



Types of concerns raised about osteopaths and osteopathic services in 2013 to 2017

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Introduction

This is the fifth report produced about concerns and complaints made against osteopaths in the United Kingdom (UK)¹.

Data have been collected since 2013 by the primary organisations in the UK that manage concerns, complaints and claims about osteopaths and osteopathic care. The organisations involved are the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and the companies providing professional indemnity insurance for osteopaths. These organisations agreed a common system for classifying and describing concerns and complaints to explore: the nature and type of concerns; identify trends; and provide information about behaviours and practice that initiate concerns and complaints, regardless of whether these resulted in a formal investigation.

This year we are able to build on the data that were collected about the profile of osteopaths against whom concerns and complaints were made. The data provide information to inform the profession about where training resources and continuing professional development initiatives should be targeted.

The aim of this report is therefore not only to describe the concerns relating to osteopaths and the services they provide, but also to profile the characteristics of those who are the subject of complaints or concerns.

Methods

This report contains data about concerns and complaints reported during the period from January 2013 to December 2017. The definition of a 'concern' or 'complaint' was any report of dissatisfaction or disquiet made to any of the participating organisations by the general public, patients, osteopaths, other health care professionals, or others, about an osteopath.

Participants

The GOsC (the UK regulator for osteopathy), the Institute of Osteopathy (the professional association for osteopaths in the UK), and all providers of professional indemnity insurance for osteopaths, were invited to take part in the study. These organisations between them represent all osteopaths practising in the UK. Each organisation had the potential to receive complaints and concerns, recording and categorising information about their nature and type using a shared classification system.

Data collection

Data were collected using a standardised classification system for recording concerns and complaints about osteopaths. The classification system was based on those used by other healthcare professions and the recommendations contained in a research report to the GOsC, which had commissioned a series of studies on patient safety^{2, 3}.

The classification system was slightly modified in 2015, to add a new category, 'Health', to reflect concerns raised about osteopaths' practising while their own health was impaired or compromised.

There are now five main descriptive categories for classifying concerns:

1. Conduct of osteopaths (their practice related behaviour, including communication, patient- practitioner relationships and personal integrity).
2. Clinical care provided to patients (this included information about case history taking and record keeping, tests, examinations, referrals and treatment issues).
3. Criminal convictions and police cautions (potentially ranging from murder to conspiracy to supply drugs).
4. Complaints relating to adjunct therapies given by osteopaths to their patients (this category captured information about complaints pertaining to other non-osteopathic therapeutic care, for example acupuncture).
5. Health (fitness to practise impairment, physical or mental).

These categories are divided into sub-categories reflecting types of concerns: for example, the category for clinical conduct has 34 sub-categories, including issues relating to communication, business conduct and conduct with patients. The full list of the sub-categories is shown in the tables of results.

All information was recorded and collected from verbal or written contact from patients, members of the public, osteopaths, other health care professionals, or others.

Several concerns might be raised by a single complainant: each concern was therefore individually interpreted, classified and recorded on a standardised spreadsheet.

This year participating organisations also collected data about the osteopath against whom the concern or complaint was raised. This included: years post-registration, sex and location of practice (England, Wales, Scotland, Northern Ireland or overseas).

All data about concerns and complaints were anonymised and recorded as frequency data only. The participating organisations sent their spreadsheets individually to the author of this report, who acted as an independent third party⁴. The data were compiled into a single database so that no data could be identified as belonging to any one particular organisation or individual.

Duplication and quality of data

The organisations contributing data recognised that between them there was a potential for duplication of data. For example, a complainant might pursue their complaint with both the insurer and the regulator (the GOsC), and/or seek advice from the Institute of Osteopathy (the professional association). The participating organisations agreed that the Institute of Osteopathy and insurers would not include in their data those cases that had been reported to 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; thus the precision of the data should be regarded in this light.

Neither of these issues significantly detracts from the purpose or aims of this project, which is to establish the nature, type and range of concerns relating to osteopathic care, with a view to advising and educating the profession, and enhancing the quality and safety of osteopathic care.

Results

This report compares data collected by four organisations over a five year period from 2013 to 2017 (three insurance companies, the iO and the GOsC).

Summary data

In 2017 there were 271 complaints and concerns recorded, in 2016 there were 410, in 2015 there were 369; in 2014 there were 257, and 203 in 2013.

