

**General
Chiropractic
Council**



Fitness to Practise Report 2012

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Learning points

Introduction

The main learning points from cases heard by the PCC both in 2012 and in previous years are as follows:

1. The provision of information to the public
2. Maintaining patient records
3. Acting with honesty and integrity
4. Maintaining sexual boundaries
5. Patient management and care
6. Professional indemnity insurance
7. IR(ME)R
8. Professional behaviour

1. The provision of information to patients and the public

In addition to a case where inaccurate and misleading information was provided by a chiropractor to patients within a practice, exploiting their fears of future ill-health and lack of knowledge about chiropractic, there have been a number of cases where misleading and inappropriate information has been published more widely either in newspaper advertisements or on websites.

Chiropractors have a responsibility to be aware of any marketing, advertising and promotional material published, or circulated, by any practice with which they are associated.

The Code of Practice and Standard of Proficiency (COP/SOP) requires that: 'Chiropractors, or anyone acting on their behalf, must use only factual and verifiable information when publicising their work or practice. The information must not:

- mislead;
- be inaccurate;
- abuse the trust of members of the public;
- exploit their lack of experience or knowledge about either health or chiropractic matters;
- instil fear of future ill-health;
- put pressure on people to use chiropractic;
- bring the profession into disrepute.

When using titles and qualifications, chiropractors must not use them in a way that misleads the public about its meaning or significance, or to claim that they are better than other chiropractors, specifically:

- whenever a chiropractor uses the title 'Doctor' it should be made clear that the chiropractor is not a registered medical practitioner (unless registered with the General Medical Council);
- if suspended or removed from the GCC Register, it is a criminal offence to say or imply that you are a chiropractor. If suspended from the GCC Register, an individual will remain accountable to the GCC during the period of suspension.

2. Maintaining patient records

Chiropractors must keep patient records that are legible, attributable and truly represent their interaction with the patient. Poor record keeping continues to be

integral to many cases heard. Chiropractors who fail to keep adequate clinical records are unable to assess the effects of the care they are providing from the initial appointment to any subsequent reviews or reassessments. This means that they are unable to judge when it is necessary to modify or stop treatment, or refer the patient to another health professional. It should also be emphasised that routinely doing no more than box-ticking does not constitute adequate record keeping.

Good record keeping is essential for fellow chiropractors who may need to take over the care of a patient.

Inadequate patient records also result in respondent chiropractors finding it difficult to explain their decisions and justify their actions to the Professional Conduct Committee.

3. Acting with honesty and integrity

Chiropractors must act with honesty and integrity and never abuse their professional standing by imposing their views on people or arousing their fears. 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.

The trust that patients place in chiropractors must not be abused in any way. Using strategies designed to lock patients into treatment plans that are excessive in both frequency, duration and not in the patient's best interests is not acceptable. Also marketing activities; particularly the provision of inaccurate or misleading information; must not exploit members of the public even before they become chiropractic patients.

The failure of a chiropractor to maintain clear sexual boundaries between themselves and their patients is a most serious abuse of patient trust, and breaches of sexual boundaries continue to be common causes of complaints. The following section outlines important guidance on maintaining sexual boundaries.

4. Maintaining Sexual Boundaries

The Council for Healthcare Regulatory Excellence (now the Professional Standards Authority) has made it clear that there is no such thing as a 'consensual' sexual relationship between a health professional and a patient. Its guidance *Clear Sexual Boundaries Between Healthcare Professionals and Patients* (January 2008) applies to all healthcare professionals. It emphasises that:

- the professional relationship between a health practitioner and a patient depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a patient breaks that trust, acts unprofessionally and may also be committing a criminal act. Breaches of sexual boundaries by health professionals can damage confidence in healthcare professions generally and lessen the trust between patients, their families and healthcare professionals;
- sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires';
- if you find yourself sexually attracted to patients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause. If you are sexually attracted to a patient and are concerned that it may affect your professional relationship with the patient (or you believe that a patient is sexually attracted to you), you should ask for help and advice from a colleague or appropriate professional body in order to decide on the most suitable course of action to take. If having sought advice, you do not believe you can remain objective and professional, you should find

alternative care for the patient and ensure a proper handover to another healthcare professional.

