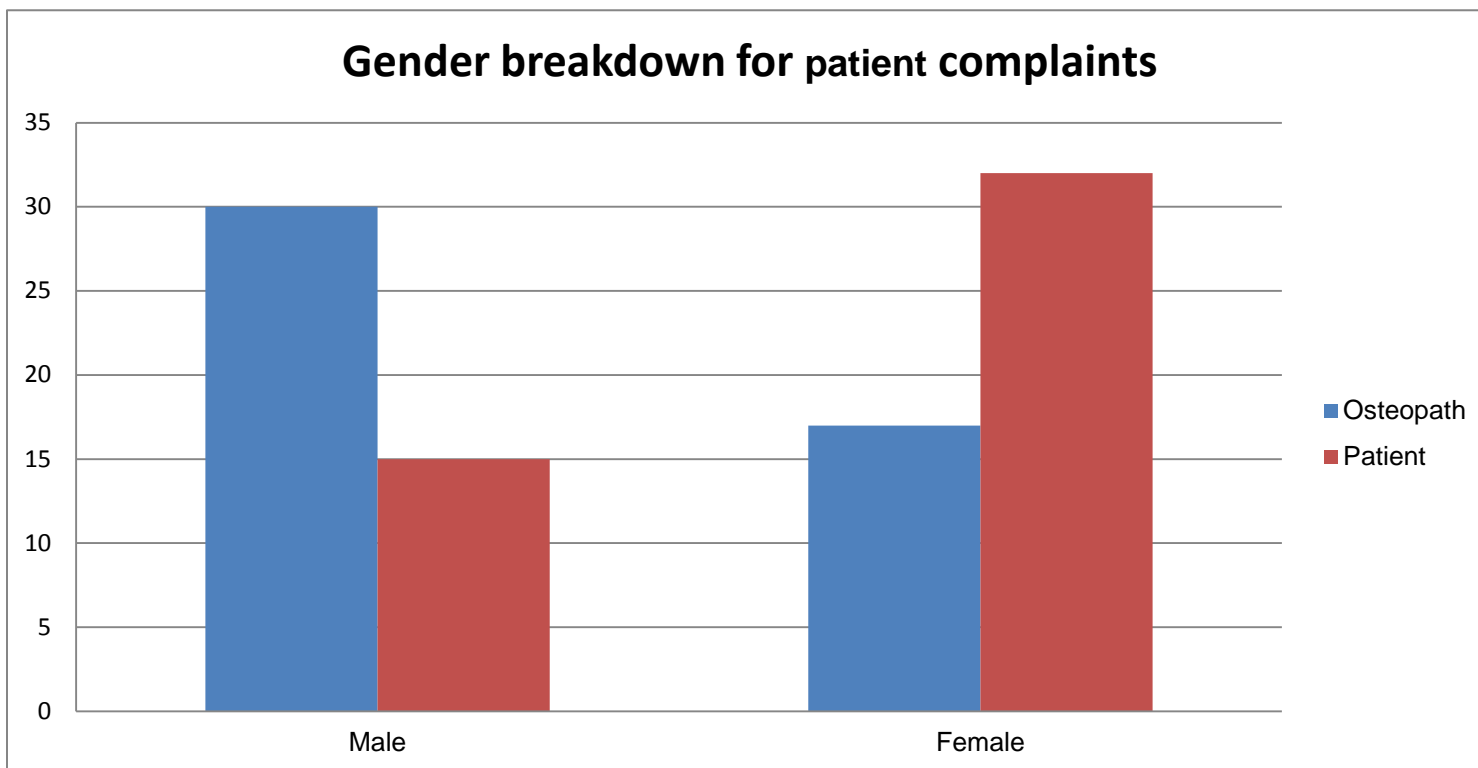
**Chart 5**

This chart identifies the complainant type for all 68 cases. The other category includes one complaint that was made by a professional association.



**Chart 6**

This chart identifies the gender of patients and osteopaths that are involved in the 47 patient complaints that have been made.



## Classification used in Annex B

Areas of Practice	Description
Communication	Not providing adequate information to patients about the diagnosis, condition, treatment/management plan and risks Not listening to patients or respecting their views
Consent	Not obtaining valid consent prior to examination or treatment Not obtaining written consent when required
Sexual Boundaries	Sexual assaults/inappropriate touching Inappropriate comments Personal relationships with patients
Patient modesty	No or no adequate provisions for patients to maintain modesty Failing to allow a patient to maintain their modesty
Clinical evaluation	Inadequate case history taking Inadequate examination Failing to conduct/refer for adequate clinical investigations Failing to recognise psychological and social factors No diagnosis or not adequate/justified diagnosis in relation to clinical evaluation findings
Treatment plan and provision	Treatment or treatment plan not adequate or justified Contraindications not identified Treatment or treatment plan outside of registrant's competence Not seeking advice or referring patient when necessary or appropriate
Osteopathic records	No adequate records produced or maintained Failing to disclose or allow patient access to records Falsifying records
Personal conduct	Cautions/convictions for offences not involving patients e.g. driving offences (inc. drink driving), common assault, fraud Bringing the profession into disrepute
Other	Charging fees inappropriately Data Protection breaches Not responding appropriately to patient complaints Business arrangements/relationships with colleagues



## Common Classification System (April 2013)

### Allegation

---

#### Conduct

---

Failure to communicate effectively

Communicating inappropriately

Failure to treat the patient considerately/politely

Failure to obtain valid consent - no shared decision making with the patient

Breach of patient confidentiality

Data Protection - management/storage/access of confidential data

Failure to maintain professional indemnity insurance

Failure to act on/report safeguarding concerns

Conducting a personal relationship with a patient

Sexual impropriety

Failure to protect the patient's dignity/modesty

Failure to comply with equality and anti-discrimination laws

No chaperone offered/provided

Dishonesty/lack of integrity in financial and commercial dealings

Dishonesty/lack of integrity in research

Fraudulent act(s) - e.g. Insurance fraud

Exploiting patients – e.g borrowing money, encouraging large gifts, charging inappropriate fees, pressurising patients to obtain services for financial gain

Forgery – providing false information in reports

Forgery - providing false information in research

Forgery - providing false information in patient records

False/misleading advertising

Disparaging comments about colleagues

Business dispute between Principle and Associate osteopaths

Business dispute between osteopaths

Business dispute between osteopath and other

Unclean/unsafe practice premises

Not controlling the spread of communicable diseases

Non-compliance with health and safety laws/regulations

### **Clinical care**

---

Inadequate case history  
Inadequate examination, insufficient clinical tests  
No diagnosis/inadequate diagnosis  
No treatment plan/inadequate treatment plan  
Failure to refer  
Inappropriate treatment or treatment not justified  
Forceful treatment  
Treatment administered incompetently  
Providing advice, treatment or care that is beyond the competence of the osteopath  
Treatment causes new or increased pain or injury  
Failure to maintain adequate records  
Value for money  
Termination of Osteopath/Patient relationship

### **Criminal convictions**

---

Common assault/battery  
Actual/Grievous Bodily Harm  
Public Order offence (e.g. Harassment, alarm or distress, Riot, Violent disorder, Fear or provocation of violence, Drunken and disorderly, and Racially aggravated offences)  
Manslaughter/murder (attempted or actual)  
Driving under the influence of alcohol/drugs  
Drug possession/dealing/trafficking  
Conspiracy to supply  
Sexual assaults  
Child pornography  
Rape

### **Complaint relating to adjunctive therapy**

---

Acupuncture  
Applied Kinesiology  
Naturopathy