

## **Types of concerns raised about osteopaths and osteopathic services in 2013**

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## Summary

In 2013, the principal providers of professional indemnity insurance to osteopaths, the General Osteopathic Council (GOsC) and the British Osteopathic Association (BOA), agreed to collect data pertaining to concerns and complaints they received about osteopathy and osteopaths from both practitioners and patients, using a common classification system. This has enabled the participating organisations to pool data in order to assess prevalence and trends.

Concerns were classified as relating to conduct, clinical care, criminal convictions and adjunctive therapy.

In the course of 2013, the participating organisations recorded 203 concerns or issues. Some complaints featured more than one type of concern or issue, each concern therefore was individually classified under an appropriate category.

Information was collected between January and December 2013. The data was collated and analysed independently for the participating organisations by the National Council for Osteopathic Research (NCOR).

Most of the concerns raised, 55% or 112, related to conduct, particularly poor communication resulting in failure to obtain informed consent, and communicating inappropriately or ineffectively. Forty-two percent (87) of concerns were about clinical care: the most notable related to inappropriate treatment, treatment that could not be justified, and no diagnosis or inadequate diagnosis.

There were some complaints about sexual impropriety or failure to protect a patient's dignity and modesty (13%, 26 of the 203 complaints).

The data highlights the importance of continuing professional development, patient-centred care, and patient and practitioner communicating skills.

## **Introduction**

### **Background**

In 2005, the General Osteopathic Council, the statutory regulator of osteopathy in the United Kingdom, commissioned four research projects to investigate and increase knowledge about adverse events associated with osteopathic practice.

One of these studies was an analysis of professional indemnity insurance claims made against osteopaths, considered together with complaints made to the professional regulator [Leach et al 2011]. The aim of the study was to establish the frequency and character of complaints/claims, and better understand the circumstances that give rise to complaints or concerns relating to osteopathic care. A key recommendation of this study initiated a collaborative process to collate and analyse information, on an annual basis, about concerns raised by the general public and osteopaths regarding UK-registered osteopaths and osteopathic services.

In the course of 2012, the primary organisations in the UK that manage concerns, complaints and claims about osteopaths and osteopathic care, agreed a common system for classifying concerns and complaints, in order that data could be pooled and analysed on an annual basis to establish prevalence and identify trends.

This report, reflecting data collected between January and December 2013, is based on concerns raised and received by the General Osteopathic Council (GOsC), the British Osteopathic Association (BOA, now the Institute of Osteopathy [iO]), and providers of professional insurance indemnity for osteopaths. The GOsC data covers all UK-registered osteopaths; the iO represents between 70 and 80% of UK-registered osteopaths, and the participating professional indemnity insurance providers, we estimate, represent over 85% of practising UK osteopaths.

‘Concerns’ or ‘complaints’ are any reports of dissatisfaction or concern about an osteopath made by the general public, patients, and osteopaths (or other health care professionals).

This report provides information about the types of behaviours and practice that initiate concerns and complaints, regardless of whether they result in a formal investigation.

The aim of this report is to describe the causes of concern/complaints/claims relating to osteopaths and the services they provide, with a view to of informing osteopathic practice, education and training, and enhancing patient safety and care.

## **Methods of collection of data**

### **Participating organisations**

We estimate that the participating insurance providers represent over 85% of osteopaths practising in the UK. Data from individual organisations are not presented in this report, out of regard for business sensitivity. The only data reported by a named organisation is that provided by the General Osteopathic Council; this data is available in the public domain, regardless of this report.

### **Classification of complaints**

The participating organisations agreed a classification system for recording concerns and complaints. This classification system has four main categories:

1. Conduct
2. Clinical care
3. Convictions
4. Complaints relating to adjunct therapies

These categories are divided into sub-categories reflecting types of concerns, e.g. for convictions, the sub-categories include drink driving, sexual assaults, conspiracy to supply, etc. The full list is shown in the tables of results.

Several concerns may be raised by a single complainant: each concern is therefore counted individually and classified accordingly.

### **Duplication of data**

Contributors recognised that there was a potential for duplication of data between the insurance providers, the BOA and the GOsC. For example, a complainant may pursue their complaint with both the insurer and the GOsC, and/or seek advice from the BOA. The participating organisations agreed that the BOA and insurers would not include in this data, those cases that they knew had been reported to and considered by 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; the precision of the data should be regarded in this light. This does not significantly affect the purpose or aims of this project, which is to establish an indicator of the nature, range and prevalence of concerns relating to osteopathic care.

## Results

### Overall data

Participating organisations together reported 203 concerns which featured as part of, or as a whole complaint, made between 1 January 2013 and 31 December 2013 (Table 1).

There were 112 concerns raised about an osteopath's conduct: this was just over half (55%) of all complaints. Nearly all other concerns were about clinical care (42%).