5. Patient management and care: initial examination and review of treatment

Several cases have been heard that involved seriously poor patient management, where fundamental aspects of clinical decision making had been ignored, resulting in distressed patients and potential for patient harm.

Chiropractors must monitor patients' treatment on a continuous basis from the outset and must not continue treatment beyond the point of benefit to the patient. Patients should be told, at the earliest opportunity, that this is how their care will be managed.

Chiropractors, in discussion with their patient, must develop and record a plan of care. A patient's state of health and health needs should be continually reviewed, and the plan of care modified accordingly.

The care a chiropractor selects and provides must:

- be informed by the best available evidence, the preferences of the patient and the expertise of practitioners;
- be appropriate to the patient's current state of health and health needs;
- minimise risks to the patient.

Chiropractors must evaluate the benefit of care provided to each patient, and review with the patient the effectiveness of the care plan in meeting its agreed aims. Chiropractors must reach agreement with patients on any changes to their care plan, and make a record of these agreements in the patient's notes.

6. Professional indemnity insurance

Chiropractors must secure and maintain the necessary professional indemnity insurance and any other insurance required by legislation. Failure to have appropriate professional indemnity insurance as defined in the GCC (Professional Indemnity Insurance) Rules Order 1999 constitutes unacceptable professional conduct. Several chiropractors found themselves subject to disciplinary proceedings because they had not secured appropriate insurance cover and some had, initially, failed to understand the gravity of the situation.

Chiropractors are personally liable to individual patients for any assessment and care they provide. Personal liability applies to all chiropractors, including those working as a locum, those working in a practice run by a principal and those working for a limited company.

Chiropractors are required to:

- tell their insurance company about any changes in their circumstances that affect their policy;
- make sure that their insurance has enough 'run-off' cover to protect them when they finish practising.

7. IR(ME)R

Routinely exposing patients to X-rays at set periods as part of a care plan is contrary to patients' best interests and cannot be justified. Patient safety requires that care is

taken when submitting any patient to ionising radiation, and it should be undertaken only when there are sufficient benefits to justify the risks.

Further, chiropractors who take and interpret X-rays have a responsibility to ensure that they remain competent to do so. Each radiograph must capture the area of clinical interest clearly and exposure to ionising radiation must, as far as possible, be limited to that area and appropriate shielding used. Failure to do this may expose the patient to unnecessary levels of ionising radiation, adversely affect the management of the patient's condition and lead to a patient being further exposed to ionising radiation.

Chiropractors must follow the legislation and regulations covering ionising radiation. Every X-ray must be justified under the Ionising Radiation (Medical Exposure) Regulations 2000. Further, the Ionising Radiation (Medical Exposure) (Amendment) Regulations apply to all healthcare professionals, including chiropractors.

8. Professional behaviour

Chiropractors must avoid acting in a way that may undermine public confidence in the chiropractic profession or bring the profession into disrepute. It is possible for chiropractors to undermine public confidence by their conduct in professional practice or in their personal life more generally.

Areas of personal life that might undermine public confidence or bring the profession into disrepute include, for example;

- the misuse of drugs and alcohol;
- fraud or dishonesty;
- the use of pornography;
- breaches of sexual boundaries;
- criminal convictions and cautions.

When you enter into joint working arrangements with other chiropractors, you are recommended to agree at the start a contract about the arrangements. The contract should include what will happen when the joint working arrangements come to an end. This should help minimise the possibility of arguments and misunderstandings at a later date.

