

**General
Chiropractic
Council**



**Protecting patients
Setting standards**

Guidance on sanctions

November 2010

*plain English
approved*
by the word centre

Contents

	Paragraphs	Pages
Section A: Introduction		2
A1. The role and status of the sanctions guidance.....	1-7	2
A2. Equality and diversity statement.....	8	3
A3. The committee decision-making process.....	9-19	4
A4. The purpose of the sanctions and the public interest.....	20-22	6
A5. Proportionality.....	23	7
A6. 'Mitigating' and 'aggravating' factors.....	24-29	7
A7. Considering references and testimonials.....	30-31	8
A8. Expressions of regret, apology and insight.....	32-36	8
 Section B: The sanctions		 10
B1. Overview.....	37-40	10
B2. General issues relevant to sanctions		
● Convictions, cautions or determinations by another relevant body.....	41-48	10
● Sexual misconduct.....	49-51	12
● Sex offenders and child pornography.....	52-62	13
● Dishonesty.....	63-69	15
● Failing to provide an acceptable level of treatment or care.....	70-71	17
B3. Admonishment.....	72-73	17
B4. Conditions of Practice Orders.....	74-84	18
B5. Suspension.....	85-92	20
B6. Removal from the register.....	93-98	22
 Section C: Interim suspension		 25
 Section D: Review hearings		 26
 Appendix A: Checklist of sanctions and relevant factors		 28

Section A: Introduction

AI. The role and status of the sanctions guidance

1. The General Chiropractic Council (“the GCC”) was set up under the [Chiropractors Act 1994](#) (the Act). As a statutory body the GCC has three main duties:

- protecting the public by regulating chiropractors
- setting the standards of chiropractic education, conduct and practice
- ensuring the development of the profession.

Anybody who calls themselves a chiropractor in the UK must be registered with the GCC.

2. This guidance has been developed by the GCC for use by the Professional Conduct Committee (“the PCC”) when it is considering what sanction to impose upon a chiropractor following a finding of unacceptable professional conduct, professional incompetence or a criminal conviction. It outlines the decision-making process and the factors to be considered.
3. PCC members must use their own judgement when making decisions as they are acting in a judicial capacity, but within a framework set by the GCC. This guidance provides the framework and PCC members are expected to take full account of it.
4. The sanctions guidance is an important link between two of the GCC’s regulatory roles: setting standards of conduct and practice for the profession and dealing with complaints against chiropractors. The Council of the GCC is responsible for all decisions taken by the Professional Conduct Committee (PCC) and the Health Committee (HC), although Council members do not sit on either committee. The chiropractic and lay members appointed by the Council to sit on the PCC and HC must use their own judgement in deciding whether allegations against chiropractors are well-founded. These independent decisions must take account of the statutory requirements of the [Code of Practice and Standard of Proficiency](#) and any other guidance the Council issues to the profession. Committee members make their own decisions about sanctions, but they must refer to this guidance to confirm that it has been followed. If it has not, they must explain why not.

5. The sanctions guidance aims to promote consistency and openness in decision-making. It ensures that all parties are aware from the outset of the approach to be taken to sanctions by the PCC or HC. The use of guidance on sanctions has in similar contexts received strong endorsement from the judiciary, and Mr Justice Collins in the case of *CRHP -v- (1) GMC (2) Leeper [2004] EWHC 1850* recorded that:
- “It helps to achieve a consistent approach to the imposition of penalties where serious professional misconduct is established. The [panel] must have regard to it although obviously each case will depend on its own facts and guidance is what it says and must not be regarded as laying down a rigid tariff”.*
6. Mr Justice Newman, in the case of *R (on the application of Abrahaem) v GMC [2004]* described the GMC's Indicative Sanctions Guidance as:
- “very useful guidelines and they form a framework which enables any tribunal, including this court, to focus its attention on the relevant issues. But one has to come back to the essential exercise which the law now requires in what lies behind the purpose of sanctions, which, as I have already pointed out, is not to be punitive but to protect the public interest; public interest is a label which gives rise to separate areas of consideration”.*
7. It is intended that this Guidance on Sanctions is a ‘live document’ with users having the opportunity to provide comments on its use to the GCC. This will allow changes to be considered on a regular basis. If having used this guidance you have some comments to make, please email them to regulation@gcc-uk.org with ‘Comments on the Guidance on Sanctions’ in the subject line.

A2. Equality & diversity statement

8. The GCC is committed to valuing diversity and promoting equality throughout all of our work. This helps to make sure that our processes and procedures are fair, objective, clear, open and free from discrimination. Promoting equality is also a requirement under current and emerging equality legislation. The GCC and all the members of our committees must keep to the spirit and letter of this legislation. The GCC has published an equality scheme, which will help to make sure that the promotion of equality and diversity becomes part of our everyday work. See http://www.gcc-uk.org/files/link_file/Agreed_Equality_and_Diversity_Scheme_May_09_FINAL.pdf

A3. The committee decision-making process

9. There is a three-stage process before the PCC or HC makes a decision on sanctions. The Committee has to decide in this order:
1. whether the facts as set out in the allegation have been found to be proved
 2. whether, if the facts have been found to be proved, the allegation is well-founded, and if so,
 3. which of the sanctions available to the committee is the minimum necessary to protect the public?

The first two decisions are taken together, after the committee has considered all the evidence presented to it and has asked any questions for clarification. If a committee finds that either the facts are not proved or that the allegation is not well-founded then no action is taken and the chiropractor is informed of this outcome. The committee must give full reasons for these decisions.

Nature of allegations

10. Section 20(1) of the Act sets out four allegations that may be referred to either the PCC or HC, whichever is appropriate:
1. The chiropractor has been guilty of conduct which falls short of the standard required of a registered chiropractor (defined as “unacceptable professional conduct” in section 20 (2)).
 2. The chiropractor has been guilty of professional incompetence.
 3. The chiropractor has been convicted (at any time) in the United Kingdom of a criminal offence.
 4. The chiropractor’s ability to practise as a chiropractor is seriously impaired because of their physical or mental condition.
11. The standard required of a registered chiropractor is stated in the [Code of Practice and Standard of Proficiency](#) (sections 19 & 13 of the Act). The Act also says that failing to keep to any provision of the Code does not, in itself, amount to unacceptable professional conduct. In other words, allegations have to be judged by the PCC to be well-founded for this to happen. This is also the case for alleged breaches of the Standard of Proficiency although there is no separate reference to that in the Act.
12. There is one breach of the GCC’s statutory requirements that, in itself, amounts to unacceptable professional conduct. This is, while in practice in the UK, to fail to obtain and keep up professional indemnity insurance for the specified amount, including perpetual cover for acts performed during the period in which the insurance was in force.

