

National Council for



Osteopathic Research

**Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to
2019**

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Summary

- Over the last seven years the overall number of concerns and complaints have dropped.
- Osteopaths with 2 years or less experience are least likely to be complained about (0.9%) compared with 2.25% of osteopaths with between 3 – 10 years experience and 2.2% with more than 10 years experience.
- Men are more likely to be complained about than women.
- The direction in the number of clinical care concerns and complaints is encouraging. Safety in clinical practice in 2019 were the lowest ever recorded at 51 (mean 2013-2018 = 81.5 (range 54-115). Quality of clinical practice in 2019 were lower than the last 6 year mean at 19 (mean 2013-2018 = 21.8 (range 17-32).
- In respect of management issues, concerns and complaints about the clinical environment were above average in 2019 at 8 (mean 2013-2018 5.5 (range 2-9)) this was due in particular to concerns and complaints about value for money.
- Communication concerns and complaints were slightly higher than the previous 6 year mean 42 in 2019 vs 39 as the 6 year mean (range 28-49).
- Regulation specific issues were the most notable, the previous 4 years of data average number of concerns were 12.5 in 2019 this figure rose to 34 due to the increase in complaints made about osteopaths bringing the profession into disrepute.
- Standards with regards to relations issues and respecting patient rights are, over-all, fairly consistent but in 2019 there was 17 concerns and complaints about sexual impropriety compared to the previous 6 year mean of 11.5 (range 7-14), this is the most ever recorded.
- The remaining data is consistent with other years.

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Introduction

This year we gathered stakeholders and interested parties together to discuss the future of data collection and information dissemination. This working group consisted of the osteopathic regulator, the General Osteopathic Council (GOsC), the osteopathic professional body, the Institute of Osteopathy (iO), the insurance companies who provided cover for osteopaths (Howdens, Balens and Locktons), osteopaths from regional groups, patients and some members from other health professional regulators.

Some of the issues highlighted were:

- Potential duplication of classification categories
- Differing interpretation of categories
- Categories too large to be meaningful
- No linkage between Osteopathic Practice Standards
- Comparison with classification systems used by other health professions was difficult

Classification System

We reviewed several classification systems and settled on a modified version of the Healthcare Complaints Analysis Tool (HCAT) (Reader T, Gillespie A, Roberts J. Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Qual Safety*. 2014; 23:678-689). A similar version of this was used for our original classification system. The new version is organised differently with some additional categories but also with additional stages to classify the stage of care at which the problems occurred, the level of harm arising from the problem or severity rating (low medium high) and a description.

There are 3 distinct categories in the 2014 HCAT:

Clinical concerns and complaints sub-divided into Quality and Safety issues. We kept this the same.

Management sub-divided into Institutional (organisational) processes and Timing and Access. Using a letter version of the HCAT we adopted the sub divisions to: Environment (Problems in the facilities, services, clinical equipment, and staffing levels), Business/Processes (Problems in bureaucracy, waiting times, and accessing care)

Relationships sub-divided into Communications, Humaneness/Caring and Patient rights. We modified this to Listening and communication and Respect and Patient rights.

In addition we kept the categories from our original categorisation system about adjuvant therapies and criminal convictions and cautions (but added some more categories), and regulation specific issues.

We used all the 36 subcategories recommended in the HCAT as these matched and mapped well onto our existing classification system.

The new classification system sub categories are more fully described so the potential for overlap is less. The workshop allowed for discussion around coding and some consensus was achieved which we hope has allowed for more consistent and reliable data classification and collection.

Methods

The data collected was between January 1st 2019 to December 31st 2019.

Contributors include the Register (General Osteopathic Council, GOsC), the osteopathic professional body (The Institute of Osteopathy, iO) and three insurers of osteopaths.

Data were collected and input onto 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 12 month period.

Overall data is provided and then more detailed data by subcategory is given. Raw data is contained in the appendices (appendix 1)

Sub categories have been mapped against the Osteopathic Practice Standards, these can be found in appendix 2.

Profile of those complained about

Over the last four years there has been a consistent decline in the number of osteopaths who have complaints made against them, from 203 concerns and complaints in 2016 to 113 in 2019, representing 4% of the register in 2013 and 2.1% of the register in 2019.

Proportionately nearly twice as many males than females have concerns and complaints raised against them.

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

Year (number of registrants)	Total (% of register)	Males (% of total) (% of registered males)	Females (% of total) (% of registered females)
2016 (Total 5,200, Males 2,563 Females 2,637)	203 (3.9%)	130 (64%) (5.1%)	73 (36%) (2.8%)
2017 (Total 5,288, Males 2,618 Females 2,670)	169 (3.2%)	106 (63%) (4%)	63 (37%) (2.4%)
2018 (Total 5,334, Males 2,629, Females 2,705)	127 (2.4%)	82 (65%) (3.1%)	45 (35%) (1.7%)
2019 (Total 5,457, Males 2,684, Females 2,773)	113 (2.1%)	78 (69%) (2.9%)	35 (31%) (1.3%)

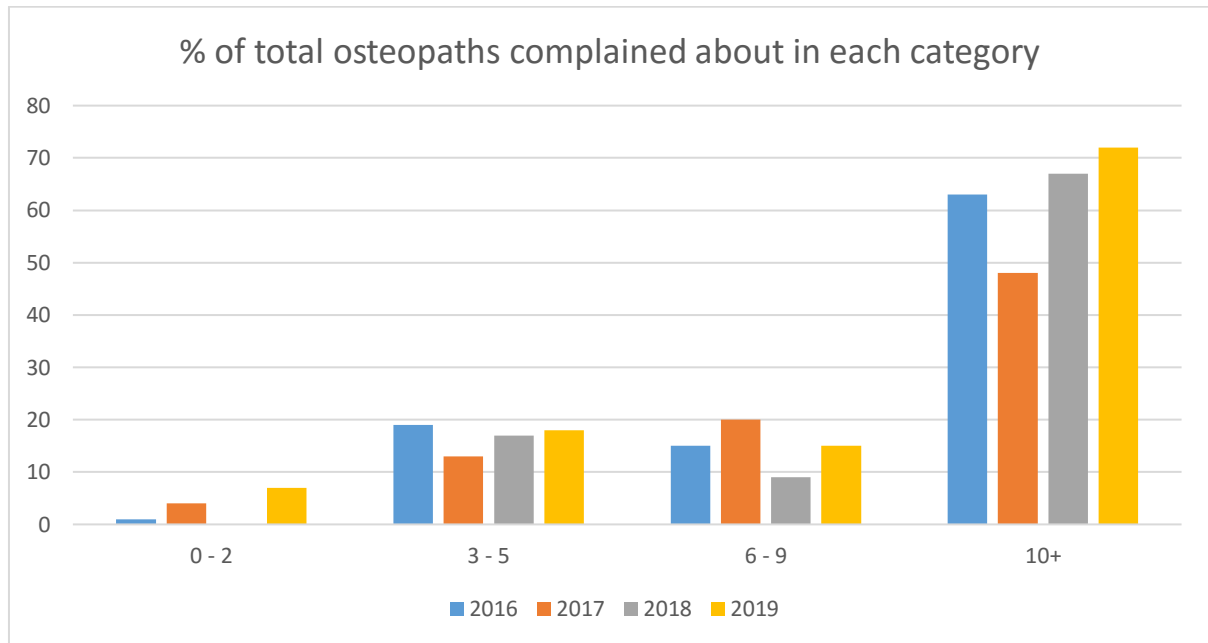
The data showed that osteopaths with more than 10 years of experience were most likely to have concerns and complaints raised about them, this has been a consistent finding in the last 8 years. However, in 2019 we were able to compare the numbers of osteopaths against the register which showed that 58% of all registered osteopaths have more than 10 years experience (3181/5457). If we look at the proportion of osteopaths complained about in each group we can see that there is little difference between osteopaths with 3 years or more experience. Those with 0-2 years experience have the least complaints made about them but this also could be because they see proportionately less patients as a group (Table 2).

