
Annual Fitness to Practise statistics report

2017

**General
Chiropractic
Council**



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Preface

Caution should be exercised when considering the data in the following report.

The General Chiropractic Council receives a limited amount of complaints per year which means that small numbers can impact dramatically on percentages and totals, in some cases skewing the figures. It would be inappropriate and potentially misleading to draw broad conclusions from the report.

About Fitness to Practise (FTP)

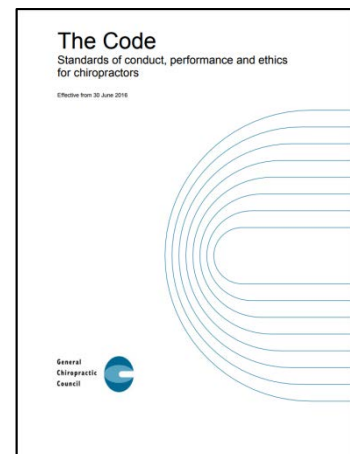
The Code

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 your patients, colleagues and other healthcare professionals
- Maintain, develop and work within your professional knowledge and skills
- Maintain and protect patient information



Investigating complaints

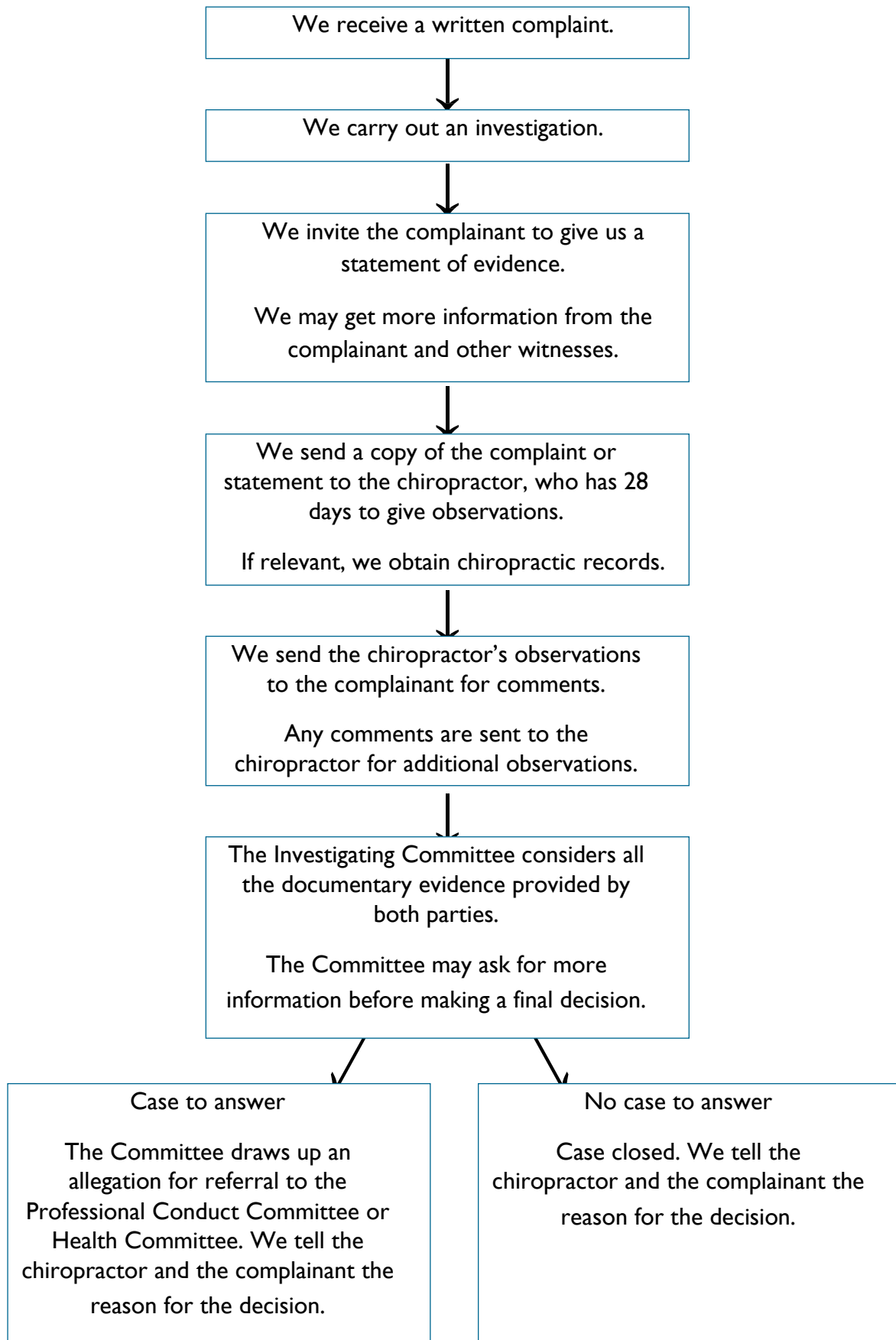
The GCC must investigate any complaint made about a registrant. The types of complaint it can investigate are:

- 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:



FTP Committees

The GCC has three statutory committees concerned with chiropractors' conduct (including criminal convictions), professional incompetence and physical and mental health.

Investigating Committee

The Investigating Committee 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 to the HC or the PCC.

The Investigating Committee meets in private. The Committee sits with a Legal Assessor who is there to advise the Committee on points of law and procedure, but has no decision-making role.

Professional Conduct Committee

The PCC determines allegations about a chiropractor's conduct or professional incompetence referred to it by the Investigating Committee. Allegations that have been referred to the PCC are considered either at a public hearing or at a private meeting.

The PCC is formed of chiropractic and non-chiropractic ('lay') members. There must be at least three PCC members present at the meeting, and this must include one chiropractor and one lay member. The panel is chaired by a lay member. The PCC sits with a Legal Assessor. The Legal Assessor is there to advise the Committee on points of law and procedure, but 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

Health Committee

The Health Committee determines allegations of serious impairment of a chiropractor's fitness to practise due to ill health.

The HC did not meet in 2017.

FTP at a glance

		2017	2016
Number of cases considered by Investigating Committee		74	51
Number of cases concluded by Investigating Committee		67	43
Number of cases concluded by Investigating Committee with the following outcome:	NCTA and Withdrawn/Closed	51	28
	Referral to Fitness to Practise Committee	16	15
Number of individual cases considered by a final Fitness to Practise Committee		19	16
Number of cases concluded by a final Fitness to Practise Committee		16	13
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	30	33
	Longest case	129	157
	Shortest case	5	4
Number of open cases (at the end of the year) which are older than:	52 weeks	3	11
	104 weeks	2	1
	156 weeks	0	0
Number of occasions a case has been referred to another investigating body/regulator:		8	2

Key achievements

- More complaints were considered and concluded by the IC in 2017 than 2016 even though a larger amount of complaints were received
- Despite the increase in the number of complaints concluded from 2016 (43) to 2017 (67), the percentage of allegations referred to PCC was lower
- The median time taken to deal with complaints at the IC stage has reduced
- More allegations were considered and concluded at the PCC in 2017 than 2016, including older cases and cases of a complicated nature
- A backlog of older complaints was concluded by the IC, with 52% of the cases determined in 2017 being received in the same year. This has led to a reduction in the number of open cases that were older than 52 weeks at the year end which went down from 12 to 5

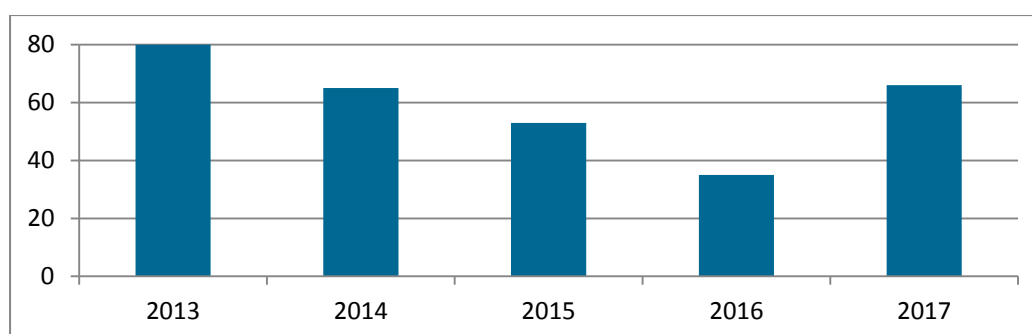
Complaints received

In 2017, the number of complaints received about chiropractors' fitness to practise rose to its highest level since 2013.

There were 66¹ complaints received in 2017. There were 61 complaints against separate chiropractors.

