
Concerns and claims in osteopathy

widening understanding beyond complaints to the regulator

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General
Osteopathic
Council

Identifying risk, understanding concerns

- What goes wrong, how often, what's the full picture?
 - GOsC 'Adverse Events' initiative – Project 3: Complaints and claims against osteopaths: a baseline study. Leach J, Fiske A, Mullinger B, Ives R, Mandy A. The CONDOR Consortium, 2011
 - Dealing with concerns: the regulator, professional indemnity insurance providers, professional association
 - Recommendation for collaboration: adopting a common system for classifying and counting concerns, complaints and claims



Our common aims

- Reducing number of complaints/claims, ‘preventing small problems becoming big problems’, identifying effective interventions:
 - establish nature and prevalence of complaints/claims against osteopaths
 - better understand circumstances giving rise to complaints
 - potentially monitor trends from year to year
 - Use findings to inform education and guidance for osteopaths and students; improve performance and quality of care



Engaging partners

- Challenge of transforming a one-off research project into longer-term collaboration
 - Clarity around shared aims and benefit to the organisations, and alive to how these might change over time
 - Working together to develop, apply and regularly review/improve a common system for classifying and counting concerns
 - Trust and on-going engagement: strengthening relationships



Data sources

- General Osteopathic Council: regulator dealing with most complaints raised about osteopaths and osteopathic services
- Providers of osteopathic indemnity insurance – c. 85% of UK osteopaths, dealing with claims against osteopaths
- Institute of Osteopathy (formerly British Osteopathic Association) – represents c. 70% of UK-registered osteopaths



Data classification

- Common system for classifying all concerns raised with the organisation – applied across all case management systems
- 54 categories of concern, across four themed groups: conduct; clinical care; convictions; adjunctive therapies
 - *Conduct*: ‘failure to obtain valid consent’, ‘breach of patient confidentiality’
 - *Clinical care*: ‘no diagnosis/inadequate diagnosis’, ‘inappropriate treatment’
- Classification system annually reviewed and adjusted



Data collection

- All complaints and claims against osteopaths between January and December each year – to date 2013 and 2014 data
- Concerns recorded at point when complaint or claim is first received, regardless of whether these result in formal investigation
- Mechanisms applied for minimising duplication of data



Data analysis

- National Council for Osteopathic Research (NCOR) – independent analysis addresses commercial competition concerns
- Data submission: annually in January
- NCOR analysis and independent report: March
- Annual report shared with data providers
- Data providers liaise through the year, meeting periodically and annually reviewing classification system and data collection



Findings

- Concerns recorded in 2013: 203
Concerns recorded in 2014: 257
- By category for 2013-14 (total for 2013/14 = 460)
 - Conduct: 221 (48%)
 - Clinical care: 225 (49%)
 - Convictions: 9 (2%)
 - Complaints relating to adjunct therapies: 5 (1%)



Findings – conduct

Most prevalent conduct-related issues in 2013-14 (221)

- 34 (15%) – failure to seek valid informed consent/no shared decision-making with patient
- 27 (12%) – failure to communicate effectively
- 25 (11%) – sexual impropriety
- 20 (9%) – communicating inappropriately
- 20 (9%) – business disputes
- 16 (7%) – failure to respect patient’s dignity/modesty



Findings – clinical care

Most prevalent clinical care issues in 2013-14 (225)

- 76 (33%) – increased pain or injury
- 42 (19%) – inappropriate or unjustified treatment
- 23 (10%) – treatment administered incompetently
- 18 (8%) – forceful treatment
- 16 (7%) – no diagnosis/inadequate diagnosis
- 14 (6%) – (not) value for money



Most prevalent concerns

Overall in 2013-14 (of total 460)

- 76 (16%) – increased pain or injury
- 42 (9%) – inappropriate or unjustified treatment
- 34 (7%) – failure to seek valid informed consent/
no shared decision-making with patient
- 27 (6%) – failure to communicate effectively
- 25 (5%) – sexual impropriety
- 23 (5%) – treatment administered incompetently
- 20 (4%) – business disputes



Widening our understanding of problems

- Richer, more ‘textured’ data than that arising from GOsC fitness to practise processes
- Better understanding of root causes of concerns – what causes patients/others to contact us?
- Allows us to distinguish between potential areas for improvement within/outside of the regulators’ remit – e.g. business disputes
- What are the critical issues for the profession to address?
- Coordinated collegiate approach to raising standards, strengthening practice, addressing problem areas – regulator, educators, professional association



Emerging actions

- Mapping against other research findings – e.g. increased pain after treatment. CROaM Study 2012: 1 in 2 patients experience discomfort for 24-48 hours after manual therapy². Further research?
- Improving patient information
- Identify education/training needs: advice to undergrad/post-grad education providers
- CPD resources: further GOsC e-learning; media articles, etc.
- Targeted GOsC guidance for osteopaths – informing review of the *Osteopathic Practice Standards*
- Revised CPD scheme for osteopaths proposes mandatory learning to support improved patient-practitioner communication and consent



Reflections

- Demonstrates that it is possible – and desirable – to apply a common classification system
- Broadening scope of data beyond the regulator provides for a much finer understanding of problems
- Value in strengthening relations between diverse organisations with shared interest in raising standards, reducing complaints
- Consistent messages from regulator, professional association, insurers
- “Soft” evidence is more compelling for registrants
- Clear caveats: everything classed as a potential concern, no assessment of severity; exercise caution in identifying trends – data collection/classification limitations



Further information

- *Types of concerns raised about osteopaths and osteopathic services in 2013*. National Council for Osteopathic Research, 2014.
www.osteopathy.org.uk → News and resources → Research and surveys → GOsC research → Common classification of complaints and concerns
- (Ref 1) GOsC 'Adverse Events' initiative – Project 3: *Complaints and claims against osteopaths: a baseline study*. Leach J, Fiske A, Mullinger B, Ives R, Mandy A. The CONDOR Consortium, 2011.
www.osteopathy.org.uk → News and resources → Research and surveys → GOsC research → Adverse Events
- (Ref 2) GOsC 'Adverse Events' initiative – Project 4: *Clinical Risk, Osteopathy and Management – the CROaM Study*. Vogel S, Mars T, Keeping S, Barton T, Marlin N, Froud R, Eldridge S, Underwood M, Pincus T. 2012.
www.osteopathy.org.uk → News and resources → Research and surveys → GOsC research → Adverse Events



Thank you

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