

GENERAL OSTEOPATHIC COUNCIL
INVESTIGATING COMMITTEE

Case No: 834/608

Interim Suspension Order Hearing

DECISION

Case of:	Mr Caspar Hull
Committee:	Mr Brian Wroe (Chair) Ms Sue Gallone (Lay) Mrs Helena Suffield-Thompson (Lay) Mr Jim Hurden (Osteopath) Ms Penny Sawell (Osteopath)
Legal Assessor:	Mr Andrew Granville Stafford
Representation for Council:	Mr Lewis MacDonald
Representation for Osteopath:	None
Clerk to the Committee:	Miss Nyero Abboh
Date of Hearing:	17 th September 2021

Decision:

Introduction

1. Mr Caspar Hull ('the Registrant') has been referred to the Investigation Committee ('the Committee') for investigation of allegations of unacceptable professional conduct, contrary to section 20(1) of the Osteopaths Act 1993.
2. The particulars of concern relate to complaints made by two patients, referred to as Patient A and Patient B, who the Registrant treated whilst working as an associate at a clinic in Wiltshire ('the Clinic').

3. The matter has been listed before the Committee to consider whether it should exercise its power under section 21 of the Osteopaths Act 1993 to impose an interim suspension order on the Registrant's registration.

Proceeding in absence

4. The Registrant did not attend the hearing and nor was he represented.
5. A notice of hearing was sent to the Registrant by email on 1 September 2021.

6. On 6 September 2021 the Registrant emailed the Council saying:

'As stated, I resign [sic] from the register, appropriate or not in your opinion.

I have not worked for 6 weeks, I have enjoyed my retirement and time of contemplation and have come to this conclusion.

I could defend myself and set out a defence but my life is mindful now and that is in the past.'

7. On 7 September 2021 the Registrant was informed that it was not possible to resign from the register whilst there was an extant disciplinary investigation and that, therefore, the hearing would go ahead. He replied the same day by email saying:

'Thank you for the update. As I have stated before. I am no longer working. since 13 july [sic]. I won't be in the country on that date.'

8. On 10 September 2021 the Registrant was asked to confirm whether he would be making any written representations or attending the hearing. He replied the same day by email saying 'Sorry, I won't be able to attend.' He was informed that the Council would therefore be making an application to proceed in his absence.

9. On 13 September 2021 the Registrant sent written submissions for the Committee to consider. At the end of those submissions he stated:

'So as I have not much interest in carrying on as an osteopath I offered my resignation a few weeks back. [REDACTED]

[REDACTED] hence my refusal of going to London for this hearing. I am away so I have written this up as to my memories of the complaints. So as I have resigned as stated, whether you think its appropriate or not, I bid farewell to the register and will not zoom skpe [sic] or whatever you hearing'

10. The Committee was satisfied that service had been effected in accordance with rules 22 and 27 of the General Osteopathic Council (Investigation of Complaints) (Procedure) Rules 1999 ('the Rules').
11. It is clear that the Registrant is both aware of the hearing and aware that it may go ahead in his absence. Whilst he has provided written submissions, it was clear to the Committee that the Registrant had decided not to participate in the hearing. Indeed, he had made it quite clear that he had no interest in engaging with the hearing process. In the circumstances, the Committee was satisfied that no useful purpose would be served by adjourning the hearing.
12. The allegations against the Registrant are serious. The Committee was satisfied, bearing in mind the emergency nature of this jurisdiction, that it was in the interests of justice to hear the application for an interim order. The Committee therefore proceeded in the Registrant's absence.

Particulars of concern

13. The particulars of concern in relation to Patient A are as follows.
 1. On 7 July 2021 and 14 July 2021 ("Appointment 1" and "Appointment 2" respectively), the Registrant provided treatment to Patient A at [the Clinic].
 2. During Appointment 1 the Registrant:
 - a. shared personal information about his disabled daughter with Patient A;
 - b. told Patient A that while he was studying at university, a fellow student (Person C) had told him that she was so sensitive around the hip area to the point that she would orgasm if touched there, or words to that effect;
 - i. confirmed that this information set out in particular 2b had been shared with you in private by Person C, or words to that effect;
 - ii. stated he subsequently shared the matters set out in particular 2b with the whole university class, or words to that effect.
 3. During Appointment 2 the Registrant:
 - a. told Patient A that a young boy (Child D) had caught the Registrant having sex with Child D's mother, and/or asked the

Registrant “how many times did you put your penis in mummy?” or words to that effect;

b. went on to say “penis in mummy three times” or words to that effect.

c. told Patient A that as a child he played a game with children where he and the children would sit on the floor with their legs apart, and would throw a ball into each others’ crotches, or words to that effect;

i. stated that he threw a ball so hard into a young girl’s (Child E’s) vagina that she started shouting at the Registrant as Child E thought the Registrant had taken her virginity, or words to that effect.

