

**Dealing with concerns about Chiropractors in 2018:
Our annual report on *Fitness to Practise***



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1. Duties and Objectives

The GCC:

- Sets the standards that it expects of chiropractors throughout their working lives
- Recognise chiropractic degree programmes that achieve our standards
- Administers a registration system for chiropractors to control their entry to, and continuation in the chiropractic profession in the UK
- Investigates chiropractors whose fitness to practise is called into question

This report covers our activity in dealing with the latter – our fitness to practise work.

We publish this report to meet several objectives:

- Account to patients, the public, the profession, and other stakeholders on the Council's protection duty
- To ensure that our processes are efficient and to improve if we can
- To extract learning and disseminate this to contribute to improvements of care provided by registered chiropractors

2. About Fitness to Practise (FtP)

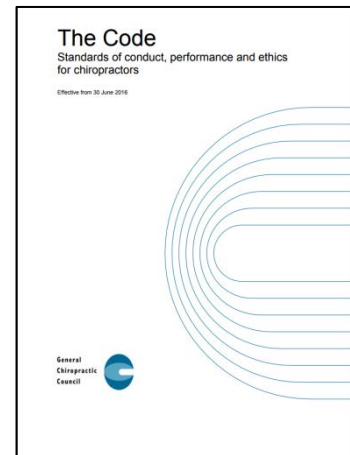
The Code

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

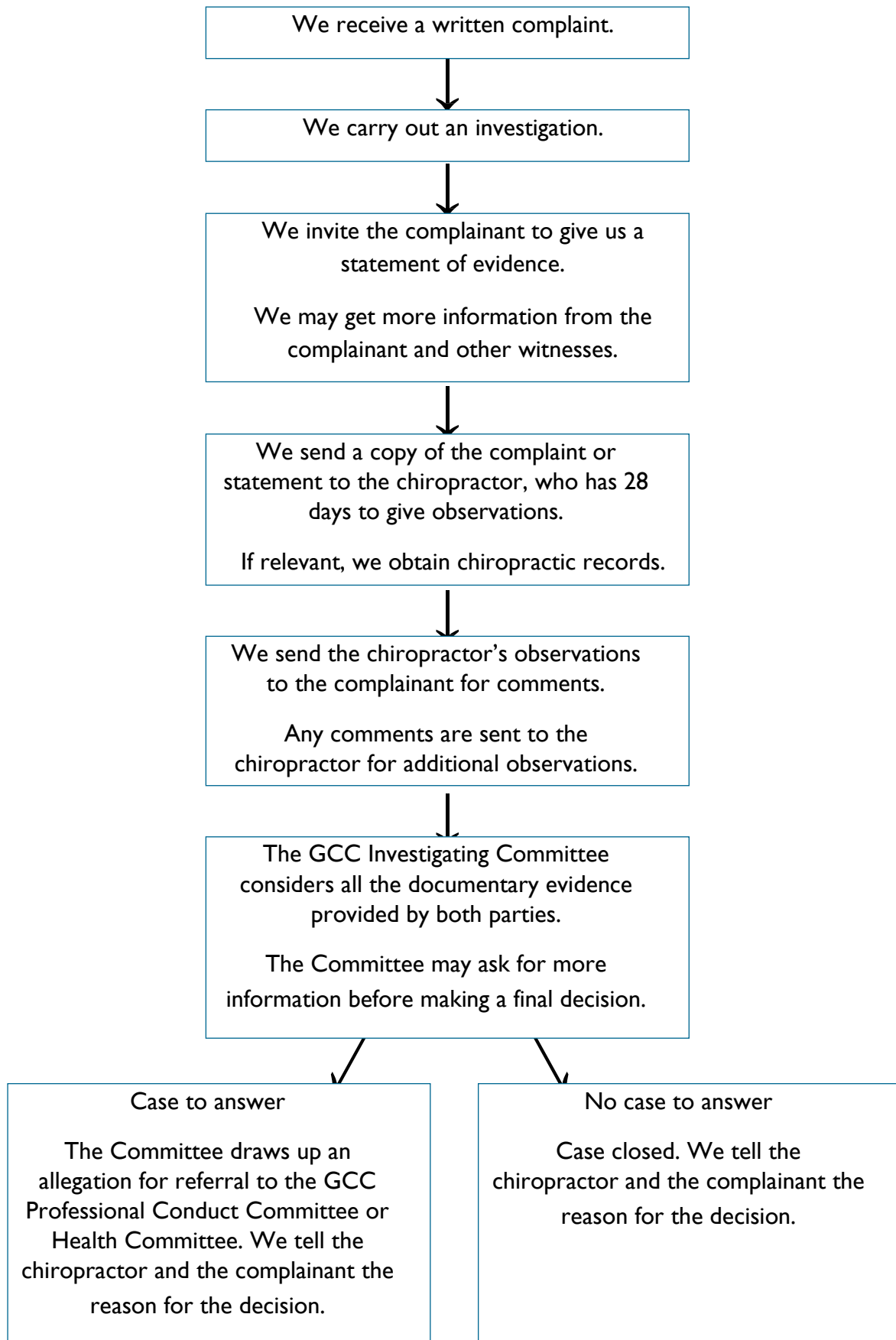
The GCC must investigate any complaint made about a registrant. The types of complaint it can investigate are:

