



Fitness to Practise Report 2010

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Chair's foreword

This is the seventh annual *Fitness to Practise Report* published by the GCC, and it summarises nine cases heard by the Professional Conduct Committee during 2010.

The purpose of this report is to highlight where respondent chiropractors fell short of the proper standards of conduct and to provide learning points for the profession. When published, the report is widely distributed to registrants, chiropractic professional organisations and education providers, where case studies are used to teach the requirements of the GCC's Code of Practice and Standard of Proficiency.

The fourth edition of the *Code of Practice and Standard of Proficiency* came into effect on 30 June 2010 and, as well as setting out the standards required of a 'reasonable chiropractor', it contains a wealth of supporting guidance and advice, set out in an easy-to-read format. It can be read on www.gcc-uk.org.

There is no legal definition of 'a reasonable chiropractor'. However, the concept is used in the discussions of the Investigating Committee and the Professional Conduct Committee when a complaint is made.

Achieving the requirements set out in the Code and Standard will deliver a standard of chiropractic care that will promote patient health and wellbeing and protect patients from harm.



Peter Dixon
Chair, General Chiropractic Council

Learning points

Introduction

A significant amount of the text within this chapter is taken directly from the GCC's *Code of Practice and Standard of Proficiency* to enable chiropractors to apply it to the learning points.

The issues and the principles involved in this report have arisen before and have been discussed in previous reports. They are also directly relevant to findings by the Professional Conduct Committee (PCC) in 2010.

1. Establishing and maintaining sexual boundaries
2. Meeting the health needs of individual patients
3. Consent and establishing effective communication with patients
4. Maintaining patient records
5. Management and care: assessment and review
6. Ionising radiation
7. Publicising your work or practice
8. Professional behaviour

1. Establishing and maintaining sexual boundaries

An abuse of trust

The PCC removed a chiropractor from the Register for 'a serious departure from professional standards' because of his conduct towards a young and vulnerable patient who had been a work placement student and then a junior employee. The abuse was not a single, isolated incident but carried out over a long period. At times the abuse occurred on clinic premises and sometimes the chiropractor tried to disguise his inappropriate conduct as a genuine chiropractic or medical procedure. The registrant continued to claim that there had been an 'ongoing consensual relationship' between them, and he failed to demonstrate any insight or understanding of the consequences of his actions and their impact on the patient.

Code of Practice and Standard of Proficiency

The GCC's Code and Standard makes plain that the relationship between chiropractors and patients is based on trust and on the principle that the welfare of the patient must come first. It is the responsibility of all health professionals, including chiropractors, to establish and maintain clear sexual boundaries with patients and their carers.

The Code and Standard highlight the guidance¹ published by the Council for Healthcare Regulatory Excellence (CHRE) that analyses the relationship between patient and health professional and explains clearly why there is no such thing as a 'consensual' sexual relationship between a health professional and a patient. One reason is that there is a power imbalance: *'Patients are often vulnerable when they require healthcare, and healthcare professionals are in a position of power because they have access to resources and knowledge that the patient needs. A power imbalance may also arise because:*

- *in order to be diagnosed or treated a patient may have to share personal information*
- *a healthcare professional influences the level of intimacy and/or physical contact during the diagnostic and therapeutic process*

¹ *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, CHRE, January 2008 www.chre.org.uk

- *a healthcare professional knows what constitutes appropriate professional practice whereas a patient is in an unfamiliar situation and may not know what is appropriate.'*

In the case heard by the PCC, the abuse of trust and the power imbalance were further compounded by the fact that the patient was a junior employee.

Acknowledging signs of sexual attraction

In another case, a registrant's name was suspended from the Register for one month because the PCC found that he had become involved in an improper personal relationship with a patient. Among other things, this had involved exchanging personal texts, walks alone and the arrangement of yoga lessons at his home, sometimes when the patient was the only pupil. The chiropractor took no steps to arrange for the patient to be treated by another chiropractor, and he was aware that the patient was vulnerable, had marital and financial problems and was being treated by a psychologist. The PCC was satisfied from the evidence adduced that the registrant was seeking a long-term relationship. The Committee nonetheless found that he failed to maintain appropriate professional boundaries.

It's understandable that such situations can be difficult for individuals to deal with. However, chiropractors must be aware that the GCC's [Code of Practice and Standard of Proficiency](#) is unambiguous in its guidance to chiropractors: *if you find yourself sexually attracted to patients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause. If you are sexually attracted to a patient and are concerned that it may affect your professional relationship with the patient (or you believe that a patient is sexually attracted to you), you should ask for help and advice from a colleague or appropriate professional body in order to decide on the most suitable course of action to take. If having sought advice, you do not believe you can remain objective and professional, you should find alternative care for the patient and ensure a proper handover to another healthcare professional.*

CHRE's guidance explains that to avoid breaching sexual boundaries it is essential for health professionals to be *'self aware and recognise behaviours which, while not necessarily constituting a breach of sexual boundaries, may be precursors to displaying sexualised behaviour towards patients or carers. These behaviours include:*

- revealing intimate details to a patient during a professional consultation*
- giving or accepting social invitations*
- visiting a patient's home unannounced and without prior appointment*
- seeing patients outside of normal practice, for example, when other staff are not there, appointments at unusual hours, not following normal appointment booking procedures or preferring a certain patient to have the last appointment of the day other than for clinical reasons*
- clinically unnecessary communications.'*

CHRE warns that: *'Failure to recognise the signs of sexual attraction at an early stage and act appropriately could result in serious harm to patients and to the healthcare professional's career'.*

2. Meeting the health needs of individual patients

A serious issue arising in a number of cases considered by the PCC concerns the provision of excessive treatment. On reviewing the cases summarised in this report, such conduct can be associated with a combination of:

- a poor patient management e.g. a failure to assess and keep under review the patient's needs
- b inadequate record keeping
- c adherence to a practice or treatment protocol, rather than meeting the health needs of the individual patient
- d selling pre-planned treatments in advance, where the practitioner could not have foreseen how the patient would respond to treatment and whether each treatment in the plan would be clinically justifiable
- e poor communication and provision of information – failing to obtain patients' consent
- f the use of alarmist language and arousing patients' fears of future ill-health.