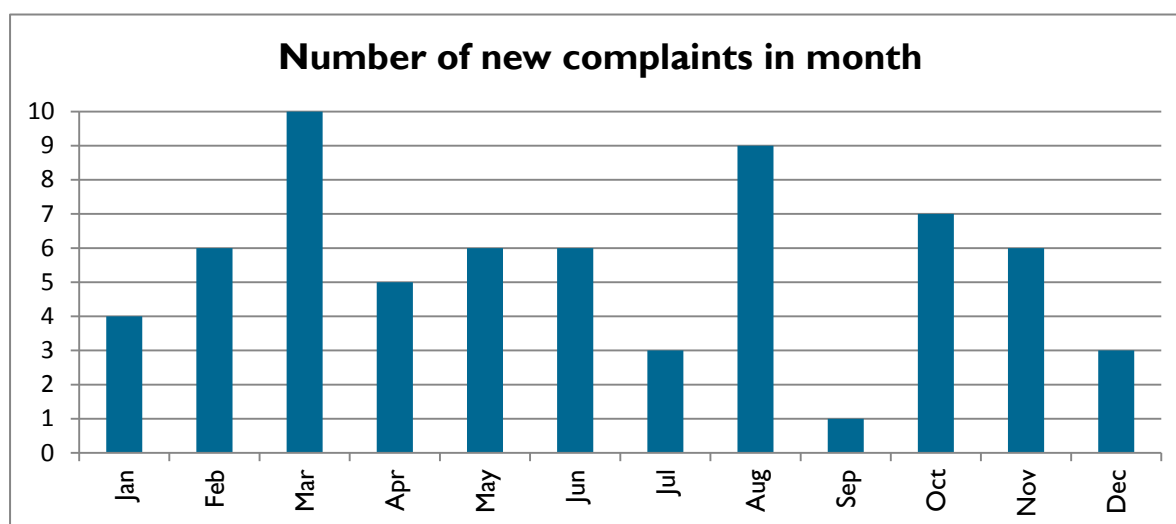
Two registrants received two complaints against them and one registrant received three complaints against them in the year.

	2017	2016 ²	2015	2014	2013
Complaints received	66	43	56	65	80



Complaints received by month

On average we received almost six complaints per month in 2017 with a peak of 10 complaints in March 2017



¹ 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 2017, but the decision that it should be considered as a section 20 'complaint' may not occur until 2018.

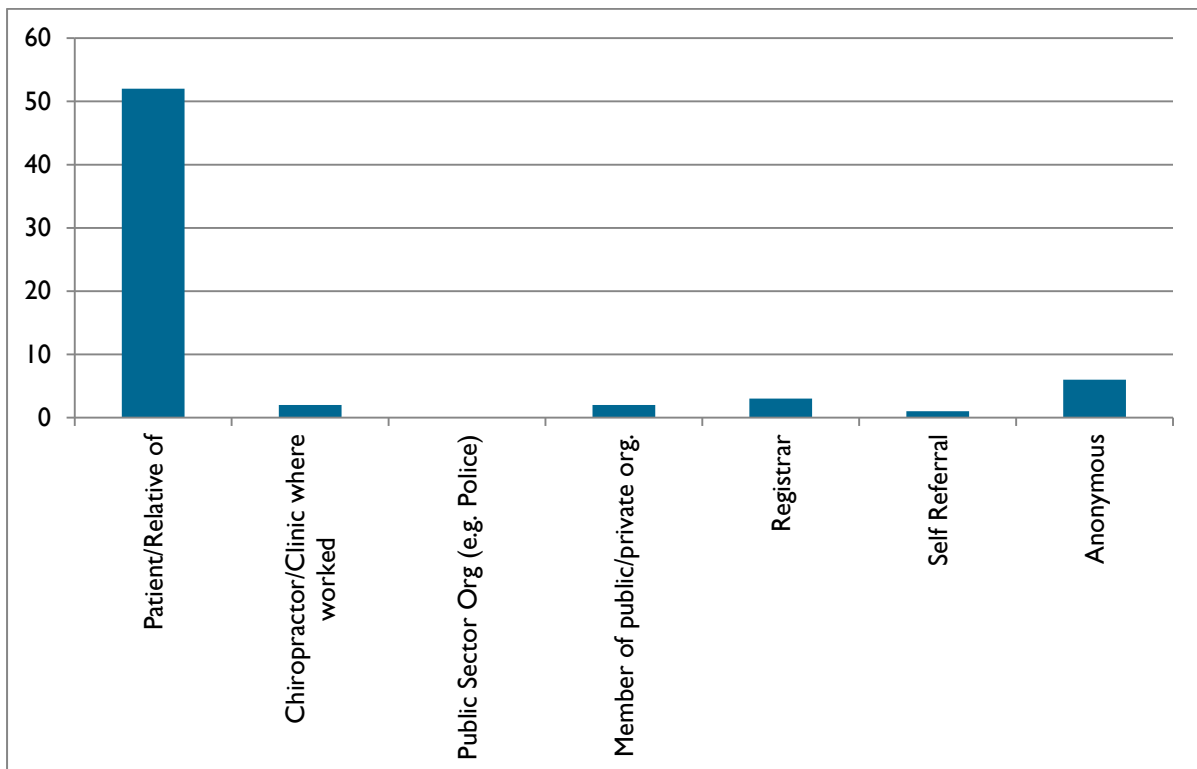
² In 2016, the GCC received a large number of complaints that related to advertising claims made on registered chiropractors' websites. For the purpose of this section these have been excluded.