- 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:



3. Summary performance

		2018	2017
Number of cases concluded by Investigating Committee		58	67
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	47	51
	Referral to Professional Conduct Committee	11	16
Number of cases concluded by Professional Conduct Committee		11	16
Number of registrants removed ('struck off') from the register		1	1
Number of registrants suspended from the register		0	2
Number of registrants receiving a conditions of practice order		2	0
Number of registrants receiving an admonishment		2	5
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	27	30
	Longest case	79	129
	Shortest case	5	5
Number of open cases (at the end of the year) which are older than:	52 weeks	6	3
	104 weeks	0	2
	156 weeks	0	0

Key points

- There were fewer complaints received about chiropractors in 2018 than in the previous year
- The most common concerns raised about a chiropractor's care related to inappropriate or excessive treatment and concerns about the type of treatment provided
- There was a slight reduction in the volume of cases referred from the IC to the PCC from 24% in 2017 to 19% in 2018. On average over the last five years 30% of cases progress to PCC following the investigation stage.
- Cases were closed more quickly in 2018 than in previous years.
- At the end of 2018 only 7 cases that were awaiting determination by the PCC. This is a 22% decrease from 2017 and a 41% decrease from 2016 due to the lower rates of referral of the last few years.

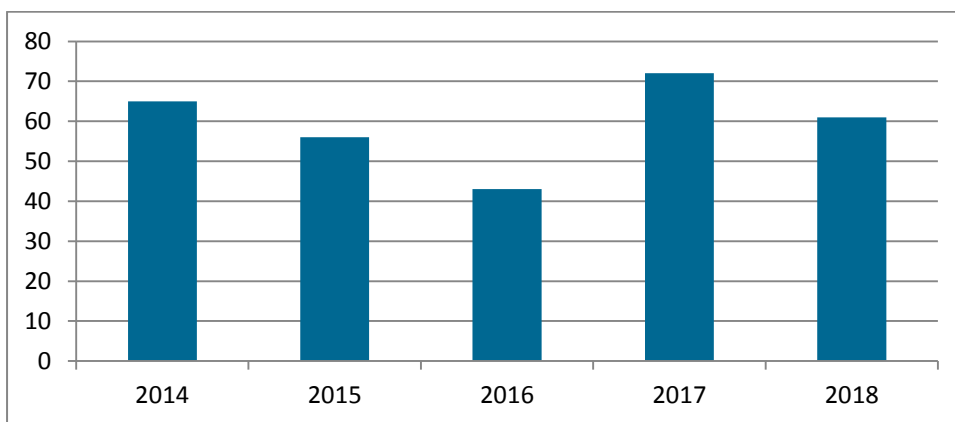
4. Complaints received

We received fewer complaints about chiropractors' fitness, reducing by 15% from 2017.

