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Osteopathic Research

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www.ncor.org.uk

Concerns and complaints raised about osteopaths and osteopathic services in the UK?

Aim of session

1.

**To inform you about nature
and type of complaints made**

Aim of session

2.

Uncertainty:

How to handle complaints ?

1. Nature and Type of concerns

Background:

During 2006-10: 4 projects were commissioned exploring:

- Risk
- Consent

GAPS IN KNOWLEDGE IDENTIFIED



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- **What do our patients have concerns about?**



- **How often do they make complaints?**
- **How and to whom do they make complaints?**

PILERS

Patient Incident Learning and Reporting System

PREOS

Patient Reported Experiences of Osteopathic Services



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- **Learning more about our patients**
- **Better reflective practice**
- **Better student education**
- **Better patient care**

Background:

- General Osteopathic Council
- Institute of Osteopathy
- Insurance providers (x4)

In 2012 a common classification system to record concerns and complaints was agreed



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Methods:

- **Annual prospective audit of concerns and complaints data.**

2013 – 2017

January 1st – December 31st



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Complaints and concerns

- Complaints / concerns to insurers
- Complaints / concerns to the professional body
- Complaints / concerns to the registrar



Complaints and concerns

- By osteopaths about other osteopaths
- By patients
- By relatives/carers
- By concerned members of the public

Data analysis

- Sent to NCOR for independent analysis
- All data anonymised to protect osteopaths
- Ensures business sensitive data is protected



Classification of complaints

5 categories (frequency data only):

- Conduct
- Clinical care
- Convictions
- Complaints relating to adjunct therapies
- Health



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Duplication of complaints

- Formal – complaints pursued and investigated
- If data being investigated by GOsC it is only included in GOsC data to avoid double counting



Results:

Data sources:

- General Osteopathic Council
- Institute of Osteopathy
- Insurance providers

(3/4 potential insurance organisations invited gave data)



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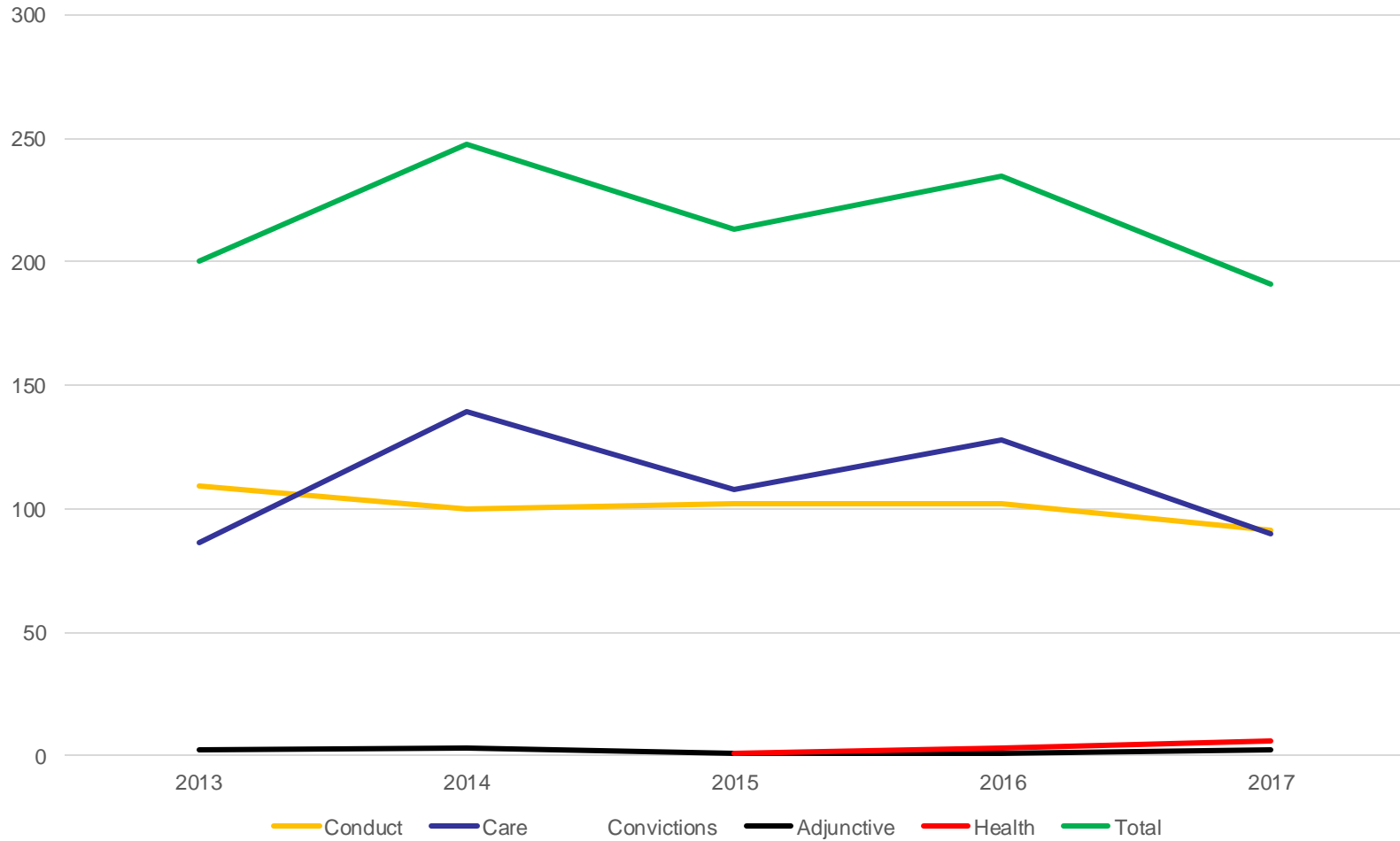
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Number of complaints 2013 - 2017

