

Trends in complaints and claims against osteopaths

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The research team

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The Steering Group

- **Tim McClune**, NCOR member, Osteopath, former member of GOsC Professional Conduct Committee.
- **Bernadette Ranger**, Service User Representative and Admissions Officer at the European School of Osteopathy
- **David Balen**, Director of Balens Specialist Insurance Brokers and lecturer on risk management at two osteopathic colleges
- **Paul Grant**, legal advisor to this project, Solicitor, Osteopath, Chairman of Board of Governors of the College of Osteopaths
- **Professor Julie Stone** MA LLB, Barrister (non-practising), Consultant on regulatory, legal and ethical services to the healthcare sector
- **Catherine Goodyear**, representing the British Osteopathic Association (BOA)
- **Asgar Hassanali**, Executive Director, Lockton Affinity (a provider of professional indemnity cover for osteopaths) from September 2008



A pilot project

Osteopathic complaints had not been researched before, and as a topic tends to strike fear into the heart of the practitioner



The research questions

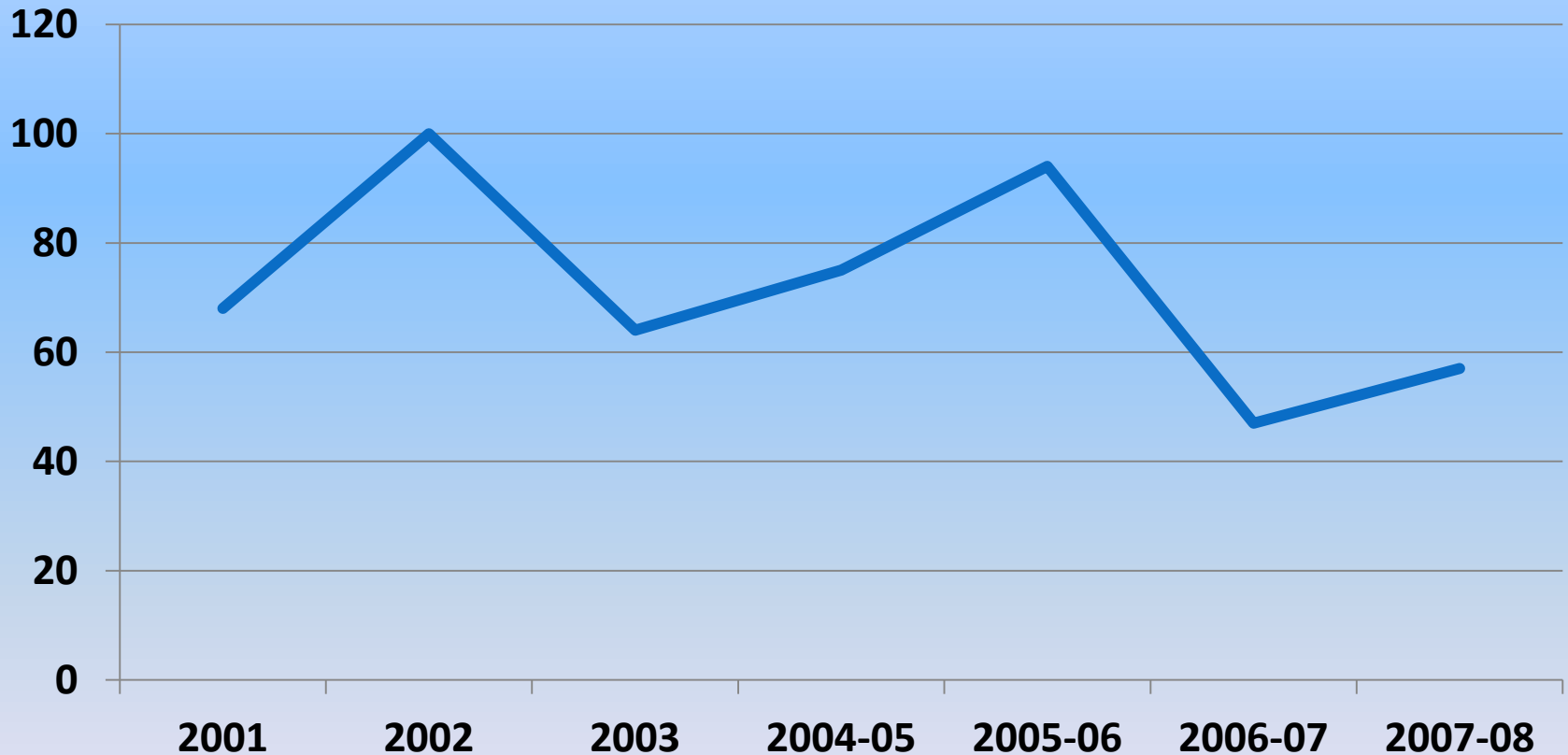
- What is the frequency and character of complaints made by patients about osteopathic care?
- To whom are complaints made?
- Can we gain understanding of the nature of the complaint and the circumstances leading to complaints?

The project phases

1. Literature review
2. Collect Data from GOsC and Insurers
3. Develop a classification scheme for complaints
4. Analyse frequencies and trends in complaints
5. Interview study to gain understanding of why patients complain

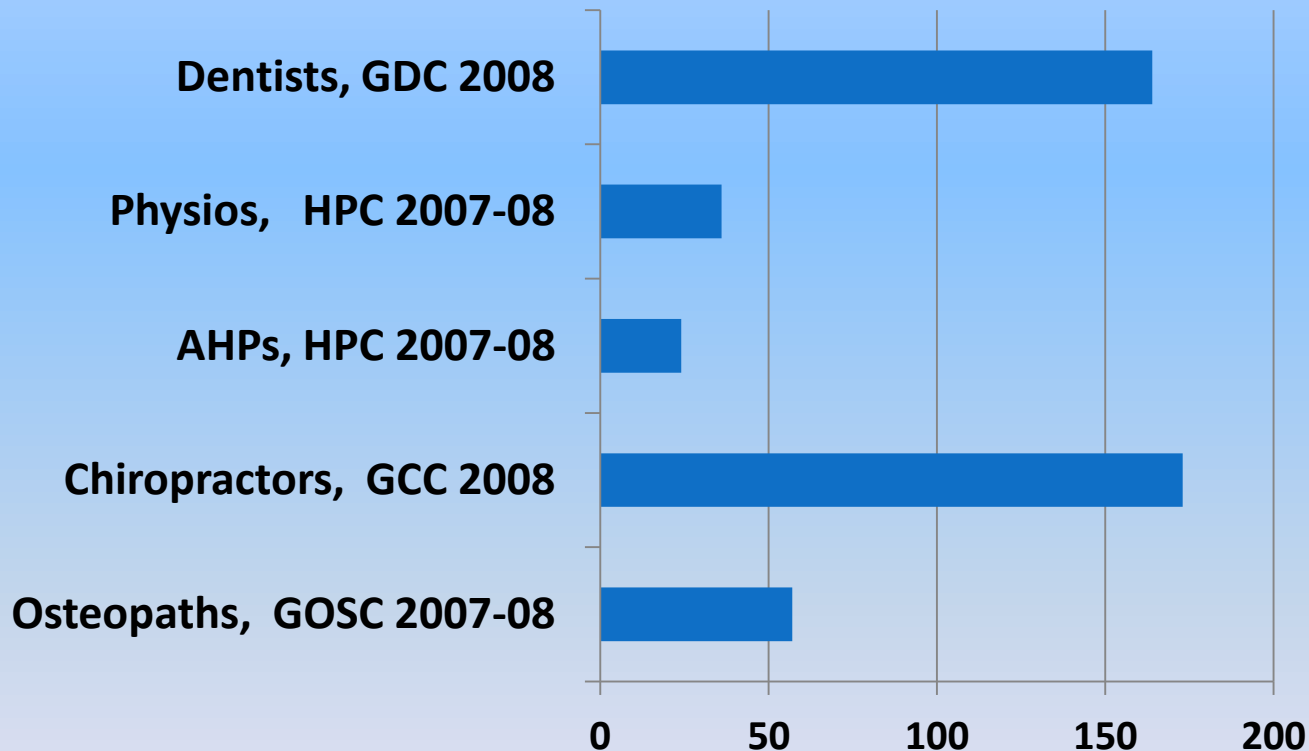
Published figures for osteopathic complaints, GOSC reports

