



General  
Chiropractic  
Council

# Fitness to Practise Annual Report

2020



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## Introduction

This report published annually sets out information relating to the various stages in the fitness to practise process, the volume and type of complaints received and our performance in managing those complaints.

## About Fitness to Practise (FtP)

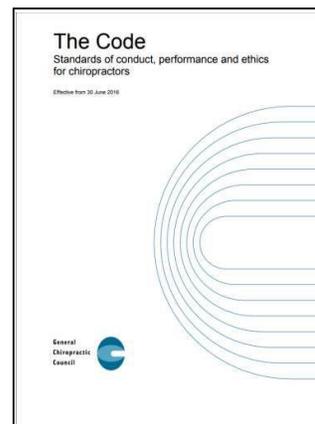
### The Code

The Code represents the benchmark of conduct and practice against which chiropractors are measured.

The Code became effective from 30 June 2016 replacing the Code of Practice and Standard of Proficiency (2010).

The Code is arranged around eight principles that require chiropractors to:

- Put the health interests of patients first
- Act with honesty and integrity and maintain the highest standards of professional and personal conduct
- Provide a good standard of clinical care and practice
- Establish and maintain a clear professional relationship with patients
- Obtain informed consent for all aspects of patient care
- Communicate properly and effectively with patients, colleagues and other healthcare professionals
- Maintain, develop and work within professional knowledge and skills
- Maintain and protect patient information



### Investigating complaints

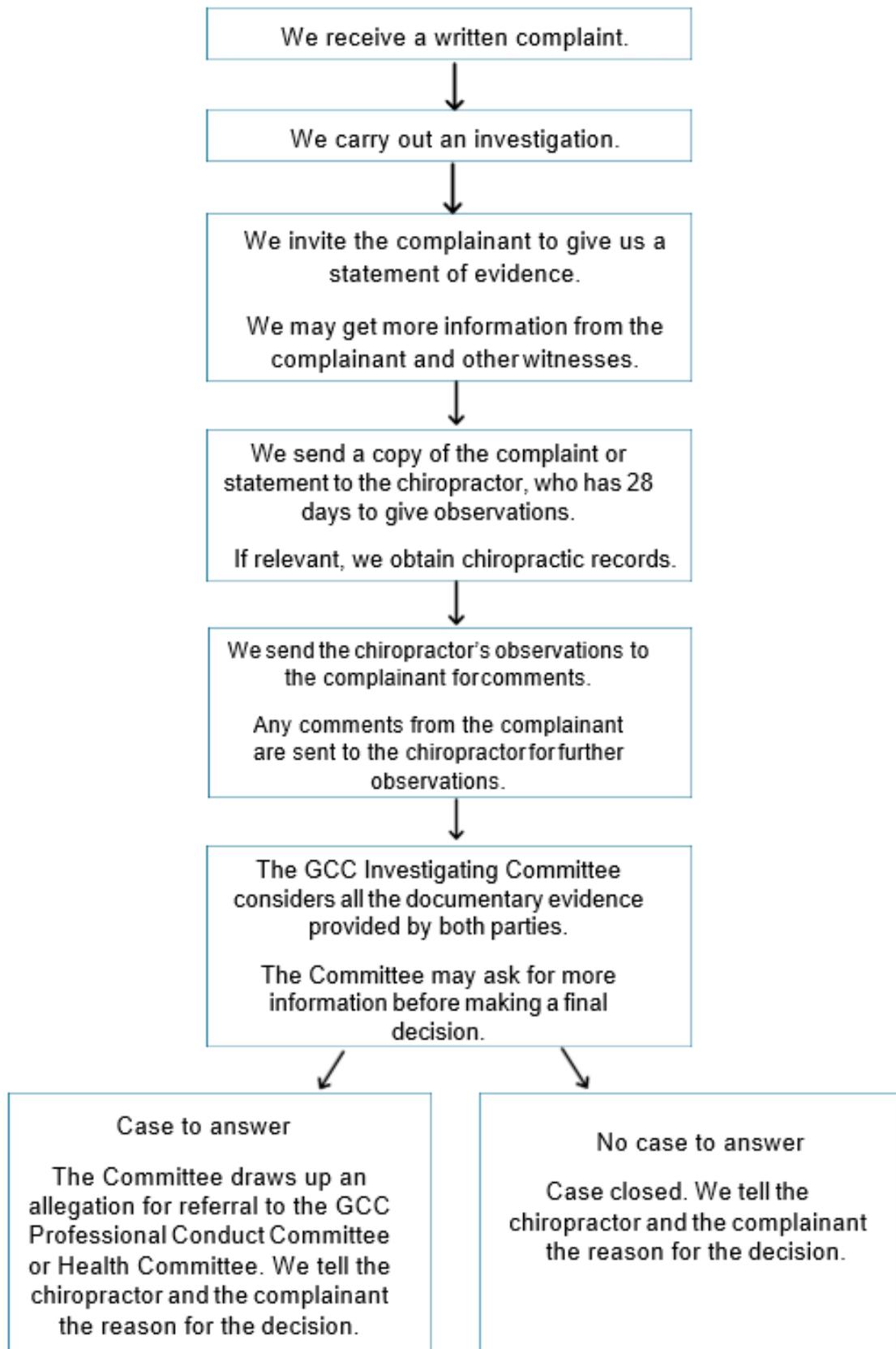
The GCC must investigate any complaint made about a registrant. The types of complaint it can investigate are:

- Treatment, care or advice given by a chiropractor
- The professional or personal behaviour of a chiropractor
- Serious impairment of fitness to practise due to the physical or mental health of a chiropractor

What complaints are the GCC unable to investigate?

- The GCC can only investigate registered chiropractors
- The GCC regulates individual chiropractors and does not accept complaints against clinics
- The GCC cannot resolve matters that relate solely to payment
- The GCC has no power in relation to compensation whatsoever

The investigating process followed by the GCC fitness to practise team is as follows:



## Fitness to Practise and COVID-19

### Regulating during the pandemic

2020 was undoubtedly a difficult year for everyone, particularly those working in frontline health and care services. The GCC made several changes to its approach to handling FtP concerns due to the impact of COVID-19. There was also an impact on the nature and volume of concerns received by the GCC.

The operations of the GCC switched to 'home-working' in March 2020 and arrangements for business continuity were implemented. This resulted in several significant changes to working practices.

The GCC Investigating Committee (IC) continued to meet regularly, in a virtual setting using secure digital technology. There was no interruption to its schedule and it was able to consider cases brought to it with little or no impact on volumes or timescales. Given the advantages in relation to cost and efficiency and the quality of decision-making, the IC is likely to continue to meet within a virtual setting for the foreseeable future.

The GCC Professional Conduct Committee (PCC) had experienced some elements of digital working, such as evidence provided by witnesses using video-link or telephone prior to the pandemic. Hearings had hitherto been held in person. Further to a risk-assessment undertaken in March 2020, a decision was taken to pause hearings scheduled in April and May 2020, to allow for staff and partners to become familiar with, and be trained in the use of, conferencing technology. Further, arrangements were made to ensure hearings were safe and consistent with the statutory framework. Hearings recommenced from June 2020, with all taking place on a virtual basis since then.

We reviewed our approach in line with [guidance on the conduct of virtual hearings](#) published by the Professional Standards Authority in September 2020. We assess the overall conduct and experience of hearings on a continual basis recognising the need to progress concerns ensuring the public is protected; and that proceedings are fair and accessible to all. In early 2021 our protocol for remote hearings outlining our overall approach will be published.

The working environment for chiropractors has changed. Most chiropractors have handled the restrictions and discomfort of PPE, the cleaning regimen and the financial uncertainty. The professional associations and bodies have worked hard to ensure the availability of useful and timely information aimed at registrants.

Along with the other professional health and social care regulatory bodies the GCC issued a statement committing to take a proportionate approach in dealing with concerns raised, considering the context in which care is provided. This is in the event of having to investigate complaints brought about by a registrant's departure from established procedures to care for patients and people using health and social care services.