The sharp rise in the number of concerns and complaints recorded in 2016 and 2015 reflected the increase in concerns and complaints relating to osteopaths' advertising practice. There were 156 complaints of 'false/misleading advertising' made by one organisation in 2015 and 175 by the same organisation in 2016 and 80 in 2017. This is in contrast to 3 concerns raised about advertising made in 2013.

If we set aside the advertising complaint data: in 2017 there were 191 concerns recorded which is the lowest number recorded since we started collecting data. This compares with 235 in 2016, 213 in 2015, 248 in 2014 and 200 in 2013 (Table 1 and Figure 1).

With a few exceptions, the distribution of non-advertising types of concerns and complaints has remained fairly similar over the five years.

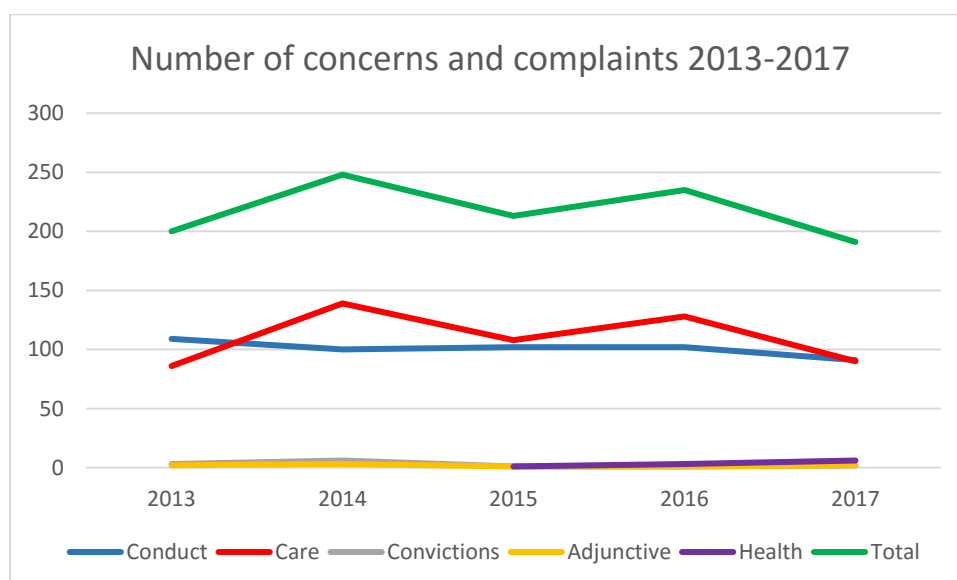
Table 1. Summary of concerns and complaints 2013-2017

Type of concern	Number of concerns (% of total)*				
	2013	2014	2015	2016	2017
Conduct	109 (55%)	100 (40%)	102 (48%)	102 (43%)	91 (48%)
Clinical Care	86 (43%)	139 (56%)	108 (51%)	128 (54%)	90 (47%)
Criminal convictions/ cautions	3 (2%)	6 (2%)	1 (<1%)	1 (<1%)	2 (1%)
Adjunctive therapy	2 (1%)	3 (1%)	1 (<1%)	1 (<1%)	2 (1%)
Health	n/a	n/a	1 (<1%)	3 (1%)	6 (3%)
Total	200	248	213	235	191
False/misleading advertising**	3	9	156	175	80

* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%

** To assist the identification of year-on-year trends, the data relating to complaints about 'False/misleading advertising' have been set aside in these tables and are considered separately in this report.

