

Fitness to Practise Report

2007/08

The General Osteopathic Council

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Introduction

This report of the General Osteopathic Council's (GOsC) Professional Conduct Committee covers the period 1 April 2007 to 31 March 2008 and is produced in accordance with the Osteopaths Act 1993, sections 22(13) and (14).

Further details of particular decisions made by the Professional Conduct Committee are available from the GOsC's Regulation Department. Statistics relating to the Fitness to Practise process are available in the GOsC's annual reports.

Report

Name of Registrant and Date of PCC Decision	Source of Complaint	Summary of Allegations Found Proved
lain Chapman 2\3278\F June 2007	Patient	At a first appointment with the patient, failed to elicit a comprehensive and relevant case history in that he: > Did not take sufficient account of or adequately explore the patient's: - medical history in relation to panic attacks; - presenting symptoms in regard to: current status; site; characteristics; individual causes; history; progression. > Failed to examine the vertebral artery status of the patient. > Treated the patient inappropriately, in that the treatment was not justified by the patient's case history, presenting symptoms and examination outcomes. > Failed to record key findings accurately with appropriate detail. > Failed to communicate effectively with the patient by not explaining his proposed treatment clearly in a way that the patient could understand or to ensure that the patient had understood the explanation.

Finding of Professional Incompetence leading to a Conditions of Practice Order for 12 months:

Outcome

- > An expert nominated by the GOsC to select at random and evaluate six of the Registrant's new patient records. Such expert to prepare a report for the Committee, on the Registrant's compliance with the Standard of Proficiency, in respect of:
 - case history taking;
 - evidence of clinical reasoning;
 - justification of treatment undertaken.
- > The Registrant is to:
 - undertake Continuing Professional Development to enhance his competence on biomedical and psychosocial influences on health.
 - submit a written portfolio of evidence containing at least two reflective case studies demonstrating his biomedical competence and his management of psychosocial issues relating to health.

Name of Source Registrant Compliand Date of PCC Decision		Outcome
Christopher Evans 2\2677\F January 2008	At the first appointment: > Failed to elicit a comprehensive and relevant case history from the patient, in that he: - failed to explore the nature, onset, history, progress, daily pattern and aggravating/alleviating factors of the patient's presenting complaint and associated symptoms; - failed to explore changes in the general, systemical and medical health status of the patient. > Failed to conduct an adequate examination of the patient, in that he failed to evaluate the patient's musculoskeletal health. > Failed to make an adequate note/record of: - the nature, onset, history, progress, daily pattern and aggravating/alleviating factors of the patient's presenting complaint; - changes in patient A's general, systemical and medical health status; - the examination of the patient, in particular of segmental mobility, lower extremity muscle power and postural/palpatory examination of the spinal and paraspinal tissues. > Failed to adequately explain his proposed treatment to the patient. On the second appointment: > Failed to make an adequate note/record of the nature and pattern of the patient's presenting symptoms and their progression, and of any examination of the patient conducted in advance of treatment.	had not consulted him in the previous 12 months as a new patient, requiring a full review of the patient's medical history and a ful exploration of the presenting condition. The Committee expressed the view that an appropriate appointment duration to achieve this was not less than 40 minutes. - pass a test of competence. At this test, Registrant required to use his newly developed case history proforma.

Name of Registrant and Date of PCC Decision	Source of Complaint	Summary of Allegations Found Proved	Outcome
Steven Jones 4\1678\F September 2007	Police	 Mr Jones was convicted upon indictment of administering a substance with intent to stupefy/overpower a person to allow sexual activity involving that person for which he was sentenced to: 18 months imprisonment; remain on the Sex Offenders Register for 10 years; remain subject to a Sexual Offences Prevention Order until further order under section 104 and 106 of the Sexual Offences Act 2003. 	Finding that this conviction was of material relevance to the Registrant's fitness to practise leading to Removal from the Register
Moishe Lewis 3\765\F September 2007	Registrar	> Whilst continuing to treat patients the Registrant failed to maintain adequate Professional Indemnity Insurance as required by Rules 3 and 8 of the General Osteopathic Council (Professional Indemnity Insurance) Rules 1998.	Finding of Unacceptable Professional Conduct leading to a Suspension for 3 months
Glen Lobo 3\3625\F October 2007	Police	> Mr Lobo was convicted of assault by beating contrary to s.39 of the Criminal Justice Act 1988 and he was ordered to pay £300 costs and £300 compensation.	Finding that this conviction was of material relevance to the Registrant's fitness to practise leading to Admonishment
John Varley 3\1349\F January 2008	Police	> Mr Varley was convicted on indictment, upon his own confession, of incitement to supply an unknown quantity of a drug of Class B, namely amphetamine, for which he was sentenced to 8 months imprisonment.	Finding that this conviction was of material relevance to the Registrant's fitness to practise leading to Suspension for 6 months