Source of complaints

An analysis of the complaints that we received shows that predominantly the complaints were made by a patient or a relative of a patient. These account for 79% of all complaints.

The split of the complaints is as follows:

	2017	2017 %	2016	2016 %
Patient/Relative of	52	79%	25	58%
Chiropractor/Clinic where worked	2	3%	3	7%
Public Sector Org (e.g. Police)	0	0%	1	2%
Member of public/private org.	2	3%	8	19%
Registrar	3	5%	5	12%
Self Referral	1	2%	0	0%
Anonymous	6	9%	1	2%
Total	66		43	



Nature of complaints

A review has been undertaken into the allegations made by complainants for every complaint received in 2017 in order to better understand the nature of complaints received in the period.

Approach

The initial case reports for each complaint were reviewed and the issues captured by the case worker were then captured and classified into separate categories and then sub categories. It is important to note that initial case reports are ordinarily used as a summary for the caseworker of the issues that have been identified at the earliest stage of the investigation i.e. when we receive the complaint. It is possible that further matters could be identified during the investigation process, but these, if identified, are not included in this report. Complaints from patients can sometimes be difficult to assess and specifically set a category for, making the case reports somewhat subjective, however all case reports are reviewed by the head of investigations which gives consistency to the process.

We have continued to use the categories that were first utilised in a previous report commissioned by the GCC in March 2014.

The categories are split into category then further broken down into type and, in some cases, subtype.

Category	Type	Subtype
Clinical care	e.g. substandard care/inadequate record keeping etc.	e.g. treatment causing injury/misdiagnosis
Probity	e.g. relating to patient data/misleading advertising etc.	e.g. Improper alteration of patient notes
Relationships with patients	e.g. communication/consent/sexual boundaries etc.	e.g. Rudeness/failure to explain adequately
Working with colleagues	e.g. failure to share relevant information with colleagues etc.	
Health	e.g. substance abuse/other	
Conviction/Caution		
Teaching/Supervision		
Compliance with GCC investigations		
Business/employment issues		
Other		

Nature of complaint by category

In 67% of complaints there were multiple allegations made by a complainant against a chiropractor. On average there are over two separate allegations made per complaint. Often a single complaint contained allegations about both clinical care and relationships with patients, thus crossing 'category'. Of the 66 complaints received, there were 43 separate complaints that in some way alleged a failing relating to clinical care. In 30 of these complaints (a percentage of 70%) there were also allegations made that related to a breakdown in the relationship between chiropractor and patient.

In previous FTP reports the allegation raised by the complainant that is considered most prevalent or most serious by the FTP team was used as the category of the complaint. For example, if a patient has been severely injured and the chiropractor showed limited empathy, this complaint would have been categorised as 'clinical care' only, despite their being issues relating to 'relationships with patients' also present. In this report, all allegations made, including multiple allegations by one complainant, have been captured separately. It is for this reason that the numbers that follow will be considerably larger than the number of complaints received in the year (66³).