Professional Conduct Committee cases 1 January - 31 December 2012

| Registrant | Complainant | Allegation(s) | Sanction |
|---------------------------|--|---|------------------------------|
| Colin Crossley (00923) | Police | <ul style="list-style-type: none"> • Conviction of possessing an indecent photograph of a child; • Conviction of possessing Class B controlled drugs; • Conviction of possessing Class C controlled drugs. | Removed from the Register. |
| Lesley Dunkley (00587) | <p>Allegation 1: Chiropractor</p> <p>Allegation 2: Patient</p> | <p>Allegation 1:</p> <ul style="list-style-type: none"> • Asked two patients (an elderly couple) for a loan to the sum of £3,500; • Provided treatment to the same patients in April 2011 whilst uninsured. <p>Allegation 2:</p> <ul style="list-style-type: none"> • Requested a loan from a former male patient to the amount of £13,500; • Repeated this request to the patient for a period of over 2 months. | Removed from the Register. |
| Matthew Potts (01751) | Patient | <ul style="list-style-type: none"> • Encouraged a patient to pay for and book appointments without providing any diagnosis or rationale for care; • Did not act in the patient's best interests; • Provided treatment which was not clinically justified; • Encouraged a patient to become dependant on his care; • Had a personal friendship with a patient which was inappropriate and capable of undermining public confidence in the profession; • Poor record keeping. | Suspension Order – 12 months |

| | | | |
|--------------------------|----------------------|--|--|
| Felisa Pham (01230) | Patient | <ul style="list-style-type: none"> • Failed to request appropriate x-rays and failed to interpret x-rays as suggesting osteoporosis; • Failed to decide the patient's health needs would be better met by her GP or other healthcare professional; • Failed to adequately address the patient's health and/or health needs in recommending a standardised treatment programme; • Recommended number of treatments were excessive, not clinically justified and not in Patient A's best interest; • Poor record keeping. | Conditions of Practice Order – 12 months |
| Graeme Massey (02108) | Chiropractor | <ul style="list-style-type: none"> • Unacceptable Professional Conduct – accepted an adult caution for the offence of common assault. | Admonishment |
| Meni Shon (02886) | Patient | <ul style="list-style-type: none"> • Inappropriate comments made to a female patient; • Put pressure on a patient to undergo chiropractic treatment; • Inadequate record keeping. | Admonishment |
| Jason Sykes (01246) | Member of the public | <ul style="list-style-type: none"> • Unacceptable Professional Conduct – on the website of the clinic at which he practised, made a link to misleading and alarmist material regarding chiropractic; • The material published on the linked website had the | Admonishment |

| | | | |
|--|--|---|--|
| | | potential to put pressure on members of the public to seek chiropractic care. | |
|--|--|---|--|

Case Summaries

The final section of the report contains a summary of the cases heard by the Professional Conduct Committee during 2012. Details of the hearings, including the allegations and decisions in full, are available upon request or can be read on our website 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 Colin CROSSLEY

Registration number: 00923

Removal

Source of complaint

Case one – Registrar

Case two – Police

In brief

Case one:

Allegation A: Unacceptable Professional Conduct

- Not disclosing convictions in Application for Registration to the GCC

Allegation B: Convicted in the UK of a criminal offence

Convicted on 20th December 1991 at Bristol Crown Court of:

- Soliciting commission of offence under Post Office Act 1953
- Sending obscene article by post

Case two:

Allegation: Convicted in the UK of a criminal offence

Conviction 7th November 2011 at Worcester Crown Court of:

- Possessing indecent photograph of a child
- Possessing class B controlled drug
- Possessing class C controlled drug

Case One

The case concerned firstly, Mr Crossley's failure to disclose a previous conviction to the GCC in his application for registration and secondly the fact of the conviction.

Allegation A

The Committee noted Mr Crossley had admitted telling the GCC he had not been convicted of a criminal offence and that he had been convicted of a criminal offence and that this was misleading. Mr Crossley did however deny that his conduct was dishonest. The Committee was satisfied that by answering 'No' to the question 'have you ever been convicted of a criminal offence' on his application form, when he had been convicted of a criminal offence, would be considered dishonest by the ordinary standards of reasonable and honest people.

The Committee found all particulars proved.

Allegation B

The Committee was satisfied the certificate of conviction was conclusive evidence of the conviction and noted that Mr Crossley admitted the Particular in its entirety and so found this allegation proved.

Case Two

This case concerned Mr Crossley's conviction for possessing indecent photographs/pseudo-photograph of a child and Classes B and C controlled drugs.