4. The Registrant’s conduct as set out at paragraphs 2a and/or 2b and/or 3a and/or 3b was:

a. a transgression of professional and/or sexual boundaries;

b. sexually motivated.

14. The particulars of concern in relation to Patient B are as follows.

1. On 5 July 2021 (“Appointment 1”) the Registrant provided treatment to Patient B at [the Clinic].

2. During Appointment 1 the Registrant:

a. asked if Patient B lived with her husband, or words to that effect.

b. imitated Donald Trump, and in doing so:

i. talked about Donald Trump “not getting the erection” or words to that effect;

ii. used the word “pussy”.

c. in response to Patient B’s comment that she walked with poles, the Registrant stated “and with”, referencing two Eastern European nationalities, “because they let them all in”, or words to that effect;

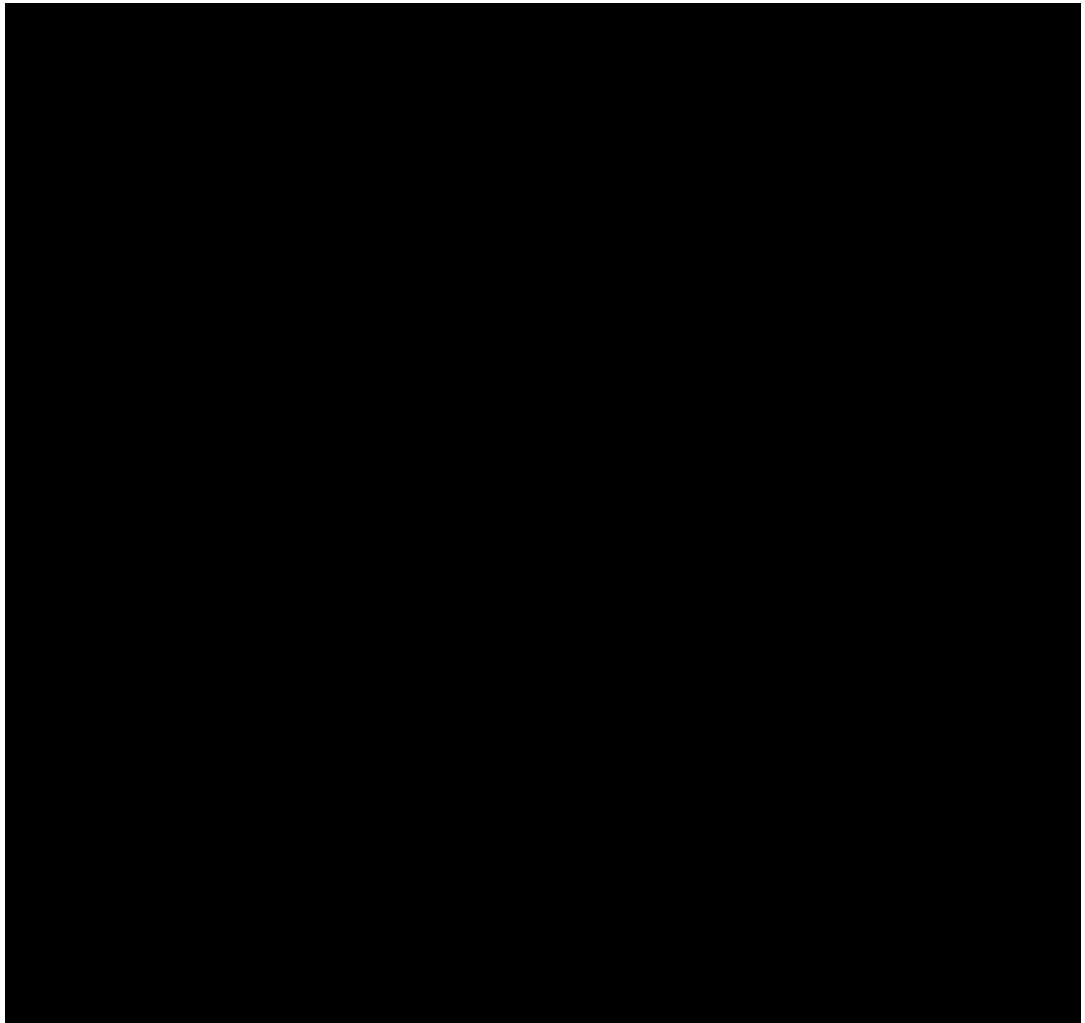
d. brushed his hand against Patient B’s breast.

