



Osteopathic Practice Committee
2 October 2014
Complainant Data

Classification	Public
Purpose	For discussion
Issue	<p>The GOsC collects routine information about complaints. However, it only collects limited information about complainants. There is real value in capturing good quality data about complainants so that, in the specific context of osteopathy practice, we can understand the drivers and motivations for making complaints and feed this learning back to the profession. In addition, the collection of additional data about complainants will assist the GOsC in complying with its duties under equalities legislation, identify potential barriers to making complaints and is a valuable tool for quality assuring and improving our fitness to practise processes.</p>
Recommendation	To consider the type of data that the GOsC should collect about complainants and the appropriate mechanisms for doing so.
Financial and resourcing implications	To be met from within existing budgets.
Equality and diversity implications	Routine monitoring of equality data about complainants will form part of our ongoing quality assurance of the fitness to practise process.
Communications implications	None at this stage.
Annexes	A. Draft Complainant Survey Questions B. Report from Moulton Hall Ltd. January 2014
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Background

1. This paper sets out proposals for obtaining better quality data about complaints made to the GOsC.
2. The issue of complaint handling within the healthcare context is a very live one—recent reports into failings within the NHS, including the report of Robert Francis QC into events at the Mid-Staffordshire Foundation Trust¹ and the Review by Ann Clwyd MP and Professor Tricia Hart of the NHS Hospitals Complaints System in October 2013, *Putting Patients Back in the Picture*² all emphasise the importance of learning from complaints³.
3. Learning from complaints can be seen as 4 step process:
 - a. capturing the data
 - b. analysing the data and identifying lessons from individual complaints, including recognising trends and clusters
 - c. taking action—including through our fitness to practise processes, and feeding back lessons to the profession; and
 - d. reporting on what the data about complaints reveals, and our actions in response.
4. One of the aims of the fitness to practise quality management system currently being piloted is to ensure that complainants are kept fully informed of the progress of the investigation, and that learning from individual cases is fed back to the profession.
5. The GOsC is subject to the public sector duty under the Equality Act 2010. As such, in the exercise of our functions (including fitness to practise), the GOsC is required to have due regard to the need to :
 - a. eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;

¹ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013). Available at: <http://www.midstaffpublicinquiry.com/report>; Department of Health. (August 2013).

² *A review of the NHS hospitals complaints system: putting patients back in the picture* Department of Health. (October 2013). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

³ See also the Berwick review into patient safety. *A promise to learn – a commitment to act: improving the safety of patients in England*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf; and the NHS. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. *Keogh report* Available at: <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
6. It is therefore important to capture good quality data about both complaints and the complainants themselves. This is so that, in the specific context of osteopathy practice, we can understand the drivers and people's motivations for making complaints and feed this learning back to the profession. In addition, such data will allow us to identify any barriers that may prevent people from being able to make or proceed with a complaint; comply with our duties under the equalities legislation; and identify how we may improve the experience of complainants through our fitness to practise process.

The information currently collected by the GOsC

The complainant's experience of the Fitness to Practise Process

7. In February 2009, the GOsC began a research project, with the intention of obtaining a better understanding of the views of complainants and registrants about their experience of fitness to practise proceedings.
8. At the conclusion of a complaint (at the informal stage; by the Investigating Committee; or after a hearing before the Professional Conduct Committee) the complainant and the registrant are each provided with a questionnaire and asked to return the completed questionnaires directly to an independent research company, Moulton Hall Ltd.
9. Since the project began, a total of 70 completed questionnaires have been analysed by Moulton Hall. The latest update report from Moulton Hall was provided to Council in July 2014. For ease of reference, the report is included at Annex B to this paper.
10. Ten of the questionnaires relate to fitness to practise proceedings which took place in the calendar year 2013. Given the small number of responses, it is difficult to extrapolate any general themes. However, the report recommends the following areas for improvement:
- a. being quicker in decision making pre Investigating Committee stage
 - b. speeding up the fitness to practise process generally
 - c. keeping registrants informed at each stage
 - d. improving the accommodation and facilities available at the hearing.

11. Analysis of the complainant and registrant experience is a valuable part of the quality assurance mechanisms available to the GOsC. Now that the project is well established, it is worthwhile assessing whether the data being provided is useful, or whether more meaningful data could be provided by other means.
12. At its meeting in July 2104, Council agreed that the Executive should explore the potential to improve the quality of the data on complaints, and that proposals should be brought to the Osteopathic Practice Committee for discussion.