The Committee was satisfied the Certificate of Conviction was conclusive evidence of the conviction set out in the Particulars of the allegation and that Mr Crossley admitted the Particular in its entirety and so found this Particular proved in its entirety and found the Allegation proved.

Outcome

The Committee determined that the facts found proved amounted to Unacceptable Professional Conduct. The Committee was satisfied that Mr Crossley's conduct would undermine public confidence in the profession and would bring the profession into disrepute.

Sanction

The Committee considered that Mr Crossley's conduct was so serious that it was fundamentally incompatible with him being a registered chiropractor. On this basis the Committee concluded that Mr Crossley's name should be removed from the Register of Chiropractors.

An immediate interim order of suspension was made until the period for appeal expired.

Extracts from the Committee's determination

On the basis of the importance that Mr Crossley attaches to the original events, the Committee finds it inconceivable that he could have forgotten about this conviction. The Committee is satisfied that he intentionally omitted to declare his conviction and that he knew, by the ordinary standards of reasonable and honest people, his conduct was dishonest.

The Committee considered that the most serious aspect of this case is in relation to Mr Crossley's conviction for the possession of indecent images of children and the possession of Class B and Class C drugs...The Committee has taken account of the large quantities of images and movies at Levels 4 and 5. The Committee considered that these offences would seriously undermine patients' and the public's trust and confidence in the chiropractic profession and breach a number of principles set out in the Code of Practice. The Committee concluded that these offences would be considered morally deplorable by members of the public.

The Committee paid particular attention to the Guidance on Sanction, which stated that removal from the Register may well be appropriate when the behaviour involves offences of a sexual nature, including involvement in child pornography, or dishonesty. The Committee concluded that Mr Crossley's conduct in this respect was so serious that it was fundamentally incompatible with him being a registered chiropractor.

GCC v Lesley DUNKLEY

Registration number: 00587

Removal

Source of complaint:

Case one: Registrar. Case two: Patient

In brief:

Case one:

- Asked two patients (an elderly couple) for a loan to the sum of £3,500;
- Provided treatment to the same patients in April 2011 whilst uninsured.

Case two:

- Requested a loan from a former male patient to the amount of £13,500 and,
- Repeated this request to the patient.

Outcome

Insurance

Taking into consideration the written evidence of Ms Dunkley, the evidence of her insurers and professional association, the PCC found the allegations relating to practising without insurance not proved. The Committee noted that when Ms Dunkley was informed that her membership had not been renewed, she was not informed that, as a consequence, this would have invalidated her insurance from 1st April 2011.

Requests for loans

The Committee had regard to the witness statement of Patient A which described Ms Dunkley's request for the loan and, during the hearing, the Committee heard detailed evidence from Patient C and his wife.

The PCC determined that Ms Dunkley's conduct with regard to Patients A, B and C amounts to Unacceptable Professional Conduct. In seeking to obtain a loan from her patients, Ms Dunkley was:

- not acting with the honesty and integrity expected of a registered chiropractor;
- abusing her position of trust and exploiting the knowledge she had of these patients and their circumstances;
- undermining the public confidence in the chiropractic profession;
- likely to bring her profession into disrepute.

A matter which was of particular concern to the PCC was the vulnerability of Patients A and B, because they were in poor health and in their eighties. Patient C is somewhat younger and the PCC found the request was equally inappropriate. The persistence of Ms Dunkley's requests lasted for a period of two months which caused irritation, frustration and led to some arguments in Patient C's family.

Sanction

The Committee determined that Ms Dunkley's conduct amounted to a significant abuse of her position of trust and concluded that Ms Dunkley's name should be removed from the Register of Chiropractors.