In these cases registrants were found not to have acted in their patients' best interests and had provided treatment that was not clinically justified and, in doing so, had caused considerable anxiety and distress. For example, a chiropractor told a patient, without justification, that if she did not have 32 treatments within an 18-week period, 'she risked long-term problems' and would 'possibly be in a wheelchair when she was older'.

Providing an excessive number of treatments to patients is, or can be perceived to be, failing to act with honesty and integrity and an abuse of patients' trust. The Code and Standard state explicitly that chiropractors must never abuse their professional standing by imposing their views on people or rousing their fears. It is wholly unacceptable for chiropractors to use alarmist language and suggestions of future ill-health to create patient dependency on a particular type of treatment.

In the light of this, it is important to remember that chiropractors are personally accountable for their actions and must be able to explain and justify their decisions. Chiropractors are responsible for ensuring that if there are practice treatment protocols in place, then they do not encourage conduct that is contrary to the principles in the GCC's Code and Standard. The basis for the GCC's Standard of Proficiency is *'the principle that every chiropractor must at all times follow the current, sound practice of a reasonable practitioner'*.

The Code and Standard's guidance also emphasises that, *'every patient is an individual with their own health needs. The plan of care that you develop for individual patients needs to reflect their own individual health needs and their interests in having chiropractic care'*.

There is more about patient management on [page 7](#).

3. Consent and establishing effective communication with patients

It is essential that before assessing a patient's needs, or commencing treatment, chiropractors must obtain consent from the patient or someone able to act on the patient's behalf. A patient's consent must be voluntary and the patient must not be under any form of undue influence from the chiropractor, other health professionals, family or friends.

Patients have a right to receive information about the assessment and care that is available to them, presented in a way that is easy for them to follow and use. This places a considerable responsibility on chiropractors, but without this information patients cannot play a full part in their care or make the decisions that are appropriate for them.

Giving accurate, relevant and clear information is integral to obtaining a patient's consent. Chiropractors must share with patients the information they want or need to make decisions about their health and wellbeing, their health needs and related care options.

Effective chiropractic care is a partnership based on openness, trust and good communication. Talking to your patients about their assessment and care, and encouraging them to talk to you, will enable them to play a full part in their own assessment and care.

Detailed guidance on the information that is usually shared with patients, the factors that influence the information shared and suggestions on what comprises 'effective communication' is in the [Code of Practice and Standard of Proficiency](#).

4. Maintaining patient records

Poor record keeping continues to be integral to many cases heard by the PCC, and it is an issue that has arisen in every [Fitness to Practise Report](#) we have published. In the cases that have come before the PCC, keeping inadequate clinical records can be associated with other concerns relating respondents' management of patient care, such as failure to assess and review a patient's needs, and communication issues.

Failure to keep adequate records can lead to patient harm. Chiropractors who fail to keep adequate clinical records are unable to assess the effects of the care they are providing from the initial appointment to any subsequent reviews or reassessments. This means that they are unable to judge when it is necessary to modify or stop treatment, or refer the patient to another health professional. It should also be reiterated that routinely doing no more than box-ticking does not constitute adequate record keeping.

Some key points to remember:

- the Code of Practice requires that: *'Chiropractors must keep patient records that are legible, attributable and truly represent their interaction with the patient'*
- good record keeping is essential for fellow chiropractors who may need to take over the care of a patient
- inadequate patient records also make it difficult for those chiropractors who appear before the PCC to explain their decisions and justify their actions.

5. Management and care: assessment and review

This year, the PCC heard several cases that involved seriously poor patient management, where basic elements of clinical decision making had been ignored and, in one particularly distressing case, resulted in a patient not receiving earlier palliative care.

The chiropractor failed to interpret red flag symptoms. He did not x-ray the patient, or refer her for x-ray, or refer her to another healthcare practitioner. He failed to reconsider his initial diagnosis at any point, despite the patient's failure to respond to treatment and requirement for increasingly stronger pain-killing medication. He did not re-examine or reassess the patient during the course of 19 visits in two months. And he failed to maintain adequate records.

The *Standard of Proficiency* clearly sets out the steps expected of a reasonable chiropractor in assessing the health and health needs of patients, and in giving appropriate care. For example:

- it is essential that, at the outset, chiropractors evaluate each patient's individual health and health needs and arrive at, and document in the patient's notes, a working diagnosis or rationale for care, based on the evaluation of the information
- when obtaining further information and carrying out further investigations on patients, chiropractors must be able to identify when further investigations are needed and act on this need in the patient's best interests and without delay, and record the outcomes of those investigations
- the working diagnosis or rationale for care must be kept under review while care is given to the patient. Chiropractors must:
 - evaluate the benefit of care to the patient and identify whether the original diagnosis or rationale for care, or the plan of care, should be modified
 - review with patients the effectiveness of the plan of care in meeting its agreed aims
 - reach agreement with patients on any changes that need to be made
 - make a record of these agreements.

6. Ionising radiation

Routinely exposing patients to x-rays at set periods as part of a treatment protocol is contrary to patients' best interests and cannot be justified. Patient safety requires that care is taken when exposing any patient to ionising radiation, and it must be undertaken only when there are sufficient benefits to justify the risks.

The PCC heard evidence of a case where the chiropractor had sold the patient over 100 pre-planned sessions in advance and, as part of the treatment protocol, exposed the patient to multiple x-rays on four occasions over 14 months. The Committee considered that, whatever technique protocols a chiropractor uses as part of his practice, he must always comply with IR(ME)R and provide full clinical justification.

The law and regulations must be observed

Chiropractors must follow the legislation and regulations covering ionising radiation:

- Every x-ray must be clinically justified under the Ionising Radiation (Medical Exposure) Regulations 2000
- The Ionising Radiation (Medical Exposure) (Amendment) Regulations apply to all healthcare professionals, including chiropractors

Guidance and links to relevant legislation and regulations are in the GCC's [Code of Practice and Standard of Proficiency](#).

Specific [guidance on chiropractors' responsibilities can also be found on our website \[www.gcc-uk.org\]\(http://www.gcc-uk.org\)](#), together with a guidance note on the statutory powers of the Health & Safety Executive and the provisions of the Ionising Radiations Regulations 1999.