Base: 66 cases

Nature of Complaint	Number of allegations raised
Clinical care	88
Relationships with patients	77
Probity	10
Conviction/Caution	4
Working with colleagues	1
Business/employment issues	1
Health	0
Teaching/Supervision	0
Compliance with GCC investigations	0
Other	3

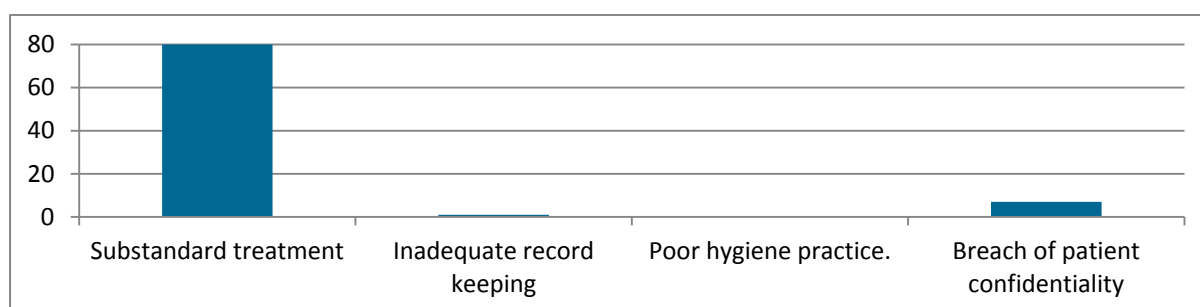
The largest number of allegations for the period related to clinical care and relationships with patients. A further breakdown of clinical care and relationships with patients follows.

³ Complaints that became section 20 in 2017

Clinical care by type and subtype

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

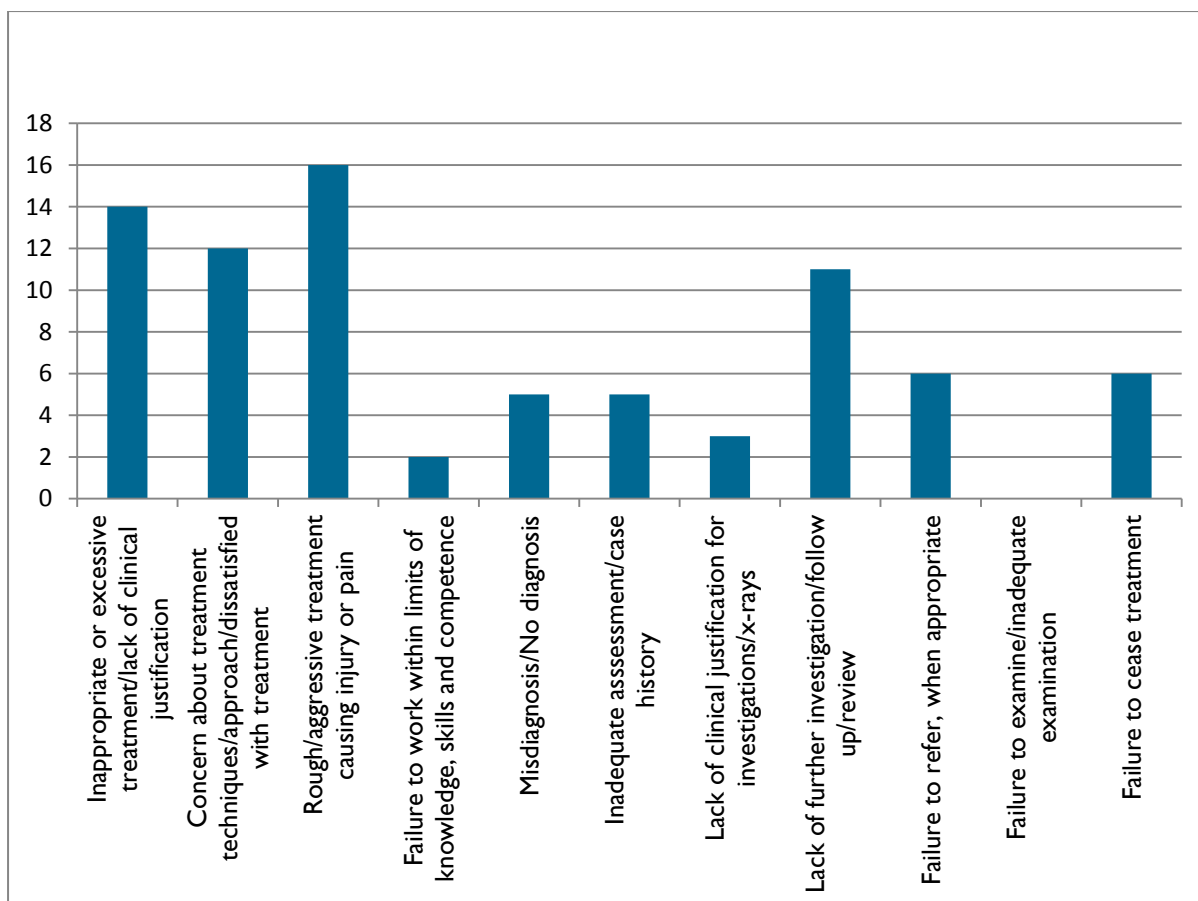
Type	
Substandard treatment	80
Inadequate record keeping	1
Poor hygiene practice	0
Breach of patient confidentiality	7



Substandard treatment

A further breakdown of substandard treatment by subtype shows that there are several clinical care issues that are alleged. The most common allegation in this subtype is treatment causing pain and/or injury; however there is a much wider spread of issues within the subtype.