13. If an allegation has been made against a chiropractor:
- a) of unacceptable professional conduct
 - b) of professional incompetence
- or
- c) that their ability to practise is seriously impaired because of a physical or mental condition
- and the allegation is proved to be well-founded, sections 22(2)–(4) of the Act say that a sanction must be imposed¹.
14. If an allegation that a chiropractor has been convicted of a criminal offence has been proved to be well-founded, the committee may decide to take no further action if it considers that the criminal offence in question has no material relevance to the fitness of that chiropractor to practise chiropractic².
15. There are four sanctions available to the PCC:
- a) Admonishment
 - b) Conditions of Practice Order
 - c) Suspension Order
 - d) Removal from the register.
16. There are two sanctions available to the HC when an allegation against a chiropractor that their ability to practise is seriously impaired because of a physical or mental condition has been proved to be well founded:
- a) Conditions of Practice Order
 - b) Suspension Order
17. When considering the appropriate sanction to impose, the committee should consider carefully the matters covered in sections A4 to A8 of this document.
18. Both the GCC and the chiropractor may make submissions on the sanction to impose, and the committee should take account of these. In practice the GCC does not make submissions when acting in its prosecuting role.

¹ Section 22(3) states that where an allegation that a registrant has been convicted of a criminal offence under section 20(1)(c) has been proved well founded, “*the Committee may take no further action if it considers that the criminal offence in question has no material relevance to the fitness of the chiropractor concerned to practise chiropractic.*”

² Section 20(1)(c) of the Act.

19. The committee must give reasons for the particular sanction that it decides to impose. The reasons must enable the chiropractor and the public to understand:
- a) why a particular sanction has been chosen
 - b) how it protects the public
 - c) why it is the minimum sanction that is necessary.

A4. The purpose of the sanctions and the public interest

20. The role of the GCC is firstly to protect the public. It is clear from a number of legal judgments that the public interest includes:

1. the protection of patients and the wider public
2. the maintenance of public confidence in the profession
3. declaring and upholding proper standards of conduct.

There may be a public interest in allowing a chiropractor's return to safe practice, and where appropriate the decisions reached should take account of this. However, committee members should bear in mind that their first concern is the protection of patients and the wider public interest (that is, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour).

21. Therefore, the purpose of sanctions is not to punish but to protect patients and the wider public interest. The sanctions may however have a punitive effect. This was confirmed in the judgment of Laws LJ in the case of *Raschid and Fatnani v The GMC* [2007] 1 WLR 1460 in which he stated:

“The Panel then is centrally concerned with the reputation or standing of the profession rather than the punishment of the doctor.”

22. In making this judgment, Judge Laws referred to the earlier Privy Council decision in *Gupta v The General Medical Council* [2002] 1 WLR 1691 which stated:

“It has frequently been observed that, where professional discipline is at stake, the relevant committee is not concerned exclusively, or even primarily, with the punishment of the practitioner concerned. Their Lordships refer, for example, to the judgment of Sir Thomas Bingham MR in Bolton v Law Society [1994] 1 WLR 512, 517-519 where his Lordship set out the general approach that has to be adopted. In particular he pointed out that, since the professional body is not primarily concerned with matters of punishment, considerations which would normally weigh in mitigation of punishment have less effect on the exercise of this kind of jurisdiction. And he observed that it can never be an objection to an order for suspension that the practitioner may be unable to re-establish his practice when the period has passed.”

A5. Proportionality

23. In deciding what sanction to impose the committee must consider the principle of proportionality. That is, they should weigh the interests of the public with those of the practitioner. The committee should consider the sanctions available starting with the least restrictive – admonishment – and then moving through each sanction in turn until the most appropriate is agreed.

A6. Mitigating and aggravating factors

24. When deciding on a case, the committee will need to consider any evidence presented by way of mitigation by the chiropractor (that is, those things that might influence the severity of the view the PCC takes of the behaviour). It is up to the committee to decide how much this information should influence its judgment on the sanction to be imposed, and this will also depend on the individual circumstances of the case.

25. Mitigation falls into two broad types:

- a) *Evidence of the chiropractor's understanding of, and insight into, the problem and their attempts to address it.* This could include admitting to the facts relating to the case, any apologies by the chiropractor to the complainant or person in question, their demonstrable efforts to prevent such behaviour happening again or significant efforts made to correct any deficiencies in performance;
- b) *Evidence of the chiropractor's overall compliance with important principles of good practice* (for example, keeping up to date, working within their area of competence and so on). Mitigation could also be about the circumstances leading up to the incidents as well as the character and previous history of the chiropractor. This could also include evidence that the chiropractor has not previously had a finding made against them by a GCC committee or by any equivalent committee or any other regulatory or licensing body.

26. The committee should also take into account matters of personal and professional mitigation that may be put forward such as testimonials, personal hardship, work related stress and the length of time since an incident occurred. These features should be considered and balanced carefully against the central aim of sanctions, which is the protection of the public and the maintenance of standards and public confidence in the profession.

27. The GCC may wish to draw attention to aggravating factors regarding the facts found proved by the committee. These would include, for example, behaviour which is the opposite of that described in paragraph 24. These could also involve the circumstances surrounding the events that took place (for example: whether the chiropractor has

abused their position of trust and therefore breached section CI.1 of the Code of Practice, 2005 or section CI.1 of the Code of Practice, 2010). The committee should also take into account any previous findings and sanctions imposed on the chiropractor's registration either by the GCC or any other regulator.

28. The principles in the *Code of Practice and Standard of Proficiency* emphasise that chiropractors should take a mature and responsible approach to work. The committee is likely to want to see evidence to support a chiropractor's contention that they have taken steps to put things right or to prevent problems arising.
29. There is more guidance on considering references and testimonials and on expressions of regret, apology and insight set out in paragraphs 30 to 36.

A7. Considering references and testimonials

30. The chiropractor may present references and testimonials concerning their standing in the community or the profession. If these have been provided before the hearing, the committee should consider how much they will take these documents into account. They should consider who the author(s) of the references are and their experience of the chiropractor, when they were written, and how the references or testimonials have been solicited.
31. As with other mitigating or aggravating factors the committee will need to weigh references appropriately against the nature of the facts found proved. The quantity, quality and spread of references and testimonials will vary from case to case and this will not necessarily depend upon the standing of the chiropractor. A committee should not draw adverse conclusions if no references or testimonials are presented. Also, getting references and testimonials may be difficult for chiropractors who qualified overseas and have only recently arrived in the UK.

A8. Expressions of regret, apology and insight

32. There is an expectation that a chiropractor will think about events, recognise when things have not gone well, learn from them, apologise to the patient(s) concerned and provide redress if appropriate. The chiropractor's actions since the incident(s) and during the hearing should make it clear whether this has happened.