Table 2. Distribution of complaints and practitioners years of practice

Characteristics	Number of osteopaths (% of total in the year)				Registrants 2019 (% of total registrants)	Osteopaths 2019 (% in each GOsC category)
	2016	2017	2018	2019		
Years post-graduation						
0-2	3 (1%)	8 (4%)	0	7 (6%)	782 (14%)	0.9%

3-5	38 (19%)	23 (13%)	22 (17%)	18 (16%)	729 (13%)	2.5%
6-10	31 (15%)	37 (20%)	11 (9%)	15 (14%)	765 (14%)	2%
>10	130 (63%)	89 (48%)	85 (67%)	71 (45%)	3181 (58%)	2.2%
Missing data	3 (1%)	27 (15%)	9 (1%)	2 (2%)		
Total	205	184	127	113	5457	

Figure 1. Distribution of complaints by osteopath years of practice 2016-2019

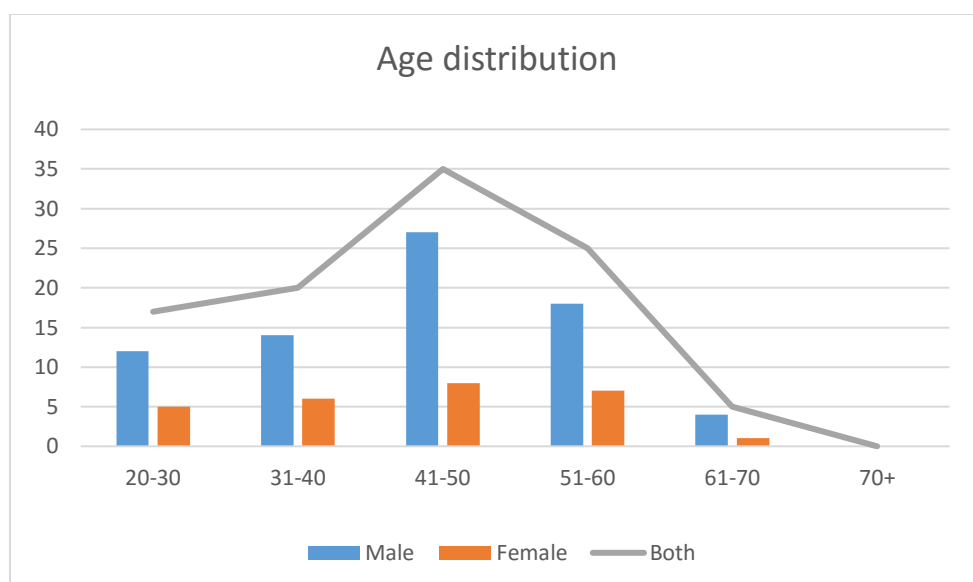


The years of experience and age of osteopath are reflective of each other, osteopaths over the age of 40 years were more likely to be complained about than those under 40 years. Figure 2 shows that there were less males than females under 50 years old but more males than females older than 50 years (Table 3).

Table 3. Age distribution of total GOsC registrants 2019

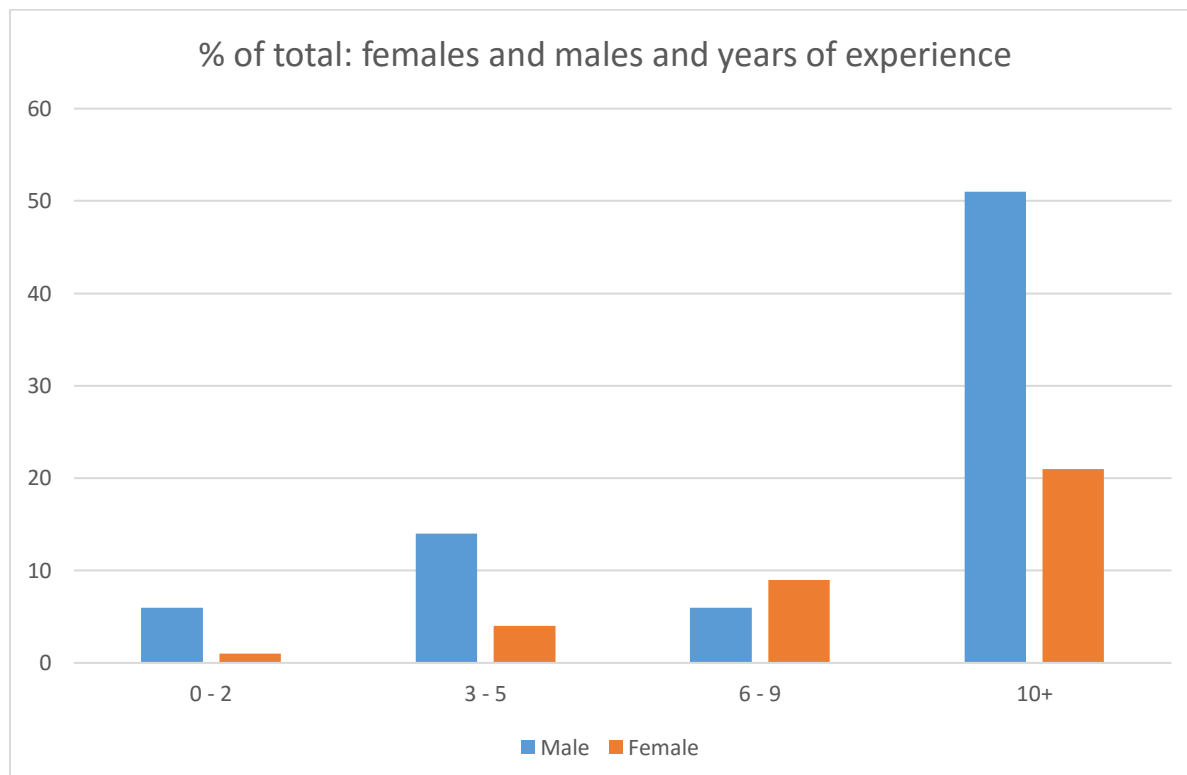
	Age Bands	20-30	31-40	41-50	51-60	61-70	70+
Gender	M	328	520	722	747	305	61
	F	455	703	735	693	161	27
Total	5,457	783	1,223	1,457	1,440	466	88

Figure 2. Age distribution of osteopaths complained about



The number of males complained about is disproportionately high compared to females, especially those with more than 10 years in practice (51 vs 21).

Figure 3. Numbers of males and females complained about by years of experience 2019



Types of concerns and complaints

The new classification system and its subcategory organisation highlights the proportion of concerns and complaints made specific to relation issues, in 2019 this represented 34% of complaints, followed by clinical care issues representing 32%. Regulation specific issues doubled, in 2019 they represented 16% of all issues, in comparison to 2018 where they represented 8%.

False and misleading advertising concerns and complaints are back to the pre-campaign levels seen in 2013 and 2014 (Table 4).

Table 4. Overall numbers of concerns and complaints raised each year by theme

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

Figure 4. shows the data in graphical form which clearly shows a drop in the number of clinical care issues, the steady rise in relations issues and management issues since 2017 and 2016 respectively but no more in number than any in previous years.

The regulation specific issues show a year on year increase since 2016.