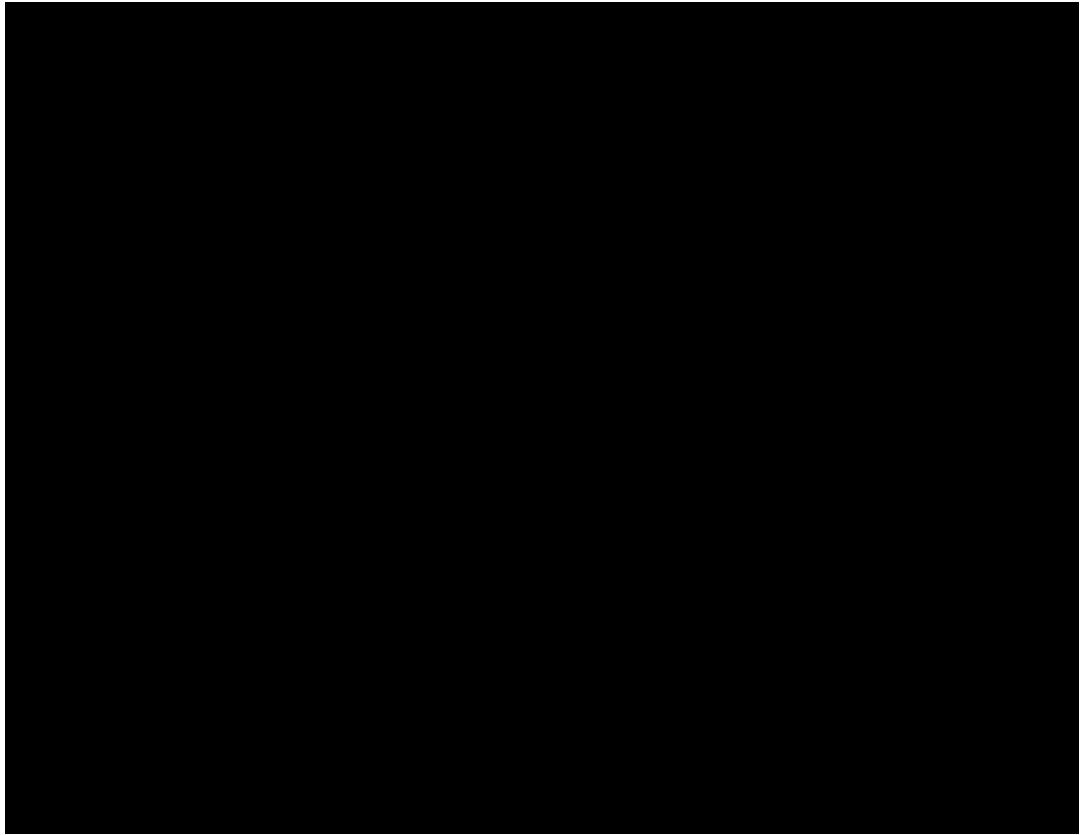
3. The Registrant’s conduct as set out at paragraphs 2a and/or 2b and/or 2d was:

- a. a transgression of professional and/or sexual boundaries;
 - b. sexually motivated.
 - c. not clinically indicated
4. The Registrant's conduct as set out in particular 2c was discriminatory and/or racist.