This is covered by the section in the *Code of Practice and Standard of Proficiency* on dealing with any complaints promptly and fairly:

“... have a complaints procedure in place within their practice and deal promptly and fairly with any complaint or claim made against them by a patient’ (Code of Practice, 2005, paragraph E1.1) and ‘have a written complaints procedure in place ... deal promptly and fairly with any complaint or claim made by a patient ... tell a patient about their right to refer any unresolved complaint to the GCC and give them the GCC’s contact details’” (Code of Practice, 2010, section E1).

33. The committee needs to be satisfied that patient protection and the wider public interest have been the main considerations for the chiropractor, and that they have recognised that steps needed to be taken.
34. When deciding whether a chiropractor has expressed regret, given an apology or shown insight the committee will also need to take into account the chiropractor’s behaviour throughout the hearing. For example, has the chiropractor:
 - a) denied the allegation?
 - b) been equivocal or ambivalent (perhaps by not acting to improve the position, or by saying they will but then taking no action)?
 - c) made admissions at the outset of the hearing or late in the day when they think it will then help their case?
 - d) given untruthful evidence to the committee or falsified documents?
35. Cross cultural communication studies show that there are great differences in the way that people from different cultures and language groups use language and non-verbal signals both to understand what is being said and to express themselves. This is particularly the case when individuals are using a second language. Awareness of and sensitivity to these issues are important in considering:
 - a) how a chiropractor words their ‘insight’
 - b) how a chiropractor offers an apology
 - c) the chiropractor’s behaviour and attitude during the hearing
 - d) the process of communication.
36. Some solicitors or professional indemnity insurers may advise a chiropractor that they should not apologise or express regret. This is because it is seen as an acceptance of liability, which may have an impact on a criminal investigation or insurance claim. Chiropractors should not allow this advice to come before their accountability to the patient.

Section B: The sanctions

B1. Overview

37. The relevant provisions of the Act are set out in [paragraphs 15 and 16](#).
38. Before the committee moves to a vote it must make sure that it fully discusses the case, any submissions made by the chiropractor about the appropriate sanction, and is fully aware of all the options available to it. In practice, the GCC does not make submissions about sanctions³. The submissions made by the chiropractor are just that – submissions. The committee alone makes the final decision on the appropriate sanction, working within the relevant legislation and the framework set out by this guidance.
39. It is important that the committee's decision on the sanction makes clear that it has considered the available sanctions in ascending order, starting with admonishment, and has stopped when it has chosen the minimum necessary to protect the public and the reputation of the profession. The committee must provide clear and convincing reasons (including the mitigating and aggravating factors that influenced its decision) for imposing a particular sanction. This is especially relevant if the sanction is lower, or higher, than that suggested by this guidance and where it differs from the sanction submitted by the chiropractor. Also, the decision should include a clear explanation of why a particular period of sanction has been considered necessary, if this applies.
40. The chiropractor has the right to appeal to the courts within 28 days against any decision of the PCC or HC to impose a sanction. The sanction does not take effect during these 28 days nor, if an appeal is lodged, until that appeal has been disposed of. During this time, the chiropractor's registration remains fully effective unless the committee also orders an interim suspension ([see section C](#)).

B2. General issues relevant to sanction

Convictions, cautions or determinations by another relevant body

41. 'Convictions' mean findings of guilt by a criminal court in the United Kingdom (UK). A conviction by itself gives the PCC the power to act even if the criminal offence did not involve misconduct in the course of practice.⁴

³ See [paragraph 18](#) above for more information.

⁴ Section 20(1)(c) [Chiropractors Act 1994](#).

42. 'Cautions' cover offences committed in the UK or elsewhere but where no court proceedings took place because the chiropractor admitted the offence and criminal proceedings were considered unnecessary.
43. 'Determinations' mean decisions by another regulatory or licensing body, in the UK or elsewhere, against the practitioner as a member of that particular profession which have not been overturned on appeal.
44. If the Committee receives in evidence a signed certificate of the conviction, then it must accept the certificate as conclusive evidence of the offence having been committed, unless it also receives evidence to the effect that the chiropractor is not the person referred to in the conviction⁵. In accepting a caution, the chiropractor will have admitted committing the offence. In these cases the purpose and focus of the proceedings is to:
- a) establish whether the conviction or caution has material relevance to the fitness of the chiropractor to practise chiropractic
 - b) consider the gravity of the offence
- and
- c) take due account of any mitigating circumstances.
- The committee cannot seek to 'go behind' the conviction or caution or reach another conclusion about the matters that led to its being issued. The same approach should be taken with determinations by other regulatory or licensing bodies.
45. In a hearing about a conviction, caution or determination, the GCC solicitor will be invited to put forward evidence about the circumstances leading up to the conviction, caution or determination and the character and previous history of the respondent chiropractor. The chiropractor will then have the opportunity to address the committee by way of mitigation and present any evidence about this.
46. The purpose of the hearing is not to punish a chiropractor for a second time for the offences of which they were convicted. The purpose is to consider whether there is a need to impose a sanction to protect the public and to maintain the high standards and good reputation of the profession⁶. This relates to the paragraphs in the Code of Practice about the need to be honest and trustworthy and to act with integrity ([section C](#)).

5 Rule 7(1) General Chiropractic Council (Professional Conduct Committee) Rules 2000.

6 *Dey v GMC* (Privy Council Appeal No 19 of 2001).

47. The purpose of a sanction in healthcare regulation disciplinary proceedings is to protect the public and uphold the public interest. In the criminal courts the purpose of a sentence is primarily to punish the offender. Because its purpose is different, the sentence imposed may not always be a definitive guide to the seriousness of the offence or of its relevance to the chiropractor's fitness to practise. The committee should bear in mind the wider public interest in maintaining public confidence in the profession and in upholding proper standards of conduct and behaviour.
48. The Code of Practice, 2005, section E1.4, imposes a duty on chiropractors to 'avoid conduct which may undermine public confidence in the chiropractic profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice'. The Code of Practice, 2010, section E3 sets out the duty for chiropractors to 'avoid acting in a way that may undermine public confidence in the chiropractic profession or bring the profession into disrepute'.

Sexual misconduct

49. Sexual misconduct takes in a wide range of behaviour from criminal convictions for sexual assault and sexual abuse of children (including child pornography) to sexual misconduct with patients, patients' relatives or colleagues. See the guidance on sex offenders and child pornography in [paragraphs 52–62](#) below.
50. The committee should take account of the principles set out in:
- a) the Code of Practice, 2005, in section C1.4 'chiropractors must not use their professional position as a means of pursuing a sexual relationship with a patient and must end the professional relationship if they find they are becoming involved with a patient, or a patient is becoming involved with them'.
 - b) the Code of Practice, 2010, section C3 that chiropractors must "establish and maintain clear sexual boundaries with patients and their carers".