Rates per year per 10,000 registrants



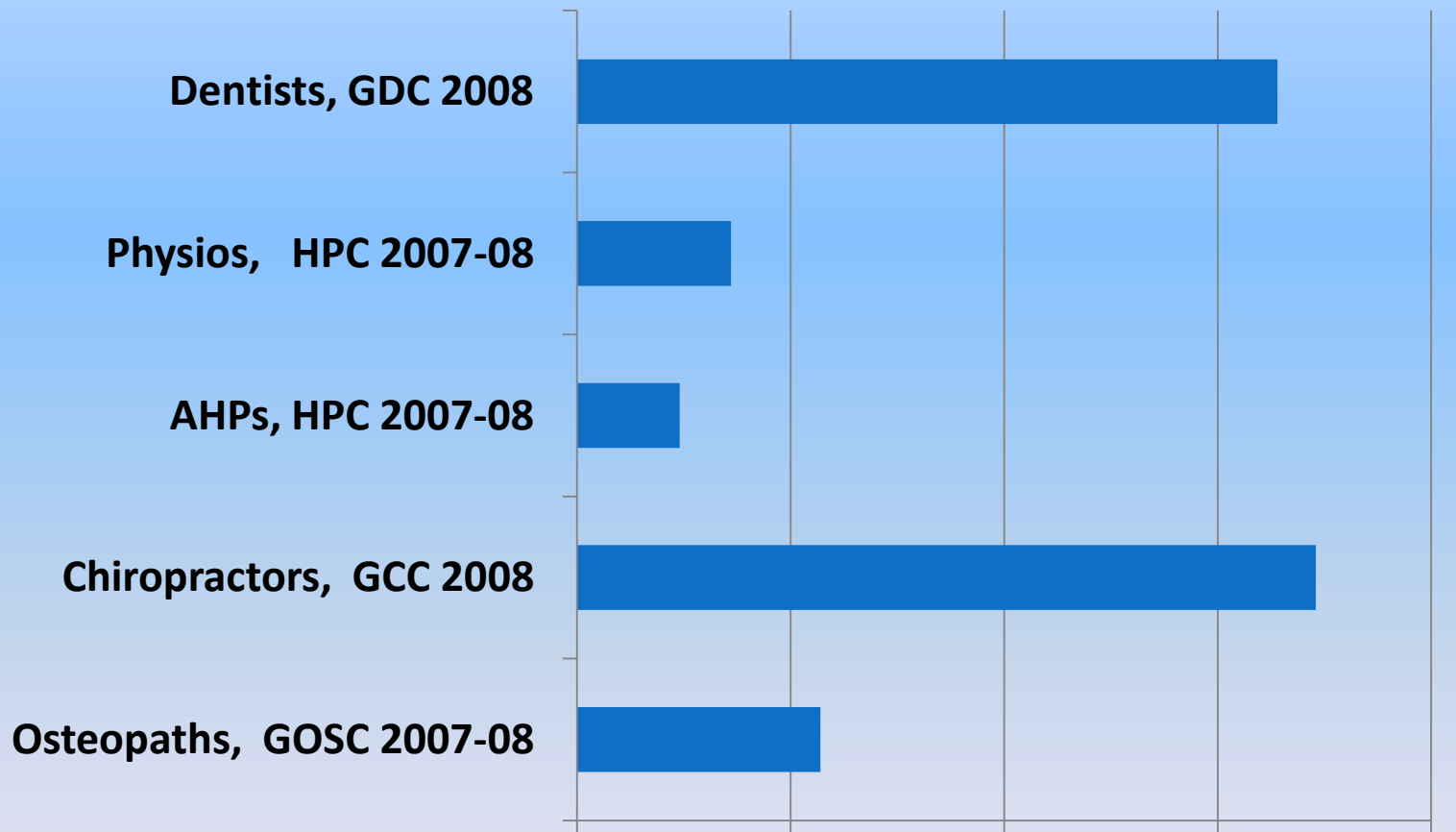
How do published rates compare between different regulators?

Rates per year per 10,000 registrants

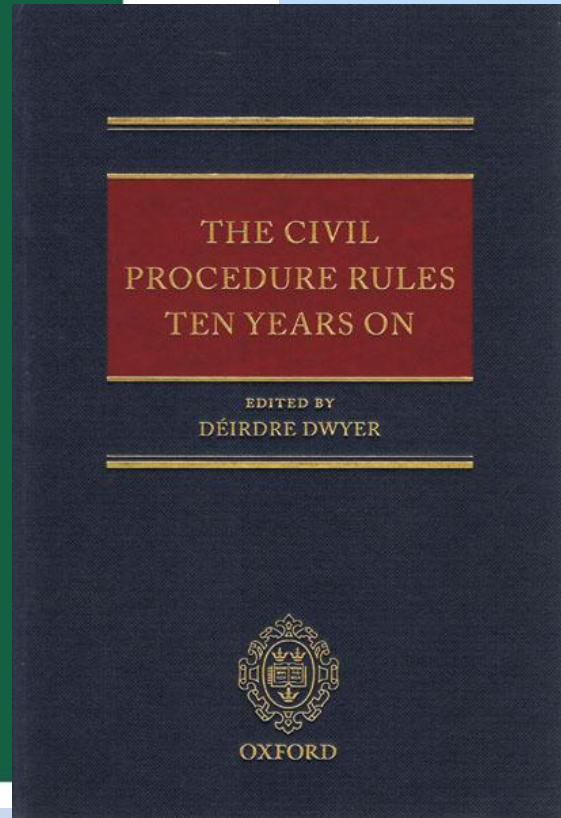
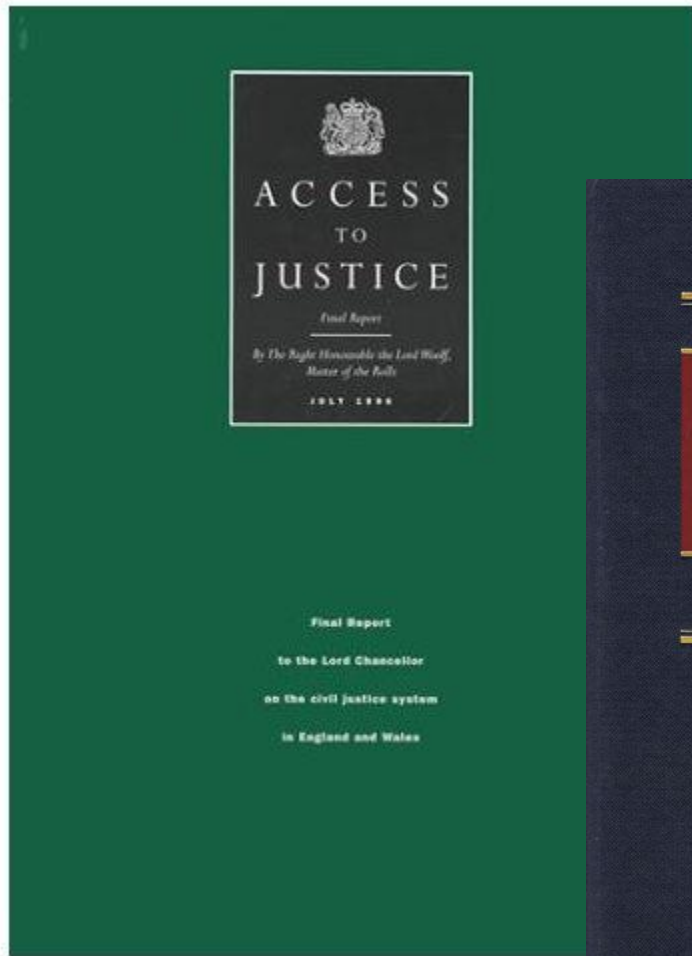