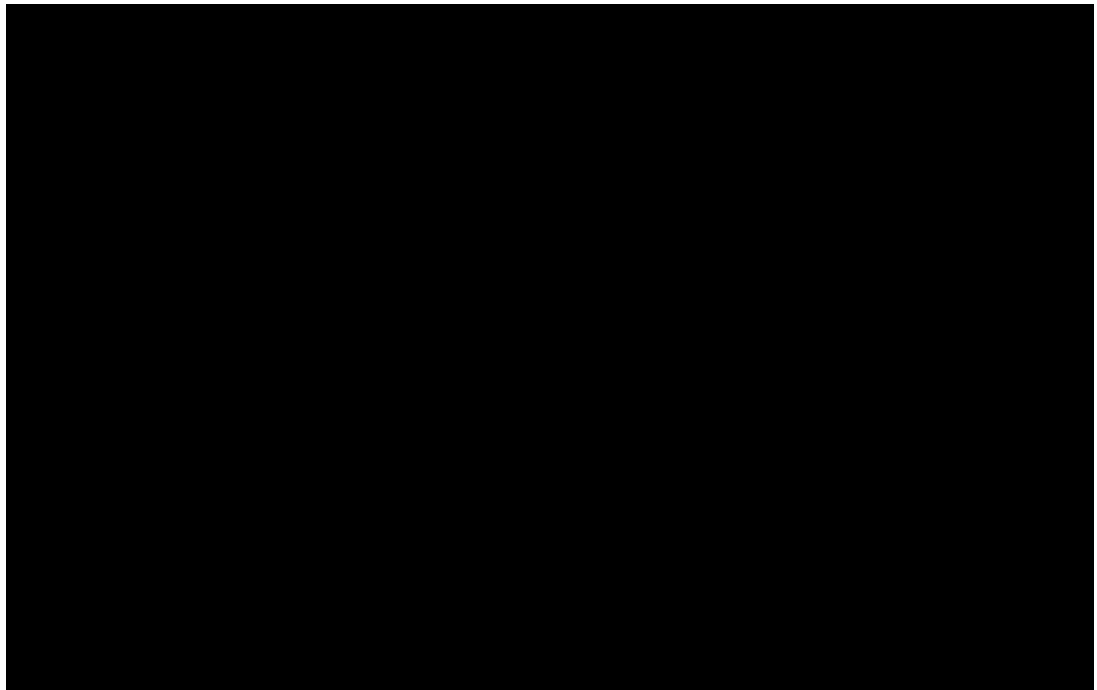
The Council's case

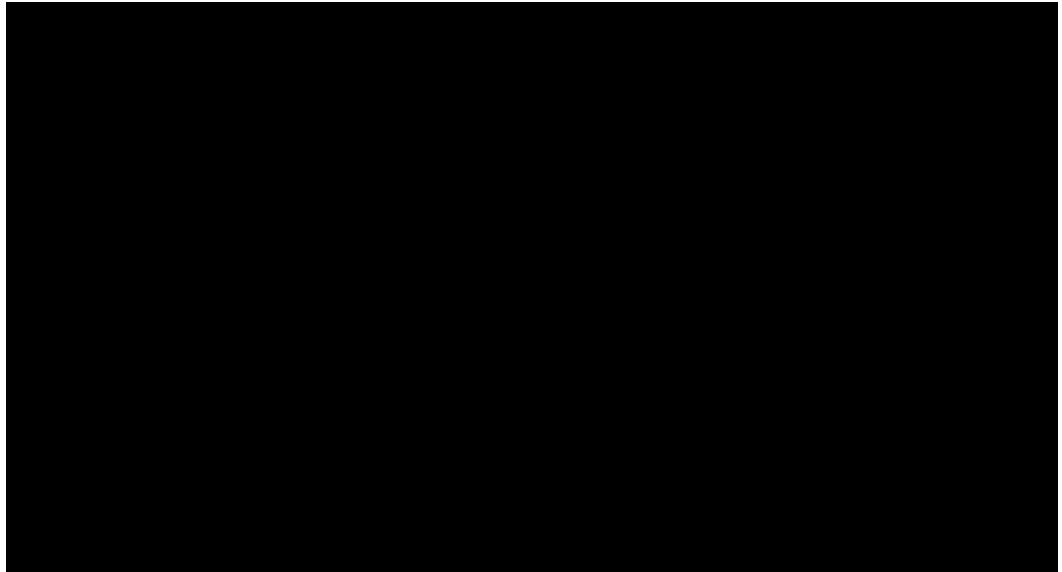
- 15. The Council relied on a witness statement from Patient A signed and dated 8 September 2021.
- 16. Patient A said she had two treatment appointments with the Registrant, on 7 and 14 July 2021.
- 17. Patient A described the first appointment in her witness statement. She said:



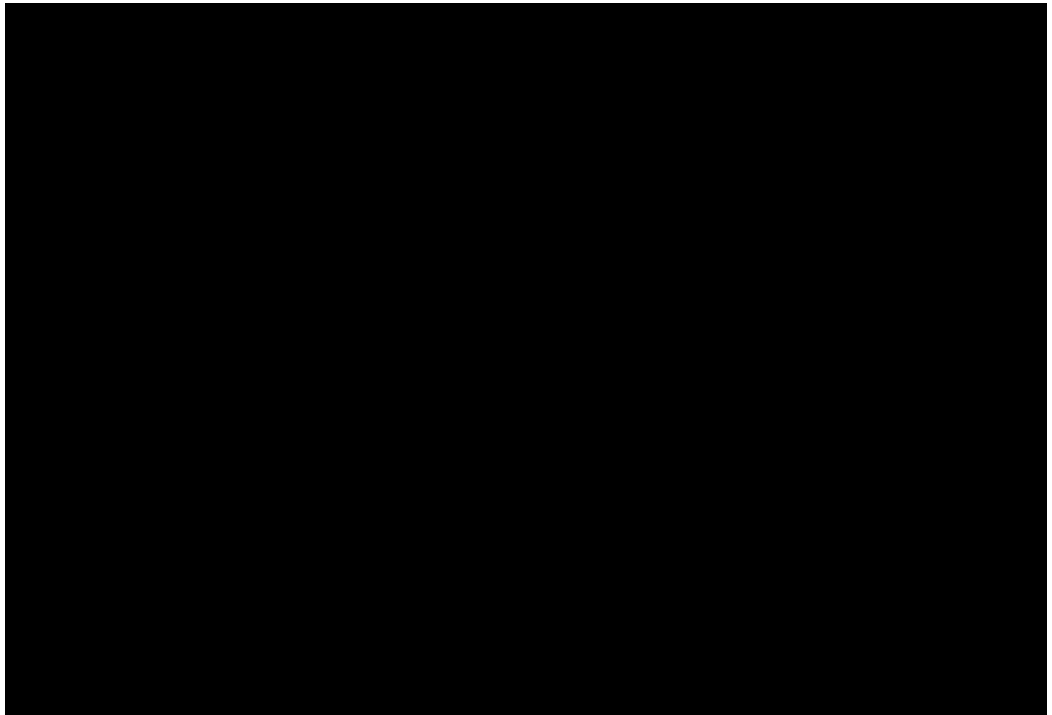


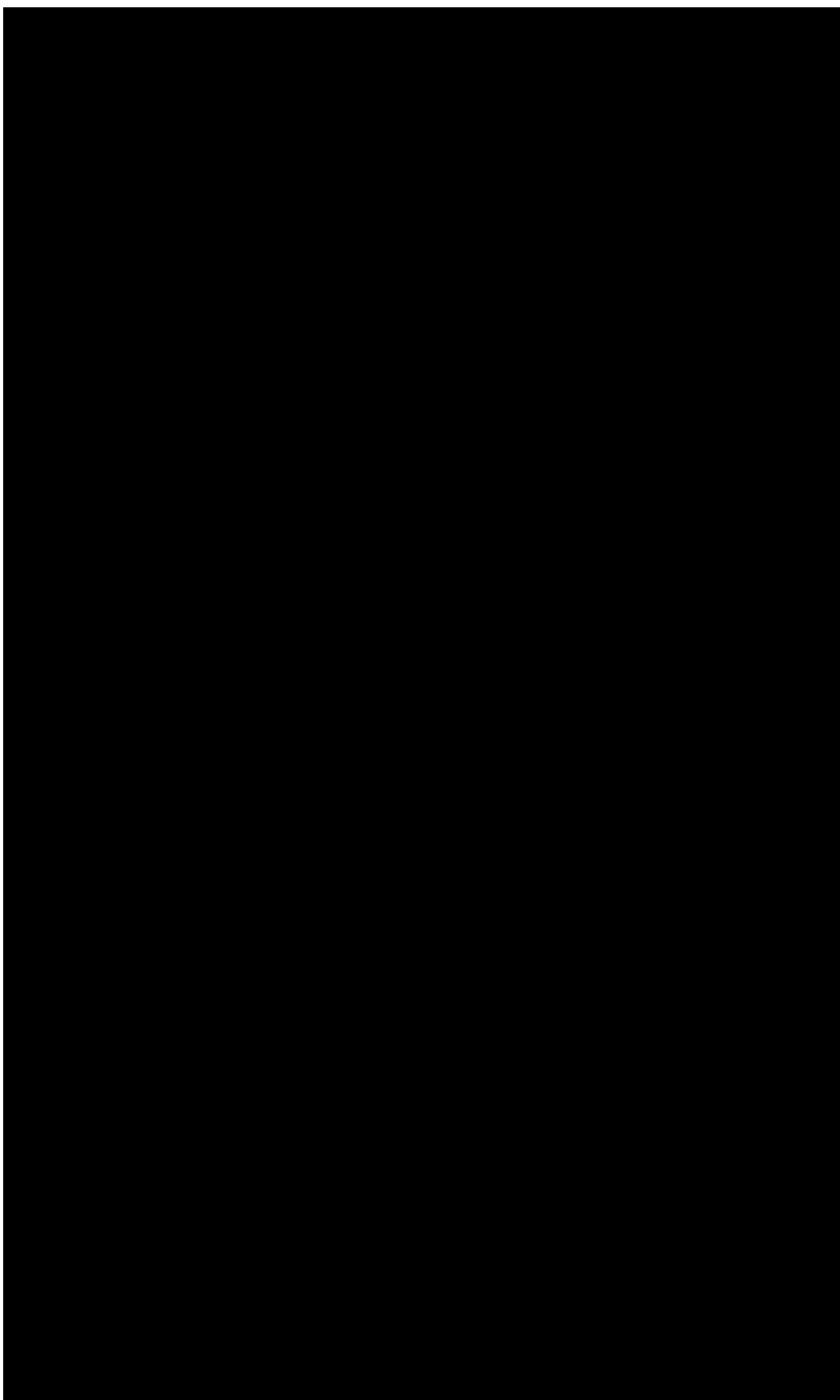
18. Patient A said in her statement that her gut instinct was not to go back for a second treatment, however she decided to do so as she felt the first treatment had made a difference. At the second appointment the Registrant did an initial examination, asked her some questions and asked her to get on to the treatment couch. Patient A described the manipulations the Registrant gave her. She said as follows.



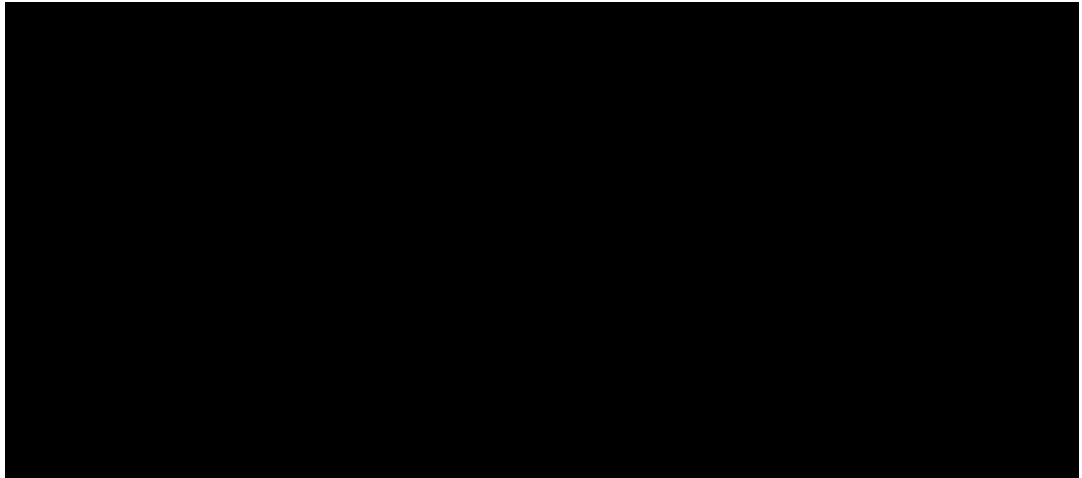


19. Patient A said in her statement that she felt rather shaken by the whole experience. That evening she emailed the clinic to raise a complaint about the Registrant. She was subsequently contacted by the GOsC and following that she completed a complaint form.
20. The Council also relied on a statement from Patient B, signed and dated 10 September 2021.
21. Patient B had one appointment with the Registrant, on 5 July 2021. She attended for problems with her knee. She describes that appointment in her statement as follows.