Those 61¹ complaints received in 2018, concerned the performance of 53 separate chiropractors.

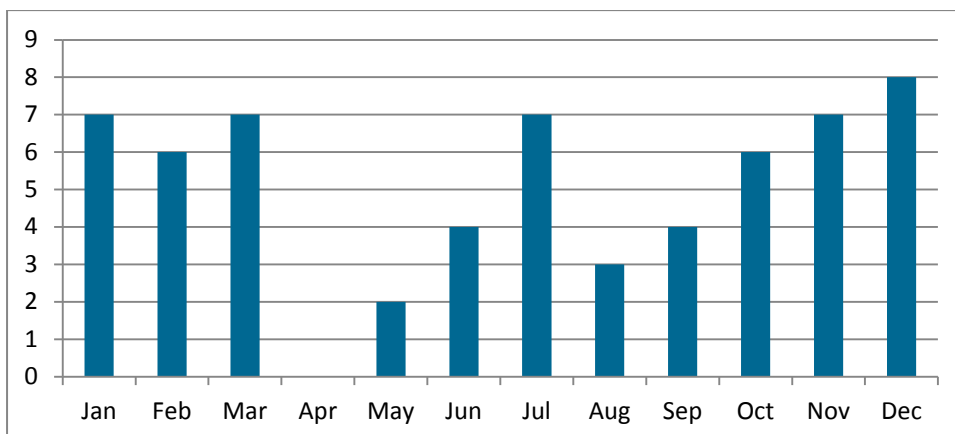
Four registrants received two complaints against them and two registrants received three complaints against them in the year.

	2018	2017	2016	2015	2014
Complaints received	61	72 ²	43	56	65



Complaints received by month

On average we received 5 complaints per month in 2018 with a peak of 8 complaints received in December.



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 2018, but the decision that it should be considered as a section 20 'complaint' may not occur until 2019.

² This figure was reported as 66 in the FtP report 2017. The final figure was 72 for the reasons set out in footnote 1.

Source of complaints

Most complaints are made by a patient or a relative of a patient. These account for 62% of all complaints in 2018.

There was a significant increase in complaints from anonymous complainants and an increase in the number of complaints received from other chiropractors in 2018.

	Number of complaints	%
Patient/Relative of	38	62%
Anonymous	11	18%
Other Chiropractor/Clinic where worked/Employee	7	11%
Member of public/private organisation	4	7%
Self Referral	1	2%

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.

Importantly, allegations raised are just that; *allegations*. Whether or not these are proven is not a consideration in this section of the report, but aids understanding of complaints made.

Our approach

Each complaint is reviewed by a GCC case worker, who completes an initial case report capturing the allegation and issues raised by the complainant. The case report records all allegations made, including multiple allegations by one complainant. As such the number of allegations is greater than the number of complaints received in the year (61).

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 (80%) include multiple allegations made by a complainant against a chiropractor. On average each complaint contains more than three separate allegations. Often a single complaint contains allegations about both clinical care and communication/consent/professional relationships, thus crossing 'category'. Of the 61 complaints received, there were 43 separate complaints that in some way alleged a failing relating to clinical care. In 24 of those, allegations were also made that related to a breakdown in the relationship between chiropractor and patient/complainant.

Base: 61 cases

Nature of Complaint	Number of allegations raised
Clinical care	106
Communication/Consent/Professional Relationships	71
Probity	17
Working with colleagues	8
Conviction/Criminality	6
Business/employment issues	1
Health	0
Teaching/Supervision	0
Compliance with GCC investigations	0
Unprofessional behaviour outside practice	4
Other	6

Clinical care by type and subtype

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

Type	Number of allegations raised
Substandard treatment	100
Inadequate record keeping	1
Poor hygiene practice	1
Breach of patient confidentiality	4

Substandard treatment

This covers a wide variety of concerns raised, for example the patient was injured and there was also no diagnosis.