7. Publicising your work or practice

Two chiropractors received admonishments for the publication of misleading information relating to their use of qualifications or titles while publicising their work or practice.

The Code and Standard require that: 'Chiropractors, or anyone acting on their behalf, must use only factual and verifiable information when publicising their work or practice. The information must not:

- a mislead
- b be inaccurate
- c abuse the trust of members of the public
- d exploit their lack of experience or knowledge about either health or chiropractic matters
- e instil fear of future ill-health
- f put pressure on people to use chiropractic
- g bring the profession into disrepute.'

It is also recommended that, wherever possible, registrants ask to see any media article, statement or interview that they are involved in, before publication or broadcast, so that they can try to ensure that it does not break the Code of Practice.

Use of title or qualifications

When using titles and qualifications, chiropractors must not use them in a way that may mislead the public about its meaning or significance, or to claim that they are better than other chiropractors.

Specifically:

- if a chiropractor uses the title 'Doctor' in writing or when talking to patients, it should be made clear that the chiropractor is not a registered medical practitioner (unless registered with the General Medical Council)

and

- if suspended or removed from the GCC Register, it is a criminal offence to say or imply that you are a chiropractor. If suspended from the GCC Register, an individual will remain accountable to the GCC during the period of suspension.

8. Professional behaviour

A chiropractor misled the GCC in July 2005 by failing to declare, on a registration application form, a criminal conviction in 1999 for driving with excess alcohol. The registrant received a second conviction for drink-driving in March 2009.

Chiropractors must disclose any convictions to the GCC within seven days.

Chiropractors must avoid acting in a way that may undermine public confidence in the chiropractic profession or bring the profession into disrepute. It is possible for chiropractors to undermine public confidence by conduct in professional practice or in their personal life more generally.

Areas of a registrant's personal life that might undermine public confidence or bring the profession into disrepute include, for example, misuse of drugs and alcohol, convictions for fraud or dishonesty and convictions related to the use of pornography.

Complaints about the misuse of drugs or alcohol may lead to a charge of unacceptable professional conduct, whether or not the:

- complaint is the subject of criminal proceedings
- conduct directly affects your practice.

If your ability to practise is impaired due to the misuse of alcohol or other drugs, this may lead to a question of your fitness to practise being referred to the Health Committee.

Practitioner health and wellbeing

Chiropractors must seek and follow proper advice about whether or how to modify their practice when patients may be at risk due to unmanaged issues concerning the chiropractor's mental or physical health.

Chiropractors are encouraged to monitor their health and wellbeing to reduce the risks to patients. If possible, by using their professional insight to identify when their health may put patients at risk. In these circumstances, it is recommended that the chiropractor seeks the help, support and advice of an appropriate health professional.

Professional Conduct Committee cases | January to 31 December 2010

Name and registration number	Source of complaint (Patient/s Public/Other chiropractor/ Registrar)	Summary of allegations	Outcome	Review hearing? Y/N Date/ outcome
LAWRENCE Stuart Ashley Egerton (00978)	Patient	Failure to establish and maintain sexual boundaries with a patient.	Removed from the Register with interim (immediate) suspension	No
STEFAN Ana-Maria (02910)	Patient	<ul style="list-style-type: none"> ● Not acting in a patient's best interests ● Recommending inappropriate and excessive treatment ● Making alarmist statements ● Examining without consent ● Poor communication 	Suspension Order Two months	No
TAYLOR David Alan (00144)	Patient	Failure to maintain boundaries with a patient.	Suspension Order 28 days	No
AZIZI Manny (02775)	Patient	<ul style="list-style-type: none"> ● Excessive estimate of a patient's treatment needs ● Failure to take an adequate case history ● Inadequate record keeping. 	Suspension Order 28 days	No
PRESSEAU Joseph Luc (01372)	Patient	Failure to: <ul style="list-style-type: none"> ● interpret 'red flag' symptoms ● undertake or refer a patient for x-ray ● refer the patient to another healthcare professional ● review and reconsider initial diagnosis ● adequately re-examine or reassess the patient ● maintain adequate records ● enable the patient's access to earlier palliative care and <ul style="list-style-type: none"> ● providing an excessive number of treatments. 	Conditions of Practice Order Two years	Yes March 2011 Conditions varied/to be reviewed again before two years up

Name and registration number	Source of complaint (Patient/s Public/Other chiropractor/ Registrar)	Summary of allegations	Outcome	Review hearing? Y/N Date/ outcome
HOBBS Sally Clare Louise (02486)	Registrar	<ul style="list-style-type: none"> ● Convicted at Swindon Magistrates Court in March 2009 of driving a motor vehicle with excess alcohol ● Misleading the GCC in July 2005 by failing to declare, on a registration application form, a criminal conviction in February 1999 for driving with excess alcohol 	Admonished	No
PAUC Robin Anthony (00044)	Other chiropractor	<ul style="list-style-type: none"> ● Misrepresentation of professional qualifications and of his right to use the title professor ● Undermining public confidence in the chiropractic profession and/or bringing the profession into disrepute 	Admonished	No
COBB James (01196)	Patient	<p>Failure to:</p> <ul style="list-style-type: none"> ● devise an adequate management or treatment plan ● provide sufficient information to enable the patient to give informed consent to treatment ● undertake an adequate examination ● keep adequate records ● maintain confidentiality and ● providing an excessive number of treatments ● requiring advance payment for a large number of treatments ● performing x-rays without adequate justification contrary to the requirements of IR(ME)R 	Admonished	No
PAULL Michael (02045)	Registrar	Misleading the public by describing himself as a 'Chiropractor' while his GCC registration was subject to a four-month Suspension Order, contrary to Section 32 (1) of the Chiropractors Act 1994	Admonished	No

Case summaries

Introduction

This section of the report contains a summary of the cases heard by the Professional Conduct Committee (PCC) during 2009. Details of the PCC hearings, including the charges and decisions in full, are available on request or can be read on our website www.gcc-uk.org.