The Council for Healthcare Regulatory Excellence (CHRE) has produced guidance for fitness to practise panels on clear sexual boundaries – see www.chre.org.uk/satellite/133/

51. Sexual misconduct seriously undermines public trust in the profession. It is the chiropractor's responsibility to prevent sexual boundaries being crossed, not the patient's. The misconduct is particularly serious if there is an abuse of the special position of trust that a chiropractor has, or when a chiropractor has been required to register as a sex offender. The risk to patients is important. In these cases removal from the register has been judged the appropriate sanction:

“The public, and in particular ... patients, must have confidence in the [chiropractic] profession whatever their state of health might be. The conduct as found proved... undoubtedly undermines such confidence and a severe sanction was inevitable. Their Lordships are satisfied that [removal from the register] was neither unreasonable, excessive nor disproportionate but necessary in the public interest.”⁷

Sex offenders and child pornography

52. Anyone who has been convicted of, or has received a caution for a sexual offence listed in Schedule 3 of the Sexual Offences Act must give the police certain information, (including his or her address) and be registered on the Sex Offenders' Register⁸. The table attached to S82 of the Sexual Offences Act 2003 sets out how long a person must comply with these notification requirements. Some sentences require lifetime compliance. The court may also order the person to undergo a programme of rehabilitation or treatment.
53. Sexual offences include accessing and viewing or other involvement in child pornography, which involves the exploitation or abuse of a child. Such offences seriously undermine patients' and the public's trust and confidence in the chiropractic profession and breach a number of principles set out in:
- a) the Code of Practice, 2005 (section C about 'being honest and trustworthy', section A about 'being open with patients and showing respect for their dignity, individuality and privacy' and section E2.7 about 'safeguarding and promoting the welfare of children')
- and
- b) the Code of Practice, 2010 (section C about 'justifying public trust and confidence by being honest and trustworthy', section A about 'respecting patients' dignity, individuality and privacy' and section E7 about 'safeguarding the welfare of children and vulnerable adults').
54. The Court of Appeal gave some guidance on the handling of cases involving internet child pornography in the case of *CHRE v the General Dental Council and another (Mr Alexander Fleischmann)* [2005] EWHC 87 (Admin). Taking, making, distributing or showing with a view to being distributed, publishing, or possession of an indecent photograph or pseudo-photograph of a child is illegal and regarded in UK society as morally unacceptable. So if a chiropractor is found to have any involvement in child pornography then the question should be asked whether it is necessary to suspend or remove the chiropractor from the register in order to protect the public and maintain public confidence in the profession.

⁷ *Haikel v GMC* (Privy Council Appeal No 69 of 2001): see also *Dare v GMC* (Privy Council Appeal No 19 of 2002).

⁸ Under S80 of the [Sexual Offences Act 2003](#).

55. In the Fleischmann case referred to above, Mr Fleischmann was sentenced to a 3-year community rehabilitation order, including a treatment programme, and had to comply with the notification requirements for 5 years. A 12-month suspension order by the GDC's committee in that case was held to be unduly lenient by the CHRE and the reasons for this (as well as a case-specific concern about insight and re-offending) included the following factors:
- a) the committee could not, at the time of imposing the sanction, know the outcome of a treatment programme
 - b) the general principle that a professional should not resume practice until their sentence had been completed
 - c) the notification requirement is not a punishment but a means of public protection.
56. Although the courts properly distinguish between degrees of seriousness, the GCC considers that any conviction for child pornography against a registered chiropractor is a matter of grave concern. This is because it involves such a fundamental breach of patients' trust in chiropractors that it will inevitably bring the profession into disrepute. It is therefore highly likely that in these cases the only proportionate sanction will be removal from the register. However the committee should still bear in mind the full range of sanctions and the issue of proportionality. If the committee decides to impose a sanction other than removal from the register, it must take particular care to explain fully the reasons and the thinking that have led to this lesser sanction being imposed so that it is clear to people who have not heard the evidence in the case.
57. The GCC considers that no chiropractor registered as a sex offender following a conviction or caution for a sexual offence should have unrestricted registration. The committee will therefore need to make sure that, in cases when it imposes a period of suspension, the case is reviewed before the end of the period of suspension. This is so the committee can consider whether a further period of suspension is appropriate or whether the chiropractor should be permitted to resume practice subject to conditions.
58. In order to protect the public, the committee should consider whether any of the conditions should include no direct contact with **any** patients during the period that the chiropractor is registered as a sex offender.
59. The committee should also consider whether chiropractors registered as sex offenders should be required to undergo assessment before they are permitted to resume any form of practice. For example, this could be an assessment by a clinical psychologist, to assess the potential risk to patients.

60. Committees will review cases where the chiropractor has completed the prescribed period of registration as a sex offender and is no longer required to register as a sex offender. In these cases they should take into account:
- a) the seriousness of the original offence
 - b) evidence about the chiropractor's response to any treatment programme they have had
 - c) the insight shown by the chiropractor into the seriousness of their previous actions
 - d) the likelihood of the chiropractor re-offending
 - e) the possible risk to patients and the wider public if the chiropractor is allowed to resume unrestricted practice
 - f) the possible damage to the public's trust in the profession if the chiropractor is allowed to resume unrestricted practice.
61. Committees should consider each case on its merits and make decisions in the light of the particular circumstances of the case.
62. If the Committee has any doubt about whether a chiropractor who is no longer required to register as a sex offender should resume unrestricted practice, it should not grant the chiropractor unrestricted registration.

Dishonesty

63. Dishonesty, even when it does not result in direct harm to patients, is particularly serious because it can undermine the trust the public places in the profession. (For example, dishonesty over matters outside the chiropractor's clinical responsibility, such as giving false statements or making fraudulent claims for money.) The Privy Council has emphasised that:
- “... [Authorities] must be able to place complete reliance on the integrity of practitioners; and the Committee is entitled to regard conduct which undermines that confidence as calculated to reflect on the standards and reputation of the profession as a whole.”⁹***
64. The *Code of Practice and Standard of Proficiency*, 2005, says that ‘chiropractors must be honest and trustworthy and must avoid abusing their position as a chiropractor’. The *Code of Practice and Standard of Proficiency*, 2010, says that chiropractors ‘must justify public trust and confidence by being honest and trustworthy’.

⁹ Dey v GMC (Privy Council Appeal No 19 of 2001).

