

In the matter of Section 22 of the Chiropractors Act 1994 ("the Act")

and

The General Chiropractic Council (Professional Conduct Committee) Rules 2000 ("the Rules")

and

The consideration of an allegation by the Professional Conduct Committee

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**NOTICE OF FINDING BY  
THE PROFESSIONAL CONDUCT COMMITTEE  
OF THE GENERAL CHIROPRACTIC COUNCIL**

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Name of Respondent:	<b>Mr Jaimon Patel</b>
Address of Respondent:	Jai Chiropractic 4 Hawksworth Street Ilkley LS29 9DU United Kingdom

Registration Number of Respondent:	04719
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On 17, 18, 19 and 20 April 2023, the Professional Conduct Committee ("the Committee") of the General Chiropractic Council met to consider the following allegation against you, referred to it by the Investigating Committee in accordance with Section 20(12)(b)(ii) of the Chiropractors Act 1994 ("the Act"):

## **PARTICULARS OF THE ALLEGATION:**

**That, being a registered chiropractor, you are guilty of unacceptable professional conduct in that:**

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*Whilst registered as a chiropractor, by reason of the matters outlined at any or all of 1 – 4 below, you are guilty of unacceptable professional conduct in accordance with section 20(1)(a) of the Chiropractors Act 1994 (as amended).*

*Between on or around 3 November 2020 and 10 April 2021:*

*1. You failed to provide an adequate standard of clinical care to Patient A, including by failing to:*

*1.1 Obtain an adequate case history in relation to Patient A's symptoms and/or*

*1.2 Adequately document the case history for Patient A*

*1.3 Develop and/or record a diagnosis and/or rationale for care of Patient A*

*1.4 Conduct any or any adequate review and/or reassessments of Patient A*

*1.5 Conduct and/or record any or any adequate formal reassessment of Patient A*

*2. In light of Patient A raising concerns that his condition and/ or symptoms were not getting better, you:*

*2.1 Failed to review or modify the plan of care for Patient A*

*2.2 Failed to refer Patient A to another health professional when it was in their best interests to do so*

*3. You recommended a plan of care for Patient A which was excessive in the circumstances*

*4. You failed to incorporate adequate self-help measures into the plan of care or during the course of care of Patient A*

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**Notice is served in compliance with Rule 3(2) of the General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000.**  
**Dated: 20 January 2023**

**THE AMENDED ALLEGATION:**

**That being a registered chiropractor you are guilty of unacceptable professional conduct in that:**

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*1.1 Obtain an adequate case history in relation to Patient A's symptoms and/or*

*1.2 Adequately document the case history for Patient A*

*1.3 ...*

*1.4 Conduct any adequate review and/or reassessments of Patient A*

*1.5 Conduct and/or record any or any adequate formal reassessment of Patient A*

*2. In light of Patient A raising concerns that his condition and/ or symptoms were not getting better, you:*

*2.1 Failed to review or modify the plan of care for Patient A*

*2.2 Failed to refer Patient A to another health professional when it was in their best interests to do so*

*3. You recommended a plan of care for Patient A which was excessive in the circumstances*

*4. ...*

## **DECISION**

### **Background**

1. The Complainant, Patient A, first attended for an appointment with Mr Patel on 2 November 2020. He had suffered a long history of back pain related to the presence of a herniated disc and had received physiotherapy care in the past. He attended Mr Patel's clinic because of low back pain and numbness in his toes. Patient A stated that Mr Patel told him that he could treat him and that he would be pain free in six to twelve weeks. Patient A stated that Mr Patel provided him with a 12-month plan that involved initially attending for treatment three times a week, for around six months, reducing to twice a week and eventually to once a week.
2. The clinic records show that what Mr Patel proposed for Patient A was a course of treatment involving 80 adjustments which began with Patient A attending for treatment three times a week for eight weeks, then twice a week for twelve weeks and then once a week for 32 weeks.
3. Patient A reported that the treatment sessions were fairly short lasting no longer than ten minutes and many lasting five to seven minutes. After eight weeks, Patient A began to raise concerns with Mr Patel because, although his upper back did feel a little looser, his lower back pain, which was the reason for his attendance, was no better. After three months, Patient A raised further concerns, but Mr Patel assured him that, because his lower back was in a poor state, it would take time for there to be improvement.
4. In April 2021, after approximately six months of treatment, Patient A decided to conclude the treatment. He informed Mr Patel of this decision and said that he was going to seek physiotherapy treatment. Mr Patel said that he would not recommend such treatment.
5. On 18 May 2021, Patient A made a complaint to the General Chiropractic Council (GCC). In due course a statement was taken from Patient A, dated 9 November 2021, and an expert report obtained from Professor Brown dated 24 April 2022. An addendum report was obtained from Professor Brown dated 11 August 2022. Mr Blokland was instructed to prepare an expert report on behalf of Mr Patel, which he produced dated 27 March 2023. Mr Patel also made a statement dated 9 April 2023. A joint experts' report was prepared by Professor Brown and Mr Blokland dated 15 April 2023.