Statistics from health regulators in UK

Standardised rates – Hearings per year per 10,000 registrants



Lord Woolf's reforms the civil procedures for litigation in 1996



Department of Health introduces more patient-centred complaints handling in the NHS in 2009

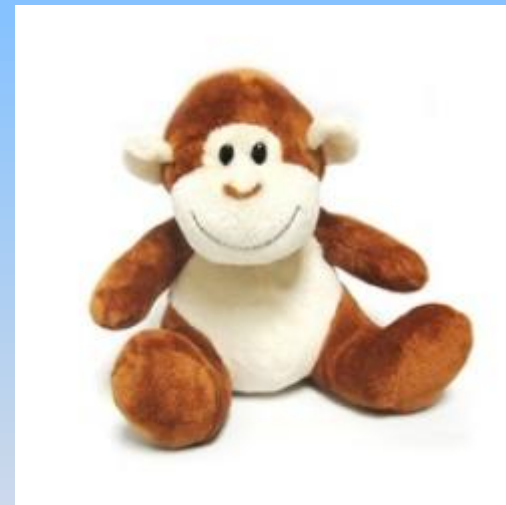


Changing professional attitudes

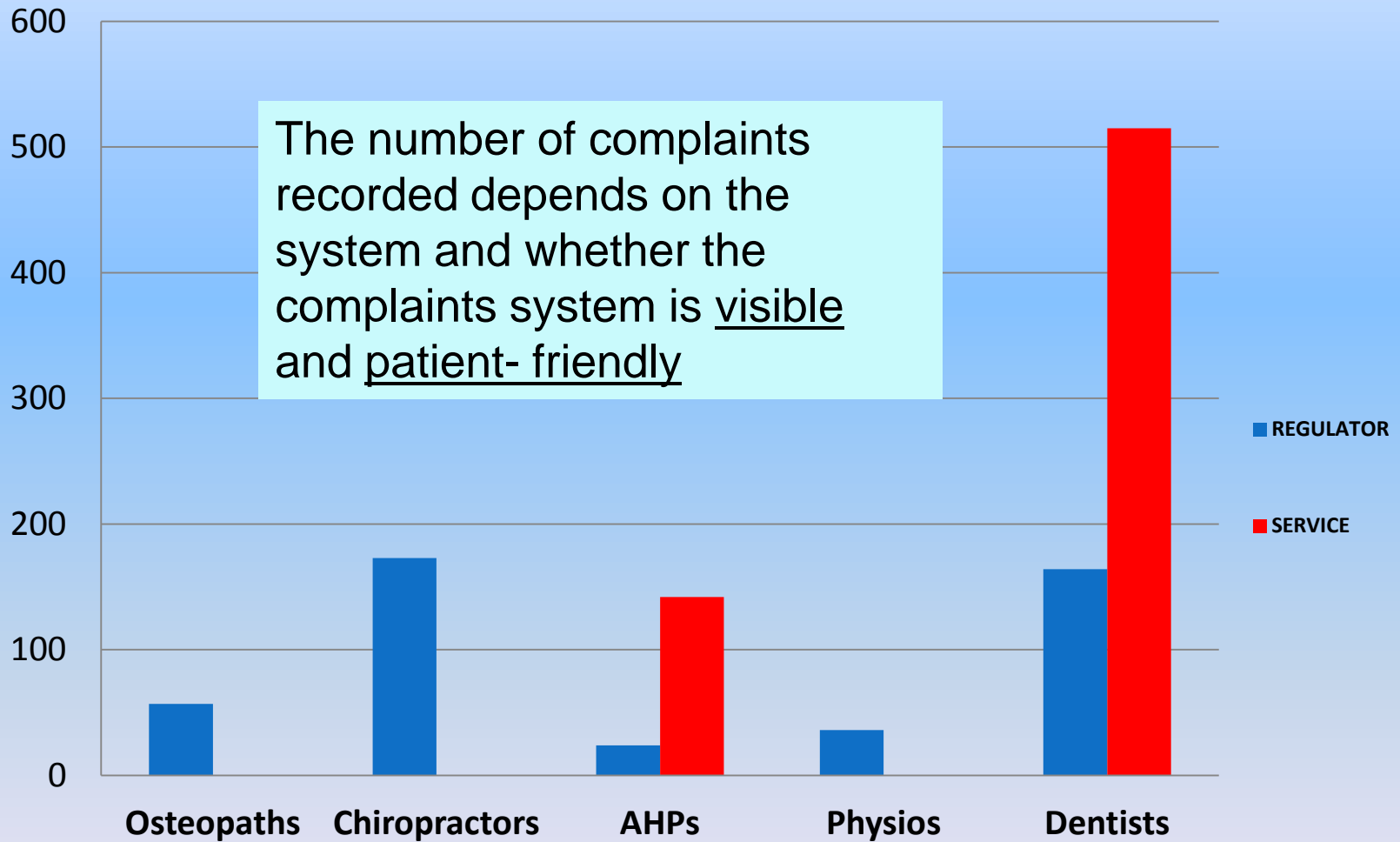
Denial and Litigation



Listening, learning



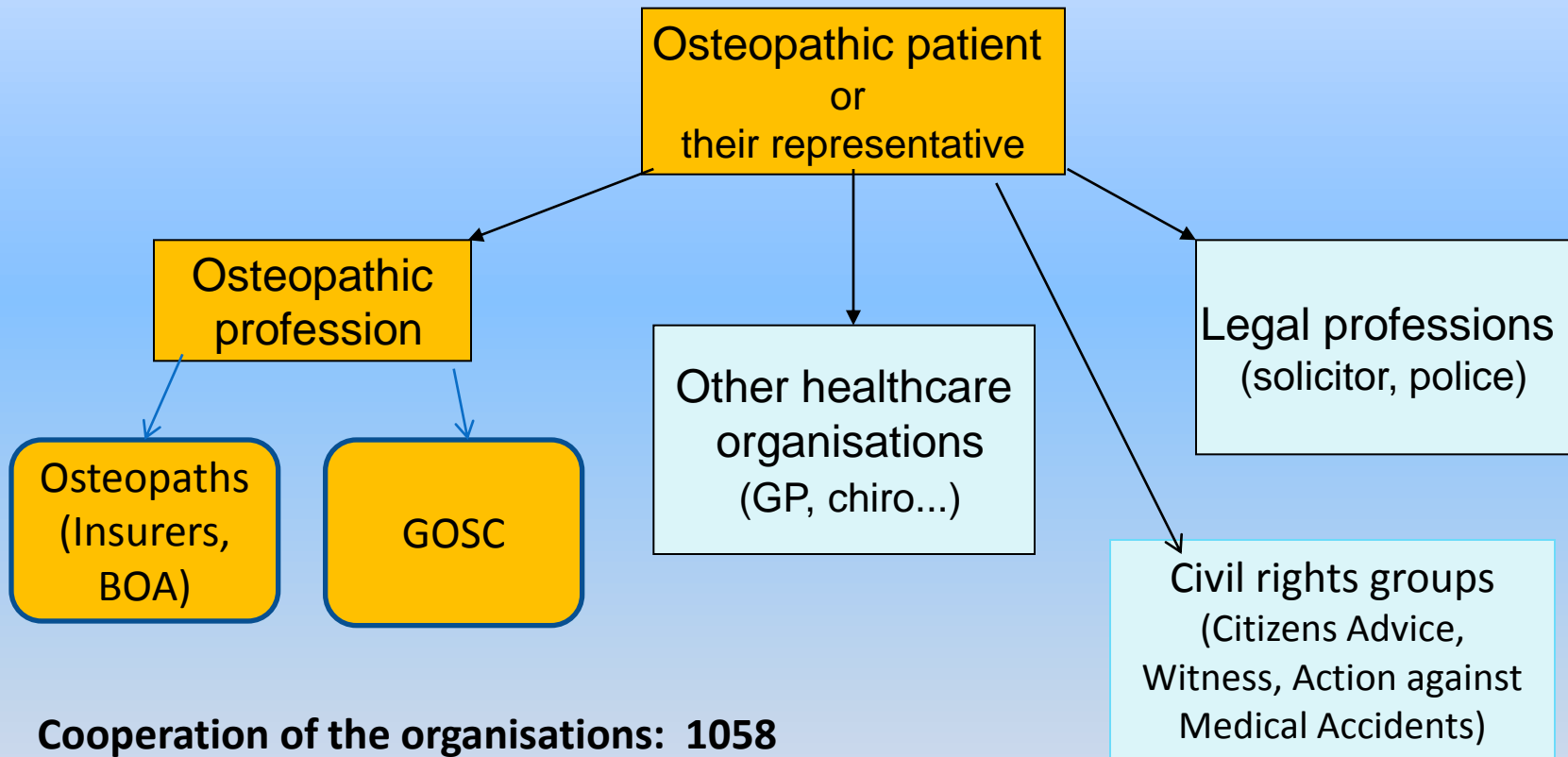
Comparing rates of complaint 2007-08 to the regulator and within the service



Phase 2

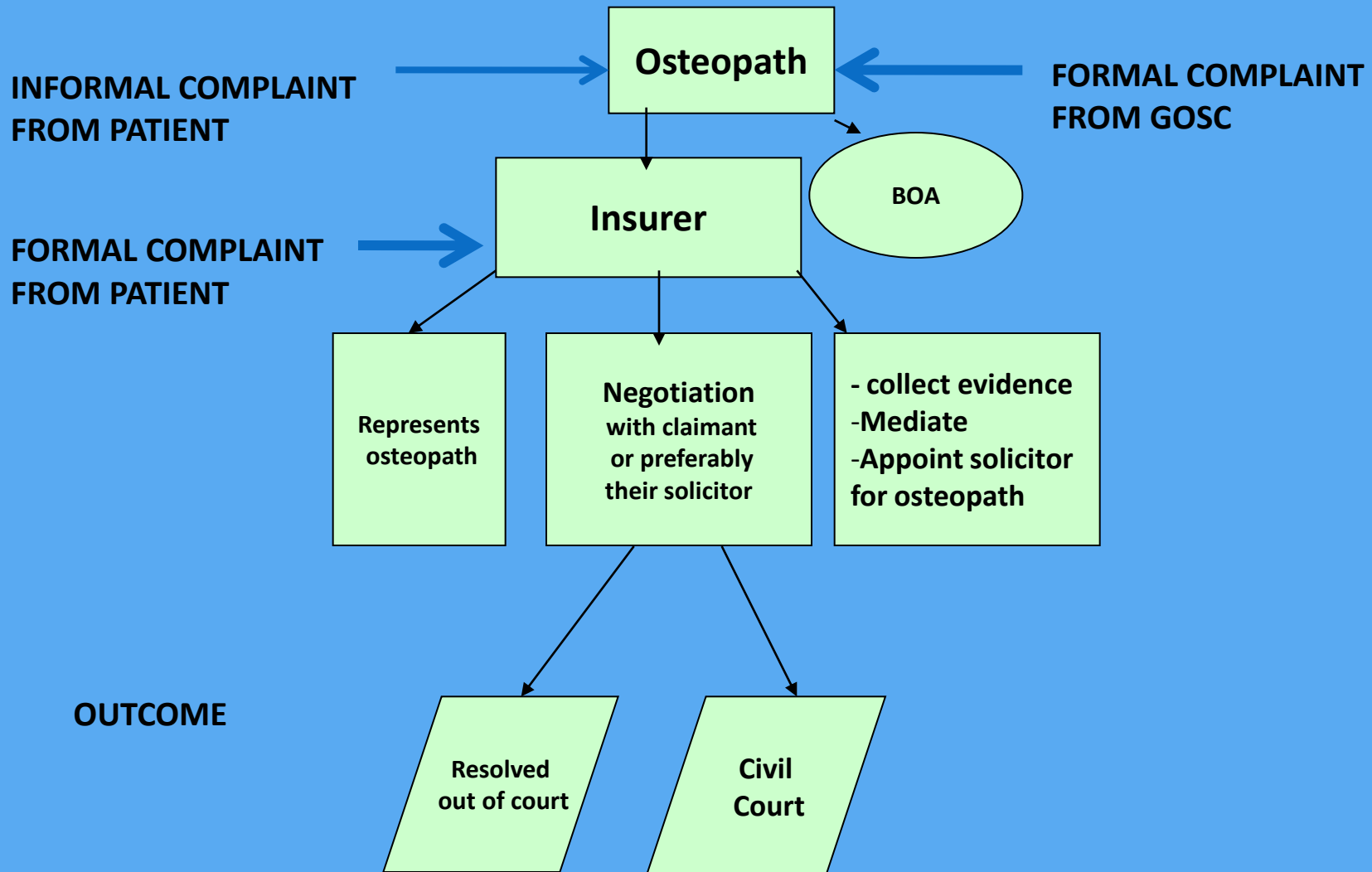
Collecting data on osteopathic complaints

Which organisations hold data on osteopathic complaints?