65. On financial and commercial dealings, the Code of Practice, 2005, section C2.1 says: 'chiropractors must be honest in financial and commercial matters'. The Code of Practice, 2010, section C7 says chiropractors 'must keep sound financial records and keep to relevant legislation'. The Code of Practice, 2005, and the Code of Practice, 2010, also emphasises the duty to avoid conflicts of interest.
66. On providing and publishing information about their services, the Code of Practice, 2005, section C1.6. says: 'chiropractors may publicise their practices or permit another person to do so consistent with the law and the guidance issued by the Advertising Standards Authority'. The Code of Practice, 2010, section C4, says: a chiropractor 'or anyone acting on (their) behalf must use only factual and verifiable information when publicising (their) work or practice. The information must not: (a) mislead (b) be inaccurate (c) abuse the trust of members of the public (d) exploit their lack of experience or knowledge about either health or chiropractic matters (e) instil fear of future ill-health (f) put pressure on people to use chiropractic (g) bring the profession into disrepute'.
67. Examples of dishonesty in professional practice could include:
- a) defrauding a partner in the practice
 - b) falsifying or improperly amending patient records
 - c) submitting or providing false references, or inaccurate or misleading information on a CV
 - d) failing to take reasonable steps to ensure that statements made in formal documents are accurate.
- (See the Code of Practice, 2005, section D3 and the Code of Practice, 2010, section B7, for the duty to keep clear, accurate and legible records; and the Standard of Proficiency, 2005, section C2 and the Standard of Proficiency, 2010, sections S3.4–S3.5 about writing reports and giving evidence).
68. Research misconduct is particularly serious as it has the potential to have far-reaching consequences. Research misconduct ranges from presenting misleading information in publications through to dishonesty in clinical trials. This behaviour undermines the trust that both the public and the profession have in chiropractic as a science, whether or not this leads to direct harm to individual patients.
69. Dishonesty, especially when it is not admitted or persistent or covered up, is likely to result in removal from the register.

Failing to provide an acceptable level of treatment or care

- 70.** Failing to provide an acceptable level of treatment or care is when a chiropractor has not acted in a patient's best interests, and has failed to provide an adequate level of care by falling well below expected professional standards. See the Standard of Proficiency, 2005, sections A1 and A2, the Standard of Proficiency, 2010, sections S2 and S3 and the Code of Practice, 2010, section E. This is particularly the case if the chiropractor shows a reckless disregard for patient safety or breaches the fundamental duty of chiropractors to protect the patient from harm.
- 71.** A particularly important consideration in such cases is whether or not a chiropractor has, or has the potential, to develop insight into these failures. If this is not evident, it is likely that conditions of practice or suspension may not be appropriate or sufficient.¹⁰

B3. Admonishment

- 72.** The lowest form of sanction that can be applied by the PCC is an admonishment. An admonishment may be appropriate if the allegation is at the lower end of the spectrum of unacceptable professional conduct, professional incompetence or criminal conviction and the committee wants to mark that the behaviour of the chiropractor was unacceptable and must not happen again.
- 73.** Admonishments may be considered when most of the following factors are present in the case (this is not a complete list):
- a) evidence that the behaviour would not have caused direct or indirect patient harm
 - b) evidence of insight into failings
 - c) the behaviour was an isolated incident, which was not deliberate
 - d) a genuine expression of regret or apologies
 - e) the respondent was acting under duress
 - f) previous good history
 - g) no repetition of the behaviour since the incident
 - h) evidence that rehabilitative or corrective steps have been taken
 - i) relevant and appropriate references and testimonials.

Consider: is it sufficient to conclude this case with an admonishment, given:

- a) the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?**
- b) the reasons for the finding of unacceptable professional conduct, professional incompetence or a criminal conviction?**

¹⁰ See Ghosh v GMC (Privy Council Appeal No 69 of 2000) and Garfoot v GMC (Privy Council Appeal No 81 of 2001).

If the answer is 'no', then consider imposing a Conditions of Practice Order on the chiropractor's registration (see the [next section](#)).

B4. Conditions of Practice Orders

- 74.** A Conditions of Practice Order can be imposed by the PCC or the HC for up to three years in the first instance, and may be renewed for periods of up to three years after this. This sanction allows a chiropractor to practise under certain conditions.
- 75.** A Conditions of Practice Order must specify one or both of the following¹¹:
- a) the period for which the order will last
 - b) a test of competence which must be taken by the chiropractor.
- 76.** The Conditions of Practice Order will end¹²:
- a) when the period ends if a period has been specified in the order or
 - b) when the chiropractor passes the test of competence if this has been specified and no period has been given or
 - c) when the period ends or when the chiropractor passes the test, whichever happens later, if both have been specified in the order.
- 77.** At any time when a Conditions of Practice Order is in force, whether or not of its own motion, the PCC or HC may¹³:
- a) extend the period covered by the order
 - b) revoke or vary any of the conditions
 - c) require the chiropractor to pass a test of competence specified by the PCC or HC
 - d) reduce the period for which the order has effect
 - e) revoke the order.
- 78.** The purpose of the imposition of a Conditions of Practice Order is to protect patients and the public interest. Conditions may include:
- a) prohibition from carrying out particular work or procedures
 - b) the requirement to be audited or inspected
 - c) the requirement to undertake additional training or assessment
 - d) the requirement to pass a test of competence.
- 79.** The main aim of specific conditions is to protect patients from harm, while allowing the chiropractor to put right any shortcomings in their practice and deal with any health issues. The committee will need to assess whether there is a need for remedial training. To do this it must

¹¹ Section 22(5) [Chiropractors Act 1994](#).

¹² Section 22(6) [Chiropractors Act 1994](#).

¹³ Section 22(7) [Chiropractors Act 1994](#).

consider any objective evidence submitted about the chiropractor's practice or health (for example: reports on the assessment of the chiropractor's performance or health, or evidence submitted on behalf of the chiropractor or by anyone else).

- 80.** The objectives of any conditions or requirements to undertake additional training must be made clear enough for:
- a) the chiropractor to know what is expected of them, and
 - b) a future review hearing of the committee to understand the original shortcomings and the specific actions needed to correct them.

Only when the objectives are set out clearly will it be possible to evaluate whether they have been achieved. Any conditions must be:

- a) appropriate
- b) proportionate
- c) workable
- d) measurable.

- 81.** If the HC has found a chiropractor's fitness to practise to be impaired due to their physical or mental condition, the conditions of practice should include some that relate to medical supervision of the chiropractor as well as some relating to practice. Generally, it is not appropriate to impose conditions that include medical supervision unless the chiropractor's fitness to practise has been found impaired because of their physical or mental health. An exception would be a case where a chiropractor has refused to have a health assessment or has a conviction for the possession or use of drugs, or for alcohol abuse.

- 82.** Before the committee decides on any conditions to be imposed, it should take the advice of the Committee Secretary of the GCC and the chiropractor concerned to make sure that the proposed conditions will be workable.