Figure 4. Overall numbers of concerns and complaints raised each year by theme

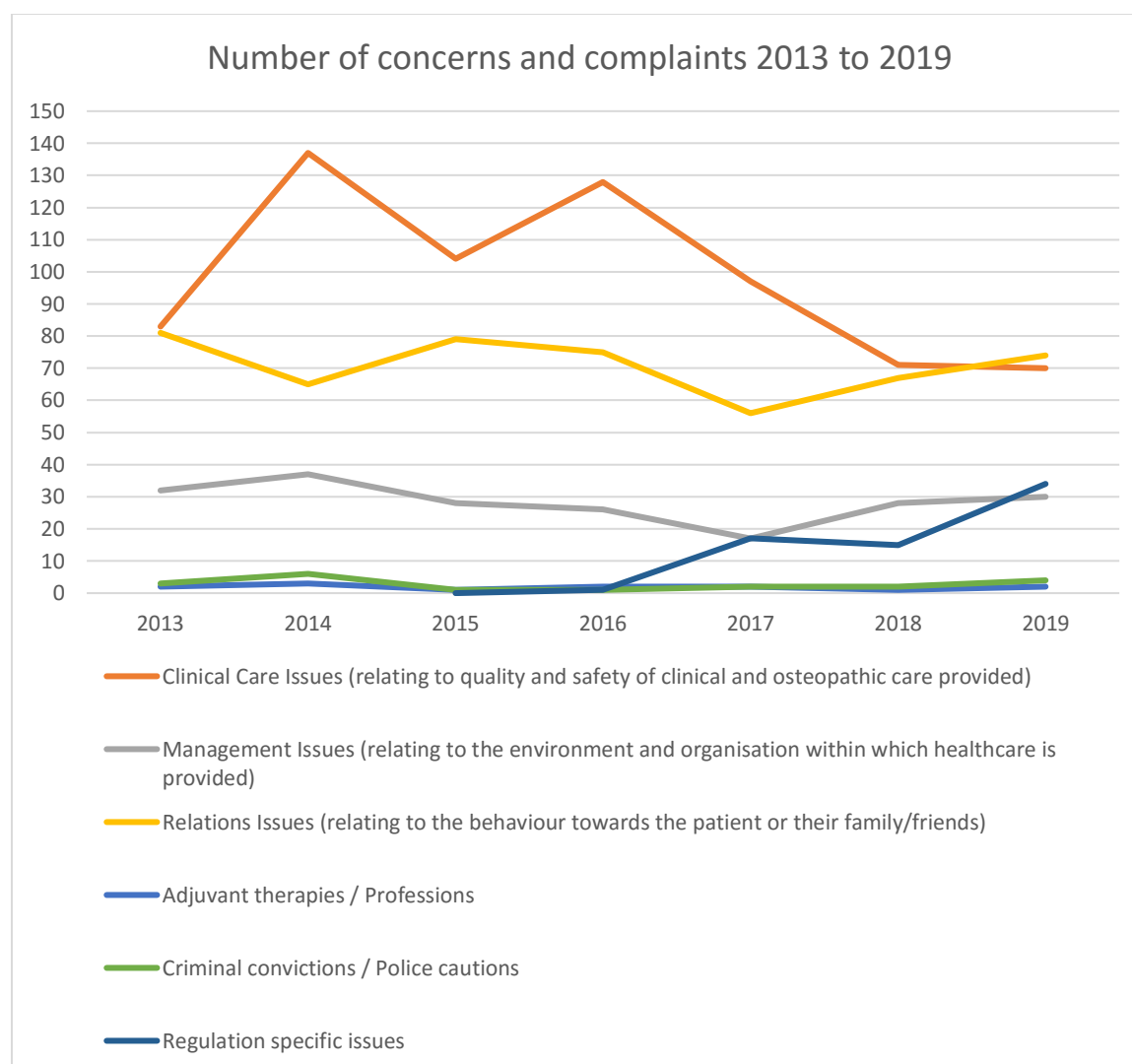


Table 5 shows the mean data of the previous years of data and allows us to compare 2019 data with the average over time for each theme and sub-theme.

In terms of clinical care, safety in clinical practice concerns and complaints in 2019 were the lowest ever recorded at 51 (mean 2013-2018 = 81.5 (range 54-115) and the quality of clinical practice in 2019 were lower than the last 6 year mean at 19 (mean 2013-2018 = 21.8 (range 17-32)).

Management issues and concerns and complaints about the environment were above average in 2019 at 8 (mean 2013-2018 5.5 (range 2-9)) this was due in particular to concerns and complaints about value for money.

Communication concerns and complaints, 42, were slightly higher than the previous 6 year mean of 39 (range 28-49)

Regulation specific issues were the most notable, in the previous 4 years the average number of concerns were 12.5, but in 2019 this figure rose to 34 due to the increase in complaints made about osteopaths bringing the profession into disrepute (see Figure 11 for detail)

Issues about relations and respecting patient rights over all are fairly consistent but in 2019 there was 17 concerns and complaints about sexual impropriety compared to the previous 6 year mean of 11.5 (range 7-14), this is the most ever recorded (see Figure 8b for detail).

The remaining data is consistent with other years.

Table 6 shows the actual number of concerns and complaints by theme and sub-theme.

Table 5. Overall comparison with previous years

Theme	Mean 2013-2018 (range)	2019
Clinical Care Issues		
Quality of clinical practices	21.8 (range 17-32)	19
Safety of clinical practice	81.5 (range 54-115)	51
Management		
Environment	5.5 (range 2-9)	8
Business /Processes	22.5 (range 12-28)	22
Relations Issues		
Listening and Communication	39 (range 28-49)	42
Respect and Patient rights	31.5 (range 26-42)	32
Adjuvant therapies / professions	1.8 (range 1-3)	2
Criminal convictions and Police Cautions	2.5 (range 1-6)	4
Regulation specific (2015-2018)	12.5 (range 0-17)	34

Table 6. Number of Concerns and complaints per year

	2013	2014	2015	2016	2017	2018	2019
Clinical Care Issues (relating to quality and safety of clinical and osteopathic care provided.)							
Quality of clinical practices (Clinical standards of behaviour)	20	22	15	25	32	17	19
Safety of clinical practice (Errors, incidents, and staff competencies)	63	115	89	103	65	54	51
Management Issues (relating to the environment and organisation within which healthcare is provided (e.g. administrative, technical, facilities and management of staff))							
Environment (Problems in the facilities, services, clinical equipment, and staffing levels)	7	9	7	3	5	2	8
Business /Processes (Problems in bureaucracy, waiting times, and accessing care)	25	28	21	23	12	26	22
Relations Issues (relating to the behaviour towards the patient or their family/friends)							
Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)	47	34	37	49	28	39	42
Respect and Patient rights (Disrespect or violations of patient rights)	34	31	42	26	28	28	32
Other							
Adjuvant therapies / Professions	2	3	1	2	2	1	2
Criminal convictions / Police cautions	3	6	1	1	2	2	4
Regulation specific issues			0	1	17	15	34
Subtotal	200	248	213	233	191	184	214
False/misleading advertising**	3	9	156	177	80	4	5
Total	203	257	369	410	271	188	219

Detailed breakdown of concerns and complaints by sub-categories

The following show the data graphically over time, the actual numerical data used for the graphs can be found in the appendices (Appendix 1). This data enables us to examine the categories that make up the themes shown earlier.

Clinical Care

Clinical care issues relate to quality of clinical practice and safety of clinical practice. The data show that the mix of concerns and complaints are spread over each sub category varying year on year. Breaching patient confidentiality holds the fewest concerns and complaints received (Figure 5a and 5b) whilst treatment causes new or increased pain or injury is the most common complaint in this theme.

Figure 5a. Clinical Care Issues (relating to quality of clinical and osteopathic care provided).

