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## Chairman's foreword

Most chiropractors practice privately and autonomously; we're responsible for our clinical decision-making and managing our practices and, unlike many other health professionals, we don't work within a managed environment – such as the NHS. With our autonomy comes responsibility: responsibility to our patients; to members of the public; to our immediate colleagues, and to our profession.

When I go to work in the morning, I do so in the expectation of helping my patients, whose interests I put first, and I want to do my job to the best of my ability. I know that the vast majority of chiropractors think the same. But there's a small number who don't, as demonstrated by some incidents summarised in this report.


I hope the learning points and case summaries within this report help chiropractors to learn from the mistakes and poor judgement of others. However, some of the cases heard by the Professional Conduct Committee revealed more concerning traits in a few individuals, such as abuse of sexual boundaries and dishonesty. It is important that members of the chiropractic profession know that, rarely, a colleague may be putting patients at risk of harm by their conduct. When a health professional learns that a colleague may be harming a patient, we have a responsibility to establish the facts as best we can and take appropriate action.

Since the introduction of statutory regulation ten years ago, the UK's chiropractic profession has been learning what it means to be regulated. In my view, it's as simple as grasping the fact that patients come first – we practice chiropractic in their best interests, we listen to patients and respect their wishes – it's called 'patient-centred care'. This principle, and how to achieve it, is at the heart of the GCC's *Code of Conduct and Standard of Proficiency*. The principles underlying the ethical conduct defined by the GCC's Code and Standard would be familiar to any regulated UK healthcare professional.

The GCC doesn't define the scope of chiropractic practice. Chiropractors must use their professional judgement and be prepared to justify their decisions to their patients, colleagues, and regulator. This is what's expected of any mature health profession.

Our autonomy to practise as we do is a privilege and not a right. It is clear to me that autonomy and accountability go hand in hand.

We must demonstrate that we understand and comply with ethical standards of conduct and practice, otherwise patients could be exploited and the reputation of the chiropractic profession undermined.



**Peter Dixon**

Chair, General Chiropractic Council

## Learning points

### Introduction

**The learning points in this report are derived from the outcomes of Professional Conduct Committee hearings held in 2008. It is not the first time that we have highlighted the issues listed below because each has featured in one or more of our previous Fitness to Practise Reports. Those issues listed 1-7 have arisen in nearly every report we have published.**

1. Professional boundaries
2. Abuse of trust or exploitation or lack of knowledge
3. Communication with patients and obtaining consent
4. Record keeping
5. Management and care: initial examination and review of treatment
6. Use of X-rays
7. Local complaints procedure
8. Treatment prescribed by another health professional
9. Protecting patients and colleagues from risk of harm
10. Honesty, integrity and trustworthiness
11. Politeness and consideration towards patients
12. Respecting confidentiality

### 1 Professional boundaries

There is no such thing as a 'consensual' sexual relationship between a health professional and a patient. It is not an equal relationship. Health professionals are in a position of power and trust and because of this patients are vulnerable. The onus is always on the chiropractor to ensure that no improper personal relationship is developed with a patient.

The Council for Healthcare Regulatory Excellence (CHRE) has published guidance on *Clear sexual boundaries between healthcare professionals and patients*:

- *Responsibilities for healthcare professionals* (January 2008)
- *Information for patients and carers* (April 2009).

Each document can be downloaded from CHRE's website [www.chre.org.uk](http://www.chre.org.uk).

The guidance explains why the relationship between patient and health professional is not an equal one, and will help patients and healthcare professionals to understand how boundary abuses occur, so helping to prevent them.

The guidelines may also protect healthcare professionals by helping them to identify and manage sexualised behaviour by patients so that professional boundaries can be maintained.

### 2 Abuse of trust or exploitation of lack of knowledge

The trust that the public places in chiropractors can be abused in a variety of ways. It may be by using strategies designed to lock patients into treatment plans that are excessive in both frequency and duration. Or it may be through marketing activities and the provision of inaccurate information that exploits the public even before they become patients.

It is wholly unacceptable for chiropractors to use alarmist language, suggestions of future ill-health or to create patient dependency on a particular type of treatment beyond the point of benefit to them.

### **3 Communication with patients and obtaining consent**

Chiropractors must communicate effectively with every patient. The reasons for this are clear:

- it is integral to obtaining consent; patients must have the necessary information to make informed decisions about their initial and ongoing care and treatment
- patients should be encouraged to ask questions about any aspect of their treatment so they can understand what's proposed
- before treatment starts, patients need to understand which parts of their body will be touched and why – otherwise patients may think they have been touched inappropriately.

It is the chiropractor's responsibility to explain to each patient, accurately and clearly, the rationale for a treatment plan and a realistic prognosis.

Patients may find some things difficult to understand or remember, especially if they are worried, unwell or in pain at the time. Unfamiliar terminology can be a particular problem. Chiropractors must be sure that patients understand what is being explained to them and patients' questions about their care should be answered clearly. This is because a dialogue between chiropractor and patient is an essential element of good patient management.

### **4 Record keeping**

Poor record keeping was integral to nearly half of the cases heard by the Professional Conduct Committee. This issue is a recurring theme every year and it's of concern that it remains a significant factor in many cases considered by the Committee.

Chiropractors who fail to keep adequate clinical records are unable to measure the effects of the care they are providing to a patient; they are unable to judge when it is necessary to amend or cease treatment, or refer the patient to another health professional.

Good records are also essential for colleagues who may need to take over the care of a patient.

#### **Remember**

Chiropractors must ensure that records are contemporaneous, legible and attributable, and kept together with any clinical correspondence relevant to the case. Patient records must contain:

- the case history
- an accurate record of examination and assessment undertaken
- a record of outcomes of further investigations
- a working diagnosis
- attendance, treatments, advice and observations
- review and reassessment
- record of consent.

## **5 Management and care: initial examination and review of treatment**

Several cases heard by the Professional Conduct Committee revolved around poor patient management. For example, an inadequate or non-existent initial examination of a patient, a failure to review adequately patients' responses to treatment and the benefits of the approach taken. In one case the failure to review the patient's treatment covered nearly five years; this resulted in the patient's dependency upon excessive treatment and her deteriorating health went unrecognised and unmanaged.

It is essential that patients know from the outset that their progress will be monitored on a continuous basis and that treatment will not continue beyond the point of benefit to them.

As well as undertaking a thorough initial examination, chiropractors are required to regularly review and reassess their initial diagnosis/clinical impression and the treatment that they are providing to patients. This enables them to:

- determine whether to continue, modify or conclude treatment
- evaluate the perceived benefits of treatment to the patient
- determine whether to modify the original prognosis in the light of treatment outcomes.

It is essential that chiropractors take the time routinely to review and assess each patient's response to treatment. This review and reassessment must also be recorded in the patient's notes.