- 83.** Conditions of Practice Orders will always be subject to a review hearing before they expire¹⁴.

- 84.** A Conditions of Practice Order may be appropriate when most or all of the following are apparent in the case (this is not a complete list):
- a) there is no evidence of harmful deep-seated personality or attitudinal problems
 - b) there are identifiable areas of a chiropractor's practice in need of review, retraining or assessment
 - c) there is no evidence of general incompetence
 - d) there is evidence of a willingness to have, and the potential to respond positively to, further training and assessment

¹⁴ PCC Rules, Part IV and relates to good practice.

- e) patients will not be put at risk either directly or indirectly as a result of continued registration with conditions
- f) the conditions will protect patients during the period they are in force
- g) it is possible to formulate appropriate, practicable and assessable conditions to impose on registration.

Consider: is it sufficient to conclude this case with conditions imposed upon registration, given:

- a) **the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?**
- b) **the reasons for the finding of unacceptable professional conduct, professional incompetence or a criminal conviction?**

If the answer is 'no', then consider suspending the chiropractor from the register with recommendations of the actions to be undertaken and saying when the suspension order is to be reviewed.

B5. Suspension

85. Suspension can be used by the PCC or HC to send out a signal to the chiropractor, the profession and the public about:

- a) what is regarded as behaviour that is inappropriate to a registered chiropractor
- or
- b) health issues that are sufficient to impair ability to practise.

Suspension from the register will also have a punitive effect, in that it prevents a chiropractor from practising (and therefore earning a living as a chiropractor) during the period of suspension. It is also likely to have a longer-term adverse effect on the individual's reputation. Suspension is likely to be appropriate for unacceptable professional conduct, professional incompetence or a conviction that is serious, but not so serious as to justify removal from the register (for example, if there has been an acknowledgment of fault).

86. The length of suspension may be up to three years and is for the committee to decide on, depending upon the gravity of the particular case. It is renewable in periods of up to three years after the initial period. Unlike Conditions of Practice Orders, once a Suspension Order has been imposed by the PCC and come into effect its length cannot be reduced. Nor can a Suspension Order imposed by the PCC be revoked. However, the HC does have the power to revoke a Suspension Order that it has imposed¹⁵.

87. Suspension is also likely to be appropriate in a case of deficient conduct or competence in which the chiropractor currently poses a risk of harm to patients, but where there is evidence that they have gained insight into the deficiencies and there is potential for them

¹⁵ Section 23.6 of the Act.

to remedy the situation. This will include cases where a Conditions of Practice Order is not sufficient either to protect patients or to serve the public interest. In these cases the committee may wish to impose a period of suspension and recommend the further training the chiropractor should undergo during suspension, or the remedial actions he or she should undertake.

- 88.** If the Health Committee has decided that a chiropractor has a serious health problem that impairs their fitness to practise, it cannot remove them from the register unless there are also other allegations (such as a conviction, misconduct or deficient performance) that the Committee have found to be well-founded. It is only the PCC that can order the removal of a chiropractor from the register, after the case has been referred to it by the HC. Suspension is appropriate when the chiropractor's health is such that they cannot practise safely even under conditions. In these cases, the HC may direct a review hearing to get further information about whether the chiropractor is then fit to resume practice either under conditions or unrestricted.
- 89.** A Suspension Order must specify the period for which it has effect and the reasons for this period¹⁶. It will cease to have effect at the end of that period. However, at any time that a Suspension Order is in force the committee may¹⁷:
- a) extend the period of suspension
 - b) make a Conditions of Practice Order which the chiropractor must comply with if they resume the practice of chiropractic after the end of their period of suspension.
- 90.** Suspension Orders will normally be subject to a review hearing before they expire (see [section C](#)). Exceptions would be when the Suspension Order is for a very limited period.
- 91.** Suspension Orders may be appropriate when some or all of the following are apparent in the case (this is not a complete list):
- a) there has been a serious breach of the Code of Practice or Standard of Proficiency and the misconduct is not fundamentally incompatible with continued registration. Therefore removal from the register would not be in the public interest. However, the breach is so serious that any sanction lower than a suspension would not be sufficient to serve the need to protect the public interest.
 - b) the case involves deficient performance where there is a risk to patient safety if the chiropractor's registration is not suspended, and the chiropractor demonstrates potential for remedying the situation or for retraining.

¹⁶ Section 22(4)(c) [Chiropractors Act 1994](#).

¹⁷ Section 22(9) [Chiropractors Act 1994](#).

- c) there is no evidence of harmful deep-seated personality or attitudinal problems
- d) there is no evidence of the repetition of similar behaviour since the incident
- e) the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour
- f) it is possible to decide on appropriate, practicable and assessable actions that have to be undertaken during the period of suspension.

Consider: is it sufficient to conclude this case with registration being suspended, given:

- a) **the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?**
- b) **the reasons for the finding of unacceptable professional conduct, professional incompetence or a criminal conviction?**

If the answer is 'no', the chiropractor must be removed from the register.

- 92.** In cases when the PCC or the HC decides to impose a Suspension Order, it should also seriously consider whether it needs to impose an Interim Suspension Order in order to protect members of the public (section 24(2) of the [Chiropractors Act 1994](#) – see Section C). This is because an Interim Suspension Order takes effect immediately. A Suspension Order does not take effect for 28 days and, if an appeal is made, not until the appeal has been decided, during which time the chiropractor would remain on the register and be able to practise.

B6. Removal from the register

- 93.** Removal from the register may well be appropriate when the behaviour involves any of the following (this is not a complete list):
- a) particularly serious departure from the principles set out in the [Code of Practice and Standard of Proficiency](#), that is, behaviour fundamentally incompatible with being a chiropractor.
 - b) a reckless disregard for the principles set out in the [Code of Practice and Standard of Proficiency](#) and for patient safety.
 - c) doing serious harm to others (patients or otherwise), either deliberately or through incompetence; particularly where there is a continuing risk to patients (see further guidance at [paragraphs 70–71](#) about failure to provide an acceptable level of treatment or care).
 - d) abuse of position or trust (see the Code of Practice, 2005, section C 'chiropractors must act with integrity and never abuse their professional standing' and the Code of Practice, 2010, section C which says that chiropractors 'must act with honesty and integrity and never abuse (their) professional standing by rousing people's fears or imposing (their) views on them'.