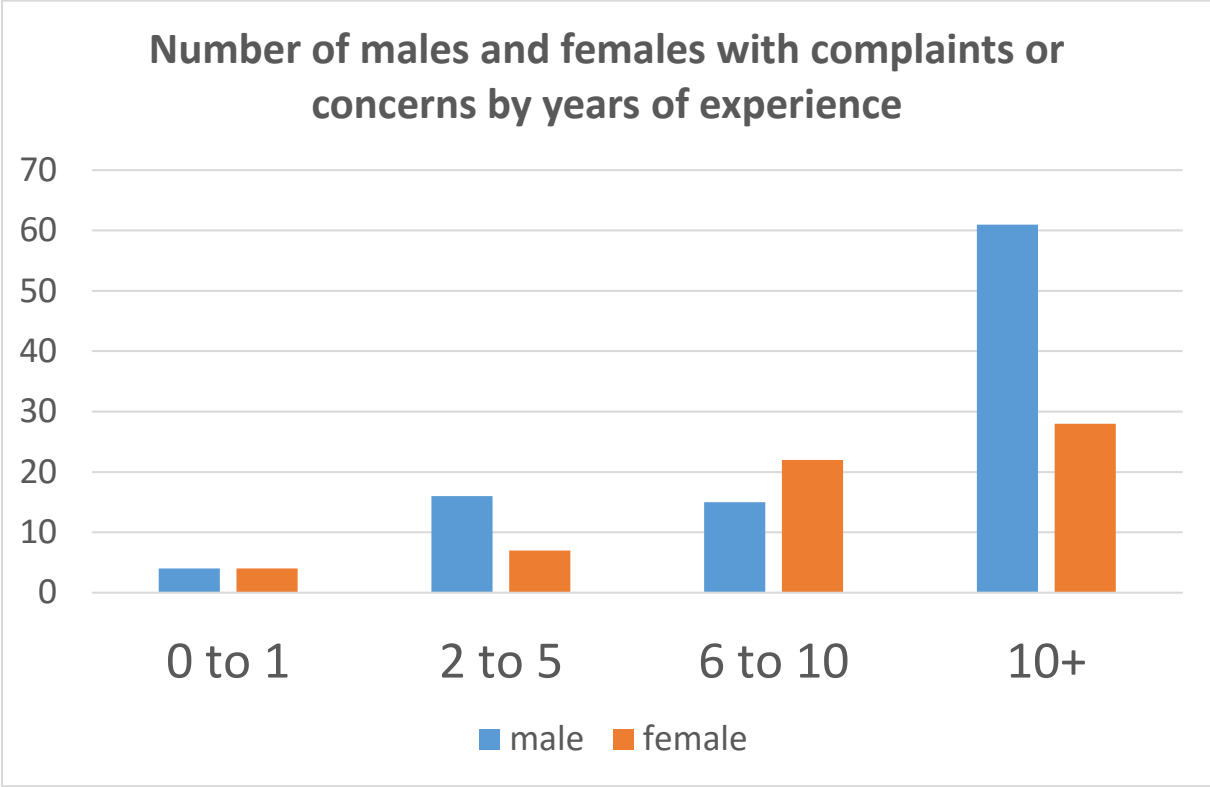
Figure 1. Graph showing total concerns and complaints 2013-17



Most concerns and complaints in 2017 were made about male rather than female osteopaths (63%:37%), and about males who had more than 10 years of experience (69%), although more concerns and complaints are made about both males and

females with more experience (Figure 2). Relatively few concerns and complaints were raised about new graduates (practising for <2 years: 4% of total complaints).

Figure 2. Graph showing total concerns and complaints by years of experience and sex



In 2017 there were 184 osteopaths who had complaints and concerns raised about them. This represents around 3-4% of registered osteopaths in each area of the UK have complaints or concerns, with the exception of Northern Ireland which has proportionately more complaints made (12%) (Table 2).

Table 2. Profile of osteopaths’ characteristics 2016 (N=205) and 2017 (N=184)

Characteristics	Number of osteopaths (% of total)		Male (% of total)		Female (% of total)	
	2016	2017	2016	2017	2016	2017
Number by sex	203 (99%)	169 (91%)	130 (63%)	106 (63%)	73 (36%)	63 (37%)
Missing data about sex	2 (1%)	15 (9%)				
Total	205	184				

Characteristics	Number of osteopaths (% of total)		Male (% of total)		Female (% of total)	
	2016	2017	2016	2017	2016	2017
Years post-graduation						
< 2	3 (1%)	8 (4%)	0	4 (50%)	3 (100%)	4 (50%)
2-5	38 (19%)	23 (13%)	21 (55%)	16 (70%)	17 (45%)	7 (30%)
6-10	31 (15%)	37 (20%)	13 (42%)	15 (41%)	17 (55%)	22 (59%)
>10	130 (63%)	89 (48%)	96 (74%)	61 (69%)	33 (25%)	28 (31%)
Missing data	3 (1%)	27 (15%)				
Total	205	184				
Location			Total registered osteopaths		% of registered osteopaths	
England	194 (95%)	141 (77%)	4461	4536	4%	3%
Scotland	4 (<1%)	6 (3%)	163	157	2%	4%
Wales	3 (<1%)	4 (2%)	140	142	2%	3%
N. Ireland	0	3 (2%)	24	25	0%	12%
Overseas	2 (<1%)	12 (7%)	427	448	<1%	3%
Missing data	2 (<1%)	18 (10%)				
Total	205	184				

