Trends in complaints and claims against osteopaths

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NCOR Adverse Events Project No. 3
“NCOR3”

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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
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• **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

- Dentists, GDC 2008
- Physios, HPC 2007-08
- AHPs, HPC 2007-08
- Chiropractors, GCC 2008
- Osteopaths, GOSC 2007-08
Statistics from health regulators in UK
Standardised rates – Hearings per year per 10,000 registrants

- Dentists, GDC 2008
- Physios, HPC 2007-08
- AHPs, HPC 2007-08
- Chiropractors, GCC 2008
- Osteopaths, GOSC 2007-08
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
The number of complaints recorded depends on the system and whether the complaints system is visible and patient-friendly.
Phase 2

Collecting data on osteopathic complaints
Which organisations hold data on osteopathic complaints?

- Osteopathic patient or their representative
- Osteopathic profession
  - Osteopaths (Insurers, BOA)
  - GOSC
- Other healthcare organisations (GP, chiro...)
- Legal professions (solicitor, police)
- Civil rights groups (Citizens Advice, Witness, Action against Medical Accidents)

Cooperation of the organisations: 1058 complaints records supplied for 2004-08
The osteopath route: complaint handling

- **INFORMAL COMPLAINT FROM PATIENT**
  - Osteopath
  - Negotiation with claimant or preferably their solicitor
  - Represents osteopath

- **FORMAL COMPLAINT FROM PATIENT**
  - Insurer
  - Collect evidence
  - Mediate
  - Appoint solicitor for osteopath

- **FORMAL COMPLAINT FROM GOSC**
  - BOA

- **OUTCOME**
  - Resolved out of court
  - Civil Court
The Regulator route: fitness to practice

INFORMAL COMPLAINT

Initial discussion

Does GOsC have power to investigate?

If no power, inform osteopath

FORMAL COMPLAINT

Screener

collect evidence

Investigating Committee

GOSC Hearing

PCC
Public hearing

HC
Private hearing

Criminal Court

Conviction

Sanctions

No case to answer

No case to answer

CRIMINAL ALLEGATIONS

OUTCOME
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

[Logos of CONDOR and General Osteopathic Council]
[Logo of National Council for Osteopathic Research]
Phase 4
Analysis of quantitative data

• Frequencies
• Character (type) of complaint
• Trends
• To whom complaint is made
Frequency and character of patient complaints

CONDUCT COMMUNICATION
- Boundaries
- Conduct
- Communication
- Consent
- Professional Relationships

CLINICAL CARE
- Adverse event
- Substandard Practice
- Inappropriate Diagnosis
- Ineffective treatment
- Dissatisfaction

OTHER
- Multiple issues
- Unclear
- Business Practice
- Accidental damage
- Health
- Conviction
- Criminal offence

REGULATOR
INSURER
Adverse events were by far the largest reason for complaints
Trends in complaints by year and complaint type

- Total
- Clinical care
- Conduct/communication
- Other

New data in blue, for 2004-2008

Complaints rate per 10,000 per annum

- GOsC formal
- GOsC informal (excl formal)
- Insurers
- Total study data
Annual rates of complaint, including new osteopathic data

Does the number of service complaints depend on the system? whether system is visible and patient-friendly?
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

Adverse events, Ineffective treatment, Poor communication

Triggers

Underpinning factors
- Compensation
- Apology
- Being heard
- To protect others

Desired outcomes

Progression factors
- Personality
- Finance
- Knowledge
- Third parties
- Expectation
- Relationship
- Communication
- External pressures

CONDOR
Consortium for Delivering Osteopathic Research

General Osteopathic Council

National Council for Osteopathic Research
Underpinning factors

- External pressures
- Relationship
- Expectation

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

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

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

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Thank you!

Questions please!
What are your views?