- e) violation of a patient's rights or exploiting vulnerable people (see for example the Code of Practice, 2005, paragraphs B2.5 and E2.7 about children and young people, section A3 about their own beliefs and values, and section C1 about communication with patients. Or in the Code of Practice, 2010, see section E8 about safeguarding the welfare of children and vulnerable adults, section B5 about respecting patients' decisions, and section B1 about communication with patients).
- f) offences of a sexual nature, including involvement in child pornography (see paragraphs 52–62)
- g) offences involving serious violence that have resulted in a custodial sentence.
- h) dishonesty, especially when it is denied, persistent or covered up (see paragraphs 63–69).
- i) acting without integrity and abusing professional standing (see the Code of Practice, 2005, section C1 and sections C2–C4 about conflicts of interest and the Code of Practice, 2010, section C6 about conflicts of interest).
- j) persistent lack of insight into the seriousness of their actions or the consequences.

A chiropractor cannot be removed from the register if the only issue relates to their health.

94. Protection of the public and upholding the public interest are the most important considerations when deciding the appropriate sanction. Lord Bingham, Master of the Rolls, in the case of *Bolton v The Law Society*, stated that:

“Because orders made by the tribunal are not primarily punitive, it follows that considerations which would ordinarily weigh in mitigation of punishment have less effect on the exercise of this jurisdiction than on the ordinary run of sentences imposed in criminal cases. It often happens that a solicitor appearing before the tribunal can adduce a wealth of glowing tributes from his professional brethren. He can often show that for him and his family the consequences of striking off or suspension would be little short of tragic. Often he will say, convincingly, that he has learned his lesson and will not offend again. On applying for restoration after striking off, all these points may be made, and the former solicitor may also be able to point to real efforts made to re-establish himself and redeem his reputation. All these matters are relevant and should be considered. But none of them touches the essential issue, which is the need to maintain among members of the public a well-founded confidence that any solicitor whom they instruct will be a person of unquestionable integrity, probity and trustworthiness. Thus it can never be an objection to an order of suspension in an appropriate case that the solicitor may be unable to re-establish his practice when the period of suspension is past. If that proves, or appears likely to be, so the consequence for the individual and his

family may be deeply unfortunate and unintended. But it does not make suspension the wrong order if it is otherwise right. The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.”

95. The Gupta judgment, which followed the approach set out in Bolton v The Law Society, emphasised the General Medical Council’s role in maintaining justified confidence in the profession. In particular, it stated that removal was appropriate when, despite a practitioner presenting no risk:

“.. the appellant’s behaviour 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”

96. In the case of Bijl v the GMC, which involved two clinical errors of judgement and mistakes relating to one operation performed by Dr Bijl, the Privy Council stated that [a committee] should not feel it necessary to remove:

“an otherwise competent and useful doctor who presents no danger to the public in order to satisfy [public] demand for blame and punishment”

and drew attention to the statement that:

“honest failure should not be responded to primarily by blame and retribution but by learning and by a drive to reduce risks for future patients”

97. There are some examples of misconduct where the Privy Council has upheld decisions to remove health practitioners from registers despite strong mitigation. This has been because it would not have been in the public interest to do otherwise given the circumstances.
98. In cases where the committee decides to remove a chiropractor from the register (that is, imposes a Removal Order), it should also seriously consider whether it is necessary to impose an Interim Suspension Order in order to protect members of the public (section 24(2) of the [Chiropractors Act 1994](#) – see section C). This is because an Interim Suspension Order has immediate effect. A removal order does not take effect for 28 days and, if an appeal is made, not until the appeal has been decided during which time the chiropractor would remain on the register and be able to practise.

Section C: Interim suspension

- 99.** The committee has the power to order the Registrar to suspend the registration of a chiropractor with immediate effect where it decides to suspend or remove the chiropractor from the register, if it is satisfied that this is necessary to protect members of the public.¹⁸ This prevents the chiropractor from practising as a chiropractor during the period of appeal where this is deemed necessary for the protection of the public. This is called an Interim Suspension Order (ISO).
- 100.** When the PCC has decided to impose a Suspension Order or a Removal Order, or the HC has decided to impose a Suspension Order, it should immediately also decide, depending on the circumstances of the case, whether to impose an ISO to cover the period of 28 days before the Suspension or Removal Order takes effect and until any appeal against the Suspension or Removal Order has been decided.
- 101.** Chiropractors or their representatives sometimes argue that no immediate order should be made, as the chiropractor needs time to make arrangements for the care of their patients before the substantive order for suspension or removal from the register takes effect. In considering such arguments, the committee will need to bear in mind that the purpose of Interim Suspension Orders is to protect the public. Also, any chiropractor whose case is being considered by a committee will have been aware of the date of the hearing for some time and that there was the possibility of interim suspension being imposed, hence they will have had time to make arrangements for the care of patients.
- 102.** Interim suspension prevents the chiropractor from describing themselves as a chiropractor during the period of the appeal. In considering whether to suspend registration with immediate effect, the committee should consider whether it is appropriate for the chiropractor to have contact with patients during the appeal period (28 days or, if the chiropractor appeals, until the appeal has been decided, which may take many months).
- 103.** In practice it is arguable that, if it is considered necessary to suspend or remove a chiropractor from the register, then interim suspension should always be considered as a logical step to protect the public during the period of appeal. This decision will be up to the committee based on the facts of each case.

¹⁸ Section 24 [Chiropractors Act 1994](#).

Section D: Review hearings

- 104.** When the committee decides that a period of registration with conditions or suspension is appropriate, it will normally order that a review hearing be held. The exception to this is when the Suspension Order is for a very limited period. When audits or medical checks form part of a Conditions of Practice Order, the committee should specify the timing for those events, bearing in mind the need to limit the risk to patients. If no audits or checks are needed, the review hearing should be held shortly before the end of the period of conditions or suspension.
- 105.** The committee should always make clear what it expects the chiropractor to do during the period covered by conditions or suspension, and what information it would be helpful for the chiropractor to submit ahead of the review hearing.
- 106.** It is important that no chiropractor should be allowed to resume unrestricted practice following a period of conditional registration or suspension unless the committee considers that they are safe to do so. The committee will need to be reassured that the chiropractor is fit to resume practice either unrestricted or with conditions or further conditions. The committee will also need to satisfy itself that:
- a) the chiropractor has fully appreciated the gravity of the breach
 - b) the chiropractor has maintained their skills and knowledge and
 - c) patients will not be placed at risk by resumption of practice or by the imposition of registration with conditions.
- The committee should consider whether the chiropractor has produced any information or objective evidence on these matters.
- 107.** At review hearings, the committee will need to consider and make a finding as to whether the chiropractor has complied or failed to comply with any conditions imposed at the previous hearing (giving reasons for its decision). The committee must do this before deciding whether or not to impose a further order.
- 108.** If a committee has found that the chiropractor has not complied with the conditions on their registration it may extend the conditions for a period up to three years, or revoke or vary any of the previous conditions.
- 109.** If a chiropractor's registration is suspended, the committee may direct that the period of suspension be extended, or impose a period of conditions (up to three years).