<b>Table 1. Summary of concerns</b>	<b>Total</b>	<b>% of total</b>
<b>Conduct</b>	112	55%
<b>Clinical care</b>	86	42%
<b>Criminal convictions</b>	3	<1%
<b>Complaints about adjunctive therapy</b>	2	<1%
<b>Total</b>	<b>203</b>	

### *Conduct*

Most concerns about conduct were in relation to failure to seek valid consent (n=20), communicating inappropriately (n=15), and failure to communicate effectively (n=12). Twelve concerns related to sexual impropriety and ten involved failure to protect the patient's dignity/modesty (Table 2).

<b>Table 2 Concerns about Conduct</b>	<b>Total</b>	<b>% of total</b>
Failure to communicate effectively	12	11%
Communicating inappropriately	15	13%
Failure to treat the patient considerately/politely	3	<1%
Failure to obtain valid consent – no shared decision-making with the patient	20	18%
Breach of patient confidentiality	3	<1%
Data Protection – management/storage/access of confidential data	4	<1%
Failure to maintain professional indemnity insurance	0	0%
Failure to act on/report safeguarding concerns	0	0%
Conducting a personal relationship with a patient	5	<1%
Sexual impropriety	12	11%
Failure to protect the patient's dignity/modesty	10	9%
Failure to comply with equality and anti-discrimination laws	0	0%
No chaperone offered/provided	3	<1%
Dishonesty/lack of integrity in financial and commercial dealings	1	<1%
Dishonesty/lack of integrity in research	0	0%
Fraudulent act(s) – e.g. insurance fraud	4	<1%
Exploiting patients – e.g. borrowing money, encouraging large gifts, charging inappropriate fees, pressurising patients to obtain services for financial gain	1	<1%
Forgery – providing false information in reports	2	<1%
Forgery – providing false information in research	0	0%
Forgery – providing false information in patient records	0	0%
False/misleading advertising	3	<1%
Disparaging comments about colleagues	2	<1%
Business dispute between principal and associate osteopaths	2	<1%
Business dispute between osteopaths	5	<1%
Business dispute between osteopath and other	5	<1%
Unclean/unsafe practice premises	0	0%
Not controlling the spread of communicable diseases	0	0%
Non-compliance with health and safety laws/regulations	0	0%
<b>Total</b>	<b>112</b>	<b>100%</b>

### ***Clinical Care***

There were 87 concerns about clinical care. Most concerns were about treatment that caused new or increased pain or injury (n=34). Fifteen complaints related to inappropriate treatment or treatment that was not justified. Ten concerns related to diagnoses – either no diagnosis was made or communicated, or the diagnosis was thought to be inadequate. There were seven concerns about value for money (Table 3).

<b>Table 3 Concerns about clinical care</b>	<b>Total</b>	<b>% of total</b>
Inadequate case history	2	<1%
Inadequate examination, insufficient clinical tests	2	<1%
No diagnosis/inadequate diagnosis	10	11%
No treatment plan/inadequate treatment plan	1	<1%
Failure to refer	5	1%
Inappropriate treatment or treatment not justified	15	17%
Forceful treatment	4	<1%
Treatment administered incompetently	1	<1%
Providing advice, treatment or care that is beyond the competence of the osteopath	0	0%
Treatment causes new or increased pain or injury	34	39%
Failure to maintain adequate records	4	<1%
Value for money	7	1%
Termination of osteopath-patient relationship	2	<1%
<b>Total</b>	<b>87</b>	<b>100%</b>

### ***Criminal convictions***

Three concerns were recorded for criminal convictions, one each for a public order offence (n=1), driving under the influence of alcohol or drugs (n=1), and for sexual assault (n=1) (Table 4).

<b>Table 4 Complaints about criminal convictions</b>	<b>Total</b>	<b>% of total</b>
Common assault/battery	0	0%
Actual/Grievous bodily harm	0	0%
Public order offence (e.g. harassment, riot, drunken and disorderly and racially aggravated offences)	1	33%
Manslaughter/ Murder (attempted or actual)	0	0%
Driving under the influence of alcohol or drugs	1	33%
Drug possession/dealing/trafficking	0	0%
Conspiracy to supply	0	0%
Sexual assaults	1	33%
Child pornography	0	0%
Rape	0	0%
<b>Total</b>	<b>3</b>	<b>100%</b>

### ***Adjunctive therapy***

There were two concerns relating to an adjunctive therapy, both about acupuncture treatment.

<b>Table 5 Complaints relating to adjunctive therapy</b>	<b>Total</b>	<b>% of total</b>
Acupuncture	2	100%
Applied kinesiology	0	0%
Naturopathy	0	0%
<b>Total</b>	<b>2</b>	<b>100%</b>



## **Discussion**

### ***Summary***

In 2013, 55% of all concerns related to osteopath conduct (112/203) and 42% were about clinical care (87/203).