We saw a change in the number and nature of concerns raising fitness to practise concerns this year. There was a 16% increase in the number of concerns received in 2020 compared to 2019. Most of this increase was a consequence of concerns relating to aspects caused by the pandemic.

Following the introduction of restrictions chiropractors were exempt from closure orders in all four countries of the United Kingdom. Some concerns were received from patients about chiropractors remaining open.

Concerns were also received about some chiropractors advertising that chiropractic treatment could boost immunity, including against COVID-19. No credible scientific evidence supports this, and the [GCC issued a statement in March 2020](#) as to expectations of registrants here. The statement was endorsed by the four chiropractic associations and the Royal College of Chiropractors.

As the pandemic progressed, complaints were also received relating to the lack of, or inappropriate use, of Personal Protective Equipment (PPE), inadequate cleaning regimes and latterly, concerns relating to statements made by some registrants about vaccination. All GCC COVID-19 statements and information can be read [here](#).

Whilst seeing an increase in the volume of complaints received, with some of these complaints raising serious concerns, they represent a small proportion of the number of treatments carried out by chiropractors.

## Performance summary

		2020	2019
Number of cases concluded by Investigating Committee		87	62
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	78	54
	Referral to Professional Conduct Committee	9	8
Number of cases concluded by Professional Conduct Committee		6	7
Number of registrants removed ('struck off') from the register		0	0
Number of registrants suspended from the register		0	0
Number of registrants receiving a conditions of practice order		0	1
Number of registrants receiving an admonishment		2	1
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	33	37
	Longest case	156 <sup>1</sup>	81
	Shortest case	7	6
Number of open cases (at the end of the year) which are older than:	52 weeks	17 <sup>2</sup>	8
	104 weeks	0	2
	156 weeks	0	0

### Key points

- In 2020 the number of complaints received about chiropractors' fitness to practise increased by 16% from 2019.
- 40% more cases were considered by the Investigating Committee in 2020 than in 2019 with the average time to progress a case reducing from 37 to 33 weeks.
- Complaints were made about 75 chiropractors.
- Most complaints were received from patients.
- Most complaints related to substandard treatment.
- Of the cases concluded by the Investigating Committee nine of these were referred to a Professional Conduct Committee hearing.
- Two chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

<sup>1</sup> Three cases were over 100 weeks old. In all three cases they were delayed due to investigation by a third party where the GCC's investigation had to be placed on hold.

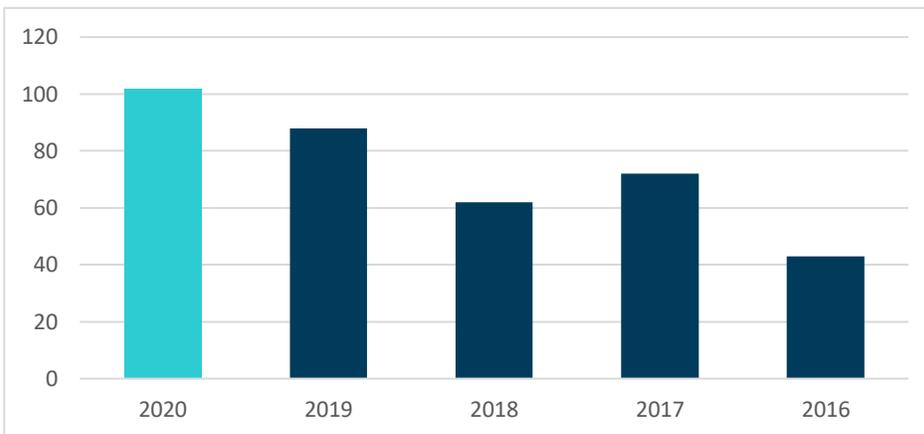
<sup>2</sup> The age of the caseload has increased this year. The reasons for this are that the caseload grew significantly this year and the resources we had, had to be deployed to progressing high risk cases. Some lower risk cases have progressed more slowly.

## Complaints received

In 2020 the GCC received 102<sup>3</sup> complaints about chiropractors. This is a 16% increase in complaints received in 2019. Over the last five years the average number of complaints received is around 70 per year.