- 110.** If a review hearing cannot be finished before the end of the period of conditional registration or suspension, the committee may extend that period for a further short period. This is to allow for a review hearing to continue as soon as practicable, while keeping the conditions or suspension in force until the outcome. The Committee should ask both parties to confirm when they will be ready to resume the hearing, and base the period of extension accordingly.
- 111.** In some misconduct cases it may be self-evident that following a short period of suspension, there will be no need to have a review hearing. This could be for example, in cases where someone has been practising as a chiropractor before their registration, or where a chiropractor has failed to have professional indemnity insurance cover.
- 112.** The committee must give reasons for its decision whether or not to order a review hearing. This makes it clear that the matter has been considered and gives the basis on which the decision has been reached. If the Committee does not order a review hearing, the reasons must include an explanation of the factors that led it to decide that the chiropractor would be fit to resume unrestricted practice following the end of the period of conditions or suspension¹⁹.

¹⁹ This is because the Act does not require a review hearing but the Rules provide the power for it.

Appendix A: Checklist of sanctions and relevant factors

Admonishment

1. Admonishments may be considered when most of the following factors are present in the case (this is not a complete list):
 - a) evidence that the behaviour would not have caused direct or indirect patient harm
 - b) evidence of insight into failings
 - c) the behaviour was an isolated incident, which was not deliberate
 - d) a genuine expression of regret or apologies
 - e) the respondent was acting under duress
 - f) previous good history
 - g) no repetition of the behaviour since the incident
 - h) evidence that rehabilitative or corrective steps have been taken
 - i) relevant and appropriate references and testimonials.
2. **Consider: is it sufficient to conclude this case with an admonishment, given:**
 - a) **the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?**
 - b) **the reasons for the finding of unacceptable professional conduct, professional incompetence or criminal conviction?**
3. If the answer is 'no', then consider imposing a Conditions of Practice Order on the chiropractor's registration.

Conditions of Practice Order

4. A Conditions of Practice Order may be appropriate when most or all of the following are apparent in the case (this is not a complete list):
 - a) there is no evidence of harmful deep-seated personality or attitudinal problems
 - b) there are identifiable areas of a chiropractor's practice in need of review, retraining or assessment
 - c) there is no evidence of general incompetence
 - d) there is evidence of a willingness to have, and the potential to respond positively to, further training and assessment
 - e) patients will not be put at risk either directly or indirectly as a result of continued registration with conditions
 - f) the conditions will protect patients during the period they are in force

g) it is possible to formulate appropriate, practicable and assessable conditions to impose on registration.

5. Consider: is it sufficient to conclude this case with conditions imposed upon registration, given:

- a) the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?
- b) the reasons for the finding of unacceptable professional conduct, professional incompetence or criminal conviction?

6. If the answer is 'no', then consider suspending the chiropractor from the register with recommendations of the actions to be undertaken and stating when the Suspension Order is to be reviewed.

Suspension

7. Suspension Orders may be appropriate when some or all of the following are apparent in the case (this is not a complete list):

- a) there has been a serious breach of the Code of Practice or Standard of Proficiency and the misconduct is not fundamentally incompatible with continued registration. Therefore removal from the register would not be in the public interest. However, the breach is so serious that any sanction lower than a suspension would not be sufficient to serve the need to protect the public interest.
- b) the case involves deficient performance where there is a risk to patient safety if the chiropractor's registration were not suspended, and the chiropractor demonstrates potential for remedying the situation or for retraining.
- c) there is no evidence of harmful deep-seated personality or attitudinal problems
- d) there is no evidence of the repetition of similar behaviour since the incident
- e) the committee is satisfied the chiropractor has insight and does not pose a significant risk of repeating the behaviour
- f) it is possible to decide on appropriate, practicable and assessable actions that have to be undertaken during the period of suspension.

8. Consider: is it sufficient to conclude this case with registration being suspended, given:

- a) the purpose of imposing sanctions is not to be punitive but to protect patients and the wider public interest?
- b) the reasons for the finding of unacceptable professional conduct, professional incompetence or criminal conviction?

9. If the answer is 'no', the chiropractor must be removed from the register.
10. In cases when the PCC decides to impose a Suspension Order, it should also seriously consider whether it is necessary to impose an Interim Suspension Order in order to protect members of the public (section 24(2) of the [Chiropractors Act 1994](#)). The PCC must invite both parties' views on this question before considering it in private. This decision should be delivered separately.

Removal from the register

- II. Removal from the register may well be appropriate when the behaviour involves any of the following (this is not a complete list):
 - a) particularly serious departure from the principles set out in the [Code of Practice and Standard of Proficiency](#), that is, behaviour fundamentally incompatible with being a chiropractor
 - b) a reckless disregard for the principles set out in the *Code of Practice and Standard of Proficiency* or for patient safety.
 - c) doing serious harm to others (patients or otherwise), either deliberately or through incompetence; particularly where there is a continuing risk to patients (see further guidance at [paragraphs 70–71](#) about failure to provide an acceptable level of treatment or care).
 - d) abuse of position or trust (see the Code of Practice, 2005, section C 'chiropractors must act with integrity and never abuse their professional standing', and the Code of Practice, 2010, section C which says that chiropractors 'must act with honesty and integrity and never abuse (their) professional standing by rousing people's fears or imposing (their) views on them')
 - e) violation of a patient's rights or exploiting vulnerable people (see for example the Code of Practice, 2005, paragraphs B2.5 and E2.7 about children and young people, section A3 about their own beliefs and values, and section CI about communication with patients. Or in the Code of Practice, 2010, section E8 about safeguarding the welfare of children and vulnerable adults, section B5 about respecting patients' decisions, and section BI about communication with patients).
 - f) offences of a sexual nature, including involvement in child pornography (see below at [paragraphs 52–62](#))
 - g) offences involving serious violence that have resulted in a custodial sentence.
 - h) dishonesty, especially when it is denied, persistent or covered up (see at [paragraphs 63–69](#))

- i) acting without integrity and abusing professional standing (see the Code of Practice, 2005, section C1 and sections C2–C4 about conflicts of interest, and the Code of Practice, 2010, section C6 about conflicts of interest)
 - j) persistent lack of insight into the seriousness of their actions or the consequences
12. A chiropractor cannot be removed from the register if the only issue relates to the chiropractor's health.
13. In cases where the PCC decides to remove a chiropractor from the register, it should also seriously consider whether it is necessary to impose an Interim Suspension Order in order to protect members of the public (section 24(2) of the [Chiropractors Act 1994](#)). The PCC must invite both parties' views on this question before considering it in private. This decision should be delivered separately.