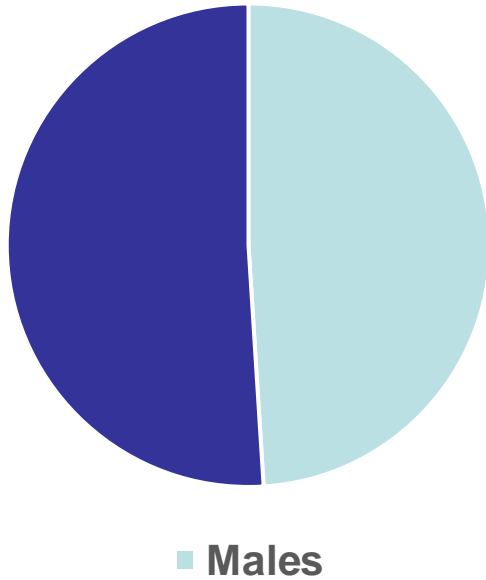
Type of concern	Number of concerns (% of total)*				
	2017	2016	2015	2014	2013
Conduct	91 (48%)	102 (43%)	102 (48%)	100 (40%)	109 (55%)
Clinical Care	90 (47%)	128 (54%)	108 (51%)	139 (56%)	86 (43%)
Criminal convictions/cautions	2(1%)	1(<1%)	1 (<1%)	6 (2%)	3 (2%)
Adjunctive therapy	2(1%)	1(<1%)	1 (<1%)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

Number of complaints 2013 - 2017

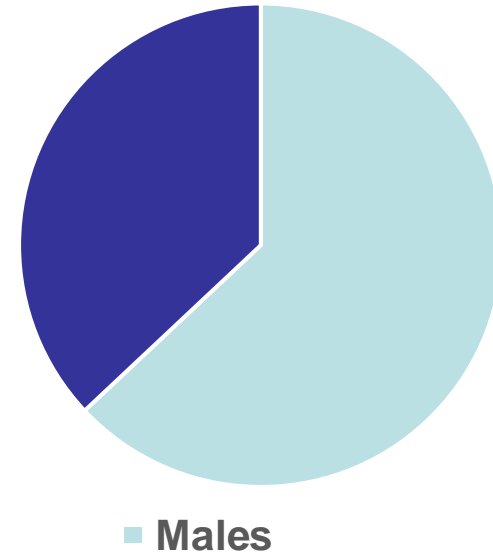


Profile of osteopath characteristics (n=184)