## **6 Use of X-rays**

Chiropractors must not expose patients to ionising radiation without justification and it is essential that each radiograph adequately captures the intended area of clinical interest. Failure to do this may adversely affect the management of the patient's condition and lead to a patient being further exposed to ionising radiation. Chiropractors who take and interpret X-rays have a responsibility to ensure that they remain competent in this area of practice.

### ***Ionising radiation, the law, and chiropractors' responsibilities***

The use of X-rays in the United Kingdom is subject to statutory regulation, through the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The requirements of these regulations are binding on all health professionals who use X-rays and other forms of ionising radiation. Specific reference to these obligations is made in the Code of Practice.

The GCC has issued specific advice about IR(ME)R to the profession that can be read on our website [www.gcc-uk.org](http://www.gcc-uk.org).

## **7 Local complaints procedure**

Patients' concerns should not be ignored or dismissed out of hand. An established complaints procedure, with which all members of the practice staff should be familiar, will help to ensure that complaints are addressed promptly, consistently and fairly. Just as with record keeping, this is an aspect of practice that protects the interests of the patient and the practitioner. An effective complaints procedure may help chiropractors to improve their overall services as well as avoid complaints being made to the GCC.

## **8 Treatment prescribed by another health professional**

Chiropractors may often see patients who are also under the care of another health professional. When chiropractors have views about the treatment prescribed by another professional it is essential that they are contacted, with the patient's consent, and a proper dialogue established. Patients can derive great benefit from planned co-management. What a chiropractor must not do is act in isolation or otherwise undermine a patient's trust in another health professional. For example, a chiropractor must not advise a patient to stop treatment prescribed by another health professional. The appropriate course of action is to gain the patient's consent for the chiropractor to contact the other health professional.

## **9 Protecting patients and colleagues from risk of harm**

A case considered by the Committee concerned a chiropractor who had co-managed the care of a patient with a dentist. The treatment period covered nearly five years during which the patient's condition deteriorated and her pain worsened. Amongst other things, the chiropractor, who acknowledged that the dentist's treatment was aggressive and inappropriate, failed to intervene; she did not help the patient who had become increasingly vulnerable, unwell and distressed. Ultimately, the dentist was found guilty of serious professional misconduct by the General Dental Council and removed from the Dentists Register in relation to his conduct towards, and treatment of, the patient.

Like all regulated health professionals, chiropractors must protect patients when they believe that the conduct, competence or health of another regulated healthcare practitioner is a threat to patients. Before taking action, chiropractors should do their best to verify the facts. Then, if necessary, report honestly their concerns to the practice principal or appropriate work colleague. If the health practitioner about whom you are concerned is a sole practitioner, or his colleagues refuse to take action, then a chiropractor must report his or her concerns to the relevant regulatory body.

## **10 Honesty, integrity and trustworthiness**

Two chiropractors were found to have practised when registered with the GCC as 'non-practising'. Further, while doing so they treated patients when they did not have the necessary professional indemnity insurance.

One case was particularly disturbing because the dishonesty was persistent and the individual concerned continued in her behaviour even when she became aware of the GCC's proceedings against her.

It is essential that chiropractors have appropriate insurance cover when providing treatment to patients; failure to have this cover is, of itself, unacceptable professional conduct.

All health professionals are expected to be trustworthy and act with honesty and integrity. Behaving otherwise does nothing for public confidence or the good name and standing of the profession and, as we have seen, it may also put patients at risk.

## **11 Politeness and consideration towards patients**

There is no justification for behaving in a confrontational or dismissive manner towards a patient, or using intemperate language. Chiropractors are expected to listen to their patients, do their best to understand patients' concerns and provide accurate information in a rational, clear and polite manner.

This may sound obvious, but the Committee saw examples of chiropractors who were, to say the least, extremely impolite towards their patients and careless of their needs. Further, the chiropractors concerned lacked the insight to recognise that their conduct was inappropriate and unprofessional.

## **12 Respecting confidentiality**

Chiropractors must not disclose information about a patient, including the identity of the patient, without the patient's consent. In particular, chiropractors should take care not to discuss information about patients with people who are not entitled to the information. Nor should patients' records be left where they can be seen or accessed inappropriately.

### **Secure storage**

Confidential health records must be kept secure. Chiropractors are obliged to store information in, and retrieve it from, recording systems consistent with relevant legislation. The Data Protection Act 1998 provides a framework that governs the processing of information that identifies living individuals – personal data. Processing includes holding, obtaining, recording, using and disclosing information and the Act applies to all forms of media, including paper and images.

## Professional Conduct Committee cases | January-31 December 2008

<b>Name</b>	<b>Source of complaint</b>	<b>Summary of particulars</b>	<b>Outcome</b>
<b>STEWART Allan (01134)</b>	Patient	<ul style="list-style-type: none"> <li>● Pursuing an improper relationship with a patient</li> <li>● Failure to establish and maintain professional boundaries with a patient</li> </ul>	Removed from the Register with Interim (immediate) Suspension
<b>FOX Lorna Maureen (01689)</b>	Registrar	<ul style="list-style-type: none"> <li>● Practising as a chiropractor when registered with the GCC as non-practising</li> <li>● Practising without the necessary professional indemnity insurance</li> <li>● Continued misrepresentation of GCC registration status and membership of a professional association</li> </ul>	Removed from the Register with Interim Suspension
<b>HUMPHREYS RILEY Bethan (00659)</b>	Patient	<ul style="list-style-type: none"> <li>● Inadequate physical examination of a patient</li> <li>● Inadequate explanations to a patient during treatment</li> <li>● Failure to obtain consent</li> <li>● Inadequate record keeping</li> <li>● Use of intemperate language</li> <li>● Breaches of patient confidentiality</li> </ul>	Suspension Order (12 months)
<b>LISMONDE Nathalie Ghislaine (00551)</b>	Registrar	<ul style="list-style-type: none"> <li>● Practising as a chiropractor when registered with the GCC as non-practising</li> <li>● Practising without the necessary professional indemnity insurance</li> </ul>	Suspension Order (nine months)
<b>HASLAM Kathryn Jane (00385)</b>	Patient	<ul style="list-style-type: none"> <li>● Failure to review or reassess treatment</li> <li>● Failure to refer to another healthcare professional when a patient's condition deteriorated</li> <li>● Poor co-management of a patient</li> <li>● Provision of excessive treatment</li> <li>● Maintaining inadequate records</li> <li>● Unjust criticism of other healthcare professionals</li> <li>● Advising a patient to stop taking medication prescribed by a registered medical practitioner</li> </ul>	Conditions of Practice Order (two years)
<b>SMITH Peter Robert (00896)</b>	Patient	<ul style="list-style-type: none"> <li>● Failure to respect a patient's privacy, dignity and confidentiality</li> <li>● Taking a blood sample without appropriate consent</li> <li>● Failure to store and use blood samples appropriately</li> <li>● Failure to store records securely</li> <li>● Inappropriate and intemperate communication with a patient</li> <li>● Unjustifiable criticism of another healthcare professional</li> </ul>	Conditions of Practice Order (12 months)