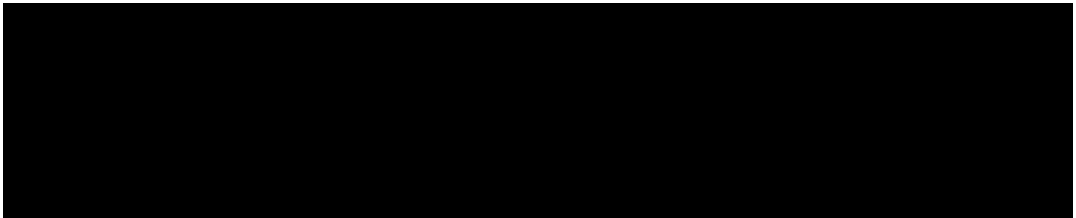








22. Patient B says she reflected on the appointment and, having spoken to others, decided to write to the clinic the Registrant was working at. She was subsequently contacted by the GOsC and made a formal complaint.
23. The Council also relied on a statement from Mr E, co-director of the Clinic. Mr E says that, having received a complaint from Patient A, he went to see the Registrant to speak to him about it. He says in his statement:



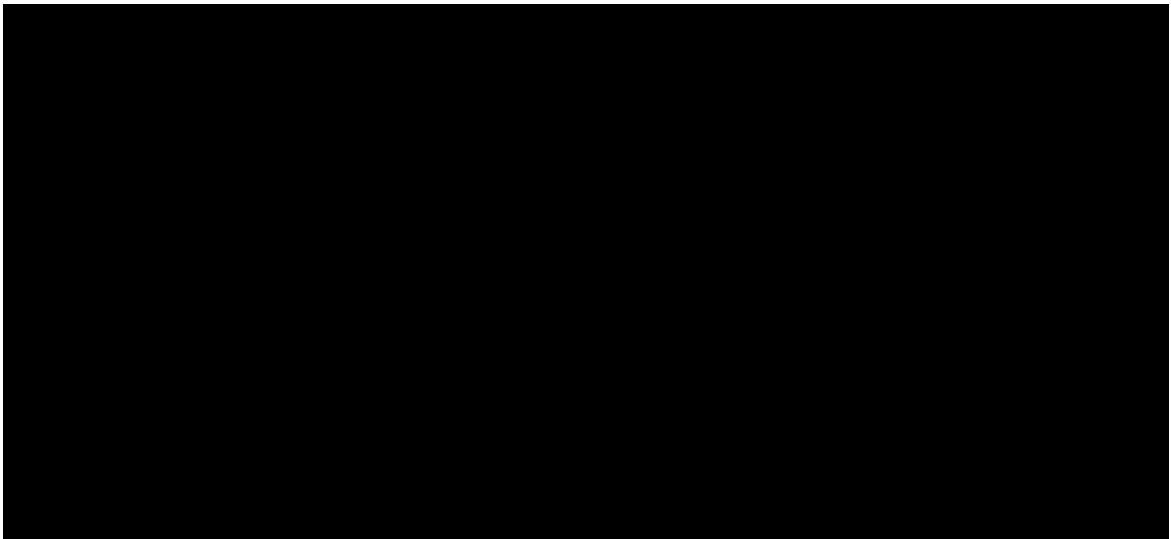
24. Following this, Mr E terminated the Registrant's engagement with the Clinic.
25. Mr MacDonald on behalf of the Council submitted that an interim order was necessary in order to protect the public. The allegations amounted to highly inappropriate behaviour with two female patients on three separate occasions over a short period of time. They included an allegation of a sexual assault on Patient B. The conduct towards both patients, which the Council alleges was sexually motivated, amounted to an abuse of the position of trust that an osteopath has when treating a patient.
26. Mr MacDonald submitted that nothing the Registrant had put before the Committee should satisfy it that such behaviour was not going to be repeated. The overall content of his written submissions did not, Mr MacDonald said, suggest that the Registrant recognises the seriousness of his behaviour.
27. Mr MacDonald noted that the Registrant has expressed an intent not to act as an osteopath in the future. However he submitted that this did not provide any adequate protection given that the Registrant would remain on the osteopathic register and could, therefore, easily change his mind.