Subtype (Substandard treatment)	Number of allegations identified
Inappropriate/contraindicated/excessive treatment/lack of clinical justification	15
Concern about treatment techniques/approach/dissatisfied with treatment	14
Rough/aggressive treatment causing injury/pain	14
Failure to work within limits of knowledge, skills and competence	5
Misdiagnosis/No diagnosis	10
Inadequate assessment/case history	5
Lack of clinical justification for investigations/x-rays	5
Lack of further investigation/follow up/review	14
Failure to refer, when appropriate	10
Failure to examine/inadequate examination	2
Failure to cease treatment	4
Failure to adhere to x-ray guidelines	2

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	30
Failure to obtain informed consent from patient	9
Sexual boundaries	16
Failure to preserve patient's privacy and dignity/not providing chaperone	6
Intimidation of patient/pressure/undue influence to undergo treatment	10

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	10
Inappropriate comments/language	2
Failure to explain or agree diagnosis/treatment or treatment plan/results	9
Failure to provide adequate information about complaints procedure	6
Failure to explain refusal to treat	1
Failure to respond to communication from complainant or comply with patient request	2
Failure to explain fees adequately/mechanisms for payment	0

The most commonly occurring complaint received related to the chiropractor being rude/showing lack of respect or sympathy/empathy. In all but one complaint of this subtype, it was 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'.

Sexual boundaries

There was an increase in allegations made of a sexual nature in 2018. There were 11 separate complaints that alleged some kind of sexual behaviour by a chiropractor.

Subtype (Sexual boundaries)	Number of allegations raised
Inappropriate personal/sexual relationship with patient	4
Use of sexualised language/comments	5
Indecent/sexualised behaviour	4
Inappropriate contact with patient's body/intimate areas	3

Probity

In this category, the largest number of allegations was where a chiropractor failed to fulfil the duty of candour of being open and honest with patients.

Subtype (Probity)	Number of allegations raised
Failure to fulfil duty of candour to be open and honest with all patients	11
Improper alteration of records/clinic diary	0
Improper use of patient database/soliciting patients	1
Removal of patient records/data from clinic	1
False representation of skills/experience/registration/use of doctor title	2
Financial deception/fraud/improper charging	1
Practising while not registered/Practising on non practising register/ Practising without indemnity insurance	1

Commonly occurring allegations in 2018

The most commonly occurring allegations in 2018 were:

1. Inappropriate or excessive treatment; concerns about the clinical justification of the treatment provided
2. Rough or aggressive treatment causing injury or pain to the patient
 - = Concern about treatment techniques; the treatment plan followed by the chiropractor; general dissatisfaction with the treatment
 - = A failure by the chiropractor to investigate, follow up or review the patient
5. Failure to fulfil duty of candour - to be open and honest with the patient when things go wrong
6. Shortfalls in diagnosing the patient – both misdiagnosis and failing to make a clear diagnosis
 - = Failures by the chiropractor in referring the patient to other health and care professionals where it is appropriate to do so
 - = The patient experiencing rudeness from the chiropractor which may include a lack of respect or sympathy/empathy
 - = The patient experiencing undue pressure or influence to undergo treatment

5. Investigating Committee

The 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 to the Professional Conduct Committee (PCC) or Health Committee (HC).