Name	Source of complaint	Summary of particulars	Outcome
<b>VOTH Daniel Henry (01248)</b>	Patient	Failure to <ul style="list-style-type: none"> <li>● Assess adequately a patient's condition</li> <li>● Provide appropriate information to the patient</li> <li>● Obtain consent</li> <li>● Maintain adequate clinical records</li> <li>● Deal promptly and fairly with a patient's complaint; and</li> <li>● Performing poorly collimated radiographs</li> </ul>	Conditions of Practice Order (two years)
<b>WEBER Gary John (00442)</b>	Patient x 2	Failure to <ul style="list-style-type: none"> <li>● Adequately communicate with patients</li> <li>● Maintain adequate patient records</li> <li>● Establish complaints procedures</li> </ul>	Conditions of Practice Order (12 months)
<b>SAWYER Angela Hope (01714)</b>	Patient	Failure to <ul style="list-style-type: none"> <li>● Cease treatment when asked to do so by the patient</li> <li>● Maintain an adequate record of the treatment provided</li> </ul>	Admonished

## Case summaries

### Introduction

**This section of the report contains a summary of new cases heard by the Professional Conduct Committee during 2008. Details of the Professional Conduct Committee hearings, including the allegations and decisions in full, are available upon request or can be read on our website [www.gcc-uk.org](http://www.gcc-uk.org).**

### Reasons for the Committee's decisions

When the evidence has been heard and the Committee has found some, or all, of the allegations proven, the Committee must make more decisions. Do the proven facts amount to unacceptable professional conduct? If so, what would be a proportionate sanction and what would be the Committee's reasons for imposing it?

The GCC's *Indicative Sanctions Guidance* sets out the issues to be considered by the Committee when deciding upon a sanction following a finding of unacceptable professional conduct.

## **GCC v Allan STEWART**

Registration number: 01134

Removed from the Register with interim (immediate) suspension

### **Source of complaint**

Patient

### **In brief**

- Pursuing an improper sexual relationship with a patient
- Failure to establish and maintain professional boundaries with a patient

### **Case summary**

Between November 2004 and September 2006, Mr Stewart provided chiropractic treatment to Mrs A. During the course of treatment Mrs A disclosed information to Mr Stewart about her personal circumstances, including: that her marriage was unhappy and difficult; her husband was suffering from depression; she felt she was suffering from stress; and in February 2006 that she and her husband had separated.

During consultations, Mr Stewart:

- discussed aspects of his personal life with Mrs A, such as: past relationships, financial circumstances and his relationship with his partner
- made inappropriate comments or suggestions to Mrs A, for example, he told her that he found her mentally and physically attractive, he asked her to go out with him a number of times and to go to bed with him
- engaged in inappropriate conduct of an increasingly sexual nature with Mrs A, which included regularly kissing her at the end of consultations, hugging her, and kissing her intimately during consultations.

### **Outcome**

Mr Stewart admitted that he had abused the practitioner/patient relationship with Mrs A and had breached her trust.

Some events remained disputed and so the Committee had to decide, on the balance of probabilities, which version of events it preferred.

The Committee considered Mrs A to be an impressive and credible witness. She was clear in what she could remember and admitted when she was unable to recall details. The Committee did not accept Mr Stewart's assertion that Mrs A is prone to exaggeration or invention. On the contrary, the Committee found that she was consistent, thoughtful and restrained when under great stress, being prepared to answer questions that she clearly found intrusive and embarrassing.

By contrast, the Committee found Mr Stewart's evidence to be disingenuous and less than clear. The Committee considered the distinctions that he sought to draw between the wording of some of the details of the allegation and the conduct to which he was willing to admit, entirely specious.

## **Sanction**

The Committee concluded that the only sanction which would properly protect the public interest was to remove Mr Stewart's name from the Register of Chiropractors.

The Committee further decided that, to avoid exposing patients to risk, it was necessary to impose an Interim Suspension Order.

### **Extract from the Committee's final decision**

*"Mrs A was a vulnerable patient, who was seriously affected by your wrongdoing. This inappropriate relationship started shortly after Mrs A became a patient of yours... You created in her a feeling of dependency. With your encouragement, she separated from her husband and moved house in the expectation that you would enter into a long term relationship with her as soon as you were both free to do so. When you ended the relationship in September 2006, this had a devastating effect on her...*

*The Committee was not convinced by your limited demonstration of insight that you have any real understanding of what you have done. You denied that you had embarked on a relationship at all, let alone a sexual relationship. You endeavoured to use semantics to deny that you had taken the initiative in developing and perpetuating the relationship...*

*The Committee acknowledges that, a year later, in your letter of 9 September 2007, you accepted responsibility for your actions and offered an apology to Mrs A. However, the way in which you subsequently conducted your defence detracted from this apology. You denied allegations which in essence you had previously admitted and thus required Mrs A to endure the ordeal of giving oral evidence. Also, in your oral evidence, you attempted to shift some of the responsibility onto Mrs A for having misunderstood your intentions. When you were giving evidence, any apology you gave was guarded... your demeanour throughout your evidence was not that of a man with genuine insight into the profound impact of your conduct on Mrs A...*

*The Council for Healthcare Regulatory Excellence's guidance identifies a number of possible aggravating and mitigating factors that are relevant to sanction. In your case, the aggravating factors include Mrs A's vulnerability (which in your oral evidence you sought to minimise); elements of grooming in your behaviour and repetition of sexual misconduct over a prolonged period of time.*

*In mitigation it was observed that the relationship was consensual. The Committee does not accept that a sexual relationship that was founded on a breach of trust can properly be described as consensual in the normal sense of the term. In any event, there is no place for a consensual sexual relationship between a chiropractor and his patient...*

*...The Committee has already found that your behaviour is fundamentally incompatible with being a chiropractor. It further considers that your flagrant violation of sexual boundaries and your abuse of your patient represent a serious departure from the relevant professional standards outlined in the Code of Practice and Standard of Proficiency. Your behaviour was utterly reprehensible. You did serious harm to Mrs A. You abused your position of trust with a vulnerable patient and you violated her rights. You have shown persistent lack of insight into the seriousness of your actions and their consequences."*

## GCC v Lorna Maureen FOX

Registration number: 01689

Removed from the Register with interim (immediate) suspension

### Source of complaint

Registrar

### In brief

- Practising as a chiropractor when registered with the GCC as non-practising
- Practising without the necessary professional indemnity insurance
- Continued misrepresentation of GCC registered status and membership of a professional association

### Case summary

Dr Lorna Fox submitted an application for renewal of registration to the GCC in November 2006, in which she stated that she had suffered an injury to her left shoulder due to a cycling accident and so did not plan to practise chiropractic during 2007. Dr Fox submitted a fee for £100 for non-practising registration and was subsequently registered by the GCC as a non-practising chiropractor. Dr Fox was issued with a non-practising registration certificate and a letter explaining that if she intended to resume practice she must hold practising registration and reapply for it in good time, submitting a fee of £1,000.