### **Application to Amend the Particulars of the Allegation**

6. At the commencement of the hearing, Mr Bellis, on behalf of the GCC, made an application to amend the Particulars of the Allegation under the provisions of Rule 6 (11) of the GCC (Professional Conduct Committee) Rules Order of Council 2000 (the Rules).
7. Mr Bellis informed that Committee that the application involved the amendment of the Particulars by the removal of Particular 1.3 and Particular 4 and the removal of the words "any or" from Particular 1.4. With regard to

Particular 1.3, Mr Bellis invited the Committee to take account of the fact that, in their joint report, both experts had agreed at paragraph 22 of the report that: *“there is a body of reasonable chiropractors who would have taken the decision to provide care to Patient A based on the documented findings, notwithstanding the inadequacy of the case history”*. Further, in paragraph 25 the experts state: *“...if the Committee were to conclude that the Registrant took into account elements of the clinical presentation in reaching a rationale for care but failed to document them, this would represent a falling short, but not a far short, of the standard expected of a reasonable chiropractor”*. Mr Bellis submitted that, given these opinions, as expressed by the experts, the GCC was not in a position to prove this Particular and it would not be in the public interest to proceed further.

8. With regard to Particular 1.4 and the removal of the words *“any or”*, Mr Bellis noted that Mr Patel would be accepting that he had not conducted an adequate review. However, the evidence demonstrated that he had carried out some elements of a review such as carrying out Nerve Impulse Checks. He submitted that the experts were agreed that, whilst such tests as were carried out were not adequate, they had been carried out, and therefore some elements of a review had taken place. In the circumstances, Mr Bellis submitted that it would not be appropriate to proceed to allege that no review had taken place.
9. With regard to Particular 4, Mr Bellis referred the Committee to the telephone note that had been placed in evidence. During that phone conversation, Patient A had accepted that Mr Patel had advised him of some self-help measures that he could undertake, and therefore Mr Bellis submitted that the GCC was not in a position to prove that Mr Patel had failed to incorporate such measures into the plan of care. Mr Bellis reminded the Committee of its responsibilities, following the principles set out in the case of *PSA v NMC and X* [2018] EWHC70 (Admin), to ensure it performed a supervisory role when such an application as this was being made.
10. Mr Goldring, on behalf of Mr Patel, supported the application.
11. The Committee heard and accepted the advice of the legal assessor.
12. The Committee took account of the submissions of both parties. It noted the basis for the application with regard to each Particular, which was essentially that there was no evidence upon which the relevant Particular could be found proved. It also reminded itself of the principles set out in the case of *PSA v NMC and X*. The Committee also reminded itself of the terms in which Rule 6 (11) of the Rules is expressed in that any amendment can only be made if it can be made without injustice and that such an amendment should be necessary or desirable.
13. The Committee determined that the proposed amendments were both necessary and desirable and could be made without injustice. The Committee acceded to the application and ordered the amendments to be made.

## **Admissions**

14. Following the application, Mr Patel admitted Particulars 1.1, 1.2, 1.4, 1.5, 2.1, 2.2 and 3. Consequently, the Committee found these Particulars proved under the provisions of Rule 6 (3) (a) of the Rules. The Committee noted that Mr Patel admitted Particular 3 on the basis that the total number of planned appointments of 80 was not in itself excessive but was excessive in that there were no reviews built into the plan. The Committee noted that Mr Bellis accepted the admission on this basis on behalf of the GCC.