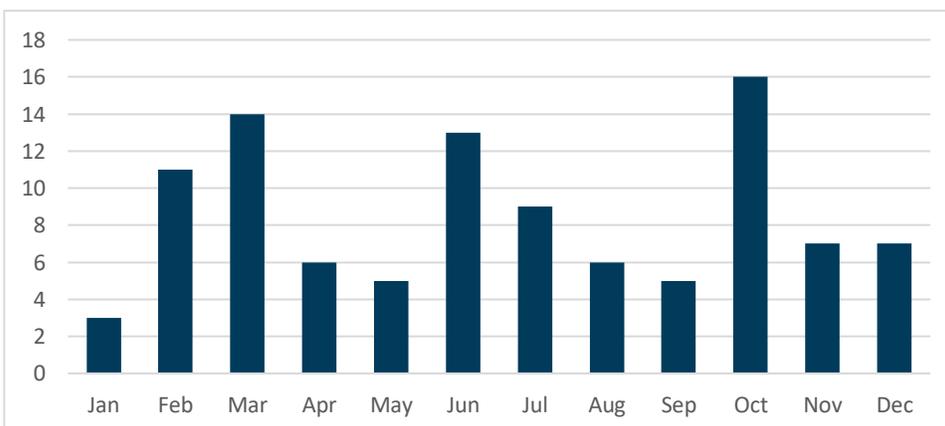
The complaints related to 75 registered chiropractors. 13 registrants received at least two complaints against them.

	2020	2019	2018	2017	2016
Complaints received	102	88 <sup>4</sup>	62	72	43



### Complaints received by month

On average we received eight complaints per month with a peak of 16 complaints received in October.



<sup>3</sup> This number may change as time progresses. Some 'enquiries' that we receive in a year may not be deemed a section 20 'complaint' initially or at all. The date the 'complaint' is received may overlap with the date that we decide it has become a section 20 matter, for example, an enquiry could be received in 2020, but the decision that it should be considered as a section 20 'complaint' may not occur until 2021.

<sup>4</sup> This figure was reported as 85 in the FtP report 2019. The final figure was 88 for the reason set out in footnote 3.

## Source of complaints

Most complaints are made by a patient or a relative of a patient, accounting for 64 or two-thirds of all complaints in 2020.

Source of complaint	Number
Patient/Relative of	64
Member of public/private organisation	23
Other Chiropractor/Clinic where worked	12
Anonymous	1
Other Healthcare Professional	2
Public Sector Organisation (e.g. Police)	0
Registrar	0
Self-Referral	0
<b>Total</b>	<b>102</b>

## Nature of complaints

Understanding the nature and volumes of complaints contributes to the development of the profession. We want to support the profession by being transparent about complaints and where necessary provide guidance where there are common themes or trends – so that the learning shared informs practice.

Importantly, allegations raised are just that; *allegations*. Whether or not these are proven is not a consideration in this section of the report, and in highlighting serves to aid understanding where complaints have been made.

## Our approach

A complaint received by the GCC is reviewed by a member of the fitness to practise team, who completes an initial case report recording the allegation and issues raised by the complainant. This case report records all allegations made, including where more than one allegation is made by a complainant. This explains why the number of allegations (192) is greater than the number of complaints received in the year (102).

Cases are assigned a category and broken down into type and, in some cases, subtype. For example, a complaint concerning injury from treatment is categorised as *clinical care*, the type would be *substandard treatment* and the subtype *rough or aggressive treatment causing injury/pain*.

Category	Type	Subtype
Clinical care	e.g. substandard treatment/inadequate record keeping etc.	e.g. Rough/aggressive treatment causing injury/pain

### Nature of complaint by category

Most complaints contain more than two allegations about the chiropractor. The highest number of allegations made in a complaint was seven.

Of the 102 complaints received, 72 alleged a failing relating to *clinical care*.

In 62 separate complaints there was an allegation of a failing in *communication/consent or professional relationships*.

In 23 cases there was an allegation made about a chiropractor's *probity*.