Information about numbers and types of complaints

13. The GOsC has been working with key stakeholders including the Institute of Osteopathy and organisations which provide indemnity insurance to osteopaths, to obtain a comprehensive data set about types of complaints made against osteopath. The work on the Common Classification System is the subject of a separate update paper on this agenda.
14. Council receives a quarterly updates on the number of complaints at different stages in the fitness to practise process, and an annual report from each of its three fitness to practise committees. The GOsC is also required to publish an annual fitness to practise report. A draft of the latest report is the subject of a separate paper on this agenda.

Use of the information currently collected

15. The number and type of complaints received by the GOsC is used to inform the annual budget planning exercise.
16. Themes identified from the complaints are fed back to the profession via articles in the osteopath and the periodic fitness to practise e-bulletin, and via periodic presentations to osteopathic educational institutions (OEIs).
17. A recent example is the rise in cases involving the transgression of sexual and professional boundaries which has been addressed in articles in the osteopath and the last e-newsletter.
18. At the last meeting with the OEI's in September 2014, the Executive had a useful discussion with OEI representatives about how to improve the nature and format of the presentation to students, with an increased emphasis on professionalism, including the potential use of scenarios and actual FTP case studies.
19. The relatively small number of feedback questionnaires in each year, and the questions currently posed to registrants and complainants limit the usefulness of the current survey mechanism as a quality improvement tool.
20. In March 2014, the GOsC implemented new fitness to practise equality monitoring questionnaires which are now sent out to registrants when they are

formally notified that a complaint has been made against them. However, no equality data is currently collected about complainants.

Discussion

21. It is now widely accepted that organisations should analyse complaints data and feed back to identify recurrent themes that might identify systemic issues, and should use the information gathered through their complaint handling systems to identify service, process and information issues that need to be addressed. This information provides potentially valuable learning which should be fed back to the profession.
22. Where appropriate, analysis of feedback and complaint information should be used to identify and implement improved practices for particular groups including people with disabilities.
23. This is the principle behind the principle of seeking continuous improvement, promoted by the Health Service Ombudsman⁴.
24. In order to maximise the potential learning to be derived from complaint data, the GOsC might usefully seek to collect data about:
 - a. the number and demographics of complainants
 - b. the protected characteristics of complainants
 - c. how complainants generally communicate with the GOsC
 - d. the drivers for making a complaint
 - e. any perceived barriers about making a complaint
 - f. the number of complaints and an analysis of the subject matter and clinical area
 - g. any repeats, clusters or increases in particular areas of concern
 - h. analysis of the outcomes of complaints
 - i. what the information shows about people's experience of complaining – and whether action is required as a result
 - j. details of any action taken as a result of complaints and how the impact of any change in policy/practice will be measured
 - k. triangulation with other soft intelligence and feedback that may suggest areas for improvement.
25. A brief overview of the available literature indicates that the potential barriers to making complaints might include⁵:

⁴ Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling. Available at http://www.ombudsman.org.uk/_data/assets/pdf_file/0005/1040/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf. Principle 6 states as follows:

"Seeking continuous improvement

- Using all feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on the learning from complaints.
- Regularly reviewing the lessons to be learnt from complaints.
- Where appropriate, telling the complainant about the lessons learnt and changes made to services, guidance or policy."

- a. a perception that the complaints process is too complicated, takes too long, relies too much on written skills and is overly formal
 - b. the emotional strain of going the complaints process
 - c. the would be complainant's fear of being labeled as a 'troublemaker'
 - d. a lack of awareness about how to complain
 - e. a feeling that nothing will change following a complaint
 - f. a lack of confidence that a complaint will be dealt with and
 - g. a lack of support in making the complaint.
26. Within the context of the NHS, these sentiments are well summarised in the October 2013 Review of the NHS Hospitals Complaints System:
- "Too often patients feel uncertain or confused when they feel they have a problem. Some never complain because they feel it may be unjustified or because they think staff are too busy. Others may lack confidence or feel intimidated or find the complaints procedure hard to understand, too complex or tiring. It should not be painful or difficult to complain, and when patients do complain it should not be up to them or their relatives to continually chase progress."⁶
27. Research by the Health and Care Professions Council (HCPC) in 2009 also indicated that "...the likelihood of taking action is related to gender, ethnicity, age, education, income and accessibility of advice services and information and the "seriousness of the problem"⁷.
28. The HCPC Research also indicates that the purpose of a complaints procedure is relevant to judgments about its effectiveness and that "... a lack of common understanding of its purpose can also be a source of dissatisfaction amongst users of a procedure."⁸
29. In this regard, the feedback from the forthcoming consultation on the GOsC's draft threshold criteria will be informative.
30. Recent research, commissioned by the General Medical Council (GMC) seeks to understand the reasons underpinning the rise in complaints to the GMC, and its relatively high complaints to registrant numbers ratio.⁹ The study provides insights into the role of new media in providing information about the regulator's complaint mechanism, and the motivations of complainants, including the use