### **UNACCEPTABLE PROFESSIONAL CONDUCT**

15. The Committee had regard to the submissions of Mr Bellis, on behalf of the GCC, and those of Mr Goldring on behalf of Mr Patel. Mr Bellis submitted that the matters admitted and found proved did amount to unacceptable professional conduct. He invited the Committee to consider the following sections of the code as being breached by Mr Patel, namely A1, A5, B6, C1, C4 and F3. He reminded the Committee of the principles set out in the case of *Roylance v GMC (No 2)* [2000] 1 AC 311. He submitted that these were serious failings over extended period of time which fell far short of the standard expected. Mr Goldring reminded the Committee that Mr Patel had admitted that he was guilty of unacceptable professional conduct. The Committee heard and accepted the advice of the legal assessor.
16. The Committee had regard to the fact that the matter it had to consider concerned clinical failings in the treatment of one patient, Patient A. The Committee first considered the Code. It determined that the following sections of the Code were engaged in this matter and that Mr Patel was in breach of them:

A1: show respect, compassion and care for your patients by listening to them and acknowledging their views and decisions. You must not put any pressure on a patient to accept your advice.

A5: prioritise patients' health and welfare at all times when carrying out assessments, making referrals or providing or arranging care. Respect a patient's right for a second opinion.

B6: avoid placing any undue financial pressure on a patient to commit to any long term treatment that is not justified.

C1: obtain and document the case history of each patient, using suitable methods to draw out the necessary information.

C4: develop, apply and document a plan of care in full agreement with the patient. You must check the effectiveness of the care and keep the plan of care under review. A more formal reassessment of the effectiveness of the plan of care must be undertaken at intervals that suit the patient and their

needs. All subsequent modifications to the plan of care must be discussed and agreed with the patient and properly documented.

C6: cease care, or aspects of care, if this is requested by the patient or if, in your professional judgement, the care will not be effective, or if, on review, it is in the patient's best interest to stop. You must refer the patient to another healthcare professional where it is in their best interests.

F3: involve other healthcare professionals in discussions on a patient's care, with the patient's consent, if this means a patient's health needs will be met more effectively.

17. The Committee determined that Sections A1 and A5 addressed the failings which were set out in Particular 2 of the Allegation. Section B6 of the Code was relevant to Particular 3. Section C1 was relevant to the issues set out in Particulars 1.1 and 1.2 and Section C4 was relevant to Particulars 1.4 and 1.5. Finally, Sections C6 and F3 had particular relevance to Particular 2.2.
18. The Committee noted the failings alleged in the stem of Particular 1, in that Mr Patel had failed to provide an adequate standard of clinical care and determined that, in its judgement, the separate failings set out Particulars 1.1, 1.2, 1.4 and 1.5 all contributed to the overall allegations of such a failure to provide adequate care. It concluded that these involved a serious falling short of the standard expected of a reasonably competent chiropractor and concerned issues of basic patient care and safety.
19. However, the Committee noted that in the case of *Spencer v GOsC* [2012] EWHC 3147 (Admin) the learned judge had concluded that isolated examples of poor record keeping would not necessarily support a finding of unacceptable professional conduct. The Committee further noted the argument that, as Mr Patel had failed to obtain an adequate case history, he would not be in a position to document it adequately. The Committee considered that the failure adequately to document the case history involved a falling short of the standard expected, but not a falling far short of the standard expected. The Committee considered this failure to be part of a course of serious failings but which on its own did not cross the threshold of seriousness to warrant a finding of unacceptable professional conduct.
20. With regard to Particulars 2.1 and 2.2, the Committee determined that this involved a wholly unacceptable falling short of the standard expected and would be considered deplorable by fellow chiropractors.
21. With regard to Particular 3, the Committee determined that the recommendation of a plan of care was excessive in that no proper arrangement of regular reviews had been put in place. This further constituted a failure to provide an appropriate standard of care and could lead to a loss of confidence by the public in the profession. This would be particularly so when set against a background where Patient A had been voicing concerns as to

the lack of progress in the improvement of the condition of his lower back for some time, and where his concerns had not been addressed.