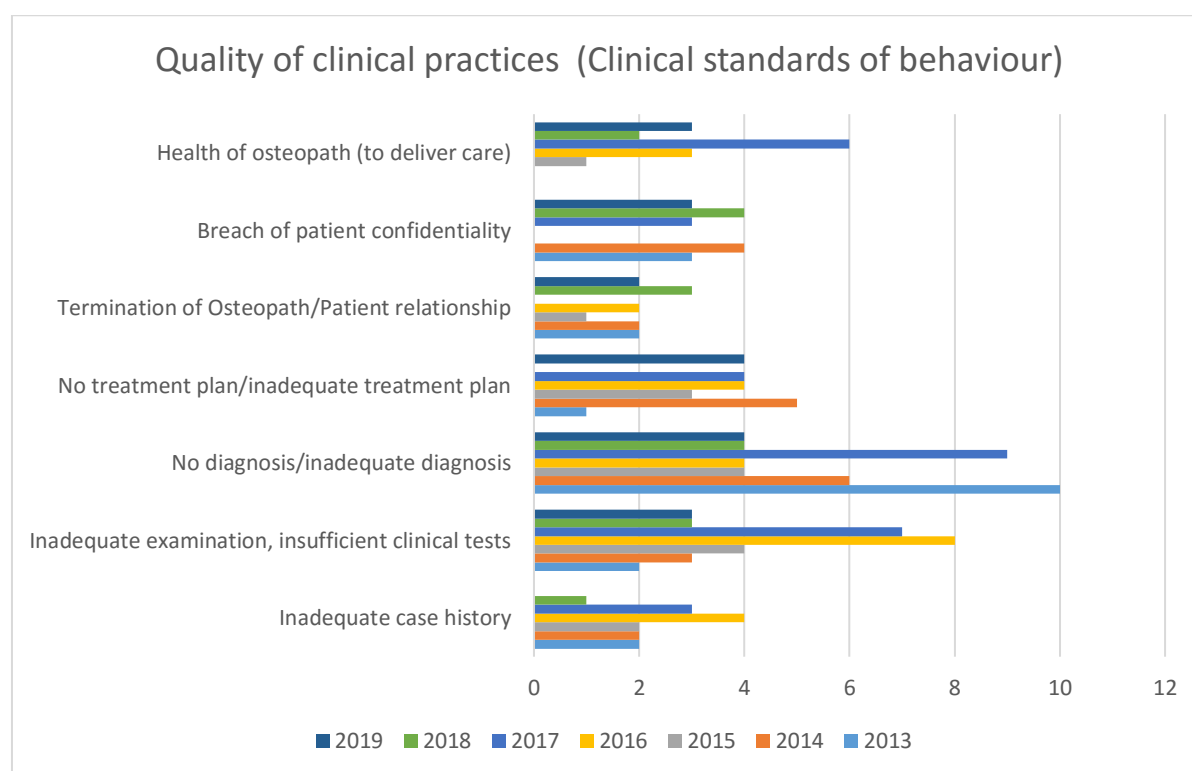
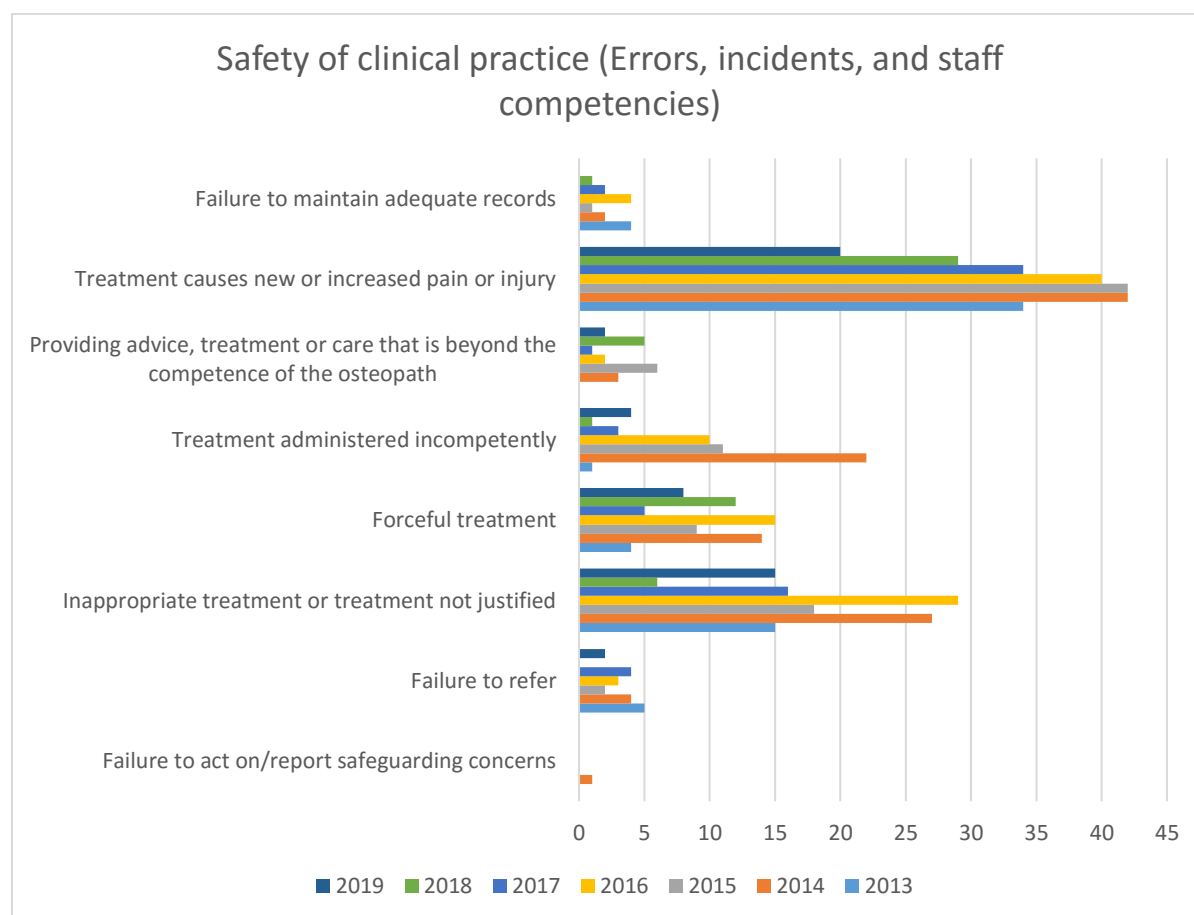


Figure 5b. Clinical Care Issues (relating to safety of clinical and osteopathic care provided).



Management

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

The most common concerns or complaints raised in this category are about value for money, business disputes and failure to maintain adequate insurance (See Figures 6a and 6b).

It also includes false and misleading advertising (Figure 7), which shows the change over time and the influence an external body had who carried out a campaign to highlight poor, false and misleading advertising by osteopaths during 2014 and 2016. The levels are now back to pre-campaign levels although this does not mean the matter is resolved as the number of complaints prior to the campaign were at the same level as 2019 but clearly were not brought to the attention of the GOsC.

Figure 6a. Management Issues relating to the environment

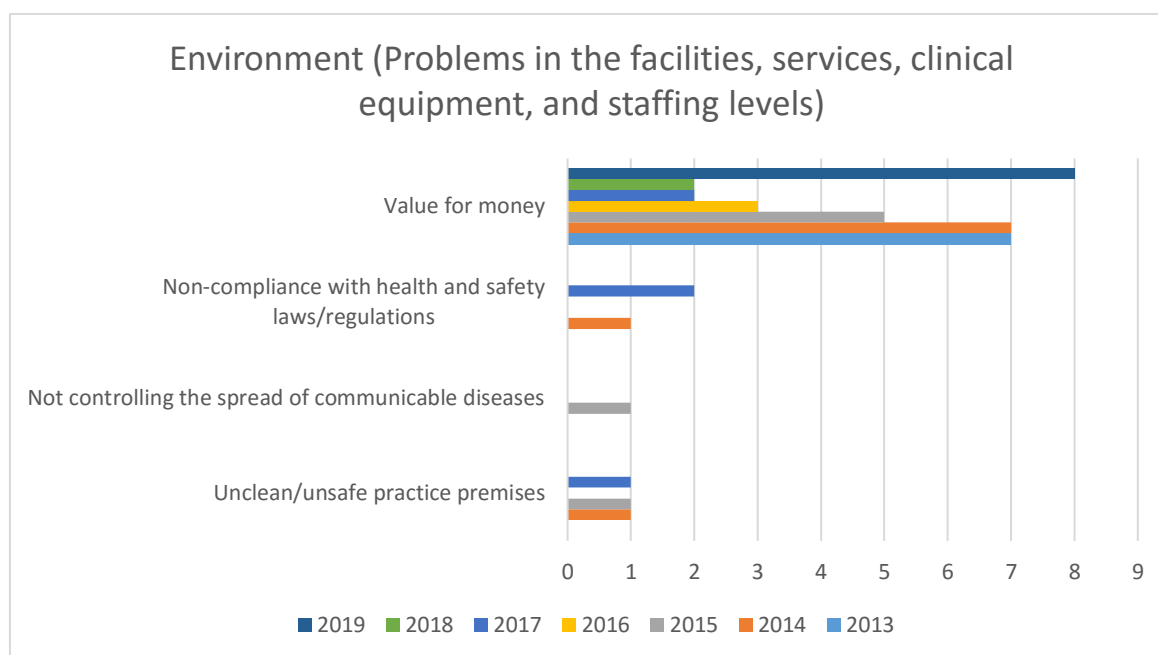


Figure 6b. Management Issues relating to the organisation within which healthcare is provided