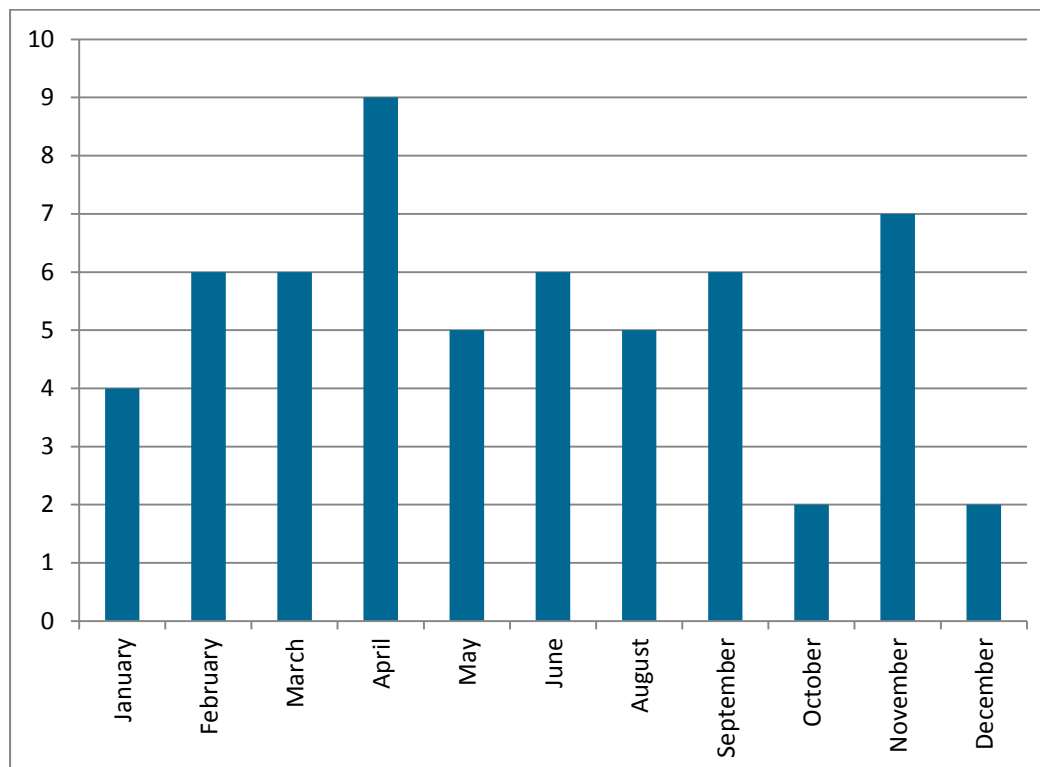
The IC meets in private. The Committee sits with a Legal Assessor to advise the Committee on points of law and procedure, but has no decision-making role.

In 2018, the IC determined 58 cases compared to 67 last year, however there was also a lower volume of complaints received in the period.

	2018	2017	2016	2015
Cases determined	58	67	43	41
Cases received	61	72	43	56
Received vs determined rate	95%	93%	100%	73%

Cases determined by month

On average the IC closed 5 complaints per month in 2018. This is the same as the average number of cases we received per month.



Decisions of the Investigating Committee

Of the 58 cases that were determined by the IC in 2018, 11 were referred on to the PCC (19%). This is the lowest rate of referral in the last five years.

Decision of the IC	2018	%	2017	%	2016	%	2015	%	2014	%
No Case to Answer	47	81%	51	76%	28	65%	25	61%	54	67%
Referred to PCC	11	19%	16	24%	15	35%	16	39%	27	33%
Total	58		67		43		41		81	

Time taken for IC cases to be determined

We aim to conclude cases within 28 weeks from when they are received.

Of the 58 cases determined by the IC, 83% were determined within 9 months of the complaint being received. In the same period in 2017, 70% were determined with 9 months.

IC Cases Determined	2018	%	2017	%
Within 4 months	11	19%	12	18%
Within 6 months	10	17%	16	24%
Within 9 months	27	47%	19	28%
Over 9 months	10	17%	20	30%
Total	58		67	

6. 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 either at a public hearing or, on rare occasions, 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, advising the Committee on points of law and procedure with 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 2018 there were 11 hearings where a determination was made by the PCC.

Three complaints referred from the IC were joined and heard at the same hearing. Therefore, 13 complaints were dealt with by the PCC.

Five chiropractors were found guilty of unacceptable professional conduct in 2018. The annex includes further details of these cases.