22. The Committee therefore finds Mr Patel guilty of unacceptable professional conduct.

### **SANCTION**

23. The Committee took account of all the evidence that it received in the case. It further took account of the mitigation bundle placed before it on behalf of Mr Patel. It noted that this contained a Reflective Statement dated 18 April 2023 and three testimonials. The Committee also took account of the submissions made by Mr Bellis on behalf of the GCC and those made by Mr Goldring on behalf of Mr Patel. It heard and accepted the advice of the legal assessor.

24. Mr Bellis informed the Committee that Mr Patel had no previous fitness to practise history. He reminded the Committee of the sanctions available to it and the GCC Guidance on Sanctions (the Guidance). He addressed the issue of the aggravating and mitigating features in the case.

25. Mr Goldring reminded the Committee of Mr Patel's previous good character, and that he had made admissions to all the Particulars of the Allegation. He indicated that Mr Patel had had some two years to reflect on the matters that had brought him before the Committee and had taken account of the comments and opinions expressed by both experts. As a result, he had put in place substantial changes to the way he practised including bringing in a new recording system and ensuring that reviews and formal reassessments of the patient's condition were now embedded in his system. Mr Goldring submitted that the failings disclosed in the case were at the lower end of the scale of seriousness and he invited the Committee to impose an admonishment as the sanction in the case.

26. The Committee reminded itself that the purpose of a sanction is not to be punitive but to protect the public, in particular, patients and the wider public interest which would include the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct in



the profession. It further reminded itself that it must act proportionately, balancing the public interest with that of Mr Patel. It took account of the GCC Guidance on Sanctions, dated April 2018, in considering the appropriate sanction in this case.

27. The Committee considered the mitigating and aggravating factors which were present in the case. With regard to aggravating factors, it considered the following to be present:

- A continuing lack of full insight in that Mr Patel indicated that he felt that his failings were as a result “in part” of falling into “bad habits” rather than appreciating that his shortcomings related to failings in fundamental aspects of care
- The basic nature of the failings occurring so close to Mr Patel’s admission to the register.

28. With regard to mitigating factors, the Committee considered the following to be present:

- Mr Patel had apologised for his failings
- He had put in place procedures in his practice in terms of a new electronic recording system and the provision of prompts for reviews and formal reassessments to ensure he would be in a position to make modifications to the plans of care of patients as required
- He had no previous regulatory findings
- He had presented positive testimonials
- He had arranged to attend courses which were relevant to the shortcomings in his practice
- He had shown some insight into his failings

29. The Committee first considered whether it should impose an admonishment. The Committee considered the factors set out in the Guidance with regard to the imposition of an admonishment. It considered the following factors to be present: it noted that Mr Patel had not caused direct or indirect harm to any patient; he had shown some insight; the matter concerned one patient, albeit over a period of time; he had given a genuine apology; he had a good history; there had been no repetition of the conduct; and he had taken rehabilitative steps to improve his practice. The Committee took all these

matters into account, but concluded that to impose an admonishment would neither protect patients nor be in the public interest. The Committee was concerned that the rehabilitative steps that Mr Patel had put in place were relatively recent - the new electronic computer system was only installed in January 2023. He is a sole practitioner, and the Committee was concerned that he does not have in place a support system to assist him in ensuring the changes he has implemented are sufficient or embedded in his practice. The Public confidence would not be satisfied by an admonishment in these circumstances. The Committee had regard to the overarching objective of the GCC and determined that an admonishment would be neither appropriate nor proportionate in this case.

30. The Committee went on to consider whether to impose conditions of practice on Mr Patel's registration. The Committee did not consider that Mr Patel should be required to undergo a test of competence, it did not consider that Mr Patel's failings were so extensive and deep-seated to warrant such a course. However, the Committee concluded that there were conditions that it could impose which were workable, practicable and measurable. It determined that such conditions would protect patients and would be in the public interest and would assist Mr Patel, and would ensure that the changes he has put in place become embedded in his practice.

31. The Committee determined that there were no deep-seated personality or attitudinal issues to be taken account of. There were identifiable areas of Mr Patel's practice that could be addressed. Mr Patel had demonstrated a willingness to undergo further training and the Committee was satisfied that patients would not be put at risk if conditions were imposed.