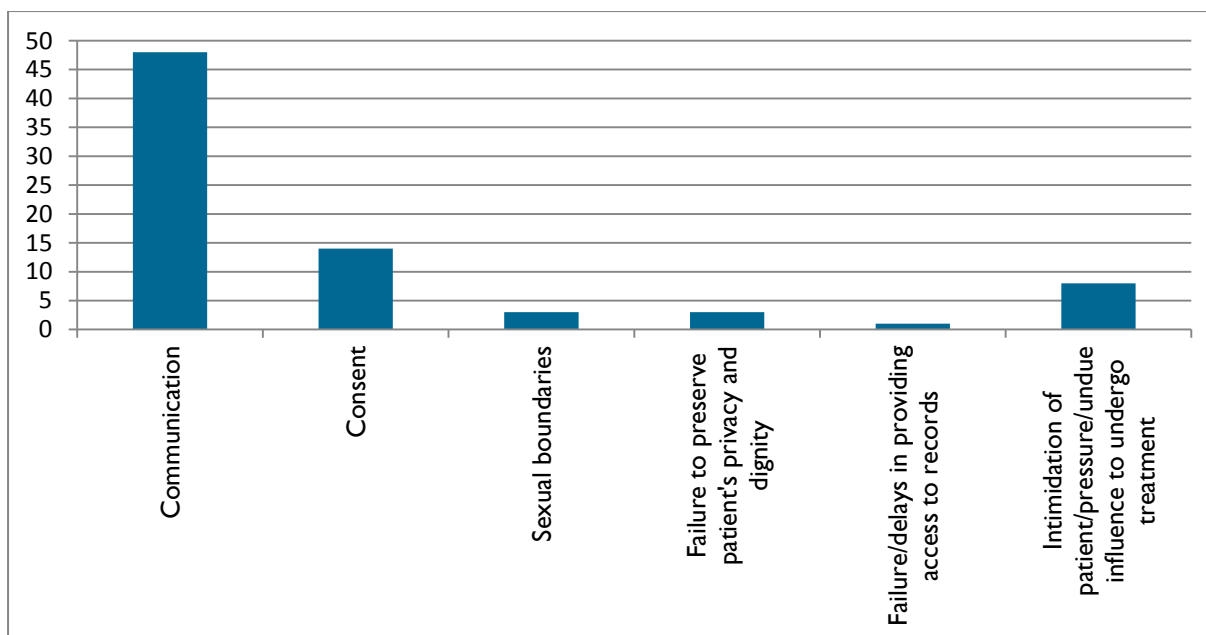
Subtype (Substandard treatment)	Number of allegations raised
Inappropriate or excessive treatment/lack of clinical justification	14
Concern about treatment techniques/approach/dissatisfied with treatment	12
Rough/aggressive treatment causing injury or pain	16
Failure to work within limits of knowledge, skills and competence	2
Misdiagnosis/No diagnosis	5
Inadequate assessment/case history	5
Lack of clinical justification for investigations/x-rays	3
Lack of further investigation/follow up/review	11
Failure to refer, when appropriate	6
Failure to examine/inadequate examination	0
Failure to cease treatment	6



Relationships with patients by type and subtype

The second largest category of complaint is relationships with patients.

Type	Number of allegations raised
Communication	48
Consent	14
Sexual boundaries	3
Failure to preserve patient's privacy and dignity	3
Failure/delays in providing access to records	1
Intimidation of patient/pressure/undue influence to undergo treatment	8



Communication

Allegations about communication were the most frequently occurring type of allegation in respect of relationships with patients.

A further breakdown of communication by subtype shows the different issues that are complained about.

Subtype (Communication)	Number of allegations raised
Rudeness to patient/lack of respect or sympathy	20
Inappropriate comments/language	5
Failure to explain fees adequately/mechanisms for payment	2
Failure to explain or agree diagnosis/treatment or treatment plan/results	13
Failure to provide adequate information about complaints procedure	6
Failure to explain refusal to treat	2

The most common occurring complaint received related to the chiropractor being rude/showing lack of respect or sympathy to the patient. This is often alleged in conjunction with a clinical care based failing.