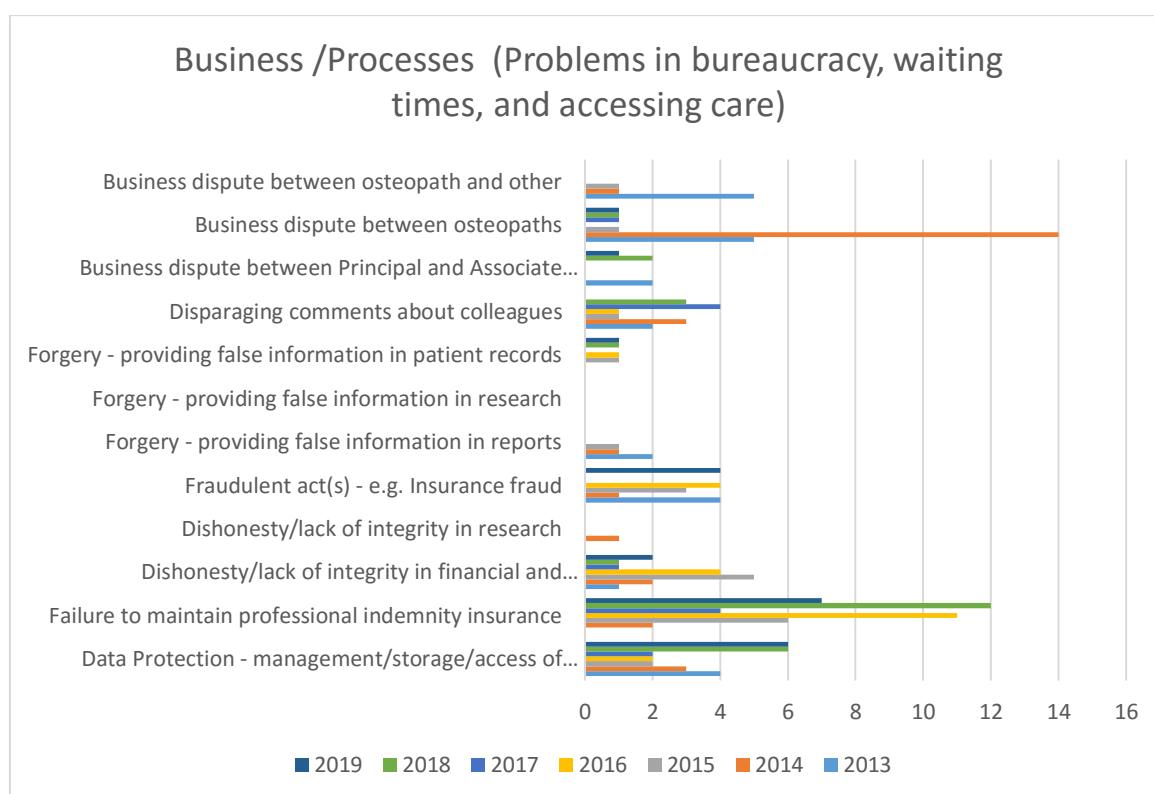
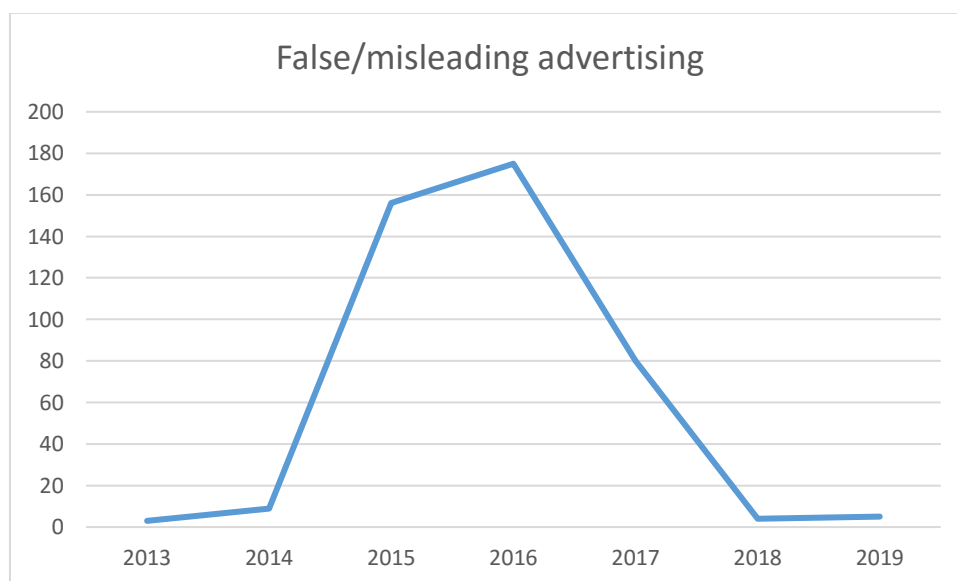


Figure 7. False/misleading advertising



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 and Respect and Patient rights such as disrespecting or violating patient rights. There are 10 sub-categories.

Most notable from the data is the change in number of concerns and complaints about consent, in 2013 there were 20 compared to 8 in 2019. Each year since 2013 the numbers have fallen below those in 2013, the concerted efforts to educate the profession about consent made by the profession regulator the professional bodies and researchers seems to be paying off.

Failure to communicate effectively was the most common complaint in 2019, it is worth exploring this in more detail to understand what this means in practice based on the nature of the concerns and complaints raised.

Sexual impropriety remains a concern, with 17 complaints about this, the highest ever recorded.

Figure 8a Listening and Communication

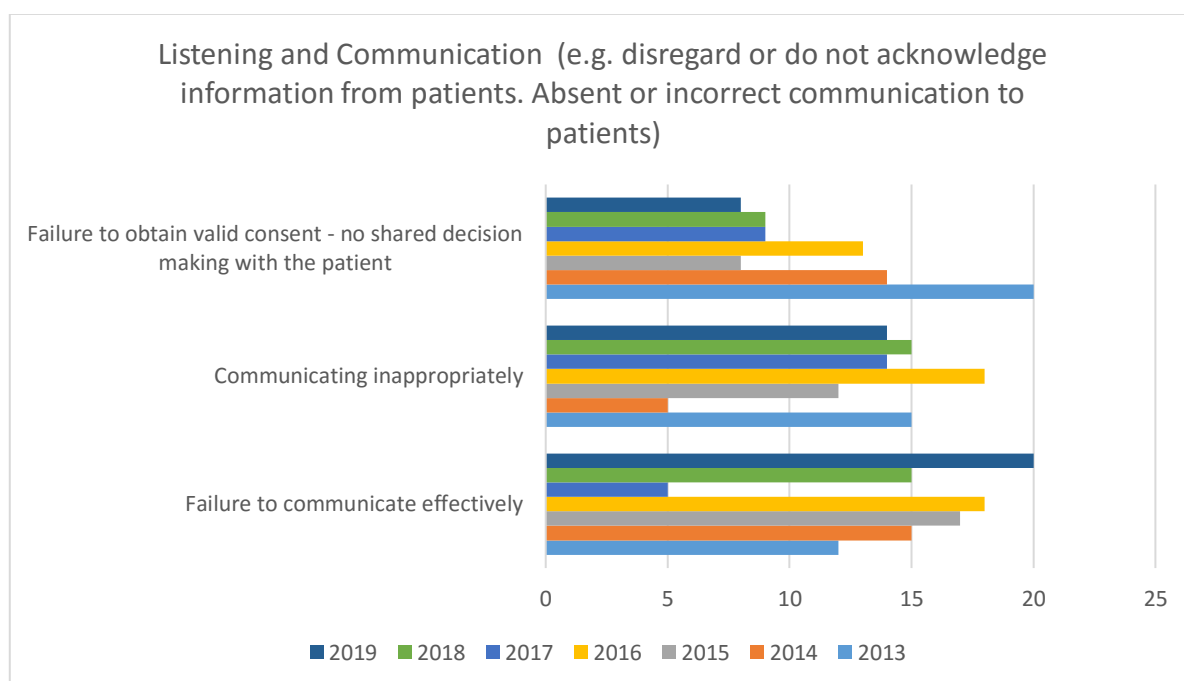
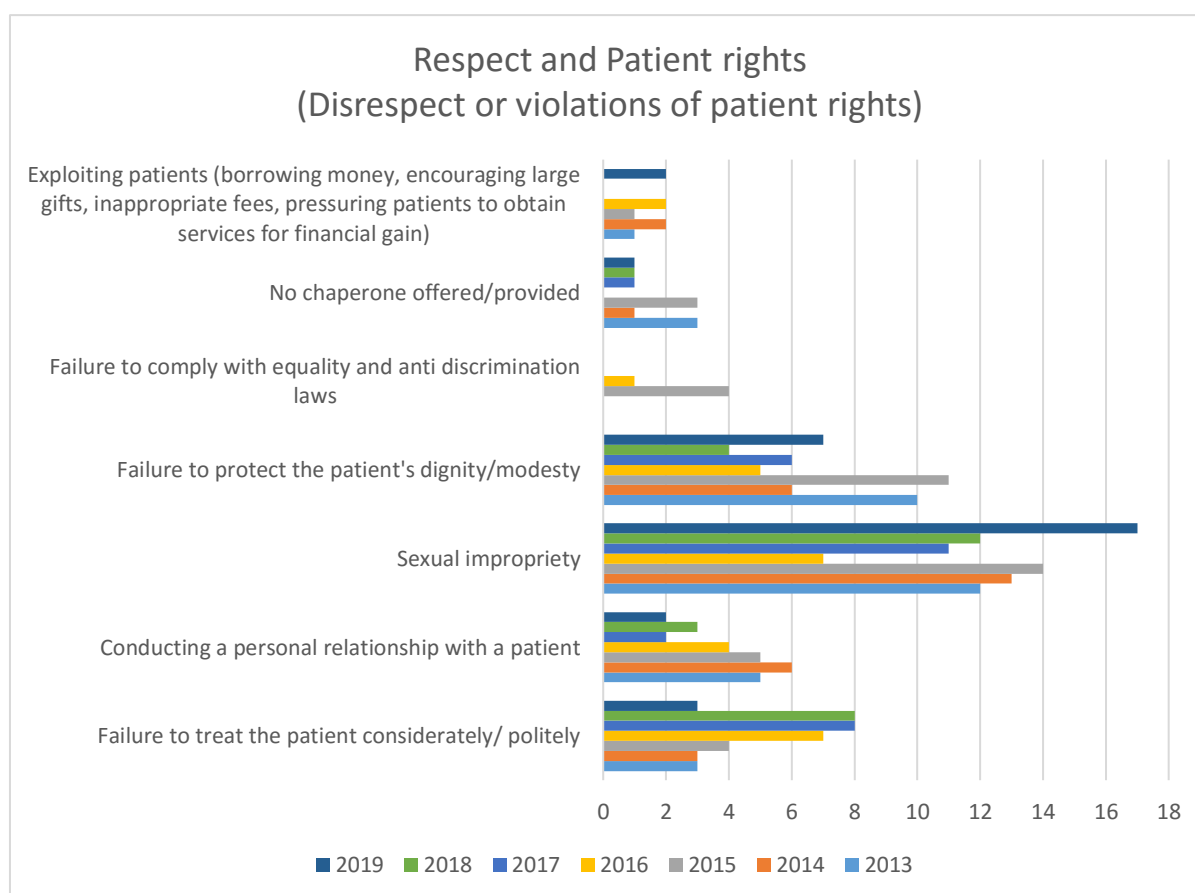