Reasons for the Committee's decisions

When the evidence has been heard and the Committee has found some or all of the allegations proved, the Committee must make more decisions. Do the proven facts amount to unacceptable professional conduct? If so, what would be a proportionate sanction, and what would be the Committee's reasons for imposing it?

The GCC's Indicative Sanctions Guidance sets out the issues to be considered by the Committee when deciding on a sanction following a finding of unacceptable professional conduct.

Please note that the use of the title 'Dr' in the case summaries refers to 'Doctor of Chiropractic'.

GCC v Stuart Ashley Egerton LAWRENCE

Registration number: 00978

Removed from the Register with interim (immediate) suspension

Source of complaint

Patient

In brief

- **Failure to establish and maintain sexual boundaries with a patient**

Case summary

The matters found proved against Stuart Lawrence concern sexual misconduct towards Ms A, who was a junior employee and a patient.

She was known as 'Ms A' throughout the hearing and gave evidence at the proceedings. Mr Lawrence chose not to attend the hearing.

This case arose from a complaint that was made to the GCC by Ms A in September 2009. The Committee heard direct evidence from Ms A about events that took place between the summer of 2007 and September 2009, while she was a student undertaking a work placement at Mr Lawrence's clinic and, subsequently, when she was considering employment, and then employed, at the clinic. Ms A was a patient of Mr Lawrence.

The Committee found that Mr Lawrence had abused his position by acting in a sexually motivated manner towards a vulnerable young woman over a prolonged period. This included inappropriate comments and touching and, on two occasions, attempting to mask his inappropriate conduct under the guise of a medical/chiropractic procedure.

In reaching its decision to remove Mr Lawrence from the Register, the Committee considered there were a number of aggravating factors:

- a Ms A was young and vulnerable.
- b Mr Lawrence was a registered healthcare professional and ought to have understood his responsibilities and the need to establish and maintain professional boundaries.
- c The abuse occurred on numerous occasions over a significant period.
- d Mr Lawrence tried to mask some of his inappropriate conduct under the guise of genuine medical/chiropractic procedure.
- e Some of Mr Lawrence's abuse of Ms A occurred at his clinic.
- f The matters amount to a significant abuse of Mr Lawrence's position, and he breached the trust placed in him by Ms A.
- g The Committee could not be satisfied that Mr Lawrence is no longer a risk to other employees or patients.
- h There is no evidence that Mr Lawrence has understood the consequences of his actions and their impact on Ms A.

The Committee was concerned that Mr Lawrence has yet to comprehend professional boundaries.

Sanction

Following the nine-day public hearing, the PCC found Stuart Lawrence guilty of Unacceptable Professional Conduct and ordered his name to be removed from the statutory Register of Chiropractors.

The Committee also decided that it would be in the public interest to suspend Stuart Lawrence's registration with immediate effect.

Extracts from the Committee's determination

'Many of the particulars of this Allegation related to matters of a sexual nature. The Committee has also borne in mind that Mr Lawrence has not disputed that there was some sexual activity, although he has claimed that it was consensual ...'

'The Committee rejects Mr Lawrence's claim that the relationship between Ms A and him was an ongoing consensual relationship. Even if it had been, the Committee would have found that some of his conduct was indefensible bearing in mind that she was ... a work placement student, a patient, and then a junior employee.'

'The Committee considered that chiropractors must establish and maintain clear boundaries in respect of their patients. These boundaries are intended to protect patients. The Committee considered that the onus is on the chiropractor to maintain those boundaries because the relationship between chiropractor and patient is unequal. In this case the patient (who was also an employee) was vulnerable and Mr Lawrence abused the trust she placed in him and exploited her naivety.'

'The Committee considers that Mr Lawrence's violation of sexual boundaries represents a serious departure from the relevant professional standards. His conduct was not a single, isolated incident but carried out over a long period.'

'The findings against Mr Lawrence are very serious. The Professional Conduct Committee does not lightly order the removal of a chiropractor's name from the Register.'

'The Committee considered that allowing Mr Lawrence to continue to practise before the substantive Order [for removal] comes into force would be an unnecessary risk to the public and patients.'

Accordingly, the Committee has determined that it is necessary to impose an Interim Suspension Order in this case.'

GCC v Ana-Maria STEFAN

Registration number: 02910

Suspension Order (Two months)

Source of complaint

Patient

In brief

- Not acting in a patient's best interests (*the patient was referred to as Patient A throughout the proceedings*)
- Recommending inappropriate and excessive treatment
- Making alarmist statements that made Patient A anxious
- Examining, without consent, Patient A's seven year old daughter's spine
- Poor communication with Patient A
- Bringing the chiropractic profession into disrepute

Case summary

- a Patient A first consulted Dr Stefan on 15 September 2008 for help with aches in her neck, shoulder and lower back and headache.
- b At the second consultation on 18 September 2008, Dr Stefan advised Patient A that she needed 32 treatments over about 18 weeks. This was inappropriate and excessive given that Dr Stefan did not know at the time how Patient A would respond to the treatment, nor whether 32 treatments would be required to treat her condition.
- c Patient A explained that she wanted only one or two treatments because she could not afford more. In response Dr Stefan made alarmist statements i.e. if Patient A did not agree to the number of recommended treatments, she could be caused long-term irreversible problems.
- d About two weeks later Patient A asked for her treatment sessions to be reduced from three to two per week because of her financial circumstances. Dr Stefan responded with further alarmist statements i.e. if Patient A did not get her spine corrected properly now, she risked long-term problems and she'd possibly be in a wheelchair when she was older.
- e The alarmist statements, which conveyed a level of risk that was disproportionate to Patient A's condition, made Patient A anxious.
- f Patient A's seven-year-old daughter accompanied her to a consultation with Dr Stefan on 8 October 2008. Without Patient A's consent, Dr Stefan examined Patient A's daughter's spine and recommended chiropractic treatment for her.
- g At a consultation on or about 16 October 2008, when recommending to Patient A that she take Omega 3 (fish oil), Dr Stefan incorrectly suggested that she was providing a prescription for Omega 3 when she was instead providing an order form. Dr Stefan also failed to tell Patient A that she or her clinic would benefit if Patient A ordered the Omega 3 via the order form.
- h The PCC found that Dr Stefan's conduct in relation to the facts found proved was not in Patient A's interests and was likely to undermine confidence in the profession and bring the profession into disrepute.