The Registrant's case

28. In his written submissions, the Registrant gave some details as to his practice and background. He qualified as an osteopath in 1990 and gained fellowship of the SCCO (Sutherland College of Cranial Osteopathy) ten years later. He studied the concepts of central sensitisation and pain matrix which has subsequently informed his osteopathic practice.
29. He said he had been an FCCA (Final Clinical Competence Assessment) assessor and moderator for 20 years and an external examiner for 8 years. In his 31-year career as an osteopath, during which time he estimated he had given over 40,000 treatments, he had had only two complaints.
30. In respect of the allegations made by Patient A and Patient B he said:

‘Regarding the case against me, I accept all the accusations against me as they reflect the feelings of the complainants at the time. For this I am really sorry if I affected them in this way.’

31.



32. As justification for using the remarks concerning Child D, the Registrant stated:

‘We also looked and the cranial base for birthing patterns, the reticular formation para aqueduct grey matter, the trigeminal nucleus, hippocampus, amygdala and prefrontal cortex which I do with all patients as I do not do reductionist practice. I also am aware that many other environmental factors and experiences could contribute to their type. The sensitivity to any sexual remarks could be an indicator, but I will never find out now.’

33. He went on to say that perhaps he did not make this clear to Patient A and he indicated there may have been a communications breakdown. In respect of Patient B he said ‘I repeat myself to the above’.

34. In a further email to the Council, regarding another issue raised by Patient A, the Registrant said:

'In my second year at the BSO a student did have this issue of being touched in the tickle spot of above the iliac crest and orgasmed, so I've always [sic] be careful when examining the iliac crest heights for this issue so as not to cause distress, , [sic] some nervous distributions are strange in their connections.'

Committee's decision

35. The role of the Committee at this hearing is to consider whether to suspend the Registrant's registration during the investigation. The Committee's power to impose an interim suspension order is contained in Section 21 of the Osteopaths Act 1993. The Committee may only suspend the Registrant's registration if it is satisfied it is necessary to do so in order to protect members of the public.
36. The Committee considered all the information placed before it, including the oral submissions of Mr MacDonald for the Council and the Registrant's written submissions. It heard and accepted the advice of the legal assessor.
37. The Committee was satisfied that an interim suspension order was necessary for the protection of the public.
38. These are very serious allegations. At their lowest they amount to allegations of breach of professional boundaries and at their height they include an allegation of a sexual assault. They involve alleged conduct which, if proved, would clearly amount to an abuse of the position of trust that an osteopath has when treating a patient.
39. The allegations are made in signed witness statements from two female patients who appear to be unknown to each other. The Committee considered that, although it was not making any findings in respect of the allegations, it was appropriate to give weight to them, particularly in view of the fact that the Registrant appears not to dispute them.
40. The statements of both patients speak as to the harm that results from conduct of the nature that is alleged in this case. There was, in the Committee's view, a real risk that such conduct may be repeated if an interim suspension order were not made, and the harm that would result if it were is serious.
41. Having found that there is a real risk of repetition of the type of behaviour set out in the particulars of concern, the Committee was not satisfied that the Registrant's assertion that he no longer intends to practise was sufficient to guard against that risk. Were the Committee not to impose an order there

would be no guarantee that the Registrant could not resume practise prior the conclusion of this investigation.

42. In arriving at its decision, the Committee bore in mind the principle of proportionality and the necessity of balancing the need to protect the public against the consequences for the Registrant of making an interim suspension order. The Committee noted that the Registrant has said he no longer intends to practise and, therefore, it appears that the imposition of an order would cause little if any financial hardship to the Registrant. Any reputational damage caused by the order is, in the Committee's view, outweighed by the need to protect the public.
43. The Committee was satisfied that an interim suspension order was necessary on the basis that there was a real risk of harm to patients if an order was not made.
44. The Committee had to determine the period of suspension, which may be up to two months. The Committee imposed the maximum period of two months to allow time for the investigation to be carried out.
45. The order will take effect immediately.
46. This decision will be confirmed in writing to the Registrant.