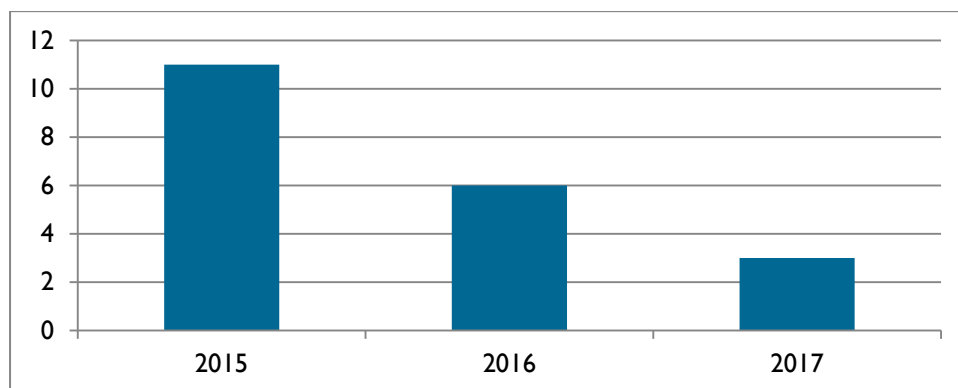
A large number of complaints raised the subtype 'failure to explain or agree diagnosis/treatment or treatment plan/results'. In all but one of these complaints received, this was alleged in conjunction with a substandard care based failing.

Consent

All 14 of the allegations made relating to consent allege that the chiropractor failed to obtain informed consent from the patient.

Sexual boundaries

There was a decrease in sexual boundaries complaints made to the GCC in 2017. This follows a reduction trend that began between 2015 and 2016.



Commonly occurring allegations in 2017

The most commonly occurring allegations were

- Substandard treatment - Rough/aggressive treatment causing injury/pain
- Substandard treatment - Inappropriate or excessive treatment/lack of clinical justification
- Communication - failure to explain or agree diagnosis/treatment or treatment plan/results
- Communication - rudeness to patient/lack of respect or sympathy/empathy
- Consent - failure to obtain informed consent

As mentioned previously, these allegations often formed part of a more substantive complaint where multiple separate issues were raised.

Advertising cases

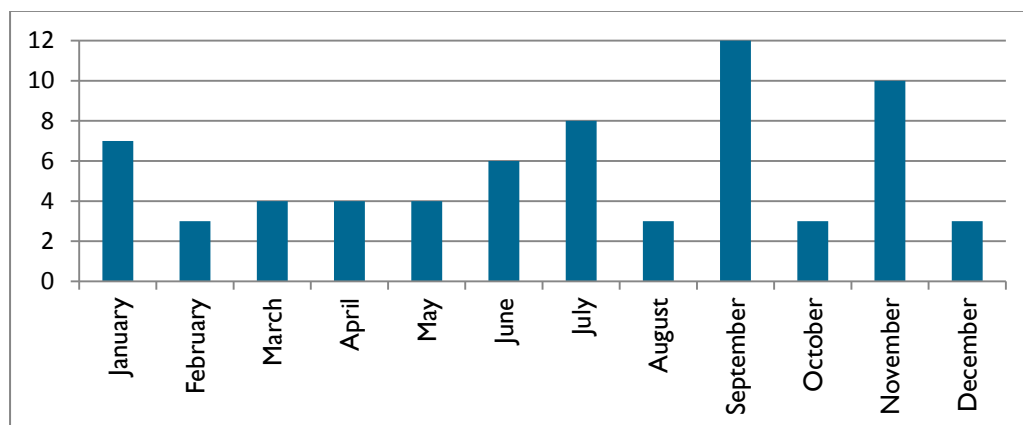
In 2016, we received a large number of allegations that related to advertising claims made on registered chiropractors' websites, all of which originated from one organisation. The cases are being progressed and it is envisaged that the majority will have been considered by the IC by the end of 2018.

Investigating Committee

In 2017, the Investigating Committee determined 67 cases. In 2016, the Investigating Committee determined 43 cases. This is an increase of 55%, despite the higher volume of complaints in the period.