Sanction

Following a six-day hearing, the PCC found Ana-Maria Stefan guilty of Unacceptable Professional Conduct and ordered her name to be suspended from the statutory Register of Chiropractors for two months.

Extracts from the Committee's determination

'Recommending an excessive number of treatments to a patient and making alarmist statements that caused the patient to suffer anxiety are serious matters. Although you have displayed a degree of insight into your failings, the Committee has concluded that you have not fully appreciated the consequences of your actions.'

'A chiropractor is accountable for ensuring that her practice complies with the GCC's [Code of Practice and Standard of Proficiency](#). However, the Committee is aware that in 2008 you were an inexperienced chiropractor, recently qualified and embarking on your first job. The Committee has concluded that your actions were primarily motivated by an unwavering belief in the value of chiropractic and that financial considerations were secondary ...'

'Although your actions reflect your naivety, you caused considerable anxiety to Patient A. Chiropractors must only recommend treatment that is clinically justifiable and must not cause distress to patients unnecessarily. In the circumstances of your case a period of two months suspension is a sufficient and proportionate sanction and will make it clear to you, to the profession and to the public that conduct of this nature is unacceptable ...'

GCC v David Alan TAYLOR

Registration number: 00144

Suspension Order (28 days)

Source of complaint

Patient

In brief

- Failure to maintain boundaries with a patient

Case summary

Events occurred between 1999 and January 2006 and relate to one female patient who was known as 'Patient A' throughout the hearing. Dr Taylor attended the three-day public hearing and was legally represented. Dr Taylor admitted most of the detailed allegations against him, which the Committee duly found proved. The allegations found proved include that he:

- had conducted an inappropriate and improper personal relationship with Patient A
- knew from the outset from information obtained from Patient A during treatment that she was experiencing difficulties with her marriage and was vulnerable
- failed to maintain appropriate professional boundaries and abused his position of trust. For example by:
 - taking walks alone with Patient A
 - exchanging a series of personal text messages and, on a number of occasions, texting and speaking on the phone with Patient A early in the morning and late at night
 - arranging insurance for Patient A to drive his car
 - arranging for Patient A to attend yoga classes at his home, sometimes when she was the only pupil attending and, on occasions, remaining until around 11.45pm.

Outcome

The relevant underlying principles of the GCC's Code and Standard were:

- a failure to maintain appropriate professional boundaries
- b abusing a position of trust, as a treating chiropractor, by pursuing a personal relationship with a patient
- c failing to end the professional relationship and arrange alternative chiropractic care until some time after the personal relationship began
- d potentially bringing the chiropractic profession into disrepute and undermining public confidence in the profession.

Sanction

The PCC found David Taylor guilty of Unacceptable Professional Conduct and ordered his name to be suspended from the statutory Register of Chiropractors for one month.

Extracts from the Committee's determination

'... The Committee was satisfied from a reading of the text messages that you were seeking a long-term relationship with Patient A. In evidence, you admitted that someone reading those text messages could interpret them as being sent from someone infatuated and in love. Whilst neither you nor Patient A fully accepted the accuracy of those text messages, you both avoided answering questions in relation to the sense and tenor of the content of the messages.

'Members of the public are entitled to expect that chiropractors should respect the implicit trust and confidence that a patient should have in the professional conduct of a chiropractor. You failed to maintain appropriate professional boundaries with Patient A.

'For these reasons, the Committee is satisfied that your conduct fell well below the standard required of a registered chiropractor and the Committee is satisfied that you are guilty of Unacceptable Professional Conduct.

'This was a serious breach of the fundamental principles, as set out in the Standards of Proficiency and Code of Practice issued pre-June 2005, with regard to personal relationships. You admitted that you became involved in an improper personal relationship with a patient and until this complaint was drawn to your attention you took no steps to arrange for the patient to be treated by another chiropractor. This relationship was with a married patient and you knew from the start that she had marital problems, financial problems, emotional stress at home and was being treated by a psychologist. You knew or ought to have known that these problems would make this patient particularly vulnerable. Despite [hearing] the evidence that this was a consensual relationship, it was your responsibility to maintain appropriate professional boundaries. Such relationships are inappropriate because the relationship between a practitioner and a patient is not an equal one. By crossing the boundary between a patient and a professional, your conduct was inevitably serious.

'In determining the length of the period of suspension, the Committee took particular account of the fact that these events took place some five years ago and since that time there has been no repetition of this conduct. Consequently, the Committee has decided that a period of one month's suspension would be sufficient, balancing the public interest with your interests and the interests of your patients.'

GCC v Manny AZIZI

Registration number: 02775

Suspension Order (28 days)

Source of complaint

Patient

In brief

- Excessive estimate of a patient's treatment needs
- Failure to take an adequate case history
- Inadequate record keeping

Case summary

Events occurred in July and August 2008 and relate to one patient who consulted Dr Azizi approximately four times about upper back and neck pain. The patient was known as 'Patient A' throughout the hearing and did not attend the proceedings. Dr Azizi attended the hearing and was legally represented.

Outcome

The PCC found that Dr Azizi had not acted in Patient A's best interests. In particular that:

- on 2 August 2008, Dr Azizi advised Patient A that she needed to have 24 treatments over a three-month period. Dr Azizi's advice was 'not clinically justified' and the number of treatments he advised was 'excessive'
- Dr Azizi's patient records were 'misleading' because they failed to date an incident when Patient A wore a neck brace for six weeks and gave the impression that the incident occurred within the last two years and not 14 to 15 years previously.

The Committee also found that:

- during a consultation on or about 26 July 2008, Dr Azizi 'failed to make proper enquiry' of Patient A in relation to her history of wearing a neck brace
- Dr Azizi's treatment records for Patient A were inadequate because he failed to record an assessment of Patient A in July 2008 and did not properly record his consultation with Patient A and her husband on, or about, 2 August 2008.

Sanction

Following a six-day public hearing, the PCC found Manny Azizi guilty of Unacceptable Professional Conduct and ordered his name to be suspended from the statutory Register of Chiropractors for one month.