One chiropractor was removed from the register, two received conditions of practice orders and two received an admonishment.

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

The GCC 'offered no evidence' in two cases. This occurs when there is insufficient evidence to support the allegations.

PCC decision	2018	2017	2016	2015
Removal	1	1	2	1
Suspension	0	2	0	1
Conditions of Practice	2	0	1	1
Admonishment	2	5	0	5
No UPC	4	6	3	8

GCC offered no evidence	2	2	7	6
Total	11	16	13	22

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 was one review hearing in 2018. The suspension order that was reviewed was extended for a further 9 months.

PCC Caseload

At the end of 2018 there were 7 cases that were still to be determined by the PCC. There were 9 PCC cases at the year end in 2017 (a 22% decrease) and 12 cases at the year end in 2016 (a 41% decrease over the two year period).

Health Committee

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

The HC did not meet in 2018.

7. Advertising cases

At the beginning of 2018 the GCC began to process 306 complaints received from a single complainant about advertising standards. Recognising the importance of handling these complaints efficiently and effectively, a dedicated project team was established which is on track to complete the investigations by spring 2019. The data on the 'advertising cases' are reported separately from our routine annual reporting.

Once all the advertising cases have been concluded, the learning from these cases will be shared by the GCC with the profession and stakeholders.

By the end of 2018, 140 cases had been to IC with 133 'no case to answer' judgments and seven cases adjourned for further information.

Number of advertising cases considered by Investigating Committee		140
Number of advertising cases concluded by Investigating Committee		133
Number of cases closed pre-Investigating Committee		13
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	133
	Referral to Professional Conduct Committee	0
	Adjourned	7
Number of Investigating Committee days		29
Remaining cases at year end		160

8. Interim Suspension hearings

Investigating Committee

If a complaint received raises an immediate concern for the protection of the public, the 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 held in 2018. None of these hearings resulted in a suspension.

	2018	%	2017	%	2016	%	2015	%
Not interim suspended	3	100%	6	86%	10	77%	2	67%
Suspended	0	0	1	14%	3	23%	1	33%
Total	3		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 no PCC interim suspension hearings held in 2018.

9. 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 he/she is a registered chiropractor.

Over the course of a year, we receive a number of complaints that relate to individuals that describe themselves as above.

At the end of 2018, there was a backlog of these types of complaints. External resources have been engaged to assist with this work.

Open cases at year end

There were 95 separate referrals that were live at the end of 2018; however cases where the same individual is complained about are dealt with at the same time. Therefore, 75 referrals are being dealt with.

Number of open s32 referrals	95
Number of individuals that each referral relates to	75

Status of cases

Cases reviewed	75
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Following review, action taken can include sending an initial letter that advises the individual to make changes to their website/publications. Other options include sending a 'cease and desist' letter, instructing inquiry agents to obtain more information or recommending that the case is closed. Where letters have been sent, we check that appropriate action has been taken by those complained about as a result.

Actions taken

Advisory letters sent	3
Cease and Desist letters sent	43
Inquiry agent instructed	16
Recommended for case closure	29

Annex

Summary of Professional Conduct Committee cases where the Chiropractor was found guilty of Unacceptable Professional Conduct

Name and registration number	Source of complaint	Summary of allegation(s) found proved	Outcome
WOODS, Paul 01277	Conviction	Conviction relating to three offences of making indecent photographs or pseudo-photographs of a child	Removed from the register
PHELPS, Richard 03143	Patient	Failure to adequately re-assess a patient to formulate an appropriate diagnosis and/or treatment plan and treatment causing an adverse reaction and failure to adequately respond to this	Conditions of Practice order of 18 months
MATHEW, Benjamin 02665	Patient	Various issues including misleading and inappropriate comments/claims, patient confidentiality, consent issues, x-ray justification, poor record keeping	Conditions of Practice order of 12 months
AKINDELE, Kolawole 01047	Conviction	Conviction relating to twenty five offences relating to the Housing Act 2004 and one offence contrary to section 16(2) of the Local Government (Miscellaneous Provisions) Act 1976	Admonishment
COLLINS, Sheena 02061	Conviction	Conviction relating to driving under the influence of alcohol	Admonishment