	2017	2016	2015
Cases received	66	43	56
Cases determined	67	43	41
Received vs determined rate	102%	100%	73%

Cases determined by month



Determinations by year complaint received

Of the 67 cases that were determined in 2017, 7 of the complaints were received in 2015, 25 were received in 2016 and 35 were received in 2017.

Year complaint received	Year complaint determined			
	2017	2017 (%)	2016	2016 (%)
2013			1	2%
2014				
2015	7	10%	25	58%
2016	25	37%	17	40%
2017	35	52%		
Total	67		43	

Time taken for IC cases to be determined

We aim to complete cases in a timely manner.

Of the 67 cases determined by the IC, 47 were determined within 9 months of the complaint being received. This was a percentage of 70%.

IC Cases Determined	2017	%	2016	%
Within 4 months	12	18%	4	9%
Within 6 months	16	24%	9	21%
Within 9 months	19	28%	17	40%
Over 9 months	20	30%	13	30%
Total	67		43	

	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Total
Cases closed within 4 months	4	3	3	2	12
Cases closed within 5 - 6 months	1	1	9	5	16
Cases closed within 7 - 9 months	4	4	6	5	19
Cases closed after 9 months	5	6	5	4	20
Total					67
% closed within 9 months					70%

Open IC cases at the year end

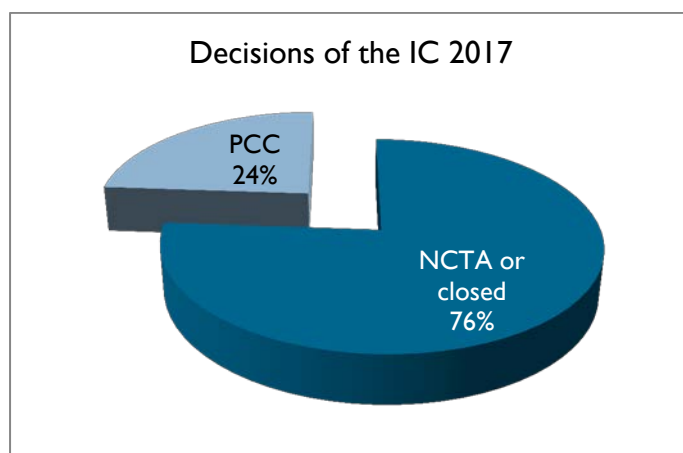
At the end of 2017, there were 32 cases that were awaiting a decision by the Investigating Committee.

Open IC cases at year end	2017	%	2016	%
Within 4 months	16	50%	10	30%
Within 6 months	10	31%	5	15%
Within 9 months	4	13%	8	24%
Over 9 months	2	6%	10	30%
Total	32		33	

Decisions of the Investigating Committee

Of the 67 cases that were determined by the IC in 2017, 16 were referred on to the Professional Conduct Committee (24%). This is a reduction in percentage from 2016.

Decision of the IC	2017	%	2016	%	2015	%
No Case to Answer/Closed	51	76%	28	65%	28	68%
Referred to PCC	16	24%	15	35%	13	32%
Total	67		43		41	



Professional Conduct Committee

In 2017 there were 15 hearings where a determination was made by the PCC.

Two complaints referred from the investigating committee were joined and heard at the same hearing. Therefore, 16 complaints were dealt with by the PCC.

Eight chiropractors were found guilty of unacceptable professional conduct in 2017.

One chiropractor was removed from the register, two received suspension orders and five received an admonishment.

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

The GCC offered no evidence in one hearing (two complaints joined).

PCC decision	2017	2016	2015
Removal	1	2	1
Suspension	2	0	1
Conditions of Practice	0	1	1
Admonishment	5	0	5
No UPC	6	3	8
GCC offered no evidence	2	7	6
Total	16	13	22

PCC Caseload

At the end of 2017 there were 9 cases that were still to be determined by the PCC. There were 12 PCC cases at the same time in 2016. This is a 25% decrease in open cases at the PCC stage.

Interim Suspension Hearings

Investigating Committee

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

If the Investigating Committee 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 seven IC interim suspension hearings held in 2017. One chiropractor was suspended as a result of these hearings.

	2017	%	2016	%	2015	%
Not interim suspended	6	86%	10	77%	2	67%
Suspended	1	14%	3	23%	1	33%
Total	7		13		3	

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 two PCC interim suspension hearings held in 2017. One chiropractor was suspended as a result of these hearings.

	2017	%	2016	%	2015	%
Not interim suspended	1	50%	0	0%	2	67%
Suspended	1	50%	0	0%	1	33%
Total	2		0		3	