Fitness to Practise

General Osteopathic Council

# Fitness to Practise Report

**2006/07**

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# Introduction

This report of the General Osteopathic Council's (GOsC) Professional Conduct Committee covers the period 1 April 2006 to 31 March 2007 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 | Outcome |
|---|---|---|---|
| Kathryn Arnold<br>1\32\F<br><br>April 2006 | Patient | > Failed to respond, whether promptly or fully or professionally, to the several enquiries and/or complaints made to her and/or to her Practice Manager on behalf of the patient by the patient's daughter.<br><br>> Failed to ensure that all staff at her Practice (in particular her Practice Manager, to whom she had delegated responsibilities for, amongst other things, the care and handling of patients' enquiries) were properly trained and supervised to an appropriate standard so as to comply with the requirements of the profession and so as to be properly aware of their responsibilities, and to properly, promptly and professionally, respond to enquiries or complaints made by or on behalf of patients.<br><br>> Failed to take any full or sufficient or comprehensive case history of her patient, and/or failed properly or fully to assess her patient's medical history or her condition, so as to be able to make a fully informed decision as to the nature, extent or safety of any proposed treatment. | Findings of Unacceptable Professional Conduct and Professional Incompetence leading to a Conditions of Practice Order for 12 months:<br><br>> To maintain effective complaints procedures within her practice and train her staff accordingly.<br><br>> To use more appropriate methods of recording information from the case history and examination.<br><br>> To accurately record the type of intervention planned and used so that it could be readily related to any contra-indications already identified, so as to make a fully informed plan of treatment in the future. |

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| Simon Cooke<br>3\4015\F<br><br>August 2006 | Patient | > Failed to communicate effectively with his patient in that he failed to recognise the patient's unease as the examination and/or treatment proceeded.<br><br>> Failed to ensure that his patient knew how to raise concerns about the treatment she had received from him.<br><br>> Failed to respond appropriately or at all to his patient's concerns, in that he was content to leave staff [at a retail chemists' with which he had a contractual arrangement] to deal with her concerns. | Findings of Unacceptable Professional Conduct resulting in Admonishment |
| Jason Gunn<br>1\1709\F<br><br>September 2006 | Patient | > Failed to take an adequate case history for his patient.<br><br>> Failed to take sufficient account of the patient's reported sensory symptoms of a neurological nature, in particular tingling into the left arm, in that he failed to undertake any or sufficient sensory testing. | Findings of Professional Incompetence leading to a Conditions of Practice Order for 12 months:<br><br>> To provide evidence that he has attended and successfully passed a suitable course to enhance his ability to deal with patients displaying neurological symptoms.<br><br>> To modify his practice to ensure that his clinical reasoning processes adequately inform his case history taking, differential diagnosis, clinical examination and any subsequent treatment and management of patients; to ensure that evidence of these steps be sufficiently recorded in his newly developed case history proformas.<br><br>> To provide six case histories of patients for whom he had used the new proformas, to be supplied, suitably anonymised and duly completed. |

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| James Kitchen<br>3\698\F<br><br>October 2006 | Patient | > At the first consultation with his patient failed to elicit a comprehensive and relevant case history, so as to be able to complete an informed analysis of the patient's condition, or to make appropriate arrangements for specific clinic investigations of her condition, and/or failed to accurately record the key findings from the patient's case history, investigations and examinations.<br><br>> At the subsequent consultations with the patient, failed to accurately record key findings from the patient's case history, investigations, examinations and on-going evaluations; failed to properly evaluate the patient's progress and changes to the patient's condition, and failed to justify his decision to continue this course of treatment by analysis of clinical findings.<br><br>> Failed to communicate effectively and/or professionally, in that he responded to the patient's husband's enquiry as to how the patient was, by replying "not half as bad as she thinks she is." | Findings of Unacceptable Professional Conduct and Professional Incompetence leading to Admonishment |
| Alexander Low<br>2\1502\F<br><br>July 2006 | Police | > Purchased and/or possessed indecent photographs and/or pseudo photographs of children, for which he was arrested. | Finding of Unacceptable Professional Conduct leading to Removal<br><br>[The Registrant subsequently appealed the decision; the appeal was dismissed in the High Court in November 2007] |

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| Donald Moody<br>1\2079\F<br><br>March 2007 | Patient | > Failed to adequately identify and evaluate the needs of his patient in that he: failed to take sufficient account of or adequately explore the patient's medical history; failed to take sufficient account of or adequately explore the patient's presenting symptoms; failed to conduct an adequate assessment of the patient.<br><br>> Failed to adequately identify or evaluate the needs of the patient, in that he failed: to properly evaluate post-treatment change to the patient's condition; and to justify the decision to continue with the course of treatment by analysis of clinical findings.<br><br>> Advised the patient not to attend for an MRI scan which was scheduled for later that week, on the basis that it was too risky and unnecessary, which advice was inappropriate. | Findings of Professional Incompetence leading to Removal<br><br>[The Registrant subsequently appealed the decision; the appeal was dismissed in the High Court in October 2007, and in the Court of Appeal in April 2008.] |
| Barrie Savory<br>1\1148\F<br><br>April 2006 | Patient | > Failed at the first consultation with the patient, who had been referred by an NHS Consultant Orthopaedic Surgeon for treatment, to adequately identify and evaluate the needs of the patient, in that he failed to conduct any or sufficient neurological examination. | Finding of Unacceptable Professional Conduct leading to Admonishment |
| Daniel Sher<br>3\2802\F<br><br>June 2006 | Medical Insurer | > Failed to maintain proper personal standards while registered with the GOsC, in that he dishonestly declared in an application for a healthcare policy that he did not have a pre-existing medical condition.<br><br>> Failed to maintain proper personal standards while registered with the GOsC, by dishonestly claiming a false number of treatment sessions to avoid paying an excess deduction. | Finding of Unacceptable Professional Conduct leading to Admonishment |