### Outcome

Dr Fox chose not to attend the hearing and was not legally represented. At the outset, the Committee satisfied itself that Dr Fox was aware of the hearing, had waived her right to attend and had decided not to engage with the proceedings. The Committee determined that it was in the public interest to continue the hearing in Dr Fox's absence.

The Committee heard evidence from nine witnesses all of whom it found to be credible and reliable.

Given Dr Fox's absence, the Committee noted correspondence she had submitted in relation to the allegation of unacceptable professional conduct. Dr Fox had indicated that she had resumed working during 2007 and confirmed that she was using the title chiropractor but was not practising as a chiropractor. Dr Fox stated that she "only used activator, ultrasound, acupuncture and SOT techniques". She explained that she was practising spinal therapy and acupuncture and was unable to use manipulation techniques due to her injury.

During the course of the proceedings the Committee received evidence that contradicted Dr Fox's case, which amongst other things, included:

- a) an editorial advert using wording supplied by Dr Fox in the publication 'View from Bridport' dated 28 February 2007, where Dr Fox had described herself as a chiropractor using a 'combination of manipulation, pressure points, acupuncture and ultrasound...'
- b) evidence from Patient A that Dr Fox appeared fit with no apparent restrictions to her movement; it was Patient A's evidence that she received chiropractic manipulation, which she clearly described to the Committee

- c) a recording of a telephone conversation during which Dr Fox said to a potential patient that she was able to provide chiropractic treatment
- d) an email sent by Dr Fox to AXA PPP Healthcare in June 2007 stating that she was still a practising chiropractor.

The Committee found proved all elements of the allegation against Dr Fox and determined that they amounted to unacceptable professional conduct.

### **Sanction**

*'The Committee had no confidence that...Dr Fox would gain insight into the responsibilities that come with the privilege of professional status'* and determined that Dr Fox's name should be removed from the Register of Chiropractors.

The Committee further decided that, to avoid exposing patients to risk, it was necessary to impose an Interim Suspension Order.

### **Extract from the Committee's final decision**

*"Dr Fox's behaviour amounted to a series of incidents of unacceptable professional conduct. She continued to disregard the rules of the profession. The evidence shows that Dr Fox continued to promote herself as a practising chiropractor even after she became aware of these proceedings.*

*Dr Fox repeatedly misrepresented her professional status. She seems to have done so deliberately so as to avoid paying the practising fee. She discontinued membership of the BCA while continuing to advertise that she was a member. In doing so she terminated her professional indemnity insurance cover for chiropractic practise. She told AXA PPP, the medical health insurer, that she was still a practising chiropractor although she had told her regulatory body and professional association that she was unable to practise and was registered as non-practising.*

*Dr Fox's failure to arrange appropriate professional indemnity insurance to cover chiropractic treatment was particularly serious.*

*One of the purposes of professional regulation is to give confidence to the public. Dr Fox demonstrated a blatant disregard for the system of registration, which is designed to safeguard the interests of patients and to maintain high standards within the profession.*

*The integrity of the regulatory system for chiropractors and the maintenance of public confidence in it depend on the cooperation and support of individual members of the profession. Adequate protection of the public requires that chiropractors should have appropriate insurance in place when providing treatment to patients. Dr Fox disregarded both these considerations in failing to register as a practising chiropractor and then providing treatment without having proper professional indemnity insurance cover.*

*In the light of Dr Fox's conduct, which breached a number of provisions in the Code of Practice and Standard of Proficiency, the Committee was not satisfied that Dr Fox has a proper understanding of: the role of the GCC as her regulatory body; the GCC Code of Practice and Standard of Proficiency; and the importance of maintaining professional indemnity insurance whenever treatment is provided to patients".*

## **GCC v Bethan HUMPHREYS RILEY**

Registration number: 00659

Suspension Order (12 months)

### **Source of complaint**

Patient

### **In brief**

- Inadequate physical examination of a patient
- Inadequate explanations to a patient during treatment sessions
- Failure to obtain 'informed consent'
- Inadequate record keeping
- Use of intemperate language
- Breaches of patient confidentiality

### **Case summary**

Patient A had suffered back problems for about 20 years and was consequently unemployed. She consulted Mrs Riley four times during August 2005.

Prior to commencing treatment on 5 August 2005, Mrs Riley failed to physically examine Patient A. Nor did Mrs Riley provide Patient A with an adequate explanation of her diagnosis or clinical impression, the prognosis, treatment plan, the nature of the proposed treatment, the potential risks and benefits of the proposed treatment or any contra-indications to the proposed treatment. Mrs Riley therefore failed to obtain Patient A's consent to treatment; nor was there any written record of the prognosis, treatment plan or Patient A's consent to treatment.

During the course of her first appointment on 5 August 2005, Patient A asked Mrs Riley whether food intolerance or diet could be aggravating her problem; Mrs Riley said such matters were "bullshit".

Patient A found the treatment painful and after the second, third and fourth consultations suffered post-treatment pain.

In February 2006, Patient A wrote to Mrs Riley to express concern about the treatment she had received. Mrs Riley passed Patient A's letter to a Mr Robert Taylor, a third party not involved in Patient A's treatment, and disclosed further information to him relating to the chiropractic treatment she had provided to Patient A. This was done without Patient A's knowledge or consent and was a breach of her confidentiality.

### **Outcome**

Mrs Riley chose not to attend the hearing, was not represented, and had decided not to engage with the proceedings.

The Committee noted that Mrs Riley used Power Assisted Mobilisation (PAM) treatment. The Committee considered that, as a registered chiropractor, in giving this form of treatment she was acting as a chiropractor and was subject to all the obligations and duties of the GCC's *Code of Practice and Standard of Proficiency*.

## **Sanction**

The Committee found that the facts found proved amounted to unacceptable professional conduct.

The Committee imposed a Suspension Order for 12 months and advised Mrs Riley that it will be reviewed one month before its expiry. At that time, Mrs Riley must demonstrate that she has rectified the defects identified in her practice. The Committee advised her that one way she could do this would be by passing the GCC's Test of Competence.

### **Extract from the Committee's final decision**

*"...There was concern that Mrs Riley's conduct could cause direct or indirect patient harm, as it involved inadequate examination and inadequate assessment of a patient. From Mrs Riley's letters and submissions to the GCC, it was clear that this was her normal method of practice suggesting that this behaviour was not an isolated incident. The Committee received no evidence of insight into her failings, or of corrective or rehabilitative steps having been taken.*

*...As Mrs Riley did not attend the hearing, there was no evidence of potential willingness to respond positively to further training and assessment. Further, the Committee was concerned by the intemperate language used by Mrs Riley, both to Patient A and in her letters to the GCC indicating possible attitudinal problems..."*

### **Outcome of review hearing**

The Committee reviewed the Suspension Order shortly before its expiry and imposed a Conditions of Practice Order for two years.