Base: 102 cases

Nature of Complaint	Number of allegations raised
Clinical care	72
Communication/Consent/Professional Relationships	62
Probity	23
Working with colleagues	3
Conviction/Criminality	1
Unprofessional behaviour outside practice	3
Business/employment issues	1
Health	0
Promoting anti-vaccination	1
Compliance with GCC investigations	0
Other	26 <sup>5</sup>
<b>Total</b>	192

<sup>5</sup> 19 of the 26 allegations captured here related to COVID-19.

## Clinical care allegations - by type and subtype

The most commonly occurring allegation relating to clinical care was the patient receiving substandard treatment.

Type	Number of allegations raised
Substandard treatment	64
Inadequate record keeping	1
Breach of patient confidentiality	4
Poor hygiene practice	1
Clinic facilities/premises	2

## Substandard treatment

This covers a wide variety of concerns raised, the most common examples being concerns about the treatment technique/approach or the patient was injured.

Subtype (Substandard treatment)	Number of allegations identified
Concern about treatment techniques/approach/dissatisfied with treatment	24
Rough/aggressive treatment causing injury/pain	13
Inappropriate/contraindicated/excessive treatment/lack of clinical justification	5
Failure to cease treatment	1
Lack of further investigation/follow up/review	1
Lack of clinical justification for investigations/x-rays	6
Misdiagnosis/No diagnosis	7
Failure to refer, when appropriate	3
Inadequate assessment/case history	1
Failure to adhere to x-ray guidelines	0
Failure to work within limits of knowledge, skills and competence	3
Failure to examine/inadequate examination	0

## Communication/Consent/Professional Relationships by type and subtype

The second largest category of complaint is Communication/Consent/Professional Relationships.

Type	Number of allegations raised
Communication	18
Sexual boundaries	26
Failure to preserve patient's privacy and dignity/not providing chaperone	10
Financial impropriety with patients	1
Consent	4
Intimidation of patient/pressure/undue influence to undergo treatment	3
Failure/delays in providing access to records	0

### Communication

Poor communication between patient and chiropractor consistently forms an element of or reason for a referral.

Subtype (Communication)	Number of allegations raised
Rudeness to patient/lack of respect or sympathy/empathy	7
Failure to respond to communication from complainant/comply with patient request	1
Inappropriate comments/language	8
Failure to explain or agree diagnosis/treatment or treatment plan/results	0
Failure to provide adequate information about complaints procedure/poor complaint handling	2
Failure to explain fees adequately/mechanisms for payment	0
Failure to explain refusal to treat	0
Bullying/Harassment/discrimination	0

The most commonly occurring complaint received related to the chiropractor making inappropriate comments or using inappropriate language.

## Sexual boundaries

There were 26 separate complaints alleging sexual behaviour by a chiropractor. This is an increase from previous years.

Subtype (Sexual boundaries)	Number of allegations raised
Inappropriate contact with patient's body/intimate areas	6
Indecent/sexualised behaviour	13
Inappropriate personal/sexual relationship with patient	2
Use of sexualised language/comments	5

## Probity

In this category, the largest number of allegations related to misleading advertising/claims made on websites.

Subtype (Probity)	Number of allegations raised
Misleading advertising/claims made on website	10
Dishonesty/Failure to fulfil duty of candour to be open and honest with all patients	4
False representation of skills/experience/registration/use of doctor title	4
Practising while not registered/Practising on non practising register/ Practising without indemnity insurance	2
Improper alteration of records/clinic diary	1
Removal of patient records/data from clinic	1
Financial deception/fraud/improper charging	0
Improper use of patient database/soliciting patients	1

## Commonly occurring allegations in 2020

The most commonly occurring allegations in 2020 were:

1. Concern about treatment techniques/approach/dissatisfied with treatment
2. Rough or aggressive treatment causing injury or pain to the patient
3. Indecent/sexualised behaviour
4. Misleading advertising/claims made on website
5. Inappropriate comments/language
6. Rudeness to patient/lack of respect or sympathy/empathy
7. Misdiagnosis/No diagnosis
8. The patient experiencing rudeness from the chiropractor which may include a lack of respect or sympathy/empathy

It is of note that whilst the most common occurring allegation may relate to substandard treatment, if appropriate or clear communication between chiropractor and patient had taken place, this could have avoided this type of allegation being referred to the GCC.