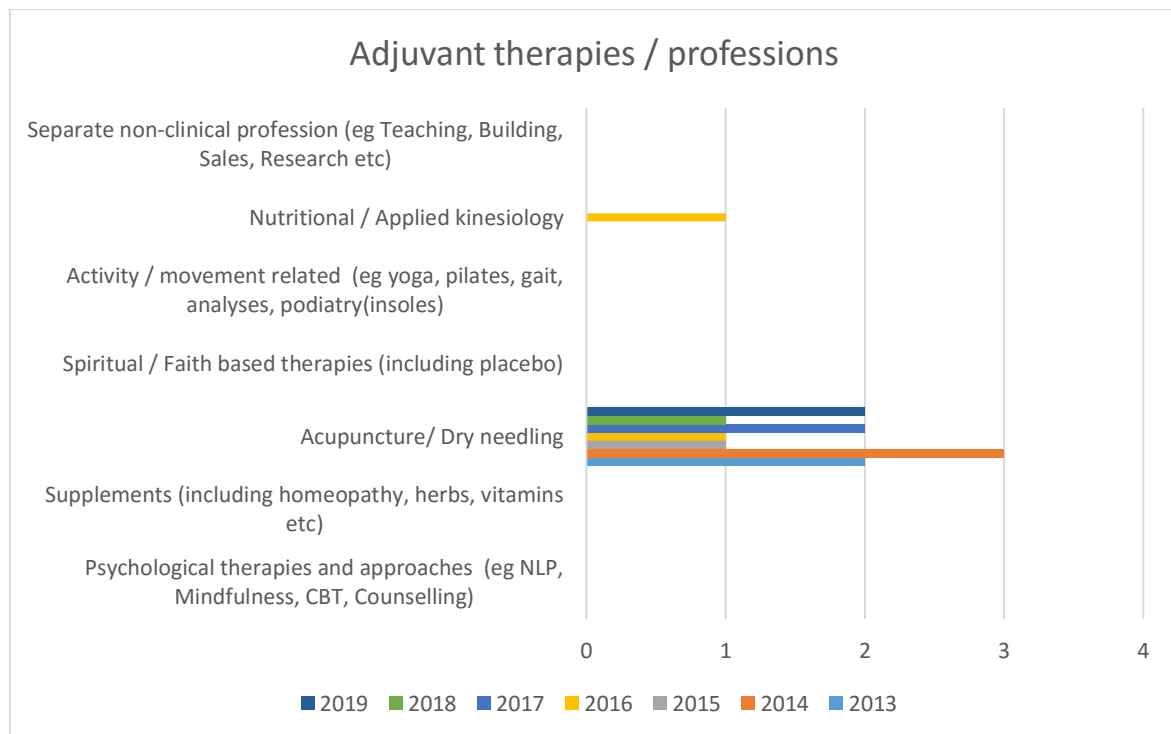
Figure 8b Respect and patient rights



Adjuvant therapy

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

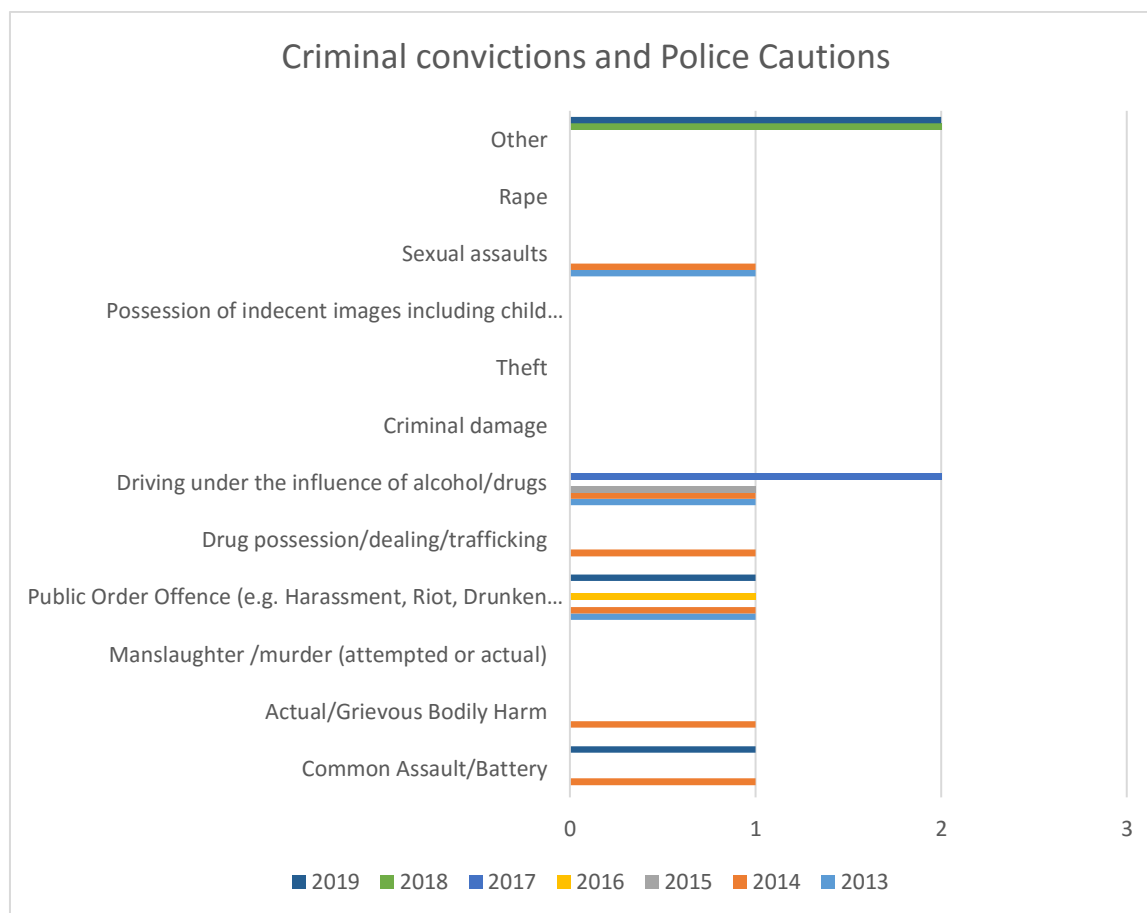
Figure 9. Adjuvant therapies and professions



Criminal convictions and police cautions

These remain very low, the maximum recorded in any one year over the last seven years has been six. There were four during 2019.