Communication with patients in the course of obtaining valid consent, inappropriate communication and failure to communicate effectively, make up nearly a quarter of all concerns (23%, 47/203). Nearly one-fifth of all concerns (17%, 34/203) related to treatment that caused new or increased pain. This issue needs to be further explored and more clearly understood, but could also be due to poor communication and inadequate management of expectations; we know nothing of the severity, duration or permanence of the new or increased pain.

Thirty-seven of all concerns (18%, 37/203) related to clinical care, i.e. inappropriate treatment or treatment that could not be justified, no diagnosis or inadequate diagnosis, inadequate case history taking or inadequate examination, failure to refer, or failure to maintain adequate records.

There were 26 concerns relating to sexual impropriety, failure to protect patient dignity and/or modesty, no chaperone offered or provided, and sexual assault. Together these accounted for 13% of all concerns (26/203).

### ***Context***

Between 2004–2008, the pattern of concerns by type showed that the most frequent concerns related to clinical care (68%), of which a large proportion were adverse events. The second most frequent type of concern related to conduct and communications (21%) [Leach et al 2011]. The pattern in 2013 shows a prevalence of conduct and communication concerns.

Complaints that are heard by the GOsC fitness to practise committees are serious complaints. In 2012–2013, the GOsC dealt with 28 fitness to practise complaints ([http://www.osteopathy.org.uk/uploads/gosc\\_annual\\_report\\_2012-13.pdf](http://www.osteopathy.org.uk/uploads/gosc_annual_report_2012-13.pdf) accessed 21.2.14); this equates to 58 fitness to practise complaints per 10,000 registrants.

### ***Strengths and limitations***

This is the first report of data collected prospectively by organisations that deal with concerns relating to osteopathic practice in the UK. We have increased the number of data

collection sources and collated data about ALL concerns raised with participating organisations, regardless of whether in due course these qualified as formal complaints.

We are unable to draw comparisons with data from other organisations and professions because the information available in the public domain is not collected and classified in the same way as our data. In this report, we have counted as far as possible all recorded concerns and complaints, minor to major. By presenting a full picture, it is hoped this data will inform osteopathic learning and enhance the quality of practice.

The classification of concerns will inevitably be subject to some problems in terms of interpretation and overlap, but the significance of this is not great, given that the intended outcome is to provide the osteopathic profession with a general indication and better understanding of the root causes of complaints, in order that these deficiencies can be addressed in education and training.

### ***Implications and recommendations***

Conduct issues centre on communication and unprofessional behaviour. Osteopathic educational institutions might consider focusing more training on patient practitioner communication, particularly with regard to managing expectations, seeking valid consent and communicating with patients in a professional manner about the treatment they receive and why. Bringing patient-centred care and communication skills to the fore in training may reduce the potential for complaints in the future.

Developing and maintaining an effective patient-practitioner relationship is fundamental to any consultation, and part of this is the process of obtaining valid consent. The data indicates that this represents a challenge for some practitioners. Communicating effectively with patients about both the benefits and risks associated with osteopathy and the techniques used by osteopaths has been a topic of professional priority and information is now being disseminated widely to assist osteopaths in this area by the National Council for Osteopathic Research.

The clinical care concerns focus on practice delivery. Clinical skills training and assessment with regard to developing and communicating diagnoses and treatment decisions occur mainly at an undergraduate level; continuing professional development in these areas relies on individual registrant choice. More, accessible post-graduate training to encourage practitioners to maintain and develop their diagnostic skills may be helpful, underpinned by a culture of continuous learning. Improved communication skills and managing expectations about the after-effects of treatments may also play a role in reducing patient concerns and complaints.

## **Conclusion**

This data suggests a need for renewed focus both at undergraduate level and in osteopathic Continuing Professional Development aimed at improving patient-centred care, patient practitioner communication, particularly with regard to managing expectations, seeking informed consent and communicating with patients professionally about the treatment they receive and why.

## **Relevant references**

Leach J, Fiske A, Mullinger B, Ives R, Mandy A, The CONDOR research team. Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004–2008 and a qualitative exploration of patients' complaints 2011

[http://www.osteopathy.org.uk/uploads/complaints\\_and\\_claims\\_against\\_osteopaths\\_2004-2008\\_public.pdf](http://www.osteopathy.org.uk/uploads/complaints_and_claims_against_osteopaths_2004-2008_public.pdf) [accessed 21.2.14]

## **Other useful sources of information**

National Council for Osteopathic Research (NCOR) [www.ncor.org.uk](http://www.ncor.org.uk)

General Osteopathic Council (GOsC) [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

Institute of Osteopathy (iO formerly British Osteopathic Association) [www.osteopathy.org](http://www.osteopathy.org)