Concerns about the clinical conduct of osteopaths

Concerns raised about osteopaths' clinical conduct still centre on communication: 'Failure to communicate effectively' – 5 (5%), 'Communicating inappropriately' – 14 (15%) and 'Failure to obtain valid consent/no shared decision-making with the patient' – 9 (10%), that is 30% of all clinical conduct complaints, although this represents a reduction from previous years (49%, 37%, 34% and 47%).

The number of complaints made about 'Conducting a personal relationship with a patient', 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' has reduced. There were 19 (20%) of all complaints about conduct, this compares with 21 (22%), 18 (18%), 30 (30%), 25 (25%) 27 (27%) in 2016, 2015, 2014 and 2013 respectively (Table 3).

The concerns raised about osteopaths' 'Failure to maintain professional indemnity insurance' in 2016 were 11, the highest level to date, this reduced to 4 in 2017.

As in previous years concerns raised about other aspects of clinical conduct were low in number, no more than 4 for any single category except 'Conduct which brings the profession into disrepute' which recorded 13 concerns in 2017.

Table 3. Concerns about the conduct of osteopaths

Type of concern about conduct	Number of concerns (% of total)*				
	2013	2014	2015	2016	2017
Failure to communicate effectively	12 (11%)	15 (15%)	17 (17%)	18 (18%)	5 (5%)
Communicating inappropriately	15 (14%)	5 (5%)	12 (12%)	18 (18%)	14 (15%)
Failure to treat the patient considerately/politely	3 (3%)	3 (3%)	4 (4%)	7 (7%)	8 (9%)
Failure to obtain valid consent – no shared decision-making with the patient	20 (18%)	14 (14%)	8 (8%)	13 (13%)	9 (10%)
Breach of patient confidentiality	3 (3%)	4 (4%)	0	0	3 (3%)
Data Protection – management/ storage/access of confidential data	4 (4%)	3 (3%)	2 (2%)	2 (2%)	2 (2%)
Failure to maintain professional indemnity insurance	0	2 (2%)	6 (6%)	11 (11%)	4 (4%)
Failure to act on/report safeguarding concerns	0	1 (1%)	0	0	0
Conducting a personal relationship with a patient	5 (5%)	6 (6%)	5 (5%)	4 (4%)	2 (2%)
Sexual impropriety	12 (11%)	13 (13%)	14 (14%)	7 (7%)	11 (12%)
Failure to protect the patient's dignity/modesty	10 (9%)	6 (6%)	11 (11%)	5 (5%)	6 (6%)
Failure to comply with equality and anti-discrimination laws	0	0	4 (4%)	1 (1%)	0
No chaperone offered/provided	3 (3%)	1 (1%)	3 (3%)	0	1 (1%)
Dishonesty/lack of integrity in financial and commercial dealings	1 (<1%)	2 (2%)	5 (5%)	4 (4%)	1 (1%)
Dishonesty/lack of integrity in research	0	1 (1%)	0	0	0

	2013	2014	2015	2016	2017
Fraudulent act(s) – e.g. insurance fraud	4 (4%)	1 (1%)	3 (3%)	4 (4%)	0
Exploiting patients – e.g. borrowing money, encouraging large gifts, charging inappropriate fees, pressuring patients to obtain services for financial gain	1 (<1%)	2 (2%)	1 (<1%)	2 (2%)	0
Forgery – providing false information in reports	2 (2%)	1 (1%)	1 (<1%)	0	0
Forgery – providing false information in research	0	0	0	0	0
Forgery – providing false information in patient records	0	0	1 (<1%)	1 (1%)	0
Disparaging comments about colleagues	2 (2%)	3 (3%)	1 (<1%)	1 (1%)	4 (4%)
Business dispute between principal and associate osteopaths	2 (2%)	0	0	0	0
Business dispute between osteopaths	5 (5%)	14 (14%)	1 (<1%)	0	1 (1%)
Business dispute between osteopaths and other	5 (5%)	1 (1%)	1 (<1%)	0	0
Unclean/unsafe practice premises	0	1 (1%)	1 (<1%)	0	1 (1%)
Not controlling the spread of communicable diseases	0	0	1 (<1%)	0	0
Non-compliance with health and safety laws/regulations	0	1 (1%)	0	0	2 (2%)
Lack of candour	n/a	n/a	0	0	1 (1%)
Conduct which brings the profession into disrepute	n/a	n/a	0	1 (1%)	13 (14%)
Failure to respond to requests for information and/or complaints from a patient	n/a	n/a	0	0	1 (1%)
Failure to respond to requests for information from the GOsC	n/a	n/a	0	0	1 (1%)
Failure to notify the GOsC of any criminal convictions or police cautions	n/a	n/a	0	0	0
Failure to co-operate with external investigations/ engage with the fitness to practice process	n/a	n/a	0	0	1 (1%)
Totals	109	100	102	102	91