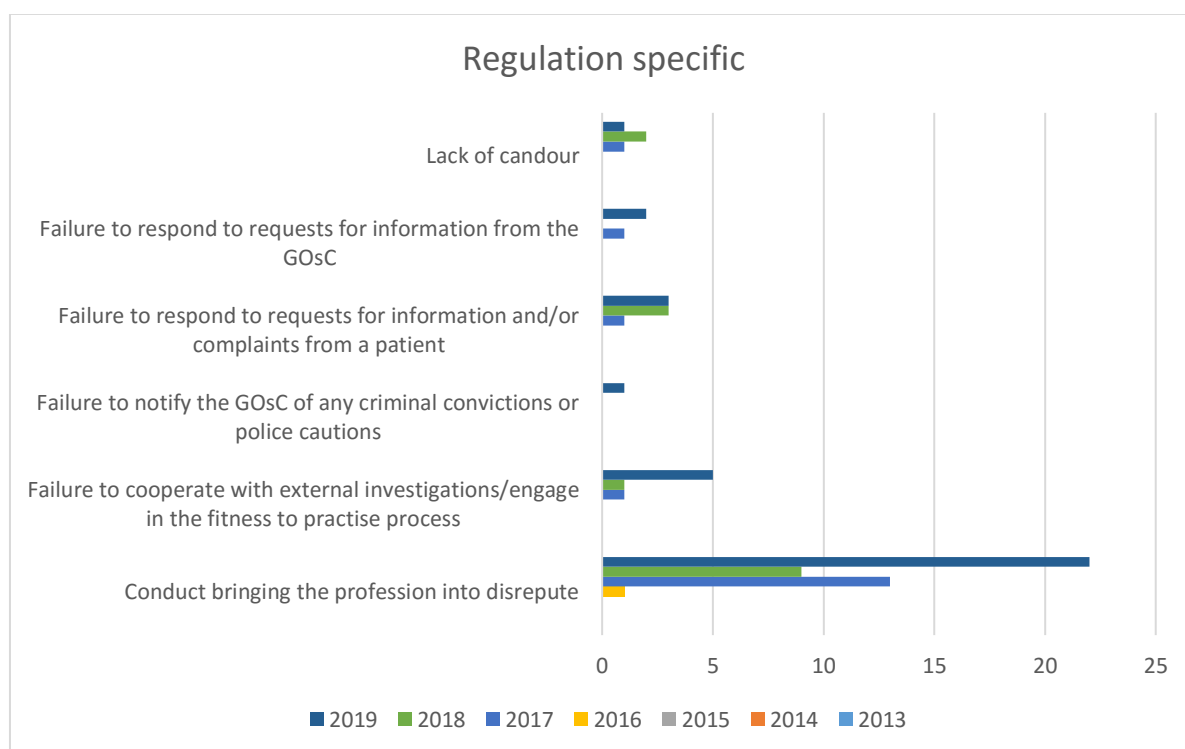
Figure 10. Criminal convictions and police cautions



Regulation specific

There has been a sharp rise in concerns and complaints in this category mainly due to the increase in concerns raised about conduct bringing the profession into disrepute: in 2019 there were 22 concerns raised in comparison to previous years of 0, 1, 13 and 9.

Figure 11. Regulation specific concerns and complaints



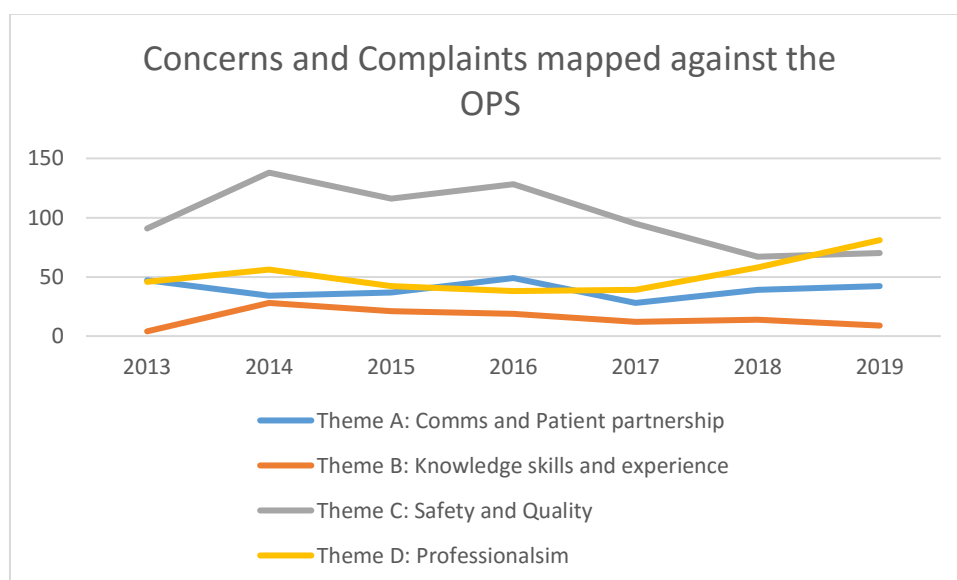
Implications for meeting Osteopathic Practice Standards (OPS)

In terms of the OPS, safety and quality is the area where we see the most concerns and complaints over the last seven years, but they have reduced significantly over the last three years to levels seen in the other OPS themes. Theme D, Professionalism does not include the misleading advertisement data but we can observe an increase in recent years in this area, this is, in part, due to additional regulation category, in particular bringing the profession into disrepute (Table 7 and Figure 12).

Table 7. Concerns and complaints mapped against the OPS

Osteopathic Practice Standards	2013	2014	2015	2016	2017	2018	2019
Theme A: Communication and Patient partnership	47	34	37	49	28	39	42
Theme B: Knowledge skills and experience	4	28	21	19	12	14	9
Theme C: Safety and Quality	91	138	116	128	95	67	70
Theme D: Professionalism	46	56	42	38	39	58	81

Figure 12. Number of concerns and complaints by OPS categories



Examples of concerns and complaints made to the regulator and insurers

The following table (Table 8) gives examples of the types of concerns and complaints made, many are not escalated and are resolved locally, by arbitration and, or facilitated communication. The examples are given to provide context to the reader. Some complaints are indicative of communication issues and poor expectation management others are well founded and tangible.

Table 8 Illustrative examples of the nature and type of concerns and complaints

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

Table 8a. Quality of clinical practices (Clinical standards of behaviour)

	Illustrative examples of types of concerns raised
Inadequate case history	Giving a treatment which is potentially high risk but failing to ascertain previous clinical history (for example performing a cervical spine manipulation on a patient with a clinical history of strokes)
Inadequate examination, insufficient clinical tests	Failure to diagnose a herniated disc
No diagnosis/inadequate diagnosis	Internal manipulation done when not clinically justified due to incorrect diagnosis of chronic pelvic syndrome.
No treatment plan/ inadequate treatment plan	Failure to formulate an appropriate treatment plan for a patient based on their medical history
Breach of patient confidentiality	Patient treatment discussed with another member of the registrant's family
Health of osteopath (to deliver care)	Continuing to work despite health being compromised, examples include: Parkinson's disease, depression or addiction to alcohol

Table 8b. Safety of clinical practice (Errors, incidents, and staff competencies)

	Illustrative examples of types of concerns raised
Failure to refer	A patient who feels they have not been referred elsewhere for treatment by their osteopath, for example with excessive neck pain
Inappropriate treatment or treatment not justified	Patient being treated in an area that was not a concern to them but the osteopath treated it anyway without consent
Forceful treatment	A HVLA manipulation conducted forcefully without warning or consent resulting in increased pain during and or after the consultation
Treatment administered incompetently	Osteopath continuing to treat a patient despite the patient asking the osteopath to stop because the technique was too painful
Providing advice, treatment or care that is beyond the competence of the osteopath	Asking a pregnant patient to lie on her front and performing a compressive technique resulting in post-natal complications and surgery.
Treatment causes new or increased pain or injury	Manipulating of a patient's leg by lifting it up and twisting it across the patients body, resulting in a "whip-like" crack and a torn ligament requiring surgery.
Failure to maintain adequate records	Incomplete patient notes such as failure to record patient history and/or presenting symptoms

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

Table 8c. Environment (Problems in the facilities, services, clinical equipment, and staffing levels)

	Illustrative examples of types of concerns raised
Unclean/unsafe practice premises	Dirty and cluttered practice, not washing hands in between patients.
Not controlling the spread of communicable diseases	Failure to wear PPE or clean premises during C-19 pandemic
Non-compliance with health and safety laws/regulations	Unhygienic practice & unclean mattress

Table 8d. Business /Processes (Problems in bureaucracy, waiting times, and accessing care)

	Illustrative examples of types of concerns raised
Data Protection - management/storage/access of confidentiality data	Retaining images of patient in underwear
Dishonesty/lack of integrity in financial and commercial dealings	Asking a patient to participate in a fraudulent financial scheme

Fraudulent act(s) - e.g. Insurance fraud	Informing the GOsC of current insurance when no insurance is in place
Forgery - providing false information in reports	Falsely claiming from an insurer for treatments provided by another colleague
Forgery - providing false information in patient records	Forging patient records to indicate that a full patient examination was done when it had not been done
False/misleading advertising*	Selling a product to patients with false claims about its properties/benefits.
Disparaging comments about colleagues	Sexual harassment and derogatory remarks against colleagues
Business dispute between Principal and Associate osteopaths	Associate of a practice treating patients at home without informing Principal osteopath

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

Table 8e. Listening and Communication (Disregard or do not acknowledge information from patients. Absent or incorrect communication to patients)