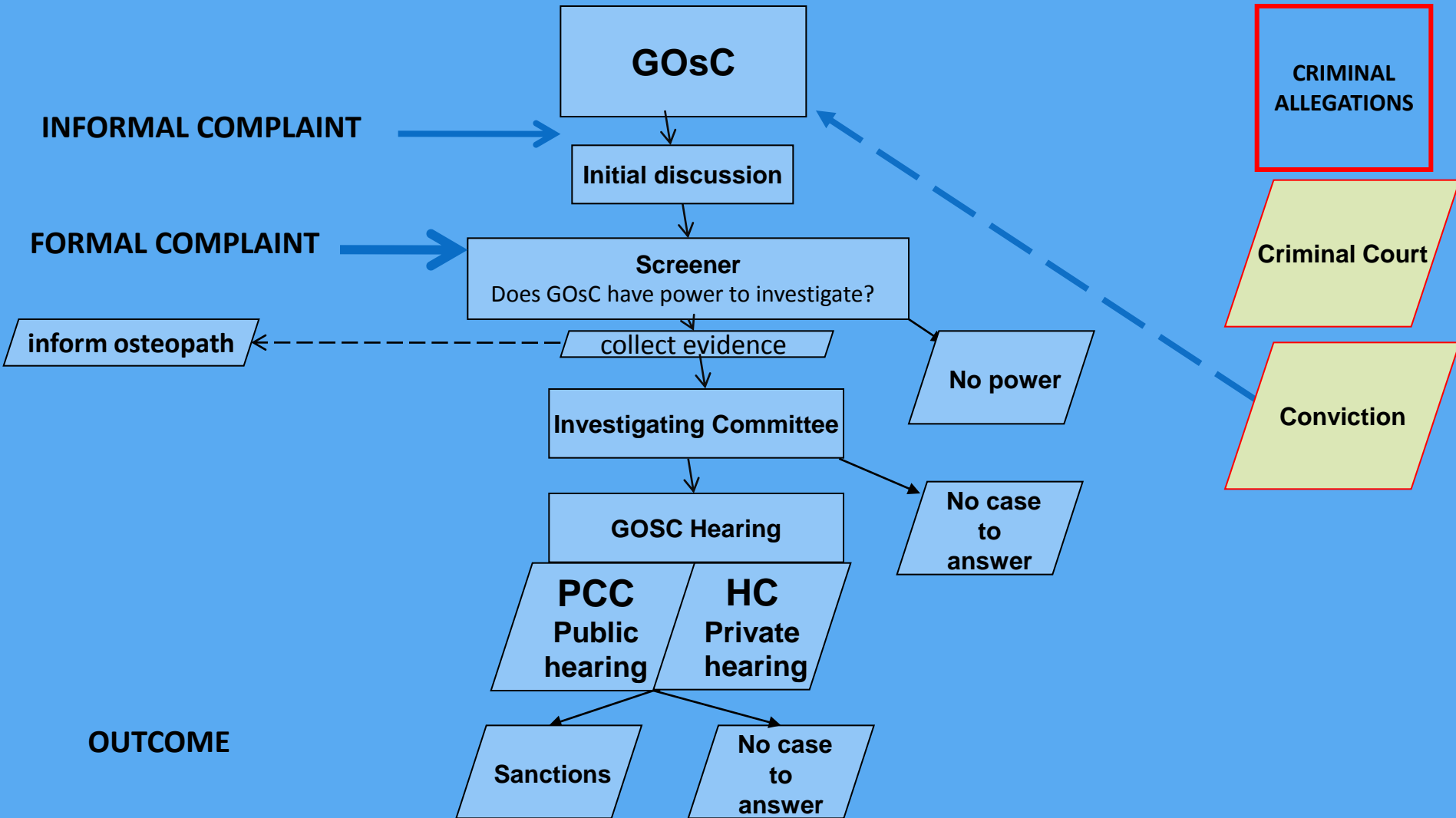


Cooperation of the organisations: 1058 complaints records supplied for 2004-08

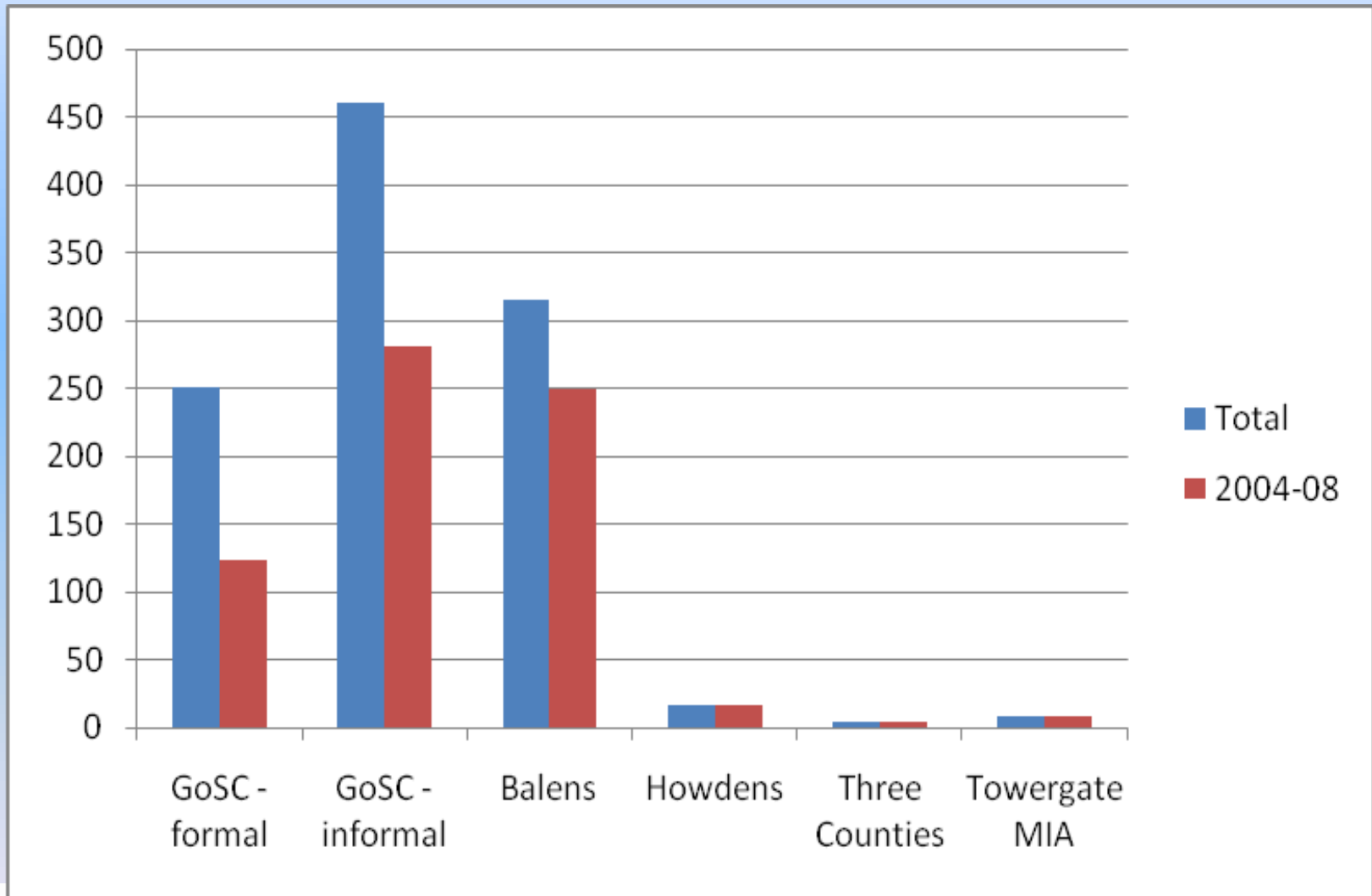
The osteopath route: complaint handling



The Regulator route: fitness to practice



Data supplied: 1058 complaints records for 2004-08



Phase 3 : A new classification of complaints by type

CONDUCT AND COMMUNICATION

Professional relationships
Consent
Communication
Boundaries
