430 – Clinical Support Discussion

With Steven Bruce and Claire Short

The discussion focused on a range of issues related to Fitness to Practise (FtP), particularly the ease with which complaints can be made against osteopaths and chiropractors, the subsequent professional consequences, and the need for clarity, professionalism, and rigorous documentation in clinical practice. Two real-life scenarios were explored in depth to illustrate how complaints can arise from misunderstandings and how they may be handled.

The Context of Professional Regulation and Complaints

The session opened with an overview of how professional behaviour outside clinical practice can still fall within the remit of regulatory bodies like the General Osteopathic Council (GOsC) and General Chiropractic Council (GCC). One case involved a practitioner who faced a complaint for their role in a non-clinical setting. This highlighted that practitioners are held to high professional standards in all areas of their lives and that even communication related to CPD events may be scrutinised, especially when sensitive topics are involved.

This case also illustrated how organisations or individuals might act with apparent hostility or ulterior motives, filing complaints based not on clinical care but on perceived impropriety in tone or language used in educational materials. The regulatory obligation to investigate all complaints, regardless of merit, was discussed, as well as the significant emotional toll this process can take on practitioners—even if the case is dismissed.

Case Study: Communication, Consent, and Misinterpretation

The discussion then focused on a detailed case involving a complaint from a patient following a treatment for temporomandibular joint (TMJ) dysfunction. The patient alleged several instances of unprofessional conduct, including:

- Discussion of another patient's treatment in the waiting room.
- Inappropriate or premature suggestion of Botox as a treatment option.
- Conducting an HVT (high-velocity thrust) technique without valid consent.
- Standing too close and maintaining uncomfortable physical proximity during the treatment.
- Making a suggestive comment related to "banging" at home, which was perceived as inappropriate.

These allegations were evaluated within the broader context of how practitioners communicate clinical plans and manage potentially sensitive procedures. The importance of body language, tone, and patient expectations was emphasised, especially when a patient may already be anxious or suspicious.

It was revealed that the complaint had been dismissed by the Investigating Committee, but not before causing significant distress and reputational concern. The practitioners involved had meticulously documented the case and presented a calm, clear narrative to the regulator. The discussion highlighted that misinterpretations can be magnified when communication is ambiguous, rushed, or lacking in detail, and may lead to accusations that spiral into formal complaints.

The Legal and Procedural Aspects of Complaints

Much of the discussion revolved around what to do when a complaint is received. Practitioners were urged to notify their insurers immediately and seek legal representation, particularly if the case proceeds to an Investigating Committee or Professional Conduct Committee hearing. It was stressed that insurance policies should include legal cover and that retrospective cover may be possible in cases of lapsed insurance—though this must be addressed before any notification to regulatory bodies.

A second case, involving a practitioner who failed to renew their insurance policy for a short period, was used to show how administrative oversights can escalate into formal proceedings. The practitioner in that case proactively informed the regulator but lacked legal cover due to the lapse, resulting in a mandatory sanction. This highlighted the importance of resolving such issues privately with insurers first, if no patient harm occurred, to avoid unnecessary regulatory action.

Communication and Consent Procedures

A segment of the discussion explored the mechanics of documenting consent. There was debate over whether ticking a checkbox in clinical software was sufficient, or whether more explicit documentation was preferable. Practitioners were encouraged to adopt consistent scripts or verbal routines when seeking consent and to document these clearly, using abbreviations or shorthand that can be reliably defended in a hearing.

Consent was reiterated as an ongoing process, not a single event. Key aspects included:

- Explaining the nature and purpose of treatment.
- Discussing risks, benefits, and alternatives.
- Ensuring patient understanding.
- Obtaining verbal or written agreement prior to each stage of care.

The discussion touched on the particular challenges around intimate procedures, use of chaperones, and how perceived intrusiveness may lead to retrospective allegations of misconduct.

Vexatious Complaints and Delayed Allegations

Several participants raised concerns about vexatious or opportunistic complaints. One notable point was the delay between treatment and complaint submission, suggesting that external factors—such as discussions with previous practitioners or

unsuccessful insurance claims—may influence a patient's decision to complain. The importance of understanding patient psychology and motivations was underscored.

It was noted that although the GOsC and GCC cannot award financial compensation, findings of fault may later be used by patients to pursue civil claims. This increases the burden on practitioners to respond professionally and maintain impeccable records, even when a complaint appears malicious or unfounded.

Lessons and Preventive Strategies

The discussion concluded with practical advice:

- Ensure that legal advice is obtained before responding to a regulator.
- Use structured approaches for obtaining and recording consent.
- Maintain professional boundaries, particularly with vulnerable or challenging patients.
- Communicate clearly, using layperson-friendly language.
- Seek peer support when facing a complaint.

There was also an emphasis on professional development and reflective learning. The session was positioned as a valuable CPD activity, offering insights into how practitioners can prevent complaints and navigate the regulatory landscape more confidently.