	Illustrative examples of types of concerns raised
Failure to communicate effectively	Failing to respond appropriately to requests for treatment and refusing treatment without good reason
Communicating inappropriately	Rudeness to patient about their weight/size
Failure to obtain valid consent - no shared decision making with the patient	Failing to clearly obtain consent from a patient before administering treatment

Table 8f. Respect and Patient rights (Disrespect or violations of patient rights)

	Illustrative examples of types of concerns raised
Failure to treat the patient considerately/ politely	Abruptness towards patient and being dismissive of their presenting condition
Conducting a personal relationship with a patient	Texting crude messages and/or images to a patient
Sexual impropriety	Running hand up the thigh of a patient / cupping patients breasts / massaging patients groin & buttocks
Failure to protect the patient's dignity/modesty	Not offering a patient privacy to undress before treatment or to dress after the treatment
Failure to comply with equality and anti discrimination laws	Racial slurs towards a patient
No chaperone offered/provided	Failing to offer chaperone

Exploiting patients (borrowing money, encouraging large gifts, inappropriate fees, pressuring patients to obtain services for financial gain)	Pressurising vulnerable individual(s) to sign consent form under duress
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Table 8f. Adjuvant therapies / professions

	Illustrative examples of types of concerns raised
Acupuncture/ Dry needling	Use of long acupuncture needle causing a haemothorax/pneumothorax to patient without proper communication/consent
Separate non-clinical profession (eg Teaching, Building, Sales, Research)	Offering the use of a gym alongside osteopathic treatment

Table 8g. Criminal convictions and Police Cautions

	Illustrative examples of types of concerns raised
Public Order Offence (e.g. Harassment, Riot, Drunken and disorderly, and racially aggravated offences)	Conviction for the harassment of a patient
Driving under the influence of alcohol/drugs	Conviction for drink driving
Criminal damage	Either a caution/conviction for criminal damage
Theft	Theft of an item(s) from a clothing store
Sexual assaults	Sexual touching during treatment provided: running hand up the thigh of a patient, cupping patients breasts, massaging patients groin / buttocks Conviction(s) for sexual assault
Other	Conditional discharge for possession of an offensive weapon

Table 8h. Regulation Specific

	Illustrative examples of types of concerns raised
Conduct bringing the profession into disrepute	Using racial slurs on a social media osteopathic business account
Failure to cooperate with external investigations/engage in the fitness to practise process	Failing to engage with a GOsC investigation regarding the Fitness to Practise of an individual
Failure to respond to requests for information and/or complaints from a patient	Completely disregarding, or adhering, to a patients requests for a copy of their records Failing to provide a patient with referral documentation despite a request to do so

Failure to respond to requests for information from the GOsC	Failing to provide patient records to the GOsC as part of a GOsC investigation into the Fitness to Practise of a registrant
Lack of candour	Failing to offer an explanation to a patient where treatment has gone wrong

Potential new areas of investigation

The data gives valuable information about concerns and complaints enabling individuals and organisations insights into behaviours and actions that cause concern or that may be problematic to both patients and osteopaths. As a result we can reflect on the information and consider future behaviours, actions and strategies to reduce the risk of concerns and complaints being made.

Some areas worthy of further investigation include:

i) Feedback from those who make complaints.

Some qualitative investigation about the complainants experience prior to the complaint or concern being raised and how these were managed subsequently. Patient safety can be considered in terms of physical and physiological safety but also the psychological repercussions of any unwanted, unexpected or traumatic (perceived or actual). It may resonate with practitioners to understand the consequences of their behaviours and actions on their patients and give value to adopting behaviour changes in their osteopathic practice and care.

ii) Targeted CPD for those with over 10 years experience

The areas that may be useful to address in terms of training to enhance skills centre on the 'softer' competencies that are more difficult to educate and embed in everyday practice. These include:

- Communication skills (both verbal and non-verbal)
- Self- reflection: Learning from mistakes and self-awareness (positive reflection for better practice)
- Managing patient expectations
- Professionalism practice and what this means in reality and how to be 'professional'

iii) Rigour of classification and future data collection

The original aim of this project was to gain insight and understanding into the nature and type of all concerns and complaints, not just those that are escalated to investigation, thus enabling practitioners to avoid and prevent problems. This project has succeeded in documenting the nature and type of concerns to inform the profession.

The reliability and validity of the classification coding is yet to be determined, this needs testing and verifying so that training can be given, where necessary, to those coding to ensure inter-organisation consistency.

We are not in a position to determine whether any changes in the nature and type of concerns and complaints are as a result of any of the recent profession wide interventions, as there are many confounding variables that may affect the data. We could however explore and study the impact of using the concerns and complaints data further by using innovative research methodologies such as action research. This is where recipients of information or newly implemented interventions can be

monitored over time and behaviours and or any behaviour changes are assessed and the impact on patient care and outcomes is evaluated.

Conclusions

The data forms part of a larger suite of data, such as Patient Reported Outcomes (PROMS), the CPD evaluation and surveys of the profession to explore the effectiveness of regulation interventions and the impact it has on patient care and patient safety.

Appendix 1

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

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

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

Mean total number of complaints 2013-2018: 21.8 (range 17-32)

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

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

Mean total number of complaints 2013-2018: 81.5 (range 54-115)

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

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

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

Mean total number of complaints 2013-2018: 5.5 (range 2-9)

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

	2013	2014	2015	2016	2017	2018	2019
Data Protection - management/storage/access of confidentiality data	4	3	2	2	2	6	6
Failure to maintain professional indemnity insurance	0	2	6	11	4	12	7
Dishonesty/lack of integrity in financial and commercial dealings	1	2	5	4	1	1	2
Dishonesty/lack of integrity in research	0	1	0	0	0	0	0
Fraudulent act(s) - e.g. Insurance fraud	4	1	3	4	0	0	4
Forgery - providing false information in reports	2	1	1	0	0	0	0
Forgery - providing false information in research	0	0	0	0	0	0	0
Forgery - providing false information in patient records	0	0	1	1	0	1	1
False/misleading advertising*	(3)	(9)	(156)	(177)	(80)	(4)	(5)
Disparaging comments about colleagues	2	3	1	1	4	3	0
Business dispute between Principal and Associate osteopaths	2	0	0	0	0	2	1
Business dispute between osteopaths	5	14	1	0	1	1	1
Business dispute between osteopath and other	5	1	1	0	0	0	0
Totals	25	28	21	23	12	26	22

*excluded

Mean total number of complaints 2013-2018 (exc false misleading advertising): 22.5 (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
Failure to communicate effectively	12	15	17	18	5	15	20
Communicating inappropriately	15	5	12	18	14	15	14
Failure to obtain valid consent - no shared decision making with the patient	20	14	8	13	9	9	8
Totals	47	34	37	49	28	39	42

Mean total number of complaints 2013-2018: 39 (range 28-49)

Table A6. Respect and Patient rights (Disrespect or violations of patient rights)

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

Mean total number of complaints 2013-2018: 31.5 (range 26 – 42)

Table A7. Adjuvant therapies / professions

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

Mean total number of complaints 2013-2018: 1.8 (range 1-3)

Table A8. Criminal convictions and Police Cautions

	2013	2014	2015	2016	2017	2018	2019
Common Assault/Battery	0	1	0	0	0	0	1
Actual/Grievous Bodily Harm	0	1	0	0	0	0	0
Manslaughter /murder (attempted or actual)	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
Drug possession/dealing/trafficking	0	1	0	0	0	0	0
Driving under the influence of alcohol/drugs	1	1	1	0	2	0	0
Criminal damage			0	0	0	0	0
Theft			0	0	0	0	0
Possession of indecent images including child pornography	0	0	0	0	0	0	0
Sexual assaults	1	1	0	0	0	0	0
Rape	0	0	0	0	0	0	0
Other			0	0	0	2	2
Total	3	6	1	1	2	2	4

Mean total number of complaints 2013-2018: 2.5 (range 1-6)

Table A9. Regulation Specific

	2013	2014	2015	2016	2017	2018	2019
Conduct bringing the profession into disrepute			0	1	13	9	22
Failure to cooperate with external investigations/engage in the fitness to practise process			0	0	1	1	5
Failure to notify the GOsC of any criminal convictions or police cautions			0	0	0	0	1
Failure to respond to requests for information and/or complaints from a patient			0	0	1	3	3
Failure to respond to requests for information from the GOsC			0	0	1	0	2
Lack of candour			0	0	1	2	1
Total			0	1	17	15	34

Mean total number of complaints 2013-2018: 12.5 (range 0-17)

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