⁵ See for example, the issues highlighted in "Improving the health and social care complaints systems." Background and position briefing published by Health watch in November 2013, at pages 2 and 3. Available at http://www.healthwatch.co.uk/sites/default/files/health_and_social_care_complaints_systems.pdf

⁶ At Page 33 of A Review of the NHS Hospital Complaints System "**Putting Patients Back in the Picture**". Available at [www https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf)

⁷ See page 4 of "Scoping report on existing research on complaints mechanisms" Jackie Gulland, September 2009. Published by the Health and Care Professions Council and available at <http://www.hcpc-uk.org.uk/publications/research/index.asp?id=208>

⁸ At page 18 of "Scoping report on existing research on complaints mechanisms."

⁹ "Understanding the rise in fitness to practise complaints from members of the public" Archer et al. Plymouth University. Published by the GMC on 30 January 2014 and available at http://www.gmc-uk.org/static/documents/content/Archer_et_al_FTP_Final_Report_30_01_2014.pdf

of "... targeted complaints to regulators in pursuit of wider social or political goals."¹⁰

31. While the available research is instructive, the collection of more detailed data from complainants in the specific context of osteopathy is an essential step for any future detailed research in this area. A limiting factor, however, is that the GOsC does not currently collect data from the sector about users of osteopathic services.
32. From a quality improvement perspective, the questions that might usefully be asked of complainants include:
 - a. whether complainants know how to make a complaint or raise concerns, whether they are encouraged to do so, and are they confident to speak up?
 - b. how easy or difficult is it to make a complaint about an osteopath
 - c. whether adequate and appropriate support is provided to potential complainants in order to follow through with a complaint
 - d. whether complainants are regularly updated on the progress of their complaint
 - e. whether the outcome of the complaint is explained appropriately to the complainant
 - f. whether there is the required level of clarity, openness and transparency about how complaints and concerns are dealt with?
 - g. Whether complainants understand how the GOsC, the osteopathy profession and the subject of the complaint learn lessons from complaints and share such learning.

Conclusion

33. The GOsC should seek to collect wider data from complainants. The data that should be collected should include:
 - a. information about the protected characteristics of complainants
 - b. information about the socio-economic background of complainants
 - c. information about the drivers for making the complaint
 - d. information about the perceived barriers to making a complaint
 - e. information about the complainant's experience of the GOsC's fitness to practise procedure.
34. The GOsC currently collects information from both registrants and complaints by the use of questionnaires. Registrants and complainants are asked to complete the questionnaire and then return it to an independent market research company which analyses the responses on behalf of the GOsC.

¹⁰ At page 12 of "Understanding the rise in fitness to practise complaints from members of the public"

35. The use of electronic surveys might be a cost effective means of obtaining more real time data. An important consideration is ensuring that there is an appropriate element of objectivity to the process of collecting and analysing the data.
36. Information about complainants while important, is only one half of the story. There is a strong argument for collecting more detailed data on registrants who are the subject of complaints.
37. The data on registrants might usefully include information about:
 - a. the qualifications obtained
 - b. the institutions at which the qualifications were obtained
 - c. the registrant's age
 - d. the areas of practice and any specialisms
 - e. the length of time in practice, including any career breaks
 - f. the geographical location in which the registrant practises
 - g. whether the registrant is part of any peer group or support mechanisms.

Recommendation: to consider the type of data that the GOsC should collect about complainants and the appropriate mechanisms for doing so.

General Osteopathic Council

DRAFT COMPLAINANT SURVEY

ABOUT THIS SURVEY:

Now that your complaint has finally been determined, the General Osteopathic Council would be grateful if you would take the time to fill in this survey.

We are asking you to fill in this survey for two reasons:

- a. we want to learn about your experience of our fitness to practise procedures, so that we can improve our procedures.
- b. we want to understand more generally, why complaints are made against osteopaths, and to understand why some people decide to complain while others don't.