In reaching this decision, the Committee considered submissions on behalf of the GCC and Mrs Riley, bundles of evidence including patient testimonials, and evidence from a Dr Richards, a General Practitioner, concerning Mrs Riley's practice.

While the Committee accepted Dr Richards's supporting evidence, it noted that Mrs Riley had not made any attempt to take and pass the Test of Competence as recommended by the Committee. The Committee therefore remained concerned about Mrs Riley's full understanding and insight into her failings. The Committee considered that the original findings against Mrs Riley were so wide-ranging and serious that it would be inappropriate to take no further action.

The Conditions are that:

- Mrs Riley must take and pass the Test of Competence before she can resume the practice of chiropractic after the end of her period of suspension
- the Order will be reviewed shortly before it expires or as soon as possible after Mrs Riley has passed the Test of Competence whichever is the sooner. At that point the Committee will wish to be satisfied that Mrs Riley has addressed all of the matters of concern set out in the decision and sanction of 11 January 2008.

### **Note**

Mrs Riley was subsequently removed from the Register for failing to retain her registration.

## **GCC v Nathalie Ghislaine LISMONDE**

Registration number: 00551

Suspension Order (nine months)

### **Source of complaint**

Registrar

### **In brief**

- Practising as a chiropractor when registered with the GCC as non-practising
- Practising without the necessary professional indemnity insurance

### **Case summary**

During October 2006 Mrs Lismonde applied for non-practising GCC registration for the whole of 2007; she stated that she did not intend to practise chiropractic because she would be on maternity leave. Mrs Lismonde was issued with the appropriate certificate and her registration status was also confirmed in a covering letter, which emphasised that should she wish to resume practice at any time during 2007, she must have reverted to practising registration status beforehand.

### **Outcome**

Mrs Lismonde chose not to attend the hearing and was not represented.

The Committee was satisfied that between 23 January 2007 and 3 April 2007, Mrs Lismonde provided chiropractic care to three patients involving 16 consultations while registered as non-practising. Further, Mrs Lismonde was not insured during this period and such a failure, of itself, amounts to unacceptable professional conduct.

The Committee's sanction was suspension from the Register for nine months. It specified that the Suspension Order would be reviewed before the end of the nine month period. The Committee "strongly encouraged" Mrs Lismonde to attend the review in her own interest and stated that it would want "to be assured that Mrs Lismonde has a proper understanding of: the role of the GCC as her regulatory body; the GCC Code of Practice and Standard of Proficiency; and the importance of maintaining professional indemnity insurance, whenever treatment is provided to patients".

### **Extract from the Committee's final decision**

*"Mrs Lismonde knew that she was on the non-practising register, she had requested transfer to the non-practising register in October 2006 and Mrs Coats's letter and certificate could have left her in no doubt that she was not entitled to practise.*

*The integrity of the regulatory system for chiropractors depends on the cooperation and support of individual members of the profession, including payment of an appropriate prescribed annual registration fee to the GCC. Adequate protection of the public requires that chiropractors should have appropriate insurance in place when providing treatment to patients. Mrs Lismonde disregarded both these considerations in failing to register as a practising chiropractor and then providing treatment without having professional indemnity insurance cover. The GCC is bound to take a serious view of such conduct, particularly when it is associated with a lack of insight on the part of the practitioner concerned. Had it not been for Mrs Lismonde's action in rectifying the position in May 2007 by changing registration*

*status and taking out appropriate insurance cover when the complaint against her was referred to the GCC, the Committee would have been minded to impose a longer suspension”.*

### **Outcome of review hearing**

The Committee reviewed the Suspension Order on 22 January 2009 and it noted that from the outset of proceedings Mrs Lismonde has not engaged with the GCC. In the absence of evidence that she had addressed her failings, the Suspension Order was extended for a further two years.

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## **GCC v Kathryn Jane HASLAM**

Registration number: 00385

### **Conditions of Practice Order (two years)**

#### **Source of complaint**

Patient

#### **In brief**

- Failure to review or reassess treatment
- Failure to refer to another healthcare professional when a patient’s condition deteriorated
- Failure to liaise with another healthcare professional treating a patient
- Provision of excessive treatment
- Maintaining inadequate health records
- Unjust criticism of other healthcare professionals
- Advising a patient to stop taking medication prescribed by a general practitioner, without establishing the facts beforehand or contacting the treating GP
- Failing to communicate appropriately with a patient
- Acting unprofessionally and failing to act in the patient’s best interests

#### **Case summary**

Ms A received chiropractic treatment from Dr Haslam between 27 October 1999 and 21 May 2004. The treatment provided to Ms A was excessive, not in her best interests and unprofessional.

In late 1999 or early 2000, Dr Haslam told Ms A that she had cranial mandibular dysfunction (CMD), spinal scoliosis and that her feet were distorted and would benefit from correction with orthotics. In about February to March 2000 Dr Haslam recommended that Ms A should consult a dentist, a Mr Edgar, also described as a ‘chirodentist’.

Over four and a half years, Ms A’s condition deteriorated and her pain worsened. Despite the extensive period of time during which Ms A failed to respond to treatment, Dr Haslam failed adequately to review or reassess the treatment she provided to Ms A. Nor did Dr Haslam consider referring Ms A to another healthcare professional, other than Mr Edgar, with whom Dr Haslam failed adequately to liaise about the treatment that each was providing to Ms A, and the deterioration in her health.

Further, while giving evidence, Dr Haslam admitted that she had concerns about certain aspects of Mr Edgar’s treatment, which was described as “aggressive”, in particular the immediate use of

composites before stabilising Ms A's jaw and the evident lack of progress especially in the later stages of treatment.

Dr Haslam's records were inadequate, with an insufficient initial 'benchmarking' of Ms A's health status against which her deterioration could have been identified; there was no full record of the patient's response to treatment or of findings of reviews or reassessments.

Throughout the treatment period, Dr Haslam did not communicate with Ms A adequately because she failed to address sufficiently her questions about her health status and progress of treatment. For example, Ms A asked Dr Haslam's advice about Mr Edgar's comment that "...if my mother's CMD was fixed she would not have got cancer". Dr Haslam replied that Mr Edgar "spoke before he thought" and yet she reluctantly agreed that it was "more likely" that Ms A would get cancer. Suggesting a link between CMD and cancer is unsupportable and alarmist and Dr Haslam's reply alarmed and distressed Ms A.