Extracts from the Committee's determination

..The Committee was satisfied that Ms Dunkley had abused her position as a registered chiropractor in that she sought money from current and former patients and it took account of a number of aggravating factors:

- the vulnerability of Patients A and B;*
- the approach to Patients A and B and to C and his wife in their homes;*
- that the requests for loans were made on more than one occasion;*
- that the Committee could not be satisfied that Ms Dunkley would not repeat this behaviour because of her lack of effective engagement in the proceedings;*
- because of Ms Dunkley's lack of engagement, the Committee could not assess whether she has understood the consequences of her actions and their impact or whether her personal circumstances have changed to the extent that she would be unlikely to repeat the conduct.*

Although the Committee did accept that there was some evidence of Ms Dunkley's insight in respect of Patients A and B as she wrote a letter of apology to them; there was no such letter to Patient C and his wife. This is not a case of deficient professional performance which could be remediated. The Committee had no evidence that the conduct has been repeated since the events found proved, however the Committee took into account that Ms Dunkley's actions were repeated with two requests for money from different sources and that in the case of Patient C her actions were repeated over a period of over two months.

The Committee concluded that Ms Dunkley's conduct amounted to a significant abuse of her position of trust and this is fundamentally incompatible with her being a registered chiropractor.

On this basis the Committee has concluded that Ms Dunkley's name should be removed from the Register of Chiropractors. It is satisfied that this is proportionate and the minimum sanction necessary to protect the public, uphold standards of conduct and behaviour and maintain confidence in the profession'

GCC v Matthew POTTS

Registration number: 01751

Suspension Order for a period of 12 months with immediate effect

Source of complaint:

Patient

In brief:

- Encouraged a patient to pay for and book appointments without providing any diagnosis or rationale for care;
- Did not act in the patient's best interests;
- Provided treatment which was not clinically justified;
- Encouraged a patient to become dependant on his care;
- Had a personal friendship with a patient which was inappropriate and capable of undermining public confidence in the profession;
- Poor record keeping.

Outcome

The PCC found that the matters found proved represent serious failings on behalf of Mr Potts in relation to Patient A. These failings were 1) not formulating a working diagnosis/rationale for care 2) not reviewing progress 3) not maintaining appropriate records 4) not preserving professional boundaries and patient confidentiality.

The Committee found that Mr Potts encouraged Patient A to become dependant on his care, contrary to the requirements of the Code of Practice. They felt this was a particularly serious matter as there was no clinical justification for the treatment and there were inadequate reviews of the treatment.

With regards to his personal relationship with Patient A, the PCC noted that Patient A said she did not discourage the friendly relationship which developed between her and Mr Potts. The PCC felt the onus was on Mr Potts to maintain appropriate boundaries with her, as she was his patient.

The PCC found that Mr Potts' actions amount to Unacceptable Professional Conduct.

Sanction

The Committee determined that a 12 month Suspension Order was the minimum sanction necessary to protect the public, maintain confidence in the profession and uphold relevant standards of practice.

The Committee felt that although Mr Potts had demonstrated some insight in admitting many of the failings, he had not demonstrated full insight into the ramifications of his failings.

Extracts from the Committee's determination

.....Mr Potts allowed an improper relationship with Patient A to develop which led to the consequent breach of patient confidentiality. However, the friendship with Patient A does not explain or diminish his failure to meet his responsibilities in relation to her treatment; including his failure make a diagnosis and provide clinical justification for a high number of treatments over a long period.

Before the end of the period when Mr Potts' registration is suspended there will be a Review hearing. Mr Potts will be expected to attend that hearing and demonstrate that he has developed his insight into the seriousness of the matters which have led to these proceedings. He will also need to demonstrate how he has kept his knowledge up to date and any particular steps he has taken to address failings identified including record keeping, respecting confidentiality and preserving professional boundaries. He will need to reassure the Committee of his ability to comply fully with the GCC's Code of Practice and Standard of Proficiency.

GCC v Felisa Pham

Registration number: 01230

Conditions of Practice Order – 12 months

Source of complaint:

Patient

In brief:

Allegation: Unacceptable Professional Conduct

- Failed to request appropriate x-rays and failed to interpret x-rays as suggesting osteoporosis
- Failed to decide the patient's health needs would be better met by her GP or other healthcare professional, and failed to adequately address the patient's health and/or health needs in recommending a standardised treatment programme
- Recommended number of treatments were excessive, not clinically justified and not in Patient A's best interest
- Poor record keeping

Outcome

The PCC found that the facts found proved represented multiple, serious breaches of the Code of Practice/Standards of Proficiency and were satisfied that Ms Pham was guilty of Unacceptable Professional Conduct.