## Investigating Committee

The GCC Investigating Committee (IC) investigates complaints made to the GCC about a chiropractor’s conduct, professional incompetence or health, to establish whether there is a ‘case to answer’. If there is a case to answer, the IC will refer the complaint for consideration by the GCC Professional Conduct Committee (PCC) or Health Committee (HC).

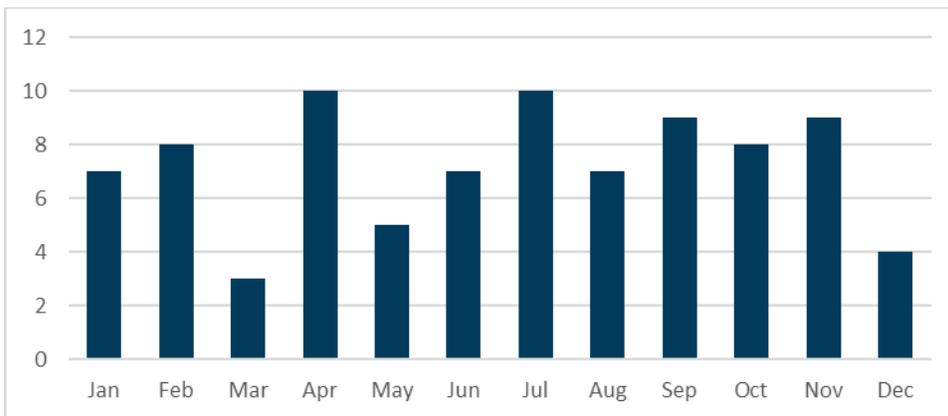
IC meetings are not held in public. The Committee sits with a Legal Assessor to advise them on points of law and procedure, but the Legal Assessor has no decision-making role.

In 2020, the IC determined 87 cases compared to 62 cases in 2019 an increase of 40%.

	2020	2019	2018	2017	2016
Cases determined	87	62	58	67	43

### Cases determined by month

April and July saw the largest number of complaints closed per month.



### Decisions of the Investigating Committee

Of the 87 cases that were determined by the IC in 2020, nine were referred on to the PCC (10%). There has been a decline in the number of PCC referrals over the last 5 years.

Decision of the IC	2020	%	2019	%	2018	%	2017	%	2016	%
No Case to Answer	78	90%	54	87%	47	81%	51	76%	28	65%
Referred to PCC	9	10%	8	13%	11	19%	16	24%	15	35%
<b>Total</b>	<b>87</b>		<b>62</b>		<b>58</b>		<b>67</b>		<b>43</b>	

## Professional Conduct Committee

The Professional Conduct Committee (PCC) determines allegations about a chiropractor’s conduct or professional incompetence referred to it by the IC. Allegations that have been referred to the PCC are considered at a public hearing. On rare occasions, parts of a hearing may be held in private.

The PCC members are both chiropractors and, non-chiropractic lay members. At each hearing there must be at least three PCC members present, including one chiropractor and one lay member. The panel is chaired by a lay member. The PCC sits with a Legal Assessor, advising the Committee on points of law and procedure, who has no decision-making role.

If the PCC decides that the allegation against the chiropractor is not well founded, no further action will be taken. However, if the PCC decides that the allegation is well founded, it must impose a sanction.

Sanctions available to the PCC are:

- Admonishment
- Conditions of practice order
- Suspension
- Removal from the register

In 2020, six cases were determined by the PCC.

Two chiropractors were found guilty of unacceptable professional conduct in 2020. Both received an admonishment, with further details set out below.

In four cases the chiropractor was found not guilty of unacceptable professional conduct.

<b>PCC decision</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
Removal	0	0	1	1	2
Suspension	0	0	0	2	0
Conditions of Practice	0	1	2	0	1
Admonishment	2	1	2	5	0
No UPC	4	5	4	6	3
GCC offered no evidence	0	0	2	2	7
<b>Total</b>	<b>6</b>	<b>7</b>	<b>11</b>	<b>16</b>	<b>13</b>

## **Review hearings**

Where a chiropractor has been either suspended or a conditions of practice order imposed at a previous hearing, a review hearing may be held to ensure the chiropractor is safe to return to the register.