Further, Ms A's confidence in other health professionals she consulted, including her usual dentist, a medical specialist and other registered medical practitioners, was undermined by Dr Haslam who criticised them and their recommended treatment. In particular, Dr Haslam advised Ms A that they did not understand CMD, the pain it caused and treated it as depression. Dr Haslam also encouraged Ms A not to take pain medication prescribed by her GP and did not liaise with the GP about it. All of these actions encouraged Ms A to depend further upon Dr Haslam's treatment.

### **Outcome**

Dr Haslam attended the hearing and was legally represented. Having heard the evidence, the Committee found Dr Haslam guilty of unacceptable professional conduct.

The Committee decided to impose a Conditions of Practice Order for two years. The Order sets out a detailed programme of audit and professional development in the areas of patient recording systems and communication with patients, amongst other things focusing on satisfactory implementation of:

- review and reassessment
- treatment and treatment modalities
- communication with other healthcare practitioners
- communication about any co-managed patient care
- referral processes
- criteria for referral and management systems.

An independent auditor, a chiropractor appointed by the Committee, will review Dr Haslam's compliance with the Order at regular intervals and report outcomes to the Committee. The auditor will examine patient records and also, with patients' prior consent, observe Dr Haslam interacting with existing patients during consultations. Dr Haslam was also directed to complete successfully a course or courses related to reflective practice in healthcare. Dr Haslam is responsible for paying the costs of the audits and reports.

### **Extract from the Committee's final decision**

*"You failed to keep adequate records of Ms A's treatment and findings of any reviews or reassessments. You failed to step back and take a considered overview of Ms A's progress and you failed adequately to review or reassess treatment. Had comprehensive notes been available, you would have been better*

*placed to take appropriate action and intervene, reassess or refer when warning signs were apparent and thus avoid unnecessary and excessive treatment. There was a lack of systematic enquiry.*

*You failed to liaise adequately with Mr Edgar. You failed to copy all the notes from Mr Edgar and your response to them into Ms A's records.*

*You failed to recognise your professional obligation to safeguard the welfare of your patient. You admitted that, even at the outset, you were concerned at Mr Edgar's aggressive treatment of Ms A, yet you did not intervene on Ms A's behalf or challenge Mr Edgar's treatment effectively. You failed to intervene when Mr Edgar introduced other practitioners. You also failed to consider whether to refer Ms A to another healthcare professional.*

*You unjustly criticised other health professionals and thereby undermined Ms A's confidence in them and encouraged her dependency on your own treatment.*

*Even when you were aware that Ms A was being seen or treated by another healthcare professional, you failed to liaise with them. In particular, you failed to enquire as to the purpose for which Amitriptylene had been prescribed before you encouraged Ms A to cease taking it. These failings had the potential to expose Ms A to unnecessary risk and suffering and further undermined her confidence in her GP. It is never appropriate for a chiropractor to encourage a patient to cease treatment legitimately prescribed by any other registered health practitioner without first contacting the prescriber.*

*It is the duty of every registered chiropractor to communicate clearly, in terms the patient can understand, the diagnosis, prognosis, treatment plan and any advice the patient should follow to avoid exacerbation or reoccurrence of his or her condition. You failed to communicate appropriately with Ms A and allay her fears and concerns in respect of her health status and treatment progress. By failing to reassure Ms A and challenge the explanations given to her by Mr Edgar, you caused further distress and alarm to your patient.*

*By assuming a "supportive" role in the delivery of your care to Ms A and failing to recognise and accept your professional responsibility and obligations in the co-management of Ms A, you directly contributed to treatment dependency thus ensuring excessive and unnecessary treatment and prolonged suffering for Ms A. As a chiropractor, you are a primary healthcare practitioner. You referred Ms A to Mr Edgar and it was unacceptable for you to assume a supportive role and accept his treatment of your patient without effective challenge.*

*The number and extent of your failings in respect of Ms A, and the protracted time period over which these failings took place, amount to a serious falling short of the standards expected of a registered chiropractor. For all these reasons, the Committee is satisfied that you are guilty of Unacceptable Professional Conduct".*

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## **GCC v Peter Robert SMITH**

Registration number: 00896

Conditions of Practice Order (12 months)

### **Source of complaint**

Patient

### **In brief**

- Failure to respect a patient's privacy, dignity and confidentiality
- Taking a blood sample without appropriate consent
- Failure to store and use blood samples appropriately
- Failure to store patient records securely
- Inappropriate and intemperate communication with a patient
- Unjustifiable criticism of another healthcare professional

### **Case summary**

Mr Smith treated Patient A a number of times during November and December 2006. Patient A sought treatment for back, hip and joint problems and chronic pain caused by a past pelvic fracture sustained during a car accident and a fall some years later.

Mr Smith's practice is on the first floor of a three-storey property owned by a podiatrist who has a practice on the ground floor and who rents the top floor to a male tenant. Visitors to the premises, including the tenant, had access to the property's stairwell. During Patient A's treatment, the property's front door was open, there was no receptionist, and people could walk in off the street.

Mr Smith's consultations with Patient A took place with the door of the treatment room ajar. The treatment bench was partially visible from the stairs and landing outside the room. Patient A explained to Mr Smith that she would prefer the door to be shut but he refused.

Further, patients' records were kept by Mr Smith in an unlocked filing cabinet in an unlocked treatment room, where it was possible for others to access them.

During one consultation, Mr Smith took a blood sample from Patient A without first explaining the purpose. Subsequently, despite being asked several times by Patient A why the blood sample had been taken, Mr Smith failed to give an adequate explanation; he mentioned an "infection" and that the test was to do with magnetic currents and fields and told her "to be quiet" and that she was "paranoid".

In December 2006 Mr Smith wrote to Patient A in extremely intemperate terms; he described her, amongst other things, as "foolish" and "obsessive". Criticism was also implicit in sarcastic comments he made about the treatment Patient A was receiving from her GP.

### **Outcome**

The Committee was satisfied that Mr Smith's conduct fell short of the standard required of a registered chiropractor and he was guilty of unacceptable professional conduct.

The Committee considered that Mr Smith had a responsibility to ensure that Patient A understood what was happening and that he had failed to communicate adequately with her. It

was clear that, at the time, Patient A did not understand why the blood sample was taken and that her consent could not, therefore, have been valid. Given that, by his own admission, Mr Smith did not fully understand the rationale for the blood test, it was unlikely that he would have been able to offer Patient A an adequate explanation.

The Committee was concerned about the reasons given by Mr Smith for preferring to keep the consulting room door open; they derived wholly from his own needs such as: *“feeling claustrophobic within the treatment room”* and *“protection from allegations of assault”*. Mr Smith showed no indication of giving patients the privacy, dignity and confidentiality they are entitled to expect. It was noted that if Mr Smith was genuinely concerned about allegations of assault he could have used a chaperone.

The Committee also stated that Mr Smith’s *“ignorance of the need to keep records secure is not a defence for leaving them in an unlocked filing cabinet in an unlocked room”*.