% of registered males / females

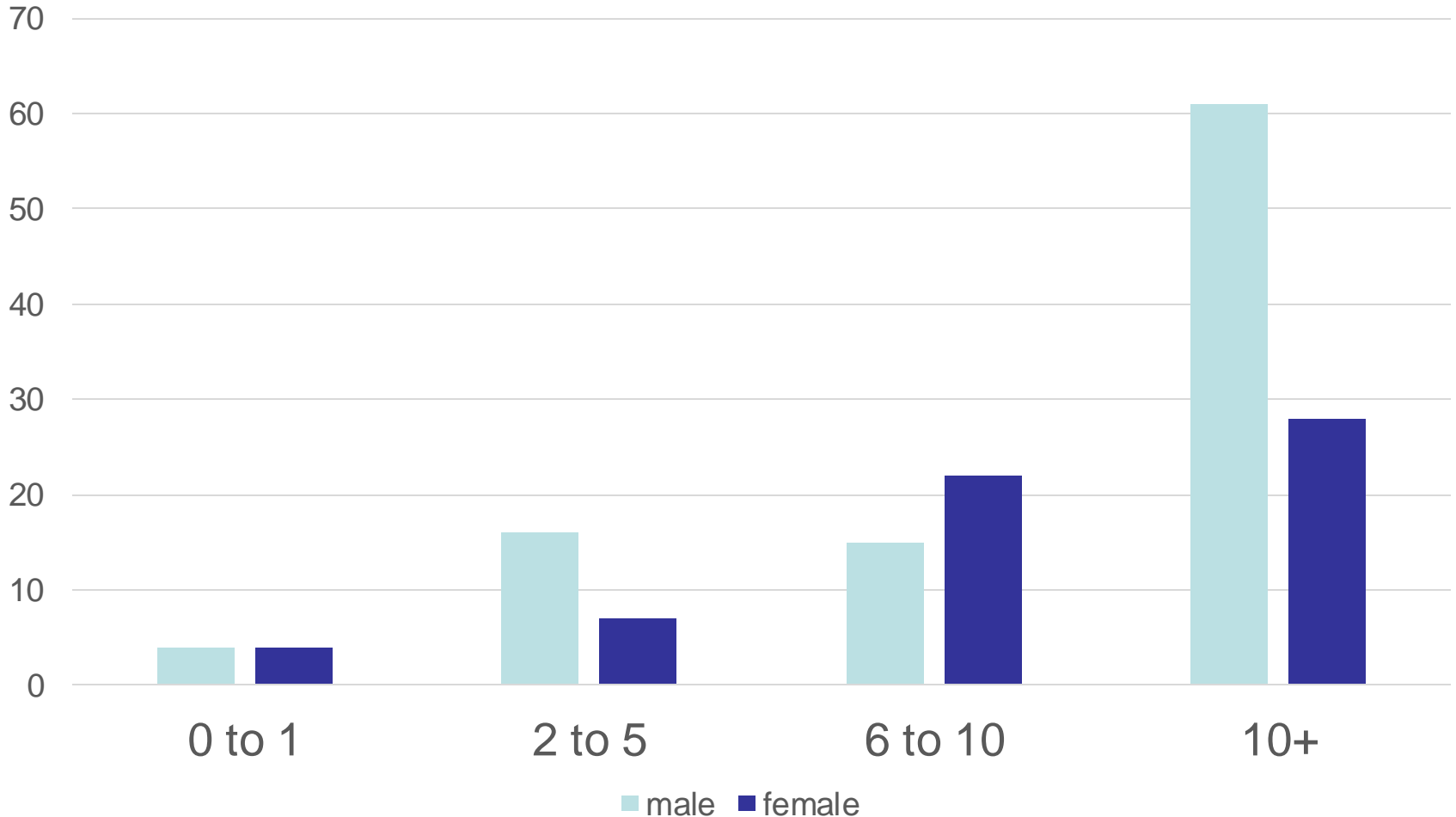


% of males / females complained about



Profile of osteopath characteristics 2017

Number of males and females complained about by years of experience



Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total n=91)				
	2017	2016	2015	2014	2013
Failure to communicate effectively	5 (5%)	18 (18%)	17 (17%)	15 (15%)	12 (11%)
Communicating inappropriately	14 (15%)	18 (18%)	12 (12%)	5 (5%)	15 (14%)
Failure to treat the patient considerately/politely	8 (9%)	7 (7%)	4 (4%)	3 (3%)	3 (3%)
Failure to obtain valid consent – no shared decision-making with the patient	9 (10%)	13 (13%)	8 (8%)	14 (14%)	20 (18%)
Breach of patient confidentiality	3 (3%)	0	0	4 (4%)	3 (3%)
Data Protection – management/storage/ access of confidential data	2 (2%)	2 (2%)	2 (2%)	3 (3%)	4 (4%)
Failure to maintain professional indemnity insurance	4 (4%)	11 (11%)	6 (6%)	2 (2%)	0

Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total n=91)				
	2017	2016	2015	2014	2013
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Breach of patient confidentiality	3 (3%)	0	0	4 (4%)	3 (3%)
Data Protection – management/storage/ access of confidential data	2 (2%)	2 (2%)	2 (2%)	3 (3%)	4 (4%)
Failure to maintain professional indemnity insurance	4 (4%)	11 (11%)	6 (6%)	2 (2%)	0

Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total n=91)				
	2017	2016	2015	2014	2013
Failure to act on/report safeguarding concerns	0	0	0	1 (1%)	0
Conducting a personal relationship with a patient	2 (2%)	4 (4%)	5 (5%)	6 (6%)	5 (5%)
Sexual impropriety	11 (12%)	7 (7%)	14 (14%)	13 (13%)	12 (11%)
Failure to protect the patient's dignity/modesty	6 (6%)	5 (5%)	11 (11%)	6 (6%)	10 (9%)
Failure to comply with equality and anti-discrimination laws	0	1 (1%)	4 (4%)	0	0
No chaperone offered/provided	1 (1%)	0	3 (3%)	1 (1%)	3 (3%)

Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total n=91)				
	2017	2016	2015	2014	2013
Dishonesty/lack of integrity in financial and commercial dealings	1 (1%)	4 (4%)	5 (5%)	2 (2%)	1 (<1%)
Dishonesty/lack of integrity in research	0	0	0	1 (1%)	0
Fraudulent act(s) – e.g. insurance fraud	0	4 (4%)	3 (3%)	1 (1%)	4 (4%)
Exploiting patients – e.g. borrowing money, encouraging large gifts, charging inappropriate fees, pressuring patients to obtain services for financial gain	0	2 (2%)	1 (<1%)	2 (2%)	1 (<1%)
Forgery – providing false information in reports	0	0	1 (<1%)	1 (1%)	2 (2%)
Forgery – providing false information in research	0	0	0	0	0
Forgery – providing false information in patient records	0	1 (1%)	1 (<1%)	0	0

Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Disparaging comments about colleagues	0	1 (1%)	1 (<1%)	3 (3%)	2 (2%)
Business dispute between principal and associate osteopaths	0	0	0	0	2 (2%)
Business dispute between osteopaths	1 (1%)	0	1 (<1%)	14 (14%)	5 (5%)
Business dispute between osteopaths and other	0	0	1 (<1%)	1 (1%)	5 (5%)
Unclean/unsafe practice premises	1 (1%)	0	1 (<1%)	1 (1%)	0
Not controlling the spread of communicable diseases	0	0	1 (<1%)	0	0
Non-compliance with health and safety laws/regulations	2 (2%)	0	0	1 (1%)	0

Number of complaints about conduct 2013 - 2017

Type of concern about conduct	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Lack of candour	1 (1%)	0	0	n/a	n/a
Conduct which brings the profession into disrepute	13 (14%)	1 (1%)	0	n/a	n/a
Failure to respond to requests for information and/or complaints from a patient	1 (1%)	0	0	n/a	n/a
Failure to respond to requests for information from the GOsC	1 (1%)	0	0	n/a	n/a
Failure to notify the GOsC of any criminal convictions or police cautions	0	0	0	n/a	n/a
Failure to co-operate with external investigations/ engage with the fitness to practice process	1 (1%)	0	0	n/a	n/a

Number of complaints about clinical care 2013 – 2017

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

Number of complaints about clinical care 2013 – 2017

Type of concern	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Failure to maintain adequate records	2 (2%)	4 (3%)	1 (1%)	2 (1%)	4 (5%)
Value for money	2 (2%)	3 (2%)	5 (5%)	7 (5%)	7 (8%)
Termination of osteopath-patient relationship	0	2 (2%)	1 (1%)	2 (1%)	2 (2%)

Number of complaints about criminal convictions

Type of concern	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Common assault/battery	0	0	0	1 (16%)	0
Actual/grievous bodily harm	0	0	0	1 (16%)	0
Public order offence (e.g. harassment, drunken and disorderly and racism)	0	1	0	1 (16%)	1 (33%)
Manslaughter/Murder (attempted or actual)	0	0	0	0	0
Driving under the influence of alcohol or drugs	2 (100%)	0	1 (100%)	1 (16%)	1 (33%)
Drug possession/dealing/trafficking	0	0	0	1 (16%)	0
Conspiracy to supply	0	0	0	0	0
Sexual assaults	0	0	0	1 (16%)	1 (33%)
Child pornography	0	0	0	0	0
Rape	0	0	0	0	0

Number of complaints about criminal convictions

Type of concern	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Common assault/battery	0	0	0	1 (16%)	0
Actual/grievous bodily harm	0	0	0	1 (16%)	0
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Manslaughter/Murder (attempted or actual)	0	0	0	0	0
Driving under the influence of alcohol or drugs	2 (100%)	0	1 (100%)	1 (16%)	1 (33%)
Drug possession/dealing/trafficking	0	0	0	1 (16%)	0
Conspiracy to supply	0	0	0	0	0
Sexual assaults	0	0	0	1 (16%)	1 (33%)
Child pornography	0	0	0	0	0
Rape	0	0	0	0	0