Extracts from the Committee's determination

'Notwithstanding the Committee's finding that you misled Patient A in relation to the number of treatments she required, the Committee could not be satisfied that you recognised you were misleading her and that you intended to do so. Having regard to the patient information provided, the Committee considers it more likely that you have, in effect, absorbed an organisational culture in which the initial booking of high volume care programmes has become the norm, and that you tend to adopt this approach in the belief that it may produce long-term general health benefits. Your conduct in recommending an excessive number of treatments might be better described as a failure to adopt a realistic approach to your patient's needs and resources rather than an intention to mislead...'

'The Committee was satisfied that your conduct fell below the required standard with regard to your excessive estimate of Patient A's treatment needs, your failure to take an adequate case history in relation to the neck brace and your inadequate record keeping ...'

'The Committee's main concern is that you advised a patient that she needed an excessive number of treatments and that this advice was not clinically justified. Patients are entitled to be given reasonable advice about the number of treatments they are likely to require. However, the Committee has not found that you were deliberately dishonest in giving your advice, nor that you attempted to coerce Patient A into committing to a large number of treatments by exaggerating her clinical condition. Nevertheless, setting the expectation at an excessively high level, with the potential to cause anxiety and to result in financial pressure, is a serious failing that is bound to bring the profession into disrepute ...'

GCC v Joseph Luc PRESSEAU

Registration number: 01372

Conditions of Practice Order (Two years)

Source of complaint

Patient

In brief

Failure to:

- interpret 'red flag' symptoms
- undertake or refer a patient for x-ray
- refer the patient to another healthcare professional
- review and reconsider initial diagnosis
- adequately re-examine or reassess the patient
- maintain adequate records
- enable the patient's access to earlier palliative care

and

- providing an excessive number of treatments.

Case summary

Mrs Jacobson had consulted Dr Presseau 19 times between June and September 2008 for severe back pain. At the first consultation, Dr Presseau recorded a case history that included red-flag symptoms indicative of an underlying pathological process that he failed to interpret. Mrs Jacobson was a 59-year-old woman, who smoked. She considered that her back pain measured 10 at its worst and had been at that level for at least a week. Lying down aggravated her back pain and the pain woke her from her sleep. She had no history of back pain apart from sciatica in her legs two years before.

While responsible for Mrs Jacobson's care, Dr Presseau failed to x-ray or refer her elsewhere for an x-ray to be taken, notwithstanding that, by the 12th consultation, he suspected that Mrs Jacobson had 'underlying degenerative changes'. Despite Mrs Jacobson's failure to respond to treatment and continued severe pain, Dr Presseau did not reconsider his initial diagnosis of 'chronic lumbar facet joint dysfunction with associated myospasm' at any point. Nor did he

adequately re-examine or reassess Mrs Jacobson during the course of her 19 visits. Dr Presseau also didn't note in the care records an adequate prognosis, reassessments or reviews of Mrs Jacobson's condition and treatment plan and that she was not responding to treatment and why.

Outcome

The PCC found Dr Presseau guilty of Professional Incompetence and Unacceptable Professional Conduct.

The Committee heard detailed evidence from Dr Presseau, Mr Jacobson (the late Mrs Jacobson's husband), expert evidence from two consultant oncologists and chiropractic expert witnesses. The Committee heard that had Dr Presseau undertaken a satisfactory assessment of Mrs Jacobson (including an adequate case history, x-ray and assessment/reassessment) and referred her for medical opinion, the cancer from which Mrs Jacobson was suffering could have been identified sooner and she would have been in a position to receive earlier palliative care.

The GCC usually anonymises patients' names during public PCC proceedings. On this occasion, Mr Jacobson gave permission for his late wife's name to be referred to during the proceedings because he wanted people to know what had happened to her.

Sanction

The Committee determined to impose a Conditions of Practice Order on Dr Presseau for two years. It had decided that such an order would be 'sufficient to protect the public, maintain confidence in the profession and uphold standards of practice'. Further, that Dr Presseau's conduct revealed 'no evidence of harmful deep-seated personality or attitudinal problems' and that Dr Presseau's admissions that he had acted incompetently during the hearing, 'demonstrated insight' into his failings. He further 'expressed and demonstrated willingness to respond positively to further training and assessment'.

The Committee considered that Dr Presseau's failings could be addressed by a Conditions of Practice Order entailing an audit of his practice that was proportionate, workable and measurable. Among other things, it required:

- a a clinical audit process by an auditor appointed by the Committee, which will include a review of current patient records and patient recording systems. This will focus on (but not be limited to) patient history, prognosis and evidence of objective assessment and plan throughout each and every patient contact
- b on each and every audit visit the auditor will observe at least two patient consultations, one of which must be a new patient consultation
- c evidence of procedures for, and documentation of, initial patient assessment and management plans, including patient history, examination findings and prognosis, based on working diagnosis
- d the first audit to take place one month following the commencement of this Order, with subsequent visits occurring at intervals of three months, until the first Review Hearing, then at intervals of six months.

The auditor will report to the Committee on Dr Presseau's progress and will include recommendations to ensure that every aspect of practice conforms to the [Code of Practice and Standard of Proficiency](#), with specific reference to Dr Presseau's failings as highlighted by the Committee's findings.

The Committee will hold a Review Hearing approximately 10 months from the date of the commencement of the Order. Among other things, it will consider what, if any, further conditions it may wish to impose.

Extract from the Committee's decision

'The Committee found that you failed to interpret the warning signs presented by a patient on initial consultation that indicated a possible serious underlying pathological condition. You had not at any time adequately reconsidered your diagnosis. You failed to reassess that patient adequately over an extended course of treatment, when her progression had not accorded with expectations and should have alerted you to the need for further action. You failed to maintain adequate records ...'

'The Committee found that your failings were not an isolated incident. As a result of the lost opportunity to receive early palliative care, Mrs Jacobson suffered indirect harm from your conduct.'