It was also “regrettable” the Committee said, that Mr Smith should have taken such a disapproving and dismissive tone with one of his patients. The Committee was particularly concerned that, even after several days’ reflection, he thought it acceptable to send Patient A a letter that was written in such an intemperate way.

The Committee considered that it was unacceptable for Mr Smith to criticise another healthcare professional in the way that he criticised Patient A’s GP. It was unprofessional to undermine Patient A’s confidence in her GP in the way he did.

### **Sanction**

The Committee imposed a Conditions of Practice Order for 12 months, which included an audit of Mr Smith’s practice, policies and procedures. The auditor would be identified by the Committee, and would provide it with a report that would include recommendations to ensure that every aspect of Mr Smith’s practice conforms to the *Code of Practice and Standard of Proficiency*.

Mr Smith was also required by the Committee to *“have regard to patient confidentiality, security and dignity and practice with [his] treatment room door closed”* and to *“refrain from taking blood samples”*.

### **Extract from the Committee’s final decision**

*“...whilst there has been no repetition of your use of intemperate language or failing to obtain consent, you intend to continue practising with the door to your treatment room open. The Committee remains very concerned at your failure to understand the meaning and components of informed consent and how to obtain it. It is clear that this behaviour did cause distress to Patient A. The Committee is concerned at your significant lack of insight into your failings...”*

*“The Committee was concerned by your attitude towards patient confidentiality and respect, and your lack of knowledge of the Code of Conduct. However, there is no evidence of general incompetence. It is clear that there are identifiable areas of your practice in need of review”.*

### **Outcome of review hearings**

At review hearings the Committee considers whether or not a respondent chiropractor has complied with the conditions it imposed and if it would be in the public interest to vary or revoke the Order.

Since the original hearing in August 2008, the Committee has met twice to review the Conditions of Practice Order it imposed upon Mr Smith: 22 December 2008 and 18 February 2009.

At the first review hearing it emerged that although Mr Smith had not taken further blood samples from patients, he was storing and using samples of blood taken before the Order was imposed. It appeared that the way in which Mr Smith was dealing with the samples could be unlawful.

The Committee therefore ordered a further audit, to be completed within two months, and imposed a Condition that related directly to Mr Smith's storage and disposal of blood samples.

At the second review hearing, the Committee remained very concerned by Mr Smith's lack of progress and considered that he did not appreciate the reasons for its concerns. Mr Smith was reminded of his obligation under the *Code of Practice and Standard of Proficiency* to be aware of, and familiar with, any legislation and guidelines relevant to his practice; this included legislation and guidelines for taking, using and storing blood samples and the safe storage and disposal of all materials involved.

The Committee decided to vary the Conditions of Practice Order, which could be reviewed at any time within 12 months and with which Mr Smith must comply. This included:

- a) providing the Committee with written confirmation that the blood samples had been removed to a secure place and destroyed by an authorised agent within seven days of the date of the Order taking effect
  - b) before resuming taking blood samples, Mr Smith must provide the Committee with detailed operating procedures for taking, using and storing blood samples, demonstrating compliance with the law and practice guidelines
  - c) a further audit, to be completed by an independent auditor within two months, of Mr Smith's practice, policies and procedures, which would include an observation of his interactions with patients and a review of his patient records, together with all correspondence with patients and other healthcare practitioners.
-

## **GCC v Daniel Henry VOTH**

Registration number: 01248

### Conditions of Practice Order (two years)

#### **Source of complaint**

Patient

#### **In brief**

Failure to

- Assess adequately a patients' condition
- Provide appropriate information to the patient
- Obtain consent
- Maintain adequate clinical records
- Deal promptly and fairly with a patient's complaint; and
- Performing poorly collimated radiographs

#### **Case summary**

Patient A was suffering from acute pain in the lower left side of her back. She consulted Dr Voth a number of times on and between 22 February and 20 April 2006. At the first consultation Dr Voth took X-rays of Patient A but they were inadequate because they did not capture the lumbro-sacral junction, which was the recorded area of clinical interest.

Treatment commenced, which included treatment of Patient A's neck. Dr Voth did not adequately explain to Patient A why he was treating her neck when it was her lower back that was painful; this meant that he failed to obtain Patient A's consent to treat her neck.

Following receipt of a letter of complaint from Patient A dated 10 May 2006, Dr Voth did not adequately respond to it.

It further transpired that Dr Voth's records of care and treatment provided to Patient A were not legible.

#### **Outcome**

Having heard and considered the evidence, the Committee found Dr Voth guilty of unacceptable professional conduct. A Conditions of Practice Order was imposed, which was considered to be proportionate, sufficient to protect the public and maintain confidence in the chiropractic profession.

The Order provides a framework to enable Dr Voth to achieve the required standards of practice in the areas identified during the hearing as deficient, and it will enable the Professional Conduct Committee to monitor his progress. It included:

- a) an audit of a sample of new patient records
- b) an audit of documentation relevant to X-rays and a review of the quality of the radiographs, clinical reasoning and decision making
- c) working with the auditor to select an appropriate patient record card for Dr Voth's practice
- d) a review of the legibility and recording of all information concerning patient assessment and evaluation
- e) a review of the patient record cards for clear evidence of patients' initial and ongoing consent.

### **Extract from the Committee's final decision**

The Committee emphasised that patient safety requires that care is taken when exposing patients to ionising radiation; it should only be carried out when there are sufficient benefits to justify the risks. It went on to say:

*"...By performing poorly collimated radiographs, you failed to adequately inform yourself of all possible pathology in the lower lumbar spine and your poor technique had the potential to expose your patient to unnecessary ionising radiation".*

### **Outcome of review hearings**

The Committee revoked the Conditions of Practice Order in July 2009.

Since the original hearing, the Committee had met twice to review the Conditions of Practice Order imposed on Dr Voth. At the first review hearing in January 2009, the Committee considered two audits of Dr Voth's practice and decided to vary some of the conditions with which Dr Voth was required to comply. While the Committee was satisfied with Dr Voth's progress, it considered it necessary to retain a framework of conditions to ensure that changes to Dr Voth's practice became embedded, for example, with regard to compliance with IRMER.

The second review hearing, in July 2009, was convened by the Committee to address issues arising from a third audit report, concerning X-ray quality. At the hearing, Dr Voth informed the Committee that he had recently decommissioned his practice's X-ray equipment and will refer patients for X-rays according to robust referral criteria to ensure compliance with IRMER; he further stated that he would not take X-rays again.

The Committee considered that Dr Voth had addressed all the matters of concern about his practice previously identified by the Committee, and therefore decided to revoke the Order.

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## **GCC v Gary John WEBER**

**Registration number: 00442**

**Conditions of Practice Order (12 months)**

### **Source of complaint**

Patients

### **In brief**

Failure to

- Adequately communicate with patients
- Maintain adequate patient records
- Establish complaints procedures

### **Case summary**

The issues considered by the Committee related to Dr Weber's inadequate communication with two patients (Patient A and Patient B) about their care, his failure to acknowledge or address their concerns, and his "atrocious" recording keeping.