There were four review hearings in 2020 relating to two registrants. Three review hearings related to the same individual across two separate orders.

## **PCC Caseload**

At the end of 2020 there were 11 cases that were yet to be determined by the PCC. This is an increase of three cases compared to those at the end of 2019 and is partly a consequence of the pausing (and re-scheduling of hearings) in April and May 2020 due to the pandemic.

## **Health Committee**

The Health Committee (HC) determines allegations of serious impairment of a chiropractor's fitness to practise due to ill physical or mental health.

The HC did not meet in 2020.

## PCC cases where the chiropractor was found guilty of Unacceptable Professional Conduct (UPC)

This section of the report is produced in accordance with the Chiropractors Act 1994, Section 22(14), which requires the Committee to publish a report setting out the names of those chiropractors in respect of whom it has investigated allegations and found the allegations to be well founded.

<b>Name and registration number of Registrant</b>	<b>Date of Decision</b>	<b>Source of complaint</b>	<b>Outcome</b>	<b>Summary of facts found proved and amounting to UPC</b>
BASSI, Premdeep Singh  04307	19 August 2020	Registrar	Admonishment	The registrant, whilst a practising chiropractor, failed to have any indemnity cover for a period between 1 January to 8 February 2018 and again between 1 October and 25 November 2018 – a total period of 13 weeks.
HEIKKINEN, Vesa Tapani  01571	16 December 2020	Patient	Admonishment	The registrant failed to take appropriate action despite having concerns about the safety of Patient A. He failed to refer her to her GP when it was appropriate to do so and he provided care that was not appropriate given the existence of Red Flags, which he was aware of.

## Interim Suspension hearings

### Investigating Committee

If a complaint received raises an immediate concern for the protection of the public, the Investigating Committee (IC) will hold an ‘interim suspension’ hearing to consider whether it should suspend the registration of the chiropractor being investigated.

If the IC decides that it needs to suspend the registrant to protect the public, the order cannot last longer than two months and will be in place while the complaint is investigated. If granted, the Interim Suspension Order is effective immediately. The Committee has no power to revoke an order once it has been made.

There were three IC interim suspension hearings concluded in 2020, a significant decrease compared to 2019.

	2020	2019	2018	2017	2016
<b>Hearings held</b>	<b>3</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>13</b>
Interim suspension ordered	0	2	0	1	3
Interim suspension not ordered	3	8	3	6	10

### Professional Conduct Committee

If the PCC decides that a complaint that has been referred to it by the IC is so serious that the public might need immediate protection, it will hold an interim suspension hearing. If the PCC decides that it needs to impose an Interim Suspension Order to protect the public, the Order is effective immediately, and it lasts until the end of the PCC process.

There were no PCC interim suspension hearing held in 2020.

## Section 32 complaints

Under Section 32 of the Chiropractors Act 1994, a person who (whether expressly or by implication) describes themselves as a chiropractor, chiropractic practitioner, chiropractitioner, chiropractic physician, or any other kind of chiropractor, is guilty of an offence unless they are a registered chiropractor.

Over the course of a year, several complaints are received relating to individuals that describe themselves as above where they are not a registered chiropractor.

Following review, the GCC can take several courses of action. These include:

- Issuing advice to result in changes to websites, publications and other relevant marketing materials
- Sending a 'cease and desist' letter
- Instructing inquiry agents to obtain more information
- Recommending that the case is closed.

Where letters have been sent, the GCC checks that appropriate action has been taken.

In cases where the breach or potential breach of section 32 is of very serious concern, the Registrar will consider whether to prosecute. No prosecutions were instigated in 2020.

During 2020, the GCC continued to focus on clearing a backlog of section 32 complaints. 42 complaints were reviewed and closed in 2020, leaving just 16 complaints in total at the end of 2020. The aim is to clear the small remaining backlog by summer 2021.