Number of complaints about criminal convictions

Type of concern	Number of concerns (% of total)				
	2017	2016	2015	2014	2013
Police Cautions					
Common Assault/ battery	0	0	0	n/a	n/a
Drug possession/dealing/trafficking	0	1	0	n/a	n/a
Criminal damage	0	0	0	n/a	n/a
Theft	0	0	0	n/a	n/a
Procession of indecent images	0	0	0	n/a	n/a

Number of complaints about adjunctive care 2013 – 2017

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

Practising whilst health was impaired = 6

All formal concerns raised means approximately:

- **1 per ~37,700 patient consultations***
or
- **1 per ~29 osteopaths per annum****

*based on GOsC data estimating 30,000 people consult an osteopath every working day, using 240 working days per year x 30,000 patient consultations = 7,200,000 consultations per year (divided by 191 concerns)

**184 osteopaths had concerns and complaints raised about them out of ~ 5,300 registered osteopaths

Key points:

- Profile male practising 10 years or more
- Concerns about treatment delivery
- Consent and shared decision making
- Sexual impropriety



Conclusions: avoiding complaints

- More patient centred care



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Conclusions: avoiding complaints

- More patient centred care
- Clear effective communication



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Conclusions: avoiding complaints

- More patient centred care
- Clear effective communication
- Maintaining professional boundaries



Conclusions: avoiding complaints

- More patient centred care
- Clear effective communication
- Maintaining professional boundaries
- Competent technique application



Managing concerns and complaints

Key points

- Try to give patients as much information as they want or need to allow them to navigate through the complexities of their illness and the healthcare system.
- If things go wrong: offer an explanation and a compassionate apology and explain how you will prevent similar incidents in the future.



Key points

- If a patient or relative expresses concerns about the patient's treatment, then listen to them and answer any questions you can.

If the complainant decides to make a formal complaint inform them of your complaints procedure as soon as possible.

Inform your insurance company and seek advice (iO)



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Nick Clements, senior medicolegal adviser at the Medical Protection Society Canada, has six Cs to a peaceful life:

- **Courtesy**(1) . It is important to develop a trusting relationship with your patients. Manner and attitude are often mentioned in complaints, and patients are less likely to complain about a doctor they like and respect.
- **Consent**(2) . Always consider when you need consent—for example, when examining a patient.
- **Confidentiality**(3) . Always think about confidentiality especially if you have to share information with other agencies.
- **Competence**(4) . Stay within the realms of your own clinical competence.
- **Case notes**(5) . Your case notes are your best friend when contemplating what happened months ago. Absent or inadequate notes can make it difficult to respond to a complaint.
- **Communication**(6) . Don't forget to communicate with your patients, and remember that this is a two way process.



Helpful links:

- **Institute of Osteopathy**
- **Judith Cave. Dealing with complaints. BMJ 2008; 336:326**
doi: <https://doi.org/10.1136/bmj.39455.639340.AD>
- **Gulshan Jan. Management of complaints. BMJ 2008;**
336gp8 doi: <https://doi.org/10.1136/bmj.39415.664201.CE>
- **General Osteopathic Council**
<https://www.osteopathy.org.uk/standards/complaints/>
- **Parliamentary and Health Service Ombudsman.**
Principles of good complaint handling.
<https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>



Scenarios

1. **Sexual impropriety**
2. **Treatment delivery and consent**
3. **Managing expectations**



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1. Sexual impropriety

Female patient, makes a verbal complaint to the clinic secretary. She says:

The male osteopath asked her to lie face down on the plinth, she did as asked. He then undid her bra-strap, she said she did not know what to do, she froze but felt too scared to say anything. She just let him finish the treatment, she felt awful, got dressed and got out of the consultation room as quick as possible.

The secretary asks the patient to have a seat and informs the osteopath.

How would you manage the situation to avoid further escalation of the situation ?



2. Treatment delivery and consent

Patient writes a letter to the clinic principal:

‘The osteopath took my head in her hands and twisted my neck really quickly, it made such a horrible noise, it terrified me. Afterwards I had so much pain and my neck is still hurting. I think she has damaged my neck. I am seeking further advice from my GP. Please can you make sure that she never does this to another person.’

How would you manage the situation to avoid further escalation of the situation ?



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3. Managing expectations (avoidance)

A new patient comes into your clinic room and says:

‘My friend saw an osteopath for her headache, she had one treatment and afterwards she said it was amazing her headache was cured. I want some of that miracle for my migraines.’

How would you manage this situation?



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