### **Patient A**

Patient A, who was suffering from severe back pain, first consulted Dr Weber on 16 February 2006. Dr Weber examined the patient and recommended a course of treatment, which was undertaken between 17 February and 10 April 2006 by Dr Weber and a Mr George Michaelides, who is a physiotherapist.

Although Patient A was satisfied with the outcome of his treatment, he considered that he had not been told at any time that Mr Michaelides was a physiotherapist (this particular element of the allegation was not proved). Patient A's insurance company had agreed to reimburse Patient A for chiropractic care only. Patient A attempted to contact Dr Weber about his concerns by visiting the practice three times in June 2006, where he told members of staff about his concerns. Throughout this period, Dr Weber did not tell Patient A, or arrange for him to be told, about a practice complaints procedure; offer to deal with his concerns, or tell Patient A about the General Chiropractic Council.

### **Patient B**

Patient B was suffering from long-standing right shoulder pain and Dr Weber treated her between 28 February and 30 June 2005; this included treatment to Patient B's neck and back. Dr Weber failed to explain adequately to Patient B why he was treating her back and neck when she was seeking relief from shoulder pain. This led Patient B to believe that she was not receiving treatment for her right shoulder.

The Committee considered relevant samples of Dr Weber's clinical records, which included an undated note of a re-examination and re-assessment; and unrecorded outcomes of Patient B's individual appointments. For example, on one occasion Patient B was upset about her continued shoulder pain, cried because she was worried that it would not stop and she did not feel that her condition was improving. Following this appointment Dr Weber failed to keep an adequate record of Patient B's response to treatment, Patient B's observations on her treatment and any advice Dr Weber may have given to Patient B.

In April 2006, Patient B tried to contact Dr Weber about the course of treatment he had provided and her concerns. Patient B phoned a number of times in April 2006, and wrote to Dr Weber three times between May and August 2006.

Dr Weber did not adequately respond to Patient B's attempts to communicate with him. He did not offer to deal with her concerns, tell her about a practice complaints procedure or her right to contact the GCC.

### **Outcome**

The Professional Conduct Committee found Dr Weber guilty of unacceptable professional conduct and imposed a Conditions of Practice Order.

Having heard and considered the evidence, the Committee emphasised that chiropractors must explain to patients, in a way that they can understand, what treatment they plan to provide and why.

During the hearing, Dr Weber admitted that his notes were "atrocious" and the Committee was concerned that he was unable to read his handwriting; Dr Weber and the Committee found the records of limited assistance.

### **The Conditions of Practice Order**

The Conditions of Practice Order, which is to be reviewed by the Committee within 12 months, provides a framework for Dr Weber to undertake retraining. This includes a regular audit of patient records to review the quality of Dr Weber's record keeping and of the implementation of his practice's complaints procedure. Dr Weber will also be required to provide the Committee with evidence of his successful completion of courses dealing with record keeping, communication with patients and complaints handling.

### **Extract from the Committee's final decision**

*"In relation to these two patients, your conduct fell far short of expected standards in three areas, namely communication with patients, record keeping and handling of complaints. The Committee takes a serious view of the range of your shortcomings and in relation to the handling of complaints, your failings related to both clinics and impacted on two patients. By your failure to establish a proper complaints procedure at either of your clinics, your conduct demonstrates a deliberate disregard for the interests of your patients..."*

*"Poor record keeping has the potential for patient harm and you admitted that your records were atrocious at the time of events involving Patient B. Furthermore, the Committee is disappointed to learn that even now, some two years after the events at issue, you do not seem to have a satisfactory complaints procedure currently in operation at your clinic..."*

### **Outcome of review hearing**

The Committee decided to revoke the Conditions of Practice Order in force against Dr Weber. The Committee considered that Dr Weber had addressed all matters of concern about his practice that had given rise to the proceedings. Dr Weber has made substantial improvements in his standards of practice and demonstrated compliance with the Code of Practice and Standard of Proficiency.

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## **GCC v Angela Hope SAWYER**

Registration number: 01714

### **Admonished**

#### **Source of complaint**

Patient

#### **In brief**

Failure to

- Cease treatment when asked to do so by the patient
- Maintain an adequate record of the treatment provided

#### **Case summary**

Patient A, who has a complex history associated with severe scoliosis, had been a regular patient at Dr Sawyer's clinic. Patient A received treatment for the first and only time from Dr Sawyer on 14 July 2004. During treatment, Patient A told Dr Sawyer that the treatment she was providing was painful and asked her to stop. Dr Sawyer did not communicate with the patient but modified the treatment instead and continued.

Dr Sawyer did not keep a written record of her examination of Patient A, or of Patient A's description of pain during treatment, or her request to cease treatment.

### **Outcome**

The Committee found Dr Sawyer guilty of unacceptable professional conduct and imposed an Admonishment.

### **Extract from the Committee's final decision**

*"In continuing to provide 'traction' despite Patient A's objections, the Committee do not consider that Dr Sawyer was 'listening' and hence responding appropriately to Patient A's concerns. Dr Sawyer did not fully appreciate the level of Patient A's pain and the need to cease the procedure when asked to so on two out of three separate occasions during the appointment. In accepting that Dr Sawyer modified her procedures, the Committee takes the view that these modifications were minor, amounting to a lightening of pressure, and were an inadequate response to Patient A's expressions of pain and her needs.*

*The response of a reasonable chiropractor would have been to communicate and seek to discuss any modifications and the reasons for them in advance of any attempt to repeat the procedure, thus alleviating any potential pain and distress. Dr Sawyer did not discuss any modification to treatment with Patient A. The Committee considers that this was an inappropriate way to care for a patient, especially one with Patient A's complex history. It was made all the more inappropriate by the fact that both types of traction were, on Dr Sawyer's own admission, not essential to the adjustments and therefore did not need to be either continued or repeated, once Patient A had asked her to stop. This conduct is unacceptable....*

*...the Committee considers that the record of this appointment is inadequate and the pain during treatment, as described by Patient A, should have been recorded. The Committee does not accept Dr Heale's view that this degree of pain, which caused the proposed form of treatment to be modified in two cases and abandoned in a third, does not need to be recorded. This is because it could be important for those treating Patient A at a later date to be aware of these facts. The Committee considers the absence of this information is unacceptable..."*

*"The Committee notes that, although Patient A was a regular patient of the clinic, you had not previously treated her. It accepts that the seriousness of your failings is mitigated by the fact that this was an isolated incident involving a failure of communication and a failure of record keeping. You misunderstood the signals coming from the patient as to the level of pain that she was experiencing. There is no suggestion of any malicious intent. You also failed to record her expressions of pain... Looking at the case in the round, the Committee is entirely satisfied that an admonishment is the appropriate and proportionate sanction to impose".*

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