Concerns about the clinical care given by osteopaths

The concerns about clinical care in 2017 were again dominated by concerns about the way treatment is delivered: 'Inappropriate treatment or treatment not justified', 'Forceful treatment', 'Treatment administered incompetently' and 'Treatment causes new or increased pain or injury', there were a total of 58 concerns, these represent nearly all (67%) of the concerns made about care, this compares to 94% in 2016. The categories that increased in volume in 2017 were 'Inadequate examination, insufficient clinical tests' (7, 8%) and 'Diagnosis/inadequate diagnosis' (9, 10%) (Table 4).

Table 4. Concerns about clinical care of osteopaths

Type of concern	Number of concerns (% of total)*				
	2013	2014	2015	2016	2017
Inadequate case history	2 (2%)	2 (1%)	2 (2%)	4 (3%)	3 (3%)
Inadequate examination, insufficient clinical tests	2 (2%)	3 (2%)	4 (4%)	8 (6%)	7 (8%)
Diagnosis/inadequate diagnosis	10 (11%)	6 (4%)	4 (4%)	4 (3%)	9 (10%)
No treatment plan/inadequate treatment plan	1 (1%)	5 (3%)	3 (3%)	4 (3%)	4 (4%)
Failure to refer	5 (6%)	4 (3%)	2 (2%)	3 (2%)	4 (4%)
Inappropriate treatment or treatment not justified	15 (17%)	27 (19%)	18 (17%)	29 (23%)	16 (18%)
Forceful treatment	4 (5%)	14 (10%)	9 (8%)	15 (12%)	5 (6%)
Treatment administered incompetently	1 (1%)	22 (16%)	11 (10%)	10 (8%)	3 (3%)
Providing advice, treatment or care that is beyond the competence of the osteopath	0	3 (2%)	6 (6%)	2 (2%)	1 (1%)
Treatment causes new or increased pain or injury	34 (39%)	42 (30%)	42 (39%)	40 (31%)	34 (38%)
Failure to maintain adequate records	4 (5%)	2 (1%)	1 (1%)	4 (3%)	2 (2%)
Value for money	7 (8%)	7 (5%)	5 (5%)	3 (2%)	2 (2%)
Termination of osteopath- patient relationship	2 (2%)	2 (1%)	1 (1%)	2 (2%)	0
Total	87	139	108	128	90

* for simplicity, percentages are presented in round numbers and therefore do not always add to 100%

Criminal convictions and cautions.

Table 5 shows data relating to criminal convictions and cautions. Concerns recorded in these categories remain very small.

Table 5. Summary of concerns about criminal convictions and police cautions.

Type of concern	Number of concerns (% of total)*				
	2013	2014	2015	2016	2017
Criminal convictions					
Common assault/battery (patient or other)	0	1 (16%)	0	0	0
Actual/grievous bodily harm (patient or other)	0	1 (16%)	0	0	0
Public order offence (e.g. harassment, riot, drunken and disorderly and racially aggravated offences)	1 (33%)	1 (16%)	0	1	0
Manslaughter/Murder (attempted or actual)	0	0	0	0	0
Driving under the influence of alcohol or drugs	1 (33%)	1 (16%)	1 (100%)	0	2 (100%)
Drug possession/dealing/trafficking	0	1 (16%)	0	0	0
Conspiracy to supply	0	0	0	0	0
Sexual assaults	1 (33%)	1 (16%)	0	0	0
Child pornography	0	0	0	0	0
Rape	0	0	0	0	0
Police Cautions					
Common Assault/ battery	n/a	n/a	0	0	0
Drug possession/dealing/trafficking	n/a	n/a	0	1	0
Criminal damage	n/a	n/a	0	0	0
Theft	n/a	n/a	0	0	0
Procession of indecent images	n/a	n/a	0	0	0
Total	3	6	1	2	2