Conduct/Behaviour

CLINICAL CARE

Ineffective treatment
Substandard practice
Inappropriate diagnosis
Adverse event

OTHER TYPES

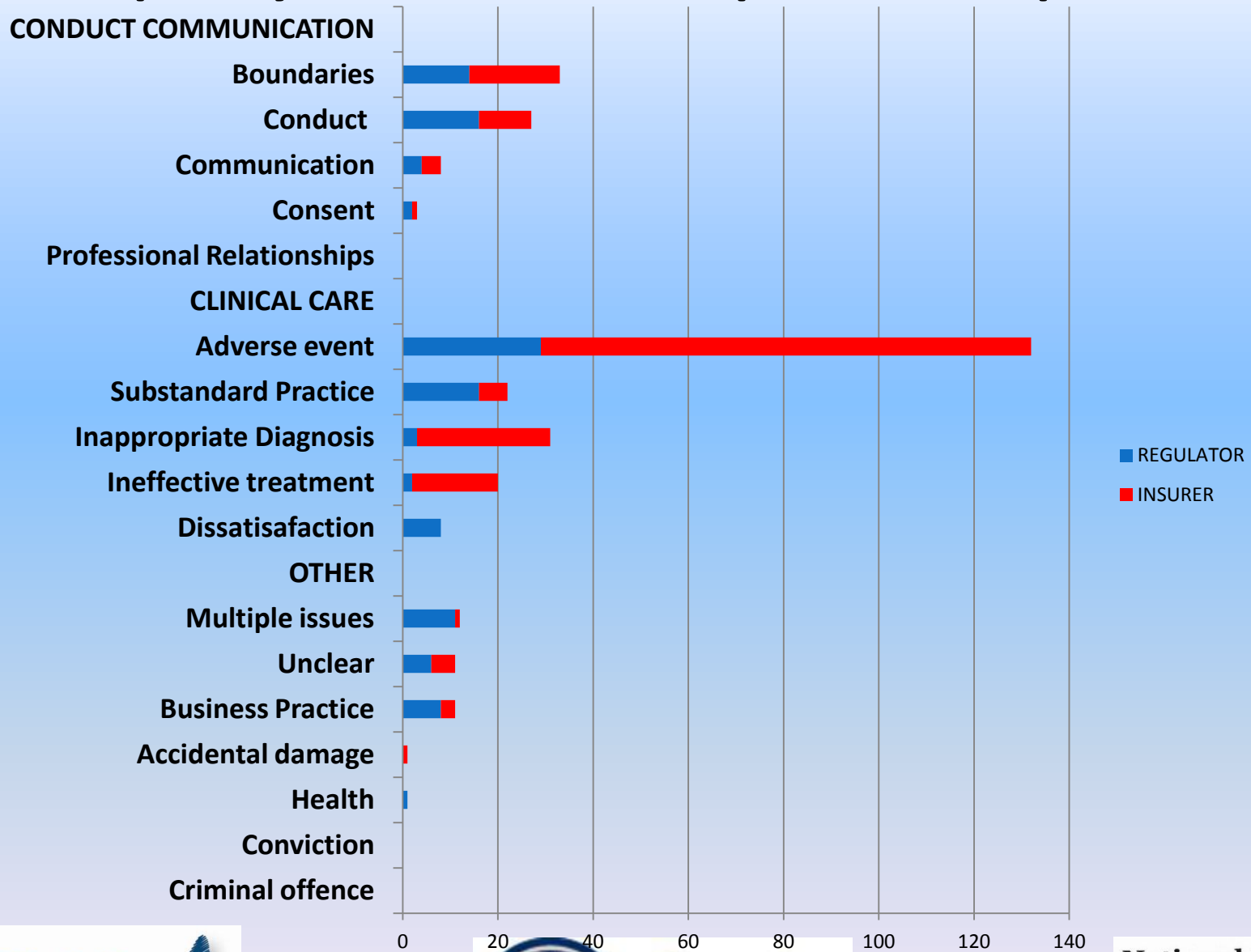
Business practice
Accidental damage
Fitness to practise impaired
by health

Phase 4

Analysis of quantitative data

- Frequencies
- Character (type) of complaint
- Trends
- To whom complaint is made

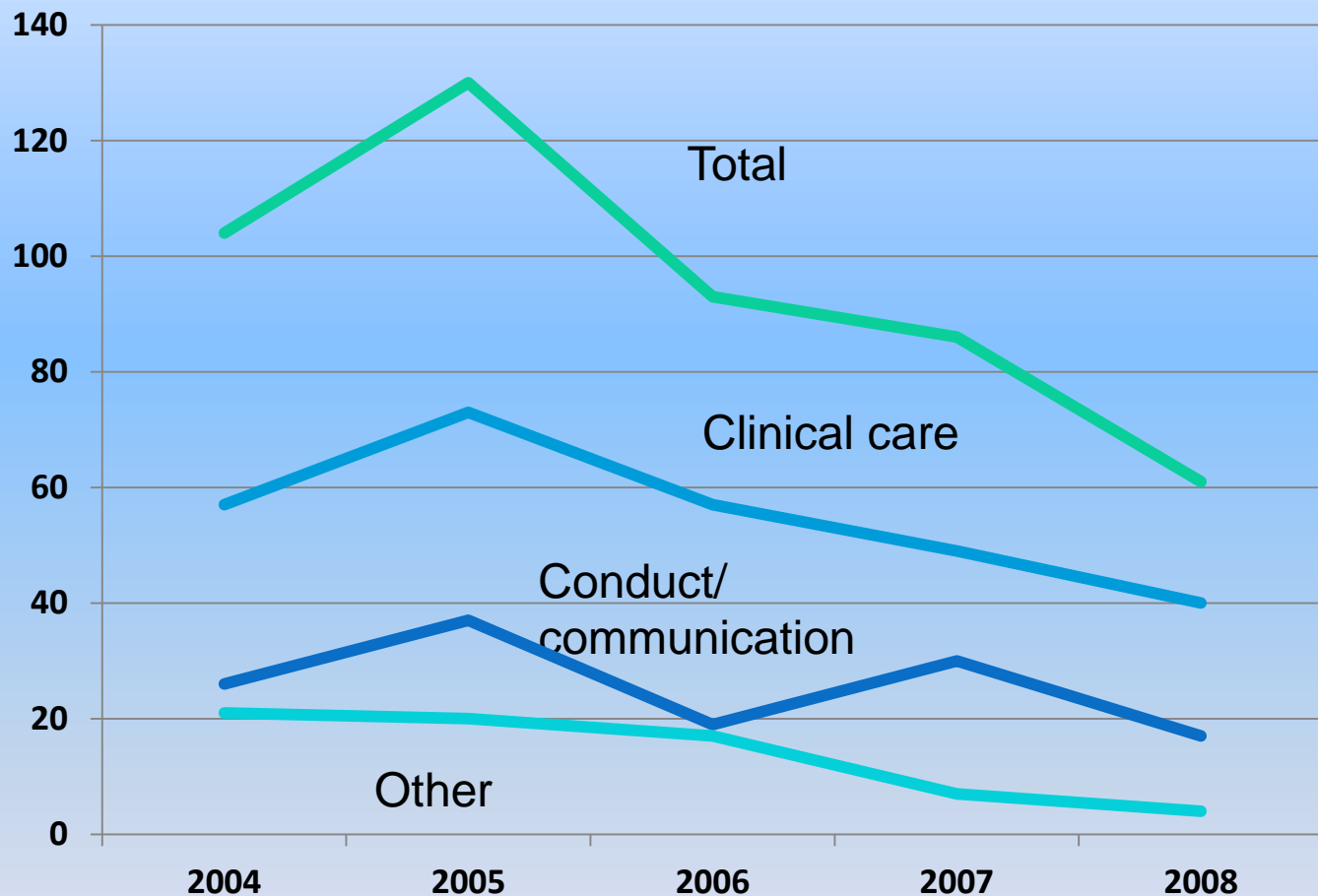
Frequency and character of patient complaints