32. Before reaching its final conclusion, the Committee considered whether it should impose an order of suspension. The Committee determined that were it to impose an order of suspension, this would be disproportionate in that it would be neither in the public interest nor in Mr Patel's interest.

33. The Committee determined to impose the following Conditions:

The Conditions of Practice Order will be for a period of 9 months.

1. You shall identify within 14 days of the coming into effect of this order, a mentor, who shall be a registered chiropractor with a minimum of ten years in practice, as recommended by the United Chiropractors Association and notified to the GCC. You will meet with your mentor every 28 days, in person or remotely, to discuss how you are putting into effect changes to your practice.
2. You shall arrange with your mentor that the role will be a voluntary one, but that you shall pay all reasonable expenses incurred by the mentor in carrying out the role. Such payments to be made within 28 days of the receipt of the invoices.
3. You shall prepare a Personal Development Plan (PDP) within 21 days of the coming into effect of this order. The PDP shall address the following areas of your practice:
  - obtaining a patient history
  - carrying out patient reviews
  - carrying out formal patient reassessments and implementing modifications as required
  - appropriate referral as required
4. You shall discuss the contents of your PDP with your mentor and your progress towards achieving the goals set out in your PDP. A copy of your PDP must be sent to the GCC three months after the coming into effect of this order.
5. You will be subject to a clinical audit process which will consist of a review of a number of your current patient records. This audit will specifically report on:
  - obtaining a patient history
  - carrying out patient reviews
  - carrying out formal patient reassessments and implementing modifications as required
  - appropriate referral as required
6. The auditor will be a registered chiropractor appointed by the GCC. You will cooperate with the auditor and make available all such information, documentary and oral, that the auditor requires to allow the auditor to carry out the audit as set out in Condition 5 above. You will allow the auditor to select a minimum of fifteen files to audit covering a range of current patients, reviewing appointments from 20 April 2023.
7. The audit will take place six months after the coming into effect of this order.

8. You must arrange for the report of the auditor to be forwarded to the GCC.
9. You shall be responsible for paying the costs of the audit and report and shall pay any relevant invoices within 28 days of receipt.
10. You must advise any patient whom you treat that your records may be subject to review by a registered chiropractor.
11. You shall provide to the Committee reviewing this Order a reflective statement addressing how your practice has developed in respect of the areas identified in your PDP 14 days before the review hearing.

The GCC will convene a Review Hearing shortly before the expiry of this Order.

In accordance with Section 31 of the Chiropractors Act 1994, this decision will not have effect until the expiry of 28 days from the date on which notification is served on you or, where an appeal is made, until the appeal is withdrawn or otherwise disposed of.

That concludes this case.

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*Chair of the Professional Conduct Committee*

In accordance with provision of Rule 18(1)(a) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000, we must remind you of your right of appeal under Section 31 of the Chiropractors Act 1994, as amended by Section 34 of the National Health Service Reform and Health Care Provisions Act 2002, to the High Court of Justice in England and Wales against this decision of the Committee. Any such appeal must be made before the end of the period of 28 days, beginning with the date upon which this notice is served upon you.

Please note that the decision of this Committee is a relevant decision for the purposes of Section 29 of the National Health Service Reform and Health Care Professions Act 2002.

*The Professional Standards Authority has a period of 40 days, in addition to any appeal period provided to the chiropractor, in which to lodge an appeal.*

Signed:

Dated: 20 April 2023

A handwritten signature in black ink, consisting of a stylized 'V' or 'K' shape enclosed within a circular loop.

On behalf of the Professional Conduct Committee

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*Explanatory Notes:*

Notices of Finding are normally divided into three sections, which reflect different stages of the hearing process:

1. The Allegation: This section contains the full allegations as drafted by the Investigating Committee and as considered by the Professional Conduct Committee.
2. The Decision: This section contains the findings of fact reached by the Professional Conduct Committee on the allegation and the reasons therefore. In particularly complex cases the reasons may be given separately from the findings of fact for purposes of clarity.
3. The Sanction: This section contains details of the sanction applied by the Professional Conduct Committee. In certain cases the section may be subdivided for the purposes of clarity.