In particular, we want to know if there are any barriers preventing people from making complaints, and if so, what we can do to remove these barriers.

Please spare the time to fill in this survey. The information that you provide is valuable to us. You do not have to give your name.

The survey is divided into five parts:

Part A – information about equality and diversity

Part B – information about your background

Part C – information about why you decided to make a complaint

Part D – your views on our fitness to practise process

It should take you about twenty minutes to complete the survey.

Thank you for your assistance.

Part A: Information relating to Protected Characteristics under the Equalities Act 2010

Please tick the box that applies to you. The categories in this form are based on "Best Practice Guidance on Monitoring Equality and Diversity in Employment" published by the UK Civil Service in March 2012.

Are you

Male Female Prefer not to say

Have you undergone, or are you undergoing gender reassignment?

Yes No Prefer not to say

Are you married or in a civil partnership

Yes No Prefer not to say

Which age bracket do you fit into?

16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+

How would you describe your national identity?

English Welsh Scottish Northern Irish
British Other Prefer not to say

If other, please state:

What is your ethnicity?

Prefer not to say

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box.

White

English Welsh Scottish Northern Irish Irish Gypsy or Irish Traveller
Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Any other mixed background

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean Any other Black/African/Caribbean background

Arab

Arab

Other ethnic group

Any other ethnic group

Please state:

Do you consider yourself to be disabled?

Yes No Prefer not to say

What is your sexual orientation?

Heterosexual/straight Gay woman/lesbian Gay man Bisexual
Other Prefer not to say

What is your religion or belief?

No religion Buddhist Shinto Christian Hindu Jewish Muslim Zoroastrian
Sikh Any other religion Prefer not to say

If other, please state.

Part B-Information about your background

Language

Is English your mother tongue? Yes No

Are you an osteopath Yes No

Are you another health care professional Yes No

Education

Which of the following best describes you:

Left school with no qualifications

Left school with GCSEs or equivalent

Left school with A Levels or equivalent

Hold a first degree

Have a masters degree or above

Have a professional qualification

Work

Are you:

Employed

self employed

not currently in employment

If you are currently employed or self employed, which of the following best describes you:

higher managerial, administrative or professional

intermediate managerial, administrative or professional

supervisory or clerical, junior managerial, administrative or professional

skilled manual worker

semi/unskilled manual worker

Income

Which of the following best describes you:

Less than £30k per annum

£30-70K per annum

Above £70kper annum

Geographical location

Do you live in

England

Wales

Scotland

Northern Ireland

If you live in England, are you base in:

London

The South-East of England

Other part of England

Part C-Information about why you decided to make a complaint

Have you ever made a complaint about an osteopath to the GOsC before:

Yes No

Have you ever made a complaint about another health care professional or about the NHS before:

Yes No

Before you complained to the GOsC, did you discuss your concerns with the osteopath or the practice first?

Yes No

Why did you decide to complain to the GOsC:

I was angry at the way in which the osteopath/practice dealt with my complaint

I wanted compensation

I was worried that this could happen to someone else

I am an osteopath, and I was concerned about the reputation of the profession

Other

If other, please set out your reasons:

Which of the following best describes what your complaint was about:

[use the Common Classifications categories]

What might have stopped you making a complaint to the GOsC?

An apology from the osteopath

Compensation

An apology and compensation

An explanation from the osteopath/practice about what went wrong and what action has been taken to ensure that this can't happen again

Better handling of my complaint by the osteopath/practice

A mediation process

Part D Your views about our fitness to practise process

Questions relating to satisfaction with the information provided about the complaints process

Did you know who to complain to?

Did you know how to make a complaint?

Did you find the information that we provided on our website helpful?

Did you find out staff helpful?

Did you know what powers were available to the Committee?

Questions relating to complexity and timeliness of the process

Questions relating to satisfaction with travel and accommodation arrangements

Questions relating to satisfaction with location, access to and facilities at, the hearing

Questions relating to satisfaction with expenses and loss of earnings payments

Questions relating to satisfaction with the outcome of the complaint

Questions relating to satisfaction with provisions for vulnerable witnesses

Questions relating to satisfaction with GOsC staff

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly
..clearly explained what you needed to do to make a complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..told you how the GOsC complaints procedure works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..gave you the opportunity to discuss your complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..helped you through every stage of the complaints process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..kept you up to date with what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..were available when you needed to speak to them or got back to you promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>