Adverse events were by far the largest reason for complaints

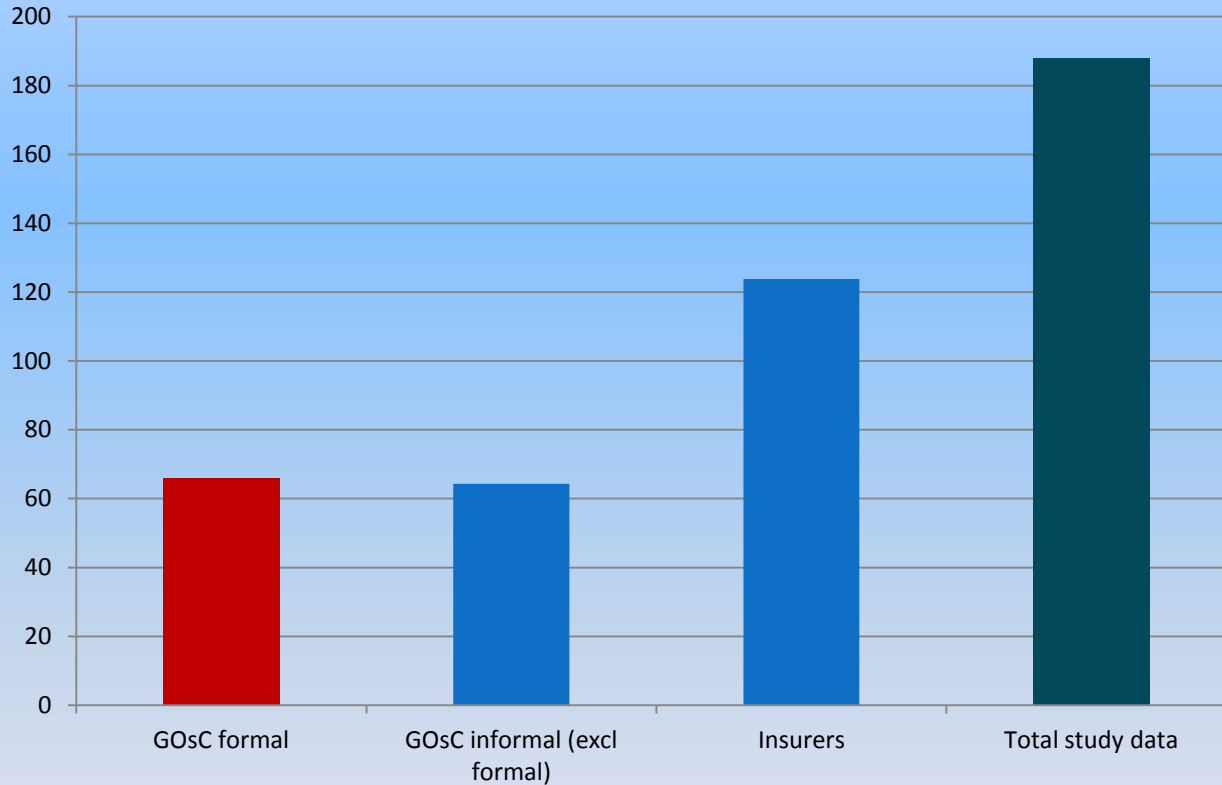


Trends in complaints by year and complaint type

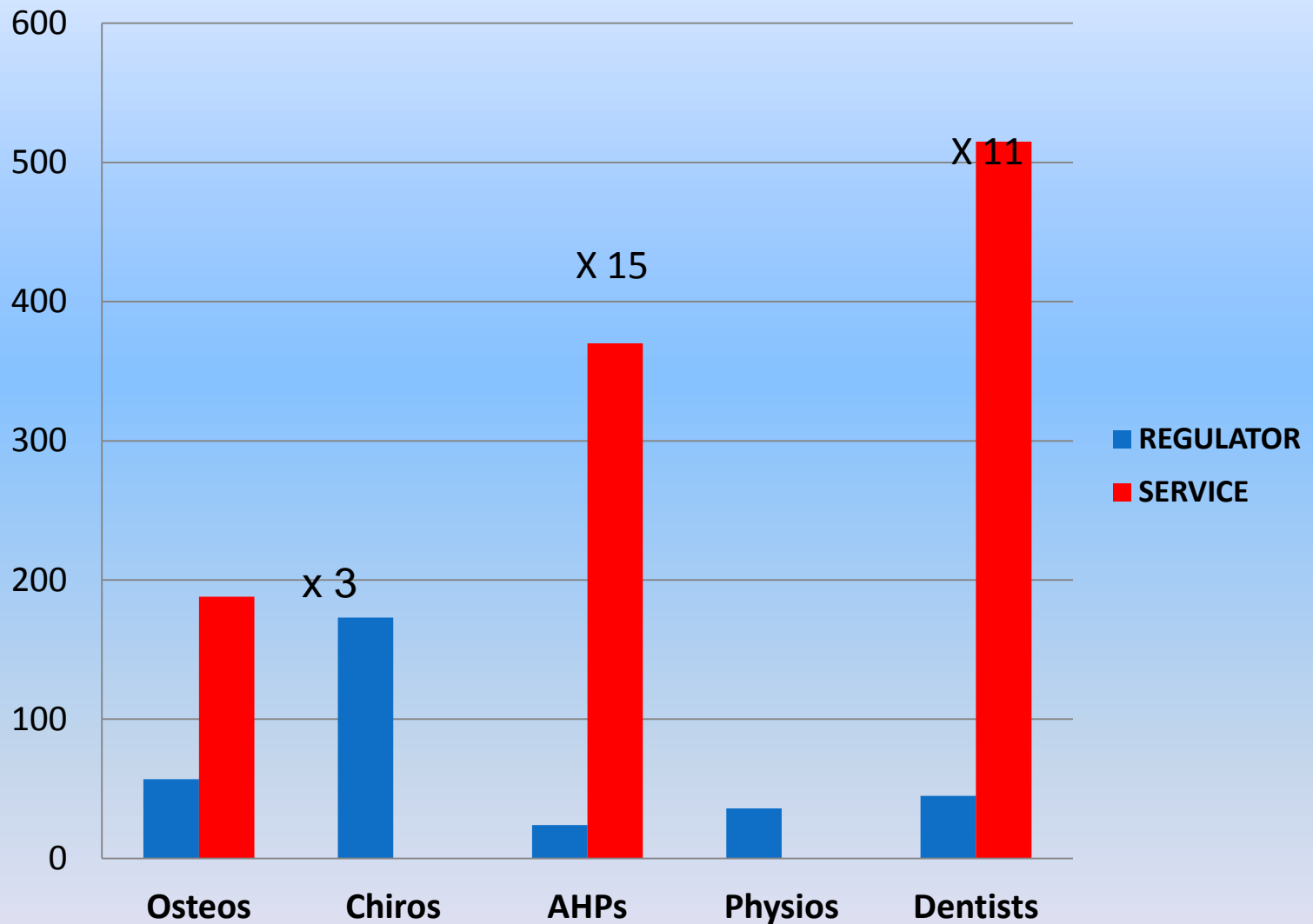


New data in blue, for 2004-2008

Complaints rate per 10,000 per annum



Annual rates of complaint, including new osteopathic data



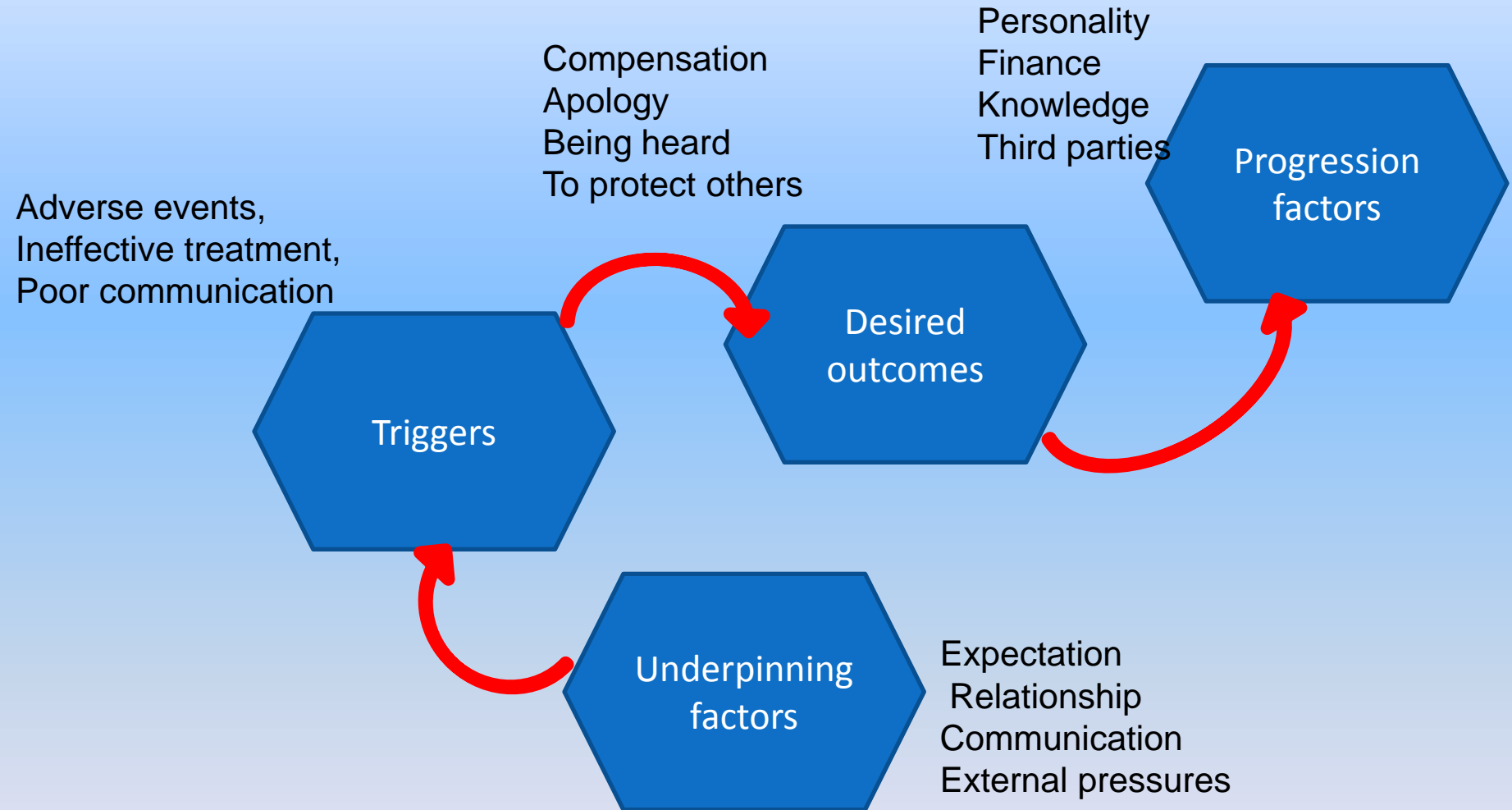
Phase 5

Gaining understanding of complaints

Qualitative Methods: interviews

- 5 interviewees were experienced staff who deal with complaints
- Interviews transcribed and analysed thematically
- Validation by 2 researchers and interviewees

Themes: Genesis of a complaint



Underpinning factors

- External pressures
- Relationship
- Expectation

“stressful situations.. Problems in their life ..”

“Giving the patient the reassurance that if you’re unhappy, just pick up the phone”

“Some people think they-re going to get a quick fix”
“the danger area for a lot of stuff is the first appointment”

Triggers

- Practice eg diagnosis

They have paid for something and it hasn't worked.. Especially if they feel there's been a misdiagnosis"

- Adverse event

"A significant pain caused by manipulation.."
"in more pain now than .. Before the went to see the osteopath"

- Boundaries

"flippant remarks" "comments about underwear"
"some funny story about level of undress of another patient"

Desired Outcomes

- Financial compensation

“Early patients are very much financially motivated”

“you have done this to me you need to pay”

- Protecting others

“an element of philanthropy..”

- Need to be heard

“All I wanted to do was to be heard”

- Apology/ recognition

“they want someone to stand up and say yes it was my fault”

“make it known that this person has done what they are alleging”

Resolution factors

- Financial

If some agreement can be reached over fees, there's a chance it won't become a formal complaint

- Knowledge

"The culture has changed dramatically"

- Personality

".. extroverts.. they'll come into the clinic and read the riot act"

- Third parties

"People go away and talk to their friends"
"the patient who swaps practitioners"

Communication

- First appointment

“Nowhere else .. are you in your underwear, bending over and touching your toes, being watched”

- On going

“Making sure the patient knows exactly what they’re paying for... all the time”

- Outcomes

The patients who’s been for the tenth appointment and its just been a series of promises”