Outcome of Review Hearing

The Committee met on 28 March 2011 to review the Conditions of Practice Order imposed upon Dr Presseau in May 2010. The Committee considered a report from the auditor that there had been 'a steady improvement in every aspect audited, but he considered that further improvement was still required'. The Committee noted that Dr Presseau had '... taken a constructive approach to developing' his practice. It was satisfied that he had 'not breached any of the existing conditions of the Order' and that he had co-operated fully with the auditor.

The Committee decided to vary the conditions slightly to enable Dr Presseau to 'further improve his standard of record keeping and be clearer' in relation to the rationale for care, treatment plans and the identification and recording of 'red flags'.

The Committee will review the Conditions of Practice Order at a hearing shortly before its expiry. This review hearing has not taken place at the time of writing. Review hearing outcomes are published on www.gcc-uk.org.

GCC v Sally Clare Louise HOBBS

Registration number: 02486

Admonished

Source of complaint

Registrar

In brief

- Convicted at Swindon Magistrates Court in March 2009 of driving a motor vehicle with excess alcohol
- Misleading the GCC in July 2005 by failing to declare, on a registration application form, a criminal conviction in February 1999 for driving with excess alcohol

Case summary

Dr Hobbs admitted at the outset of the hearing that she had two convictions for drink-driving. Further, that by failing to disclose a criminal conviction when applying for registration, she had misled the GCC. Dr Hobbs did not admit that she had behaved dishonestly but contended that, at the time, she believed that she did not need to disclose her conviction.

The Committee noted:

- evidence from a Consultant Forensic Psychiatrist that Dr Hobbs 'is not currently posing a risk to patients or members of the public as a consequence of any physical or mental health problem' but that while she was not 'currently exhibiting a harmful use of alcohol', the 'pattern of alcohol usage at the time of the assessment' would place her 'at risk of developing the condition'.
- a specific question in the registration application form requiring that 'ALL criminal convictions whether spent or not under the Rehabilitation of Offenders Act 1974' must be disclosed and that only 'parking and minor traffic offences only punishable by a fine may be excluded'. Further, Dr Hobbs had signed a declaration at the end of the form that the information was to the best of her knowledge and belief, true and accurate.

Outcome

The Committee found Dr Hobbs guilty of Unacceptable Professional Conduct and imposed an Admonishment.

Having considered the evidence and submissions, the Committee accepted that Dr Hobbs:

- had appropriately modified her pattern of alcohol consumption that neither she, nor her patients, were at risk of harm
- had not intended to mislead the GCC but had instead incorrectly believed that she did not need to disclose her conviction. Her conduct was not, therefore, considered to have been 'dishonest'.

The Committee decided that the criminal convictions from 1999 and 2009 were materially relevant to Dr Hobbs's fitness to practise. Although the first conviction occurred when she was not a registered chiropractor, and the convictions were almost 10 years apart, the circumstances were very similar and both convictions were serious.

The Committee further noted that Dr Hobbs had shown remorse and her apology to the Committee and to the profession as a whole.

Extract from the Committee's final decision

'The process of registration must be thorough and properly completed. The public interest demands that such an important matter as a criminal conviction is disclosed. You had a professional obligation to disclose your conviction to your regulator. It was your responsibility to ensure that the information on your application form was accurate and not misleading. You failed to disclose your conviction and accept that you misled the Registrar although not intentionally. However, this failure to ensure the accuracy of your application form was unprofessional and deprived the Registrar of the proper opportunity to satisfy herself that you were of good character.

'Having taken account of all the circumstances and the mitigating factors in this case, the Committee is satisfied that it is appropriate to conclude this case with an Admonishment. This is the minimum necessary to protect the public and maintain confidence in the profession. However, you should be in no doubt that the imposition of an Admonishment by your regulatory body is a serious matter and should not be treated lightly. The Committee now expects that you will uphold the standards expected of all registered chiropractors in the future.'

GCC v Robin Anthony PAUC

Registration number: 00044

Admonished

Source of complaint

Chiropractor

In brief

- **Misrepresentation of professional qualifications and of his right to use the title professor**
- **Undermining public confidence in the chiropractic profession and/or bringing the profession into disrepute**

Case summary

It was alleged that Dr Pauc had failed to ensure that inaccurate and misleading information was not published on the covers of a number of books he had written and on his website. These included statements that gave the impression that he was awarded a professorial chair and was a registered medical practitioner, neither of which was the case. It was not made clear that Dr Pauc is a doctor of chiropractic and not a registered medical practitioner, which was of particular concern to the Committee given that the books related to medical matters.

Outcome

The Committee found Dr Pauc guilty of Unacceptable Professional Conduct and imposed an Admonishment.

Among other things, the Committee had noted that Dr Pauc had taken steps to correct and prevent a recurrence of these events, there had been no finding of dishonesty and 'his behaviour would not have caused direct or indirect patient harm.'

Extract from the Committee's final decision

'... by failing to make the nature of your professorship clear and by allowing the covers of the two books to be misleading as to your status, you have undermined public confidence in the profession and brought the profession into disrepute.'

GCC v James COBB

Registration number: 01196

Admonished

Source of complaint

Patient

In brief

Failure to:

- Devise an adequate management or treatment plan
- Provide sufficient information to enable the patient to give informed consent to treatment
- Undertake an adequate examination
- Keep adequate records
- Maintain confidentiality

and

- Providing an excessive number of treatments
- Requiring advance payment for a large number of treatments
- Performing x-rays without adequate justification contrary to the requirements of IR(ME)R

Case summary

The case concerns treatment provided by Mr Cobb to Patient A during November 2002 and February 2005. Patient A first made his formal complaint at the end of 2008.

Mr Cobb had been subject to similar allegations about his treatment and management of another patient during a similar period, which had been considered by the PCC in April 2007. At the conclusion of that hearing, the PCC imposed a six-month Suspension Order which, shortly before its expiry, was changed to a two-year Conditions of Practice Order.

Mr Cobb's compliance with the Conditions of Practice Order was audited during this time and the results reported to the PCC, which considered that he had:

- 'addressed all the matters of concern' about his practice
- 'made substantial improvements' to his standards of practice
- 'demonstrated compliance with the [Code of Practice and Standard of Proficiency](#)'.

The Order was revoked on 31 October 2008 and the Committee was 'impressed by the continued insight Mr Cobb had shown and by a considerable body of evidence that he had shown substantial improvements in his standard of practice'.