GCC v Paul Stephen Woods

Registration number: 01277

Date of decision: 26 February 2018

Sanction: Removed from the Register

Summary of conviction

Mr Woods was convicted of a criminal offence in that:

- On 28 July 2017, Mr Woods pleaded guilty to three offences of making indecent photographs or pseudo-photographs of a child. On 1 September 2017, Mr Woods was sentenced to 4 months suspended for 12 months, with a Rehabilitation Activity Requirement on each count to run concurrently, a Sexual Harm Prevention Order for 7 years, costs of £300 and placed on the Sex Offenders Register for 7 years.

GCC v Richard William Phelps

Registration number: 03143

Date: 30 October 2018

Sanction: Conditions of Practice order for a period of 18 months

Summary of allegations found proved and consequently amounting to a finding of unacceptable professional conduct

On 21 and 22 July 2016, Mr Phelps provided chiropractic treatment to Patient A, who had been a patient of the Clinic since 13 May 2016.

On 21 July 2016 Mr Phelps failed to adequately re-assess Patient A's condition to formulate an appropriate diagnosis and/or treatment plan in that:

- Her symptoms had changed significantly since her last presentation; and/or
- Her symptoms were suggestive of a new neurological condition.

On 22 July 2016 Mr Phelps adjusted or attempted to adjust Patient A's spine following which she:

- Suffered an adverse reaction; and/or
- Was unable to sit or stand up; and/or
- Complained of increased pain and neurological lower limb symptoms.

In doing so Mr Phelps failed to adequately respond to these reactions in that he:

- did not carry out an adequate/or any neurological or orthopaedic assessment; and/or
- did not call for emergency medical assistance sufficiently promptly or at all; and/or
- suggested to Patient A's mother that an ambulance was not required.

In addition, Mr Phelps further manipulated and/or attempted to manipulate Patient A's lumbar spine. This was inappropriate in that he had not carried out an adequate re-evaluation of Patient A's condition.

GCC v Benjamin Gartside Mathew

Registration number: 02665

Date of decision: 21 September 2018

Sanction: Conditions of Practice order for a period of 12 months

Summary of allegations found proved and consequently amounting to a finding of unacceptable professional conduct

The Committee found a significant number of Particulars proved in this case on matters including:

- the making of misleading comments at a talk, with the potential to deter parents from having their children vaccinated against measles and women from participating in mammographic screening to detect breast cancer; through the use of “Health Check Pass” cards
- the making of inappropriate claims about the efficacy of chiropractic or its potential for the treating of certain conditions, where he either knew, or ought to have known, it was inappropriate to do so;
- a gross breach of patient confidentiality;
- an oversight which led to a patient not being properly informed about her care options which impacted upon the validity of her consent;
- failures to comply with the statutory requirements of IRMER in the taking of unjustified x-rays, thereby exposing patients to the risk of unnecessary and harmful radiation;
- poor record keeping in a variety of areas including the recording of diagnosis and the reporting on radiographs.

GCC v Kolawole Akindele

Registration number: 01047

Date of decision: 30 August 2018

Sanction: Admonishment

Summary of conviction

On 20 November 2015 Mr Akindele was convicted of twenty five offences relating to the Housing Act 2004 and one offence contrary to section 16(2) of the Local Government (Miscellaneous Provisions) Act 1976.

GCC v Sheena Collins

Registration number: 02061

Date of decision: 31 May 2018

Sanction: Admonishment

Summary of conviction

On 15 June 2017 Ms Collins was convicted at the Cheshire Magistrates' Court of a criminal offence, namely that on 28 May 2017 she drove a motor vehicle on a road after consuming so much alcohol that the proportion of it in her breath, namely 115, exceeded the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988.