** for simplicity, percentages are presented in round numbers and therefore do not always add to 100%*

Concerns about adjunctive therapies

The number of concerns raised about adjunctive therapies, *e.g.* acupuncture, kinesiology and naturopathy remain very small in number.

Table 6. Concerns about adjunctive therapies given by osteopaths

Type of concern	Number of concerns (% of total*)				
	2013	2014	2015	2016	2017
Acupuncture	2 (100%)	3 (100%)	1 (100%)	1 (50%)	2 (100%)
Applied kinesiology	0	0	0	1 (50%)	0
Naturopathy	0	0	0	0	0
Total	2	3	1	2	2

** for simplicity, percentages are presented in round numbers and therefore do not always add to 100%*

Concerns about health and fitness to practise

This category was added in 2015 to capture concerns raised about the mental and physical health of osteopaths and their ability to practise. One concern was raised about an osteopath's health in 2015, 3 in 2016 and 6 in 2017.

Discussion

Profile of osteopaths who have concerns and complaints raised about them

This is the second year of data collection about the profile characteristics of those osteopaths who had complaints and concerns raised about them. Overall the data show that it is the longest serving osteopaths rather than the more newly trained and registered osteopaths who had concerns or complaints made against them. More male osteopaths were complained about than females (63% male) and the majority had been practising 10 years or more (63%). However we can also see that there is a similar trend for females, that is, those that have more years in practice have more complaints made about them. The lower number of female osteopaths complained about may be, in part, due to females working less hours than men, as indicated in other surveys⁵. This finding highlights the need for continuing

professional development and the focus of the new CPD system to target the specific areas of concern such as communication and professionalism⁶.

There were around 5,300 registered osteopaths at the end of 2017⁷ and there were 184 osteopaths who had a complaint or concern raised against them, this represents 3.5% of the registered osteopaths. When we consider that there are around 30,000 consultations every working day in the UK⁷, the total number of concerns and complaints raised are proportionately very low.

Concerns about osteopaths' advertising

The number of concerns recorded in 2017 about osteopaths' advertising decreased as the campaigners who have raised concerns about unsubstantiated advertising claims made by osteopaths ceased to raise new concerns. We hope better advertising practice by osteopaths and the proactive stance the profession has taken to ensure advertising complies with the law relating to the UK Advertising Standards Authority's (ASA) Code of Advertising Practice⁸ continues to make a difference in this area.

Concerns about Treatment delivery

Concern about treatment delivery was still an issue 'Treatment causes new or increased pain or injury' and 'Inappropriate treatment or treatment not justified' were fewer than those made in 2016 but remain the major source of concerns raised.

In the last report of concerns and complaints we highlighted that the UK population is ageing and that the demographic profile of osteopathic patients will also age. Consequently the care of patients with complex and long term conditions will become more demanding, indicating a need for more specialist training and gentle treatment protocols.

Patient centred care

Concerns about 'Failure to obtain valid consent' and 'No shared decision-making with the patient' went from 20 to 14 to 8 to 13 to 9 over the five years of collecting data. These data indicate a decline overall suggesting that the continued efforts in educating UK osteopaths about gaining consent is making a difference in clinical practice.

Inappropriate conduct

The number of concerns and complaints made about 'Conducting a personal relationship with a patient', 'Sexual impropriety' and 'Failure to protect the patient's dignity/modesty' (19) were increased from those in 2016 (16) but fewer than 2015 (30), 2014 (25) and 2013 (27). Continued vigilance is required in this area and

recent research commissioned by the GOsC into touch and boundaries has shown that this is a complex area requiring in-depth understanding of the nature of these concerns and complaints, why they occur, and in what circumstances⁹.

Conclusions

The data have remained fairly consistent over the last five years. It will be valuable to continue monitoring the concerns and complaints over the next five years to determine the impact and effect of the newly revised UK Osteopathic Practice Standards and the new GOsC continuing professional development scheme.

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