Outcome

In relation to the case considered in 2010, the Committee found Mr Cobb guilty of Professional Incompetence and Unacceptable Professional Conduct and imposed an Admonishment in relation to the allegations, found proved, concerning his treatment of Patient A.

The Committee considered that Mr Cobb's history was relevant to its decision on sanction. It considered:

- that had both complaints been heard together, the ultimate sanction would not have differed significantly to that imposed in 2007
- the range of sanctions available and that, in most circumstances, failings such as those it had considered would warrant a higher sanction than Admonishment. But given that the Committee had been presented with detailed information about the changes Mr Cobb has made to his practice in relation to the areas of concern, it was not necessary or proportionate to impose a Conditions of Practice Order.

Extract from the Committee's decision

'From the outset, Mr Cobb's initial assessment of Patient A was insufficient and there was no adequate neurological/orthopaedic examination. As a consequence, the decisions he made in relation to Patient A's treatment could not have been in the best interest of Patient A or based on appropriate and accurate information. Mr Cobb's subsequent management and treatment of Patient A continued to be inadequate. Patient A was not provided with sufficient information to enable him to make an informed decision prior to consenting to treatment.

During the ongoing treatment of Patient A, between November 2002 and February 2005, Mr Cobb's records of the treatment were often unclear and illegible. There was a failure adequately to record Patient A's responses to the treatment or any management plan. There was no evidence that Mr Cobb effectively communicated to Patient A any risks associated with the treatment (although it was agreed that the treatment itself did not pose any significant risks).

The Committee was particularly concerned about the number of treatment sessions. There were over 100 pre-planned sessions paid for in advance. Mr Cobb could not have known whether the proposed treatments would be necessary without assessing the effectiveness of the treatments and how Patient A responded. The Committee notes Mr Cobb himself acknowledged that:

"... the recommended frequency and duration of care, was dictated more by adherence to a practice and treatment protocol, rather than the needs of the individual patient."

Mr Cobb also said in his statement:

"... I nonetheless agree that such a large pre-payment for such an extended period of time was inappropriate in this case."

The Committee considers that all patients must have their treatment plans and actual treatment based on their own specific needs and refined in the light of their response to treatment.

Mr Cobb treated Patient A in an open plan room in the presence of another or other patients. Whilst the Committee accepts that there are circumstances where this might be appropriate, in this case Patient A's confidentiality was not maintained and his prior consent was not obtained.

Mr Cobb displayed Patient A's x-rays in the reception area of the Clinic and he acknowledged that this was not a secure way to store Patient A's records.

During the period that Patient A was treated he underwent multiple x-rays on 4 occasions during a period of 14 months. The Committee has had regard to the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) which clearly state that every medical exposure be clinically justified i.e. that the benefits of the clinical information must exceed the risks of exposure. The Committee considers that, whatever technique protocols a chiropractor employs as part of his practice, he must always comply with IR(ME)R and provide full clinical justification. Mr Cobb himself acknowledges:

"... that whilst the initial x-rays taken in Patient A's case may have been justified under the IR(ME)R regulations, subsequent x-rays were not."

Mr Cobb has acknowledged through his admissions that there were sufficient shortcomings in his management of Patient A to support the allegation that he did not act in Patient A's best interests. He also acknowledged that his overall conduct fell short of that required by the [Code of Practice and Standard of Proficiency](#).

The Committee's findings in this case reveal a serious departure from a number of areas of the [Code of Practice and Standard of Proficiency](#). The Committee is satisfied that Mr Cobb's conduct fell significantly short of the standard required of a registered chiropractor and that he is guilty of both 'Unacceptable Professional Conduct and Professional Incompetence'.

GCC v Michael PAULL

Registration number: 02045

Admonished

Source of complaint

Registrar

In brief

- **Misleading the public by describing himself as a 'Chiropractor' while his GCC registration was subject to a four-month Suspension Order, contrary to Section 32 (1) of the Chiropractors Act 1994**

Case summary

The PCC imposed a Suspension Order on Mr Paull at a hearing held on 21 July 2009 that Mr Paull attended. Following the appeal period, the Suspension Order came into effect on 18 August 2009 and expired four months later.

During this time Mr Paull:

- authorised the printing and distribution of a magazine that promoted his chiropractic practice and expressly described him as a chiropractor and Doctor of Chiropractic
- did not take adequate steps to ensure that his photograph, and references to him as a chiropractor, had been removed from his practice website where they had remained for the first four weeks of his suspension.

Outcome

Mr Paull was found guilty of Unacceptable Professional Conduct and the Committee imposed an Admonishment.

The Committee considered that there was no evidence that Mr Paull's behaviour would have caused direct or indirect patient harm and it was satisfied that he had demonstrated insight into his failings.

Mr Paull knew that he was suspended, but it appeared from a letter sent to the GCC that he was unclear about the effect of the Suspension Order. He stated in the letter that 'I fully understood that I was suspended from practising as a chiropractor, but didn't realise that regarding myself as a chiropractor in name was unacceptable'. He also stated that he recognised that this assumption was incorrect, apologised for making such a serious oversight and that it was an honest mistake.

Extract from the Committee's decision

'The Committee considered that Mr Paull should have been aware of his obligation not to describe himself as a chiropractor during the period of his Suspension Order. Of particular concern to the Committee is that Mr Paull authorised payment for the magazine in late July 2009 and its print and distribution in August 2009 when he knew that a Suspension Order had been imposed on him. Mr Paull had the opportunity to take steps to prevent the distribution of the magazine in the form in which it was published and he failed to take such steps.

Mr Paull allowed his name and description as a chiropractor to remain on the clinic's website for approximately the first four weeks of his suspension. The Committee considered that he should have known that this was unacceptable and taken adequate steps to remedy this. However, the Committee noted that once this matter was drawn to Mr Paull's attention he took appropriate action to address this.

The Committee considered that the facts found proved represented a clear and serious departure from the above mentioned standards and such conduct clearly brings the profession into disrepute. Accordingly, the Committee found that the allegation of Unacceptable Professional Conduct was well founded'.

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