Sanction

The Committee considered the Indicative Sanctions Guidance (November 2010) and bore in mind Ms Pham had been in practice since 1998 and no referrals had been made until this one and there had been none since. The Committee also considered a number of testimonials from other professionals.

The Committee was concerned at the lack of insight demonstrated by Ms Pham until late into the hearing and that little in the way of serious attempt to address deficiencies in practice had been made in the period since the incident.

The Committee determined that a Conditions of Practice order for 12 months was the minimum sanction necessary to protect the public, maintain confidence in the profession and uphold relevant standards of practice. The Committee was of the view that with the conditions imposed patients would be adequately protected from risk and Ms Pham would be given the opportunity to correct and improve her professional practice.

Extracts from the Committee's determination

The facts found against you involve multiple, serious breaches of the Code of Practice/Standards of Proficiency that amounted to misconduct.

The Committee determined that it is a basic part of the skill of the reasonably competent chiropractor to be able to order the preparation of appropriate diagnostic x-

rays. To order x-rays that did not fulfil this need unnecessarily exposed the Patient to harmful ionising radiation. This was a serious departure from the required standard and was misconduct...

The Committee was of the view that it is also a basic requirement of a chiropractor that he/she is able to appreciate when x-rays are inadequate. Again, the Committee felt that this failure was more than mere inadvertence or negligence and was conduct that amounted to misconduct.

Whilst it was fortunate that the obtaining of the x-rays eventually led to the correct diagnosis having been made, this had not been directly as a result of your own diagnosis and it was no answer to say that neither had other professionals ordered sufficient x-rays before. The Committee felt that this was a serious failing and amounted to misconduct.

...this is a case involving multiple, serious breaches of the professional standards of a chiropractor. The Committee was concerned at the lack of insight demonstrated until late into the hearing and that little in the way of serious attempt to address your deficiencies in practice had been made in the period since the incident. Although you had identified appropriate training, you had not actually undertaken any such courses up to the present.

GCC v Graeme MASSEY

Registration number: 02108

Guilty of UPC – Admonishment

Source of complaint

Self Referral from Registrant

In brief

Allegation: Unacceptable Professional Conduct

- Accepted adult caution for the offence of common assault

Outcome

Mr Massey admitted all particulars of the allegation and these were found proved. The Committee considered Mr Massey's conduct in relation to Person A was a serious departure from the standard expected and demonstrated a significant lapse in judgement of the sort that would undermine public confidence in the profession and bring it into disrepute. The Committee found the Allegation well founded.

Extracts from the Committee's determination

The Committee has not sought to go behind the caution in this case, however, it noted that the details contained within the witness statements of Person A and Person B, are inconsistent with the wording of the caution. However, Dr Massey in his evidence accepted that he went after Person A instead of walking away. Dr Massey's explanation was that he was intending to ask Person A why he had 'harassed' his girlfriend. He also accepted that with hindsight, he should not have approached Person A.

The Committee is of the view that by going after Person A, Dr Massey created the situation in which confrontation was inevitable. Particularly, because Dr Massey has accepted that he was upset at the time and Person A may have been under the influence of alcohol. The Committee considers that patients and members of the public would be particularly concerned about a health professional being involved in any behaviour resulting in a caution for common assault.

The Committee is mindful that chiropractic is a caring profession which relies wholly on the trust between patient and practitioner. It considers that Dr Massey's conduct in relation to Person A was a serious departure from the standard expected and demonstrated a significant lapse in judgement of the sort that would undermine public confidence in the profession and bring it into disrepute.

The Committee first considered whether to take no action in this case. However, it considered that the caution did have a material relevance to Dr Massey's fitness to practice chiropractic. The Committee considered that the caution was a serious departure from the standard expected and demonstrated a significant lapse in

judgement of the sort that would undermine public confidence in the profession and bring it into disrepute.