- Conflict resolution

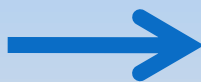
“there’s been a lot of aggression... heat and emotion... they’re very upset and very angry”

Conclusions of quantitative study

- No evidence of an upward trend in complaints
- Monitoring of trends in complaints is possible for future
- The number of complaints to osteopaths, and reported by insurers, is low compared to systems that facilitate complaints eg NHS

Conclusions of qualitative study

- Understanding why patients complain gives clues on how to reduce complaints
- Complaints can be a learning opportunity to guide and develop as better practitioners



Implications for the profession

- **The first appointment**
 - Information before
 - Information and empathy during first appointment
- **Understanding own and patient's body language**
 - Intimacy of touch
 - Vulnerability of being naked
 - Signs of stress or psychological issues
- **Be honest about poor/ unexpected outcomes**
 - Adverse events
 - Non-response
- **Dealing with complaints/comments**
 - Calm assertiveness
 - Anger management

Implications for policy

- **High quality practice information is needed**
 - Pre-attendance
 - Risk and benefit
- **Use complaints as learning opportunities**
 - Open access, informing practitioners of informal complaints
- **Target quality-assured training**
 - Avoiding complaints
 - Responding to complaints
- **Consider review of complaints system (?)**
 - Supporting patients to voice complaints and achieve a satisfactory outcome

Does the osteopathic complaints system have the hallmarks of a good system?

- Making patients feel valued?
- Making services safer and more effective?
- Easy for patients to access and well publicised?
- Simple to use, fair, speedy?

Does speedy resolution put cost savings before justice?

Speedy local resolution = more complaints 'solved' by compensation or refund of fees:

- is this unfair to the osteopath, who may have done nothing wrong?
- is it riskier for patients, as “unfit” practitioners might go undetected?
- does it encourage patients to claim compensation?

Do osteopaths want to change the complaints system?

- to encourage complaints and suggestions locally has implications...
- likely to get more complaints
 - maybe fewer to GOSC?
 - maybe more fee refunds?
- But more feedback from patients, potential for learning

Thank you!

Questions please!
What are your views?