In all the circumstances and taking into account Dr Massey's interest and the wider public interest, the Committee has determined that an admonishment is the appropriate sanction in this case.

Dr Massey should be in no doubt that any finding of unacceptable professional conduct by his regulatory body is a serious matter and Dr Massey should not take this admonishment lightly.

GCC v Meni SHON

Registration number: 02886

Admonishment

Source of complaint:

Patient

In brief:

- Inappropriate comments made to a female patient;
- Put pressure on a patient to undergo chiropractic treatment;
- Inadequate record keeping.

Outcome

The PCC found Dr Shon guilty of Unacceptable Professional Conduct.

The Committee heard detailed evidence from Dr Shon, Patient A, Patient A's daughter, and expert evidence from a chiropractic expert witness.

They considered the words used by Dr Shon to Patient A to be unnecessary and said, 'they were likely to and had in fact given rise to embarrassment on the part of Patient A'. The PCC also determined that it was unacceptable for a chiropractor to attempt to put pressure on a patient to undergo treatment. Further, the Committee said 'it is essential that chiropractors maintain adequate records of assessments'.

Sanction

The Committee had in mind Dr Shon's previous good history and noted there was no evidence that any patient suffered direct or indirect harm. Furthermore, 'the incidents were restricted to Dr Shon's interaction with a single patient, over a period of less than a month'.

The Committee determined to impose an Admonishment. It decided that such an order would be 'sufficient to protect the public and maintain confidence in the profession'.

Extracts from the Committee's determination

....The Committee found that Dr Shon's conduct had involved the use of inappropriate language on a number of occasions, but in circumstances that did not involve any sexual or malicious motivation. The Committee was of the view that Dr Shon had not set out to offend Patient A. Pressure had been applied to Patient A as a result of a further injudicious comment made by Dr Shon, but there was no evidence that she had been persuaded by such a comment any more than by other considerations in her mind. Further, Dr Shon had failed to keep adequate records, but in circumstances where he had appeared genuinely, though incorrectly, to think it unnecessary.

The Committee is satisfied that this sanction of Admonishment is sufficient to protect the public and maintain confidence in the profession. Dr Shon should be in no doubt that any finding of Unacceptable Professional Conduct by a regulatory body is a serious matter and should not be taken lightly.

GCC v Jason Sykes

Registration number: 01246

Admonishment

Source of complaint

Member of the public

In brief

- Unacceptable Professional Conduct – on the website of the clinic at which he practised, made a link to misleading and alarmist material regarding chiropractic;
- The material published on the linked website had the potential to put pressure on members of the public to seek chiropractic care.

Outcome

The Committee determined that the facts found proved amounted to Unacceptable Professional Conduct. The Committee considered that the statements made on the linked website had the potential to put pressure on the public to seek chiropractic care for themselves and for their babies and children, and had the potential to alarm members of the public.

Sanction

The Committee noted that Mr Sykes had accepted the findings of the Committee, taken the findings seriously, expressed his regret, and had removed the misleading material from the website immediately the matter was brought to his attention. Furthermore, the Committee noted the high esteem with which Dr Sykes was held by patients, and that he did not appear to place his patients under pressure to undergo any form of treatment.

The Committee determined to impose an Admonishment. It decided that such an order would be 'sufficient to protect patients, maintain public confidence in the profession and uphold proper standards of conduct'.

Extracts from the Committee's determination

The Committee noted your submission that you had looked at parts of the linked website, had considered that the contents appeared to be well referenced, and decided to create the link without having actually read the entries that the Committee has found unacceptable.... The Committee also noted that you are responsible for all material connected with your website including items that appear on other websites to which you create a link.

The Committee concluded that when considering the appropriate and proportionate sanction to impose, it must balance the serious issue of the alarmist nature of the material contained in the linked website and the potential effect that this might have had on

members of the public who read it, with the evidence of a competent and well thought of chiropractor who has not sought to benefit from the messages contained in the linked website....

You should be in no doubt that any findings of Unacceptable Professional Conduct is a serious matter and is not to be taken lightly.